

**MEMORANDUM OF UNDERSTANDING**  
between the  
**Department of Veterans Affairs**  
**Veterans Health Administration (VHA) Office of Rural Health**  
and  
**Department of Health and Human Services**  
**Office of the National Coordinator for Health Information Technology and**  
**Office of Rural Health Policy**

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**Purpose of Memorandum of Understanding (MOU)**

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) Office of Rural Health (ORH); the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC); and, HHS Office of Rural Health Policy (ORHP) have mutual goals of 1) training and developing a health information technology (IT) workforce that is well-educated and actively working to support the meaningful use of certified electronic health record (EHR) technology nationwide, and especially in rural communities, at community colleges, technical schools, and 2) ensuring health IT system interoperability and compatibility between rural providers and VHA facilities. Today's economic realities make this cooperation vital to providing improved health services to rural communities, including the Veterans living in those communities, and to supporting an emerging health IT market.

To the extent permitted by their respective legal authorities, VAVHA/ORH, HHS/ONC, and HHS/ORHP will partner to leverage their resources to:

1. Promote a health IT workforce that is available in sufficient numbers and relevant skills to support rural training needs, including adoption and meaningful use of certified EHR technology; and
2. Ensure interoperability between VA and rural health care providers to promote health information exchange.

This MOU establishes a mutual understanding that the parties will work together toward these goals.

**Background**

Health IT is an expanding field that presents tremendous opportunity for individuals entering the workforce in the coming decade. Health IT is also a critical component in making high-quality, safe and affordable health care more readily available to all Americans.

The Health Information Technology for Economic and Clinical Health (HITECH) Act provisions of the American Recovery and Reinvestment Act of 2009, authorized an unprecedented investment in health IT. The number of available jobs in the health IT

field is expected to grow nearly 20 percent by 2016.<sup>1</sup> In addition, as the Nation moves towards a more technologically advanced health care system, more existing health care employees will need to be skilled in health IT. HHS and its partners have predicted a shortage of more than 50,000 trained health IT workers nationwide. This shortage can be expected to be more severe in rural America, where recruitment and retention of health care professionals, in general, is already challenging.

Of critical note, beginning in 2015, certain health care providers will receive reduced payments under Medicare for failing to demonstrate meaningful use of certified EHR technology. Rural health care providers are more reliant on Medicare reimbursement, because rural residents tend to be older than their non-rural counterparts. Moreover, many of these practitioners are already constrained by thin financial operating margins.

VHA and HHS have resources in place that train individuals for health IT jobs and promote efforts to adopt health IT and use it in a meaningful way. VA, VHA, ONC, and ORHP have recently begun to explore ways to coordinate their respective programs serving rural populations, with a special focus on health care and job creation. The VHA system has extensive experience with privacy, security, coding, electronic health records, telemedicine, and other health IT systems. In order to utilize these systems, VHA must maintain a well-trained health IT workforce.

In addition, ORHP and ONC have worked closely to promote ONC's health IT training curriculum and to connect safety net providers.

VHA's experience in training its health IT workforce can be shared with HHS and rural health care providers to expand the impact of the ONC programs.

In some areas, HHS and VHA already collaborate on health information exchange issues. The key is to ensure electronic health information exchange occurs between rural veterans' health care providers. For example, Section 1820(g)(6) of the Social Security Act established a grant program to provide mental health and other health services to rural veterans of Operation Iraqi Freedom and Operation Enduring Freedom. Consideration is given to proposals that utilize telehealth and other health IT to deliver services.

Organizations and entities that deliver health information exchange services can reduce costs and improve health care delivery by eliminating inefficient paper systems; improving patient and clinician access to records; avoiding duplicate testing and other services; reducing medical errors that occur as a result of care transitions; improving care management, especially for people with chronic health conditions; and establishing interoperability for telehealth and other health systems.

Common protocols are required to exchange health information electronically. Accordingly, ONC is focused on establishing a set of policies and standards. For example, ONC launched the Direct Project in 2010 to identify the standards, services,

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<sup>1</sup> Data from the Bureau of Labor Statistics. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, 2010-11 Edition. Available online at: <http://www.bls.gov/oco/ocos103.htm>

and policies necessary to enable a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet. As part of this MOU, VA and HHS will examine ways to leverage existing resources to develop potential pilot sites for Health Information Exchange (HIE) between rural providers and the VHA.

