

August 28, 2019

The Honorable Robert Wilkie  
Secretary  
U.S. Department of Veterans Affairs  
Office of Regulation Policy and Management (00REG)  
810 Vermont Avenue NW, Room 1064  
Washington, DC 20420

**Re: Center for Innovation for Care and Payment (RIN 2900-AQ56)**

Dear Secretary Wilkie:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to offer our comments on the proposed rule regarding the Center for Innovation for Care and Payment (the Center). We believe the Center offers the potential to transform how the U.S. Department of Veterans Affairs (VA) delivers the continuum of care to veterans over the coming decades and appreciate the opportunity to provide feedback as the VA establishes the Center and begins to evaluate new and innovative health care ideas.

**The VA Should Leverage Community Care Partnerships to Test Innovations**

The recent establishment of the Veterans Community Care Program provides the VA with the opportunity to partner with its network of community providers to design and test innovations in telehealth, data exchange, care transitions, etc. Comparative effectiveness studies could identify cost and quality outliers, leading to a mutually beneficial exchange of best practices between the VA and community-based providers. This could also allow the VA to redesign systems of care that are focused on delivering the most value to veterans, recognizing that some health care services can be delivered more efficiently by community-based providers freeing up resources for the VA to focus on core services.

**The VA Should Seek Experienced Innovators to Enhance the Centers Leadership Team**

The Proposed Rule states that the Center should be operationally independent from the VA while also collaborating with the VA. The AMA supports this approach. The AMA urges the VA to actively seek and fill as many of the new leadership positions within the Center as possible with outside candidates who have experience with designing and creating proven innovative health care delivery solutions and can bring that experience to the Center and to the VA. We also urge the VA to select internal candidates for the Center's leadership team who can best foster a collaborative environment that inspires effective innovation to enhance how the VA delivers health care services to our nation's veterans. The selection of leaders willing to hear from stakeholders, including patients and non-VA physicians, will be key to the success of the Center.

### **Terms and Definitions Should Align with Those Used by Non-VA Providers**

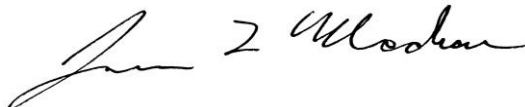
The VA proposes to define terms such as access, patient satisfaction, payment models, pilot program, etc. To the extent practicable, we urge the VA to use the same terminology and definitions that are used by non-VA providers. If the VA is committed to engaging more community-based providers, it is critical that the VA utilizes a standard set of terms and definition. Many of terms that the VA proposes to define are well established and consensus-based definitions. In some cases, it may be necessary to use a different definition, but we urge the VA to start with the presumption of aligning terms and definitions.

### **The VA Should Establish an Open Process for Soliciting Ideas from the Community**

The VA proposes to publish information in the Federal Register in order to solicit public input into the proposed pilot programs. We urge the VA to allow non-VA providers and other stakeholders who are not affiliated with the VA to propose pilot ideas. The Center for Medicare and Medicaid Innovation's process for soliciting ideas could be used as a starting point. A more open process for soliciting ideas may take more time but, in the long run, the VA could have a greater breadth and depth of innovative pilot program concepts.

We thank you for the opportunity to submit comments in response to the Proposed Rule for the Center for Innovation for Care and Payment. If you have any questions regarding this letter, please contact Margaret Garikes, Vice President of Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD