Department of Veterans Affairs and
Indian Health Service

Memorandum of Understanding
Annual Report
Fiscal Year 2015

Prepared by the
VA-Center for Applied Systems Engineering
for the Veterans Health Administration Office of Rural Health

Released March 14, 2016

Contents

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)."

The VA-IHS MOU National Leadership Team is responsible for leading the implementation of the MOU and consists of the IHS Chief Medical Officer, VA/VHA Office of Rural Health (ORH) Director and the VA Office of Tribal Government Relations Director. A VA/VHA ORH Program Analyst and an IHS Policy Analyst support the VA-IHS MOU National Leadership Team.

Fiscal Year 2015 Achievements

VA and IHS achieved significant successes through topic-based joint workgroups focused on care coordination, health information technology, payment and reimbursement, outpatient pharmacy and cultural competency. Fiscal year 2015 accomplishments include:

- Reimbursed $16.1 million and served 5,000 Veterans through the VA-IHS MOU reimbursement program
- Transmitted 481,000+ prescriptions to AI/AN Veterans through the VA Consolidated Mail Outpatient Pharmacy (CMOP) program
- Impacted 34,000 Veterans and their families through more than 400 tribal contacts, outreach events, and training events
- Offered 157 shared Continuing Education Credits (CEU)and topical trainings to VA and IHS personnel

Fiscal Year 2015 Implementation Priorities

As part of the effort to increase health care access, VA and IHS collected information from VA-IHS workgroups, AI/AN Veteran feedback, the Government Accountability Office (GAO) and federal legislation [e.g., Veterans Access, Choice, and Accountability Act of 2014 (VACAA)] to identify opportunities that improve the VA-IHS MOU implementation process. VA and IHS identified the following points of emphasis for fiscal year 2015:

- Align and organize workgroups to match organizational chart with group functions
- Increase communication and "cross-talk" between workgroups
- Support workgroup performance through added capacity provided by The VA Center for Applied Systems Engineering (VA-CASE)
- Increase tribal participation in the MOU implementation process

Introduction

This report summarizes the combined efforts of the Department of Veterans Affairs (VA), the Veterans Health Administration (VHA) and Indian Health Service (IHS) to implement the VA-IHS Memorandum of Understanding (MOU) and increase access to care for American Indian and Alaska Native Veterans (AI/AN) Veterans.

VA and IHS signed an MOU on October 1, 2010 with the goal "to improve the health status of AI/AN Veterans." To accomplish this goal, the memorandum outlined five mutual actions that VA and IHS intend to achieve:

- 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
- Provide appropriate resources and services for AI/AN Veterans

VA and IHS developed joint workgroups to implement the key components of the MOU. The workgroups consist of VA and IHS members who actively collaborate to improve clinical processes, care coordination, workforce development, recruitment, and cultural competency. Each workgroup achieved significant successes in their respective areas of emphasis. To increase access to care and services, the agencies and their tribal partners share space, assign personnel, train staff, use equipment and deliver services to AI/AN Veterans closer to their homes.

VA-CASE prepared this report under the direction and guidance of the U.S. Department of Veterans Affairs' VHA 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 administration, clinical management and staff. The focus of VA-CASE is to employ strategies that accelerate integration of OSE into the VA health care delivery systems, thereby promoting improvement of its systems. VA-CASE leverages the significant operational systems expertise (i.e., engineering, informatics, education implementation, science) already present within VHA medical centers and its affiliated academic partners in order to transform VHA health care delivery systems. VA-CASE has been pleased to work directly with the MOU workgroups since fiscal year 2014 to support implementation improvement.

VA-IHS MOU Goals and Metrics

Goal and Metric Summary

On August 7, 2014, President Obama signed into law the Veterans, Access, Choice and Accountability Act of 2014 (VACAA). Technical revisions to VACAA were made on September 26, 2014, when the President signed into law the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175). Section 102 of the legislation specifically focused on VA-IHS collaboration and required the two agencies to establish performance metrics to evaluate progress and the effectiveness of the VA-IHS MOU implementation.

