



Memorandum of Understanding (MOU) Update

Southwest Region Summit-Office of Tribal Government Relations

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VA Defining
HEALTH **EXCELLENCE**
CARE in the 21st Century

VHA Office of Rural Health (ORH)

- Established in 2007 to improve access and quality of care for enrolled rural and highly rural Veterans.
- ORH Organizational Structure
 - Headquartered in Washington DC. The Director and staff direct National ORH activities and communications as well as oversee the budget and performance of all ORH-funded programs across the VA system.
 - Three Veterans Rural Health Resource Centers, located in Gainesville, Florida; Salt Lake City, UT; and Iowa City, IA, serve as field based laboratories that conduct studies as well as implement and evaluate innovative models of health care delivery.
 - Twenty-one rural consultants oversee rural health programs in their geographic area of responsibility.



ORH Mission

Improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support their unique needs.

- Collaborate with VA program offices, other Federal and state partners and rural health communities to build partnerships.
- Engage in studies and analyses and promulgate best practices.
- Translate studies and best practices into policy and measurable impacts.

ORH Strategic Areas of Focus – Six Goals

- Improve access and quality of care through measurement, evaluation, and documenting impact of best practices in rural health.
 - Workgroup consisting of Veterans Rural Health Resource Centers (VRHRCs), Veterans Integrated Service Network Rural Consultants (VRCs) and Central Office representatives proposed to allow for ORH annual report reviews.
- Optimize use of available and emerging health information technologies.
 - VA Virtual Lifetime Electronic Record (VLER) Health program allows for exchange of health information with authorization of the Veteran patient. Information is shared with DoD and selected private health care providers through the Nationwide Health Information Network (NwHIN).
 - Utah VLER Health rural pilot is based in community of Moab; approximately 20 Veterans have given authorization to share health information between Moab Regional Hospital and Grand Junction VA Medical Center (VAMC). Education about program is ongoing, including a letter campaign to reach 3,000 mostly rural Veterans.

ORH Strategic Areas of Focus – Six Goals (continued)

- Maximize use of existing and emerging studies and analyses to improve care delivered to rural Veterans.
 - Created and delivered a webinar entitled "Caring for Rural Veterans" that was broadcast to a National audience in collaboration with National Association of State Office of Rural Health on November 17, 2011.
- Improve availability of education and training for VA and non-VA providers by increasing distance learning and developing new education resources for health care professionals.
 - Rural Health Professions Institute (RHPI) and VRHRC-Eastern Region to develop Telemedicine educational and training videos.
 - Developed and released ORH Planning Award designed so sites can develop infrastructure and collaborations needed to compete for rural health training and education pilot program to be jointly released with Office of Academic Affiliations (OAA) in Summer of fiscal year (FY) 2012.

ORH Strategic Areas of Focus – Six Goals (continued)

- Enhance existing and implement new strategies to improve and begin new collaborations and increase service options for rural Veterans.
 - Working on an Interagency Agreement with Health Resources Service Administration (HRSA) for improved collaboration with national organizations and improved collaboration with Substance Abuse and Mental Health Services Administration for education and training.
- Develop innovative methods to identify, recruit and retain health care professionals and expertise in rural communities.
 - Conduct a joint national rural health workforce study with Health Resources Service Administration –Office of Rural Health Policy (HRSA-ORHP) to examine shared workforce strategies and specific needs in order to gain evidence of existing ad hoc models and support needed for joint contracting of providers. Identified and contacted in December, HRSA representatives. Discussed objectives of Initiative and disseminated an invitation for others to participate.

ORH Resources

- **Veterans Rural Health Resource Centers (VRHRCs)**

- Three regional centers: Gainesville, FL; Iowa City, IA; Salt Lake City, UT.
- Function as field-based clinical laboratories for demonstration projects/pilot projects.
- Serve as rural health experts.
- Act as educational and clinical repositories.
- Provide programmatic support to ORH.

- **Veterans Integrated Service Network (VISN) Rural Consultants (VRCs)**

- Serve as primary interface between ORH and VISN rural activities.
- Develop rural health service plans based on VISN-wide needs assessments
- Facilitate information sharing across the VISNs.
- Perform outreach to develop community relationships.

