



**U.S. Department of Veterans Affairs
and
Indian Health Service
Memorandum of Understanding
Annual Report
Fiscal Year 2020**

Prepared 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

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EXECUTIVE SUMMARY

On October 1, 2010, the United States (U.S.) Department of Veterans Affairs (VA) and the Indian Health Service (IHS), through the U.S. Department of Health and Human Services (HHS), 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 the IHS to ensure equitable access to care and services to AI/AN Veterans. In fiscal year (FY) 2020, the VA Veterans Health Administration (VHA) and IHS MOU leadership team (VHA-IHS MOU leadership team) revised and updated the 2010 MOU to account for progress made to date under the new Administration’s priorities. The VHA and IHS have undertaken Tribal Consultation to seek tribal input on proposed revisions and hosted joint listening sessions. VHA and the IHS continue to respond to Government Accountability Office inquiries, and both agencies have committed to ensuring that programs initiated under the updated MOU will incorporate robust metrics for analyzing progress and results.

This report describes key outcomes of current MOU objectives, as well as some of the VA-IHS inter-Departmental activities that are not specified in the current MOU. For example, on December 5, 2012, the VHA and the IHS entered into an agreement for reimbursement for direct health care services (Reimbursement Agreement) to facilitate reimbursements from VA to the IHS and Tribal Health Programs (THP) for certain health care services provided to VHA-enrolled AI/AN Veterans who are eligible to receive services at IHS or THP facilities. In September 2020, VHA and the IHS amended the Reimbursement Agreement to clarify existing provisions and to extend the term until June 30, 2024.

National Leadership

- Thomas F. Klobucar, Ph.D., Executive Director, VHA Office of Rural Health (ORH)
- P. Benjamin Smith, MBA, Deputy Director for Intergovernmental Affairs, IHS
- Stephanie E. Birdwell, MSW, Director, VA Office of Tribal Government Relations
- Elizabeth Brill, MD, MBA, FACOG, Senior Advisor to the Acting Assistant Undersecretary for Health for Community Care, Chief Medical Officer, VHA Office of Community Care

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

Impacts of Coronavirus (COVID-19) Pandemic

The COVID-19 pandemic impacted the work of both VHA and the IHS during FY 2020. Data variations in this annual report may reflect the effects of COVID-19 and shifting of agency priorities.

FY 2020 VA-IHS MOU Partnership Accomplishments

- The workgroups completed multiple MOU-related goals, which are now a routine part of each Department's operations. As a result, accomplishments during FY 2020 included the following:
 - \$18.48 million reimbursed to the IHS and THPs by VA for care of more than 5,200 enrolled AI/AN Veterans;
 - 1,121,463 prescriptions processed through the VA Consolidated Mail Outpatient Pharmacy (CMOP) program for IHS Veteran patients enrolled in VA care;
 - 349 in-person and online training sessions shared between agencies; and
 - 75 housing placements of AI/AN Veterans through the Tribal U.S. Department of Housing and Urban Development–VA Supportive Housing (Tribal HUD-VASH) program.

- Inter-agency collaboration at the local level created access to programs that resulted in:
 - 24 tribal communities receiving transportation support for Veterans through the Highly Rural Transportation Grant program;
 - 1 Tribal Consultation, 4 letters to tribal leaders, and 1 training session with tribal communities pertaining to AI/AN Veteran issues; and
 - 16 tribal communities received care through VA telehealth services in Montana, Wyoming, and Oklahoma.

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 102(b) of the Veterans Access, Choice, and Accountability Act of 2014 requires the establishment of VA and IHS MOU performance metrics to monitor progress. The table below captures 14 performance metrics developed by VA and the IHS and their FY 2020 outcomes.

