

Direct Service Tribal Advisory Committee

VA IHS MOU Update

WILBUR WOODIS

SENIOR POLICY ANALYST FOR EXTERNAL AFFAIRS

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National IHS-VA MOU Leadership Team

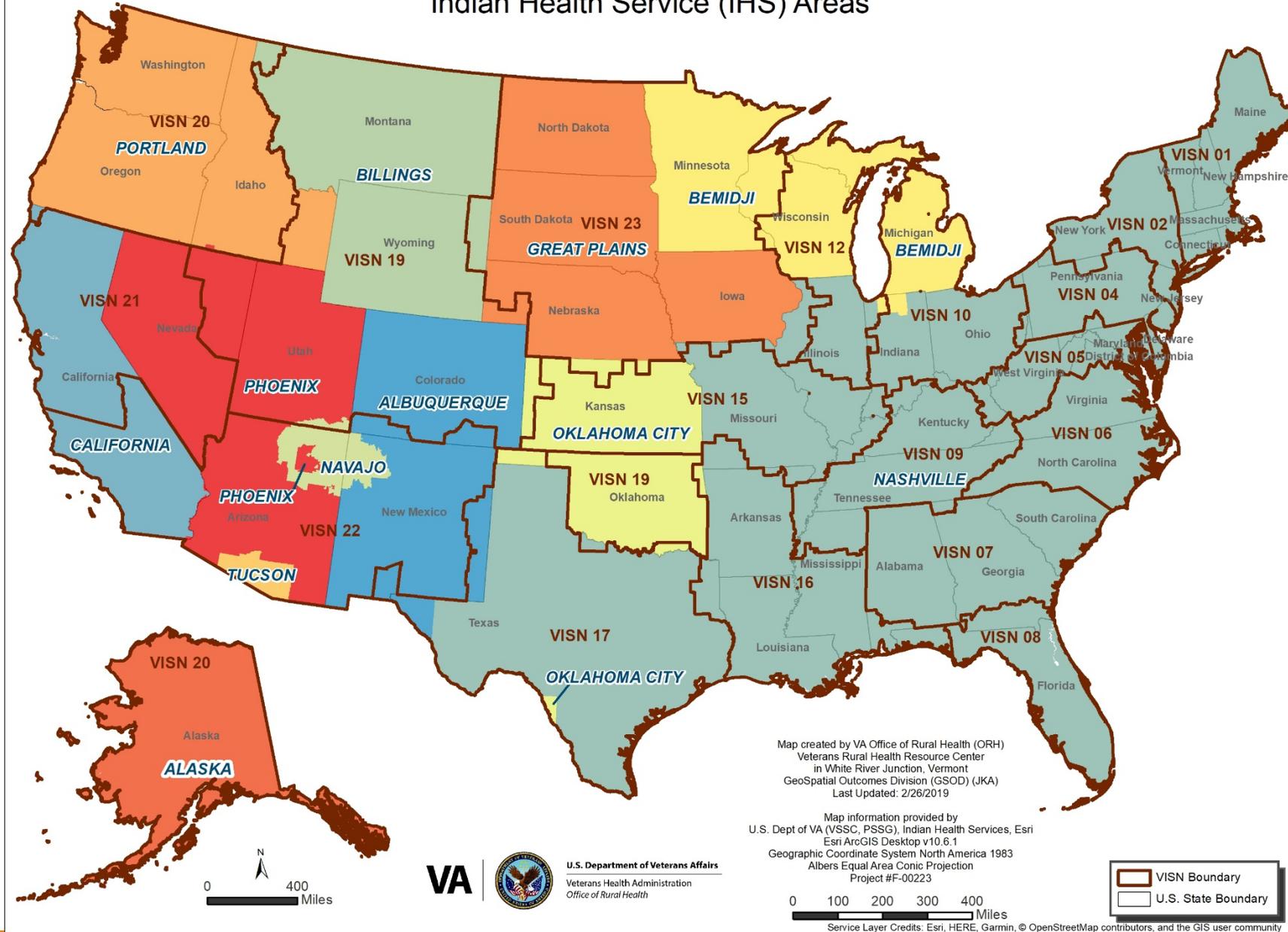
- Thomas F. Klobucar, Ph.D., Executive Director, VA Office of Rural Health
- P. Benjamin Smith, MBA, Deputy Director for Intergovernmental Affairs, IHS, HHS
- Stephanie E. Birdwell, MSW, Director, VA Office of Tribal Government Relations



