



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

October 14, 2010

Mr. Gene L. Dodaro
Acting Comptroller, Government Accountability Office
GAO Health Care
Attention: PCOR Institute Board of Governors
441 G Street, NW
Washington, DC 20548

Dear Mr. Dodaro:

On behalf of the 94,700 members of the American Academy of Family Physicians (AAFP), I am writing to express my concern that no family physicians were included in the list of members of the Board of Governors of the Patient-Centered Research Institute (PCORI). After a lengthy, internal process, we nominated five highly-qualified individuals last June, including Drs. Alfred Berg, MD, MPH; Theodore G. Ganiats, MD; Diane Rittenhouse, MD, MPH; Joseph E. Scherger, MD, MPH; and Eric Wall, MD, MPH. We also recommended Jeffrey L. Kang, MD, MPH and Barbara Starfield, MD, MPH, a pediatrician who has done extensive research on family medicine and primary care issues.

The AAFP believes it is important to include a family physician on the Board of Governors for a number of reasons. First of all, nearly one in four of all office visits are made to family physicians. That is 208 million office visits each year – nearly 83 million more than the next largest medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty.

Second, in our increasingly fragmented world of health care, family physicians are dedicated to treating the whole person, across the full spectrum of conditions, setting and ages. The cornerstone of family medicine is an ongoing, personal patient-physician relationship focused on integrated care. As a result, since family physicians have such a comprehensive and continuing relationship with their patients over time, having one or more of them on this entity will assure that the Board seeks information that will impact patients over their lifetimes as their health profiles change.

Third, we provided candidates who not only were nationally known in the research field, but also have practiced or taught family medicine. These individuals have a real-world perspective on how difficult it is to use research to determine the best response to a complex patient with several comorbidities. It is enormously easier to compare X against Y if no other variables are present. Unfortunately, that is not the reality that family physicians face each day. Comparative effectiveness research is critically important to

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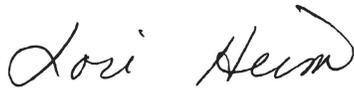
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our members – family physicians see patients with common problems every day for which there is no solid clinical evidence.

Fourth, family physicians are performing research in collaboration with hundreds of family physicians and other primary care physicians. The goal of the project is to show that networks of practice-based research must be used in tandem with traditional clinical trials. For example, through the Distributed Ambulatory Research in Therapeutics Network (DARTNet), the AAFP is seeking to improve the quality and safety of medical care by collecting and sharing clinical data and best practices. This program uses electronic health records, practice-based research networks and practical clinical trials to advance comparative effectiveness research.

Again, I would like to express our disappointment that no family physicians were nominated to the PCORI. We urge you to appoint a family physician as soon as the next available slate is open.

Sincerely,

A handwritten signature in black ink that reads "Lori Heim". The signature is written in a cursive, flowing style.

Lori Heim, MD, FAAFP
Board Chair