



**Department of Veterans Affairs (VA)  
and  
Indian Health Service (IHS)  
Memorandum of Understanding (MOU)  
Annual Report  
Fiscal Year 2014**

**Prepared by the  
VA - Center for Applied Systems Engineering  
On Behalf of the Office of Rural Health**

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## Prologue

Since the signing of a Memorandum of Understanding (MOU) in 2010, the Department of Veteran Affairs (VA) and the Indian Health Service (IHS) have been working together to further provide improved access to health care for American Indian and Alaskan Native (AI/AN) Veterans. Each year, the cooperation between our two Agencies has grown. In August of 2014, the VA and IHS MOU National Leadership Team hosted our first combined VA-IHS MOU Strategic Planning Meeting. At that meeting, we identified opportunities to share information and best practices across Agencies. Because of that collaboration, we have seen AI/AN Veterans benefit further as a result of the activities emerging from the MOU. The tremendous results achieved thus far reflect the combined efforts of our MOU workgroups, local, regional and national staff and personnel who have made these efforts an overwhelming success. Because of them, we have been able to see an impact on expanding access to care for AI/AN Veterans.

This 2014 Annual Report is a component of an ongoing effort to ensure improvement of health care services for AI/AN Veterans. The reader will learn about the efforts and activities that were established through the end of Fiscal Year 2014. Updates show the creative and positive ways in which various parts of both the VA and the IHS have linked their programs and policies to create a more integrated healthcare system that care for those who have protected us. And we rest assured that VA and IHS personnel will continue the endeavor to resolve challenges with the common goal of providing the best Veterans' health care access.

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## FY 2014 VA-IHS MOU Executive Summary

### **Background**

The Department of Veteran Affairs (VA) and Indian Health Service (IHS) signed a Memorandum of Understanding (MOU) on October 1, 2010 with the goal “to improve the health status of American Indian and Alaska Native Veterans (AI/AN).”

On December 5, 2012, following joint agency tribal consultation held earlier that year, IHS and VA signed a Reimbursement Agreement <sup>1</sup> allowing VA to reimburse IHS for direct health care for enrolled AI/AN Veterans. The reimbursement agreement serves as a template for VA to enter into reimbursement agreements with Tribal Health Programs (THP). By the end of FY 2014, VA had disbursed a total of \$13.1 million to IHS and THPs to support the care of 4,500 eligible Veterans.

### **FY 2014 Achievements**

VA, IHS, and their Tribal partners achieved significant successes through topic focused joint workgroups, including but not limited to care coordination, health care services, reimbursement and training and cultural competency. Listed below are some of the FY 2014 accomplishments:

- 440,575 prescriptions transmitted through VA Consolidated Mail Outpatient Pharmacy (CMOP) to AI/AN Veterans served by IHS facilities
- 18,618 AI/AN Veterans and family members impacted by VA-IHS Tribal contacts, outreach events, and training events
- 11,500 contacts made through suicide prevention outreach activities
- 3,759 Veterans served through the reimbursement program at VA and THPs
- 726 trainees attended educational presentations from the Posttraumatic Stress Disorder work group; 186 shared trainings between VA and IHS
- 8 IHS facilities added the Bar Code Medication Administration program to increase patient safety and avoid medication loss

### **Future Opportunities**

AI/AN Veteran feedback, the Government Accountability Office (GAO), Federal legislation such as the Veterans Access, Choice and Accountability Act of 2014 (VACAA) and VA-IHS workgroup report analyses identified opportunities to improve the VA-IHS MOU implementation process and ultimately the effectiveness of the MOU in increasing access to healthcare. VA and IHS look to pursue opportunities for improvement, including but not limited to:

- Refine outreach strategies to impact more AI/AN Veterans, their families and their communities
- Develop a method to securely share VA-IHS workgroup information between agencies
- Include more Tribal representation in the structure and implementation of the VA-IHS MOU
- Grow the number of THPs participating in the reimbursement program
- Develop standard performance metrics to assess VA-IHS MOU progress

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<sup>1</sup> Petzel, Robert A, MD and Yvette Roubideaux, MD. (2012). Agreement Between Department of Veterans Affairs Veterans Health Administration and Department of Health and Human Services Indian Health Service for Reimbursement for Direct Health Care Service. Washington, DC.

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## Introduction

This report is a joint effort of the Veterans Health Administration (VHA), and the Indian Health Service (IHS) to report on Fiscal Year 2014 collaborative efforts under its Memorandum of Understanding (MOU) to increase access to care for American Indian and Alaska Native (AI/AN) Veterans.

IHS is an agency within the Department of Health and Human Services, and is responsible for providing federal health services to AI/AN. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. There are three organizational models within IHS to provide healthcare for the AI/AN population. IHS runs many facilities in rural areas, particularly on reservations, directly for those tribes that wish to do so. Some federally recognized tribes have asserted their sovereignty over their health care, and these Tribal Health Programs (THP) are funded and closely allied with IHS, but are run under their respective tribal governments. Finally, urban AI/AN populations are serviced through IHS grants to a variety of non-profit corporations that provide healthcare for a wide range of groups, some including, and some excluding, indigent care. See Appendix I for maps of participating THP locations.

VHA delivers health care to nearly 9.1 million Veterans through a network of medical facilities and modalities, including inpatient hospitals, community clinics, telehealth and mobile medical units. At the end of FY 2014, there were 150 Department of Veterans Affairs (VA) Medical Centers (VAMC), 831 Community Based Outpatient Clinics (CBOCs), and 300 Vet Centers (readjustment counseling) in the US. These facilities are separated into 21 regional Veterans Integrated Service Networks (VISNs). The VISNs collaborate with their local VAMC service areas to strategically plan for the needs of Veterans within the service area. This includes efforts to prevent Veteran suicide, educate and train clinicians, coordinate care and provide medical services. A component of the VHA health care delivery model is the use of non-VA community providers when urgent/emergent situations arise, when services are not available within the VA network of facilities, or when geographic distances negatively impact accessibility to health care. This community care program has expanded to increase access to health care, assuring health care service delivery to our Veterans.

