

## Memorandum of Understanding

The following constitutes an agreement between the National Federation of Federal Employees (Union) and the Department of Veterans Affairs (Department) concerning Healthcare Transformation Initiatives, which are described in the Undersecretary's March 22, 2010 Memorandum. There are fifteen (15) initiatives included in T-21. These initiatives are designed to enhance Veteran-centered healthcare, and are attached to this agreement. See attachment #1.

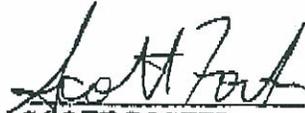
1. Recognizing that the Healthcare Transformational Initiatives were planned and developed by VA prior to NFFE's involvement, the NFFE VA Council agrees that compelling pre-decisional involvement prior to the President's Executive Order isn't practical.
2. Healthcare Transformation Initiatives provide for a wide variety of possible changes in the healthcare settings in VHA medical centers that will involve new ways of interacting with patients and providing medical care. The purpose of these initiatives is to enhance the Veteran's and his or her family's experience while continuing to focus on quality and safety.
3. The Agency believes that the Healthcare Transformation Initiatives are in the best interest of Veterans and will result in significant workplace changes for bargaining unit employees.
4. The parties agree that hiring professional bargaining unit employees is necessary to support the VA mission of the Healthcare Transformational Initiatives and is critical to success. Accordingly, NFFE VAC agrees with the Department that VA needs to be free to hire these employees as soon as practicable; VA needs to rapidly bring on board the employees it requires to fulfill the Secretary's T-21 initiatives.
5. The Department will instruct NFFE stations to identify to each respective NFFE Local, upon request, the numbers, types and grades of those T-21 positions to be hired and offer the Local Union the opportunity to discuss the purpose of the positions and also the work to be assigned the new employees.
6. If a T-21 Position is identified as necessary for the mission and later transformed from the T-21 Initiative it was originally hired for, VA agrees to notify the Union as to the disposition of the position.
7. Although every Medical Center is required to implement Healthcare Transformation Initiatives, each Medical Center/Network must assess their needs on the intermediate or local level and implement any changes needed to conform to the appropriate Healthcare Transformation Initiatives models. This assessment should be done with pre-decisional involvement by NFFE to the extent practicable. When a Medical Center/Network considers implementing one of the T-21 Initiatives, pre-decisional involvement will be afforded the NFFE in order to

minimize bargaining time. The Agency will notify the Local union when it intends on implementing any T-21 Initiative.

8. Healthcare Transformation Initiatives may result in changes in the conditions of employment of bargaining unit employees. The Department recognizes that any initiative proposed at any level requires bargaining at the appropriate level in accordance with the contract, local agreements and the Labor-Management Relations Statute.
9. The Union shall be consulted, and afforded pre decisional involvement in accordance with President Obama's Executive Order 13255 on all Healthcare Transformation Initiatives at national level and at the level at which the initiative is proposed to be eventually implemented.
10. Where National, VISN or facility-level workgroups are established to plan or facilitate the Transformational Initiatives, the Union shall be permitted representation on all facility-level committees or workgroups where there are bargaining unit interests.
11. The Agency agrees to distribute this Memorandum of Understanding to each of the NFFE stations Human Resources Departments who in turn will route a copy of this agreement to the Local Union.

  
ROBERT REDDING  
For the NFFE VAC

6/9/10  
Date

  
SCOTT FOSTER  
For VHA

6-9-10  
Date

  
LESLIE WIGGINS  
For the Department of Veterans Affairs

6-9-2010  
Date

Department of  
Veterans Affairs

Memorandum

Date: MAR 22 2010

From: Under Secretary for Health (10)

Subj: Transformation Initiative Integrated Project Teams (IPT)

To: VA National Partnership Council (NPC)

1. When Dr. Tuohschmidt met with the National Partnership Council, he extended an invitation to participate in the various transformation initiative integrated project teams (IPT). Each initiative has an IPT that is responsible and accountable for bringing these projects to fruition. Although the concepts and milestones have been articulated in the Operational Plans, many details, actions, policies, and resource allocation recommendations are made by IPT as they work to implement these transformative ideas.

2. Although much work has been done that will impact this fiscal year, there is still much that must be accomplished and we will soon be working on plans for 2011. It is my sincere hope that you will take advantage of this opportunity to become active partners in this transformative work.

3. I understand that the National Partnership Council has been briefed on this work, but to summarize the following provides a short description of each initiative:

a. New Models of Care:

**(1) Patient Centered Cultural Transformation**

Patient/Veteran-Centered Care delivers better health outcomes through a fully engaged partnership between Veteran, family, and health care team, established through healing relationships and provided in optimal healing environments. In 2010, VA will establish the programmatic standards, operational policies, and other support services and materials to implement the Patient / Veteran Centered Care Model.

**(2) Patient Centered Medical Home**

This is a re-design of primary care within the VHA to a more patient centered model that creates a team based "Medical Home" that supports the whole patient in an integrated and coordinated way. Emphasis will be on re-defining roles and types of care-givers and services, funding additional staff to support the new model, and developing new ways to coordinate and deliver care. Aspects of this model include incorporating the principles of veteran centered care as mentioned previously, improvements in prevention, expansion of telehealth and new ways of communicating with patients.

**(3) Preventive Care Program**

VA will expand health promotion and wellness services by providing a range of new offerings geared toward achieving and maintaining healthy lifestyles. In addition to the VA's National Center for Health Promotion & Disease Prevention, new health coaches will provide support and consistent contact, including serving as referral liaisons to community health resources that support healthy habits.

