



March 3, 2015

The Honorable Robert McDonald
Secretary
Department of Veterans Affairs
801 Vermont Avenue, NW
Washington, DC 20420

RE: Expanded Access to Non-VA Care through the Veterans Choice Program (RIN 2900-AP24)

Dear Secretary McDonald:

The American College of Physicians (ACP) appreciates this opportunity to comment on the interim final rule "*Expanded Access to Non-VA Care through the Veterans Choice Program*", which facilitates increased access to timely healthcare for eligible veterans through the Veterans Choice Program. ACP is the largest physician medical specialty society, and the second largest physician-membership organization, in the United States. ACP members include 143,000 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 Veterans Choice Program mandated by the *Veterans Access to Care Through Choice, Accountability and Transparency Act of 2014* expands the availability of medical and hospital services from community, non-Veterans Health Administration (VHA) physicians and other healthcare professionals for veterans who qualify based on length of wait-list time or distance from VHA facility. The ACP recognizes the important healthcare services that the VHA provides to our nation's military veterans. Furthermore, the College supports the efforts of the Agency through the Veterans Choice program to better meet the healthcare needs for the men and woman who have admirably served our country. We believe the comments and recommendation offered below by the College in response to the interim rule will assist the Agency towards this goal.

Eligible Veterans

Under Section 17.1510(b)(2) of the rule, a veteran is eligible if the veteran resides more than 40 miles from a VA medical facility. This standard considers the distance between a veteran's residence and any VA medical facility, even if that facility cannot provide the care that the veteran requires. The rule further indicates that this criterion is consistent both with language within the enabling Act and the related Conference report. Despite this apparent support, the criterion is clearly in conflict with the intent of the Program ---- to provide veterans access to the care they need in a timely manner. **The College strongly recommends that the Agency, through either reassessing their interpretation of Congressional intent, or through requesting an expedited legislative fix, modify this distance criterion**

so that it is based on the proximity of a VA facility that has the capability to address the actual needs of the veteran.

Authorizing Non-VA Care

The interim final rule defines a program built on a system of authorizations. For example, authorization is required for an eligible veteran to receive an episode of care from an approved non-VHA clinician, for the non-VHA clinician to provide care to that veteran for that episode for more than 60 days, and for the veteran to receive additional care (e.g. consultation) from another community specialty/subspecialty clinician deemed necessary by the treating clinician to address the episode. These authorization requirements can easily become a burden to the treating clinician and their staff, as well as the veteran. In order to minimize this potential administrative burden and to help facilitate the Program's goal towards the delivery of timely care, **the College recommends that all authorization forms be standardized (this appears to be already in place), that required clinical information for authorization be the minimum possible, and that processes are in effect to respond to the request in a rapid manner. In addition, it is recommended that the Agency consider reducing or eliminating authorization for treatment provided to eligible veterans from approved non-VHA clinicians who have established a record of effective and efficient care within the Veterans Choice program.**

Payment Rates and Methodologies

Section 17.1535 of the rule addresses payment rates and payment methodologies. It establishes the default payment rule that reimbursement rates under the Program will not exceed the applicable Medicare rate and further states that rates will be negotiated and set forth in an agreement between the Agency and an eligible entity or clinician. **The College strongly recommends that in order to encourage participation by non-VHA physicians and other healthcare professionals in the Program, payment rates should be no lower than those provided under the Medicare program.** This is particularly true for primary care physicians and certain other specialty/subspecialty clinicians whose services are already undervalued under the Medicare payment system. Payment below the Medicare rate will serve as a significant barrier to participation.

The interim rule also establishes that claims processing for the Program fall under the responsibility of the Chief Business Office of the Veterans Health Administrations. **In order to encourage (and maintain) participation within the Program from the non-VHA healthcare professional community, claims submission procedures need to be clear and minimally burdensome, clean claims should be processed under prompt payment requirements, and related appeal processes should ensure a timely response.**

Bidirectional Availability of Clinical Information

It is the College's understanding that while processes are in effect within the Program to ensure that clinical documentation for services provided to veterans by non-VHA physicians and other healthcare professionals are added into the VA medical record system, the routine availability of critical medical information from the VA medical record system to the treating non-VHA clinician to address an episode of care is less certain. Necessary previous clinical information regarding the veteran is too often not initially available to the treating non-VHA clinician and must be requested. This leads to unnecessary delays in care to obtain the needed medical information, and promotes lower quality and less efficient care delivery. **The College strongly recommends that the VHA develop processes that ensure the timely, bidirectional exchange of patient clinical information necessary for effective and efficient patient care between VHA and non-VHA physicians, other healthcare professionals, and facilities regarding patients that receive healthcare services from both sources.**

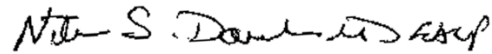
Dissemination of Veterans Choice Information to Non-VHA Clinicians

The College commends the Agency for the excellent clinician-focused information displayed on its website (e.g.

https://www.hnfs.com/content/dam/hnfs/va/pccc/VeteransChoice/Choice_Program_Clinician_Requirements.pdf) regarding the Veterans Choice Program and non-VHA clinician participation. Unfortunately, few of our members are aware of this resource and, of greater relevance and importance, very few of our members are aware of this Program. We believe this status is true throughout the general medical community. **The College strongly recommends that the Agency work with the various medical societies, including the College, to better disseminate information about the Program to non-VHA physicians and other healthcare professionals who could potentially participate.**

Please contact Neil Kirschner, Ph.D. on our staff at nkirschner@acponline.org or 202 261-4535 if you have any questions regarding the above comments and recommendations.

Respectfully,



Nitin Damle MD, FACP

Chair, Medical Practice and Quality Committee