As part of a collaborative work team, VA and IHS identified the 14 metrics below to implement in fiscal years 2016 and 2017. Once implemented, the VA-IHS MOU National Leadership Team will track these metrics on a quarterly basis. Each of the goals is aligned with at least one of the VA-IHS MOU goals:

Goal 1: Increase access to care for AI/AN Veterans

- Metric 1: Number of VA enrolled Veterans served by IHS and Tribal Health Programs (THP) through the VA-IHS and VA-THP reimbursement agreements
- Metric 2: Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements
- Metric 3: Total prescriptions filled through VA CMOPs for direct AI/AN Veteran care
- Metric 4: Completion of annual metrics review

Goal 2: Improve quality and coordination of care for AI/AN Veterans

- Metric 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
- Metric 6: Quality measures tracked specifically for enrolled Veterans served by IHS through the VA-IHS reimbursement agreement; specific quality measures to be determined
- Metric 7: Completion of annual metrics review

Goal 3: Encourage patient-centered collaboration and communication between VA and IHS

- Metric 8a: Number of shared VA-IHS trainings and webinars
- Metric 8b: Number of training attendees
- Metric 9: Number VA ORH and IHS leadership meetings to coordinate MOU implementation activities
- Metric 10: Completion of annual metrics review

Goal 4: Ensure health-promotion and disease-prevention services are appropriately funded and available

- Metric 11: Total reimbursement for suicide prevention, tobacco cessation and diabetes management services
- Metric 12: Completion of annual metrics review

Goal 5: Consult with tribes at the regional and local levels

- Metric 13: Number of official communications, consultations, and trainings with tribal communities pertaining to Native Veteran issues
- Metric 14: Completion of annual metrics review

VA-IHS MOU Workgroup Summaries

The VA-IHS MOU workgroups are comprised of VA, IHS and a few tribal representatives to implement the goals of the MOU through topic-based collaboration. Seven active workgroups provided quarterly progress updates throughout fiscal year 2015.

In fiscal year 2015, the VA-IHS MOU National Leadership Team focused on solidifying a streamlined, functional VA-IHS MOU workgroup structure and revitalizing some of the less active but crucial workgroups. As part of this effort, the leadership team encouraged the workgroups to share information across their groups and look for opportunities to collaborate. Below are summaries of the fiscal year 2015 VA-IHS MOU workgroup efforts.

Workgroup: Coordination of Care and Health Information Technology (HIT)

Description

The Coordination of Care and HIT workgroup coordinates case management models and best practices and synchronizes access to provider records. This workgroup also facilitates Health Information Exchange (HIE) and interoperability. HIE is the capability to move clinical information electronically among different health care information systems using a protected and secure process.

Accomplishment(s)

- VA tested direct secure messaging with the Cherokee Indian Health Center which will allow the Asheville VA Medical Center and Cherokee to better coordinate care for Veterans; Direct secure messaging allows VA to email continuity of care documents safely and securely with verified partners
- Identified additional implementation sites for direct secure messaging testing
- Oklahoma City VA Health Care System's Tribal Consultation incorporated Lean Six Sigma to improve consult and referral process with IHS and THPs
- Held inter-tribal outreach event with Eight Southern Plains tribes

Challenge(s)

- Community providers each have unique technical capabilities and business processes; therefore, new work flows developed to accommodate direct secure messaging and HIE processes can be challenging and complicated
- Due to workload demands and budget constraints, VA staff sometimes find it difficult to travel outside metropolitan areas to address Native American Veteran issues in the area of transportation, benefits and access to care

Workgroup: New Technologies (Telehealth)

Description

VA and IHS and tribal partners collaborate to establish VA telehealth clinics in THPs or IHS facilities to increase access to services that may be available only through VA or more specific to the Veteran experience.

Accomplishment(s)

- Established regular telemental clinics between VA and IHS facilities in Pawnee and Pawhuska, Oklahoma, and Ft. Peck, Montana

Challenge(s)

- The same approach to telehealth may not work or apply to every IHS or THP clinic
- It could be difficult to determine technical approach to supporting telehealth with tribal governments and THPs that do not host IHS facilities
- Communications about new telehealth capabilities need to be shared with Veterans served by the participating clinics
- Need for standardized operations and support procedures and regulations for joint VA/IHS/THP clinics

Workgroup: Post-Traumatic Stress Disorder (PTSD) Workgroup

Description

The PTSD workgroup collaborates to leverage both VA and IHS resources to standardize PTSD care for AI/AN Veterans.

