

Via electronic submission (www.regulations.gov)

April 28, 2021

The Honorable Denis McDonough
Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Re: Notice of Intent and Request for Comments - Draft Criteria Section 203 of the VA MISSION Act of 2018

Dear Secretary McDonough:

The AAMC (Association of American Medical Colleges) welcomes this opportunity to comment on the Department of Veterans Affairs (VA) Notice of Intent and request for comments titled *Draft Criteria Section 203 of the VA MISSION Act of 2018, 86 Fed. Reg. 7921* (Feb. 2, 2021). The AAMC strongly supports the draft criteria that the VA proposes for making decisions on health care improvement as required by Section 203 of the MISSION Act. We believe these criteria will increase health equity, enhance Veterans' experiences, and enable the VA to effectively provide high quality coordinated health care.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC and our teaching hospitals, health systems, and medical schools have had a long-standing and unique relationship with the VA for 75 years dating back to the end of World War II. Today, the VA has affiliations with over 1,800 individual institutions, comprising nearly 8,000 individual programs across more than 40 health professions. VA's physician education program is conducted in collaboration with 144 of 155 MD-granting US medical schools. Each year, the VA helps train more than 20,000 individual medical students and more than 40,000 individual medical residents within its walls. As a system, the VA represents the largest training site for physicians, and funds approximately 10% of national graduate medical education (GME) costs annually. More than 110 medical schools have affiliation agreements with the VA Medical Centers, where faculty are jointly appointed.

The AAMC supports the six criteria proposed in this rulemaking for the evaluation of Veterans Health Administration (VHA) realignment and modernization opportunities. The six criteria include Veterans' need for care and services, accessibility of care for Veterans, impact on mission, providing highest quality whole healthcare, effective use of resources for Veteran care, and ensuring a safe environment of care. The AAMC believes that assessing recommendations based on the following six criteria will result in improved and more efficient care for Veterans.

Veterans' Need for Care & Services (Demand)

The AAMC is very supportive of VA's first criterion to ensure that Veterans receive services throughout their lifetime that are designed to meet their needs and preferences. The demand criterion is key to achieving this goal. It requires that VA's high performing network's resources (including the VA's direct care system, the Community Care Network, academic partners, and others) are effectively used to meet the needs of future and current Veterans. Academic partners can provide care in many ways including in specialty care that includes centers of excellence for care teams that provide tertiary and quaternary care. The AAMC applauds the VA for considering health equity, as well as other factors underpinning observed utilization including locations and social determinants of health. As stated in the criterion, consideration of the setting in which Veterans receive services, and what innovative models and technology (such as telehealth) are used is also important.

Accessibility of Care for Veterans (Access)

The AAMC supports the second criterion to provide Veterans with accessible care by offering different locations, models, and modalities for care. The AAMC believes that offering easy access to care is a crucial component to assuring that Veterans receive timely care. The COVID-19 pandemic has emphasized the need to use innovative ways to deliver care to enable access. We recognize that the VA has long been a leader in telehealth implementation and other innovative models of delivery of care, and we strongly support the continuation of telehealth and other models of care beyond the pandemic to meet the needs of all VA beneficiaries, particularly in rural locations and underserved areas. We agree that the time it takes to receive care, and the barriers and accelerators to receiving care must be identified and addressed. In addition, we believe it is important for the VA to continue to coordinate Veterans' health care when provided within the VA and outside the VA by other providers through the Community Care Program or other arrangements. The AAMC has also discussed with the VA opportunities for asynchronous care delivery such as e-consultation and e-referral and believes that future study in these areas will be helpful to providing care to veterans in many different ways.

Impact on Mission

The AAMC also supports the third criterion that the VA promises to deliver best-in-class care throughout a Veteran's life time. The VA has been a vital part of U.S. physician training and Veteran-centric research over the past 75 years. We encourage the VA to continue to partner with academic medical centers and to support resident training and education opportunities, and research which are essential to achieving the overarching goal of providing Veterans with the

outstanding care they deserve. VA support for residencies continues to ensure a physician workforce that is aware of and capable of treating the veterans' special needs. Collaborative research programs have also provided many new advances for Veterans' care and we encourage the continued support of these relationships.

Providing Highest Quality Whole Health Care (Quality)

The AAMC supports the VA's fourth criterion that shows the VA health care system's commitment to providing Veterans with an excellent experience of care and optimal outcomes. Quality measures should be meaningful to the unique population that the VA serves, and should be risk adjusted for complexity and sociodemographic status. The AAMC is happy to see the VA issuing metrics and ratings that align with those used by federal and commercial payers and recognizing that all metrics continue to be evaluated and refined to ensure that the information they provide is accurate and useful.

Effective Use of Resources for Veteran Care (Cost Effectiveness)

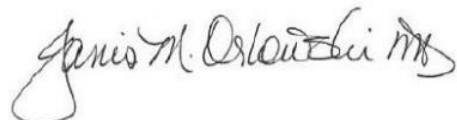
The AAMC supports the VA's fifth criterion which emphasizes a commitment to effectively use and share resources including staffing, space, infrastructure and funding. The AAMC further appreciates the VA's commitment to optimizing funding by identifying savings and investments and encourages the VA to optimize partnerships with academic affiliates through space leasing and shared facilities when available. Although this criterion emphasizes fiscal responsibility, the AAMC is also happy to see that in the same criterion the VA considers the value of Veteran experience, innovation, and other intangible elements of value to ensure the best health outcomes.

Ensuring a Safe Environment of Care (Sustainability)

The AAMC applauds the VA's sixth criterion, the commitment to providing Veterans a safe and welcoming environment to receive care. The AAMC believes that as for all patients, it is crucial that Veterans feel safe physically, mentally, socially and emotionally to ensure continuity of care.

The AAMC appreciates your consideration of the above comments. Should you have any questions, please contact Gayle Lee at galee@aamc.org or Ki Stewart at kstewart@aamc.org.

Sincerely,



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