VHA ORH continues to partner with stakeholders to identify and improve technology adoption in an effort to expand services to the 3.4 million Veterans living in rural and highly rural areas. In order to be successful in applying new technological platforms, it is vital to partner with appropriate VA and non-VA partners. As many as seven out of 10 veterans receive some portion of their health care from private sector providers, often utilizing both VHA and private sector systems. As a result, there is a need to be able to streamline the sharing of relevant medical information between various systems. VA is interested in ensuring bi-directional and patient-centered transfer of health information with rural providers. The Nationwide Health Information Network Exchange would allow for seamless information exchange between all parties including DIRECT, CONNECT and Blue Button mechanisms.

#### Authorities and Agency Overview

ONC is charged with coordinating health IT policy and programs among Federal agencies, and promoting efforts to implement and use health IT and enable electronic exchange of health information to improve health care. ONC's workforce programs are supporting the development of a trained workforce to implement and facilitate the use of health IT technologies. Additionally, HIE Cooperative Agreement Program, authorized under the American Recovery and Reinvestment Act of 2009 (ARRA), "facilitate[s] and expand[s] the secure, electronic movement and use of health information among organizations according to nationally recognized standards."<sup>2</sup> The Program supports states and state-designated entities (SDEs) as they work to develop exchange capabilities in an incremental fashion and fill gaps in the market to enable a wide variety of providers to exchange key health information.

The Health Resources and Services Administration (HRSA) is charged with improving access to health care for communities through support of a skilled health workforce. HRSA's Office of Rural Health Policy (ORHP) coordinates HHS's activities related to rural health and administers grant programs that help address health IT needs of rural America.

VHA's mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being.

The ORH mission is to improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support the unique needs of enrolled Veterans residing in geographically remote areas.

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<sup>2</sup> Office of the National Coordinator. (2009). *American Recovery and Reinvestment Act of 2009 – Title XIII – Health Information Technology, subtitle B – Incentives for the Use of Health Information technology, section 3013 – State Grants to Promote Health Information Technology, State Health Information Exchange Cooperative Agreement Program, Funding Opportunity Announcement*. Department of Health and Human Services.

This is accomplished through a combination of activities supported by ORH which include: expanding VHA community based clinics, increasing partnerships with non-VA rural providers, increasing the use of telemedicine and information technology and developing new efforts to recruit and retain health care providers to rural areas.

**Framework for Coordination**

In the summer of 2010, the Secretary of HHS convened an HHS Rural Health IT Task Force of seven member agencies, co-chaired by ONC and HRSA. This task force works across HHS and the Federal Government and collaborates with private sector organizations to identify and address health IT infrastructure challenges in rural communities, including broadband connectivity, capital funding and workforce shortages. Recently, the HHS Rural Health IT Task Force focused on addressing the health IT workforce shortage, which is a chief barrier to adoption and meaningful use of certified EHR technology in rural communities. In the summer of 2011, the President convened the White House Rural Council to, among other objectives, streamline and improve the effectiveness of Federal programs serving rural America with a special focus on health care and job creation. This MOU builds on the work of both the Departmental and White House working groups.

The table below illustrates the agencies' overarching goals and specific objectives to address issues around supply (i.e., availability of health IT workers) and demand for health IT workers.

<b>MOU Goals and Objectives</b>	
<b>Health IT Workforce</b>	
<i>Goal</i>	
Ensure that rural health care providers, including VHA facilities, have a health IT workforce available in sufficient numbers and skills to support health IT needs.	
<i>Objectives</i>	
<ol style="list-style-type: none"> <li>1. Increase the number of trained health IT and health information management professionals.</li> <li>2. Diversify training programs to meet a wider range of training needs.</li> <li>3. Reach out to potential workers and employers to inform them about career pathways in health information management and technology.</li> <li>4. Support employers in staffing health IT positions.</li> </ol>	
<b>Health Information Exchange</b>	
<i>Goal</i>	
Ensure that rural health care providers and VHA facilities can exchange health information securely and easily.	
<i>Objectives</i>	
<ol style="list-style-type: none"> <li>1. Ensure interoperability between VHA and rural health care providers to promote health information exchange that supports delivery of quality health care in all settings, including via telehealth.</li> </ol>	

