



**Eastern Region Training Summit  
Insight into VA-IHS MOU  
May 7-8, 2013 – Cherokee, NC  
Ms. Stephanie E. Birdwell, Director**





# POLICY TIMELINE

President Clinton  
Executive order 13175  
November 2000  
“Establishing Consultation and Coordination with Indian Tribal Governments”



VA/ Indian Health Service (IHS) sign a Memorandum of Understanding 2003-

MOU’s principal goals are for both agencies to promote patient-centered collaborations in consultation with tribes .



VA established the Office of Rural Health (ORH) 2007

The ORH mission is to improve access and quality of care for enrolled rural and highly rural Veterans



VA Rural Health Advisory Committee established 2008

Dr. Susan Karol, Chief Medical Officer, IHS is an ex-officio member of the committee.



# POLICY TIMELINE (CONTINUED)

**President Obama Memorandum on Tribal Consultation November 2009-**  
Directed all federal agencies to develop a detailed plan of action to implement Executive Order 13175



**VA solicitation for Tribal Consultation (2009 - 2010)**  
DAS for IGA initiated consultation with all federally recognized tribes.



**VA /IHS sign updated (MOU) - October 2010**  
Includes more areas of focus and is more specific (e.g., joint emergency preparedness, joint credentialing, cultural awareness).



**VA established the Office of Tribal Government Relations (OTGR) in 2010. The office was formally staffed in 2011 and is led by a member of the SES.**  
**Secretary Shinseki signs the VA Tribal Consultation Policy in February 2011**



# OFFICE OF RURAL HEALTH



# 2010 VA-IHS MOU

- Dr. Robert Petzel, VA Undersecretary for Health, and Dr. Yvette Roubideaux, Director, Indian Health Service renew commitment of each agency to effectively serve Veterans in Indian Country
- Establish coordination, collaboration and resource-sharing between VA and IHS.
- Goal of improving the health status of American Indian and Alaska Native Veterans (AI/AN).
- Bring together strengths and expertise from each organization to improve care and services provided by both.
- National scope and local implementation.

# 2010 VA- IHS MOU Workgroups



- Work Group 1: Services and Benefits
  - Purpose: To increase access to services and benefits.
- Work Group 2: Coordination of Care
  - Purpose: Improve coordination of care including co-management of AI/AN Veterans served by the Indian health system and the VA.
- Work Group 3: Health Information Technology
  - Purpose: Development of Health Information Technology
- Work Group 4: Implementation of New Technologies
  - Purpose: Development and implementation of new models of care using new technologies.
- Work Group 5: System Level Agreements
  - Purpose: To improve the efficiency and effectiveness of both VA and IHS at a system level.
- Work Group 6: Payment and Reimbursement
  - Purpose: Increase availability of services, in accordance with law, by the development of payment and reimbursement policies and mechanisms

# 2010 VA- IHS MOU

## Workgroups (continued)



- Work Group 7: Sharing of Process, Programs, and Services
  - Purpose: Improve the delivery of care through active sharing of care processes, programs, and services (PTSD, Suicide Prevention, Pharmacy, & Long-Term Care)
- Work Group 8: Cultural Competency and Awareness
  - Purpose: Increase cultural awareness and culturally competent care for VA and IHS beneficiaries.
- Work Group 9 & 10: Training and Recruitment
  - Purpose: Increase capability and improve quality through training and workforce development; Increase access to care through sharing of staff and enhanced recruitment and retention of professional staff.
- Work Group 11: Emergency and Disaster Preparedness
  - Purpose: Address emergency, disaster, and pandemic preparedness and response
- Work Group 12: Joint Implementation Taskforce
  - Purpose: Development of joint implementation task force to identify the strategies and plans for accomplishing the tasks and aims of the MOU
- Work Group 13: Alaska Workgroup
  - Purpose: Identify the issues that create challenges or barriers to Alaska Native Veterans receiving their entitled healthcare and other benefits that are common throughout Alaska.

# ORH NATIVE AMERICAN VETERAN FUNDING



Fiscal Year (FY)	Number of Projects	Funding	Projects/Programs Funded
FY 2009	12	\$17,621,490	Telehealth, HBPC, Outreach Clinics
FY 2010	6	\$2,599,018	Five CBOCS, Telehealth
FY 2011	16	\$8,526,856	15 HBPC projects and one Telehealth
FY 2012	22	\$21,444,745	16 HBPCs, Telehealth, Cultural Competency Training for Providers
<b>Total:</b>	56	\$50,192,109	

# ORH Funded Native Veteran Pilot Projects



- ORH Funded Native Veteran Pilot Projects FY 2013
- The Veterans Health Administration's Office of Rural Health funded fifteen projects totaling over \$5.3 Million focused exclusively on Native American Veterans in 2013.
- Five of these projects are housed in the Veterans Rural Health Resource Center-Western Region and they include
  - Rural Native Veteran Outreach: \$50,484 for collaboration with the local VA facilities, Native Veterans and non-Veteran members of the Warm Springs tribe in Oregon
  - Transportation Reimbursement for Rural Native Veterans: \$104,197 to increase rural native Veterans access to care by investigating geographic differences among Native Veterans use of outpatient care in the VA
  - A Rural Native Veteran Consultation Support System: \$92,402 to identify and assemble promising programs and practices, implementation consultation and resources into an interactive, web-based RNV Consultation Support System (CSS)
  - Rural Native Veterans' Homeless Shelter Partnership: \$22,706 to partner with rural native Veterans homeless shelter in North Dakota
  - Rural Native Veteran Telehealth Collaborative Education & Consultation: \$102,433 to expand collaborative VA Telemental Health Services for rural Native Veterans through mentorship and consultation with local VAs and their community partners interested in developing these types of clinics