The VA and IHS are two distinct organizations that provide medical care through the support of the United States Government to an overlapping, but distinct population. The nature of both organizations creates strengths and challenges in providing efficient care to Veterans.

VA and IHS signed a Memorandum of Understanding (MOU) on October 1, 2010 with the goal “to improve the health status of American Indian and Alaska Native Veterans.” To accomplish this goal the memorandum outlined five mutual actions to be achieved by VA and IHS:

- Increase access and quality of care for AI/AN Veterans
- Improve health-promotion and disease-prevention
- Encourage patient-centered collaboration and communication
- Consult with tribes at the regional and local levels
- Ensure appropriate resources for services for AI/AN Veterans

VA and IHS developed joint workgroups to implement key components of the MOU. The workgroups consist of VA, IHS, and Tribal representatives actively collaborating to improve clinical processes, care coordination, workforce development, recruitment, and improve cultural competency. The workgroups have achieved significant successes in their respective areas of emphasis. The agencies and their Tribal partners increase access to care and services through shared space, personnel and equipment and further serve AI/AN Veterans closer to home.

Note: This report was prepared by VA Center for Applied Systems Engineering (VA-CASE) under the direction and guidance of the Veterans Health Administration's Office of Rural Health (ORH). VA-CASE is an interdisciplinary Engineering Resource Center built on a philosophy of 'paired leadership' of Operational Systems Engineering (OSE) faculty with VHA administrative and clinical management and staff. The focus of VA-CASE is to employ strategies to accelerate integration of OSE within the VA healthcare delivery systems to promote systems improvement. VA-CASE leverages the significant operational systems engineering, informatics, education and implementation science expertise present within VHA medical centers and affiliated academic partners to transform VHA healthcare delivery systems.

## VA-IHS Reimbursement Agreement

On December 5, 2012, VA and IHS signed a Reimbursement Agreement <sup>2</sup> allowing VA to reimburse IHS for direct health care for VHA-enrolled AI/AN Veterans. The goal of this agreement is to improve access to direct care services for eligible AI/AN Veterans. The agreement allows eligible Veterans to receive services closer to home, and fully leverage IHS resources for total patient care. The reimbursement agreement serves as a template for VA to enter into reimbursement agreements with individual THPs. By the end of FY 2014 VA had disbursed a cumulative total of **\$13.1 million** through the reimbursement program of which **\$7.6 million** was for care at IHS facilities and **\$5.5 million** was for care at THPs. As a result of the reimbursement agreement, 4,500 AI/AN Veterans were served as of the end of FY 2014, 3,500 of whom were served by IHS and 1,000 served by THPs.

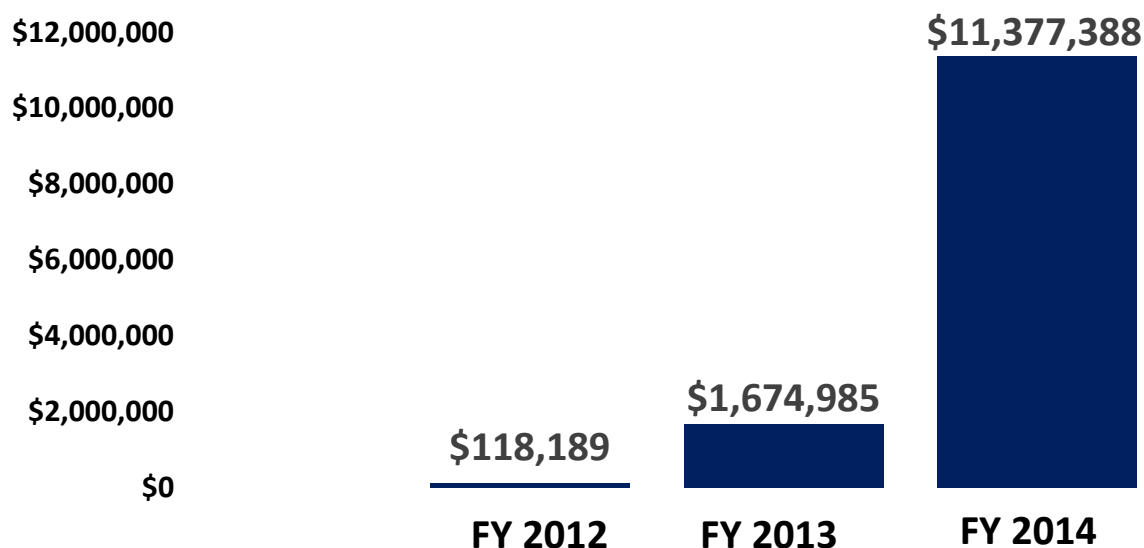


Figure 1: Total Disbursement to THP and IHS Sites for Direct Care to VA Enrolled AIAN Veterans by Fiscal Year  
Source: VA Chief Business Office, Reimbursement Reports, FY 2014

<sup>2</sup> Petzel, Robert A, MD and Yvette Roubideaux, MD. (2012). Source: VA Chief Business Office Reimbursement Reports, FY 2014 Agreement Between Department of Veterans Affairs Veterans Health Administration and Department of Health and Human Services Indian Health Service for Reimbursement for Direct Health Care Service. Washington, DC.

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## National VA-IHS MOU Leadership

VA and IHS made significant progress toward the implementation of the VA-IHS MOU in FY 2014. The VA-IHS National Leadership Team includes: VHA, Office of Rural Health (ORH) Director, IHS Chief Medical Officer, and VA, Director of the Office of Tribal Government Relations (OTGR). OTGR particularly facilitated the VA-IHS MOU National Leadership Team in developing stronger ties to Tribal Communities and ensuring that the tribal impact is incorporated into strategic planning efforts.