- **Veterans' Rural Health Advisory Committee (VRHAC)**

- Federal advisory committee to advise the Secretary of Veterans Affairs on health care issues affecting enrolled Veterans residing in rural areas.
- Evaluate current program activities and identify barriers to providing rural health care services.
- May make recommendations to enhance or improve VA rural health care services.

ORH Initiatives



- Since 2009, ORH has expended just over \$1 Billion to increase access to and quality of health care for rural and highly rural Veterans
- Major initiatives have been in the areas of:
 - Telehealth and Health Information Technology
 - Mental Health and Homelessness
 - Establishment of rural community – based outpatient clinics and outreach clinics
 - Rural Veteran Outreach
 - Geriatrics
 - Rural provider training and education
 - Transportation
 - Contract care pilot program Project ARCH (Access Received Closer to Home)

ORH Initiatives (continued)

- ORH is supporting over 300 individual projects across the country. These projects include:
 - Rural CBOCs, Outreach Clinics, Primary Care Telehealth Outreach Clinics and Mobile Clinics
 - Telehealth/Telemedicine Expansion
 - Home Based Primary Care
 - Mental Health Program Support
 - Outreach Initiatives
 - Provider Education and Training
 - Transportation
 - Women’s Health
 - Specialty Services such as Podiatry and Audiology
- Many of these projects are in collaboration with other VA program offices such as the VA Homeless Office, the Office of Geriatrics and Extended Care and the Office of Telehealth Services.

ORH Native American Funding

Fiscal Year (FY)	Number of Projects	Funding
FY 2009	12	\$17,621,490
FY 2010	6	\$2,599,018
FY 2011	16	\$8,526,856
FY 2012	22	\$21,444,745
Total:	56	\$50,192,109

Background On MOU

- Memorandum of Understanding (MOU) signed between Department of Veterans Affairs (VA) and Indian Health Services (IHS) on October 1, 2010.
- Builds upon decades of successful collaboration and achievements from the 2003 MOU.
- Main differences between 2010 MOU and 2003 MOU:
 - Includes more areas of focus and is more specific (e.g., joint emergency preparedness, joint credentialing, cultural awareness).
 - MOU mutual goals include an emphasis on promoting patient-centered collaborations and consulting tribes at the regional and local levels.

2010 VA-IHS MOU - Purpose

- 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.

Mutual Goals Established

- Increase access and improve quality of health, leverage strengths;
- Patient-centered collaboration, communication;
- Effective partnerships and sharing agreements in consultation with Tribes;
- Ensure appropriate resources for services for AI/AN Veterans; and
- Health-promotion and disease-prevention for AI/AN Veterans to address community-based wellness.

Collaborations to Achieve Goals

Collaborate and Coordinate:

- Access to services and benefits;
- Coordination of care;
- Health information technology;
- New technologies (e.g., telehealth for specialties);
- Sharing of contracts and purchasing agreements; and
- Payment and reimbursement policies and practices.

Collaborations to Achieve Goals cont'd

Collaborate and Coordinate:

- Programs, such as PTSD;
- Suicide Prevention, Pharmacy, Long-term Care, and Alaska;
- Cultural awareness and culturally competent care;
- Training and workforce development;
- Sharing of staff;
- Emergency Preparedness; and
- Implementation Task Force.

Implementation Strategy

- 15 MOU Work Groups:
 - Recruit committee members
 - Identify action items, timelines
 - Meet regularly
- Joint Implementation Task Force:
 - Meet weekly to coordinate tasks
 - Meet quarterly with all group leaders
 - Develop implementation policy and procedures
 - Identify priority action items (with Tribal consultation – “Dear Tribal Leader Letter” (DTLL))
 - Collect progress reports
 - Annual report

Work Group Updates

- Services and Benefits: In Fiscal Year 2012, Veterans Benefits Administration (VBA) conducted outreach to 872 Native American Veterans that totaled 229 hours and resulted in 30 claims.
- Coordination of Care: VA/IHS conducted three training sessions on VA eligibility, enrollment, claims filing, and reimbursement processing.
- Health Information Technology: Consulted on VA/DoD electronic health record (EHR) interface certification and Meaningful Use requirements.
- New Technologies: Document on best practices for providing tele-psychiatry services to AI/AN Veterans is available. Assisted in establishing videoconferencing connectivity between Prescott VA and IHS Chinle.

