



September 19, 2023

The Honorable Mariannette Miller-Meeks
Chair
House Veterans' Affairs Committee
Subcommittee on Health
U.S. House of Representatives
364 Cannon House Office Building
Washington, DC 20515

The Honorable Julia Brownley
Ranking Member
House Veterans' Affairs Committee
Subcommittee on Health
U.S. House of Representatives
550 Cannon House Office Building
Washington, DC 20515

Dear Chair Miller-Meeks and Ranking Member Brownley:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 129,600 family physicians and medical students across the country, I applaud the subcommittee for its focus on the health and well-being of our nation's veterans. I write in response to the hearing: "VA's Federal Supremacy Initiative: Putting Veterans First?" related to the Department of Veterans Affairs' (VA) [ongoing public listening sessions](#), to share the family physician perspective and the AAFP's policy recommendations regarding the development of National Standards of Practice.

Among other recommendations detailed below, the AAFP urges Congress to work with the VA to:

- Maintain and support physician-led, team-based primary care through the VA's existing Patient Aligned Care Team (PACT) model, which incorporates clinical and support staff who deliver all primary care functions and coordinate remaining patient needs, including specialty care.
- Designate additional VA graduate medical education (GME) slots for primary care specialties to address the current and projected shortages at VA facilities.
- Expand efforts to partner with community-based primary care physicians to ensure veterans have access to timely, comprehensive, and quality care.

While the Academy supports a wide variety of efforts by policy makers to improve access to health care services, including incorporating nonphysician practitioners (NPPs), we believe [physician-led, team-based primary care](#) is what's best for patient care and outcomes. Patients are best served when their care is provided by an interprofessional, interdependent team led by a physician to support comprehensive care delivery and achieve better health, better care, and lower costs. Nowhere is this more important than at the VA, which delivers multifaceted medical care to veterans, including those with traumatic brain injuries and other serious medical and mental health issues. Our nation's veterans deserve [high-quality, accessible health care](#) delivered by a physician-led care team that can address holistic patient needs, communicate effectively, and empower care team members to utilize their skills, training, and abilities to the full extent of their professional capacity-

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The AAFP has [previously shared](#) our serious concerns regarding the VA's efforts to develop National Standards of Practice for physicians and other health professionals that supersede state scope of practice and licensure laws. State licensing boards play a leading role in protecting patient safety, ensuring that medical care is provided in accordance with state laws, and investigating and taking disciplinary action to address wrongdoing. Such laws are often the result of extensive debate by state legislatures, sometimes spanning several years and involving negotiations among all stakeholders. However, the VA's decision to circumvent state scope of practice laws and regulations will make it impossible for state boards to oversee physicians and NPPs employed by the VA, which could lead to unintended consequences. **We urge Congress to work with the VA to ensure adequate oversight of all licensed health care team members, including by coordinating with relevant state licensing boards.**

The VA's policies have implications for standards of care far beyond the Department, making it vitally important for there to be a meaningful process in place to collect, disseminate, and include stakeholder input while developing these national standards. The AAFP appreciates Congress' interest in the VA's process, as well as its efforts to provide a transparent process by which public stakeholders are offered an adequate opportunity to review and provide meaningful input into the development of national practice standards.

Congressional Recommendations

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. Even though primary care comprises the largest number of physicians in the U.S. health system, primary care accounts for only eight percent of the VA's budget.¹ The COVID-19 pandemic highlighted the urgency of building and financing a robust, well-trained, and accessible primary care system in our country. We urge the committee to consider the following recommendations to improve primary care for our nation's veterans:

- Importance of Primary Care Team-Based Care

The ability to deliver high-quality primary care depends on the availability, accessibility, and competence of a primary care workforce working as a team to effectively meet the health care needs of all patients. The VA, as the largest integrated health care system in the nation, has been a leader for decades in increasing veteran access to care through team-based care. In fact, a 2021 National Academies of Sciences, Engineering, and Medicine report highlighted the VA's PACT model, launched in 2010, as a successful interprofessional primary care model. The PACT model incorporates clinical and support staff who deliver all primary care functions and coordinate the remaining needs, including specialty care. The model has been shown to reduce hospitalizations, specialty care visits, emergency department use, and increased overall mental health visits but decreased visits with mental health specialists outside of a primary care setting.^{2,3,4} **We applaud the VA as a leader in team-based primary care and encourage Congress to ensure the PACT model continues.**

¹ <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf>

² <https://nap.nationalacademies.org/read/25983/chapter/1>

³ <https://pubmed.ncbi.nlm.nih.gov/23529710/>

⁴ <https://www.ajmc.com/view/the-patient-centered-medical-home-in-the-veterans-health-administration>

Depending on the specific practice needs, a team-based approach can include various combinations of physicians, psychologists, nurses, physician assistants, pharmacists, social workers, case managers, and other health care professionals. Members of the team share information and assist in decision making based on their unique skills – all with the common goal of providing the safest, best possible care to patients. **We urge Congress to preserve and invest in team-based primary care to ensure all veterans, regardless of geography, have the best care possible.**