Accomplishment(s)

- Met after a brief hiatus due to leadership turnover
- Working to understand the following questions:
    - What differences or similarities exist in AI/AN populations versus other ethnic groups within the U.S. suffering from PTSD?
    - How can the workgroup increase education and awareness of benefits and services for which AI/AN Veterans with PTSD are eligible?

Challenge(s)

- The workgroup must identify new members when workgroup leaders transitioned to other positions.

Workgroup: Services, Benefits, Payment, Reimbursement and Systems

Description

On December 5, 2012, VA and IHS signed a reimbursement agreement to allow VA to reimburse IHS for direct health care for enrolled AI/AN Veterans. VA and IHS provide access to services closer to home for AI/AN Veterans through the VA-IHS/THP reimbursement program. This workgroup supports the maintenance and expansion of reimbursement agreements between both VA and IHS/THP medical facilities.

The national reimbursement agreement with IHS serves as a template for VA to enter into other reimbursement agreements with THPs. By the end of fiscal year 2015, VA distributed a total of $29.1 million through a national agreement with IHS and 83 implementation plans covering 108 IHS sites and 90 THP agreements to support the care of nearly 5,000 eligible Veterans per year.

In fiscal year 2015, VA disbursed $16.1 million for the reimbursement program, of which $7.9 million was for care at IHS facilities and $8.2 million was for care through THPs. By comparison, in fiscal year 2014, $11.4 million was disbursed for the entire IHS/THP reimbursement program. IHS and THPs served 5,000 Veterans through the reimbursement agreement, compared to just over 3,700 in fiscal year 2014. Of these Veterans, IHS served more than 3,000 and THPs served nearly 2,000. Additional highlights are listed below:

Accomplishment(s)

- Created 23 new reimbursement agreements in fiscal year 2015 with THPs
- Generated 41 percent growth in reimbursement funds from fiscal year 2014 to fiscal year 2015
- Generated 33 percent growth in the number of unique Veterans served from fiscal year 2014 to fiscal year 2015

Challenge(s)

- The prediction of future participation in the reimbursement agreement could be challenging due to the lack of consistent Veteran data from THPs
- Determination of how VA's community purchased care program changes will impact the VA-IHS/THP reimbursement program could prove difficult
- We will have to identify how to answer an emerging policy question from IHS: Should VA cover the costs of Veterans referred from IHS through the "Purchased and Referred Care Program?"

