



**Association of
American Medical Colleges**
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Via electronic submission (www.regulations.gov)

March 4, 2019

Robert Wilkie, Secretary
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Re: Proposed Rule RIN 2900-AQ47 Urgent Care

Dear Secretary Wilkie:

The Association of American Medical Colleges (AAMC or Association) welcomes this opportunity to comment on the Department of Veterans Affairs' (VA's) Proposed Rule RIN 2900-AQ47 regarding Urgent Care. The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 152 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals, and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC strongly supports the VA in their efforts to reorganize the community care programs and commends the consolidation of the previous seven programs into one program through the MISSION Act of 2018, as we feel this will increase access for veterans and decrease administrative burden on VA, academic, and community-based physicians. Through the changes legislated in the MISSION Act and future regulations, we encourage the VA to continue to partner with academic medical centers (AMCs) and their physicians and encourage them to participate in community care networks by taking steps to reduce burden, improve claims processing, improve administrative processes, and establish effective communications between VA and community providers.

Many AMCs have long-standing relationships with the VA and extensive experience treating veterans. AMCs have evolved from the traditional model of a medical school partnered with its teaching hospital. Today they function as integrated health care delivery systems, with robust clinical care networks, community hospitals and strong networks of community-based providers. They also have expertise in providing highly specialized care such as treatment for severe burns or neuro-ophthalmology services, and treat some of the most complex and vulnerable patients. AMCs are hubs of health care innovation, education, and integration, resulting in expanded services and more coordinated care across the continuum. They have partnered with the VA not only for clinical care but also these research and education missions.

The AAMC supports veterans' ability to access urgent care when needed, especially in areas where access to a VA Medical Center (VAMC) may be limited. Civilians have the ability to seek urgent care at urgent care centers, and we applaud the VA for expanding veteran health benefits to include this option for veterans as well.

Urgent Care Services, Access, and Networks

The VA states that as with the new community care program, the contracts or agreements will be made with the urgent care centers, and that veterans will only be able to seek care from an urgent care location that has a contract or agreement in place with the VA. While we understand the need for a contract or agreement to be in place before veterans seek care, we urge the VA to finalize those contracts as soon as possible, and sufficiently communicate that information to veterans to minimize any confusion about where they may seek urgent care under this program.

VA proposes to fully define the scope of available urgent care services at a later date but notes that because it they will establish contracts with different urgent care providers, the options of available services available at a particular center may vary. The AAMC encourages the VA to ensure that information about available services is carefully defined, vetted, and communicated clearly to veterans in order to avoid confusion that could lead to veterans not receiving the most appropriate care that they require when services are accessed. As patients are often confused between the definition of urgent care and emergency care, we also encourage the VA to clearly define what is meant by urgent care, and how this is distinguished from emergency care.

In the proposed rule, VA states that they will be developing a website to describe the services covered under the urgent care provision and information for veterans on urgent care locations. We encourage the VA to develop and release this information as soon as possible to avoid confusion and misunderstanding by veterans when they make decisions about their care. As proposed, the information about the scope of services offered should be "site specific," and the directory of locations should be updated regularly to ensure accuracy. Along with information regarding scope of services and locations, we urge the VA to also include information about the required copay amounts that veterans will be charged when seeking urgent care. As the VA is developing contracts with urgent care centers and publishing network information, we also encourage VA to ensure they have a sufficient number of contracts or agreements with urgent care centers to ensure sufficient access to veterans regardless of where they are located.

Prior Approval

We are supportive of the proposal that a veteran would not need prior approval to seek urgent care, as this aligns with the nature of urgent care. It would be cumbersome and counterproductive for a veteran to need prior approval before receiving urgent care, so we applaud VA for this proposal.

Continuity of Care and Care Coordination

The AAMC also agrees with the VA that veterans' use of urgent care should be limited to episodic care, and should not be used for longitudinal care, which in most cases should be

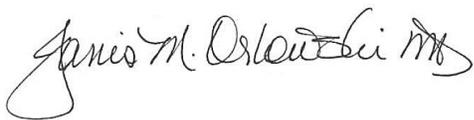
managed by a primary care provider. It is a fundamental axiom of care continuity to have preventative and longitudinal health services coordinated and managed by a primary care provider. With that, we urge the VA to develop processes for urgent care centers to be able to share patient encounter information efficiently with the veteran's primary care provider. This requires the urgent care center and the veteran's primary care provider to have seamless electronic health record connectivity so that information exchange between the urgent care facility and the primary care provider is timely, efficient, and accurate. In order for a primary care provider to continue to effectively manage a patient's care, he or she needs access to information when the patient was cared for elsewhere. Having the ability to accurately communicate between the urgent care facility and the veteran's primary care provider will ensure that the veteran's electronic health record remains up to date, and will avoid any duplication of services that might occur.

We appreciate VA's attention to the idea that urgent care should only be used for episodic care in times when accessing a typical physician's office might prove difficult. We urge the VA to continue monitoring the situation to ensure that veterans seek longitudinal care from primary care providers who are able to fully monitor their health conditions.

As the VA continues the process of releasing regulations related to the MISSION Act of 2018, the AAMC looks forward to thoroughly reviewing proposed rules and being given the opportunity to comment on these important changes and enhancements to the community care program. Continuing dialogue with stakeholders is exceedingly important in the redesign of this important program, and we look forward to ongoing conversations.

We appreciate the opportunity to comment and look forward to continuing work with the VA on these issues. If you have any questions, please contact Kate Ogden at 202-540-5413 or kogden@aamc.org.

Sincerely,

A handwritten signature in cursive script that reads "Janis M. Orłowski MD". The signature is written in black ink and is positioned above the typed name and title.

Janis Orłowski, MD, MACP
Chief Health Care Officer, AAMC

Cc: Ivy Baer, JD, MPH, AAMC
Gayle Lee, JD, AAMC
Kate Ogden, MPH, AAMC