February 16, 2017

The Honorable Tom Price
Secretary, U.S. Department of Health & Human Services
200 Independence Ave. SW
Washington, DC 20201

Dear Secretary Price:

The American Academy of Family Physicians (AAFP), and specifically our Alliance for eHealth Innovation, looks forward to working closely with you and with the National Coordinator for Health IT, on health IT issues which impact family physicians and their patients.

The AAFP represents 124,900 physicians and medical students nationwide and is the only medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits. This represents more than 192 million visits annually, which is 48 percent greater than the next most visited medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty.

The AAFP appreciates the ability to make ourselves available to you and your agency on matters of health IT, as there is significant opportunity for improvement in rendering health information technologies and electronic health record systems as useful tools that are responsive to clinician needs. We need technology that enables us to collectively work smarter rather than harder in a period marked with increased clinical and administrative burdens and increasing primary care physician shortages.

The issues we perceive to be of greatest significance for the improvement of health IT include:

1. **Lack of Access to the Right Data to Make the Right Decisions**
   While some progress has been made in health IT interoperability, we are still far from where we need interoperability to be for continuity of care, care coordination, and to support a learning and accountable health care system. We need to continue to accelerate our momentum toward this goal, such as the work on Direct exchange.

2. **Antiquated Functionality Profile of Current Health IT**
   Too much focus has been placed on creating health IT solutions to automate the business of health care, especially documentation, as opposed to health IT solutions that support the delivery of appropriate care to promote health. We must create an environment that flips this focus.

3. **Health IT that is Extinguishing the Joy of Practice**
   Clinician satisfaction with health IT continues to go down, not up. There are numerous editorials and stories about health IT contributing to physician burnout and frustration. We

must fundamentality redesign health IT to make health IT effortless to use to support optimal care.

4. **Mismatch Between Regulatory Requirements and CEHRT Functionality**
   Compounding the interoperability, functionality, and usability issues described above, are the current regulations forcing family physicians, and other eligible clinicians, accountability to achieve outcomes that heavily depend on appropriate certified EHR technology (CEHRT) without forcing such accountability on health IT vendors. This mismatch and subsequent burden and stress on family physicians is taking its toll on practices and diverting patient care resources to implement work-a-rounds to comply with regulations and avoid negative payment adjustments. This mismatch needs to be addressed by either reducing accountability on eligible clinicians, increasing the accountability on health IT vendors, or both.

We have identified strategies to address these issues and would welcome the opportunity to further discuss our ideas and policy proposals. We are excited about the opportunities that lie ahead within the coming years in working with the various levels of your agency. Should you have questions, please contact Dr. Steven Waldren, Director of the Alliance for eHealth Innovation, at 913-906-6000 ext. 4100 or swaldren@aafp.org.

Sincerely,

Wanda D. Filer, MD, MBA, FAAFP
Board Chair