

# U.S. Department of Veterans Affairs & Indian Health Service Veteran Session – VA Updates

Temecula California  
September 17, 2019



**VA**



U.S. Department  
of Veterans Affairs

# VA – IHS Memorandum of Understanding

## 25 U.S.C. § 1647

### Initial MOU

- February 25, 2003

### 1st MOU Update

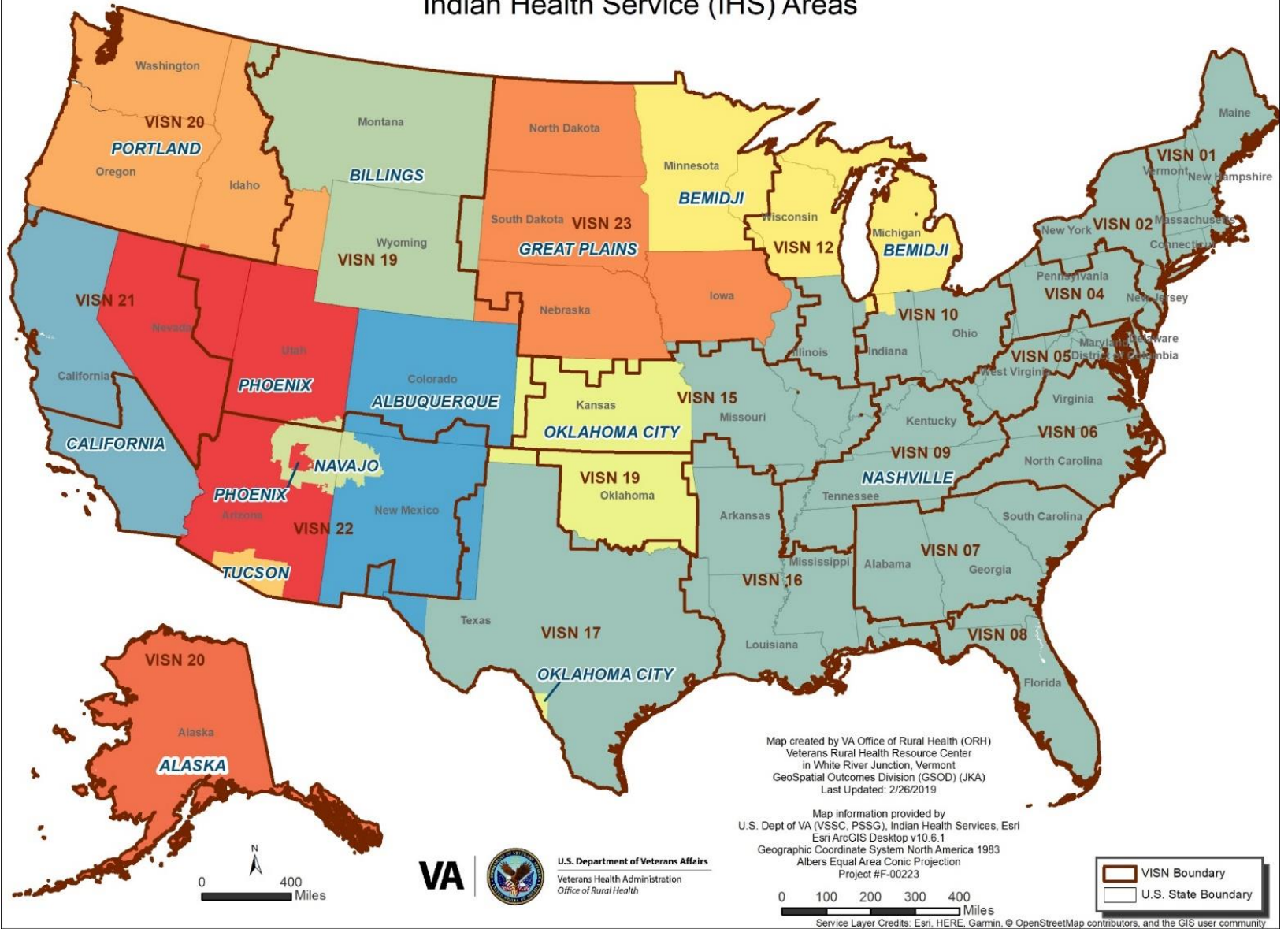
- October 1, 2010

### 2nd MOU Update

- Spring 2020

As VA and IHS revise the MOU and related performance measures, the Secretary of Veterans Affairs and the Director of the Indian Health Service should ensure these measures are consistent with the key attributes of successful performance measures, including having measurable targets.

