

AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

December 12, 2008

The Honorable Barack Obama
President-Elect
The Transition Office
6th & E Street, NW
Washington, DC

Dear President-Elect Obama:

On behalf of the 93,300 members of the American Academy of Family Physicians, thank you for your support for including incentives for physician practices to purchase health information technology (HIT) systems in the upcoming economic stimulus legislation. Investing in HIT is one important means to improve quality and cost-effectiveness in health care, and it is a vital part of the future health care system and thus the economic system as a whole.

We applaud your commitment to HIT and your pledge to, “use health information technology to lower the cost of health care; [and] invest \$10 billion a year over the next five years to move the US. health care system to broad adoption of standards-based electronic health information systems, including electronic health records.” We could not agree more. Following are specific suggestions about changes we can make to HIT in the stimulus package that would have an immediate economic benefit:

1. Every single practice that is committed to provide a “patient-centered medical home” should receive dollars to invest in HIT. Financial incentives should go to practices that use HIT in ways that are likely to increase the quality of patient care through coordination, continuity, and communication. The focus should be *on incentives for these practice capabilities* rather than a focus on proxies such as CCHIT-certified electronic health records (EHRs).

For example, approximately one-half of family physicians already are using an EHR from a commercial vender. What they now need is assistance in making their EHR investment interoperable and capable of delivering high quality care. Of the remaining 50 percent of family physicians who do not have EHRs, one-half say they are unlikely to acquire them. However, these physicians *do* have broad band connectivity to the Internet and thus would be able to adopt incremental and Web-based HIT solutions, such as e-prescribing and Web portals. They need payment incentives for solutions that are easily installed and implemented and do not interrupt work flows.

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Doctors who have EHRs and those who do not, and their patients, as well as payers, would benefit from financial incentives for adoption of incremental, high impact, and non-interruptive HIT that can improve coordination, continuity and communications related to care. For physicians with existing EHRs, these will constitute add-ons or modules, such web portals, e-prescribing, population quality and performance reporting, and e-referrals. For physicians without EHRs, they should be able to acquire some or all of these capabilities through Web-based applications and clinical groupware. These steps would have an immediate effect on health care quality and cost and thus the economic system.

2. Grants should be provided to organizations to establish clinical data repositories (CDR) for quality and performance improvement. To begin to realize the cost savings from improved quality and efficiency, we must implement continuous quality improvement. Right now, there is a gap between the adoption of HIT in practices and the systematic improvement in quality and performance. CDRs for quality and performance improvement would close that gap by collecting clinical data needed for reporting and by providing actionable reports to the practice to implement quality improvement. By aggregating this process across multiple practices, quality and performance improvement and reporting can be done in a cost effective manner to the practice and the health care system.

3. No patient should be transferred from one provider to another provider unless the relevant electronic personal health data accompanies him or her. We can only coordinate care and ensure continuity if this electronic information follows the patient. Physicians should start this communication with the providers they use most frequently. We suggest financial incentives for physicians who begin this electronic data sharing.

4. We need to improve communication with patients by using secure electronic messaging and other expected conveniences. People want to use email to make appointments, see lab results and other tests online and pay bills. Companies sell Web portals with this capability. We believe that payment to physicians to offer these patient conveniences would result in a surge in use by physicians to provide these services.

5. We must use HIT to remove the complexity and costs that are associated with multi-payer claims administration, eligibility and co-pay verification, and proprietary, dissimilar pay-for performance systems. HIT funding should include an all-payer, standards- and web-based clearinghouse for patient administrative information search and look-up that would reduce dramatically the wasted time and efforts associated with filing claims and collecting payment.

6. Finally, most of these changes will be impossible without building up the Internet infrastructure and keeping it maintained. In 21st century America, there is simply no excuse for rural or low-income neighborhoods not to have online access. The federal government must subsidize the establishment of broad band access to all homes and physician practices in the US. If HIT is the "glue" that will connect patients and providers, than the internet is the underlying fabric.

Health care is a significant component of our economic system. Increasing health care costs and uneven quality are linked to patients postponing or even canceling needed care; facing personal bankruptcies related to medical debt; and perpetuating health care disparities and the oft-quoted statistic that Americans spend the most money for health care worldwide but suffer poorer outcomes. Investment in HIT at the practice level is critical to improving health care for our patients, will reduce costly medical errors, can help patients manage their health care more efficiently, and will contribute to the nation's economic recovery.



In a November 24th letter to Finance Committee Chair Sen. Max Baucus in response to his health care reform policy paper, I noted that the “principal barrier for small practices to using HIT is the up-front cost.” Family physicians are eager to incorporate effective HIT into their practices, as evidenced by the 50 percent of AAFP members, noted above, who have invested in new systems. But those who have not yet been able to invest in HIT are often small practices, especially those in rural and underserved areas. These practices typically operate within tight financial margins that make capital for investing in HIT simply unavailable to them. We urge you to include in the economic stimulus legislation some direct financial assistance to these particular practices.

Thank you for your commitment to America’s family physicians and their patients. We are available at the convenience of your staff to further discuss inclusion of HIT in the economic stimulus proposal. Your staff can contact us through Kevin Burke, AAFP Director of Government Relations, at 202-232-9033 or by e-mail at kburke@aafp.org.

Sincerely,

James D. King, MD, FFAFP
Board Chair