February 28, 2019

The Honorable Robert Wilkie
Secretary
Department of Veterans Affairs
Attn: RIN-2900-AQ47
810 Vermont Avenue, NW
Washington, DC 20420

Re: Urgent Care Proposed Rule [RIN-2900-AQ47]

Dear Secretary Wilkie:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants (PTAs), and students of physical therapy, the American Physical Therapy Association (APTA) respectfully submits comments to the Department of Veterans Affairs (VA) in response to the Urgent Care proposed rule. The mission of APTA is to further the profession’s role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for avoidable health care services. Physical therapists’ roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession’s vision of transforming society by optimizing movement to improve the human experience.

Approximately 3,500 physical therapists and PTAs are employed by the Veterans Health Administration (VHA). A significant number of physical therapists and PTAs also participate in VHA’s community care programs. Physical therapists provide a broad range of services to optimize movement, including screening, examination, evaluation, diagnosis, prognosis, intervention, coordination of care, prevention, wellness and fitness, and, when indicated, referral to other providers. Appropriate and timely access to physical therapy services reduce medical complications, clinical interventions, hospitalizations, institutionalization, caregiver assistance, and other health care costs.
APTA appreciates the opportunity to provide comment to the VA in response to its proposed rule. Please find our detailed comments below.

Overview

Pursuant to the VA Mission Act of 2018, VA is required to adopt a walk-in benefit that offers eligible veterans access to convenient care for certain, limited, nonemergent health care needs. The legislation instructs the Secretary to establish procedures and regulations to ensure that eligible veterans are able to access such care from qualifying non-VA entities or providers when minor injury or illness arises.

APTA supports the intent of the VA Mission Act and looks forward to working with VA as it implements the legislation, including the proposed access standards for community care and urgent care provisions that will take effect in June 2019.

**APTA’s Recommendations**

**Definitions**

VA proposes to define *urgent care, episodic care, longitudinal management of care*, and *qualifying non-VA entity*. APTA supports the definitions proposed within the rule.

**Urgent Care Services**

VA states in the proposed rule that preventive health services would generally be excluded from the definition of urgent care, as the best way to ensure continuity of care is to have preventive health services coordinated and managed by a primary care provider furnishing longitudinal care. Also in the rule, VA proposes to provide additional services under the umbrella of urgent care if it deems appropriate and is in the best interest of the eligible veterans.

APTA recognizes that currently, most walk-in clinics do not offer physical therapy, despite the fact that most walk-in clinics treat work-related injuries, sports-related injuries, wounds, sprains, strains, and fractures, pain, and more. To ensure adequate access to care, APTA recommends that VA include physical therapy services within the definition of urgent care, thereby allowing veterans to access physical therapy services from a qualifying non-VA entity or provider when medically reasonable and necessary.

In determining whether physical therapy should be recognized as an urgent care service that can be accessed by eligible veterans without prior approval, VA should consider the number of physical therapy providers available in the community, whether they are accepting new patients, expected utilization of services, characteristics and health needs of the veteran population in each geographic region, the ability of providers to communicate in non-English, whether providers may ensure accessible, culturally competent care to people with disabilities, and the providers’ use of telehealth services.

Early access to physical therapy holds the promise of reducing opioid use among patients with musculoskeletal pain. Musculoskeletal pain is a common condition that imposes a substantial morbidity burden in the United States. Researchers recently examined claims data to assess
whether early physical therapy was associated with decreases in long-term opioid use. The results suggest that early physical therapy is associated with an approximate 10% reduction in the probability of any opioid use long term for patients with shoulder, neck, knee, and low back pain. For patients with low back, shoulder, and knee pain who did use opioids, early physical therapy was associated with a 5% to 10% reduction in oral morphine milligram equivalent (MME).1

Eligible veterans who are experiencing problems with movement or the completion of everyday activities could significantly benefit from physical therapist evaluation and treatment, particularly when it may not be appropriate to wait 2 weeks for a visit with a VA provider or entity that provides physical therapy services. Moreover, since January 2015, all 50 states, the District of Columbia, and the US Virgin Islands allow patients to seek some level of treatment from a licensed physical therapist without a prescription or referral from a physician, making veterans eligible to receive care from a physical therapist without a physician’s order.2

Therefore, under certain circumstances, VA should recognize physical therapy services as “urgent care.” For example, if an eligible veteran experiences an acute onset of low back pain, the eligible veteran should be able to self-refer immediately to a qualifying non-VA physical therapist without prior approval from VA. This would be convenient for the veteran and should be covered by VA. APTA recognizes, however, that many of these eligible veterans may need more than 1 physical therapy visit. Accordingly, in such instances, we recommend that VA require the qualifying non-VA entity or provider to refer the eligible veteran for follow-up care with a VA entity or provider or non-VA eligible entity or provider that offers physical therapy services and can provide ongoing, longitudinal care.

Authorization
Within the rule, VA proposes that eligible veterans may receive urgent care from a qualifying non-VA entity or provider without prior VA approval, as this would help ensure that veterans have access to convenient care. VA will publish a website containing information on urgent care, including the names, locations, and contact information for qualifying non-VA entities or providers within an eligible veteran’s community.

APTA seeks clarification from VA regarding authorization requirements for follow-up care that is necessary after the urgent care visit, and we encourage VA to issue additional guidance regarding such requirements. For example, an eligible veteran who recently underwent ankle surgery suffers an ankle fracture. The veteran visits an urgent care provider and, at the conclusion of the visit, the provider recommends follow-up care with the orthopedist who performed the ankle surgery or recommends physical therapy. Or, an urgent care provider may recommend that a veteran who experiences a cardiac event and recently received cardiac surgery return to the cardiologist or receive cardiac rehabilitation. For instances such as these, additional guidance put forth by VA would help to ensure veterans understand the prior authorization

requirements for follow-up care. While it seems likely that the follow-up care from a non-VA entity or provider would require prior authorization from VA, it could easily become confusing for the veteran if the requirements associated with follow-up care are not explicitly and clearly stated in understandable terms and made accessible to veterans.

**Eligibility**
APTA appreciates that within the proposed rule, VA states that eligibility for urgent care would not affect eligibility for hospital care or medical services under the medical benefits package or other benefits addressed in title 38.

**Copayment**
Within the rule, VA proposes to establish a regular copayment of $30 for urgent care. Liability for the copayment would depend on the veteran’s enrollment category and the number of visits in a calendar year. VA proposes to require almost all eligible veterans who are enrolled in priority groups 1-6 to pay the $30 copayment only after 3 urgent care visits; for veterans in priority groups 7-8, VA will charge $30 for all visits and will not increase the copayment rate after 2 visits. VA also proposes that if a veteran receives more than 1 type of care on the same day, the veteran would be subject to a copayment. However, VA would only charge the higher copayment for that day. APTA supports VA’s copayment proposals.

**Conclusion**
APTA thanks VA for the opportunity to provide feedback in response to the Urgent Care proposed rule. We look forward to serving as a resource to VA as it continues to implement the VA Mission Act of 2018. Should you have any questions regarding our comments, please contact Kara Gainer, director of regulatory affairs, at karagainer@apta.org or 703/706-8547. Thank you for your consideration.

Sincerely,

Sharon L. Dunn, PT, PhD
Board-Certified Orthopaedic Clinical Specialist
President

SLD: krg