U.S. Veterans Health Administration & Indian Health Service Memorandum of Understanding (VHA-IHS MOU) Tribal Consultation

Thomas Klobucar, PhD, Benjamin Smith, Stephanie Birdwell and Elizabeth Brill, MD

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VHA-IHS MOU BACKGROUND

- First drafted in 2003 with aim to improve access and health outcomes for American Indian and Alaska Native (AI/AN) Veterans
- 2020 Revision
 - VHA and IHS leadership teams revised MOU after performing extensive Tribal Consultation
 - Reflects the evolving health care and health information technology landscape
- FY 2020 Highlights
 - 5.6 million+ mail out pharmacy prescriptions processed since 2010
 - Increased access to mental health services for Rural Native Veterans through VA Video Connect (VVC)
 - Launch of the Rural Native Veteran Health Care Navigator Program (RNV-HCNP)







VHA-IHS MOU HISTORY

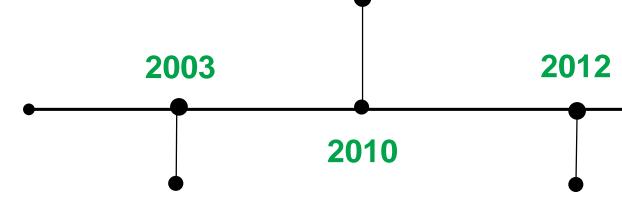
First Revision

Revised to build upon years of successful collaboration and to conform to the most current legislation

Proposed Revision

Revised to create a more flexible document, account for progress made to-date and to incorporate feedback from Tribal Consultations and listening sessions

2020



Reimbursement Agreements

Signed to allow VHA to financially compensate IHS and tribal health programs for direct health care provided to Al/AN Veterans that are part of VHA's system of patient enrollment

MOU Established

Established to advance collaboration, coordination, and resource-sharing between VHA and IHS to ensure equitable access to care and services for AI/AN Veterans





VHA-IHS MOU FY 2019 ACCOMPLISHMENTS



- Access to Care: VHA paid the IHS and THPs \$20.49 million for health care for more than 5,200 unique enrolled AI/AN Veterans.
- Access to Medication: The VA Consolidated Mail Outpatient Pharmacy (CMOP) program for VA-enrolled Al/AN Veterans processed 938,866 prescriptions, an increase of nearly 12% from FY 2018.



 Workforce Training: VHA and the IHS shared 382 training programs, including online and in-person sessions focused on suicide prevention, substance abuse, opioid and Naloxone training, tele-education, post-traumatic stress disorder, and more.



 Access to Transportation: The VA Highly Rural Transportation Grants (HRTG) served 23 Tribal communities in Montana, Alaska, Nevada, North Dakota, South Dakota, Washington, and California.





 Tribal Consultations: The VA Office of Tribal Government Relations (OTGR) conducted two Tribal Consultations, sent four Tribal Leader Letters, and led 21 training sessions.
 VHA and IHS also conducted a listening session and a Tribal Consultation to seek input on the MOU and related performance measures.



VHA-IHS MOU FY 2020 PROGRAMS



Launching the Rural Native Veteran Health Care Navigator Program (RNV-HCNP) to help RNV patients overcome health care access barriers by engaging in patient care coordination with VA, VHA, IHS, federally recognized tribes, local communities, and other state and federal agencies.



 Increasing access to mental health services for Rural Native Veterans through VA Video Connect (VVC) to provide training, education, and ongoing evaluation for the delivery of telemental health treatments to RNVs.



 Advancing suicide prevention for Rural Native Veterans through Tribal-VHA, a suicide prevention program for RNVs that identifies and examines VA suicide prevention tools that are culturally compatible for implementation in Tribal communities.



Improving the Rural Native Veteran section of the VA Community Provider Toolkit to include educational and workforce training resources that aid behavioral health care providers in delivering high quality care to RNVs.