# ORH Funded Native Veteran Pilot Projects



The remaining Veterans Integrated Service Network-based projects include:

- Rural Native American Outreach in Mississippi: \$904,000 to supply Home Based Primary Care (HBPC) to Native American Veterans in Mississippi
- PTSD Awareness Training / Collaboration with Indian Health Services: \$40,000 for a training collaboration and partnership
- Tuba City Primary Care Telehealth Outpatient Clinic: \$170,000 for a partnership with the Tuba City Regional Health Care Corporation (TCRHCC), an independent 638 Indian Health Services facility
- HBPC to American Indian Veterans in Pima County: \$350,000 to supply HBPC to Native American Veterans in Arizona
- Enhanced Mental health services and PTSD outreach for Rural Veterans on the Navajo/Hopi Nation: \$184,700 for access to enhanced mental health services in Northern Arizona

# ORH Funded Native Veteran Pilot Projects



- Rural Outreach/Train Cadre of Tribal Veteran Representatives/Contract for Native Health Organization Business Process System Redesign: \$752,000 for training Veterans, TVRs, Native Health Organizations and Native Leaders as well as continuation of a system redesign begun in Fiscal Year 2012 to promote collaboration between VA and individual Native Health Organizations.
- Alaska Rural Native Telebehavioral Health Development: \$131,500 to develop a specific telemental health program in partnership with SEARHC (a non-profit tribal health consortium of 18 Native communities which serves the health interests of the Native people of Southeastern Alaska) based in Sitka, Alaska to provide VA mental health services for rural Native Veterans.
- Tribal Outreach Worker (TOW) Project for American Indian Veterans in 100% rural Humboldt, Lake, and Mendocino Counties: \$85,700 for staff to identify and collaborate with Tribal leaders as well as Indian Health Services (IHS) clinics in the San Francisco VA Medical Center's three rural counties, arrange outreach events to American Indian Veterans, and facilitate American Indian Veterans' access to VA healthcare and benefits.
- HBPC Shasta and Trinity Counties: \$1,368,183 to supply HBPC to Native American Veterans in Northern California
- HBPC Eldorado County: \$951,538 to supply HBPC to Native American Veterans in Northern California



# TRIBAL CONSULTATION



# Tribal Consultation

- Held 4 tribal consultation sessions with over 200 tribal leaders in FY 2012. Consultation topics included:
  - Native American Director Loan (NADL) Program: how to increase utilization
  - Vocational Rehabilitation and Employment Service (VR&E): improving outreach
  - Tribal Cemetery Grants: understanding barriers tribes encounter to access
  - Increasing tribal government involvement in the VA/IHS MOU workgroups and workgroup activities at the national and local levels.
- Held a joint consultation session with the Indian Health Service (IHS) in March 2012:
  - 1<sup>st</sup> consultation letter was mailed on March 5, 2012 seeking input from tribes on the main points to include in the draft underlying agreement
  - 2<sup>nd</sup> consultation letter was mailed on April 5, 2012 seeking input from tribes on the draft sharing agreement template.

# VA-Indian Health Service (IHS)-Tribal Health Program Agreement



- October 1, 2010: the VA Under Secretary for Health, Dr. Petzel, and the IHS Director, Dr. Roubideaux, signed a Memorandum of Understanding (MOU)
- March – May 2012: VA and IHS and Tribal Health Programs (THP) initiated tribal consultation on a draft national agreement
- June 2012: Department of Justice provided guidance that VA's Title 38 was the authority that governed agreements between VA and IHS/ THP
- August 24, 2012: Dr. Petzel signed and distributed a letter to tribal leaders with program guidance.
- December 5, 2012: VA-IHS National Agreement signed.
- March 25, 2013: Phase 1 IHS implementation complete.



# VA and IHS Phase 1 Sites by VISN

- **VISN 23**
  - **IHS Aberdeen Area**
    - Wagner Service Unit
    - Eagle Butte Service Unit
    - Sisseton Service Unit
    - Rapid City Service Unit
  - **IHS Bemidji Area**
    - White Earth Health Center
- **VISN 20**
  - **IHS Portland Area**
    - Warm Springs Service Unit
- **VISN 19**
  - **IHS Billings Area**
    - Blackfeet Service Unit
- **VISN 16**
  - **IHS Oklahoma City Area**
    - Pawnee Service Unit
- **VISN 18**
  - **IHS Navajo Area**
    - Chinle Service Unit
  - **IHS Tucson Area**
    - Sells Service Unit

# VA – Tribal Health Program Agreements



- Muscogee (Creek) Nation of Oklahoma
- Alaska Native Tribal Health Consortium
- Aleutian Pribilof Islands Association
- Annette Island Service Unit/Metlakatla
- Arctic Slope Native Association Limited
- Athabascan Tribal Government
- Bristol Bay Area health Corporation
- Chickaloon Village Traditional
- Chugachmuit
- Copper River Native Association
- Eastern Aleutian Tribes, Inc.
- Native Village of Eklutna
- Native Village of Eyak
- Kenaitze Indian Tribe
- Ketchikan Indian Tribe
- Knik Tribal Council
- Kodiak Area Native Association
- Maniilaq Association
- Mount Sandford Tribal Consortium
- Norton Sound Health Corporation
- Seldovia Village Tribe
- Southcentral Foundation
- Southeast Alaska Regional Health Consortium
- Tanana Chiefs Conference
- Yakutat Tlingit Tribe
- Yukon-Kuskokwim Health Corporation
- Tanana Tribal Council X
- Coeur d' Alene Indian Tribes (Benewah Medical Center)
- Ninilchik Tribe