Work Group Updates cont'd

- Payment and Reimbursement: Work group conducted six Webinar sessions in 2012 to review processes for enrollment, billing and reimbursement.
- HHS/VA Secretary appointed committee to work on these complex issues in September 2011. Meetings ongoing with representatives from HHS, IHS and VA.
- Draft Reimbursement Sharing Agreement sent out April 2012 to Tribal/IHS/VA stakeholders for consultation.
- Program Collaborations
 - Pharmacy: Consolidated Mail Outpatient Pharmacy (CMOP) program at Phoenix IHS continues successfully. Expansions to Claremore, OK, Haskell, KS, El Reno, OK, Pawnee, OK, and Yakama, WA. In FY11, 19,599 medications were dispensed through the CMOP program and in FY12, 55,018 have been dispensed to date.
 - Suicide Prevention: VA Suicide Prevention Office conducted 157 tribal outreach activities in FY11.
 - Long-Term Care: Since being funded in FY09, VA's Home Based Primary Care (HBPC) program with IHS and Tribal Nations has served 160 Native American Veterans.

Work Group Updates cont'd

- Program Collaborations (cont'd)
 - The Tribal Veteran Representative (TVR) program trained 47 people on VA eligibility and benefits, to improve coordination of care, support outreach, and co-management of patients.
 - PTSD: Will develop a PTSD broadcast through Employee Education System (EES) that is specific to Native American Veterans.
- Cultural Awareness: Meeting regularly to develop a 3-tiered cultural awareness training program, with each tier having different level of intensity.

Work Group Updates cont'd

- Training and Recruitment: VA has made 239 web based courses and seven video courses available to IHS. There are an additional 215 courses that are currently under IHS review.
- Emergency Preparedness: Met in person on August 17, 2011, to discuss the actions needed to develop a Native American and Alaska Native Veteran Emergency Responders Program.
- Implementation Task Force: Meet quarterly with all work group leaders. In December 2011, emailed templates to all work group leaders for the MOU Annual Report that will be completed. Compiling Annual report now and developing metrics for the MOU activities by August 1, 2012.

Monitoring Progress

- Starting July 2011 and each month thereafter, 2-3 work groups submit their progress reports to the Office of Rural Health (ORH). Data currently being collected for MOU Annual Report, which includes metrics to better measure progress.
- ORH is monitoring current VA-IHS initiatives in the field through a bi-annual survey of all Veterans Integrated Service Networks. New inventory will be completed by July 2012.
- VA/IHS Area Points of Contact identified.
- MOU has facilitated collaboration between IHS and VA at the national, regional and local level, with the common goal of providing quality access to health care services to Native Veterans. We have made progress but recognize we have much more to do!

Contact Us

The screenshot shows the homepage of the VHA Office of Rural Health (ORH). At the top, there is a navigation bar with links for Home, Veteran Services, Business, About VA, Media Room, Locations, and Contact Us. Below this is a search bar and a "Home" button. The main content area features a large banner with the text "Welcome to the VHA Office of Rural Health" and the tagline "Using Innovation and Technology to Improve Access and Quality". Below the banner are three columns of news items under the headings "HIGHLIGHTS", "FACTS", and "NEWS - EVENTS". The "HIGHLIGHTS" section includes a link to "NEW! Building Blocks for Cultural Integration in the Development and Establishment of Rural VA Telemedical Health Clinics for Native Veterans". The "FACTS" section includes a link to "NEW! Did you know that the VA has reimbursed eligible Veterans for their travel to receive health care at VA facilities since the late 1970's?". The "NEWS - EVENTS" section includes a link to "NEW! VA-HUD: Homelessness among Veterans Declines 12% in 2011". At the bottom of the page, there is a "ORH STRATEGIC PLAN" section and a "ORH" logo.

- Our website
 - www.ruralhealth.va.gov
- Our rural health mailbox inquiry
 - rural.health.inquiry@va.gov
- Join the ORH mail list to receive updates and our Quarterly Newsletter
 - <http://www.ruralhealth.va.gov/subscribe.asp>

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THANK YOU FOR MAKING A DIFFERENCE



Using Innovation and Technology to Improve Access and Quality