



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Statement of the American Academy of Family Physicians

Before the

House Energy and Commerce Subcommittee on Health

Regarding

Implementation of the Health Information Technology for
Economic and Clinical Health (HITECH) Act

Presented by

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Chairman Pallone, Ranking Member Shimkus and members of the Subcommittee, I am Roland A. Goertz, MD, MBA, President-Elect of the 94,600 members of the American Academy of Family Physicians (AAFP). As the CEO and Executive Director of a Federally Qualified Health Clinic (FQHC) in Waco, Texas, I am pleased to be here today to discuss the importance of health information technology and its role in transforming health care in the US. My experience should provide a window into how HIT can be utilized by small practices, rural providers and those who serve a variety of populations and how the HITECH subsidies will help.

Background

Let me begin by giving you a little background about the AAFP. Founded in 1947, it is the only medical society devoted solely to primary care. Nearly one in four of all office visits are made to family physicians. That is 208 million office visits each year – nearly 83 million more than the next largest medical specialty. Today, family physicians provide more care for America’s underserved and rural populations than any other medical specialty.

In the increasingly fragmented world of health care where many medical specialties limit their practice to a particular organ, disease, age or gender, family physicians are dedicated to treating the whole person across the full spectrum of ages. Family medicine’s cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

Due to the number of patients family physicians see each year and the wide range of medical services they provide to their patients, the AAFP has long been committed to health information technology as one means to improve quality and cost-effectiveness of health care delivery in the US.

AAFP’s Long-term Commitment to HIT

The AAFP worked closely with Congress to craft the *Recovery Act* provisions on health information technology. The *Recovery Act* makes an unprecedented investment in health information technology and reflects an understanding of HIT as a critical component in a reformed health care system. The AAFP has supported the provisions that would allow our members, and other physicians, to purchase HIT systems and use them effectively.

We believe that the recent “meaningful use” regulations will broadly support what the AAFP already has been doing for years to transform health care. The new federal regulations will influence both how EHR technologies are used and the nature and features of electronic health records (EHR) technologies themselves, perhaps for the next generation. They provide an opportunity to lay a foundation for improving the quality, efficiency and safety of the nation’s health care through the use of health information technology.

The AAFP's main priority has been that the proposed criteria and timeline in the "meaningful use" rules are achievable for physicians in small- and medium-sized practices so that they can qualify for the incentive payments and the rules could then accomplish what Congress intends. We believe the recently-issued rules will be achievable, but they do require significant effort by physicians and their practices.

Given the past efforts of the Centers for Medicare and Medicaid Services in administering incentive programs, such as the Physicians Quality Reporting Initiative, many physicians are not reassured that they will receive the bonus if they attempt to participate in the program. We ask your committee to help make sure that CMS delivers on the execution of this program. If the first rounds of reporting and incentives do not go smoothly, many physicians will turn away from this program.

The AAFP is proud of the fact that 59 percent of our members currently use electronic health records; 44 percent use e-prescribing; and nearly 25 percent use EHRs for patient registries and tracking their patients to ensure they are receiving the preventive care they need. To the extent that the rule defines these activities as "meaningful use," significant numbers of our members are already effectively utilizing HIT. Nevertheless, we need to help the remainder of our members purchase EHRs, encourage those who are using the technology only partially to become more comprehensive and have everyone begin using it effectively.

Our FQHC's Experience with HIT

Let me use our FQHC's experience with health information technology to exemplify EHR's use and importance in a real-life setting.

Our FQHC purchased an electronic health record system 14 years ago as a result of the extraordinary vision of the CEO at the time. Over the past decade, we have found that its use and application have led to significant clinical outcomes that have shown better quality and efficiencies in patient care. Right now, we are using our EHR to address a number of clinical issues, from immunizations to diabetes.

Our FQHC is based in Waco and has 13 sites, two of which are in rural communities around the area. All sites communicate wirelessly, which is less costly. The number of physicians in each site varies from 2 physicians, a nurse practitioner and one physician assistant, to a larger site that includes a resident training program, behavioral health and dental services.

The mission of FQHCs is to provide health care to those under 200 percent of poverty, those covered by Medicaid and those who are dual eligible. In total, our FQHC serves approximately 50,000 people with those characteristics. As a result of this diversity of populations and settings, we have learned a great deal about the use of EHRs

Adoption of HIT: What We Have Learned

We often are asked about our experience with encouraging our physicians to adopt HIT. When we purchased our EHR system 14 years ago, clearly, we were an early adopter of a new technology. A number of our physicians were uncomfortable with computers, we were in a rural area and we took a fairly aggressive and committed approach to make it work. Now, however, despite that initial reluctance by some people, our surveys indicate not one of our providers would return to paper records. They have seen how HIT use has improved patient care and increased their effectiveness.

In Texas, the majority of physician practices include 1-5 physicians. Nationally over 25 percent of family physicians are in practices of 1-2 physicians. Clearly, these are the small- and medium-sized practices that we in Texas, and the AAFP nationally, want to encourage to adopt HIT. While some of these physicians have purchased EHRs over the years, others have been waiting for the incentives in the HITECH Act to allow them to make the investment.