| Metric | Activity |
|--|--|
| 1. Number of VA-enrolled Veterans served by the IHS and THPs through VA-IHS and VA-THP reimbursement agreements. | 5,246 |
| 2. Total disbursed dollar amount through VA-IHS and VA-THP reimbursement agreements. | \$18,477,790 |
| 3. Total prescriptions filled through the VA CMOP for direct AI/AN Veteran care. | 1,121,463 |
| 4. Completion of annual metrics review. | Completed FY 2020 |
| 5. Total number of instances where VA and the IHS or THP share space, equipment, services, and/or personnel to provide health care for AI/AN Veterans. | 17 |
| 6. Quality measures tracked specifically for enrolled Veterans served by the IHS through the VA-IHS reimbursement agreement. | Data not available |
| 7. Completion of annual metrics review. | Completed FY 2020 |
| 8a. Number of shared VA-IHS training sessions and webinars. | 349 |
| 8b. Number of training attendees. | Data not available |
| 9. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities. | 22 |
| 10. Completion of annual metrics review. | Completed FY 2020 |
| 11. Total reimbursement for suicide prevention, tobacco cessation, and diabetes management services. | \$1,887,136.35 |
| 12. Completion of annual metrics review. | Completed FY 2020 |
| 13. Number of Tribal Consultations, tribal leader letters, and training sessions with tribal communities pertaining to AI/AN Veteran issues. | Tribal Consultation: (1) tribal leader letters: (4) training sessions with tribal communities: (1) |
| 14. Completion of annual metrics review. | Completed FY 2020 |

Source: Internal VA and IHS reports

ACCOMPLISHMENTS

To support the MOU's goal to "improve the health status" of AI/AN Veterans, the VHA-IHS MOU leadership team focused on strategies 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 coordination with tribal communities. Note that some of the activities listed below began in MOU workgroups, but are now a routine part of each Department's operations. Similarly, some of the inter-agency collaborations began in the field, independent of the MOU.

