



July 30, 2018

Director, Office of Regulation Policy and Management (00REG),  
Department of Veterans Affairs  
810 Vermont Avenue NW - Room 1063B  
Washington, DC 20420

Re: Notice of Request for Information Regarding Health Care Access Standards

Submitted electronically at <http://www.regulations.gov>

Dear Director, Office of Regulation Policy and Management (00REG):

Trinity Health appreciates the opportunity to offer recommendations in response to the Notice of Request for Information (RFI) Regarding Health Care Access Standards which solicits comments to assist in development of the access standards required by Section 104(a) of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018. Trinity Health appreciates the importance of understanding the access protocols in the private sector as a step in developing the access standards that will be set by VA to ensure timely, appropriate and effective care for our nation's veterans.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. Trinity Health includes 94 hospitals as well as 109 continuing care locations that include PACE, senior living facilities, and home care and hospice services. Our continuing care programs provide nearly 2.5 million visits annually. We have 35 teaching hospitals with graduate medical education (GME) programs providing training for more than 2,000 residents and fellows in 184 specialty and subspecialty programs. We employ approximately 133,000 colleagues, including more than 7,800 employed physicians and clinicians, and have more than 15,000 physicians and advanced practice professionals committed to 23 Clinically Integrated Networks (CINs) that are accountable for 1.4 million lives across the country. Committed to those who are poor and underserved, Trinity Health returns almost \$1 billion to our communities annually in the form of charity care and other community benefit programs.

In the RFI, the VA asks four questions and our comments address the following question: "*Are clinicians within the health system given guidelines or rules on when to refer patients to out of system providers? For example, are clinicians encouraged to refer out of system if in-system wait times are longer than standard, travel time or distance to an in-system provider is too long, the patient's ability to travel is compromised or the frequency of treatment makes travel to an in-network provider difficult?*" Trinity Health appreciates the VA's interest in understanding access protocols in the private sector as it works to develop the access standards required by the VA MISSION Act, in order to ensure timely, appropriate and effective care for our nation's veterans.

Trinity Health runs one of the largest medical groups in the country and also has deep experience with physician-led CINs, and physician-run accountable care organizations (ACOs). Trinity Health is currently participating in 16 markets in Medicare Shared Savings Program (MSSP) ACOs, has five markets partnering as a Next Generation ACO, and several practices in the Comprehensive Primary Care Plus (CPC+) initiative. Our work—and experience in value-based contracting—also extends beyond Medicare as illustrated by our participation in 101 non-CMS alternative payment models

(APM) contracts. It is from this experience that we describe the types of access standards that we are striving for within our physician groups.

**Team-based care**

Trinity Health is committed to being a people-centered health system that enables better health, better care and lower costs. In this spirit, Trinity Health uses a team-based approach to primary and specialty care for our patients. This approach provides care in which doctors, nurse practitioners, physician assistants, nurses, medical assistants, dietitians, pharmacists, social workers and others function as an integrated team. The goal of team-based care is for everyone to work to the highest level of their licensure, training and experience. We are regularly striving to achieve an optimized care team that is jointly planning and customizing patient care and providing alternative types of visits, as needed.

The interactions with our patients routinely take place in the office, but also through “visits” online, by telephone, or with e-referrals to specialists. In many instances the use of technology allows us to address the needs of patients in a timely and efficient manner. In a team-based approach, with proper evaluation and assessment of real demand and current supply, patients are able to get access to primary and specialty care when they need it, when they want it, and in the way they want it. There are many challenges to implementing this model—such as reimbursement—yet we are committed to doing the right thing without waiting for the payment system to catch up with what the system needs to provide for our patients.

**Consideration of National Benchmarks on Access Standards by Setting**

Trinity Health is an organization committed to continuous improvement. In 2015, the National Academy of Sciences identified a list of representative benchmarks which we, at Trinity Health, believe are a good starting point:

Box 4-1  
**Representative Benchmarks by Setting<sup>1</sup>**

Primary care	Primary care backup for urgent services	Specialty care
Same- or next-day engagement for new and returning patients, contingent on their needs and preferences.	Providers who are unable to see patients for urgent services within 48 hours refer them to others.	Waits of 10 days or less for specialty care new visits. For specialty care visits accompanied by greater sense of patient urgency (e.g., oncology), waits of no more than one day for new patients.