For example, OTGR facilitated site visits to Tribal Communities in Arizona and New Mexico for the Director of ORH and other ORH staff. OTGR also connected VA ORH with the National Indian Health Board (NIHB) which allowed VA ORH to inform Veteran focused topics and speakers for the NIHB Spring meeting in April 2014. OTGR has encouraged the National Leadership Team to seek more tribal representation on the VA-IHS workgroups. Another positive development included successful interactions with the Government Accountability Office (GAO) and the VA National Center for Organization Development (NCOD) in their respective reviews and recommendations to improve implementation of the MOU. In addition, the National Leadership Team created a VA-IHS MOU Field Advisory Group and conducted the first Virtual VA-IHS Strategic Planning Meeting in August 2014.



## Government Accountability Office and National Center for Organizational Development (GAO and NCOD) Reviews

The GAO completed the “Improved Oversight, Accountability, and Prioritization Can Improve Access for Native American Veterans; GAO-14-489” audit of the VA-IHS implementation process in April 2014. The GAO issued the following key recommendations to VA and IHS:

- Develop an organizational chart
- Hold regular VA-IHS Leadership meetings
- Ensure quarterly progress reporting
- Identify strategies and plans for accomplishing the goals of the MOU

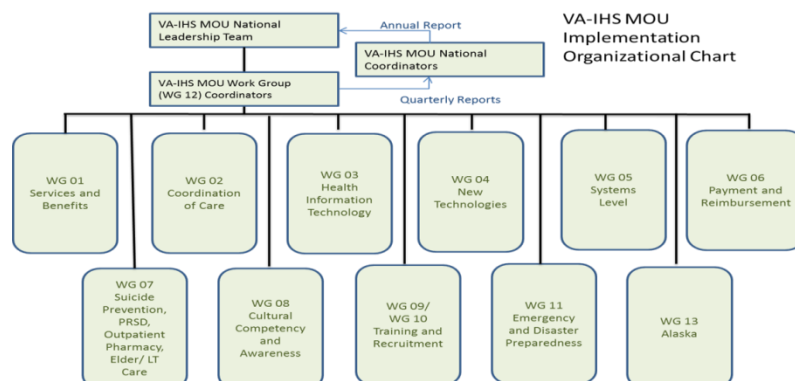
Also in April 2014, prior to the GAO review, ORH engaged the NCOD to conduct an assessment of VA-IHS Workgroup organizational dynamics and issued the following recommendations:

- Pursue system redesign
- Review workgroup processes
- Clarify workgroup outcomes
- Improve communication channels

The VA-IHS National Leadership Team took action on both the NCOD and GAO recommendations to improve VA-IHS implementation effectiveness. The MOU Leadership team provided 90 and 120-day updates to the GAO in response to their recommendations for action. The Leadership Team is pleased to report all recommendations were fully implemented as of the 120-day update. A few of the key improvements are highlighted in the sections below.

### VA-IHS Implementation Organizational Chart

VA and IHS approved an official VA-IHS Implementation Organizational Chart in June 2014, displayed below, which met one of the GAO review recommendations. VA, ORH and IHS disseminated the organizational chart to workgroups in August to prepare for the VA-IHS MOU Virtual Strategic Planning Meeting.



**Figure 2: VA-IHS MOU Implementation Organizational Chart**  
Source: VA-CASE, FY 2014

### **Virtual Strategic Planning Meeting**

Both the GAO and the NCOD recommended the VA-IHS National Leadership Team improve communication channels and the first Virtual VA-IHS MOU Strategic Planning meeting was held on August 27-28, 2014. This strategic planning meeting allowed for the VA-IHS National Leadership Team to interact with workgroup members. Over 40 participants, representatives of all the workgroups, attended the strategic planning meeting either in person or virtually, and provided feedback on MOU outcomes, corresponding organizational structures, outcomes, performance metrics and communications. The feedback served as a guide for improvement implementation.

### **Advisory Group**

In FY 2014 ORH established a small field advisory group with workgroup representatives from IHS, VHA, and VA OTGR. The VA-IHS MOU National Leadership Team consults with this group on policy, process and organizational issues before requesting action or feedback from the larger group. The members represented provide field-based insight before information is presented to the National level organizations. They represent the three key organizations that lead the MOU implementation efforts: IHS, VA ORH, and VA OTGR as well as the workgroups established to implement MOU focal areas.

### **Veterans Access, Choice and Accountability Act of 2014 Implementation**

The Veterans Access, Choice and Accountability Act of 2014 (VACAA) was passed on August 7, 2014. Section 102 of this legislation specifically mandates collaboration between VA and IHS, as follows:

- Conduct outreach regarding reimbursement for Veterans care to Tribal Operated Health Clinics
- Develop VA-IHS MOU performance metrics
- Report to Congress on the feasibility and advisability of reimbursing IHS and Tribal Operated Health Clinics for direct care to Non-American Indians and Alaska Natives

ORH, IHS, and OTGR Leadership Team meet regularly as part of a cross-department Workgroup focused on implementation of Section 102 of VACAA. Components of the legislation were already being pursued as part of the FY14 MOU improvement efforts and were leveraged to ensure compliance with Section 102 of VACAA.

## FY 2014 Accomplishments Summary

VA, IHS and Tribal partners achieved significant successes in care coordination, health information technology, health care services, training and cultural competency. Listed below are some of the high level accomplishments achieved in FY 2014.

