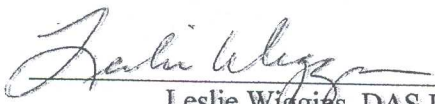


MEMORANDUM OF UNDERSTANDING

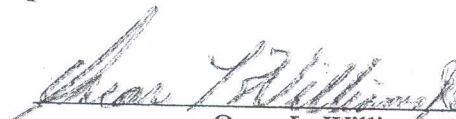
The following constitutes an agreement between the Department of Veterans Affairs, Veterans Health Administration (VHA) and the American Federation of Government Employees, (AFL-CIO), National VA Council #53 (NVAC) concerning "Patient-Centered Care" (Veteran-Centered Care) models within the Department.

1. The Patient-Centered Care models provide for a wide variety of possible changes in the healthcare settings throughout VHA that will involve new ways of interacting with patients and providing medical care. The purpose of these models is to enhance the Veteran's and his or her family's experience while continuing to focus on quality and safety. This will require the Department to develop models of patient care that will educate and empower patients, their families and employees to ensure a holistic, patient-centered healthcare system, and greatly improve access and coordination of care.
2. Patient-Centered Care will use different communication mechanisms and media for ongoing communication between staff and patients (including but not limited to Secure Messaging, patients' access to their own medical records, and Virtual Medicine) and will change the way of delivering care to focus on patient decisions versus practitioner/caregiver decisions.
3. The Department has established broad objectives for implementation of Patient-Centered Care. Medical Centers or Networks are free to choose to implement from among a wide variety of Patient-Centered Care models. Current models of Patient-Centered Care include, but are not limited to, Planetree, Green House, Disney, Relationship Based Care, Institute for Family-Centered Care, Studer Group and Integrated Medicine. Implementation must be consistent with all of the national objectives (not listed in order of priority):
 - A. Honor veteran's expectation of safe, high quality and accessible care.
 - B. Enhance the quality of human interactions and therapeutic alliances.
 - C. Solicit and respect the veteran's values, preferences and needs.
 - D. Systematize the coordination, continuity and integration of care.
 - E. Empower veterans through information and education.
 - F. Incorporate the nutritional, cultural and nurturing aspects of food.
 - G. Provide for physical comfort and management of pain.
 - H. Ensure emotional and spiritual support.
 - I. Encourage involvement of family and friends.
 - J. Provide an architectural layout and design conducive to health and healing.
 - K. Introduce creative arts into the healing environment.
 - L. Support and sustain an engaged workforce as key to providing VCC.

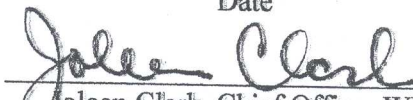
4. A national implementation advisory committee will be formed to work with the vendor(s) who are awarded the national contract(s) to implement Patient-Centered Care. The NVAC will be afforded the opportunity to participate on the national implementation advisory committee.
5. The Union at the national, intermediate or local level will be allowed pre-decisional involvement through participation in and selection of bargaining unit employees to serve on advisory boards, workgroups and task forces established to plan, review and modify existing practices as a result of Patient-Centered Care.
6. The Department agrees not to implement recommendations from those 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.
7. NVAC reserves its right to address matters, at the national, intermediate or local level, concerning Patient-Centered Care as they occur.
8. The parties are reminded that where the Department proposes a change in conditions of employment at the Network level or at the local level where more than one AFGE Local is affected, the Department is required to provide notice of the change to the designee of the NVAC, currently the Chair of the NVAC Midterm Bargaining Committee.
9. The national parties agree that bargaining unit employees will receive training/retraining on Patient-Centered Care models and cultural transformation.
10. The appropriate management official shall provide a copy of this MOU to the Local Union President, upon their receipt.


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

6-9-10
Date


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

JUNE 9, 2010
Date


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

June 9, 2010
Date