

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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February 26, 2021

Richard A. Stone, M.D.
Executive in Charge, Veterans Health
Administration
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW, Suite 915G
Washington, DC 20420

Elizabeth A. Fowler
Acting Director
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

RE: TSGAC Comments on the 2020 Draft Revised VA-IHS MOU

Dear Dr. Stone and Acting Director Fowler:

On behalf of the Indian Health Service's (IHS) Tribal Self-Governance Advisory Committee (TSGAC) which is representative of more than 375 Tribal Nations that elected to take over administration of Federal health care programs through Self-Governance, I write to provide our comments and further input on the draft revised Memorandum of Understanding (MOU) between the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) and the IHS in response to your Dear Tribal Leader letter dated December 2, 2020.

First, the TSGAC is appreciative of the partnership between the VA, IHS, and Tribal Nations to provide quality health care to Native Veterans. However, we believe there are additional opportunities and actions the VA and IHS can take to improve health care services available to American Indian and Alaska Native Veterans.

VA and IHS Should Seek Additional Input and Participation from Tribal Nations as the Agencies Implement and Evaluate the MOU

The January 26, 2021, *Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships* notes that "the Federal government has much to learn from Tribal Nations and strong communication is fundamental to a constructive relationship." The Memorandum charges all executive departments and agencies with engaging in regular, meaningful, and robust consultation with Tribal officials.

Consistent with this Presidential Memorandum, the TSGAC offers the following recommendations to increase Tribal participation in the implementation and evaluation processes of the VA-IHS MOU:

1. Implementation of the MOU must reflect Tribal sovereignty, self-governance, and self-determination through application of Tribal expertise to improve access and health outcomes for Native Veterans.
2. Tribes should be included in the establishment of MOU targets. These targets should be based upon the factors and successes of Tribal Health Programs (THPs), including quality services and culturally-responsive care for Native Veterans.
3. VA and VHA must conduct Tribal consultation with Tribal Nations prior to implementation of any billing provisions impacting reimbursement.
4. VA should provide on-going communication with Tribal Nations regarding MOU implementation.

TSGAC has reviewed the draft revised MOU and offers the following ***further specific recommendations*** on the mutual goals (Section IV of the draft MOU) and mutual objectives (Section V of the draft MOU) for your consideration:

I. Increase Access and Improve Quality Health Care Services to Native Veterans

As noted in the draft 2020 MOU, one of the mutual goals is to increase access and improve quality of health care and services to eligible Native Veteran patients. American Indians and Alaska Natives are the most underserved population of Veterans and constantly experience barriers to care. Native Veterans experience delays in care due to regulatory barriers and an elaborate overly-burdensome administrative process and duplicative referral process. During the 2016 Tribal Consultation regarding the top priorities for serving Native Veterans, access to medical care was highlighted by Tribes as the most important priority.¹

Objective A in the revised draft MOU builds on the successes of the 2010 MOU through performance monitoring implementation metrics and targets.

- TSGAC recommends that these metrics and targets be developed and include input from THPs.
- TSGAC further advocates for the need to conduct Tribal consultation prior to implementation of any billing provisions because many Tribal Nations have entered into separate reimbursement agreements with the VA, pursuant to Section 405(c) of the Indian Health Care Improvement Act (IHCIA).²

¹ [U.S. Department of Veterans Affairs. *Honoring Our Heroes: Building Partnerships to Connect Native Veterans to Care and Benefits- Tribal Consultation Report \(2016\)*.](#)

² Section 405 (c) of IHCIA provides that...the Service, Indian tribe, or Tribal organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense where services are provided through the Service, an Indian tribe, or a Tribal organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.

- TSGAC also proposes the addition of workforce development as a metric. The 2010 VA-IHS MOU included joint training and workforce development activities between VA and IHS staff as a measure. These joint training initiatives have been incredibly successful and are an excellent example of a best practice that should be underscored and continued.

II. Patients

Native Veteran patients are at the epicenter of the purpose of the MOU. The goal for patients is to facilitate enrollment and seamless navigation for Native Veterans in VHA and IHS health care systems. Patient navigation specialists are crucial for assisting Native Veterans in obtaining covered health care services under a very complex health care system.

- TSGAC urges VHA and IHS add an objective on culturally-competent care to ensure Native Veterans receive timely and quality health care.

Patient care coordination varies widely for THP facilities with VA partners. There are THP facilities that have little to no care coordination with the local VA and rarely refer patients to the VA. Other THP facilities have extensive care coordination including shared resources between the VA and THP facilities. Duplicative processes, overly-burdensome administrative requirements and lack of coordination of care are consistent delays in access to care.

- In order to improve care coordination, TSGAC requests that THPs have the ability to directly refer patients to VA specialty care.

It is essential to support THPs in efforts to improve and expand access to the VHA consolidated mail outpatient pharmacy (CMOP) including extension to non-Resource and Patient Management System (RPMS) electronic health record (EHR) sites.

