



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

April 28, 2014

Edith Ramirez, JD
Chairwoman
Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580

Re: Examining Health Care Competition

Dear Chairwoman Ramirez:

On behalf of the American Academy of Family Physicians (AAFP), which represents 110,600 family physicians and medical students across the country, I write in response to the “Examining Health Care Competition” [request for comment](#) published by the Federal Trade Commission (FTC) in the February 24 *Federal Register*. This letter is in addition to our March 18, 2014 [comments](#) submitted in advance of the FTC’s public workshop Examining Healthcare Competition. Furthermore, I appreciate that FTC staff met with AAFP staff on this issue in early April.

Concerns with Patient Safety

While the AAFP continues to appreciate that the FTC attempts to carefully balance concerns between patient safety and competition, we ultimately believe that encouraging state legislatures to modify how their state medical boards accredit, credential, and license physicians has the potential to threaten patient care. We continue to assert that applicable professional state and federal regulations already exist and they continue to assure the clinical competency of physicians, and thereby protect the safety of patients receiving health care services.

The AAFP understands there are costs associated with accreditation, credentialing, and licensure and it takes time to train and become a physician. Likewise, we are acutely aware of the current and future shortage of primary care providers. However, we do not support policy changes at the federal or state level that potentially promote access to health care services that may be unsafe or potentially harmful.

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The AAFP encourages all federal, state, public and private entities to ensure that individuals providing health care services meet an acceptable level of academic and clinical achievement, have completed the necessary training, and are constantly evaluated for both competency and performance. We support basing this training on national standards.

Family physicians possess distinctive skills, training and knowledge that collectively allow them to provide comprehensive medical care, health maintenance, and preventive services to each member of the family -regardless of sex or age- for a range of biological and behavioral problems. Because of their patient relationships and training, family physicians are uniquely positioned to lead patient care teams and serve as patient advocates in health-related matters, including the appropriate use of specialists, health services, and community resources. The AAFP believes policies and guidelines should protect the scope of family medicine, while also allowing family physicians to work closely with other specialties and health professionals within the context of the physician-led Patient Centered Medical Home (PCMH) team model.

The AAFP continues to believe the scope of allied health professionals' respective practices should not undermine or impede the ability of family physicians to lead the PCMH or provide a traditional array of comprehensive services. Given family physicians' extensive and nationally consistent education and training, we believe patient safety and care quality are best served by ensuring that many of the services provided by allied health professionals are done so only under supervision of and collaboration with a physician.

As part of this effort, the AAFP urges policymakers to delineate the roles of allied health professionals more clearly. These individuals play an important part in the delivery of health services, and provide essential assistance to family physicians as part of a patient-centered team.

When patients see a physician, they should be aware that different health care practitioners are responsible for different parts of their care. To effectively lead a health care team in patient care, a physician must complete a rigorous training program. Following an undergraduate degree, physicians are required to complete four additional years of medical school and then, depending on sub-specialties, three to seven years of residency training. During these graduate-level years, physicians log between 12,000 and 16,000 hours of clinical patient care. As they progress through their medical education and training, physicians are exposed to and taught to make increasingly complex diagnoses. These diagnoses move beyond just symptom identification and management to consider the whole body and its intricate systems. With these factors in mind, physicians are uniquely qualified to develop appropriate, comprehensive treatment plans for the whole patient.

The data shows that by seeing a board-certified primary care physician, patients will encounter fewer emergency room visits, fewer hospital admissions and

readmissions, and shorter hospital stays. One out of every four patients in the United States is treated by a family physician, and more than 215 million office visits are made to family physicians each year. More than 43 percent of family physicians are also available to patients through extended evening and weekend office hours. Physician availability and flexibility are part of the core principles of the PCMH model. As the landscape of health care continues to evolve, family physicians remain thoroughly trained to treat all patients with a focus on prevention, wellness, and overall care coordination.

By contrast, not all allied health professionals are required to complete equally vigorous training and education requirements to obtain health care related degrees. These other practitioners also are not required to adhere to as many, continuing medical education requirements, board certifications, or other quality improvement mandates. The practice of medicine by physicians is standardized across the country by strict medical board requirements, while the practice of other allied health professional specialties is not held to the same high standards.

The AAFP believes physicians have the education, expertise, and experience necessary to ensure the highest quality of care for patients. When patients see family physicians, they are assured they can rely on the family physician's training no matter where a family physician attended medical school or completed residency.

Physicians have a broader experience of patient care than does any other non-physician provider. Therefore, only physicians can provide the highest level of medical expertise every patient needs and deserves.

We should not disguise or diminish these differences in the name of competition, or patient access. Instead, we should acknowledge them and work to establish team-based models that allow each practitioner to provide care that is safe and appropriate based on the professional's education and training. All health professionals, physicians and non-physicians alike, must work to improve the effectiveness of team-based care models, and jettison fragmented models of care that impede medical professionals from working together for the betterment of the patient.

Troubling Increase in Hospital and Health System Mergers

The AAFP continues to urge the FTC to focus efforts on exposing the troubling increase in mergers between hospitals and health systems that increase costs, decrease competition, and fuel an uncoordinated race to provide expensive advanced medical technology and high-cost procedures. Patient access in these markets appears destabilized because hospitals and large health systems use unfair market powers and disparate site of service payment policies to buy out small physician practices or undermine them financially. As discussed in our March 18 letter and during our recent meeting, we recommend the FTC focus significant resources on these issues. The FTC's mission is to prevent business practices that are anticompetitive, deceptive, or unfair to consumers and the AAFP believes this is

an area where greater FTC efforts would benefit patients, physicians, and other health care providers.

Narrow Networks Caused by Health Insurer Consolidation

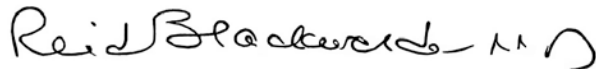
Our concerns persist with the shrinking number of commercial insurers and the expanded role of large insurance plans into government health care programs. Our principal concern is with the consolidation and expansion of plans offered, which allow insurers to narrow their networks by contracting only with those physicians who are willing to accept the lowest levels of payments for their services. This policy leads to monopolistic control by insurers in local markets. Though this trend has existed for several years, we have newfound concerns that health insurers' recent expansion into the Health Insurance Marketplaces and Medicaid managed care plans could exacerbate this problem. We encourage the FTC to use its resources to both examine and prevent such actions by the insurers.

Anticompetitive Behaviors in the Electronic Health Record Industry

The AAFP is concerned with the utilization of health information technology to create competitive barriers against physicians and patients. The lack of interoperability makes it practically infeasible for a physician practice to switch electronic health records should the vendor or health care community use anticompetitive methods to limit a practice's access to needed health information on their patients. This hoarding of data negatively impacts care and distorts market forces trying to decrease health care costs and improve quality. It is critical that health data flow to where patients wish to be treated. The current market forces for EHR vendors and large (quasi-monopoly) health systems limit interoperability in order to retain customers and patients and to elevate prices artificially.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Reid B. Blackwelder, MD, FFAFP
President