Overview

- **February 25, 2003:** Indian Health Service (IHS) and U.S. Department of Veterans Affairs (VA) executed a Memorandum of Understanding (MOU) to improve access and health outcomes for American Indian and Alaska Native (AI/AN) Veterans
- **October 1, 2010:** IHS and the VA updated and replaced the 2003 MOU to further establish mutual goals to advance collaboration, coordination and resource-sharing between VA and IHS “to improve the health status of American Indian and Alaska Native Veterans, “as authorized by the Indian Health Care Improvement Act (25 U.S.C. §§ 1645, 1647).
- **December 5, 2012:** VA Veterans Health Administration (VHA) and IHS executed an agreement for reimbursement for direct health care services (Reimbursement Agreement), to enable VA to reimburse IHS and Tribal Health Programs (THP) for certain healthcare services provided to VHA enrolled AI/AN Veterans that are eligible to receive services at IHS or THP facilities.
- **August 7, 2017:** Veterans, Access, Choice & Accountability Act in which Sec. 102 requires VA and IHS to conduct outreach to tribal leaders, develop performance metrics, and assess the feasibility of serving non-native Veterans in IHS or THPs.
- **June 2018: VA-IHS** amended the Reimbursement Agreement to clarify pharmacy services and to extend the terms of the agreement through June 30, 2022.

Veterans Integrated Service Networks (VISNs) in Relationship to Indian Health Service (IHS) Areas



2018 VA/IHS Partnership Accomplishments

The workgroups completed a number of MOU-related goals which are now a routine part of each department's operations. As a result, 2018 saw:

- **\$20 million** reimbursed to IHS and THP by VA for care of almost 5,300 enrolled AI/AN Veterans;
- **840,109 prescriptions** processed through the VA Consolidated Mail Out Pharmacy (CMOP) program for IHS Veteran patients enrolled in VA;
- **256 in-person** and online trainings shared between agencies; and
- **130 AI/AN** Veterans placed in housing through the tribal HUD-VASH program.

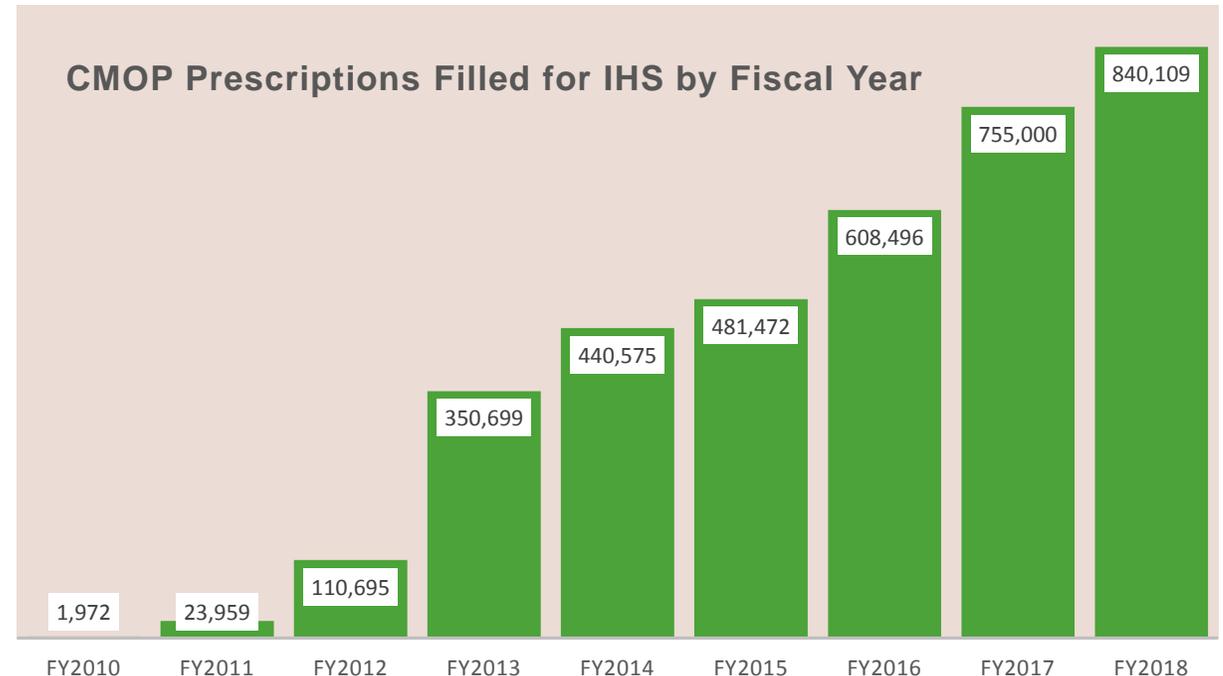
Fiscal Year 2018 Report available on VA Office of Rural Health website:

