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June 3, 2019

**VIA ELECTRONIC SUBMISSION**

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Attention CMS-9115-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Administrator Verma:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the *Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans in the Federally-Facilitated Exchanges and Health Care Providers* proposed rule.

ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes and ensuring that patients receive high-quality care. Generally, we support efforts to reduce administrative and regulatory burdens for physicians and promote flexibility and innovation, including interoperability.

Osteopathic family physicians' practice in variety of settings, including in solo, small, group, rural, Native American Indian healthcare, and alternative payment models. We urge CMS to consider family physicians and the variety of settings in which they practice when weighing the potential burdens and benefits of new requirements.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at [advocacy@acofp.org](mailto:advocacy@acofp.org) or (847) 952-5100.

Sincerely,



ACOFP President

ACOFP supports promoting interoperability and advancing the electronic exchange of information in a safe, effective manner. We acknowledge that the Centers for Medicare & Medicaid Services (CMS) has taken steps to address administrative burdens to support rural practices, but, as described above, more assistance is needed to support rural physicians and their patients. We agree with the agency that patients should have access to and easy transfer of their health care information. Further, we believe that health information technology (IT) should serve as a resource for providers to deliver high quality care, not detract from the clinician-patient relationship. ACOFP appreciates the importance of achieving interoperability and patient access to health IT. We also appreciate and support that the vast majority of the responsibility will be placed on larger entities (e.g., hospitals, systems, Medicaid Managed Care Organizations, and Medicare Advantage organizations).

While we generally support the agency's efforts with regard to interoperability and its proposals in this proposed rule, we have concerns with potential downstream impacts these requirements may have on family physicians in solo, small, and rural practices. As primary care physicians, we often interact with other health care providers that have and use different electronic health record (EHR) systems or health IT vendors. The lack of interoperability especially can be challenging in delivering seamless health care to our patients. While this proposed rule would help to improve interoperability, family physicians in private practice may be required to purchase new or update existing systems to ensure interoperability, which would require funding and resources that they do not have.

ACOFP also is concerned that solo, small, and practices in underserved areas are being left behind. There is minimal support for community-based family physicians in terms of financial, administrative, and technical support. Many of our members practice in areas without a reliable internet connection or with limited infrastructure. While interoperability is a goal we all support, it is not feasible in certain parts of our country. The most technologically advanced system will be meaningless if we cannot afford it, do not have the technical training, and do not have sufficient infrastructure to support these efforts. We have similar concerns with agency's efforts to create a provider digital contact information index. As CMS considers implementation of this index, we request tailored education and technical assistance to support those physicians who need it most.

We appreciate the special attention being paid to the importance of interoperability and the potential it has to reduce provider burden. However, we reiterate our concern that smaller entities and practices not be left behind as technology quickly advances. In previous comment letters, we expressed our support for several CMS efforts to alleviate burdens associated with EHR, and we express our support for proposals to place the responsibility on those entities that can more effectively bear this responsibility. We also remind the agency that EHR requirements directly and adversely impact physician wellness. A recent study in the *Journal of the American Medical Informatics Association* indicates that EHR burden is associated with "physician burnout," especially for primary care physicians.<sup>1</sup> Burnout can lead to poorer quality, lower levels of satisfaction (for both patients and physicians), and drive physicians out of practice.

ACOFP shares the agency's goals of leveraging technology to improve care delivery, and we hope that CMS will focus on how to specifically support family physicians in rural and underserved areas. In all

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<sup>1</sup> Rebekah L Gardner, Emily Cooper, Jacqueline Haskell, Daniel A Harris, Sara Poplau, Philip J Kroth, Mark Linzer; Physician stress and burnout: the impact of health information technology, *Journal of the American Medical Informatics Association*, Volume 26, Issue 2, 1 February 2019, Pages 106–114 (published 5 December 2018), <https://doi.org/10.1093/jamia/ocy145>

aspects of burden reduction, we urge CMS to continue to collaborate with physicians and other key stakeholders.

For example, Family Medicine for America's Health has done significant work in this area and could be a valuable partner moving forward. We also offer our support as the agency continues to work to reduce burdens related to health IT and EHR use. Overall, we urge the agency to work collaboratively as this will benefit all patients and physicians.