# Veterans Integrated Service Networks (VISNs) in Relationship to Indian Health Service (IHS) Areas



# National IHS-VA MOU Leadership Team

## VA Veterans Health Administration – Office of Rural Health

- Thomas Klobucar, Ph.D.
- Executive Director

## VA Office of Tribal Government Relations

- Stephanie Birdwell, M.S.W.
- Director

## IHS

- Ben Smith, M.B.A., M.A.
- Deputy Director for Intergovernmental Affairs

Promote interagency coordination, collaboration, and progress in advancing access to care for rural Native Veterans.

# VA-Indian Health Service Partnership Goals



**Increase access to care and services for AI/AN Veterans**



**Promote patient-centered collaboration and communication**



**Improve health-promotion and disease prevention**



**Consult with tribes at the regional and local levels**



**Ensure appropriate resources are identified and available**

## The MOU and Agreements:

- ✓ Promote quality health care through collaborative relationships and agreements
- ✓ Focus on increasing coordination, collaboration, and resource-sharing for eligible American Indian and Alaska Native Veterans

# VA-IHS MOU Fiscal Year 2018 Accomplishments

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: 2,829 VA-THP: 2,531
2. Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements.	VA-IHS: \$7,960,903 VA-THP: \$12,068,644
3. Total prescriptions filled through VA Consolidated Mail Out Pharmacies (CMOP) for direct AI/AN Veteran care.	840,109
4. Completion of annual metrics review.	Completed Fiscal Year 2018
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.	16
7. Completion of annual metrics review.	Completed Fiscal Year 2018
8a. Number of shared VA-IHS trainings and webinars.	256
9. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities.	12
10. Completion of annual metrics review.	Completed Fiscal Year 2018
11. Total reimbursement for suicide prevention, tobacco cessation and diabetes management services.	\$1,920,287.75
12. Completion of annual metrics review.	Completed Fiscal Year 2018
13. Number of consultations, "Dear Tribal Leader" letters, and trainings with tribal communities pertaining to Native Veteran issues.	47
14. Completion of annual metrics review.	Completed Fiscal Year 2018



# Future VA-IHS MOU Efforts

- Drafting a new MOU that will allow for greater flexibility that incorporates consultation feedback to improve the VA-IHS MOU creation and implementation process
- VA and IHS continue the following actions to address the opportunities for improvement:
  - Refine outreach strategies to impact more AI/AN Veterans, their families and their communities
  - Include more tribal representation in the structure and implementation of the VA-IHS MOU
  - Grow the number of tribal health programs participating in the reimbursement program
  - Create standard and meaningful metrics to assess program effectiveness
  - Encourage greater interoperability between VA and IHS to ensure effective care coordination

# VA - Indian Health Service MOU

- Indian Health Service (IHS) MOU
  - Signed in 2010 to increase access to care for American Indian/Alaska Native (AI/AN) Veterans
  - \$123 million reimbursed to IHS and Tribal Health Programs since 2012 for Veteran care
    - 10,590 Veterans served since 2012
  - 3.6 million+ mail out pharmacy prescriptions processed since 2010
  - Other collaborations in telehealth, housing, mental health, cultural competency and workforce training
  - MOU revision currently in progress to reflect the evolving health care and health information technology landscape and to create a more comprehensive, flexible MOU structure to support both agencies and the Veterans they serve well into the future

# Rural Native Veterans

- There are 145,000 American Indian and Alaska Native (AI/AN) Veterans living in the U.S.
- AI/AN Veterans have an average life expectancy four years shorter than that of the general U.S. population
- AI/AN Veterans are more likely than Veterans of other ethnicities to experience social and economic difficulties that may impact their health or wellness, such as lower income, lower education levels and higher unemployment
- The proportion of female AI/AN Veterans was higher than that of female Veterans of other groups (11.7% vs. 8.4%, respectively)
- AI/AN Veterans' median age was 59 while the median age for other Veterans was 64. The AI/AN non-Veterans' median age was 40