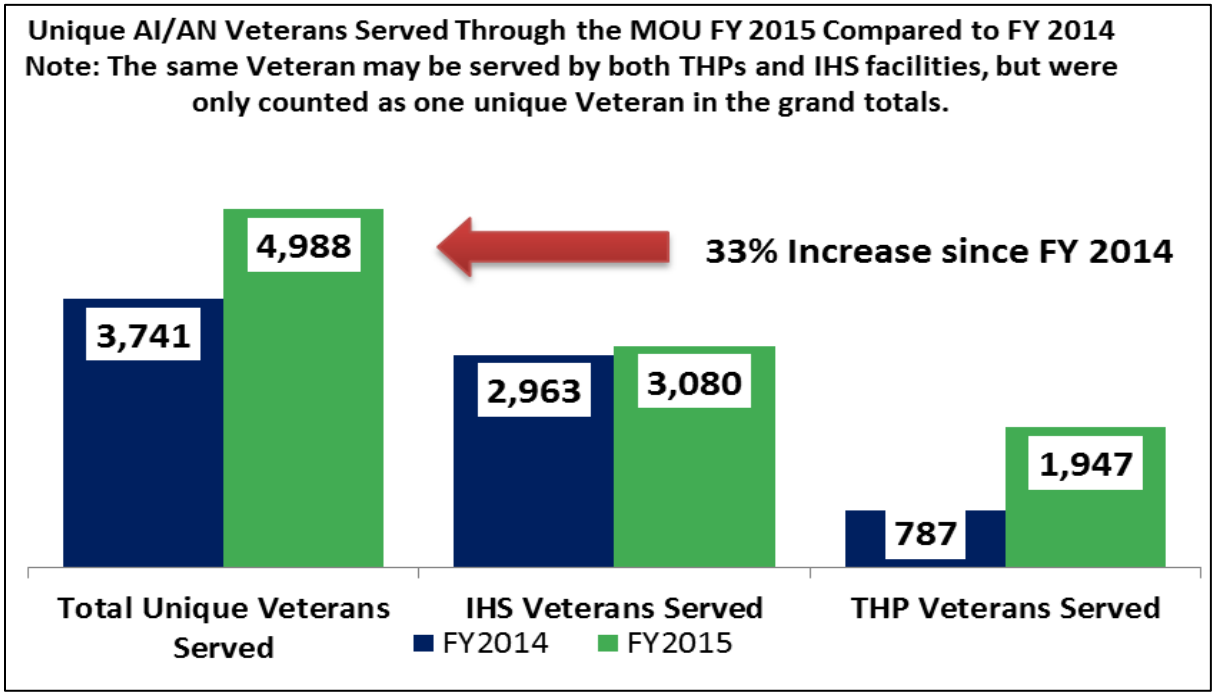

Figure 1: Total Veterans Served through the VA-IHS/THP
Source: Chief Business Office, VHA, fiscal year 2015

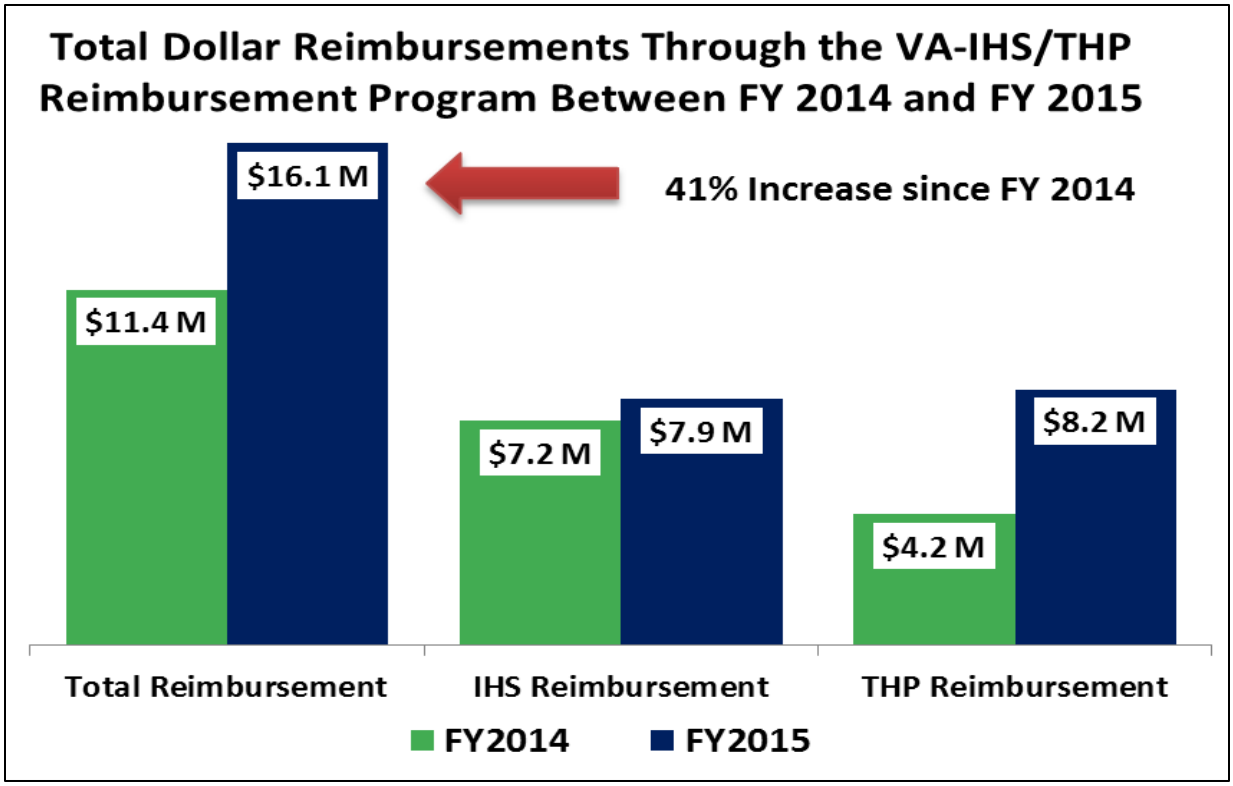

Figure 2: Total Reimbursed to IHS and THPs
Source: Chief Business Office, VHA, fiscal year 2015