Small- and medium-sized practices, particularly those in rural areas, are critical to making HIT work in this country. Practices that are not linked to a larger system typically find it the most difficult to make the financial investment and changes necessary while running busy practices operating on small margins.

These practices also struggle to find the technical assistance to implement and maintain their new IT systems. Without assistance in this regard, it is difficult, if not impossible, to achieve the desired outcomes of meaningful use. The establishment of the regional health information technology extension center program will be critical for success by these practices. We are hopeful that the regional extension centers will be able to provide such assistance, but we are concerned about their capacities to provide these critical services.

Given the criticality of technical assistance to practices, we ask that your committee monitor closely the Office of the National Coordinator's implementation of the regional extension program to assure its success and expansion of these assistance programs as meaningful use progresses.

Generations in Transition

We have made at least two observations about encouraging different sizes and types of practices to make the leap and purchase EHR systems. The first observation is quite straightforward: physicians coming out of residency today and over the last decade simply expect to use HIT and do so automatically. Unsurprisingly, those physicians who have practiced longer, and whose average age nationally is 51, were not exposed to computers at an early age – as were younger physicians - and may not wish to change their patterns at this point in their career.

Consequently, the issue of whether or not to adopt HIT is partially a generational one and will resolve itself over time. During this period, however, I expect that some physicians will choose to step off the medical path. That is their choice. While I do not know how long it will take, the current issue slowly will disappear and physicians and patients will reap the benefits of improved patient care and efficiency.

Nevertheless, we are in the middle of a significant transition in health care in this country. We must assist physicians as they make this change. Many practices are interested in purchasing HIT but have not seen it in action. Our experience is that showing physicians from all practices how they can use EHRs to transform their patient care makes them very receptive.

Specifically, provisions in the HITECH Act, such as the regional extension centers and the Beacon Community funding programs will serve as a bridge for both new and older physicians to effectively use health information technology. The regional extension centers were established to provide technical assistance and guidance to primary care providers so that they can become meaningful users of HIT. The Beacon program will provide funds to communities to help them build their infrastructure and then disseminate best practices to the rest of the US. Both programs will help support physicians in their efforts to “meaningfully use” HIT. Discovering and disseminating best practices on achieving high quality, safety, and efficiency is critical to get the potential benefits out of the health information technology investment. We ask that your committee continue to support pilots, around the patient centered medical home and advanced use of health IT, and other projects that help in this discovery and dissemination of best practices.

The Importance of Resources

As stated above, our second and more important observation is that solo, small, rural practices, in particular, are extremely short of time and dollars. Under those circumstances, it is nearly impossible to put aside savings with which to purchase HIT. In addition, practices implementing HIT see fewer patients and earn less money as they prepare their practice for an EHR and then select, implement, maintain and “meaningfully use” a system. As a result, we strongly support these important HITECH Act incentives.

We ask that your committee fight for appropriate payment for family physicians and other primary care physicians as they invest heavily in transforming their practices for the future – investments that extend well beyond HIT implementation – all of which are critical for improved quality and cost efficiency of care. In addition, practices are at their maximum capacities for change, and we ask that your committee not make additional requests of these physicians during this transition and even look at the required adoption of ICD-10 as something to delay.

We support the “front-loaded” aspect of the HITECH incentive payments. These dollars will allow physicians to purchase the hardware, software and maintenance programs that are crucial to implementing a successful HIT program. While hardware costs have decreased over time, software and maintenance costs have not. Our data shows that an average EHR system costs \$40,000, a steep price for small- and medium-sized practices, not including the thousands lost in decreased productivity during the transition.

Specifically, we realize that meeting the goal of “meaningful use” will mean more investment, both in time and money, than simply implementing any EHR on the market. And, staying current with “meaningful use” requirements likely will mean incremental updates in EHR software and interfaces, which will be ongoing costs to practices.

Consulting and training expenses also must be considered in addition to the pure hardware and software costs and issues. The workflow redesign required to realize the true benefits of EHR adoption and “meaningful use” are foundational changes within the organization that take careful planning, focused effort and active management. Physicians will need to use these dollars to engage experienced, successful and truly independent consultants to help them chart this course.

In sum, the funding provided in the HITECH Act is vital. Physicians deeply appreciate the assistance on purchasing the systems and beginning to make practice changes.

Effect of HIT on Federally-Qualified Health Centers

Health centers must be open to all, regardless of one’s ability to pay and the health center’s board must be made up of a patient majority. Health centers are not for profit entities serving 20 million patients in over 7,500 communities across the country. In my state of Texas, 57 health centers serve just over 800,000 patients. Meeting “meaningful use” requirements will be a significant change for most federally-qualified health centers. FQHCs will need to work with networks or regional health information organizations to share important information and also provide patients with electronic access to their health records. Both of these issues will require us to develop software, as well as ensure the privacy of patient records. Furthermore, the “meaningful use” rules will change most FQHC’s workflow patterns, and, more importantly, report compliances with these regulations to CMS. Nevertheless, these requirements will allow FQHCs ultimately to successfully coordinate and improve the care they provide their patients.

Conclusion

Health care is a significant component of our economic system. While health information is only one portion of this highly complicated industry and 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.

I would be happy to answer any questions.