- Reimbursement for Services: \$11,377,388 reimbursed to IHS and THPs from VA for direct medical care to AI/AN enrolled Veterans and 3,759 Veterans served through the reimbursement program at VA and THPs
- Pharmacy Services: 440,575 prescriptions transmitted through VACMOP
- Veteran Outreach and Training: 18,618 AI/AN Veterans and family members impacted by VA-IHS Tribal contacts, outreach events, and training
- Suicide Prevention: 11,500 Veteran contacts made through suicide prevention outreach activities
- Posttraumatic Stress Disorder Training: 726 Clinical personnel who serve American Indian Veterans from VA, IHS, and Tribal Health Centers attended educational presentations regarding Posttraumatic Stress Disorder
- Continuing Education: 186 shared clinical or clinically related training programs between VA and IHS: Medication/Pharmacy, Bar Code Medication Administration, Diabetes; Obesity Prevention; Pain Management
- Outreach Training: 147 VA Medical Centers received videos that promote outreach to Tribes and Native Communities
- Clinical Safety Efforts: 8 IHS facilities added the Bar Code Medication Administration program to increase patient safety, and avoid loss of medication inventory
- Electronic Health Record Implementation: IHS facilities achieved electronic health record Stage 2 Meaningful Use certification bringing them one step closer to being able to share health information with other organizations for patient centered care; 199 of 309 Tribal and Urban sites (64%) and 102 of 104 federal sites (98%) using EHR have installed the 2014 certified version
- Telemedicine: VA and IHS piloted an improved method for direct point-to-point telemedicine connectivity model which services AI/AN Veterans
  - Site-to-site testing was conducted between Denver VAMC and San Antonio in the VA and Ft Belknap and Ft Totten, ND in the IHS

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## VA-IHS MOU Workgroup Summaries

Implementation of the VA-IHS Reimbursement MOU is handled in large part through 13 cross-agency, inter-departmental workgroups that tackle programmatic, logistical, organizational and data-related activities within their area of expertise. As the recommendation of the GAO and NCOD reports are adopted, the workgroups are becoming aligned with the revised performance reporting requirements. In this section, there is a recap of the narrative data (accomplishments and challenges) to the implementation of the MOU as reported by the MOU Workgroups. Appendix II displays a summary of the relevant performance measures, as reported in FY 2014.

### **Workgroup: Care Coordination**

#### **Description**

The care coordination workgroup's goal is to increase access to and improve quality of health care. The workgroup also aims to leverage the strengths of VA and IHS at the national and local levels to deliver optimal health care to AI/AN Veterans.

#### **Accomplishments**

VA, IHS and THPs are working together to share resources and coordinate care to ensure AI/AN Veterans have access to more care options closer to home. A few examples of the collaborations and innovations:

- 528 AI/AN Veterans served through the Northern Arizona VA Health Care System partnership with Chinle, AZ and the Navajo Nation since the program's inception
  - VA placed a VA primary care team, specialty telehealth and mobile vans to serve Veterans in or around the reservation
  - Navajo Nation and Portland/Warm Springs developed dedicated Veteran Service Officer (VSO) positions ensure easy access for benefit inquiry and enrollment
  - A full time VA Service Coordinator is available for the Navajo government
- 215 Veterans served through the Portland, Seattle VA Medical Center/Warm Springs Reservation partnership
- 30 Choctaw Nation Veterans served through the Jackson, MS Home Based Primary Care Team
  - The Veterans Service Coordinator in Jackson, MS leads strong outreach efforts on Choctaw reservation lands
- The Asheville, NC VAMC, Eastern Band of Cherokee Indians and the Cherokee Indian Hospital Authority have an MOU for reimbursement from VA for the care of AI/AN Veterans
  - 300-400 Cherokee Veterans are enrolled at the Asheville VAMC, and VA staff attend medical meetings to promote working relationships and referrals
  - Asheville's outreach program connects Veterans to VA programs including Veterans Justice Outreach (VJO), Services for Homeless and the VBA's Home Loan Repayment services
  - There is a VA Home Based Primary Care (HBPC) satellite team which serves the Cherokee Indian reservation located near Qualla Boundary, NC

#### **Challenges**

- Computer access and internet connectivity in rural areas remains a major challenge
- Access to VA telehealth options remains limited

- VA co-pay requirements for specific categories of eligibility for Veterans can be a challenge to VA access
- Recruiting, hiring, and retaining qualified staff continues to be difficult in rural communities
- Credentialing and privileging of providers across two agencies remains problematic
- VA firewall creates communication challenges in its intent to protect patient privacy

### **Workgroup: Health Information Technology & New Technologies**

#### **Description**

VA and IHS collaborate to share health information and provide safe, high-quality patient centered care by leveraging Health Information Technology (HIT). The Health Information Technology workgroup objectives include:

- Increase IHS enrollment and participation in the VA CMOP program
- Develop jointly beneficial approach to electronic health record certification and meaningful use
- Implement the Bar Code Medication Administration (BCMA) program at IHS sites
- Establish direct VA-IHS point to point telehealth connectivity

These HIT improvements will benefit AI/AN Veterans. IHS will have access to VA's formulary by participating in the CMOP program and will realize cost savings due to VA's purchasing power. VA and IHS efforts to coordinate electronic health record certification and meaningful use efforts will assist care coordination when information is electronically shared between agencies. Greater IHS participation in the BCMA program will increase patient safety because medications will be more easily tracked and monitored.

#### **Accomplishments**

VA and IHS made significant progress to align HIT systems and processes in FY 2014:

- 78 IHS sites have been set up to utilize CMOP for prescription fills
  - 27 are actively transmitting to CMOP
  - 2 new sites (IHS health care facilities) joined the CMOP program in FY 2014
- 8 IHS facilities implemented BCMA with support from VA
  - This program attaches barcodes to medications which leads to better tracking and patient safety
- VA and IHS piloted a direct point-to-point telemedicine connectivity model
  - VA and IHS have the ability to connect for telemedicine purposes
  - The next step is to identify requirements for the transition from established VA-IHS connectivity into a routine operational service
- IHS facilities achieved electronic health record Stage 2 Meaningful Use certification bringing them one step closer to being able to share health information with other organizations for patient centered care
  - 199 of 309 Tribal and Urban sites (64%) and 102 of 104 federal sites (98%) using EHR have installed the 2014 certified version

### **Challenge**

- IHS seeks a pathway to resolve CMOP questions
- Inconsistent access to the VA CMOP formulary catalog and other CMOP-related information hinders IHS clinicians trying to access the information
- Travel limitations and process and policy constraints hampered implementations of the BCMA

### **Workgroup: Payment & Reimbursement**

#### **Description**

VA and IHS provide access to services closer to home for AI/AN Veteran through the development of payment and reimbursement mechanisms. The reimbursement mechanisms are designed to support care at VA and IHS and to facilitate care coordination, training, contracts, sharing agreements and sharing of staff.

