

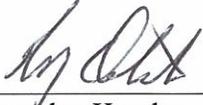
MEMORANDUM OF UNDERSTANDING

The following constitutes an agreement between the Department of Veterans Affairs, Veterans Health Administration (VHA) and the National Association of Government Employees (NAGE) concerning “Patient-Centered Care” models throughout the Department.

1. The Patient-Centered Care models provide for a wide variety of possible changes in the healthcare settings throughout VHA that will involve new ways of interacting with patients and providing medical care. The purpose of these models is to enhance the Veteran’s and his or her family’s experience while continuing to focus on quality and safety. This will require the Department to develop models of patient care that will educate and empower patients, their families and employees to ensure a holistic, patient-centered healthcare system, and greatly improve access and coordination of care.
 2. Patient-Centered Care will use different communication mechanisms and media for ongoing communication between staff and patients (including but not limited to Secure Messaging, patients’ access to their own medical records, Virtual Medicine, MyHealthVet) and will change the way of delivering care to focus on patient involvement in healthcare decisions for a higher quality of overall care.
 3. The Department has established broad objectives for implementation of Patient-Centered Care. Medical centers or Networks are free to choose to implement from among a wide variety of Patient-Centered Care models. Current models of Patient-Centered Care include, but are not limited to, Planetree, Green House, Disney, Relationship-Based Care, Institute for Family-Centered Care, Studer Group, and Integrated Medicine. Implementation must be consistent with all of the national objectives (not listed in order or priority):
 - Honor Veteran’s expectations of safe, high quality and accessible care.
 - Enhance the quality of human interactions and therapeutic alliances.
 - Solicit and respect the Veteran’s values, preferences and needs.
 - Systematize the coordination, continuity and integration of care.
 - Empower Veterans through information and education.
 - Incorporate the nutritional, cultural and nurturing aspects of food.
 - Provide for physical comfort and management of pain.
 - Ensure emotional and spiritual support.
 - Encourage involvement of family and friends.
 - Provide an architectural layout and design conducive to health and healing.
 - Introduce creative arts into the healing environment.
 - Support and sustain an engaged workforce as key to providing care.
 4. A national implementation advisory committee will be formed to work with vendors who are awarded national contracts to implement Patient-Centered Care. NAGE National will be afforded the opportunity to participate on the national implementation advisory committee.
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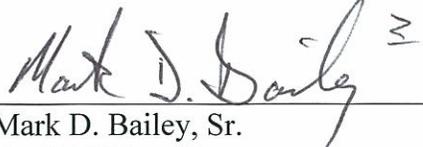
5. The Union at the national, intermediate or local level will be allowed pre-decisional involvement through participation in and selection of bargaining unit employees to serve on advisory boards, workgroups and task forces established to plan, review and modify existing practices as a result of Patient-Centered Care.
 6. Plans for how employees will provide backup to other employees on approved leave (for example, approved annual leave, sick leave, administrative absence for training, etc.) will be addressed locally through pre-decisional involvement with the Union and through local negotiations as appropriate.
 7. The Department agrees not to implement recommendations from those above-mentioned workgroups or task forces that affect working conditions of bargaining unit employees without meeting its bargaining obligations in accordance with Article 10 of the Master Agreement.
 8. The national parties agree that bargaining unit employees will receive training/re-training on Patient-Centered Care concepts. For all Patient-Centered Care training initiatives, the Department at the local and intermediate levels will adhere to Article 19 of the Master Agreement.
 9. NAGE National and Local unions will be provided with any new position descriptions, standards, functional statements and changes related to implementation of Patient-Centered Care.
 10. When the Department gives NAGE bargaining unit employees awards related to Patient-Centered Care, the Department will provide NAGE Locals with the positions, titles, series, grades, services, award amounts and their justifications upon request, excluding personally identifiable information, upon request.
 11. The Department recognizes that NAGE is the exclusive bargaining representative of the employees in the unit of recognition. The Department acknowledges NAGE's right, consistent with law, to be present during formal discussions regarding Patient-Centered Care initiatives. Formal discussions may occur in the form of conference calls, work groups, and task forces.
 12. The Union at the national, intermediate or local level will be allowed pre-decisional involvement through participation in and selection of bargaining unit employees to serve on workgroups and task forces established at present and in the future, to plan, review, and modify existing practices of providing patient care as a result of Patient-Centered Care initiatives. NAGE National and Locals will be provided copies of all previous minutes of meetings and handouts regarding development of Patient-Centered Care initiatives upon request. NAGE Locals will be briefed/updated on all current Patient-Centered Care initiatives at the VISN and local levels and will have all questions and concerns addressed about matters that have already occurred.
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13. The appropriate management official shall provide a copy of this MOU to the Local Union President, within five workdays of his or her receipt of this MOU. The Department agrees to provide a copy of this MOU to all impacted Network Directors and Medical Center Directors within five workdays of the execution of this MOU.



Douglas Katcher
For the Department of Veterans Affairs (VA)

6/30/10
Date



Mark D. Bailey, Sr.
For NAGE

6-30-10
Date



Scott Foster
For Veterans Health Administration (VHA)

6-30-10
Date