

VA-Indian Health Service Partnership

The American Indian and Alaska Native (AI/AN) population experiences health and other disparities that disproportionately affect their quality of life. AI/AN Veterans have an average expectancy of four years shorter than that of the general U.S. population and are more likely than Veterans of other races or ethnicities to experience social and economic difficulties that may impact their health or wellness, such as lower income, lower education levels and higher unemployment¹.

To maximize resources and deliver an integrated approach that supports the health and well-being of the nearly 145,000 AI/AN Veterans living in the United States², the Department of Health and Human Services' Indian Health Service (IHS) and Department of Veterans Affairs (VA) signed a Memorandum of Understanding (MOU) in 2010.

Together, with assistance from the VA Office of Tribal Government Relations, the VA Office of Rural Health and IHS form the MOU leadership team responsible for implementing the MOU and overseeing the MOU workgroups. Leadership and workgroups collaborate on care coordination, reimbursement, workforce training and cultural competency to:



Increase access to care and services for AI/AN Veterans



Promote patient-centered collaboration and communication



Improve health-promotion and disease prevention



Consult with tribes at the regional and local levels



Ensure appropriate resources are identified and available

Partnership Accomplishments

In FY18, the VA-IHS MOU leadership team focused on prescription services, transportation, housing services, workforce training and consultation with tribal communities. In addition, the team concentrated on revising the 2010 MOU to reflect progress made to date under the new Administration's leadership priorities.

The workgroups completed several MOU-related activities, which are now a routine part of each department's operations, including:



Workforce Training: To better coordinate on training and recruitment efforts, VA and IHS opened their training resources to each organization's staff. In FY18, they shared 256 online and in-person training events focused on mental health, clinical support, oral health, diabetes and more.



Access to Care: Since their inception in FY 2012, the VA-IHS and VA-Tribal Health Programs (THP) reimbursement agreements provided \$84.2 million to IHS and THPs for care of 9,802 VHA enrolled AI/AN Veterans. In FY18 alone, VA paid IHS and THPs \$20 million for the care of nearly 5,300 enrolled AI/AN Veterans.



Access to Medication: The VA Consolidated Mail Outpatient Pharmacy Program (CMOP) processed 840,109 prescriptions, an increase of 11 percent from FY17. Since its inception in FY10, CMOP processed more than 3.6 million prescriptions for VA-IHS patients.



Housing Assistance: The Tribal Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program increased tribal engagement in FY18 from 23 to 26 tribes that used the program to find homes for Veterans. As a result, the program found homes for 130 AI/AN Veterans.

Future Collaboration

In FY18, the VA-IHS MOU leadership team conducted an in-depth revision of the existing MOU to reflect the evolving health care and health information technology landscape. The new MOU will create a more comprehensive, flexible MOU structure that will support both agencies and the Veterans they serve well into the future.

As health needs change and new approaches to care emerge, VA, IHS and their tribal partners will continue to combine their expertise, resources and efforts to help AI/AN Veterans thrive in rural communities.

¹ IHS Disparities Fact Sheet, April 2018: <https://www.ihs.gov/newsroom/factsheets/disparities/>

² VA Veteran Population Projection Model, 2018: https://www.va.gov/vetdata/veteran_population.asp

Office of Rural Health

Congress established the Veterans Health Administration Office of Rural Health (ORH) in 2006 (38 USC § 7308) to conduct, coordinate, promote and disseminate research on issues that affect the nearly five million Veterans who reside in rural communities. The mandate also requires ORH to develop, refine and promulgate policies, best practices, lessons learned, and innovative and successful programs. Learn more at www.ruralhealth.va.gov.

