AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

June 16, 2010

Anand Parekh, MD, MPH
Deputy Assistant Secretary for Health (Science and Medicine)
Hubert Humphrey Building (Room 736-E)
200 Independence Avenue, SW
Washington, DC 20201

ATTN: MCC Strategic Framework

Dear Dr. Parekh:

Thank you for the opportunity to comment on the draft *Strategic Framework 2010-2015: Optimum Health and Quality of Life for Individuals with Multiple Chronic Conditions* (May 2010). We have asked informed members and staff to review the draft and all have found it to be substantive and appropriate as a conceptual structure that will guide the department and the medical community in addressing how to improve the health of individuals with concurrent multiple chronic conditions. As noted in the announcement of this document, the framework is designed to help health care providers and others improve the means by which patients with multiple chronic conditions can achieve optimum health and quality of life.

There is a strong practical reason for paying attention to the interactions and relationships of multiple chronic conditions in patients. As the draft framework points out, 66 percent of total health care spending is directed toward care for the approximately 27 percent of Americans with multiple chronic conditions. To ignore the effect of multiple chronic conditions on the health of the patient contributes to poor health outcomes and increased health care costs.

Family physicians and other primary care physicians are often the coordinator of care for patients with multiple chronic conditions. They are the ones who must struggle with these patients to determine the best course of treatment when clear evidence-based information is lacking about the interactions of different treatments, procedures and testing. Helping a patient manage his diabetes will be done differently if that patient also has heart disease and depression. A patient managing her life with HIV will have to weigh different treatment steps if she has asthma. These patients and their primary care physicians need accurate, evidence-informed data about treatments and management techniques for their multiple chronic conditions.

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Consequently, family physicians particularly welcome the recognition in this document of much of the reality and difficulties faced by our patients with co-morbid conditions. We felt that the overall framework is sound and inclusive. The emphasis on evidence-based interventions is appreciated. We also agree that the training of health care professionals should address the gaps in training that will make them more proficient in caring for individuals with multiple chronic conditions (Goal 1, Objective B). The draft framework is correct that health care delivery should improve care coordination through the introduction of proven and potentially effective patient care management models (Goal 3, Objectives A and C). We have proposed the use of the Patient-Centered Medical Home model as an effective mechanism that uses a health care team to coordinate the care provided to patients, regardless of their health condition.

The draft framework's support (Goal 3, Objective D) for the widespread implementation of Health Information Technology (HIT) is welcomed by family physicians, nearly half of whom use Electronic Health Records and other advanced HIT. And of course AAFP strongly agrees with the draft framework's emphasis in Goal 4 on the need for appropriate research to fill the knowledge gaps about individuals with multiple chronic conditions.

We had a few suggestions for the work group's consideration:

- Goal 1, Objective A, strategies 1.A.1 and 1.A.2 (pg. 7) – we would suggest that best practices need to be evidence-based and that any quality metrics need to be based on a high level of evidence.
- Goal 1, Objective C: Address Multiple Chronic Conditions in Guidelines (pg. 8) – We would suggest that clinical guidelines based on single conditions are often not only not pertinent but impossible to implement and possibly hazardous to patients with multiple co-morbidities. There is an urgent need to develop research on the best clinical approaches to such patients, including prioritization among competing chronic conditions. All clinical guidelines that address single disease entities should consider options for patients with co-morbid conditions.
- Goal 4, Objective C: Increase clinical and patient-centered health research (pg. 14) – We would suggest that the framework include a recommendation for sufficient funding for implementation of the research findings through Practice Based Research Networks.

We greatly appreciate the opportunity to comment on this important effort on the part of HHS to help develop what we know about how best to advance the health of those with multiple chronic conditions. If there are questions about this, please feel free to contact Kevin Burke, Director of Government Relations in our Washington office. His phone number is 202-232-9033 and his e-mail address is kburke@aafp.org.

Sincerely,

Ted Epperly MD

Ted Epperly, MD, FAAFP
Board Chair