- Increase VA GME Funds to Address Primary Care Shortage

The VA plays an important role in training physicians – it has supported more than 11,000 Graduate Medical Education (GME) positions and is nearing the end of an expansion to add 1,500 new positions that began in 2015.⁵ In 2020, the VA spent \$1.6 billion on GME, generally by partnering with teaching hospitals to have residents from those hospitals' training programs rotate with a VA medical facility for a period of time.⁶ We know most physicians are trained at large academic medical centers in urban areas, and evidence indicates physicians typically practice within 100 miles of their residency program.⁷ As a result, the current distribution of trainees leads to physician shortages in medically underserved and rural areas. Unlike Medicare and Medicaid, the VA does control the type of residents it trains and where these residents are located. Additionally, a 2022 VA Office of Inspector General report indicated that 43% of VA facilities report a severe shortage of primary care physicians.⁸ **We urge Congress to designate additional VA GME slots for primary care specialties to address the current and projected shortage at VA facilities.**

Physician Assistants (PAs)

NPPs are an integral part of physician-led health care teams. However, NPPs cannot substitute for physicians, especially when it comes to diagnosing complex medical conditions, developing comprehensive treatment plans, ensuring that procedures are properly performed, and managing highly involved and complicated patient cases. While the AAFP greatly values the contribution of all non-physicians, no other healthcare professionals come close to the four years of medical school, three-to-seven years of residency training, and 12,000-16,000 hours of clinical training that is required of physicians. By contrast, PA programs are two-to-three years in length, have no residency requirement, and require only 2,000 hours of clinical care.⁹

While PAs are crucial members of the care team, the skills and acumen obtained by physicians throughout their extensive education and training make them uniquely qualified to oversee and supervise patients' care. Studies have shown that patients are 15 percent more likely to be prescribed antibiotics by NPPs than physicians, and 8.4 percent of PAs prescribed opioids to over half of their patients, compared to 1.3 percent of physicians.^{10,11} As such, the VA removing scope of practice safeguards could allow PAs that have not been adequately trained to independently provide services that are outside the scope of their licensure, which could ultimately lead to a lower standard of care

⁵ <https://pubmed.ncbi.nlm.nih.gov/35020616/>

⁶ Ibid.

⁷ <https://www.aafp.org/pubs/afp/issues/2013/1115/p704.html>

⁸ <https://www.va.gov/oig/pubs/VAOIG-22-00722-187.pdf>

⁹ <https://www.ama-assn.org/practice-management/scope-practice/scope-practice-education-matters>

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/29378672/>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/32333312/>

for veterans.

Moreover, physicians working in the VA are supposed to have their licenses reviewed every two years, unlike NPPs—including PAs—who are appointed for an indefinite time, meaning that their credentials are reviewed before they are hired and may never be reviewed again.¹² As such, according to multiple Government Accountability Office (GAO) audits, the VA is doing an inadequate job of overseeing its NPPs, which could negatively impact patient care. Over the past few years, the VA Office of Inspector General has reported multiple cases of quality and safety concerns regarding VA practitioners, with issues ranging from lacking appropriate qualifications to poor performance and misconduct.^{13,14} **We strongly urge Congress to work with the VA on this issue and to put patients first by prioritizing team-based care led by a physician, which has a proven track record of success in improving the quality of patient care, reducing costs, and allowing all healthcare professionals to spend more time with their patients.**

Pharmacists

Physicians work closely with pharmacists daily, and therefore fully appreciate the important role pharmacists play in the delivery of high-quality healthcare. A pharmacist's unique role ensures the safe, effective, and appropriate use of medications. However, physician-led team-based care has a proven track record of success in improving the quality of patient care, reducing costs, and allowing all health care professionals to spend more time with their patients. Additionally, a recent survey of U.S. voters showed that 95 percent said it is important for a physician to be involved in their diagnosis and treatment decisions.¹⁵ Team-based care requires leadership, and physician expertise is widely recognized as integral to quality medical care.

The AAFP strongly supports arrangements and collaborative agreements where the pharmacist is part of an integrated, physician-led, team-based approach to care. However, we are concerned that expanding services provided by a pharmacist in limited but significant ways could potentially lead to fragmented care and worsen the quality of patient care and outcomes. Fragmentation of care remains one of the biggest challenges in the healthcare system, and pharmacists, unlike physicians, are not trained to independently perform patient examinations, diagnose, formulate a treatment plan, or prescribe medication. Although pharmacists should not diagnose patients, they are qualified to deal with issues of medication use, medication tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments.

Our nation's veterans deserve to be provided with the best possible medical care, and they deserve a VA system that capitalizes on the respective education and training of physicians and their care teams while considering important scope of practice limitations. Also, we believe creating one standard for all physicians is impractical and not consistent with the practice of medicine, especially when considering the 40 specialties and 87 subspecialties in which physicians can be trained.¹⁶ The AAFP urges this subcommittee and the VA to continue collecting and thoughtfully implementing stakeholder input while developing the National Standards of Practice. We appreciate the opportunity to comment and stand ready to work with Congress and the VA to ensure our nation's veterans have access to high-quality, physician-led primary care.

¹² <https://www.gao.gov/assets/700/697173.pdf>

¹³ <https://www.gao.gov/assets/710/702090.pdf>

¹⁴ <https://www.gao.gov/assets/710/702090.pdf>

¹⁵ <https://www.ama-assn.org/system/files/scope-of-practice-protect-access-physician-led-care.pdf>

¹⁶ <https://www.abms.org/board-certification/abms-board-certification-report>

September 19, 2023
Page 5 of 5

Please contact Kyle Gerron, Manager of Legislative Affairs, at 202-232-9033 or kgerron@aafp.org with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "STERLING N. RANSONE, JR MD FFAFP". The signature is written in a cursive, slightly slanted style.

Sterling Ransone, Jr., MD, FFAFP
American Academy of Family Physicians, Board Chair