



**U.S. Department of Veterans Affairs  
and  
Indian Health Service  
Memorandum of Understanding  
Annual Report  
Fiscal Year 2017**

Prepared March, 2018  
by

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

US Department of Health and Human Services  
Indian Health Service

US 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. Sections 1645, 1647; 38 U.S.C. Sections 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. Pursuant to the MOU, the agencies signed the VA-IHS Reimbursement Agreement on December 5, 2012, to enable VA to reimburse IHS for certain healthcare services, specifically IHS Direct Care Services, provided to VHA enrolled AI/AN Veterans at IHS facilities. . In January 2017, the VA-IHS signed an amendment to the Reimbursement Agreement to extend the terms of the agreement through June 30, 2019. . The VA/IHS partnership in fiscal year 2017 focused on prescription services, transportation, housing services, workforce training and consultation with tribal communities. This report describes not only key outcomes of work that directly results from the MOU, but also outcomes of VA/IHS inter-departmental activities not related to the MOU.

### National Leadership

- Thomas F. Klobucar, PhD, Acting 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.

### 2017 VA/IHS Partnership Accomplishments

- The workgroups completed a number of MOU-related goals which are now a routine part of each departments’ operations. As a result, 2017 saw:
  - \$17 million reimbursed to IHS and Tribal Operated Health Programs (THP) by VA for care of 5,000+ enrolled AI/AN Veterans;
  - 755,000 prescriptions processed through the VA Central Mail Out Pharmacy (CMOP) program for IHS Veteran patients enrolled in VA;
  - 318+ in-person and online trainings shared between agencies; and
  - 183 AI/AN Veterans placed in housing through the tribal HUD-VASH program.
- Non-MOU related interagency collaboration at the local level created access programs that resulted in:
  - 21 tribal communities that recieved transportation support for Veterans through the Highly Rural Transportation Grant program;
  - 20 official consultations, listening sessions, summits, trainings and stand downs focused on Veteran issues conducted with tribal communities;
  - 14 tribal communities that recieved care through VA telehealth services in Montana, Oklahoma, South Dakota, Alaska, and Arizona; and
  - 12 IHS and THP clinics that participated in a VA led workforce training program.

The VA/IHS MOU leadership team is currently drafting revisions to the document to remove outdated language and create a more comprehensive, flexible MOU 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 fourteen performance metrics developed by VA and IHS and their fiscal year 2017 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: 2,654 VA-THP: 2,387
2. Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements.	VA-IHS: 6,247,807 VA-THP: 10,768,628
3. Total prescriptions filled through VA Central Mail Out Pharmacies (CMOP) for direct AI/AN Veteran care.	755,000
4. Completion of annual metrics review.	Completed FY 2017
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 FY 2017
8a. Number of shared VA-IHS trainings and webinars.	318
8b. Number of training attendees.	Data not available
9. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities.	4
10. Completion of annual metrics review.	Completed FY 2017
11. Total reimbursement for suicide prevention, tobacco cessation and diabetes management services.	\$157,194
12. Completion of annual metrics review.	Completed FY 2017
13. Number of official communications, consultations, and trainings with tribal communities pertaining to Native Veteran issues.	20
14. Completion of annual metrics review.	Completed FY 2017

