



**Association of
American Medical Colleges**
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

Via electronic submission (www.regulations.gov)

April 22, 2019

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

Re: Supplemental Notice of Proposed Rulemaking RIN 2900-AQ46 Veterans Community Care Program-Organ and Bone Marrow Transplant 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) Supplementary Notice of Proposed Rulemaking RIN 2900-AQ46, 84 *Fed.Reg.* 13576 (April 5, 2019) regarding the Veterans Community Care Program Organ and Bone Marrow Transplant 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 154 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 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. 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 urge the VA to continue to partner with academic medical centers (AMCs) and their physicians. To support that goal, we encourage the VA to reduce burden for participants in community care networks by improving claims processing and other administrative processes, and establishing effective communications between VA and community providers. We encourage the VA to continue to monitor implementation of the changes legislated by the MISSION Act, in order to ensure that resident training and education opportunities, along with the high-quality health care that AMCs provide to veterans continue and are not impeded by changes to veteran care options.

Medical schools and teaching hospitals have partnered with the Department of Veterans Affairs (VA) for over 70 years, dating back to the end of World War II. The VA has become a

Secretary Wilkie

April 22, 2019

Page 2 of 4

vital part of U.S. physician training, with more than 40,000 residents and more than 20,000 medical students receiving some or all of their clinical training at a VA facility per year. Many AMCs have long-standing relationships with the VA and have extensive experience treating veterans, combining educational programs and innovative research to provide the best care to our veterans. AMCs have evolved from the traditional model of a medical school partnered with its teaching hospital. Today, AMCs 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, innovative neurological recovery services 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, such as organ and bone marrow transplants, but also for research and education missions.

An example of the close ties between the VA and many AMCs occurs in the area of organ transplants. In many cases, a veteran will have pre-operative testing and services at the local VA transplant clinic, transfer to an affiliate hospital for the transplant procedure, then complete the post-operative outpatient care at the VA transplant clinic. We appreciate the opportunity to provide comments on the proposed regulations related to organ and bone marrow transplants for veterans.

Organ and Bone Marrow Transplants

Quality

The AAMC appreciates VA's efforts to address challenges with the organ and bone marrow transplant process through this supplementary notice of proposed rulemaking. We encourage the VA to ensure that regardless of whether a veteran receives transplant care at a VA facility or a non-VA facility, the care remains high quality. The MISSION Act requires the VA to establish standards for quality, including metrics that are consistent with industry standards, and we appreciate the VA's attention to ensuring that regardless where a veteran receives care, that it meets high quality standards. The AAMC also supports the VA assessing the effectiveness of transplant care using publicly reported, risk-adjusted outcomes, such as the Scientific Registry of Transplantation Recipients.

Increasing Access to Transplants

The AAMC appreciates VA's efforts to increase access to matched organs for veterans, especially the VA's focus on access disparity, particularly for veterans in rural areas. We believe that the VA should work to encourage that referral for transplant evaluation be a key metric to follow. We recommend that the VA permit veterans to be listed on more than one Organ Procurement and Transplantation Network (OPTN) regional list if indicated, in order to increase their chances of being matched with an organ. Non-veteran patients are permitted to be listed in multiple regions, and we believe that veterans should be permitted to do so as well. We understand that there are many barriers to VA patients having lower rates of transplantation than

patients with private insurance nationally¹ and believe that this recommendation will help to increase the rate of transplants for veterans.

VA proposes an exception to the ability of a veteran to seek non-VA care for their organ/bone marrow transplant. VA states that they will make the determination for a veteran who, in the opinion of the primary care provider, has a medically compelling reason to travel outside of the OPTN to receive a transplant. The AAMC appreciates that the VA will utilize the knowledge of the veteran's physician in this decision, as it affirms the importance of the role of physicians in determining a medically-appropriate decision for the veteran. The VA also states that a veteran's primary care provider may not be the provider who is most actively managing the veteran's transplant care, so clarifies that the decision for the veteran to travel outside of the OPTN would be made in consultation with the appropriate physician specialists for the veteran. The AAMC supports this clarification, as it is critical that both primary care and transplant specialist physicians work as a team to make medical decisions with the veteran.

Eligible Entities and Providers

The AAMC was pleased to see strong language in this supplementary notice of proposed rulemaking regarding the relationship between academic affiliates and VA transplant centers in providing transplant care to veterans. In the past the AAMC has raised concerns when the VA has proposed rules that would significantly restrict providers who work in both a VA facility and are on faculty at an AMC from providing care to veterans. The VA stated in the Veterans Community Care Program proposed rule (RIN 2900-AQ46). 84 *Fed.Reg.* 5629 (February 22, 2019) that it would prohibit an entity or provider that is part of the VA, or providers who are employed by VA from furnishing care or services while acting within the scope of their VA employment, from being an eligible entity or provider in the community care program. Academic medical centers have many physicians who may be employed by both the VA and the AMC and may potentially see veterans in the AMC or faculty practice through a community care contract. The AAMC reaffirms our recommendation that the VA continue to recognize the importance of the close relationship between AMCs and the VA at the institutional level and individual provider level. The AAMC also strongly recommends that the VA ensure and continue to clarify that under the new community care program these physicians and providers can continue to furnish care in the VA while also providing care at an AMC entity under a community care contract. This is the optimal way to continue to provide appropriate and high-quality care to veterans.

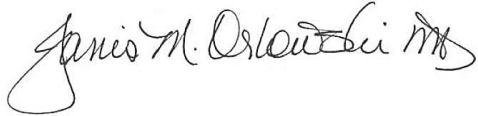
As the VA continues the process of releasing regulations related to the MISSION Act of 2018, the AAMC looks forward to thoroughly reviewing proposed rules and commenting on these important changes and enhancements to the community care program. Continuing dialogue with stakeholders is exceedingly important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

¹ <https://www.news-medical.net/news/20171106/Military-veterans-with-VA-insurance-have-greater-barriers-to-kidney-transplantation.aspx>

Secretary Wilkie
April 22, 2019
Page 4 of 4

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. Orlowski MD". The signature is written in black ink and is positioned above the typed name and title.

Janis M. Orlowski, MD, MACP
Chief Health Care Officer, AAMC

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