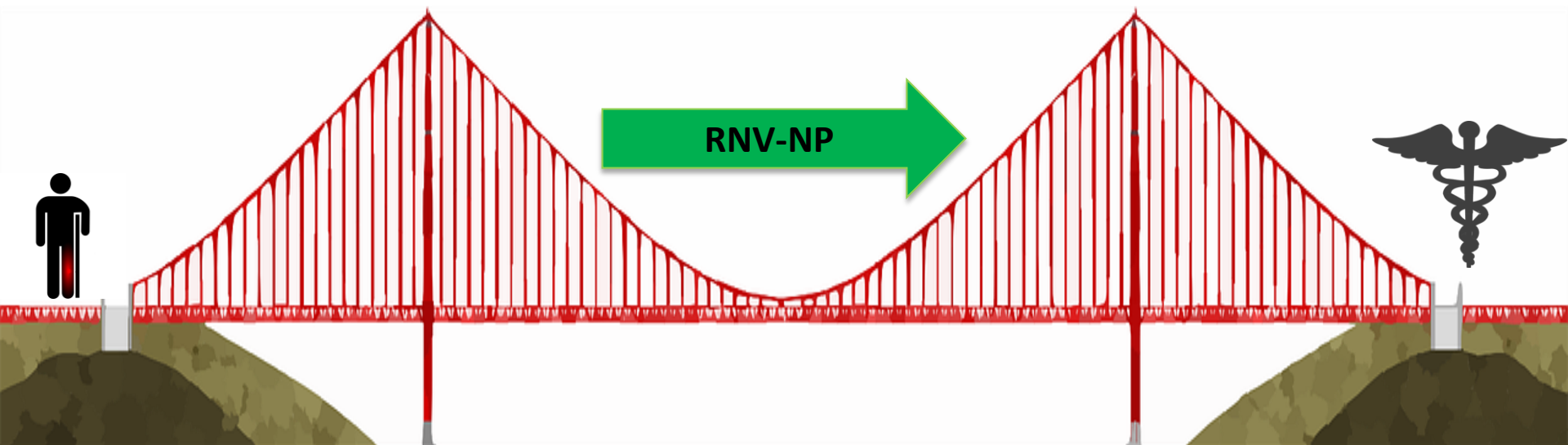
Staff Sgt. Conrad Begaye was awarded the Silver Star for his valorous actions.  
(Photo courtesy: U.S. Army)

# Rural Native Veteran Navigator Program (RNV-NP)

## Rural Native Veteran Navigator Program Goal

Our overall goal is to use an evidenced-based approach to increase Rural Native Veterans' (RNV) access to healthcare and Veteran-associated benefits, and subsequently improve health outcomes.

This program will connect RNVs to enhanced healthcare options available through the MISSION Act, VA, VHA, and the new Veterans Community Care program, promoting access to all Veteran-associated benefits and resources.



# Rural Native Veteran Navigators

## A Patient Navigator:

- Is a member of the healthcare team who helps Rural Native Veteran patients navigate the healthcare system and barriers that impede access to care. Such assistance may include:
  - Coordinate patient care that engages VA, VHA, IHS, federally recognized tribes, local communities, and other state and federal agencies to improve access to healthcare and benefits
    - This includes but not limited to Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA)
  - Connect patients with other resources
  - Help patients understand the healthcare system



# Core Team and Key Partners

## Key Partners

IHS, VBA, NCA, VA's Office of Tribal Government Relations (OTGR), VHA Center for Minority Veterans, and the Veterans Experience Office

## Core Team

ORH Veterans Rural Health Resource Center, Salt Lake City (VRHRC SLC) in conjunction with the Office of Rural Health and the University of Colorado's Centers for American Indian and Alaska Native Health (CAIANH)

# RNV-NP Four-year Plan

## Fiscal Year 2020

- Plan for implementation
- Build program infrastructure
- Identify required resources, personnel, and expertise
- Assemble partnerships across relevant entities
- Propose a pilot structure

## Fiscal Year 2021

- Specify the parameters of the navigation program, including metrics for success
- Start pilot and evaluate its components

## Fiscal Year 2022

- Continue to refine the pilot, replicate, expand and evaluate outcome measures

## Fiscal Year 2023

- Integrate the navigation program organizationally into VISN and VHA facility infrastructure in strategic ways that will facilitate sustainability and maximize care for Rural Native Veterans