



September 23, 2014

The Honorable Robert A. McDonald
Secretary, U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonald:

The American College of Physicians (ACP) recognizes the important healthcare services that the Veterans Health Administration (VHA) provides to this nation's military veterans. Furthermore, the College recognizes its strong natural ties to the VHA stemming both from the significant number of our members that are fully or partially employed within the system, and/or treat veterans receiving healthcare services outside of the VHA. These factors have contributed to our interest in providing recommendations for your consideration to help inform the requisite regulatory structure linked to the recently passed *Veterans Access to Care Through Choice, Accountability and Transparency Act of 2014*, which, among other provisions, significantly expands access to services provided by non-VHA physicians and other healthcare professionals for veterans who qualify based on length of wait-list time or distance from VHA facility.

ACP is the largest physician medical specialty society, and the second largest physician-membership organization, in the United States. ACP members include 141,000 internal medical physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illnesses

The recommendations for your consideration are grouped into the following separate but inter-related categories.

General Recommendations -- broadly address VHA policies that influence care delivery to all veterans receiving clinical care both within and outside the system - including policies related to the new legislation.

Act-Specific Recommendations -- are focused on the policies being developed linked to the expanded private-option provision (referred to as "The Program") of the *Veterans Access to Care Through Choice, Accountability and Transparency Act*.

General Recommendations

- The VHA develop processes that ensure the timely, bidirectional exchange of patient clinical information necessary for effective patient care between VHA and non-VHA physicians, other healthcare professionals, and facilities regarding patients that receive healthcare services from both sources.
- The VHA develop processes that allow non-VA physicians' prescriptions for veterans eligible for non-VHA care to be filled by pharmacy services within the VHA system. Such processes should also allow for coverage of prescriptions filled by pharmacy services outside the VHA systems in urgent or emergently needed situations. Non-VA physicians should have ready access to and make use of VHA formularies when providing care to eligible veterans, and access to processes to petition for the use of non-VHA formulary drugs for selected patients.
- The VHA develop processes that allow non-VHA physicians to order laboratory and radiologic testing, and directly seek subspecialty consultations and treatment at VHA facilities for veterans eligible for and receiving non-VHA care. Furthermore, information should be readily available to these veterans regarding the circumstances under which the VHA will cover such services performed outside the VHA system.
- The VHA harmonize clinical performance measures used within the system with evidence-based measures endorsed through a national multi-stakeholder consensus process (e.g. National Quality Forum) and employed by other federal (e.g. Medicare) and private sector healthcare programs. All clinical performance measures and results should be transparent and readily available to the public.

Act-Specific Recommendations

- Participation by non-VHA physicians and other healthcare professionals within the Program should be voluntary. Any selection processes for initial or continued Program participation employed by the VHA, other than the minimal qualifications defined in the legislation, should be transparent; they should be based on measures of professional competency, quality of care, and the appropriate utilization and resources; and they should include reasonable appeal procedures. Educational resources describing the Program and its related obligations and rights should be developed and provided by the VHA to allow for an informed decision by physicians and other healthcare professionals considering participation.
- Contracting, enrollment and credentialing procedures for non-VHA physicians to participate in the Program should be non-burdensome and rely on already existing Medicare information and procedures.
- The fee schedule employed within the Program should be commensurate with the Medicare payment schedule. Claim processes should be clearly defined and similar to those under Medicare (including related appeal procedures), and operate under prompt payment or similar requirements.

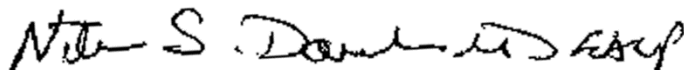
- **Procedural infrastructure developed for the Program should allow for the continuation of this expanded private care option beyond the time limitation defined in the legislation if need persists and required funding becomes available.**
- **Veterans who qualify for the Program should be provided as early in the care process as possible with information about the private care option. Such information should include estimated wait-list time and estimated costs compared to receiving care within the VHA in order to allow for an informed decision.**

The College also recognizes that the recently passed legislation also provides a means for the VHA to better address workforce needs. **We encourage you to address the workforce needs of the VHA within the broader context of the nation's healthcare workforce requirements. We further believe this can best be accomplished through the funding and formation of the National Health Care Workforce Commission (approved as part of the Affordable Care Act of 2010) or a similar entity.**

The College supports maintaining the integrity of the VHA system of care and the adequate appropriation of funds by Congress to allow its provision of timely and high-quality healthcare services. We believe the recommendations provided by the College will facilitate the development of policies and processes consistent with achieving these goals.

Please contact Neil Kirschner Ph.D. on our staff at nkirschner@acponline.org or 202-261-4535 if you have any questions regarding this letter or would like to discuss these recommendations.

Respectfully,



Nitin S. Damle, MD, MS, FACP
Chair, Medical Practice and Quality Committee