

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 Medical Home."

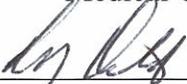
1. Definitions:
 - Patient Centered Medical Home (PCMH) – is a comprehensive model of delivery and coordination of patient care in the primary care setting that will involve new ways of interacting with patients and their families in providing medical care.
 - Teamlet –Based on the PCMH model, a Teamlet consists of a primary care provider, registered nurse care coordinator, clinical associate (LPN/LVN/CNA/HT/MA) and administrative associate (example: PSA/MC/HT). Some medical centers may vary these assignments.
 2. The national parties agree that VA Patient Centered Models are a commitment to enhanced services to Veterans. PCMH is one of such models that focuses on the VA's primary care setting. This will involve changing primary care staff/teams into "Teamlets" that support and empower Veterans and their families' needs. Any PCMH models that are developed during the transformation initiatives will be subject to all terms of Article 10 of the Master Agreement.
 3. The Department agrees to brief and provide any and all information to NAGE national at such time as the Department selects a consultant and when new data is correlated in relationship to the status of the decision by the Department on the future of the PCMH initiatives of models.
 4. The Department agrees to advise NAGE National and Local representatives on any and all future conferences/training sessions to which NAGE bargaining unit employees are invited or assigned regarding these transformation initiatives. The Local Union will be involved pre-decisionally in the selection of participants in any and all future conferences/training sessions to which NAGE bargaining unit employees are invited or assigned. It is understood this includes all levels of bargaining.
 5. The Department agrees that local facilities will provide clarification of the roles of Teamlet members once the Teamlet is established. Any changes made to current PD/functional statements of Teamlet members will be classified, if necessary, in accordance with Article 16 and 18 of the Master Agreement and any applicable local supplements and VA Handbooks. The specific disciplines will be determined locally. The Department at all levels will endeavor to assure that members of Teamlets will not be required to perform functions outside the scope of their licensure.
 6. The Department has agreed to provide adequate funding and staff to support such a culture change, prior to any implementation within a VISN or facility. The Union at the appropriate level, intermediate or local, will have input into the staffing mix needed for any changes through pre-decisional involvement and/or by management meeting its
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bargaining obligations as it relates to changes in working conditions.

7. 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 PCMH. NAGE National and Locals will be provided copies of all previous minutes of meetings and handouts regarding development of PCMH upon request. NAGE Locals will be briefed/updated on all current PCMH initiatives at the VISN and local levels and will have all questions and concerns addressed about matters that have already occurred. All employees will have access to the PCMH website that contains the handouts and materials from the PCMH Summit Meeting. The website may be found at <http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/default.aspx>
 8. The Department agrees not to implement recommendations from these above-mentioned work groups or task forces that affect working conditions of bargaining unit employees without meeting their bargaining obligations. The exclusive representative shall be provided with notice and afforded the opportunity to name its negotiating team members to meet the bargaining obligation at levels below the national level.
 9. No bargaining unit employee impacted by the implementation of PCMH will be adversely affected in his or her position of record as a result of implementation. As new positions are developed, staff will be able to compete for positions for which they are qualified. The parties will adhere to Articles 22 and 23 of the Master Agreement.
 10. The national parties agree that bargaining unit employees will receive training/re-training with new emphasis on: a) working in teams b) customer service and resolving problems at point of care and c) PCMH concepts and cultural changes necessary to fully implement PCMH. For all PCMH training initiatives, the Department at the local and intermediate levels will adhere to Article 19 of the Master Agreement.
 11. The national parties agree that for consistency, the Department will share and brief NAGE national on all positions and functional statements related to PCMH initiatives to ensure they are accurate, properly classified and graded correctly prior to implementation.
 12. Bargaining unit employees impacted by the implementation of PCMH, and their local NAGE representatives upon request, will be provided with the name and contact information of their supervisors when they are assigned to a Teamlet.
 13. Work assignments may change when PCMH is implemented. Priority of hours of work, overtime and leave requests should be addressed in accordance with Article 12 and 13 of the Master Agreement and any applicable local supplemental agreements or MOUs.
 14. 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
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be addressed locally through pre-decisional involvement with the Union and through local negotiations as appropriate.

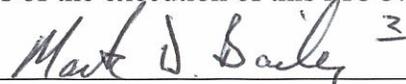
15. When the Department gives NAGE bargaining unit employees awards related to PCMH, the Department will provide NAGE Locals with the positions, titles, series, grades, services, award amounts and their justifications upon request, excluding personally identifiable information, upon request.
16. Any and all impact involving the implementation of the PCMH initiatives in other departments outside primary care within the medical center will be pre-decisionally discussed and bargained in accordance with Article 10 of the Master Agreement.
17. If the Department hires any consultant or elects to contract out or competitively-source any work normally performed by NAGE bargaining unit employees, NAGE national and local presidents will be involved pre-decisionally and will be informed in writing and briefed within a reasonable period of time prior to implementing or executing a contractual agreement. If local facilities currently have contracts with outside agencies executed prior to the execution of this MOU that may affect the Union's bargaining unit status related to PCMH, copies of the contracts will be provided at the appropriate level of bargaining and the Union will be briefed about the contract upon request. The parties will adhere to all terms of Article 27 of the Master Agreement and federal laws.
18. 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 PCMH initiatives. Formal discussions may occur in the form of conference calls, work groups, and task forces.
19. In accordance with Article 10 of the Master Agreement, NAGE reserves its right to address matters about PCMH as they occur at the appropriate level of recognition (national, intermediate or local).
20. 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



Scott Foster
For Veterans Health Administration (VHA)
6-30-10
Date



Mark D. Bailey, Sr.
For NAGE
6-30-10
Date