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.

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 <u>margaret.garikes@ama-assn.org</u>, 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

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