



Approved September, 2014

## AMERICAN COLLEGE OF PHYSICIANS VETERAN HEALTH ADMINISTRATION POLICY

The Veterans Health Administration (VHA) has historic roots dating back to colonial times. America's largest integrated healthcare system, the VHA employs over 14000 physicians who provide care at 1700 sites to serve the needs of over 8.4 million veterans enrolled in the program. A recent Congressional Budget Office report indicates that an additional 8 million veterans eligible for services have not enrolled, and Veteran Administration statistics reflect a consistent uptrend in enrollment since the year 2000. VHA in recent years has served as a leader in the medical community in addressing medical errors, implementing electronic medical record and telehealth technology, and developing specialized expertise in the treating of military-related spinal/brain injuries and post-traumatic stress disorders.

The American College of Physicians (ACP) has strong natural ties to VHA. A significant number of ACP members are fully or partially employed by VHA. Many ACP members without VHA contractual relationships currently treat veterans receiving healthcare outside of VHA. These strong ties, recent access and administrative problems within VHA, and the recognition of inadequate current ACP policy to help inform and direct our VHA advocacy efforts led to the formation of an Ad Hoc Committee in August 2014. Composed of members with and without VHA affiliation, the Committee developed recommendations to update and expand current policy related to VHA. Recommendations were subsequently reviewed and approved by ACP's Medical Practice and Quality Committee (MPQC) and College leadership.

The Committee recommends the following general and supplemental policy statements. The supplemental policy statements specifically relate to the passage of the *Veterans Access to Care Through Choice, Accountability and Transparency Act of 2014*. The Act addresses the recently recognized access problems within the VHA system by creating a private care option. This option, referred to as "the Program" within this policy statement, significantly expands access to non-VHA physicians and other healthcare professionals for veterans who qualify, based on length of wait-list time or distance from VHA facility.

### General Policy Statements

- **ACP recognizes the important healthcare services that VHA provides to this nation's military veterans, supports maintaining the integrity of this system of care, and supports the adequate appropriation of funds to allow the VHA to provide timely and high quality healthcare services. (New Policy)**
- **ACP advocate for 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. (Updated Current College Policy).

- **ACP advocate for 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 system 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. (Updated Current College Policy)**
- **ACP advocate for 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 under what circumstances the VHA will cover such services performed outside the VHA system. (New Policy)**
- **ACP encourage the Secretary to harmonize clinical performance measures used within the VHA with evidenced-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. (New Policy)**
- **ACP encourage the Secretary to address workforce needs within VHA, within the broader context of the nation's healthcare workforce requirements. ACP further requests that the Secretary advocate for 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 to help inform efforts to address the nation's healthcare needs. (New Policy)**

#### **Supplemental Policy Statements**

- **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; be based on measures of professional competency, quality of care, and the appropriate utilization and resources; and 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. (New Policy)**
- **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. (New Policy)**
- **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. (New Policy)**

- **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. (New Policy)**
- **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 in comparison to receiving care within VHA, to allow for an informed decision. (New Policy)**