Workgroup: Outpatient Pharmacy

Description

VA and IHS pharmacy services work together and leverage agency strengths to improve access to medications. VA and IHS signed an interagency agreement in 2010 that allows IHS facility pharmacies to use the VA CMOPs to process prescription refills and mail them directly to the patient. This is intended to accomplish:

- Improved customer service: Patients and tribes have requested this service, which reduces the wait times at the pharmacy and improves access to care
- Improved adherence: This is an alternative method for patients to obtain medication refills when transportation and work schedules make it inconvenient to request or pick-up refills
- Reduced the number of "return-to-stock" prescriptions, which are prescriptions the pharmacy fills, but the patient does not pick up
- Allowed the expansion of pharmacist activities, both direct patient care (clinical functions) and administrative programs (drug accountability)

Accomplishment(s)

- VA CMOP scored an 876 out of 1,000 in the J.D. Powers and Associates "Customer Satisfaction Index Rating Mail Order"
    - This was the highest score of any company in this category

    - More information: http://www.jdpower.com/press-releases/2015-us-pharmacy-study
- There are currently 58 IHS Federal Service Units with a pharmacy
    - 34 IHS Service Units (60 percent) have at least one pharmacy currently in production with CMOP
- There are 92 IHS Federal Health care Facilities with a pharmacy and 76 IHS sites have been configured to utilize CMOP. Of these 76 sites:
    - 43 are currently in production with CMOP
    - 21 have transmitted at least one test Rx, but do not actively transmit Rx's to CMOP at this time
    - 12 IHS sites have been configured for CMOP, but have not yet been tested
- Fiscal year totals:
    - 481,472 Rx's (all IHS sites) were transmitted to CMOP in fiscal year 2015 (Figure 2)
        - 8 percent increase since fiscal year 2014
    - 440,575 Rx's (all IHS sites) were transmitted to CMOP in fiscal year 2014
    - 350,699 Rx's (all IHS sites) were transmitted to CMOP in fiscal year 2013
    - 110,695 Rx's (all IHS sites) were transmitted to CMOP in fiscal year 2012
    - 23,959 Rx's (all IHS sites) were transmitted to CMOP in fiscal year 2011
    - 1,972 Rx's (all IHS sites) were transmitted to CMOP in fiscal year 2010

Challenge(s)

Twelve IHS facilities are currently waiting for the VA Network and Security Operations Center (NSOC) to issue VA Network Address Translation Addresses (NAT) to complete CMOP set-up and testing. Without NAT, the CMOP cannot communicate electronically with the IHS facilities.