VHA-IHS MOU 2020 UPDATE



Staff Sgt. Conrad Begaye was awarded the Silver Star for his valorous actions. (Photo courtesy: U.S. Army)

- 2020 MOU establishes framework for coordinated partnership that will leverage resources and investments to achieve shared VHA/IHS goals
- VHA and IHS recognize value of tribal input into policies, programs, and services
- MOU will help VHA and IHS increase accountability, prioritize key initiatives, improve service to Al/AN Veterans, and more effectively allocate taxpayer dollars





VHA-IHS MOU OPERATIONAL PLANNING GUIDE

- VHA and IHS work together to create Operational Plan each fiscal year. Plan includes strategies, objectives, related tactics, and metrics
- VHA and IHS will jointly review, revise and renew Operational Plan each fiscal year







VHA-IHS MOU 2020 MUTUAL GOALS

Access

•Increase access and improve quality of health care and services to the benefit of eligible AI/AN Veteran patients served by VHA and IHS. Effectively leverage the strengths of VHA and IHS at the National, Regional and Local levels to afford the delivery of timely, optimal clinical care.

Patients

• Facilitate enrollment and seamless navigation for eligible AI/AN Veterans in VHA and IHS health care systems.

Information Technology

• Facilitate the integration of electronic health records and other information technology systems that affect the health care of AI/AN Veterans.

Resource Sharing

•Improve access for patient populations through resource sharing, including technology, providers, training, human resources, services and facilities, communication, reimbursement, etc.





VHA-IHS MOU 2020 MUTUAL OBJECTIVES

Access

- Build on the successes of the 2010 MOU through performance monitoring and regular meetings.
- Develop, coordinate, and expand new ways to connect facilities operated by VHA, IHS, Tribal Health Programs (THPs) and Urban Indian Organizations (UIOs).

Information Technology

- Monitor the development of new Health Information Technology systems.
- Develop robust Health Information Exchange (HIE) systems.
- Advocate for increased use of telehealth systems and broadband access in rural areas.

Patients

- Improve care coordination processes between facilities.
- Expand evidence-based training programs for patient navigation specialists.
- Improve and expand utilization of VHA consolidated mail outpatient pharmacy.

Resource Sharing

- Promote collaboration to share services and health care providers between VHA, IHS, and THPs care facilities and UIOs.
- Evaluate new options to reimburse all services provided to AI/AN Veterans.
- Expand telehealth programs to facilitate virtual provider sharing.





SUBMITTING FEEDBACK

Please send your written comments and recommendations on the VHA-IHS MOU Update by Friday, February 12, 2021:

By E-MAIL to:

consultation@ihs.gov

tribalgovernmentconsultation@va.gov

Subject Line: VHA-IHS MOU Update

By POSTAL MAIL to:

RADM Michael D. Weahkee
Principal Deputy Director
Indian Health Service

5600 Fishers Lane, Mail Stop: 08E86 Rockville, MD 20857

ATTENTION: VHA-IHS MOU Update

U.S. Department of Veterans Affairs Office of Intergovernmental Affairs (075F)

810 Vermont Avenue, NW, Suite 915G Washington, DC 20420

ATTENTION: VHA-IHS MOU Update

You may also view the updated VHA-IHS MOU by visiting the following link:

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/Enclosure_DTLL_12022020.pdf

VHA-IHS MOU Tribal Consultation: https://www.ruralhealth.va.gov/docs/VHA-IHS-MOU_Tribal-Consultation-FINAL.pdf



Thomas Klobucar, PhD Executive Director, VA Office of Rural Health (ORH) Thomas.Klobucar@va.gov

Benjamin Smith

Deputy Director for Intergovernmental Affairs, Indian Health Service (IHS)

Benjamin.Smith@ihs.gov

Stephanie Birdwell

Director, VA Office of Tribal Government Relations (OTGR)

StephanieElaine.Birdwell@va.gov

Elizabeth Brill, MD

Senior Advisor, VA Office of Community Care (OCC)

Elizabeth.Brill@va.gov