

July 26, 2018

Acting Director William Nickerson
Office of Regulation Policy & Management
Office of the Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Room 1063B
Washington, DC 20420

Re: Notice of Request for Information Regarding Health Care Access Standards [FR Doc No: 2018-13952]

Dear Acting Director Nickerson:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) respectfully submits comments to the Department of Veterans Affairs (VA) in response to the VA's Request for Information (RFI) Regarding Health Care Access Standards. The mission of APTA is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for otherwise avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

APTA appreciates the opportunity to provide comment to the VA on health care access standards for the Veterans Community Care Program. Please find below our detailed comments responding to the RFI.

Network Adequacy

When creating health care access standards, the VA must consider the entire provider network available to veterans, rather than narrowly view access factors in a vacuum. While individual access standards like wait times and distance are certainly critical, without evaluating the entire health care landscape, such factors fail to provide the full picture. To ensure adequate access to care, the VA should establish network adequacy standards, as well as health care access standards. These additional standards would mandate the appropriate number of facilities and specialty provider types that must be available within the VA Choice (or other future community care programs), consistent with certain quantitative and qualitative standards established by the VA. For example, the VA should consider the number of specific provider types available in the community, whether they are accepting new patients, expected utilization of services, characteristics and health needs of the veteran population in each geographic region, the ability of providers to communicate in non-English, whether providers may ensure accessible, culturally competent care to people with disabilities, and the providers' use of telehealth services. Other provider-specific factors to consider are safety, occurrence of complications, readmissions, and death. Without taking into account such elements, referring veterans on the basis of time and distance alone likely will not result in the desired outcome of ensuring the delivery of high quality, efficient, and effective health care.

We also recommend the VA ensure the standards are appropriate to the specific provider type. For instance, while it may be appropriate to wait two weeks for a primary care visit for preventive services, in many instances, a post-op rehabilitative service should be furnished immediately. We therefore recommend the standards be calibrated to the specific service under consideration and the overall treatment plan of the veteran.

Finally, we encourage the VA to explore innovative approaches to meeting network adequacy standards. Telehealth in particular is an effective way to increase access to care, particularly in rural and underserved areas or for veterans who face transportation barriers. To that end, APTA commends the VA for recognizing the immense potential benefit of telehealth to veterans. We strongly support the VA's decision to institute a new regulation that clarifies that VA health care providers may exercise their authority to provide telehealth services, notwithstanding any state laws, rules, licensure, registration, or certification requirements to the contrary when the VA provider and VA beneficiary are located in the United States. We encourage the VA to consider the feasibility of expanding this regulation to encompass providers within the VA's community care programs to ensure veterans have the maximum number of options available to them when choosing a provider. Services furnished through telehealth provide a tremendous value to veterans and we encourage the VA to promote telehealth within future networks of providers outside of VA facilities.

Appeals

APTA recommends that in addition to instituting access standards, the VA also must implement an appropriate appeals process. Medical issues are rarely simple, and to impose generic standards on complex needs will sometimes result in poor outcomes. In order to ensure every veteran receives appropriate care, an appeals process should be in place to allow for necessary deviation from the standards. Additionally, we recommend the appeals process allow for both provider and

patient-initiated appeals as well as expedited appeals processes in cases where the timing of the treatment will affect the medical outcome.

Authorizations

APTA recommends the VA consider allowing veterans to easily apply for authorization to see a provider not within the VA community program if they can document that they are unable to find a provider in the program that meets the qualitative and quantitative standards established by the VA or if they can document that the standards are not appropriate given their medical needs.

Comparison Tools

APTA recommends that once the VA has collected data on the qualitative and quantitative standards, this data should be shared with veterans to better enable them to make health care decisions based upon their individual needs, goals, and desires. Given that the VA is expending resources to establish standards and make determinations based on such, this data should be collected and utilized to the fullest extent possible. As has already been done with Medicare, we recommend the VA establish a dataset for veterans to compare facilities, group practices, and individual clinicians, both within the VA system as well as in comparison to those providers in the community. It is imperative comparative tools include both VA and community providers so veterans may make an informed decision as to whether they want to seek care outside of the VA. Such provider datasets could include demographic information, measure performance rates, and utilization. It may be the case that a veteran is willing to wait longer for an appointment with a more qualified or experienced provider, wherein other cases, time of appointment or distance traveled is the primary factor affecting the veteran's decision. Veterans should have access to information that aids their medical decision-making, as it is the veterans who ultimately should be in control of choosing where, when, and how they receive health care services.

Similar tools are already in existence. For instance, Qualified Clinical Data Registries (QCDR), including the [Physical Therapy Outcomes Registry](#) administered by APTA, track outcome measures that can be used to assess the value of a provider's services. Furthermore, if enough data is collected, predictions can be made about the course of care for specific conditions. This would allow veterans to better understand the anticipated course of treatment before it begins, including the expected time commitment and likely outcome, among other factors that affect their health care decisions. The VA could utilize these existing tools, or develop their own in order to put this information in the hands of veterans.

Conclusion

APTA thanks the VA for the opportunity to provide feedback in response to its RFI regarding health care access standards. We commend the VA for seeking to implement standards designed to help veterans overcome access barriers to high-quality services and look forward to serving as a resource to the VA as it continues to implement the VA Mission Act of 2018.

Should you have any questions regarding our comments, please contact Kara Gainer, Director of Regulatory Affairs, at karagainer@apta.org or 703/706-8547 or Kate W. Gilliard, Sr. Regulatory Affairs Specialist, at kategilliard@apta.org or 703/706-8549. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn". The signature is written in a cursive, flowing style.

Sharon L. Dunn PT, PhD
Board-Certified Orthopaedic Clinical Specialist
President

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