https://www.ruralhealth.va.gov/docs/VA-IHS_MOU_AnnualReport_FY2018_FINAL.pdf

Accomplishments

Access to Medication

- In fiscal year 2018, CMOP processed 840,109 prescriptions, an increase of 11 percent from fiscal year 2017.
- Since **inception** in fiscal year 2010, CMOP processed more than **3.6 million** prescriptions for VA-IHS patients.



Requirements - CMOP

- Use RPMS & meet Minimum Technical Requirements
- Sign Site-Specific Agreement with IHS National Supply Service Center (NSSC)
 - The tribe must utilize Pharmaceutical Prime Vendor (PPV)
 - Agree to PPV terms & conditions of use
 - Agree to IHS Pharmaceutical Procurement Management Function (PPMF) Fee & Payment Intermediary Function (PIF) Fee
- NSSC CMOP Agreement (Addendum to customer Agreement)
 - Agree to CMOP conditions of use
 - Agree to CMOP applicable fees
- <http://www.pbm.va.gov/nationalformulary.asp>

Accomplishments

Access to Care

- **2012:** VA and IHS entered into the VA-IHS **Reimbursement Agreement** that facilitates VA payment to IHS for care delivered to VA enrolled AI/AN Veterans at 77 IHS facilities without prior authorization.
- June 29, 2018: Agency leaders signed amendment three to the agreement, extending it to June 30, 2022.
 - Since **inception** in fiscal year 2012, the VA-IHS and VA-THP reimbursement agreements provided **\$84.2 million** to IHS and THPs for care of **9,802** VHA enrolled AI/AN Veterans.

Accomplishments

Workforce Training

- In fiscal year 2018, VA and IHS shared **256 training events**, including online and in-person sessions focused on mental health, clinical support, oral health, diabetes and more.
- The **Rural Interdisciplinary Team Training (RITT)**, part of the **VA Geriatric Scholars Program**, trains providers to address the unique needs of the geriatric Veteran population. This well-established program is included in both VA's and IHS' response to the **National Alzheimer's Disease Plan**. This year, VA provided **five RITT training sessions** at IHS and THP clinics in **four of the 12** Indian Health Service Area regions.

Accomplishments

Access to Transportation

- The VA **Highly Rural Transportation Grant Program** (HRTG) provides funds to Veteran Service Organizations and state Veterans' service agencies to transport Veterans who reside in highly rural areas to VA medical appointments.
- In fiscal year 2018, HRTG grantees served **23 tribal communities** in Montana, Alaska, Nevada, North Dakota, South Dakota, Washington, and California.

