AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

## American Academy of Family Physicians NCVHS Testimony

## April 29, 2009

We are glad to see NCVHS conducting panels on "meaningful use" as defined in the American Recovery and Reinvestment Act of 2009 (ARRA). On behalf of our 94,600 members, we would like to submit our view on meaningful use and address some of questions posed to the panelists.

The AAFP is a contributor and supporter of the Markle Foundation's Connecting for Health statement on meaningful use, which is to be published April 30th. We encourage committee members to review that statement after its release. In addition, we would like to make some additional comments to this statement.

ARRA provides incentives to physicians for meaningful use of qualified systems. To receive these incentives, physicians must meet these criteria by 2011 to receive the maximum incentive and by 2014 to receive any incentive. This is a very short timeframe for the selection, implementation, and use of an electronic health record (EHR), especially since the definitions of meaningful use and qualified system are yet to be defined. It can take a practice anywhere from one year to five years to select and implement an EHR.

This investment of $17 Billion must be successful if we are to continue the health care reform momentum. This potential reform represents a paradigm shift in health care finance and care delivery. Meaningful use must be achievable within the current market and time constraints. Meaningful use should be viewed as a train track switch. A switch causes the train to make a small movement, but that movement places the train on a different track and a different path. Meaningful use should do the same in that it must be a modest change, but one that puts practices and the health care system on the right track for reform. This modest change should improve care coordination through health information exchange and create an infrastructure for quality measurement and reporting.

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For care coordination, we believe the exchange, creation, and consumption of a minimal patient summary data set is the most achievable use that has a glide path for future fuller health information exchange. This data set would consist of problems (i.e. diagnoses, conditions), medications, allergies,

and potentially laboratory results. This structured set of core patient health data could then be sent to other providers caring for the patient. The standards are already in place for this data set and its exchange. The market has already begun their adoption; therefore, this is meaningful use that could be in place by the 2011. We demonstrated this readiness for the ASTM Continuity of Care Record standard in our February 2009 NCVHS testimony.

Quality reporting is not as far down the standards development and adoption process as the patient summary data set, but it is critical for our Nation's health care reform. The focus of meaningful use, relative to quality reporting, should be around the collection and reporting of key quality metrics and their submission. Practices should be allowed to submit metrics to regional or national entities that collect, analysis, and report on quality metrics to qualify for this meaningful use.

The certification of qualified systems should be focused on the minimal requirements to satisfy meaningful use. The systems that are needed in the era of health care reform will not be the same systems of our current era. We must allow systems to migrate to this new state and not require them to bring forward functionality solely to fulfill certification. We also need further innovation, which can more easily flourish with light-weight certification.

Our staff would be happy to provide any further information that NCVHS needs. Just contact:

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Sincerely,

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