#### **Accomplishments**

The Payment & Reimbursement workgroup achieved growth in the reimbursement program from \$1.6 million in FY 2013 to \$11.3 million in FY 2014. The following highlights some of the significant achievements in FY 2014:

- Total Veterans served as a result of the Reimbursement Agreement grew from 710 unique Veterans in FY 2013 to 3,759 in FY 2014 which is a 430% increase
- VA and IHS have developed standard financial reports to track disbursements to IHS and THPs

### **Challenges**

- VA and IHS financial reporting systems are not interoperable and so it is difficult to reconcile both systems completely

### **Workgroup: Sharing Care Process, Programs & Services**

#### ***Suicide Prevention***

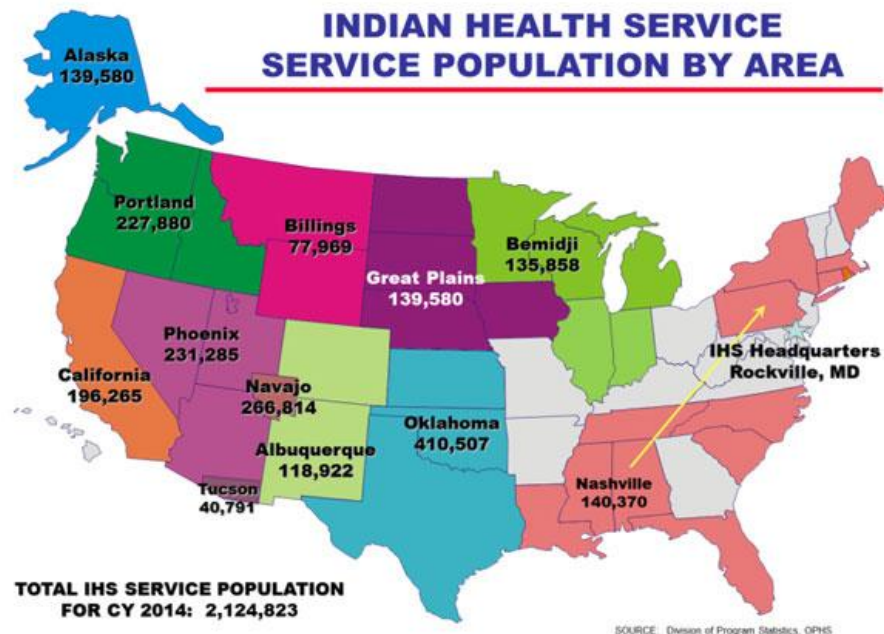
#### **Description**

VA and IHS coordinate suicide prevention strategies, outreach and other activities to serve AI/AN Veterans effectively.

#### **Accomplishments**

The VA-IHS Suicide Prevention workgroup improved communication and coordination to better prevent Veteran suicide. Some of the achievements are listed below:

- 11,500 contacts made through outreach activities in FY 2014
- VA and IHS suicide prevention coordinators hold monthly collaboration calls with all 12 IHS Areas
  - IHS is organized into 12 regional areas (Figure 3)
- VA and IHS developed AI/AN Veteran specific suicide prevention brochures to be disseminated to IHS behavior health consultants
- The suicide prevention workgroup developed a culturally sensitive training program to recognize and respond to a Veteran at risk for suicide



**Figure 3: Indian Health Service Regions**  
Source: Division of Program Statistics, Indian Health Service; FY 2014

### **Workgroup: Posttraumatic Stress Disorder (PTSD)**

#### **Description**

VA and IHS share information about clinical processes, programs and services for AI/AN Veterans with PTSD, including other war-related disorders. Workgroup activities include sharing data, development of presentations for VA, IHS, and Tribal clinicians who serve AI/AN Veterans.

#### **Accomplishments**

- 726 Clinical trainees from VA, IHS, and Tribal Communities attended 7 educational presentations from the PTSD workgroup
- 147 VA medical centers received “Partnership for Healing Videos” that promote outreach to tribes and awareness of clinical services available through VA and IHS
  - 200 copies were provided to IHS for distribution to IHS facilities and Tribal clinics
  - The videos promote the unique aspects of interacting with American Indian Veterans
- 94 people attended VA Office of Tribal Government Relations Southern Plains Veterans Training summit which included information about PTSD and VA mental health services
- 45 people attended an IHS hosted training on the “Effects of Combat Related PTSD”
- 18 participants joined in the “VA-IHS Partnership for Healing” Webinar
- The VA produced multimedia information about VA services and IHS is currently disseminating it to all IHS Areas and THPs

#### **Challenges**

- Identification of eligible AI/AN Veterans is an ongoing process due to reliance on self-identification

### **Workgroup: Pharmacy**

#### **Description**

VA and IHS pharmacy services work together to improve access to medications by leveraging agency strengths.

#### **Accomplishments**

VHA, IHS Pharmacy programs, and VA Office of Information & Technology (OIT) collaboratively developed an operational pilot program for VA sharing of CMOP services with IHS that has now matured to production capability. Listed below are some of the other achievements:

- 920,398 prescriptions have been dispensed to IHS patients through the CMOP program since the program's inception in FY 2009 (Appendix III)
- 440,575 prescriptions (all IHS sites) were transmitted to CMOP in FY 2014, an 89,000 increase compared to FY 2013

#### **Challenges**

- The VA CMOP is no longer able to process and mail any controlled substance prescriptions for IHS, as of October 1st, 2014 because a DEA waiver is required to allow the VA to process controlled substances for IHS sites; IHS clinics serve Veterans directly, preventing the CMOP from processing and mailing controlled prescription substances

### **Workgroup: Cultural Competency and Awareness**

#### **Description**

VA and IHS combined efforts to increase awareness of military, Veteran and AI/AN Cultures within both agencies.