At Trinity Health when providers are unable to see patients for urgent services within 48 hours we refer them to a partner or “sister office” in the network and/or to our After Hours/Urgent Care locations that have access to the patient’s electronic medical record.

**Trinity Health Access Standards**

Being people-centered means providing care in a way that meets the needs of patients and ensures that they are at the center of our work. This translates into ensuring that patients have access to care when they need it.

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<sup>1</sup> See page 50 – Institute of Medicine. 2015. *Transforming Health Care Scheduling and Access: Getting to Now*. Washington, DC: The National Academies Press. [www.nap.edu/read/20220/chapter/6](http://www.nap.edu/read/20220/chapter/6).

In our physician practices or our CINs, Trinity Health providers are setting goals for ensuring access to care. These practices then track actual experiences, measure achievement and set improvement goals. The practices/CINs hold themselves accountable by tracking measures in dashboards and then providing follow up when measures are not achieved.

In addition, our physician practices/CINs regularly seek feedback from patients about the timeliness in which they are receiving care from us in all care settings. Many of our physician practices/CINs use focus groups composed of patients to understand how the practice can be improved and how access goals can be achieved.

Also, practices/CINs regularly assess what the access standards are for health care providers in their communities by reviewing what their advertised access is compared to what happens when “secret shopper” phone calls are made to verify compliance.

### **Access to primary care**

For our existing patients, we strive to give them same day or next day care for routine/well visits and acute/sick visits. In non-emergent situations, the goal for access is 7-8 days. While the majority of interactions with patients take place in the physician office, we also use online and telephone visits as needed. The team-based approach to care can often allow us to ensure that a patient can begin treatment, sometimes with a nurse practitioner (NP) or Physician’s Assistant (PA), if the physician is not available. Then, there can be follow up with the physician if/when it is necessary.

### **Access to specialty care**

As a result of health care innovation and the development of new treatments, patients are living longer with complex, chronic diseases, which has resulted in an aging population with increasing medical needs, involving physical and emotional conditions that require different types and amounts of health and related services. Providing appropriate, cost-effective care for a patient with multiple conditions can require coordination with multiple subspecialists, which can further complicate scheduling challenges. In the current provider-centered health care model, this requires the patient or the family to schedule multiple appointments, often on different days and in different locations, creating multiple opportunities for scheduling failures. Provider efforts are consistently challenged and strained by care complexity because of the limits of individual provider capacity.

For our existing patients, efforts are made to see patients within one week after understanding reason for visit. Ensuring that patients are properly triaged by the phone staff is critical. In some instances, NPs and PAs will be used to ensure patients are seen in this time parameter. And screening calls are often placed to understand the best and timely way to meet a patient’s need.

If we cannot achieve the stated goals for specialty care, the physician may refer outside the network based upon the patient’s unique needs and the urgency of the condition.

### **Ensuring high-quality care**

One key metric to assure high-quality of care is to assure that the providers possess the requisite skill and experience to perform the services offered. This is particularly important in the area of tertiary and quaternary services. For these services, the volume of cases may be too limited within the VA System for a provider to develop the necessary skills to manage these more complex cases. In such instances, it may be in the best interest of the patient, and frankly the provider, to refer the patient to another health system that has more experience with management of these types of medical conditions.

Trinity Health comments to the VA on Health Care Access Standards  
July 30, 2018

Thank you for consideration of our comments on this important issue. If you have any questions, please feel free to contact me at [wellstk@trinity-health.org](mailto:wellstk@trinity-health.org) or 734-343-0824.

Sincerely,

A handwritten signature in cursive script that reads "Tonya K. Wells". The signature is contained within a thin black rectangular border.

Tonya K. Wells  
Vice President, Public Policy & Federal Advocacy  
Trinity Health