

March 25, 2019

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW, Room 1063B
Washington, DC 20420

Re: Veterans Community Care Program (RIN 2900–AQ46)

Dear Secretary Wilkie:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to provide comments on the Proposed Rule issued by the U.S. Department of Veterans Affairs (VA) regarding implementation of the Community Care Program, which was authorized under the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act of 2018). The AMA supported passage of this legislation, specifically the consolidation of all the VA community care programs. In June, the Veterans Community Care Program will replace the Veterans Choice Program and will be used as the exclusive authority under which the VA authorizes covered veterans to receive community care through eligible non-VA entities or providers, including physicians. We are hopeful that this Proposed Rule will build an important framework for future rulemaking that will define the structure of the VA's contracts with providers in the community.

The AMA believes every veteran deserves timely, accessible, high quality health care—whether within or outside the VA system. Several of the policies in this Proposed Rule make positive steps to improve the timeliness and quality of health care that our nation's veterans receive. We support the proposals listed below and believe they signify a long-term commitment by the VA to partner with non-VA physicians to deliver timely, accessible, quality health care to veterans. Specifically, the AMA supports:

- **Access Standards and Eligibility Criteria:** The AMA supports the new access standards in the Proposed Rule that would be the basis for eligibility for non-VA care. Specifically, the new access standards would replace the current distance-based standard—veterans must live at least 40 miles away from the nearest VA facility—with a 30-minute average drive time and 20-day appointment wait time standard for primary care and mental health care. The standards for specialty care will be 60 minutes and 28 days, respectively. We hope the new criteria will make it significantly easier for veterans to access care in their communities.
- **Redefining Appointments:** The AMA supports the VA's recognition that ad hoc telehealth encounters or same day care would be considered an appointment, even though these are not always scheduled in advance.

- **Clarifying the Term “Schedule”:** The AMA supports the proposed clarification that a VA telehealth encounter would be considered to be scheduled even if such encounter is conducted on an ad hoc basis.

We understand that the VA is implementing the Veterans Community Care Program under a compressed timeline. However, while the Proposed Rule provides a framework for how the VA intends to partner with non-VA physicians to ensure that veterans received timely access to quality health care, it leaves many details for future rulemaking. This raises several questions and concerns, including the following:

- **Access Standards:** The Proposed Rule states that the VA has preliminarily determined that its goal is to revise over time the access standards. Specifically, the VA intends, in future rulemaking, to reduce the maximum patient wait times for primary and mental health care services from 20 days to 14 days by June 2020. The AMA supports efforts by the VA to deliver high quality and timely care to veterans. The VA acknowledges, however, that under existing conditions implementing a 14-day wait-time standard would be difficult due to factors such as the current availability of primary care providers and variability in primary care appointment wait-times across VA facilities. When does the VA expect to release its notice(s) of proposed rulemaking related to the revised access standards?
- **Standards for Quality:** It is our understanding that the VA Report to Congress on Health Care Standards for Quality, issued in March 2019, will not be made available to the public; however, given the challenges of quality reporting across sites of service, we strongly urge the VA to work with community-based providers and other stakeholders to ensure that quality metrics are aligned with similar efforts underway outside of the VA. In addition, we ask that the VA clarify specifically what the quality metrics are that non-VA physicians, including specialists, must meet to adhere to the quality standards outlined in 38 U.S. Code §1703C.
- **Claims Standards:** The Proposed Rule states that changes to claims standards (processing of claims and prompt payment of claims) would be detailed in future rulemaking. Unfortunately, many of the physicians who signed-up to deliver care through the Veterans Choice Program experienced services going unpaid due to lost paperwork by the VA, a VA claims processing system that was outdated, and unclear guidance to contractors and physicians. We urge the VA to issue proposed rulemaking regarding claims processing that would allow sufficient time for testing to ensure providers are paid promptly and accurately. We also urge the VA to consider revising its prompt payment standards so that clean claims submitted electronically to the VA are paid within 14 days and clean paper claims are paid within 30 days.
- **Payment Rates:** The VA proposes to use current authorities to pay community-based providers until the publication of future rulemaking is released that defines how the VA will contract with community-based providers. As the Proposed Rule points out, many of the community-based providers will be small businesses that operate on tight margins. For non-VA physicians, it is critical that the VA factor in the adjustments necessary to ensure their practice can accommodate any unique need of veterans and electronically interface with the VA to deliver and coordinate high quality care. We also urge the VA to establish payment rates that incentivize non-VA physicians to participate in the program and to ensure adequate access to care and choice to veterans.

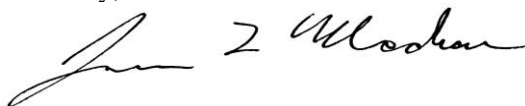
- **Transplantation:** The Proposed Rule states that rulemaking regarding organ and bone marrow transplants as well as transplants using live donors will be forthcoming. When does the VA expect to release its notice(s) of proposed rulemaking related to transplantation?
- **Network Development:** The Proposed Rule states that the VA will develop a consolidated and integrated network of community providers to ensure that all Veterans' care furnished by the VA, whether delivered in VA facilities or by non-VA physicians represents the best possible care, every time and everywhere. When does the VA expect to release its notice(s) of proposed rulemaking related to network development?
- **Improvements to Recruitment of Health Care Professionals:** The Proposed Rule makes no mention of the Physician Workforce Provisions included in the VA MISSION Act of 2018, such as scholarships, loan repayment provisions, and pilot programs to pay for medical education. We urge the VA to specify how it plans to address these issues.

As mentioned above, several key provisions of the VA MISSION Act of 2018 will be addressed in future rulemaking. We are concerned that this fragmented approach will be confusing to veterans and non-VA physicians. We, therefore, urge the VA to communicate directly with veterans, veterans group, and other key stakeholders, including physician organizations, to provide as much advance notice as possible on any plans related to further implementation of the Veterans Community Care Program. The AMA stands ready to work with the VA and our veterans to make implementation of the Veterans Community Care Program a success.

Finally, the recent U.S. Digital Service (USDS) [report](#) on implementation of technology systems to support the Community Care components of the VA MISSION Act of 2018 is worrisome. The USDS suggests that VA's planned information technology solutions are inadequate, and that the VA has not given itself enough time to develop a workable system. The proposed rule expands the eligibility criteria by which Veterans may receive community care, as a result, the VA estimates that the number of Veterans eligible to receive care in the community may increase from 685,000 under the Veterans Choice Program to 3.7 million under the VA MISSION Act of 2018. The USDS is particularly concerned about the ability of the decision support tool and the system's ability to properly determine eligibility of a Veteran, which could impact the individual's ability to receive timely, quality health care. We urge the VA to immediately address these and other information technology concerns outlined in the USDS report prior to the June 6, 2019 rollout.

The AMA appreciates the opportunity to provide our comments and thanks the VA for considering our views. If you should have any questions regarding this letter, please feel free to contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,



James L. Madara, MD