#### **Accomplishments**

The Cultural Competency and Awareness group developed partnerships with other workgroups and agencies because cultural competency is an important aspect of all implementation efforts. Listed below are a few key workgroup achievements:

- VA and IHS partnered with The Substance Abuse and Mental Health Services Administration (SAMHSA) to produce 2 webinars on the "American Indian/Alaska Native Culture Card"
  - These webinars led to a 400% increase in hits on the culture card website after the showing of the two webinars
- VA and IHS are producing an AI/AN Veteran specific health promotion and disease prevention quick reference and resource book
- The workgroup continues to gather AI/AN Veteran data from "Voice of the Veteran" to assess AI/AN Veteran perception of care



### **Challenges**

- Veteran content that is specific to the AI/AN population is often included in discussions and trainings about other minority populations and rarely are there trainings focused exclusively on AI/AN Veteran issues
- Gathering AI/AN specific survey data has been difficult  
A shared virtual space to share AI/AN Veteran specific information with both VA and IHS partners does not currently exist
- The ORH SharePoint is a site where information is shared amongst workgroup members; however the site is limited to authorized VA personnel only

### **Workgroup: Training & Recruitment**

#### **Description**

The goal of the Recruitment & Training workgroup is to increase access and improve health care quality through training and workforce development.

#### **Accomplishments**

- 186 shared trainings between VA and IHS in FY 2014
  - 279 shared learning hours of which 159 hours carried clinical accreditation for both VA and IHS clinical staff
  - 150 training offerings were virtual conferences
- 127 clinically related trainings shared with VA from IHS
- 59 clinically related trainings shared with IHS from VA

The shared clinical programs include but not limited to the patient care topics: medication/pharmacy; mental health; cardiac care; respiratory/pulmonary; tobacco cessation; pediatric care; substance abuse; domestic violence/intimate partner violence; renal; diabetes; obesity prevention; pain management; traumatic brain injury; rural health; physical therapy; acupuncture; ICD-10; and Bar Code Medication Administration.

### **Challenges**

- Recruitment of medical professionals continues to be challenging in rural areas and areas serving tribal communities

### **Workgroup: VA-IHS MOU National Leadership Team**

#### **Description**

The Joint Implementation Task Force was rebranded as the VA-IHS MOU National Leadership Team in FY 2014. Membership consists of the IHS Chief Medical Officer, VA ORH Director and the VA OTGR Director with support from a VA ORH program analyst and an IHS staffer.

#### **Accomplishments**

- The VA-IHS National Leadership Team established quarterly leadership meetings
- 40 workgroup representatives attended the first Virtual MOU Strategic Planning Meeting August 27-28, 2014

- VA and IHS successfully participated in NCOD and GAO assessments and implemented the recommendations
- VA, IHS and OTGR participated in a Tribal Consultation Meeting in Albuquerque, NM on September 8, 2014 which focused on the MOU
- The leadership team established the VA-IHS MOU Field Advisory Group to consult in matters of policy and procedure
- VA ORH and IHS have fully integrated MOU leadership to now include VA OTGR

### **Challenges**

- Timelines for reporting need to be clarified and maintained
- Qualitative measures need finalization from VA and IHS (per GAO report and VACAA Section 102)
- Metrics need to have responsible parties assigned and be clearly defined

### **Workgroup: Alaska Initiatives**

#### **Description**

The Alaska workgroup, in recognition of the remote geography which presents unique challenges to access to care for Alaska's Veterans, promotes patient-centered collaboration and facilitates communication among VA, IHS, AI/AN Veterans, Veteran family members, communities, Tribal Organizations and Tribal Health Programs.

#### **Accomplishments**

During FY 2014 the VA-Tribal relationships grew through the training of Tribal Veteran Representatives, outreach events, Veterans enrollment efforts, and through reimbursement to Alaskan Tribal Health Organizations for direct care to all Veterans. Some of the more significant accomplishments include:

- Veterans enrolled in VA increased by 1,737 compared to FY 2013
- 1,693 new Veterans Benefit claims submitted at Alaska Stand-down programs
- 200 Tribal Veterans Representatives in 33 communities trained to date in Alaska

### **Challenges**

- There are many remote AI/AN Veteran communities in Alaska, and demand for exceeds resources
- The challenge is to meet Veteran needs and maintain training programs with finite funding that is not guaranteed each fiscal year

### **Update**

At the request of the local Alaska VA and the IHS Leadership team, this workgroup will discontinue in its previous form in FY 2015 because the goals and activities are now integrated into local AI/AN healthcare coordination efforts in the Alaska service area as lead by Alaska VA Healthcare System and the IHS Region Alaska Area.

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## Next Steps

Increasing access and improving health care quality for AI/AN Veterans are top priorities for VA and IHS. The VA-IHS MOU allows the agencies to collaborate and share resources to effectively serve all AI/AN Veterans.

VA and IHS builds on previous successes to further achieve the goals of the MOU. VA and IHS contracted with VA-CASE to provide additional program support for FY 2015. Specific emphasis is on supporting the 12 MOU workgroups efforts and related reporting requirements. VA, ORH, IHS and OTGR continues to work together to meet the required deliverables of the VACAA legislation. The VA-IHS MOU National Leadership Team meets with workgroup representatives through the annual VA-IHS MOU Strategic Planning meeting. It is anticipated that the MOU implementation organizational structure may be further updated to reflect emerging needs and functions. Workgroup and VISN reporting templates will be revised to address national metrics, and allow for streamlined data mining and reporting. Qualitative documentation and analysis will be more accurately collected and reported. Finally, the VA-IHS National Leadership Team will work more closely with Tribal Communities, Tribal Health Programs, and National tribal health organizations to ensure that feedback and needs are reflected in MOU implementation strategies and activities.