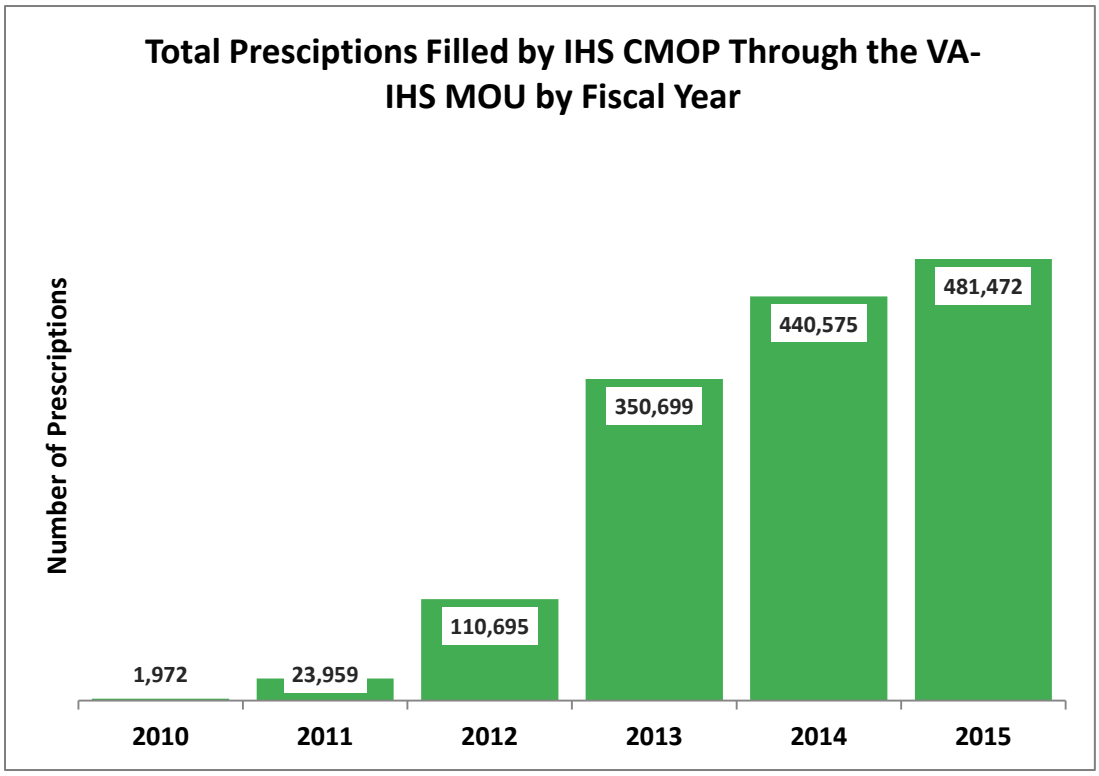

Figure 3: Total Prescriptions Filled by Fiscal Year
Source: Fiscal Year 2015 Outpatient Pharmacy Quarterly Report

Workgroup: Cultural Competency and Awareness

Description

This workgroup focuses on training and outreach to VA and IHS providers and staff to promote understanding of the needs and nature of AI/AN Veterans. The need for cultural competency and awareness in treating AI/AN Veterans is of utmost importance to maintain respect for these patients. The workgroup also explains the unique experiences of Veterans within the AI/AN communities from which they come and to which they return after military service. The workgroup engages different populations and incorporates native healing and religious practices into various health areas (e.g., physical, mental, moral) within post-military service care.

Accomplishment(s)

- Disseminated three webinars focused on developing greater understanding of AI/AN culture to VA and IHS staff
- Disseminated information about prominent AI/AN Veterans and their role in significant historical events to VA-IHS MOU workgroup members and stakeholders on at least two occasions
- Distributed a Substance Abuse and Mental Health Services Administration AI/AN Culture Card to VA-IHS MOU workgroup members and stakeholders to support the care of AI/AN Veterans

Challenge(s)

- Currently experiencing low webinar attendance
- Difficult to identify data sources that currently evaluate VA or IHS cultural competency that can be used as a baseline to measure the impact of the cultural competency workgroup

Workgroup: Training and Recruitment

Description

The purpose of this workgroup is to develop and augment health care training including the joint offering of CEU and Continuing Medical Education curricula, collaborate in training materials and models, implement joint credentialing and enhance recruitment and staff retention.

Accomplishment(s)

- Created/managed a total of 160 VA-IHS shared training programs in fiscal year 2015
- Spent a total of 157 joint CEU Hours
- Shared training topics to include medication and pharmacy, mental health, cardiac care, respiratory/pulmonary, tobacco cessation, weight management, and others

Challenge(s)

- Need for a standardized method to count training attendance during in-person and Web-based learning opportunities

- VA will move all training opportunities to VHA TRAIN Employee Education System (https://www.vha.train.org/DesktopShell.aspx) which will assist in the collection of CEUs and will hopefully increase attendance and participation

VA-IHS MOU National Leadership Team

Description

The VA-IHS MOU National Leadership Team is responsible for guiding the implementation and strategic direction of the VA-IHS MOU.

Accomplishment(s)

VA-IHS MOU National Leadership Team Accomplishments

- Improved communication and coordination of the MOU efforts via quarterly meetings conducted by the VA-IHS MOU National Leadership Team
- Developed joint virtual workspace site (www.MAX.gov) to address the workgroup concern that there is no joint space to store documents and collaborate
- Addressed the recommendations of GAO reports 13-354 and 14-489 successfully and confirmed closure from GAO
- The leadership team convened the fiscal year 2015 annual strategic planning meeting attended by 40 participants representing VA and IHS; Several workgroups presented and identified opportunities to collaborate further

VACAA Section 102 Accomplishments

The VA-IHS MOU National Leadership Team Successfully collaborated to address the requirements of Section 102 of the VACAA:

- **102a** — VA and IHS met the requirement to conduct outreach to each medical facility operated by an Indian tribe or tribal organization through the dissemination of a "Dear Tribal Leader Letter" to all federally recognized tribes promoting participation in the VA IHS/THP reimbursement program
- **102b** —VA and IHS collaborated to develop 14 standard performance metrics to evaluate progress and performance of the VA-IHS MOU as required by this section of the VACAA
    - These metrics will be implemented in fiscal years 2016 and 2017
- **102C** — VA and IHS jointly produced a report to assess the feasibility of providing reimbursement to IHS and THPs for the care of non-Indian and non-Alaska Native Veterans enrolled in VA as required by this section of the VACAA
    - VA and IHS approved the final report in December 2015

Challenge(s)

The VA-HIS MOU National Leadership Team will need to answer the following questions:

- How do VA and IHS effectively incorporate the tribal perspective into the VA-IHS MOU implementation when there are over 560 federally recognized tribes?

- How to establish direct health information exchange and telehealth in an efficient and timely manner?
- What is the future direction of the reimbursement program in light of recent changes to the VA community care program?

Synopsis and Future Priorities

In fiscal year 2015, VHA and IHS improved collaboration, and oversaw significant improvements in several aspects of the MOU implementation. VA-IHS/THP Reimbursement Agreement participation continues to grow as does IHS participation in CMOP. Both programs increase access to care for AI/AN Veterans. The new VA-IHS MOU website, hosted on MAX.gov allows VA-IHS workgroups to share information and work collaboratively without the firewall barriers of the past. The site also allows VA and IHS to collect information in a more user-friendly format, which will improve the ability to track the new performance metrics implemented in fiscal years 2016 and 2017. The quarterly VA-IHS MOU National Leadership meetings and the annual strategic planning meeting with stakeholders has improved coordination efforts and communication between the leadership team and MOU stakeholders. One of the most positive developments is the joint effort between VA, IHS and THPs to exchange health information. Efforts are underway to build connections where VA, IHS and THPs can directly transmit patient care information to ensure AI/AN Veterans receive the best care possible.

In addition to improvements in the operation and implementation of the MOU, VA and IHS collaborated to address requirements of Section 102 of the VACAA that focused on the VA and IHS MOU, the feasibility of reimbursement for non-native Veterans and outreach to tribes. To meet the requirement of section 102a to outreach to each tribal health program to promote the VA IHS/THP reimbursement program, VA sent a “Dear Tribal Leader Letter” to all federally-recognized tribes in order to encourage participation in the program. VA and IHS also developed reporting mechanisms to catalogue AI/AN focused outreach activities. To address the requirements of Section 102b, VA and IHS collaborated to develop 14 standard performance metrics to evaluate the success and implementation of the VA-IHS MOU. Finally, to meet the requirements of Section 102c, VA and IHS produced a report on the feasibility of expanding the VA IHS/THP reimbursement program to include non-AI/AN enrolled Veterans served by IHS or THPs.

Despite significant progress and increased collaboration between VA and IHS, there are still many opportunities to increase access to care for AI/AN Veterans. The VA-IHS MOU National Leadership Team has identified the following areas of emphasis for fiscal year 2016 and beyond:

- Increase interoperability and health information exchange between VA, IHS and THPs
- Expand telehealth access points to more tribal areas
- Implement and track the VA-IHS MOU performance metrics
- Increase tribal participation in the MOU implementation process
- Operationalize and automate the tracking and identification of outreach to tribal programs

VA and IHS plan to leverage existing networks and alliances with the National Indian Health Board and National Congress of American Indians to increase the tribal perspective and efforts in the MOU implementation. VA and IHS also agreed to annually send a “Dear Tribal Letter Leader” promoting the MOU and Reimbursement Agreement in order to increase feedback from tribes and involvement in the MOU process. Both agencies will continue to build a network of partnerships to increase access to care for AI/AN Veterans.

