January 18, 2011

David Blumenthal, MD
ATTN: Steven Posnack
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave SW
Suite 729-D
Washington, DC 20201
(202)-690-7151

RE: Request for Information Regarding the President's Council of Advisors on Science and Technology (PCAST) Report Entitled ''Realizing the Full Potential of Health Information Technology To Improve Healthcare for Americans: The Path Forward''

Dear Dr. Blumenthal,

The American Academy of Family Physicians (AAFP) represents more than 97,600 physicians and medical students nationwide. It is the only medical society devoted solely to primary care. About one in four of all office visits are made to family physicians-that is 215 million office visits each year, nearly 48 million more than the next medical specialty. Today, family physicians provide the majority of care for America's underserved and rural populations. It is with this perspective we provide the following comments.in response to the Office of the National Coordinator's (ONC's) solicitation for comments regarding the recently released President's Council of Advisors on Science and Technology (PCAST) report *Realizing the Full Potential of Health Information Technology to Improve Healthcare for Americans* and its implications for the nation's health IT agenda.

The PCAST proposal for a "universal exchange language" represents an opportunity to significantly improve the state of health care in the U.S. through the use of information technology. The AAFP applauds this effort and the efforts of ONC.

The AAFP has been advocating for a focus on representing clinically relevant data since our initial work on the ASTM Continuity of Care Record (CCR) Standard in 2004. We would encourage PCAST and the administration to review this work, as it can be fashioned to support the universal healthcare data exchange language (UHDEL) proposed by the report. This would not require a "start from scratch" approach and would accelerate the achievement of the desired outcomes.

Focus on Data not Technology
We agree with the use of extensible markup language (XML) for the encoding of the UHDEL, but recommend that the definition of the data not be dependent on XML. This will allow for multiple representations of the data to support different needs in the market. With a common definition of the data, these different representations, either XML, JavaScript Object Notation (JSON), Resource Description Framework (RDF), or other yet to be

defined formats can be interoperable. This is the approach of the ASTM CCR in that the standard has a defined data set and then an implementation in XML. Health Level Seven (HL7) was able to use the same defined data set to represent the data in another XML representation. We know of open source efforts that have been able to take industry standard XML technologies, namely XML Stylesheet Transforms (XSLT), and move a CCR data set in CCR XML to the HL7 XML representation.

Focus on Clinical Needs
For the definition of these data elements, we argue that they must be clinically focused and pragmatic to start. Implementation of the PCAST recommendations must be focused on the most clinically relevant data and produce a community process that can continue the work. The creation of a complete UHDEL certainly will be a long endeavor. We must leverage the clinical community to lead the data definition so that it supports continuity of care, quality measurement and improvement, distributed decision-making, and clinical research, as well as privacy and safety.

Focus on Essential Complexity
The book *97 Things Every Software Architect Should Know: Collective Wisdom from the Experts* includes a discussion of essential complexity and accidental complexity. Essential complexity is defined as the difficulty inherent in any problem, whereas, accidental complexity grows from the approaches to solve the essential complexity. The book states that developers are drawn to complexity, as by nature developers are puzzle solvers. We believe that through the last several decades of trying to solve the essential complexity of health care interoperability, there has been a significant amount of accidental complexity created. We would recommend a focus away from accidental complexity. One strategy for this is to prefer solution derived from working code rather than theoretical solutions.

We are excited about the potential of this PCAST direction and are posed to help create solutions to improve continuity of care, accelerate quality measurement and improvement, enable distributed decision-making, and ease clinical research, as well as protect privacy and safety.

On behalf of the American Academy of Family Physicians, I thank you for your consideration of these comments. We look forward to continuing to work with you for solutions to benefit the health care system.

Sincerely,
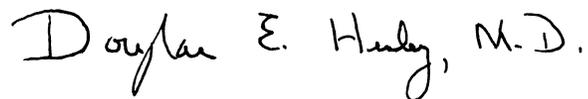
Douglas E. Henley, MD
Executive Vice President
American Academy of Family Physicians