ATTACHMENT #1

**Transformation Initiative Integrated Project Teams (IPT)**

**(4) Expand Real Time Virtual Medicine (Non-telehealth)**

This initiative helps Veterans and providers achieve better communications through the use of Secure Messaging, and to improve the ability to communicate with the provider or make appointments through upgraded telephone systems, electronic measures and other communications tools.

**(5) Expand Real Time Virtual Medicine**

This initiative helps Veterans gain better access to and use of VA services by enhancing the ability to deliver care in the Veteran's home or at a location closer to where the Veteran resides without having to travel a great distance for specialty care. The goal of VA Tele-Health and the VA's Home Care Model is to achieve increased Veteran satisfaction with clinical care, reduce the need for hospitalizations, by patients with chronic disease, and increase Veteran contact with VA through electronic measures and other communications tools.

**(6) Enhanced Service Technology - VA Point of Service (Kiosk)**

VA needs to provide a streamlined, standard, and accurate method of performing patient check-in at all VA health care facilities. The goal of this initiative is to enable Veterans with the ability to take care of important administrative activities when visiting a VA facility. To achieve this, a system of Self-Service Kiosks will interface with Vista and other national VA systems to help manage patient flow, provide patient education, and capture vitals and patient administrative information. This system will empower Veterans with greater access to their information, their medical records, and scheduling data.

**(7) Customized Handbook**

A proof of concept demonstrated VA's ability to provide Veterans with customized information about the benefits to which they are entitled, how to access those services, and our ability to include specific health promotion and disease prevention information. This initiative will ultimately bring this proof of concept into production, incorporating the "handbook" into My HealthVet where it can be updated in real-time and accessible from any computer internet access.

**(8) Innovations in Veteran Centered Long-Term Care**

This initiative will develop new methods for improving long-term care options for Veterans through demonstration projects. Funding for this initiative is included in the Patient Centered Medical Home and not directly to this project.

**(9) Hospital Quality Transparency**

VA is making a commitment to providing Veterans with information about the care they can receive. VA will make the quality and safety of health care more transparent, allowing Veterans to make the best choices for their care. This initiative provides Veterans and health care providers with important information about VA's health care quality, outcomes, patient safety, and patient satisfaction. This initiative also makes it easier for Veterans to compare VA quality and safety performance with other medical care providers.

**Transformation Initiative Integrated Project Teams (IPT)**

**b. Access and Outreach to Veterans, Including Women and Rural Veterans:**

**(1) Improving Access for Rural Veterans**

VHA has been working to improve access to services for veterans living in rural and highly rural parts of the United States for sometime. This initiative continues that effort by providing funding to develop innovative and creative ways to enhance access through such means as mobile clinics, rural Community Based Outpatient Clinics' (CBOC), Telehealth, and improved FEE care, just to mention a few examples.

**(2) Readjustment Counseling for Women Veterans**

This initiative provides easier access to local and confidential readjustment services and increases the number of providers and services for women Veterans. The number of women serving in combat zones is increasing significantly and there is a greater need for personal, confidential services to treat these Veterans. This initiative also reviews and modifies, as needed, readjustment counseling for women Veterans at Vet Centers to ensure sufficient scope and intensity of specialized services that help women experiencing trauma from combat situations, reporting military sexual trauma, and contemplating suicide.

**(3) Transport for Immobilized and Remote VA patients**

Those Veterans who are visually impaired, elderly, or immobilized due to disease or disability – particularly those living in remote and rural areas – may have limited ability to travel to receive health care. This initiative will enhance transportation options for immobile and rural Veterans to facilitate access to health care using a range of transportation opportunities including ride sharing, scheduling, and new partnerships.

**(4) Improve The Mental Health of Veterans**

This initiative is aimed at furthering the adoption of the Mental Health Handbook, standardizing and improving access to mental health services. Some of this initiative is aimed at solidifying gains made over the last few years while focusing on ensuring that veterans, particularly those with PTSD, have access to evidence-based psychotherapy. The initiative also established milestones for refining and implementing the recommendations of a recent VA-DOD Summit on Mental Health services.

**(5) Zero Homelessness**

The Secretary has established a goal of eliminating homelessness among Veterans. This initiative is pursuing several strategies to improve housing options for homeless veterans through increased vouchers, unique public-private partnerships, and outreach. Additionally, new prevention strategies are aimed at helping at risk Veterans stay in their current housing. The development of a new registry will help in these efforts.

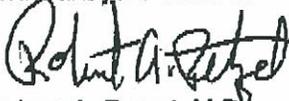
**(6) Perform Research that Enhance the Health and Well-being of Veterans**

This initiative ensures that VA research makes a valuable contribution to to the emerging needs of Veterans. There are three main efforts 1) Progress toward the use of genomic testing to inform the course of care (prevention, diagnosis, or treatment) of patients with mental illness (including post-traumatic stress disorder, schizophrenia and mood disorders), 2) Progress toward identifying, developing, and implementing innovations in clinical practice that ensure improved access to health care for Veterans, especially those Veterans in rural and highly rural areas, and 3) Progress toward development of one new objective method to diagnose mild traumatic brain injury (TBI)

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**Transformation Initiative Integrated Project Teams (IPT)**

4. Some of these probably will probably have a greater impact on bargaining unit employees than others and some have more organized IPT that meet regularly. I encourage you to work through the Office of Work Force Management and Consulting to involve one national representative from your Union on those IPT that are of most interest to you. They will coordinate your members' participation with the Office of Healthcare Transformation. We need and want your involvement in this important work.

A handwritten signature in black ink, appearing to read "Robert A. Petzel". The signature is written in a cursive style with some loops and flourishes.

Robert A. Petzel, M.D.