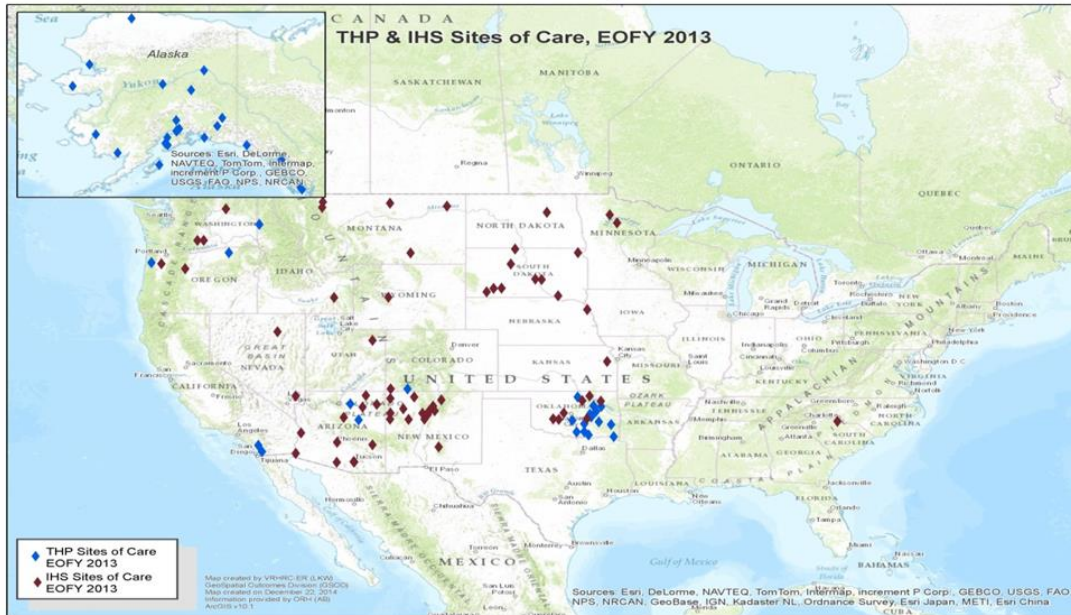
AI/AN Veteran feedback and VA-IHS workgroup report analyses identified several opportunities to improve the VA-IHS MOU implementation process. Refine outreach strategies to impact more AI/AN Veterans, their families and their communities.

- The outreach strategy will include plans to educate VA and IHS staff to ensure they can most effectively serve Veteran customers
- Develop a method to securely share VA-IHS workgroup information between agencies
- Meet all deliverables as required by Section 102 of the “Veterans Access, Choice, and Accountability Act 2014” including the establishment of standard VA-IHS performance metrics
- Include Tribal representation in the structure and implementation of the VA-IHS MOU
- Grow the number of THPs participating in the reimbursement program

National efforts combined with local partnering between VA medical centers, Tribal Communities and IHS facilities will continue to increase AI/AN Veteran access to health care through expanded care options closer to home.

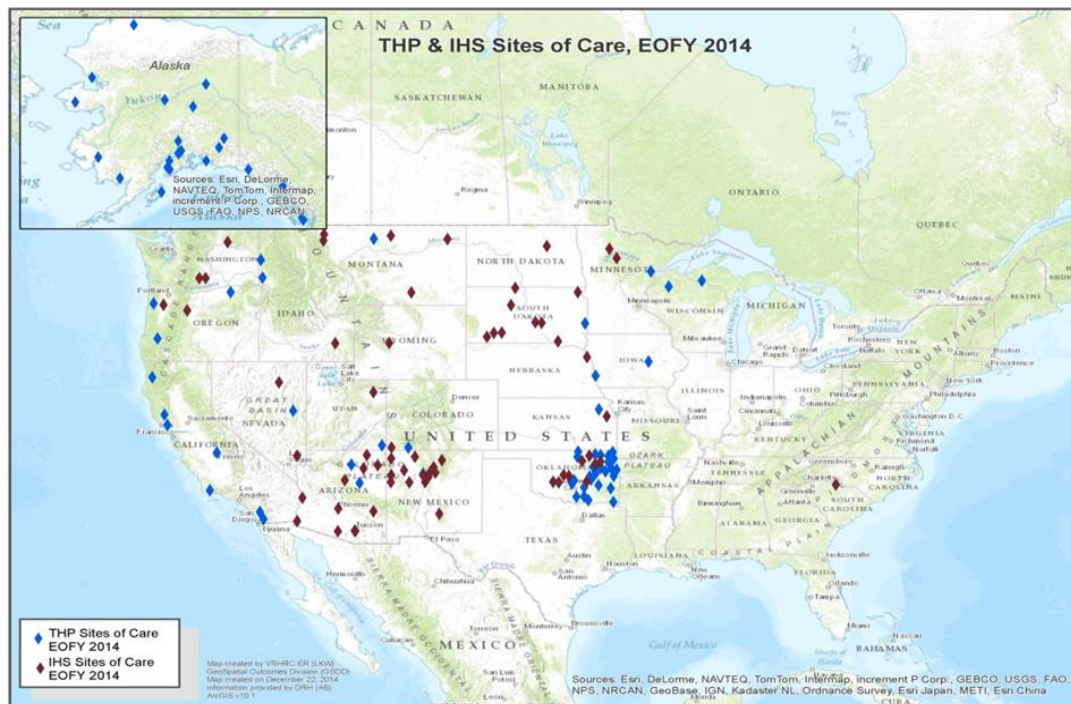
## Appendix I: Map of Tribal Health and IHS Facilities

### Map of Tribal Health Programs and IHS Facilities Participating in the Reimbursement Program, FY 2013



Source: Map: Geospatial Outcomes Division; Facility Data: VA Chief Business Office (2015)

### Map of Tribal Health Programs and IHS Facilities Participating in the Reimbursement Program, FY 2014



Source: Map: Geospatial Outcomes Division; Facility Data: VA Chief Business Office (2015)