- TSGAC recommends that other health promotion and disease prevention opportunities should be jointly pursued in addition to improvements with access to the CMOP.
- TSGAC further recommends the inclusion of Post-Traumatic Stress Disorder, Home-Base Primary Care and other innovative programs such as suicide prevention, homelessness prevention and long-term care support.

III. VHA and IHS Goal to Monitor and Advocate for Health Information Technology

The information technology (IT) MOU goal is to facilitate the integration of EHR and other IT systems that affect the health care of Native Veterans. Significant challenges

include access to patient records, creation of systems to file for reimbursement, shared staffing complications, and difficulties in achieving IT interoperability among VHA, IHS, and THPs.

Tribal providers must be able to receive and retrieve a Native Veteran's medical records to ensure seamless, responsive, and appropriate care. VHA's refusal to be part of care coordination provider networks further exasperates this issue.

- TSGAC strongly urges VHA to ensure THPs can access patient records via an HIE system in a timely manner (Information Technology Objective B).
- TSGAC concurs with the inclusion of the Information Technology Objective C to monitor and continue to advocate for increased use of telehealth systems to connect VHA and THP facilities to Native Veterans.

Native Veterans often reside in communities without access to adequate broadband, (Information Technology Objective D). The lack of sufficient broadband hinders the ability for a THPs to access medical records and prevents patients from utilizing mobile technology for health care services and patient information.

- TSGAC recommends the addition of adequate resources and technology to ensure Native Veterans are able to access health care services through adequate telehealth technologies.

IV. Expansion of VHA and IHS Resource Sharing Goal

Resource Sharing Objective A in the draft MOU includes collaboration to share services and health care providers between VHA, IHS, and THPs.

- TSGAC recommends the use of Tribal clinic capacity as a metric in determining the success of sharing services and providers.
- TSGAC supports the objectives which highlight new options to increase and streamline reimbursement (Objective B) for all services provide to Native Veterans. This objective will provide for a collaborative opportunity between the VA, IHS, and Tribal Nations to develop payment and reimbursement policies and mechanisms to support care to dually eligible Native Veterans.
- TSGAC endorses expansion of telehealth programs to connect facilities to virtual provider sharing (Objective C).

V. Inclusion of Tribal Input in Operational Planning to Achieve MOU Mutual Goals and Objectives

In order to achieve the mutual goals and objectives of the MOU, the VA and IHS are expected to create an operational plan each fiscal year. The annual operational plan highlights the importance of facilitating mutual goals and objectives. The MOU specifies the creation of points of contact, workgroups, targets, and metrics to measure processes and outcomes.

- TSGAC is concerned that the lack of input from THPs on metrics and objectives in the operational plan will result in failure to recognize the needs of THPs as well as create additional burdens.

Inclusion of Tribal input in VA-IHS MOU workgroups

In 2014, the Government Accountability Office (GAO) reported recommendations to establish of written policies and guidance designating specific roles and responsibilities for agency staff to hold leadership accountable and improve implementation and oversight of the MOU.³

- TSGAC supports the GAO recommendations and urges VHA to make implementation a priority with Tribal input as a significant decision-making factor.

Joint VA and IHS leadership team workgroups are tasked with the implementation and development of strategies to meet the goals of the MOU. In 2019, GAO identified the decrease in the initial twelve workgroups, which VA and IHS had consolidated into three broader groups.

- TSGAC recommends the re-evaluation of the workgroup topics to align with the goals and objectives of the current revised MOU. We request consistent updates on the implementation and strategies of these workgroups.

Implementation of Measurable Metrics and Targets

Performance measures must be sufficient to illustrate the progress in meeting the MOU goals and objectives. The GAO published in 2019 an additional report identifying the lack of quantitative and measurable targets to assess progress towards MOU goals.⁴ GAO identified that performance could not be measured because there were no quantifiable targets to evaluate whether goals and objectives were achieved by comparing projected performance and results.

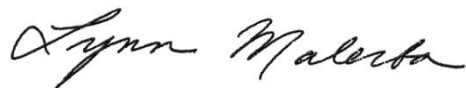
³ [U.S. Government Accountability Office. *Health Care Access – Improved Oversight, Accountability, and Prioritization Can Improve Access for Native American Veterans*, GAO-14-489 \(Washington, D.C.: 2014\).](#)

⁴ [U.S. Government Accountability Office. *VA and Indian Health Service – Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Native Veterans*, GAO-19-291 \(Washington D.C.: 2019\).](#)

- TSGAC recommends defining outcome-based measures and quantifiable targets which are based on improvements in health care services for Native Veterans and addresses the needs of IHS and THP providers.

In closing, we thank you for the opportunity to provide recommendations on the draft revised VA-IHS MOU. TSGAC firmly believes these recommendations will promote and support better care for Native Veterans. We look forward to your responses as well as further engagement and collaboration with the TSGAC. Please do not hesitate to contact me directly regarding any questions you may have at (860) 862-6192; or via email: lmalerba@moheganmail.com.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe of Connecticut
Chairwoman, IHS TSGAC

cc: P. Benjamin Smith, Deputy Director for Intergovernmental Affairs, IHS
Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS
Stephanie Birdwell, Director, Office of Tribal Government Relations, VA
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