



**U.S. Department of Veterans Affairs
and
Indian Health Service
Memorandum of Understanding
Annual Report
Fiscal Year 2018**

Prepared December 2018
by

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

U.S. Department of Health and Human Services
Indian Health Service

U.S. Department of Veterans Affairs
Office of Tribal Government Relations

EXECUTIVE SUMMARY

On October 1, 2010, Indian Health Service (IHS), an agency of the U.S. Department of Health & Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) signed a Memorandum of Understanding (MOU) “to improve the health status of American Indian and Alaska Native (AI/AN) Veterans,” authorized by the Indian Health Care Improvement Act. (25 U.S.C. §§ 1645, 1647; 38 U.S.C. §§ 523(a), 6301-6307, 8153). The intent of the MOU is to advance collaboration, coordination and resource-sharing between VA and IHS to ensure equitable access to care and services to AI/AN Veterans. On December 5, 2012, VA Veterans Health Administration (VHA) and IHS entered into 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. In June 2018, VA and IHS amended the Reimbursement Agreement to clarify pharmacy services and to extend the terms of the agreement through June 30, 2022. In fiscal year 2018, the VA/IHS leadership team focused on prescription services, transportation, housing services, workforce training and consultation with tribal communities. In addition, the leadership team concentrated on revising the 2010 MOU to account for progress made to date under the new Administration’s leadership priorities. This report describes key outcomes of the MOU objectives, as well as VA-IHS inter-departmental activities not related to the MOU.

National Leadership

- 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

The VA-IHS MOU leadership team met quarterly to oversee administration of the MOU, evaluate outcomes, and plan future inter-agency initiatives.

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 Housing and Urban Development–Veterans Affairs Supportive Housing (HUD-VASH) program.
- Non-MOU related interagency collaboration at the local level created access programs that resulted in:
 - 23 tribal communities that received transportation support for Veterans through the Highly Rural Transportation Grant program;

- 47 consultations, “Dear Tribal Leader” letters, and trainings with tribal communities pertaining to Native Veteran issues;
- 16 tribal communities that received care through VA telehealth services in Montana, Wyoming and Oklahoma; and
- 5 IHS and THP clinics that participated in a VA led workforce training program.

The VA/IHS MOU leadership team met quarterly to review MOU objectives and discuss updates to the MOU document to remove outdated language and create a more comprehensive, flexible agreement that will serve both agencies well into the future.

PERFORMANCE METRICS

Section 102b of the Veterans Access, Choice and Accountability Act of 2014 required the establishment of VA and IHS MOU performance metrics to monitor progress. The table below captures 14 performance metrics developed by VA and IHS and their fiscal year 2018 outcomes.

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
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

ACCOMPLISHMENTS

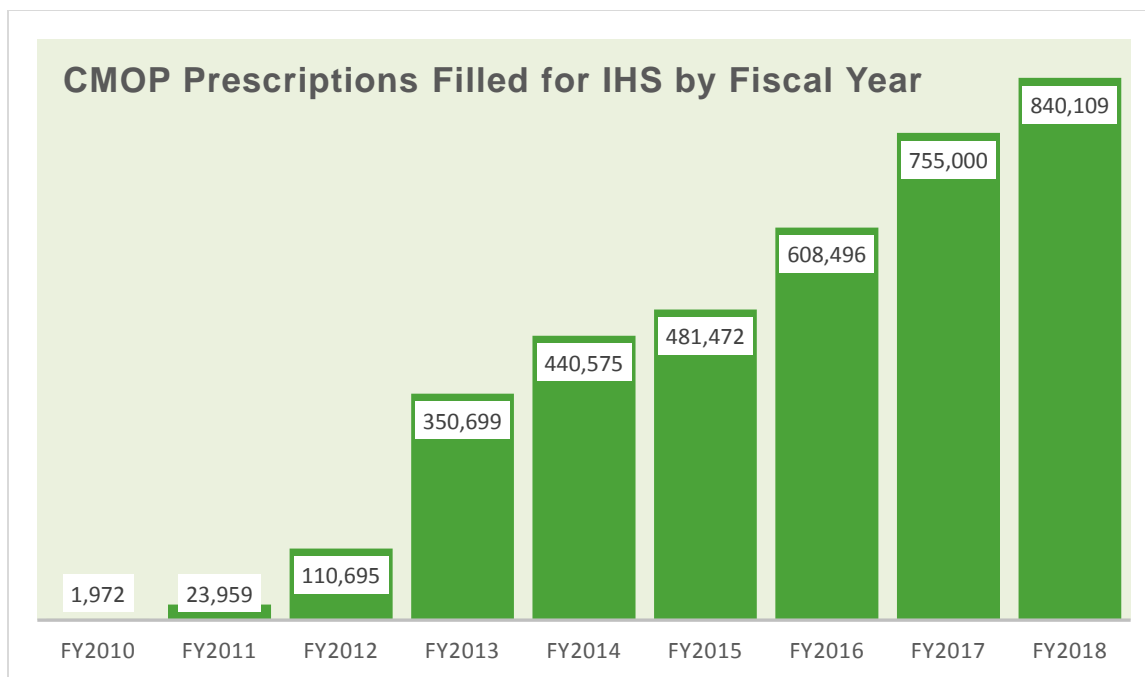
To support the MOU's goal to "improve the health status" of AI/AN Veterans, the MOU team focused on how to increase the number of care sites, bring care closer to home, reduce barriers to care (e.g., travel, geography, time, transportation), and train health care professionals. All of this was done in constant coordination with tribal communities. Note that some of the activities listed below began in MOU workgroups but is now a routine part of each agencies' operations. Similarly, some of the interagency collaborations began in the field, independent of the MOU. In both cases, the MOU leadership team monitors their activities, but does not oversee their operations.

Access to Care

- In 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. On June 29, 2018, agency leaders signed amendment three to the agreement, extending it to June 30, 2022. In addition, VA has 112 separate reimbursement agreements with THP. The VA Office of Community Care administers these agreements and is responsible for their execution.
 - 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. In fiscal year 2018 alone, VA paid IHS and THPs \$20 million for the care of almost 5,300 enrolled AI/AN Veterans.
- VA delivered care through eight tribal telemental health clinics for the Montana VA Health Care System. The program serves 16 tribal communities in Montana, Wyoming and Oklahoma. A ninth clinic in Rocky Boy, Montana, is scheduled to reopen in early 2019.

Access to Medication

- One of the most successful collaborations between VA and IHS is the VA CMOP program for enrolled AI/AN Veterans served at IHS clinics. On December 12, 2016, the VA and IHS entered into an Interagency Agreement that extended CMOP to THPs that meet necessary requirements. CMOP mails prescriptions to Veteran homes which can significantly reduce or eliminate travel to/from rural or remote communities to obtain medication. This collaboration continues to expand annually. In fiscal year 2018 CMOP processed 840,109 prescriptions, an increase of 11percent from fiscal year 2017. Since inception in fiscal year 2010, CMOP processed more than 3.6 million prescriptions for VA-IHS patients.



Source: Internal VA data

Workforce Training

- VA and IHS coordinated on training and recruitment efforts whenever possible. 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.

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.

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 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.

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.

FUTURE COLLABORATION

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. 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.