



**U.S. Department of Veterans Affairs  
and  
Indian Health Service  
Memorandum of Understanding  
Annual Report  
Fiscal Year 2016**

Prepared by the  
Veterans Affairs' Center for  
Applied Systems Engineering  
for the  
Veterans Health Administration's Office of Rural Health

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## **EXECUTIVE SUMMARY**

On October 1, 2010, Indian Health Service (IHS) 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.” The MOU advances collaboration between VA and IHS to extend access to care and services for AI/AN Veterans. Additionally, the agencies signed the VA-IHS Reimbursement Agreement on December 5, 2012, to enable VA to reimburse IHS for the care of Veterans provided at an IHS facility. In fiscal year 2016, VA and IHS worked to expand AI/AN Veterans’ access to care concentrated on the critical areas of transportation, prescription services, workforce training and consultation with tribal communities. This report describes key fiscal year outcomes.

## **NATIONAL LEADERSHIP**

- Gina Capra, Director, VA Office of Rural Health
- Dr. Susan Karol, Chief Medical Officer, IHS
- Stephanie Birdwell, Director, VA Office of Tribal Government Relations

The VA-IHS MOU leadership team met on a quarterly basis to oversee execution of the MOU and coordinate integration between the agencies. Their efforts focused on the implementation and tracking of performance metrics, and management of MOU-related workgroups.

## **ACCOMPLISHMENTS**

- \$17 million reimbursed to IHS and Tribal Operated Health Programs (THP) by VA for the care of enrolled AI/AN Veterans
- \$750,000 reimbursed to IHS by VA for care related to smoking cessation, diabetes management and suicide prevention
- 608,000+ prescriptions processed through the VA Central Mail Out Pharmacy (CMOP) program for IHS Veteran patients enrolled in VA
- 4,000+ AI/AN Veterans served through the VA-IHS reimbursement program
- 200+ trainings in-person and online trainings shared between agencies
- 160 Veterans served on the Rocky Boy’s Indian Reservation in Montana through the Highly Rural Transportation Grant program
- 16 official consultations, listening sessions, summits, trainings and stand downs with tribal communities focused on Veteran issues
- 9 tribal communities received care through VA telehealth services in Montana, Oklahoma, Alaska and Arizona

## 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 fourteen performance metrics developed by VA and IHS and their fiscal year outcomes are in the table below.

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: 2,841 VA-THP: 2,182
2. Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements.	VA-IHS: \$7,136,139 VA-THP: \$10,282,410
3. Total prescriptions filled through VA Central Mail Out Pharmacies (CMOP) for direct AI/AN Veteran care.	608,496
4. Completion of annual metrics review.	Completed FY 2016
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.	12
6. Quality measures tracked specifically for enrolled Veterans served by IHS through the VA-IHS reimbursement agreement.	Deferred to fiscal year 2018
7. Completion of annual metrics review.	Completed FY 2016
8a. Number of shared VA-IHS trainings and webinars.	234
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 2016
11. Total reimbursement for suicide prevention, tobacco cessation and diabetes management services.	Suicide Prevention: \$2,006 Tobacco Cessation: \$5,269 Diabetes Management: \$748,741
12. Completion of annual metrics review.	Completed FY 2016
13. Number of official communications, consultations, and trainings with tribal communities pertaining to Native Veteran issues.	16*
14. Completion of annual metrics review.	Completed FY 2016

**Source:** Internal VA and IHS reports

\*Formal engagements between senior leaders on key initiatives

## CRITICAL FOCUS AREAS

To support the MOU's goal to "improve the health status" of AI/AN Veterans, the MOU team focused on how to increase sites of care, 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.

