American Academy of Family Physicians
Statement for the Record to the
US House Committee on Science and Technology
October 10, 2007

The 93,800 members of the American Academy of Family Physicians would like to submit this statement for the record to the House Committee on Science and Technology. This statement concerns HR 2406 and the hearing held on September 26, 2007 entitled *Meeting the Need for Interoperability and Health Information Security in Health Technology*. This is in response to the Committee's question whether the National Institute of Standards and Technology (NIST) is the appropriate entity to "create or adopt existing technology-neutral guidelines and standards for federal agencies."

The NIST is the entity currently charged with development and promotion of measurement, standards, and innovative technology. However, the AAFP does not believe that NIST should take on a new role in the selection or development of standards for portability and interoperability of health information. AAFP believes that the private sector has created an abundance of such standards, and that NIST's real value in the promotion of a national health information infrastructure requires NIST to test and validate the utility and affordability of these many standards, preferably in real world situations and under rigorous and complex application that includes both primary care and inpatient settings. While we deeply appreciate the committee's attention to this critical issue, we believe that there are more effective ways to achieve the important goal of interoperability than using NIST to select or develop standards.

The AAFP recently created and updated new policy around health information technology (HIT). While some of our policy is out of the committee's jurisdiction, we would like to provide it since it articulates our view of how HIT can help transform the American health care system. We hope that this policy is useful to you as you continue to work on this issue.

Patients, providers and employers need health information technology (HIT) systems in the US that are affordable, interoperable, private, and networked. The current governmental approach has tended to support large enterprises and their HIT vendors in efforts to build large-scale, complex systems, such as Regional Health Information Organizations (RHIOs). These coalitions, most often led by hospitals or large enterprises, have received federal dollars to integrate health information in a single area. However, regional solutions may or may not be transferable to another venue, do not reach the majority of U.S. communities, and are proving to be economically unsustainable past the grant period.

At the same time, we have seen the private sector, including individual physicians in community practices, hospitals, health plans, and large employers, as well as a growing number of American consumers, start a rapidly-growing market for interoperable electronic health records, personal health records (PHRs), and health data exchange technology that is scalable, does not require multi-million dollar federal investments in new enterprises, nor require purchase of proprietary and possibly redundant local "infrastructures." The results have been exciting: most of the progress towards health information technology adoption, as well as the portability and interoperability of health data, is due to this research and experimentation in the private sector.

Why Change Course?

When HIT was in its infancy, it seemed simple and efficient for the federal government to support large entities and hospitals with grant funding to encourage the adoption of HIT. The problem with continuing this approach, however, is that most health care in America does not take place in hospitals or large enterprises: it takes place in doctors' offices and, specifically, in primary care practices with five or fewer providers. For example, nearly half of all ambulatory care visits in the U.S. are made to family physicians, pediatricians, and general internists in the outpatient setting: *over 400 million visits each year.* As the need for practical HIT systems in the US becomes more urgent, we need federal support that builds on and provides incentives for current private sector initiatives and ensures that policy and legislation is still relevant under the changing market conditions. <u>We will not improve health care in America if federal dollars only empower large enterprises -- at great cost and complexity -- to communicate with other big institutions, while doctors and patients in tens of thousands of local community practices and clinics cannot access and share information for the good of their patients.</u>

Building a System of "Connected Medical Homes:" Linking Small and Medium-Sized Physician Offices with Their Patients and Information Sources

The AAFP believes the federal government must switch its emphasis from a focus on hospitals and large enterprises to one that helps networks of small and medium-sized physician offices acquire affordable and interoperable HIT systems. We need to link these offices so that primary care physicians, specialist physicians, pharmacists, and hospitals can communicate, locally as well as across the globe, to provide integrated, coordinated, quality care for all patients. Connected medical homes are more likely than other practices to be able to automate the patient care processes necessary for quality improvement and accountability, as well as for public health and bioterrorism protection. To ensure a return on investment, data collection should be the by-product of the use of EHRs in connected medical homes, and not the reason they are purchased in the first place.

Providing Differential Payments to Physicians Who Use HIT Effectively

Special payments should reward physicians who can demonstrate the use of EHRs and other HIT as a way to improve and coordinate care. Current reimbursement methods tied to face-to-face visits discourage efficiencies brought about by the use of EHRs, for example, asynchronous communication with patients using secure email and web-based consultations. Reimbursement strategies must change to reward quality and efficiency enabled by HIT.

Target Federal Dollars to Support Physicians Who Are Serving the Underserved
Any specific payments to physicians to purchase HIT systems should go to those serving in underserved areas where the capital to purchase EHRs is hardest to obtain and practices may be small or medium-sized. These payments should not go through third-parties such as hospitals, integrated health systems, or health plans, but directly to clinics and practices based on financial need.

Apply Longstanding Industry Standards of Portability and Interoperability to HIT
Personal health information can be discovered, acted upon, and managed in much the same way as in the banking, financial services and global e-commerce industries, which have operated electronically for years. Longstanding standards and protocols have proved their effectiveness in secure data transport and interoperability over public networks, notably the Internet. Within health care, a set of new standards for health care content, e.g., the Continuity of Care Record (CCR), has been created and is compatible with web-based technologies. The CCR is an interoperability standard that allows physicians to view and exchange the most relevant health information about their patients – essentially a snapshot, in electronic format, of what the provider needs to know. The CCR allows providers to open, read, interpret and manage this information in a standardized fashion.

Ensure Privacy Protections for Patients
The AAFP believes the right to privacy is personal and fundamental, and protections for this privacy ought to apply to all parties who wish to become custodians of personal health information, not merely to those entities covered under HIPAA. Patients should have a right of access to, and correction of, medical records in electronic formats that are familiar and easy to use with today's desktop computing tools. AAFP understands there are rare cases in which full and direct disclosure to the patient might be harmful and in those cases, special exceptions should apply. Our ideal is "data fluidity:" that is, allowing health care data to move between patients and relevant medical providers with the goal of providing better communication and quality.

Conclusion
While the Academy is grateful for the support of the Committee for HIT interoperability, we would like to continue working with Congress to draft provisions that truly would create interoperability within HIT. We look forward to working with you on this vital issue.