



February 14, 2018

Don Rucker, M.D., National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
330 C St SW, Floor 7  
Washington, DC 20201  
Submitted by email: [exchangeframework@hhs.gov](mailto:exchangeframework@hhs.gov)

Dear Dr. Rucker,

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write in response to the [draft document](#) titled, "Trusted Exchange Framework and Common Agreement" (TEFCA) as made available by the Office of the National Coordinator for Health Information Technology (ONC) on January 5, 2018.

The AAFP shares ONC's and Congress's goal of nationwide interoperability. We appreciate the work of ONC to construct this draft trusted exchange framework. We support the goals outlined in the draft TEFCA, namely that:

1. *"Providers can access health information about their patients, regardless of where the patient received care;*
2. *Patients can access their health information electronically without any special effort;*
3. *Providers and payer organizations accountable for managing benefits and the health of populations can receive necessary and appropriate information on a group of individuals without having to access one record at a time ...*
4. *The health IT community has open and accessible application programming interfaces (APIs) to encourage entrepreneurial, user-focused innovation to make health information more accessible and to improve electronic health record (EHR) usability."*

The AAFP and our members have seen the unintended consequences of overly proscriptive health IT regulations and the need for the market to implement solutions that work in the real world and not just pass certification testing. For these reasons, the AAFP is supportive of the voluntary nature of the Common Agreement. However, we are concerned that the market will yet again fail to achieve the goals laid out in the framework in a voluntary manner. For this reason, the AAFP urges ONC to track progress toward the goals laid out in the draft framework and be prepared for further intervention should the goals not be achieved by the market.

The AAFP sees the value and need for the selection of a single Recognized Coordinating Entity (RCE) to operationalize the trusted exchange framework. However, we are concerned that a single RCE might function as a monopoly. While the AAFP is pleased to see ONC's intent to "work closely with the RCE and to be continually involved in implementation of the TEFCA," we urge ONC to implement a process to track and investigate complaints with the RCE.

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The AAFP hopes to see Prescription Drug Monitoring Programs (PDMP) and other health-related data accessible from the same “on-ramp” created by TEFCA. Many family physicians see patients in communities that are near state borders. It is an avoidable administrative burden for family physicians to step out of their workflow, log into multiple state-based PDMPs (each with their own identity proofing and authentication processes), and then have the physician perform the cognitive work of merging the different data in the separate portals. Since the TEFCA is a voluntary process, it seems reasonable to include a process to incorporate PDMP and pharmacy entities and their data.

Every day our members struggle with systems that are not interoperable leading to potential harm to patients and administrative burden to physicians and practices. We must continue to aggressively strive for the goals laid out in the TEFCA and not settle for less. Our members and their patients deserve an interoperable health care system. We look forward to opportunities to assist in making that a reality.

Should you have questions, please contact Dr. Steven Waldren, Director of the AAFP’s Alliance for eHealth Innovation, at 913-906-6000 ext. 4100 or [swaldren@aafp.org](mailto:swaldren@aafp.org).

Sincerely,

A handwritten signature in black ink, appearing to read "John Meigs, Jr.", with "MD" written in smaller letters at the end of the signature.

John Meigs, Jr., MD, FFAFP  
Board Chair

### **About Family Medicine**

Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine’s cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient’s integrated care team. More Americans depend on family physicians than on any other medical specialty.