

December 16, 2021

The Honorable Denis McDonough
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Dear Secretary McDonough:

Many of our organizations have met with the Department of Veterans Affairs (VA) to discuss the VA Supremacy Project and, while commitments to address some concerns have been given, our organizations remain concerned that the VA is moving forward too quickly and with too little stakeholder input. The National Standards of Practice (NSP) will change how care is delivered at the VA potentially adversely impacting the quality care for veterans, and given the VA's size, these changes could be adopted by healthcare systems in the community setting. Given the potential impact, we urge the VA to engage stakeholders earlier and to allow more time to consider comments.

We applaud the VA for committing to a 60-day comment period in the Federal Register. Our organizations believe that 60 days is the minimum time needed to review draft National Standards of Practice that no external stakeholders will have seen up to that point. However, a 60-day comment should be followed by a period of time that allows the VA to review the comments and consider potential changes to the NSPs. We do not believe the VA's April 2022 timeline allows enough time for the VA to complete a thorough review of comments considering that the comments on the first NSPs published in the Federal Register in early 2022 will not be due until March or later. It is premature for the VA to set implementation timeframes and doing so only reinforces concerns that Step 6 is too late in the process to solicit external feedback. If the VA is serious about completing a thorough review of comments, implementation should be delayed until the second half 2022 at the earliest.

Our organizations believe that the VA should solicit input from internal and external stakeholders in Step 3 of the Development and Engagement Process, before the NSPs go through internal review. Most physician groups will likely be interested in providing feedback on only a small number of NSPs that directly impact their members. Even the AMA will likely limit its feedback to a handful of NSPs. We mention this to emphasize that our organizations are not interested in slowing down the entire process, but we do believe that some NSPs will benefit from external review in Step 3. The AMA wants to identify the medical societies which are interested in specific NSPs and facilitate a dialogue between VA workgroups and interested medical societies. We also would support a parallel pathway for VA-employed physicians and other internal stakeholders to provide input in Step 3.

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Additionally, we urge the VA to provide an explanation of the “best practices” associated with each NSP. This explanation should include answers to questions such as: are these VA-specific best practices, how were the best practices developed, have the proposed best practices been recognized outside of the VA, have the proposed best practices been published in a peer-reviewed journal, and so on. Furthermore, in the spirit of transparency, we urge the VA to disclose all quality and patient safety studies that were conducted or reviewed in the development of the NSPs.

When the NSPs are ultimately published in the Federal Register with a 60-day comment period, we urge the VA to stagger their publication to allow organizations who want to comment on more than one NSP the time to do so. Staggering publication will also ensure that the VA is not inundated with comments, thereby ensuring a thorough review and consideration of changes. Also, as this process moves forward, we urge the VA to periodically share an updated version of the “Occupation by Development Stage” spreadsheet. This will allow our organizations to track NSPs as they move through the steps in the Development and Engagement Process.

Our nation’s Veterans deserve to be provided with the best possible medical care. As such, the undersigned organizations urge the VA to establish a transparent process that allows for internal and external stakeholder involvement in the Supremacy Project as early as possible. If you have any questions, please contact Margaret Garikes, Vice President for Federal Affairs, at margaret.garikes@ama-assn.org, or by calling 202-789-7409.

Sincerely,

American Medical Association
Academy of Consultation-Liaison Psychiatry
Academy of Physicians in Clinical Research
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Emergency Medicine
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physician
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Physical Medicine & Rehabilitation
American Academy of Sleep Medicine
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Cardiology

American College of Emergency Physicians
American College of Gastroenterology
American College of Medical Genetics and Genomics
American College of Physicians
American College of Radiology
American Gastroenterological Association
American Medical Women's Association
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Laser Medicine and Surgery
American Society for Surgery of the Hand
American Society of Anesthesiologists
American Society of Dermatopathology
American Society of Plastic Surgeons
American Urological Association
Association of Academic Physiatrists
College of American Pathologists
Congress of Neurological Surgeons
International Society for the Advancement of Spine Surgery
Society of Interventional Radiology
Spine Intervention Society

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association

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Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Pennsylvania Medical Society
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society