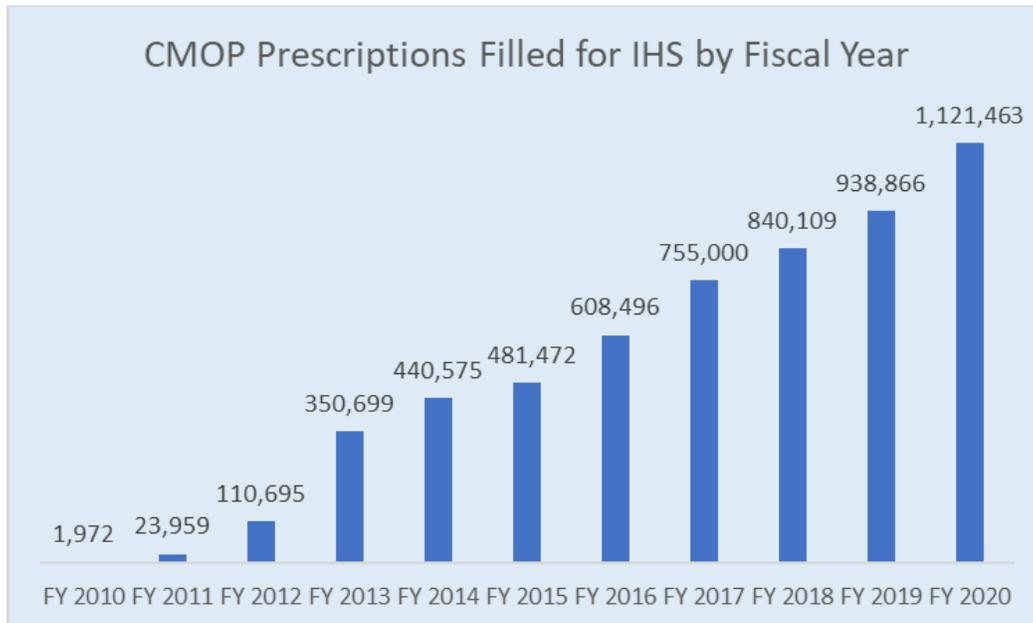
Access to Care

- In 2012, VA and the IHS entered into the *VA-IHS Reimbursement Agreement for Direct Health Care Services* that facilitates VA payment to the IHS for health care delivered to VA-enrolled AI/AN Veterans at 74 IHS facilities without prior authorization. In September 2020, agency leaders signed amendment four to the agreement to clarify the definition of the term "direct care services" to include services provided through telehealth; clarify language in the quality section of the agreement relating to certification and accreditation requirements; extend the terms of agreement an additional 2 years beyond the existing term until June 30, 2024; and, add a new section for reimbursement for care or services provided by the IHS through a contract established by the IHS (i.e., the IHS Purchased/Referred Care program) for health care provided outside of the facility during the COVID-19 emergency period that meet certain conditions. In addition, VA has 116 separate reimbursement agreements with THPs. The VA Office of Community Care administers these agreements and is responsible for their execution.
- Since inception in FY 2012, VA-IHS and VA-THP reimbursement agreements provided \$123.27 million to the IHS and THPs for health care for 11,348 VA-enrolled AI/AN Veterans. In FY 2020 alone, VA paid the IHS and THPs \$18.48 million for health care for more than 5,200 uniquely enrolled AI/AN Veterans.
- VA delivered care through nine tribal telemental health clinics at the Montana VA Health Care System: Wind River, Wyoming; Crow, Montana; Northern Cheyenne, Montana; Flathead, Montana; Blackfeet, Montana; Fort Belknap, Montana; Pawnee, Oklahoma; Fort Peck, Montana; and Rocky Boy, Montana. The program serves 16 tribal communities.

Access to Medication

- One of the most successful collaborations between VA and the IHS is the VA CMOP program for VA-enrolled AI/AN Veterans served at IHS clinics. On December 12, 2016, VA and the IHS entered into an inter-agency agreement that extended the CMOP program to THPs that meet necessary requirements. The CMOP mails prescriptions to Veteran homes, which can significantly reduce or eliminate travel to and from rural or remote communities to obtain medication. This collaboration continues to expand annually.

In FY 2020, the CMOP processed 1,121,463 prescriptions, an increase of 19 percent from FY 2019. Since inception in FY 2010, the CMOP has processed more than 5.67 million prescriptions for VA-IHS patients.



Source: Internal VA data

Workforce Training

- VA and the IHS coordinated on training and recruitment efforts whenever possible. In FY 2020, VA and the IHS shared 349 training programs, including online and in-person sessions focused on suicide prevention, substance abuse disorder, opioid and Naloxone training, geriatric and extended care, post-traumatic stress disorder, and more. The VA Geriatric Scholars Program offered an additional two IHS/THP on-site training sessions in FY 2020 focused on geriatric care.
- The Rural Interdisciplinary Team Training (RITT) Program, 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 the IHS's response to the National Plan to Address Alzheimer's Disease. Due to COVID-19, VA was unable to provide any RITT training sessions at IHS and THP clinics during this fiscal year.

Access to Transportation

- The VA Highly Rural Transportation Grants (HRTG) provide funds to Veteran Service Organizations and state Veterans service agencies to transport Veterans who reside in highly rural areas to VA medical appointments. In FY 2020, HRTG grantees served 24 tribal communities in Montana, Alaska, Nevada, North Dakota, South Dakota, Washington, Wyoming, and California.

Housing Assistance

- VA and the IHS recognize the impact that housing, or the lack thereof, has on Veterans' health. To address this social determinant of health, the Tribal HUD-VASH program provides rental assistance for homeless AI/AN Veterans or AI/AN Veterans at risk of homelessness.
- In FY 2020, the Tribal HUD-VASH program connected all 26 tribal grantees with case managers to house eligible homeless AI/AN Veterans and AI/AN Veterans at risk of homelessness. This collaboration resulted in 75 new unique placements of Veterans admitted to Tribal HUD-VASH case management in FY 2020. The program served 499 Veterans in FY 2020, with 387 Veterans housed at some point during the fiscal year. Five tribes are utilizing 100 percent of their grant awards. Three tribes are at 95 percent utilization of their grant awards and four tribes are at 90 percent utilization. Many tribes and tribally designated housing entities closed due to the COVID-19 pandemic.

Tribal Consultations

- VA and the IHS strive to consult regularly with tribal partners to better serve AI/AN Veterans. To gather tribal input and promote VA programs and resources, the VA Office of Tribal Government Relations (OTGR) conducted one Tribal Consultation, sent four tribal leader letters, and led one training session in FY 2020. The Tribal Stand Down events scheduled for FY 2020 were cancelled due to the coronavirus pandemic.
- VA and the IHS conducted a virtual Tribal Consultation focused on care coordination for Veterans receiving care under the VA's Indian Health Service/Tribal Health Program (IHS/THP) Reimbursement Agreement Program.
- The Veterans Benefits Administration and the OTGR conducted a Presumptive Campaign Claims Clinic initiative, taking 34 claims at four events in four different tribal communities, serving a total of 28 Veterans. Several more claims events were planned for FY 2020 but were cancelled due to the COVID-19 pandemic.

