October 5, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Acting Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Dr. DeSalvo,

On behalf of the nation's 120,900 family physicians and medical students, thank you for developing the Revised Interoperability Roadmap.   As stated in the opening sentence of the executive summary, the AAFP shares your goal of establishing an interoperable health system that supports smarter, safer, higher quality and more efficient care as well as promoting innovation. Family medicine has been a leader in practice transformation and delivery system reform. However, to truly achieve the Triple aim, it is critical to have appropriate technology and data infrastructure to support more efficient and effective health care delivery. Based on data from surveys the AAFP and others have conducted, the current health IT infrastructure and products are not efficient or effective in supporting practice transformation. Therefore, we need the national health IT ecosystem to undergo more rapid transformation than has been the case to date. We need systems that provide interoperability to support continuity of care, care coordination, and the ability to switch and integrate different health IT solutions (such as EHRs) with minimal disruptions. We also need population management and patient engagement functionalities that require broad interoperability. These new features, as well as the old, need to be developed with user-centered design and take into account the transformed practice environment.

Our members and the AAFP are very concerned with the very slow progress toward achieving truly interoperable systems. Furthermore, we strongly believe there is need for increased accountability on industry and decreased accountability on those who are using their inadequate products.

We need more than a roadmap; we need action. First, it is our belief that without significant changes in the way health care delivery is valued (e.g. paid) then it will not matter how many

standards are created, how many implementation guides are written, how many controlled vocabularies are fortified, or how many reports are created; we will still struggle to achieve interoperability. Any roadmap for interoperability needs to ensure payment reform toward value based payment, in addition to the technical work. This aligns the health care business drivers to the achievement of true interoperability.

The AAFP helped create a standard for the exchange of clinical summaries in 2007 - the Continuity of Care Record. Eight years and billions of dollars later, our members and their practices continue to experience the dismal failure with the current certified EHR technology in supporting clinical summary exchange for care coordination and the important transitions of care. The current bloated, semantically-poor documents are not able to be interpreted by their certified EHR technology. Instead, physicians must view the documents on the screen, just as they would a fax, to find the important information. Then they must re-key that information into their EHR if they want to incorporate some of the summary information into the patient's record. Our members have become the interoperable components of the health care system today rather than the technology! That is unacceptable given the power of today's information technology and we believe this is the fault of the vendors and their lack of accountability while reaping huge profits from the HITECH act. Vendors, not providers, must be held fiscally accountable for not yet achieving an appropriate level of interoperability.

This lack of interoperability and the burden of meaningful use is propelling the health care system down a path that is about to collide with the new MACRA law requirements. Because primary care practices are at capacity, every minute that physicians and their practice staff spend on managing administrative complexity and doing the work health IT should be automating is precious time removed from their focus on patients to deliver better care, better health and lower cost.
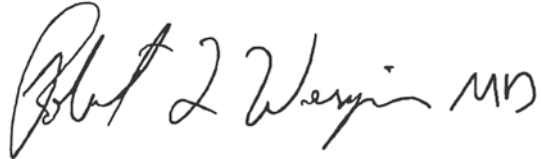
The AAFP again calls on ONC to delay Meaningful Use. This delay would allow for an alignment with MACRA and, more importantly, allow for all resources to be directed toward achieving greater interoperability. We do not have until 2024 to improve interoperability. If we want physicians and other clinicians to transform their practices and be successful in the value based payment models established by MACRA, then we must ensure that the information technology infrastructure is capable of assisting them versus preventing them from succeeding as is generally the case today.

While we appreciate this national interoperability roadmap and its demonstration of ONC's responsiveness to the health care community, we do not sense the necessary level of urgency to achieve this important goal and call on ONC to further accelerate this work. But the hard work is ahead – everyone including technology vendors, hospitals, health systems, pharmacies, local health and social service centers and physicians, must come together as a nation to achieve the interoperability levels laid out in this roadmap at a more rapid pace.

In our view, this is the health care system's moonshot, which was declared with the 2009 passage of the HITECH act. Remember that from the time of President Kennedy's declaration to achievement of safely returning a man from the moon took less than ten years. We have already been working for six years with much better technology than they had in the 1960's. We should be much closer to our goal and it should be accomplished within ten years (2019). The AAFP is dedicated to continue our work to achieve interoperability which is fundamental to continuity of care, care coordination, and the achievement of effective health IT solutions.

Should you have questions, please contact Steven E. Waldren, MD MS, Director, Alliance for eHealth Innovations at 1-800-274-2237, extension 4100 or swaldren@aafp.org.

Sincerely,

Robert Wergin, MD, FAAFP
Board Chair