



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

January 15, 2015

Karen B. DeSalvo, MD, MPH, MSc
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. DeSalvo,

On behalf of the American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, I am responding to the [draft](#) Federal Health IT Strategic Plan 2015-2020 as published by the Office of the National Coordinator (ONC) in the December 10, 2014 *Federal Register*.

The AAFP appreciates that ONC and other agencies have worked hard to create a strategic plan for the future of health information technology (HIT) within the United States. We strongly support the vision and mission stated in the report. Readily accessible health information is critical for us to improve the efficiency and sustainability of health care. The AAFP appreciates the linkage and progression from collection, to sharing, and then to using of health information. We agree with using these stages to organize the activities for the strategic plan. This strategic plan provides a blueprint to move forward and we must now define and implement its tactics.

We are pleased to see the coordination of multiple federal agencies in this strategic plan. Coordination across the federal government was an original goal of ONC and one that is still appropriate. From the perspective of a practice, the myriad of regulations and rules from multiple agencies places a heavy administrative burden. As efforts across agencies can be harmonized and where possible combined, it could significantly decrease this burden on practices. We are supportive of the principles laid out in the strategic plan and urge a continued focus on value. Simplification of regulations and elimination of waste would demonstrate such a focus.

The “use” goals articulated in the strategic plan seem to be better suited for the Department of Health and Human Services (HHS) than for ONC. It would be important for the HHS strategic plan to mirror these goals, especially given the need to align financial incentives around appropriate care delivery. In reviewing the goals for “collect” and “share,” although they are appropriate goals and objectives, we believe they are indistinguishable from the goals and objectives of the prior decade. We are concerned that work has not been done to determine why these goals have not been achieved during the past ten or more years and how the tactics and activities of the next ten years will be different.

The AAFP also is concerned that current successes are not acknowledged in the strategic plan. We have seen significant increase in provider adoption of health IT and we are beginning to see a robust network of

www.aafp.org

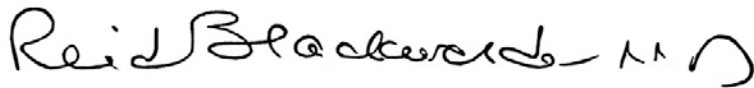
President Robert L. Wergin, MD <i>Milford, NE</i>	President-elect Wanda Filer, MD <i>York, PA</i>	Board Chair Reid B. Blackwelder, MD <i>Kingsport, TN</i>	Directors Carlos Gonzales, MD, <i>Patagonia, AZ</i> Carl Olden, MD, <i>Yakima, WA</i> Lloyd Van Winkle, MD, <i>Castroville, TX</i> Yushu “Jack” Chou, MD, <i>Baldwin Park, CA</i> Robert A. Lee, MD, <i>Johnston, IA</i> Michael Munger, MD, <i>Overland Park, KS</i>	Mott Blair, IV, MD, <i>Wallace, NC</i> John Cullen, MD, <i>Valdez, AK</i> Lynne Lillie, MD, <i>Woodbury, MN</i> Emily Briggs, MD, MPH, (New Physician Member), <i>New Braunfels, TX</i> Andrew Lutzkanin, MD, (Resident Member), <i>Ephrata, PA</i> Kristina Zimmerman (Student Member), <i>Dalton, PA</i>
Speaker John S. Meigs Jr., MD <i>Brent, AL</i>	Vice Speaker Javette C. Orgain, MD <i>Chicago, IL</i>	Executive Vice President Douglas E. Henley, MD <i>Leawood, KS</i>		

secure, interoperable exchange via Direct, supported by a security and trust framework, accreditation programs, and trust anchor services established by DirectTrust under the Exemplar HIE Governance Program's Cooperative Agreement with ONC. We believe that the strategic plan should leverage these successes to support the goals of the plan. Thus, we are concerned about the apparent absence of any short-term (1-3 year) goals to continue the momentum of these successes.

As the AAFP considers its strategic plan for the next ten years for health IT, we believe that interoperability remains a key capability for our specialty. Usability of health IT is also top of mind for our members. Work is required to develop complete sociotechnical systems that support primary care's key capabilities needed to achieve the three-part aim. Given the breadth and depth of the work that could be initiated around health IT, we are concerned that resources may be spread so thin that no significant achievements are made toward the goals laid out in the Federal Health IT Strategic Plan. Focus is needed to ensure concerted efforts that result in significant movement toward achievement of the three-part aim. We believe that focusing on key capabilities that health care organizations and providers really need could assure the concerted efforts. We propose that Population Health Management, Care Coordination, and Patient Engagement be the key capabilities focused on for the near term.

We appreciate the opportunity to provide these comments and your consideration of our concerns. Please contact Steven E. Waldren, MD, MS, Director, Alliance for eHealth Innovation at 800-274-2237, extension 4100 or swaldren@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Reid B. Blackwelder MD". The signature is written in a cursive, slightly slanted style.

Reid B. Blackwelder, MD, FAAFP
Board Chair