**Source:** Internal VA and IHS reports

*\*Formal engagements between senior leaders on key initiatives*

## ACCOMPLISHMENTS

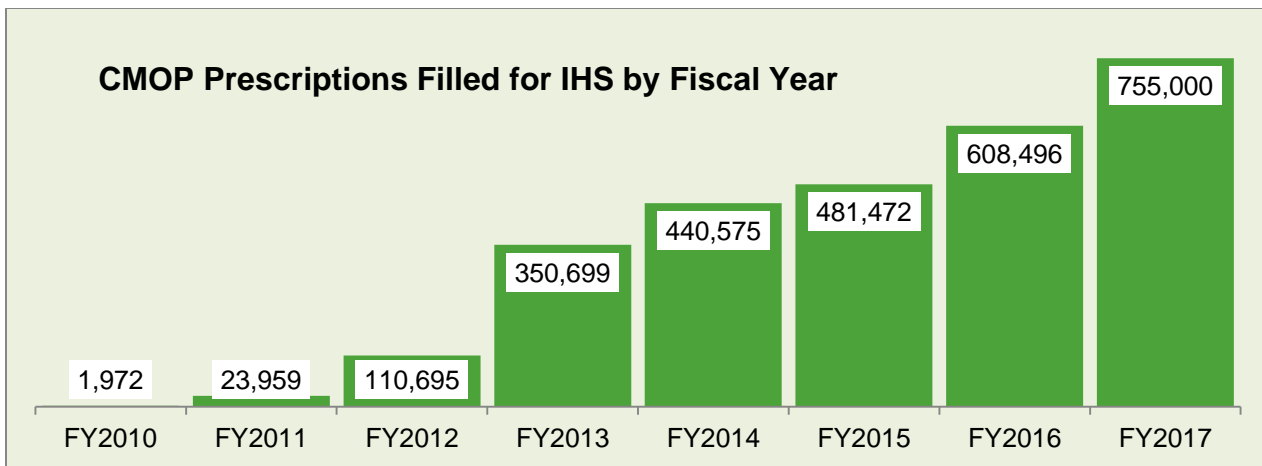
To support the MOU's goal to "improve the health status" of AI/AN Veterans, the MOU team focused on how to increase the number of care sites, bring care closer to home, reduce barriers to care (e.g., travel, geography, time, transportation), and train health care professionals. All of which was done 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 82 IHS facilities without prior authorization. In addition, VA has 107 separate reimbursement agreements with THPs. 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 \$65.5 million to IHS and THPs for care of 8,800 VHA enrolled AI/AN Veterans. In fiscal year 2017 alone, VA paid IHS and THPs \$17 million for the care of more than 5,000 enrolled AI/AN Veterans.
- VA delivered care through telehealth services to IHS and THP clinics in 14 tribal communities in Montana, Oklahoma, South Dakota, Alaska, and Arizona.
  - For example, VA operated a mental health focused telehealth clinic in the Tuba City Regional Health Care Corporation, a THP, on the Navajo Reservation in Arizona, and also offers clinical services through telehealth to Veterans served by the Eagle Butte Indian Health Service facility.

### Access to Medication

- One of the most successful collaborations between VA and IHS is the VA Consolidated Mail Outpatient Pharmacy (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 2017 CMOP processed 755,000 prescriptions, an increase of 24% from fiscal year 2016. Since inception in fiscal year 2010, CMOP processed more than two 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 2017, VA and IHS shared 318 training events, including online and in-person sessions focused on clinical processes and increasing cultural aptitude.
- 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 RITT training at 12 IHS and THP clinics in seven 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 2017, HRTG grantees served 21 tribal communities in Montana, Alaska, Nevada, North Dakota, 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 Tribal Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) program provides rental assistance for homeless or at-risk AI/AN Veterans.

- HUD-VASH experienced a 283% growth in fiscal year 2017, through the increase of tribal engagement from six tribes to 23 tribes that used the program to find homes for Veterans. As a result, the program found homes for 183 AI/AN Veterans. Additionally, the program grew 810%, from 29 to more than 264 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) held one tribal consultation, sent two “Dear Tribal Leader” letters, led one tribal Veteran representative training session, 14 Veteran training summits, and two stand downs to gather tribal input and promote VA programs and resources. IHS participated in many of these events. OTGR published a summary report of the consultation feedback on AI/AN Veteran care and benefits.

## **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 2017, the VA/IHS MOU leadership team determined that an in-depth review of the existing document was in order, 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 serve both agencies and the Veterans they serve well into the future.