

March 1, 2019

SUBMITTED ELECTRONICALLY VIA  
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Director, Regulation Policy and Management (OOREG)  
Department of Veterans Affairs  
810 Vermont Avenue, NW, Room 1063B  
Washington, DC 20420

**Re: RIN 2900—AQ47 Urgent Care**

Dear Sir or Madam,

The American Geriatrics Society (“AGS”) greatly appreciates the opportunity to comment on the U.S. Department of Veterans Affairs (“VA”) proposed rule implementing the urgent care provisions of the VA MISSION Act of 2018. The AGS is a national non-profit organization comprised of nearly 6,000 geriatrics healthcare professionals and basic and clinical researchers specializing in aging. Many of our members work within the VA healthcare system where their focus is on addressing the unique needs of older, medically complex Veterans and providing the highest standard of care for older Veterans and their families. The VA has and continues to be an important leader in advancing geriatrics care through innovative new care models and cutting-edge research.

The AGS greatly appreciates the VA’s continued efforts to increase healthcare access for the millions of older Veterans enrolled in the Veterans Health Administration (“VHA”). However, we believe that more information is needed to evaluate whether the new urgent care benefit will improve veterans’ healthcare outcomes or whether it will inadvertently harm veterans, particularly those who are older and with disability. **The AGS urges the VA to share the data used to inform its decision on the benefit, including evidence of improved health outcomes from urgent care settings. Until these data can be evaluated, we strongly recommend that the VA delay implementing these changes.**

The proposed rule makes “urgent” care synonymous with “walk-in” care. The use of urgent care clinics varies widely from care appropriately provided as a single event to care better provided as part of a primary care plan. Older adults with multimorbidity are better served in a continuity system and therefore, this use of disconnected urgent care visits should not be encouraged. **Further, we seek data that supports the need for such a benefit given the VA’s recent progress in improving access to care.** For example, two new studies show that the VA has shorter wait times compared to those in the private sector.<sup>1,2</sup>

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<sup>1</sup> Kaboli PJ, Fihn SD. Waiting for Care in Veterans Affairs Health Care Facilities and Elsewhere. *JAMA Netw Open*. 2019;2(1):e187079. doi:10.1001/jamanetworkopen.2018.7079

<sup>2</sup> Penn M, Bhatnagar S, Kuy S, Lieberman S, Elnahal S, Clancy C, Shulkin D. Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers. *JAMA Netw Open*. 2019 Jan 4;2(1):e187096. doi: 10.1001/jamanetworkopen.2018.7096.

**We also urge the VA to explain whether the benefit will affect the VA's ability to provide care to veterans, and whether sufficient new funding will be made available without diverting resources from existing VA programs.** We are concerned that any redirecting of funds within the VA may negatively impact the older veterans who benefit from the long-term care services and supports that the VA currently provides.

**Lastly, we request more specificity on the cost to veterans (e.g., co-payment), and the surety and timeliness of information transferred from the urgent care site to the patient's VA provider.**

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The AGS looks forward to working together to ensure that we can properly care for veterans and ensure they can thrive long after their service to our country. Thank you for your attention to these comments. Please contact Anna Mikhailovich at 212-308-1414 or [amikhailovich@americangeriatrics.org](mailto:amikhailovich@americangeriatrics.org) if you have any questions.

Sincerely,



**Laurie Jacobs, MD, AGSF**  
President



**Nancy E. Lundebjerg, MPA**  
Chief Executive Officer