



DEPARTMENT OF VETERANS AFFAIRS
DEPUTY ASSISTANT SECRETARY FOR
HUMAN RESOURCES MANAGEMENT AND LABOR RELATIONS
WASHINGTON DC 20420

JAN 13 2011

Oscar L. Williams, Jr.
2nd Executive Vice President
National VA Council AFGE
29 Lake Street
Danville, IL 61832

Dear Mr. Williams:

Enclosed for your information is a memorandum from the Principal Deputy Under Secretary for Health that clarifies two concepts relating to the VHA primary care transformation initiative. First, in order to alleviate potential confusion, the Patient Centered Medical Home program is now described as Patient Aligned Care Team, or PACT. The principles of the program have not changed. Second, the memorandum clarifies questions about the RN care manager role, which is a staff nurse position as opposed to a management official position.

If you wish to have a briefing about this subject, please contact Doug Katcher at douglas.katcher@va.gov or (828) 665-9078. Questions about the memorandum can be directed to Cathy Rick, RN, Chief Nursing Officer, at (202) 461-6962.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Leslie B. Wiggins".

Leslie B. Wiggins
Deputy Assistant Secretary
for Labor-Management Relations

Enclosure

Received

JAN 23 2011

Natl VA Council
Midterm Bargaining Committee

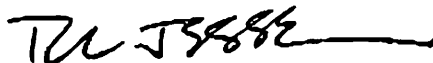
**Department of
Veterans Affairs**

Memorandum

Date: **DEC 09 2010**
From: **Principal Deputy Under Secretary for Health (10A)**
Subj: **VHA Primary Care Transformation Initiative**
To: **VA National Labor Partners (NPC)**

This communication provides clarification on two topics related to the VHA primary care transformation initiative.

1. In response to questions and concerns about potential confusion regarding the description of our transformational model for primary care services "Patient Centered Medical Home," the program is now described as "Patient Aligned Care Team, or PACT." The underlying principles have not changed. PACT is an innovative model based on a health care concept that focuses on patients, health care professionals, VA employee support to patient care and health systems. The focus is on partnerships (PACT) between Veterans and their health care teams with team-based relationships at the center of their PACT.
2. The following information is provided in order to clarify any questions about the RN care manager role which is a staff nurse position rather than a management official position.
 - a. With the PACT model, the primary team includes the Veteran patient, the primary care provider, a nurse (RN) care manager, a clinical associate, and an administrative clerk.
 - b. The key aspects of the PACT team's commitment to patient-centered care enhance the patient's engagement and care coordination.
 - c. The RN care manager duties include health promotion, disease prevention, and clinical management in support of chronic care and care transitions.
 - d. The care management responsibilities are of the same clinical nature within which staff nurses are engaged.
3. Questions can be addressed to Cathy Rick, RN, Chief Nursing Officer, at (202) 461-6962.



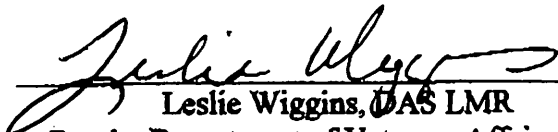
Robert L. Jesse, M.D., Ph.D.

MEMORANDUM OF UNDERSTANDING

The following constitutes an agreement between the Department of Veterans Affairs, Veterans Health Administration (VHA) and the American Federation of Government Employees, (AFL-CIO), National VA Council #53 (NVAC) concerning "Patient Centered Medical Home" within the Department


1. The national parties understand that VA Patient Centered Models are a commitment to enhanced services to Veterans. Patient Centered Medical Home (PCMH) is one of such models that focus on the VA's primary care setting. This will involve changing primary care staff/teams into "Teamlets" that support and empower Veterans and their families' needs.
2. A "Teamlet" by definition consists of a primary care provider, registered nurse care coordinator, clinical associate (LPN/LVN/CNA/HT/MA) and administrative associate (MC/HT). The Department agrees to provide clarification of the roles of Teamlet members once the Teamlet is established. The specific disciplines will be determined locally.
3. The Department has agreed to provide adequate and funded staff to support such a culture change, prior to any implementation within a VISN or facility. The Union at the appropriate level, intermediate or local will have input into the staffing mix needed for this change through pre-decisional involvement of labor forums or through management meeting their bargaining obligations in changes in working conditions.
4. The Union at the national, intermediate or local level will be allowed pre-decisional involvement through participation in and selection of bargaining unit employees to serve on workgroups and task forces established to plan, review, and modify existing practices as a result of Patient Centered Medical Home.
5. The Department agrees not to implement recommendations from these above-mentioned work groups or task forces that affect working conditions of bargaining unit employees without meeting their bargaining obligations. The exclusive representative shall be provided with the notice and afforded the opportunity to name its negotiating team members to meet the bargaining obligation at levels below the national level.
6. No bargaining unit employee impacted by the implementation of Patient Centered Medical Home will be adversely affected in his or her position of record as a result of implementation. Should new positions be developed, staff will be able to compete for positions for which they are qualified.
7. The national parties agree that bargaining unit employees will receive training/re-training with new emphasis on: a) working in teams, b) customer service and resolving problems at point of care and c) Patient Centered Medical Home concept and cultural change necessary to fully implement.

8. The national parties agree that for consistency, the Department will ensure that Clinical Support Associate or Administrative Support Associate positions related to Patient Centered Medical Home will be done after implementation to ensure they are accurate, properly classified and graded correctly. The NVAC shall be informed when the process has been completed.
9. Bargaining unit employees impacted by the implementation of Patient Centered Medical Home will be provided with information about their reporting structure when they are assigned to a Teamlet.
10. NVAC reserves its right to address matters, at the appropriate level national, intermediate or local concerning Patient Centered Medical Home as they occur.
11. The appropriate management official shall provide a copy of this MOU to the Local Union President, upon their receipt.



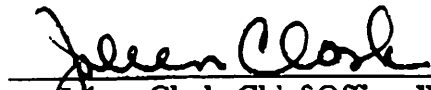
Leslie Wiggins, OAS LMR
For the Department of Veterans Affairs (VA)

6/9/2010
Date



Oscar L. Williams Jr.
For the National VA Council #53 (NVAC)

June 9, 2010
Date



Joleen Clark, Chief Officer WMC
For Veterans Health Administration (VHA)

June 9, 2010
Date