



November 08, 2017

The Honorable Lamar Alexander
Chair, U.S. Senate Committee on Health,
Education, Labor, and Pensions
Washington, DC 20510

Dear Chairman Alexander,

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write to provide feedback regarding the October 31, 2017 hearing, titled, *Implementation of the 21st Century Cures Act: Achieving the Promise of Health Information Technology*.

The AAFP appreciates the HELP Committee's work to advance health information technology (health IT) interoperability, information blocking, and reduce administrative burdens for physicians. We were grateful for the opportunity to testify in 2015 and to provide expert recommendations for the committee's *21st Century Cures Act* health technology provisions. During last week's hearing, you requested that witnesses representing the Centers for Medicare & Medicaid Service (CMS) and the Office of the National Coordinator for Health IT (ONC) establish goals for administrative and electronic health record (EHR) burden reductions. You also requested comments from other stakeholders, including the physician community, in setting that goal. The AAFP supports CMS/ONC recommendation and agrees with Senator Michael Bennett's comment about the importance of setting a numeric benchmark to achieve this objective.

The AAFP believes that there is opportunity for significant and quick reductions in administrative and electronic health records burdens. The AAFP is pleased that CMS and ONC are reviewing current Evaluation and Management Code documentation requirements. We are also pleased to see the roll-out of the federal government's two new initiatives: Patients over Paperwork and Meaningful Measures. The AAFP believes that with such activities already underway, reducing administrative burdens by 50 percent is achievable by 2020 with hard work within the private and public sectors.

As the American Medical Association's study indicates (citation please), reducing these burdens would allow physicians to spend no more time on EHR documentation and administrative work than they spend in direct patient care. It would also help address physician burnout, support the doctor-patient relationship, and allow family physicians to continue to invest time in practice transformation activities. Achieving the recommended administrative reductions would demonstrate progress to the physician community and show that administrative burden is being taken seriously by the federal government, payers, and vendors, but long-term reform should continue even once those benchmarks are accomplished.

Family physicians, are especially concerned with the ever-increasing number of administrative requirements that detract from time that would be better spent on patient care. A 2014 study (full

www.aafp.org

President Michael Munger, MD Overland Park, KS	President-elect John Cullen, MD Valdez, AK	Board Chair John Meigs, Jr., MD Brent, AL	Directors John Bender, MD, Fort Collins, CO Gary LeRoy, MD, Dayton, OH Carl Olden, MD, Yakima, WA Robert Raspa, MD, Orange Park, FL Leonard Reeves, MD, Rome, GA Ada Stewart, MD, Columbia, SC	Sterling Ransone, MD, Deltaville, VA Windel Stracener, MD, Richmond, IN Erica Swegler MD, Austin, TX Benjamin F. Simmons, III, MD (New Physician Member), Concord, NC Alexa Mieses, MD (Resident Member), Durham, NC John Heafner, MPH (Student Member), St. Louis, MO
Speaker Alan Schwartzstein, MD Oregon, WI	Vice Speaker Russell Kohl, MD Stilwell, KS	Executive Vice President Douglas E. Henley, MD Leawood, KS		

American Family Physician citation please) found that family physicians use far more diagnostic codes than other specialists. Data from the 2010 National Ambulatory Medical Care Survey found that family physicians used about 23 diagnostic codes in more than 50 percent of coding tasks as compared to specialists, such as cardiologists and psychiatrists, who often use only 6 or 3 codes respectively. A 2016 study published in the *Annals of Internal Medicine* reiterated those findings. It indicated for every hour a primary care physician spends on clinical time, they spend two hours engaged in administrative activities.¹ In 2017, the AAFP published its comprehensive administrative simplification agenda.² AAFP leaders have also met with officials at CMS to address our concerns.

Again, we appreciate the opportunity to weigh in on this important issue and help set a specific, measurable, achievable, relevant, and time-bound goal to reduce administrative burden and put Patients before Paperwork. The AAFP stands ready to assist in achieving this important goal. For more information, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,



John Meigs, Jr., MD, FAAFP
Board Chair

Cc: The Honorable Patty Murray, Ranking Member, U.S. Senate Committee on Health, Education, Labor, and Pensions

¹ Sinsky C, Colligan L, Li L, Prgomet M, Reynolds S, Goeders L, et al. Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties. *Ann Intern Med.* 2016;165:753–760. doi: 10.7326/M16-0961, accessed online:

<http://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties>

² AAFP's Agenda for Regulatory and Administrative Reforms: <http://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/ST-Reg-Admin-Reform-013117.pdf>