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March 25, 2019

Michael Shores, Director
Office of Regulation Policy and Management (00REG)
Department of Veterans Affairs, 810
Vermont Avenue NW, Room 1063B,
Washington, DC 20420

RE: RIN 2900-AQ46, Veterans Community Care Program

Dear Director Shores,

The Society of General Internal Medicine (SGIM) appreciates the opportunity to provide comments on the Veterans Community Care Program, pursuant to Federal Register notice RIN 2900-AQ46.

SGIM represents approximately 3,500 general internists whose careers focus on improving the health of adults through clinical services, research, and education of the next generation of physicians and internists. Many of our members practice at Veterans Administration (VA) health centers, where in partnership with academic medical centers they also supervise and teach medical students and residents in providing comprehensive care to veterans. The training at the VA is foundational to our current medical education system. Roughly 60% of all medical residents train in the VA at some point in their careers. This setting provides residents with opportunities to contribute to the care of veterans and learn how to care for their special needs, and also allows them to practice in innovative care delivery models through the VA's Primary Care/ Mental Health Integration clinics and interprofessional pilot programs like their Centers of Excellence.

We understand the Department has established the Veterans Community Care Program to replace the Veterans Choice Program and further define eligibility criteria for determining when a veteran may elect to receive hospital care, medical services, and extended care services through non-VA providers. We appreciate the Department's effort to expand veterans' access to care and we understand it is not the Department's intent to privatize veterans' health care. However, we are concerned that this program will erode the delivery of health care services and training programs provided by the VA. SGIM believes that any changes made to veterans' access to care must not compromise the quality of integrated care services offered by the VA and its crucial system of training physicians.

The current centralization of care at the VA has allowed providers to become experts in the unique mental and physical needs of veterans, particularly in fields relating to



traumatic brain injuries, post-traumatic stress disorder (PTSD), military sexual trauma, and amputations. Much of this care relies on multi-disciplinary, team-based, patient-centered care—a hallmark of the current VA delivery and training systems, and one which private systems strive to replicate. SGIM strongly believes that veterans are best served by experts in delivering care that recognizes their unique health care needs and that any investment in veteran care should focus on expanding access to these services the VA currently excels in providing.

We understand that private, non-VA care is typically more expensive than VA care and this has the potential to divert resources from the VA centers, risking harm to the clinical, educational, and research endeavors performed by those who are committed to continually improving the care of veterans. Most importantly, the Department must make sure that there is not a reduction in the level of VA services available to veterans as an effect of this program. Any expansion of privatization will lead to a depletion of financial resources from the core VA and will hurt a number of core VA missions, including its educational and research missions that focus on addressing the needs of veterans.

SGIM encourages the Department to better understand the long-term implications this may have on veterans' access to appropriate care. Any changes through the Veterans Community Care Program should preserve resources for, and health care services provided by the VA. Thank you for the opportunity to provide these comments. If you require any further information or require additional information, please contact Erika Miller at emiller@dc-crd.com or (202) 484-1100.

Sincerely,

Eric Bass, MD, MPH, FACP
Chief Executive Officer

Meredith A. Niess, MPH, MD
Chair, Education Subcommittee