Accomplishments

Social Determinants of Health (Housing Assistance)

- VA and IHS recognize the impact housing, or the lack thereof, has on Veterans' health. To address this social determinant of health, the Tribal Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) program provides rental assistance for homeless or at-risk AI/AN Veterans.
- HUD-VASH increased tribal engagement in fiscal year 2018 from **23 to 26 tribes** that used the program to find homes for Veterans. As a result, the program found homes for 130 new AI/AN Veterans. Additionally, the program **grew 33 percent**, from 264 to 350 Veterans served.
- Teresa S. Pittman LCSW
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Accomplishments

Tribal Consultations

- VA and IHS strive to consult regularly with tribal partners in order to more effectively serve AI/AN Veterans. Over the past year, the VA Office of Tribal Government Relations (OTGR) assisted the VA Historic Preservation Office with one tribal consultation, sent two “Dear Tribal Leader” letters, led one tribal Veteran representative training session, directed 9 Veteran training summits, and conducted two stand downs to gather tribal input and promote VA programs and resources. IHS participated in many of these events.
- The Veterans Benefits Administration and OTGR conducted a **Presumptive Campaign Claims Clinic initiative**, serving over 1,000 Veterans and spouses at 32 events involving 24 tribal governments. OTGR plans to publish an Executive Summary on this initiative.

2018 Performance Metrics

Metric	Activity
1. Number of VA enrolled Veterans served by IHS and Tribal Operated Health Programs (THP) through the VA-IHS and VA-THP reimbursement agreements.	VA-IHS: 2,829 VA-THP: 2,531
2. Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements.	VA-IHS: \$7,960,903 VA-THP: \$12,068,644
3. Total prescriptions filled through VA Consolidated Mail Out Pharmacies (CMOP) for direct AI/AN Veteran care.	840,109
4. Completion of annual metrics review.	Completed Fiscal Year 2018
5. Total number of instances where VA and IHS or tribal operated health programs share space, equipment, services and/or personnel to provide health care for AI/AN Veterans.	16
6. Quality measures tracked specifically for enrolled Veterans served by IHS through the VA-IHS reimbursement agreement.	Data not available

2018 Performance Metrics

7. Completion of annual metrics review.	Completed Fiscal Year 2018
8a. Number of shared VA-IHS trainings and webinars.	256
8b. Number of training attendees.	Data not available
9. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities.	12
10. Completion of annual metrics review.	Completed Fiscal Year 2018
11. Total reimbursement for suicide prevention, tobacco cessation and diabetes management services.	\$1,920,287.75
12. Completion of annual metrics review.	Completed Fiscal Year 2018
13. Number of consultations , “Dear Tribal Leader” letters, and trainings with tribal communities pertaining to Native Veteran issues.	47
14. Completion of annual metrics review.	Completed Fiscal Year 2018

Source: Internal VA and IHS reports

Revision of the VA-IHS MOU

- In fiscal year 2018, the VA/IHS MOU leadership team conducted an in-depth revision of the existing document, with the goal of creating a new MOU that reflects the evolving health care and health information technology landscape to create a more comprehensive, flexible MOU structure that will support both agencies and the Veterans they serve well into the future.
- The VA/IHS partnership has yielded years of tangible outcomes that increased native Veterans' and Alaska Native Veterans' access to care. While the current VA/IHS MOU provided a good starting point for some of the innovations highlighted above, many of the most effective collaborative practices evolved at the local level as partnerships between local VA facility leadership and local IHS or THP leaders.
- NIHB Public Health Summit/Behavioral Health Conference

2018 VA Mission Act

- **SECTION 403 - PILOT PROGRAM ON GRADUATE MEDICAL EDUCATION AND RESIDENCY**
 - (1) IN GENERAL.—Subject to paragraph (5), the Secretary of Veterans Affairs shall establish a pilot program to establish medical residency positions authorized under section 301(b)(2) of the Veterans Access, Choice, and Accountability Act of 2014 ([Public Law 113–146](#); [38 U.S.C. 7302](#) note) at covered facilities.
 - (B) A health care facility operated by an Indian tribe or a tribal organization, as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act ([25 U.S.C. 5304](#)).
 - (C) A health care facility operated by the Indian Health Service.
- (d) DURATION.—The pilot program under this section shall terminate on August 7, 2024.