Appendix

Fiscal Year 2015 VA Outreach and Activities that Emphasize AI/AN Veterans by Veterans Integrated Service Network (VISN)*

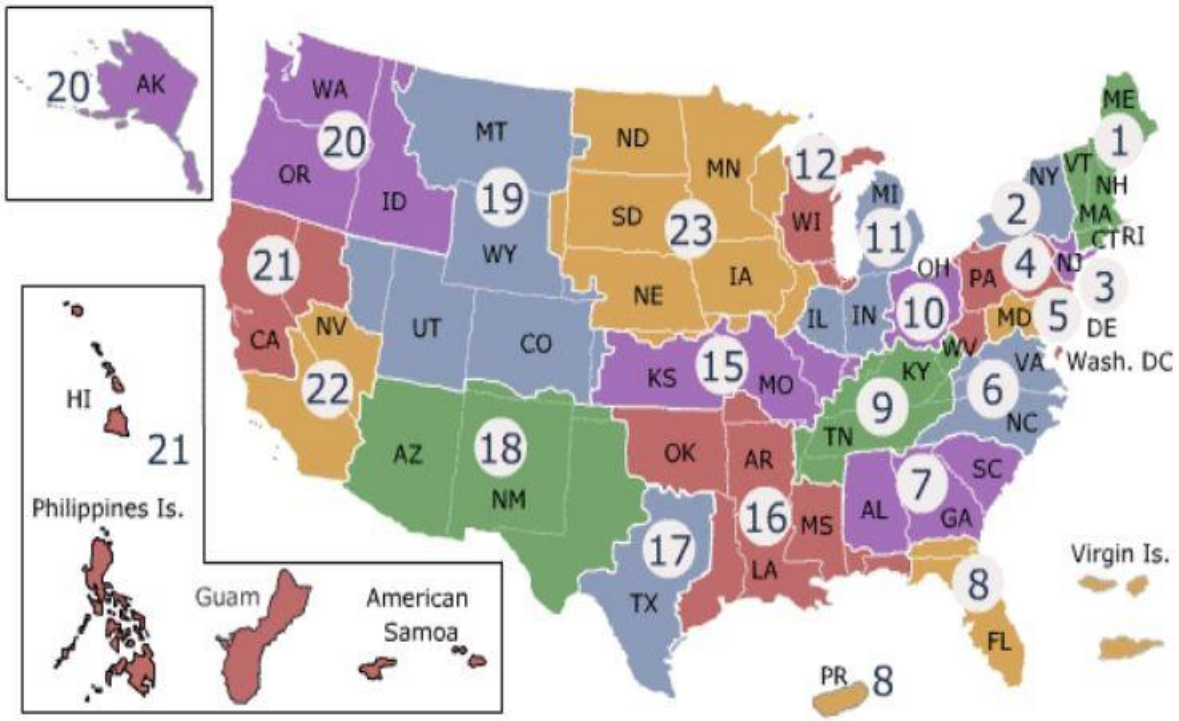

Figure 4: FY 2015 Veteran Integrated Service Network Map
Source: Veteran's Administration VISN Map Fiscal Year 2015
* VISN Boundaries were slightly changed and modified in Fiscal Year 2016

FY 2015 VA Outreach Events and AI/AN Focused Activities by VA VISN

VISN	Tribal Contacts	Outreach Events	Trainings	Totals
VISN 1	0	0	0	0
VISN 2	0	1	0	1
VISN 3	0	6	0	6
VISN 4	11	1	0	12
VISN 5	3	0	0	3
VISN 6	7	0	0	7
VISN 7	11	11	0	22
VISN 8	2	30	1	33
VISN 9	8	2	0	10
VISN 10	0	0	0	0
VISN 11	3	5	1	9
VISN 12	11	13	1	25
VISN 15	26	27	2	55
VISN 16	25	33	2	60
VISN 17	4	1	1	6
VISN 18	38	63	0	101
VISN 19	0	6	0	6
VISN 20	14	79	0	93
VISN 21	13	18	0	31
VISN 22	1	1	0	2
VISN 23	7	4	0	11
Totals	184	301	8	493

Figure 5: VA Inventory of Outreach events and activities focused on AI/AN Veterans
Source: VA AI/AN Veteran Focused Activity Report
* VISN Boundaries were slightly changed and modified in Fiscal Year 2016

Tribal Contacts: considered official discussions or communications between VA entities and tribal groups, individuals and/or family members about Veteran issues and topics.

Outreach Events: events where VA explicitly attempts to contact Veterans and/or their family members to introduce VA services and encourage enrollment in VA.

Trainings: events where Veteran stakeholders are trained and educated about VA benefits, services, or clinical programs.