

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: Monday, March 5, 2012

SUBJECT: Request for Partnership with the Charles George Veterans Affairs Medical Center

PRESENTER: Tom Bridges, Public Health Director

ATTACHMENTS: Yes

1. Memorandum of Agreement

SUMMARY OF REQUEST:

The Henderson County Board of Health has reviewed and recommends that the Henderson County Department of Public Health partner with the Charles George VAMC in Asheville NC to provide clinic space on a part-time basis each month in order to assist the VA in enrolling military veterans into the VA health system. The Charles George AVAMC agrees to provide staffing, supplies and equipment for the medical evaluation and agrees to abide by the policies and guidelines of the Henderson County Department of Public Health and the County of Henderson's facilities use. It is anticipated that 10 – 15 military veterans will be served each month at this Hendersonville site to make enrollment more convenient for veterans. Veterans who qualify will be assigned a health provider in the VA system, so the Henderson County Department of Health's facility will be needed only for screening applicants. The AVAMC will not be charged for use of the Health Department facility.

BOARD ACTION REQUESTED:

The Henderson County Board of County Commissioners is requested to approve the MOU between the Henderson County Department of Public Health and the Charles George Veterans Affairs Medical Center.

Suggested Motion:

I move that the MOU between the Henderson County Department of Public Health and the Charles George Veterans Affairs Medical Center be approved.

**Department of Veterans Affairs
Charles George Veterans Affairs Medical Center
Asheville, NC 28805**

**RURAL HEALTH INTEGRATION AND DEPARTMENT OF PUBLIC
HEALTH/ FEDERALLY QUALIFIED HEALTH CLINICS SERVICE
AGREEMENT**

1. PURPOSE:

This agreement is to define the utilization of Learning Resources Service (LRS)-Rural Health Integration (RHI) program's clinical staff: Nurse Practitioner (NP), Licensed Clinical Social Worker (LCSW), Registered Nurse (RN), etc. to assist in provision of increased access to Veteran Health Administration (VHA) services for the Veteran population in rural communities. RHI will provide History and Physical (H&P) examinations, Veteran education, support and performance measure improvement in a facility outside the medical center in approved Department of Public Health(DPH) and/or Federally Qualified Health Clinics (FQHCs) space in rural communities in the Western North Carolina area.

2. BACKGROUND:

According to Veterans Benefits Administration (VBA) statistics, there are greater than 24,000 Veterans in Western North Carolina who qualify in one of the Priority Groups 1 through 6, to receive care by the VHA but have not yet enrolled to obtain care. The Charles George VA Medical Center (CGVAMC) RHI program was established in 2010 for the purpose(s) of, but not limited to, increasing access to care and quality health information for Rural Veterans in the 20 counties served by the CGVAMC in Asheville, NC. The goal of this endeavor is in providing for Veterans in remote rural areas by improving access to care through sharing agreements between CGVAMC and local community based organizations. Under the organizational structure of LRS, the RHI staff will collaborate with federal, state and local community based partners, augmenting services provided by the Primary Care (PC) and Mental Health (MH) Services within the main medical facility and operating Community Based Outpatient Clinics (CBOCs).

3. ACTION:

This document is an agreement between CGVAMC LRS-RHI and the Departments of Public Health/FQHCs which are located within the 20 county catchment area, for common utilization of space by these entities in order to provide care for Veterans in their local communities. The VA will utilize RHI staff for the provision of care in order to assist Rural Veterans to initiate care in the VHA system, and to increase accessibility to Veterans already enrolled

through various modalities, including staff interface and connection to existing services via technology (Tele-Health, etc.).

The following indicates responsibilities of the involved entities:

a) **LRS-RHI Program Responsibilities:**

- All Clinical and support personnel will be permanent employees of the Charles George VA Medical Center, and/or personnel augmented by the facility in supportive roles. Personnel will be governed by the rights and responsibilities as designated by their employment with same. After review by the RHI Integrator, staff will receive delegated direction and assignments based on availability of staff and efficient use of travel to accommodate the most Veteran needs possible.
- RHI staff has the rights, responsibilities and permissions to act as an extension of Primary Care Service as appropriate to their licensure and scope of practice. The members of the staff include: Nurse Practitioners, Registered Nurses, Licensed Clinical Social Workers, Clinical Pharmacists and support staff. This staff will provide History and Physical (H&P) examinations, Veteran education and Mental Health(MH) services as prescribed by their licensure, VA guidelines and the needs of the Veteran. The care will be episodic and the staff will not carry a panel of patients.
- All newly vested Veterans will be assigned a regular Primary Care Provider (PCP) by the Primary Care service. The NP and assigned PCP will communicate pertinent information about individual patients and handoff as appropriate.
- RHI staff will work to identify and develop service or sharing agreements, approved by facility leadership, with community entities. Venues may be added as approved, which may present as options to further increase access to service in rural areas closer to the veterans' home of record, and/or which may reduce travel time and cost.

b) **Department of Public Health/FQHC Responsibilities:**

To provide appropriate examination space at local rural Departments of Public Health (DPH) and/or Federally Qualified Health Clinics (FQHC) facilities for existing RHI staff to perform those Primary Care and Mental Health duties as herein identified. Requirements will include:

- Use during daytime hours when space accommodation allows, and including evening and weekend hours, as mutually agreed by the parties.
- Sites for provision of care will include local participating Departments of Public Health (DPH) and Federally Qualified Health Clinics (FQHC),

at a time that will not disrupt their normally scheduled operations. Sites utilized would meet all The Joint Commission (TJC) and/or Department of Health and Human Services (DHHS), Medicare (CMS) requirements, depending on what is required by the specific DPH or FQHC, for provision of care.

- The local Department of Public Health/FQHC will communicate issues and concerns to RHI Integrator, NP, Registered Nurses and/or Chief of LRS, if situations arise warranting intervention. The Chief of LRS will delegate or address directly, any issues that impact the agreed upon items maintained within this service agreement.

Recertification: This agreement will be reviewed yearly or when there is a change in working conditions.

Concurrence:

Date: _____
Tom Bridges
Director, Department of Public Health

Date: _____
Charles P. Cooley, DNP, FNP-C
Chief , DLO/LRS

Date: _____
Cynthia Breyfogle, FACHE
Medical Center Director