### **Areas for Collaboration**

The MOU partners will work with regional, state, and local organizations and entities to encourage cooperation between VHA facilities and rural health care providers and stakeholders to facilitate efforts in the following areas:

1. Sharing information to facilitate health IT workforce development and health information exchange;
2. Collaborating on health IT workforce recruitment and training;
3. Coordinating between relevant programs and organizations, and engaging State Health IT Coordinators, State Agencies, and regional and local health information organizations;
4. Providing technical assistance and outreach to VHA facilities and rural health care providers; and,
5. Fostering relationships at the Federal and local levels.

### **Funding**

Each of the parties will identify its own resources to implement this MOU. No inter-departmental transfer of funds will occur under this MOU.

### **Effective Date**

The effective date of this MOU is the date of the latest signature.

### **Review**

The parties agree to review jointly the terms and conditions at least annually. Appropriate changes will be made by modification/amendment to the original MOU. The parties further agree to review performance under this MOU to determine if expectations are being met and document a summary of their assessment. The responsible reviewing official at each agency shall sign and date the assessment.

### **Modifications/Amendments**

Any modification/amendment to the terms and conditions shall be made in writing and signed by all agencies.

### **Termination of MOU**


This MOU may be terminated upon 60 calendar days' written notice by any party.

### **Term of MOU**

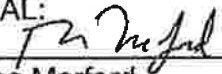
The period of performance will be from the effective date through December 31, 2015.

**Signatures**

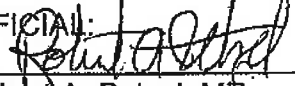
**HHS Office of the National Coordinator for Health Information Technology**

AGENCY OFFICIAL:  
Signature:  Date: 8/13/12  
Name: Farzad Mostashari, MD, ScM  
Title: National Coordinator for Health Information Technology  
Agency: Office of the National Coordinator for Health Information Technology  
Address: 200 Independence Ave. S.W., Suite 729D, Washington, D.C., 20201  
Phone: (202) 205-0242  
E-mail: farzad.mostashari@hhs.gov

**HHS Health Resources and Services Administration**

AGENCY OFFICIAL:  
Signature:  Date: 7-25-12  
Name: Thomas Morford  
Title: Chief Operating Officer  
Agency: Health Resources and Services Administration  
Address: 5600 Fishers Lane, Rm. 14-39, Rockville, MD 20857  
Phone: (301) 443-4244  
E-mail: tmorford@hrsa.gov

**VA/VHA**

AGENCY OFFICIAL:  
Signature:  Date: 8/24/12  
Name: Robert A. Petzel, MD  
Title: Under Secretary for Health  
Agency: Veteran's Health Administration  
Address: 810 Vermont Avenue, Washington, DC 20420  
Phone: 202-461-7000  
E-mail: Robert.Petzel@va.gov

## **Points of Contact**

Leila Samy, MPH  
Rural Health IT Coordinator  
Office of the National Coordinator for Health IT  
Department of Health and Human Services  
Phone: 202.604.3812  
Email: [Leila.Samy@hhs.gov](mailto:Leila.Samy@hhs.gov)

Sahira J. Rafiullah, MPA  
Deputy Associate Administrator  
Office of Rural Health Policy  
Health Resources and Services Administration  
Department of Health and Human Services  
Phone: 301.443.0835  
Email: [srafiullah@hrsa.gov](mailto:srafiullah@hrsa.gov)

Mary Beth Skupien, PhD  
Director  
Office of Rural Health  
Department of Veterans Affairs  
Phone: 202-461-1884  
Email: [Marybeth.Skupien@va.gov](mailto:Marybeth.Skupien@va.gov)

### **For general questions or follow up regarding the MOU:**

Leila Samy, MPH  
Rural Health IT Coordinator  
Office of the National Coordinator for Health IT  
Department of Health and Human Services  
Phone: 202.604.3812  
Email: [Leila.Samy@hhs.gov](mailto:Leila.Samy@hhs.gov)