



Sept. 28, 2023

The Honorable Denis R. McDonough
Secretary
Department of Veterans Affairs
810 Vermont Ave. NW, Room 1063B
Washington, D.C. 20420

Dear Secretary McDonough:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,600 family physicians and medical students across the country, I write in response to the Department of Veterans Affairs' (VA) [notice of public listening sessions](#) regarding the development of national standards of practice as posted in the August 14, 2023, *Federal Register*.

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

- Ensure physician-led, team-based primary care provided through the successful Patient Aligned Care Team (PACT) model remains a priority and is not disrupted by the development of national standards of practice.
- Prioritize veterans' long-term care and health outcomes by retaining scope of practice safeguards that will prevent non-physician practitioners (NPPs), including physician assistants (PAs), from performing services and procedures that are outside the scope of their licensure and for which they are not appropriately trained.
- Support veterans' longitudinal patient-physician relationships and care continuity by integrating pharmacists into the primary care team, which would allow them to appropriately address issues of medication use and tolerability, patterns of medication use, and dosing adjustments.

While the AAFP supports a wide variety of efforts by policy makers to improve access to health care services, including the innovative utilization of 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 VA, which delivers multifaceted medical care to veterans, including those with traumatic brain injuries and other serious medical and mental health issues. Family physicians are uniquely trained and positioned to holistically address patients' health care needs in the context of their communities, including by managing multiple chronic and acute conditions. Our nation's veterans deserve [high-quality, accessible health care](#) delivered by a physician-led care team that can fully address patient needs, communicate effectively, and empower care team members to utilize their skills, training, and abilities to the full extent of their professional capacity. This should include family physicians being permitted to practice the full scope of their training and licensure in VA facilities, including maternity care and substance use disorder treatment.

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The AAFP believes 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.¹ We have [previously shared](#) our serious concerns regarding 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 ensuring that medical care is properly administered and that clinicians are disciplined when malpractice is committed. Such laws are often the result of extensive debate by state legislatures, sometimes spanning several years and involving extensive multistakeholder negotiations. However, 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 VA, which could lead to unintended consequences. The AAFP remains concerned about the feasibility of developing a single set of practice standards for all VA-employed physicians, and we urge VA to ensure adequate oversight of all licensed health care team members, including by coordinating with relevant state licensing boards.

The AAFP understands the significant challenges VA faces in recruiting and retaining health care practitioners, including competing with private sector salaries and retaining staff in rural areas, which can increase wait times for veterans and create access issues. To improve VA recruitment and retention of family physicians, the AAFP supports allowing more flexibility in repayment of service obligations for loan and scholarship programs, including allowing for part-time service obligations with appropriate time extensions. We also support efforts to reduce the debt burden incurred by physicians, including medical school educational loan forgiveness programs and scholarship programs targeted for family medicine residents and practicing physicians, since research has shown these programs directly influence physician practice choice. Additionally, the AAFP supports VA efforts to prioritize training of underrepresented physicians, and we have repeatedly called on Congress to increase VA GME funds to address the primary care shortage.

The AAFP recognizes and appreciates VA's ongoing efforts to increase recruitment and retention of its health care professionals, and we [strongly support](#) VA's investment in and prioritization of recruiting and retaining primary care physicians, especially in critical shortage areas. The AAFP looks forward to continued partnership with VA and Congress to develop creative policy solutions that will improve veterans' access to health care and VA's ability to recruit and retain family physicians. **However, we strongly urge VA to refrain from attempting to fill workforce gaps by inappropriately expanding NPPs' scope of practice, which risks reducing the quality and comprehensiveness of veterans' care.**

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 VA hosting these listening sessions and working to provide a transparent process by which public stakeholders are offered an adequate opportunity to review and provide meaningful input into the standards of practice. **The AAFP strongly recommends physicians be included in each working group that is developing draft standards of practice for notice and comment.**

Maintaining the Patient Aligned Care Team (PACT) Model

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes.² The AAFP supports VA's primary care model,

¹ <https://www.abms.org/board-certification/abms-board-certification-report>

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

PACT, which is based on the patient-centered medical home model. The core of the PACT model is the "teamlet," which is composed of a physician, nurse practitioner or physician assistant, and three supporting team members — a registered nurse care manager, a licensed vocational/practical nurse, and a medical assistant or clerical staff member. 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. The model has been shown to reduce hospitalizations, specialty care visits, and emergency department use, and it has increased overall mental health visits within primary care settings.^{3,4,5} **We applaud VA as a leader in team-based primary care, and we encourage the Department to continue prioritizing physician-led, team-based primary care through the PACT model to ensure all veterans, regardless of geography, have the best care possible.**

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 health care 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.⁶

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.^{7,8} Furthermore, unnecessary prescriptions and procedures may lead to the unintended consequence of increasing overall health care spending. VA removing scope of practice safeguards will allow PAs that have not been adequately trained to perform procedures that are outside the scope of their licensure, which could ultimately lead to a lower standard of care for veterans.

Moreover, physicians working in 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.⁹ As such, according to multiple Government Accountability Office (GAO) audits, VA is doing an inadequate job of supervising and disciplining its NPPs. Over the past few years, 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.^{10,11} **We urge VA to continue putting patients first by prioritizing team-based care led by a physician, which has been proven to expand the quality of patient care and increase patient access to primary care services.**

³ <https://nap.nationalacademies.org/read/25983/chapter/1>

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

⁵ <https://pubmed.ncbi.nlm.nih.gov/23529710/>

⁶ <https://www.ama-assn.org/practice-management/scope-practice/scope-practice-education-matters>

⁷ <https://pubmed.ncbi.nlm.nih.gov/29378672/>

⁸ <https://pubmed.ncbi.nlm.nih.gov/32333312/>

⁹ <https://www.gao.gov/assets/700/697173.pdf>

¹⁰ <https://www.gao.gov/assets/710/702090.pdf>

¹¹ <https://www.gao.gov/assets/710/702090.pdf>

Pharmacists

Physicians work closely with pharmacists daily, and therefore fully appreciate the important role pharmacists play in the delivery of high-quality health care. 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.¹² 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 health care system, and **pharmacists, unlike physicians, are not trained to independently perform patient examinations, diagnose, formulate a treatment plan, or prescribe medication.** While pharmacists are qualified to deal with issues of medication use, medication tolerability, patterns of medication use, assessment of therapeutic response, and dosing adjustments, they are not appropriately trained to diagnose patients.

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. The AAFP urges VA to continue collecting and thoughtfully implementing stakeholder input while developing national standards of practice. We appreciate the opportunity to comment and stand ready to work with VA to ensure our nation's veterans have access to high-quality, physician-led primary care. Please contact Mandi Neff, Regulatory and Policy Strategist, at 202-655-4928 or mneff2@aafp.org with any questions or concerns.

Sincerely,



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

¹² <https://www.ama-assn.org/system/files/scope-of-practice-protect-access-physician-led-care.pdf>