



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

February 17, 2011

Chairman Gail Warden  
Committee on Patient Safety and Health Information Technology  
Institute of Medicine  
Keck Center  
500 Fifth St. NW  
Washington, DC 20001  
E-Mail: [hitsafety@nas.edu](mailto:hitsafety@nas.edu)

Dear Chairman Warden:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 97,600 family physicians and medical students nationwide, I am writing to provide input to the consensus study regarding experiences with health information technology as conducted by the Institute of Medicine's (IOM) Committee on Patient Safety and Health Information Technology.

The AAFP believes that every family physician should use information technology that includes electronic health record systems with the ability to access and communicate needed clinical information to achieve high-quality, safe and affordable health care. The experience of our membership, with over 60% of our active members using EHR systems in their practices, has been predominately, but not exclusively, positive with regard to impact on patient safety. Members specifically identify drug-drug and drug-allergy interaction checking in electronic prescribing systems, tracking of discrete laboratory results, and provision of patient appropriate educational materials as significant patient safety improvements. The addition of patient portals with increased patient control of their medical history and use of asynchronous communication is another potential benefit, but also of potential harm if patients do not understand the response time and symptom severity limitations of this type of communication. Overwhelmingly, our members identify the ability to provide patients with a copy of their clinical note at the end of the visit as a key element of patient safety, allowing patient verification of the data captured and the care plan established, in addition to providing a mechanism for care coordination with other health care providers. However, these benefits can be turned upside down by suboptimal implementations, destructive workarounds, or an inability to hold vendors accountable for errors in software code or inappropriate workflow designs.

Therefore AAFP supports the IOM's work in examination of the intersection between patient safety and use of health information technology. In order to effectively discover best practices in these areas, I strongly encourage the IOM to always include representation from small and medium-sized medical practices in this and future studies. As part of the study, the IOM should also identify current activities, such as excessive documentation requirements that are only included to satisfy burdensome and unnecessary billing and coding requirements. These inefficiencies should be removed from health information technology reporting standards since they do not improve the quality of patient care or lead to better outcomes.

[www.aafp.org](http://www.aafp.org)

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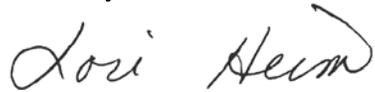
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We appreciate the opportunity to provide these comments and make ourselves available for any questions or clarifications you might need. Please contact Steven Waldren, MD 913-906-6000, extension 4100 or [SWaldren@aafp.org](mailto:SWaldren@aafp.org).

Sincerely,

A handwritten signature in cursive script that reads "Lori Heim". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Lori J. Heim, MD, FAAFP  
Board Chair