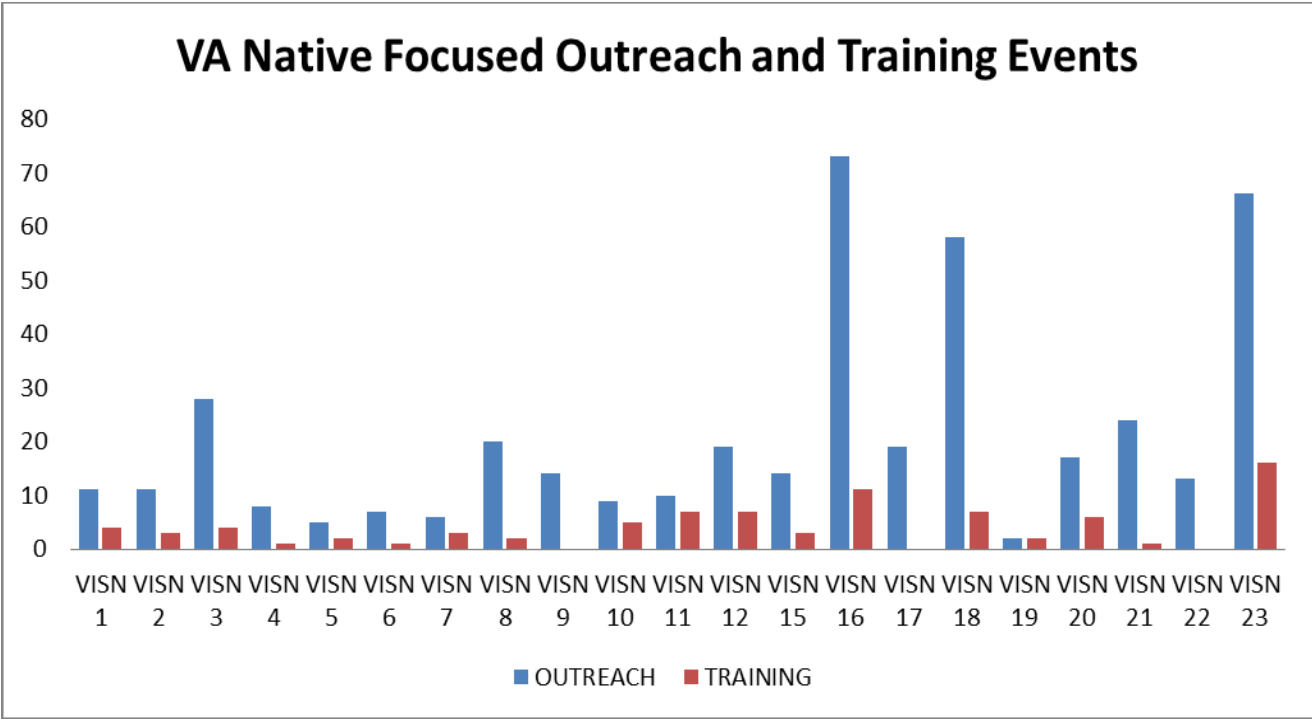
## Appendix II: VISNs Activity Progress Table

### Outreach, and Training Events and AI/AN Veterans Impacted

	OUTREACH	TRAINING	Native Veterans Impacted
VISN 1	11	4	986
VISN 2	11	3	617
VISN 3	28	4	1090
VISN 4	8	1	72
VISN 5	5	2	151
VISN 6	7	1	132
VISN 7	6	3	43
VISN 8	20	2	992
VISN 9	14	0	14
VISN 10	9	5	230
VISN 11	10	7	704
VISN 12	19	7	1078
VISN 15	14	3	1255
VISN 16	73	11	1205
VISN 17	19	0	842
VISN 18	58	7	1770
VISN 19	2	2	400
VISN 20	17	6	391
VISN 21	24	1	1981
VISN 22	13	0	702
VISN 23	66	16	3963

Source: VA Native Veteran Initiative Inventory Reports, FY 2014

\*Inactive VISNs are not represented in this Chart

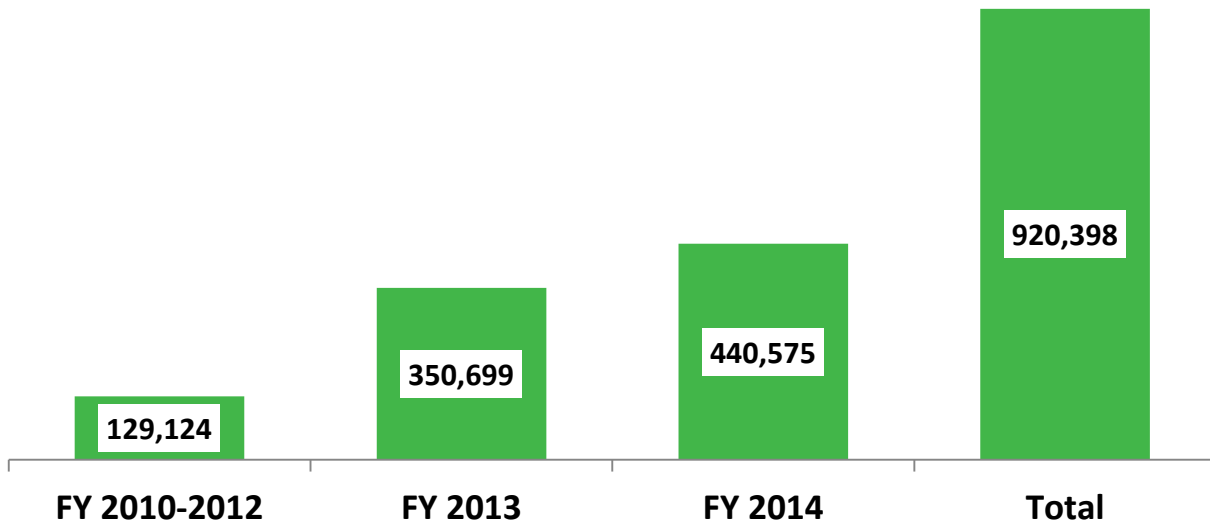


Source: VA Native Veteran Initiative Inventory Reports, FY 2014

\*Inactive VISNs are not represented in this Chart

## Appendix III: Total Prescriptions Filled by VA CMOP

**Total Prescriptions Filled by VA CMOP Through the VA-IHS MOU by Fiscal Year**



Source: VA-IHS MOU Workgroup 7 Reports- Pharmacy Subgroup, FY 2014