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Michael Shores, Director  
Office of Regulation Policy and Management,  
Department of Veterans Affairs,  
810 Vermont Avenue NW,  
Room 1063B,  
Washington, DC 20420

RE: AQ46-Proposed Rule-Veterans Community Care Program

Dear Mr. Shores,

We write in response to the Department of Veterans Affairs (VA) proposed rule to establish the Veterans Community Care Program (VCCP). Myeloma is a service-connected disease developed in veterans due to exposure to various hazardous chemicals, such as dioxin TCDD, more commonly known as Agent Orange. We believe the VCCP could have an effect on the care received by the myeloma veteran community and welcome the opportunity to offer our perspective.

Founded in 1990, the International Myeloma Foundation (IMF) is the oldest and largest myeloma-specific patient advocacy organization in the world. With more than 525,000 members in 140 countries, the IMF serves myeloma patients, family members, and the medical community. The IMF provides a wide range of programs in the areas of research, education, support, and advocacy. Included among our programs is the Veterans Against Myeloma (VAM) group, which aims to provide information and assistance to veterans battling the disease. Multiple myeloma is the second most common form of blood cancer and it most frequently impacts individuals between the age of 65 and 74 and is currently without a cure. Because of these factors, we serve many patients who receive their care through the VA and would be impacted by any change to the system.

While we applaud the effort by the VA to improve access for patients in rural areas and for patients in need of special care that the VA is unable to locally provide, we have some concerns on potential unintended consequences of the rule. Our primary issues with VCCP are related to cost, standard of care, implementation and general system neglect. We detail our concerns and provide questions we hope to see clarified prior to moving forward on this proposal below.

Research suggests that care for veterans outside of the VA is more expensive due to the limited amount of money available to treat an expanding number of veterans. As with the Veterans Choice Program that proceeds this proposal, the IMF shares the concern of other veteran organizations that the costs associated with private care could diminish the available funds for an already strapped system.

The IMF is also cognizant that Choice and the proposed VCCP can play an important role for patients who are too far from a VA system center to receive the care they need. Myeloma patients need specialty care that about 28 VA medical centers can adequately provide, leaving large areas of the country far from VA system treatment options.<sup>1</sup> VCCP could be used to provide myeloma patients access to closer medical centers, which we believe to be appropriate.

However, it is highly possible that local hospital systems will not have the expertise available to handle the needs of patients with myeloma and other less common diseases. We ask for more clarification in the proposed rule on how patients who are eligible for VCCP and equally distant from both private care and VA health systems be handled. Would they be required to travel to the closest VA center, or would they be eligible to choose their care center regardless of geographic location?

Our second area of concern is with the standard of care received by VA patients in a private setting. We understand the eligibility for a third-party entity to become a veteran community care provider has been established through the Choice program and that this standard is set to continue in VCCP. Our concern lies with the expertise needed to treat highly subjective diseases such as myeloma. We have heard from myeloma patients in the past about a lack of quality care from the VA and the variation in care available from center to center.

While we understand that this issues may be in the past, given the VA health system has been highly rated in the recent Dartmouth study touted by the VA, it would be unfortunate to send a veteran to another health provider who does not meet the

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<sup>1</sup> [http://expertscape.com/ex/multiple+myeloma/i/veterans\\_health\\_system](http://expertscape.com/ex/multiple+myeloma/i/veterans_health_system)

standard of care for specialty fields such as myeloma.<sup>2</sup> While we understand that regular review of a third-party provider would be a component of any program of this nature, we hope that the review be through the lens of maintaining excellence within the system as a whole rather than a focus on distance traveled. We would prefer to see this commitment to maintaining a high standard among third-party providers through stringent review better explained in §17.4030 of the proposed rule. As the cost will be higher, we hope the level of care would meet or exceed that found at the VA or the provider would be made ineligible.

In addition to the high monetary cost, there is concern that Choice has been used to mask problems, resulting in delays to necessary system improvements. One example of this comes from Eugene Gu, M.D., a surgery resident at the VA medical center in Nashville, Tenn., who has said that the broken sterilization equipment at his VA hospital is not being fixed because patients can be sent elsewhere under the Choice program.<sup>3</sup>

Stories such as these, if true, are highly concerning and highlight our position that programs such as Choice and VCCP should not be used to degrade current systems, but rather augment them where deficiencies are found. Again, given the expected high cost of expanding Choice through VCCP, we worry that basic components of VA facilities could be neglected due to a lack of funds, and we implore the VA to ensure this does not become the norm. We do not wish to see the VA become a health insurer rather than a health provider.

The IMF is concerned with the problems identified in the Government Accountability Office (GAO) report related to wait times due to the complexity of care coordination with third-party referral systems and believes they should be addressed as the VCCP is implemented.<sup>4</sup> It is unfathomable that veterans attempting to schedule care would yet again wait even longer while taxpayers pay a premium which diminishes the resources of the VA. We are expectant that should these issues not be resolved, the VCCP would be delayed and revised, as the genesis for this concept was long wait times at VA facilities in 2014. Further highlighting this issue is the recent JAMA study that shows wait times at VA facilities have gone down, and in fact are lower than private care in many cases.<sup>5</sup>

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<sup>2</sup> <https://annals.org/aim/article-abstract/2718687/veterans-health-administration-hospitals-outperform-non-veterans-health-administration-hospitals>

<sup>3</sup> <https://www.medpagetoday.com/publichealthpolicy/militarymedicine/72138>

<sup>4</sup> <https://www.gao.gov/assets/700/692271.pdf>

<sup>5</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720917?guestAccessKey=05b5223a-1756-4852-bd4f-f66f53d44e77>



Given the evidence that care at VA facilities greatly improved and the wait times are the same or less while the cost is cheaper than private, the necessity of an expanded and expensive Choice program through VCCP is debatable, save a reduction in great distance and/or for specialty care. We are concerned that this program could hinder expansion and improvement of VA facilities, given the estimated \$13.9 to \$32.1 billion price tag over the next five years and believe it prudent to carefully monitor costs over care provided to determine VCCP's value.<sup>6</sup> Other alternatives, such as an expansion of VA facilities, could provide a better long term return on investment compared to the current monetarily volatile private healthcare market.

Again, we are appreciative the VA is addressing the access issues patients living in rural areas face and hope our concerns will be addressed prior to finalizing any proposal. The IMF believes VCCP can be an important tool for myeloma patients who have limited access to adequate VA facilities and recognizes the possibility for VCCP to fill the need for patients who require specialty care. Should you wish to discuss this proposal further please feel free to contact me at [Rlevy@myeloma.org](mailto:Rlevy@myeloma.org). Our organization is happy to work with you and provide you with additional insights and perspectives from both patients and providers.

Sincerely,

A handwritten signature in black ink that reads "RR Levy".

Robin Roland Levy  
Senior Director  
Public Policy and Advocacy

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<sup>6</sup> <https://www.propublica.org/article/trump-administration-plots-costly-private-care-expansion-for-veterans>