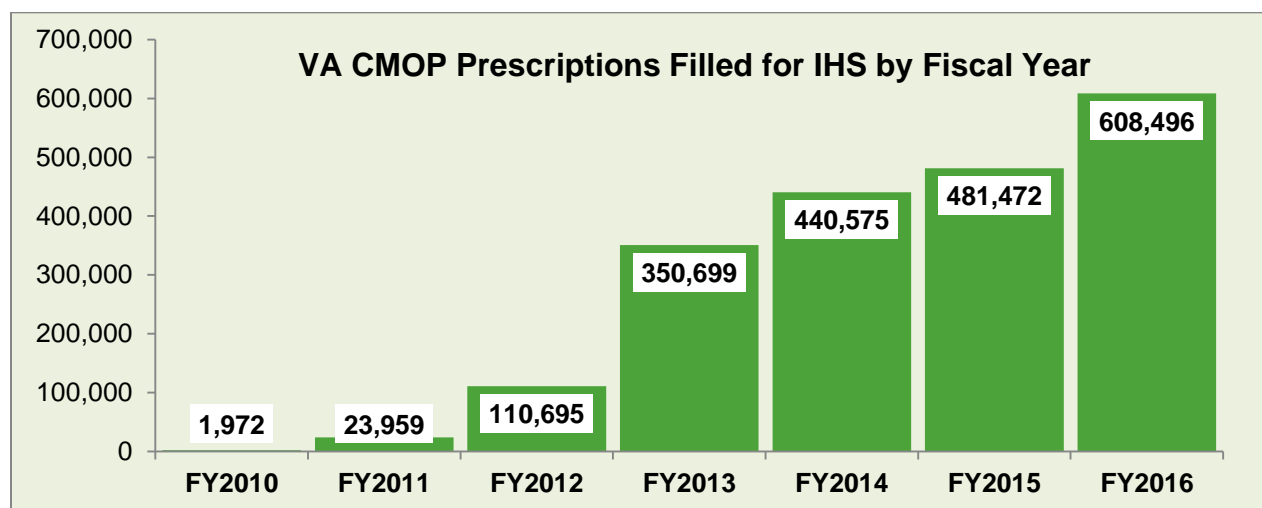
### Access to Care

Through the MOU, eligible and enrolled AI/AN Veterans may receive care and services at IHS or participating THPs without prior authorization by VA. Since inception in fiscal year 2012, the VA-IHS reimbursement program reimbursed IHS and THPs \$46.4 million for the care of more than 7,000 unique AI/AN Veterans. In fiscal year 2016 alone, VA facilitated care to more than 4,000 enrolled AI/AN Veterans through \$17 million reimbursement to IHS and THP for care.

VA delivers care through telehealth services through IHS and THP clinics in nine tribal communities in Montana, Oklahoma, Alaska and Arizona. For example, VA operates a mental health focused telehealth clinic in the Tuba City Regional Health Care Corporation on the Navajo Reservation in Arizona. Three additional clinics are in various stages of implementation.

### Access to Medication

One of the most successful collaborations between VA and IHS is the CMOP program for enrolled AI/AN Veterans served at IHS clinics and some THP. CMOP mails prescriptions to Veteran homes which reduces or alleviates Veteran travel from rural or remote communities to obtain medication. This collaboration continues to expand annually. In fiscal year 2016 CMOP processed 608,496 prescriptions, an increase of 26% from fiscal year 2015. Since inception in fiscal year 2010, CMOP has processed more than two million prescriptions for VA-IHS patients.



**Source:** Internal VA data

## **Workforce Training**

VA and IHS coordinate MOU activities and training/recruitment whenever possible to ensure AI/AN Veterans receive high-quality, culturally competent care. In fiscal year 2016, VA and IHS shared 234 trainings. These trainings included online and in-person trainings focused on clinical processes and increasing cultural aptitude.

## **Access to Transportation**

The VA Highly Rural Transportation Grant Program provides funds to Veteran Service Organizations and state Veterans' service agencies to transport Veterans that live in highly rural areas to VA medical appointments. The American Legion Rocky Boy's Veterans Post 67 transportation program, funded through a grant since 2015, has provided transportation to more than 160 Veterans on the Rocky Boy Indian Reservation and Hill County over the past two years.

## **Tribal Consultations**

VA and IHS understand the need to consult with tribal partners to effectively serve AI/AN Veterans. Over the past year, the VA Office of Tribal Government Relations (OTGR) held four tribal consultations, sent four "Dear Tribal Leader Letters," and led two tribal Veteran representative training sessions, three Veteran training summits and three 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**

Fiscal year 2016 marked the transition from many workgroups established initially when the MOU stood up, to a more targeted alignment focused on proven MOU-related successes. Preliminary work began on AI/AN Veteran homelessness, and will continue in fiscal year 2017. Two members of the MOU national leadership changed, which now include Thomas F. Klobucar, Acting Executive Director, Office of Rural Health and Benjamin Smith, Director Office of Tribal Self-Governance for IHS. Moving forward, the leadership team will research existing local partnerships between VA medical centers and tribal communities to identify new opportunities through which to extend access to care of more AI/AN Veterans.