New Program Work for Rural Native Veterans

In FY 2020, VA continued to prioritize program work that addresses the unique health care needs of AI/AN Veterans, including:

- **Launching the Rural Native Veteran Health Care Navigator Program** : The Rural Native Veteran Health Care Navigator Program was developed in FY 2020 to improve health outcomes of Rural Native Veterans. Under the program, Health Care Patient Navigators will help Rural Native Veteran 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. Navigators will also serve as

an educational resource to help these patients better understand the health care system.

- **Increasing Access to Mental Health Services for Rural Native Veterans Through VA Video Connect (VVC):** A core project team composed of ORH staff with expertise in VVC implementation engaged local VA Medical Center (VAMC) stakeholders to provide training, education, and ongoing evaluation for the delivery of telemental health treatments to Rural Native Veterans from their sites. Current VAMC and tribal community engagements exist in the Puget Sound VA Health Care System, Albuquerque VAMC, Iron Mountain VAMC, and Montana VA Health Care System.
- **Advancing Suicide Prevention for Rural Native Veterans through Tribal-VHA Partnerships:** A team of specialists from ORH and the Rocky Mountain Mental Illness Research Education and Clinical Center (MIRECC) worked to develop a suicide prevention program for Rural Native Veterans that identifies and examines VA suicide prevention tools that are culturally compatible for implementation in tribal communities. The project team partnered with Puget Sound VA Health Care System and Iron Mountain VAMC to develop a VA-Tribal Rural Native Veteran suicide prevention program.
 - ORH also hosted the first VA-Tribal Suicide Prevention Consortium with partner VAMCs in late September 2020 to share best practices, identify potential partnerships, and discuss future actions in support of VA-Tribal Rural Native Veteran suicide prevention.
- **Improving the Rural Native Veteran section of the VA Community Provider Toolkit:** Since 2018, VA has worked to create a Rural Native Veteran section of the VA Community Provider Toolkit to provide educational and workforce resources to aid behavioral health care providers in delivering high quality care to AI/AN Veterans. In FY 2020, the Veterans Community Care Program and ORH identified the need to add workforce training resources to the section. Additionally, plans are in development to disseminate the redesigned Rural Native Veteran section of the toolkit to target audiences.

FUTURE COLLABORATIONS

The VHA-IHS MOU partnership continues to deliver tangible outcomes that increase access to care for AI/AN Veterans. In FY 2021, VHA and the IHS will finalize a new, updated MOU that reflects the evolving health care and health information technology landscape.

From December 2020 through February 2021, VHA and the IHS co-hosted a series of four Tribal Consultations to gain feedback on the updated MOU, averaging more than 100 attendees per session. Moving forward in FY 2021, the VHA-IHS MOU leadership team will evaluate Tribal Consultation feedback and make updates as necessary to the MOU before finalization. VHA and the IHS will also continue to provide inter-agency COVID-19 support as needed.

As the MOU generates an increasing number and complexity of partnerships, VHA and the IHS are examining the logistics of establishing a dedicated office to oversee this collaborative effort. The office would be staffed with individuals who have the required knowledge, experience, and availability to manage the size and scope of the MOU.

In FY 2021, VHA will continue to prioritize research and program work focused on delivering high quality care to AI/AN Veteran populations. Researchers in the Iowa City Veterans Rural Health Resource Center (VRHRC) will execute a multi-phased study focused on understanding the health care needs and preferences of AI/AN women Veterans. This effort will include a comparative analysis of use of VHA care by AI/AN women Veterans versus non-AI/AN women Veterans and the development of a computer-assisted telephone interview to assess AI/AN women Veteran's health care needs and preferences. The findings from this project will help inform both VHA and IHS efforts in delivering care to AI/AN women Veterans. Additionally, the Rural Native Veteran Health Care Navigator Program will continue implementation activities in FY 2021, by finalizing collaboration efforts with tribes and local VAMCs, and launching the program at three to five pilot sites. These program efforts will further help increase access to care for Rural AI/AN Veterans.