

Comments on the Florida Health Information Exchange Plan Overview
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From: Doug Courtney [mailto:dlcourtney@bellsouth.net]
Sent: Wednesday, May 20, 2009 2:59 PM
To: FLHII
Subject: Comments on Draft Florida Health Information Exchange Plan Overview

Brenda Phinney

Following are our comments on the HIE Plan. Thank you for the opportunity.

Category – Vision Statement/Objectives:

Comment: Objectives do not include the adaption of consumers as a point of entry for medical records or recordkeeping. Consumers use and adapt far more medications than are prescribed by doctors or institutions. Self medication proliferates in many of the over the counter medications, alternative medications, procedures and out of country medical procedures and medications than are prescribed jointly by the entire Florida medical community. Exclusion of the consumer as an entry point for medical record keeping denies the ability of accurate diagnosis or examination of consumers/patients and skews any results that may be gleaned from any research.

Objective of ARRA as stated in Sec. 3001. (b) (4) “provides appropriate information to help guide medical decisions at the time and place of care.” Without inclusion of consumers and their self medication or other country information “appropriate information at time of care” cannot be accomplished. ARRA does not anticipate that the HIE will only require the participation of provider/payer information. The HIE is not supposed to be only for payer/providers. The ARRA anticipates that the focus of the HIE is to be patient-centric and can only accomplish this with the inclusion of consumer information.

Category: State Level HIE

Comment: One interchange for all network information allows for control of information exchange, but also allows for simple disruption of HIE system. Secondary protocols and venues should be developed to avoid system wide failure or exponential costs increase associated with single source enterprises.

There should be a venue for consumers or patients to access or add to their records within the HIE without being part of, or attached to, a payer/provider. Recent laws and court rulings require that patients have access to their medical records. Exclusivity of these records for the use of only medical personnel, without the access of the patient to their own records, could violate these laws leading to potential lawsuits and additional costs to the HIE system. This exclusion of consumers to their medical records, unless they have purchased access through a payer/provider or gained access through payer/provider plans, unfairly restricts usage of the consumers own medical records. This restriction creates an instance where the medical communities act as gatekeepers and gives them the ability to potentially bar free access of personal files. The ARRA did not anticipate payer/providers becoming the gatekeepers of patient information. On the contrary the ARRA is geared toward wider dissemination of medical knowledge and the inclusion of consumer/patients in a patient centric environment.

There is a high anticipation in the HIE of an Internet only based system. But the ARRA does anticipate non-internet based technologies and creation of interactions with those technologies. The HIE as designed is in essence a closed system as regards to patient/consumer interaction and interaction with non-internet based systems. Portals and interfaces should be created to allow interaction with these non-internet based technologies. This would place the HIE more in compliance with ARRA guidelines.

Category: Multi-payer and Medical HIE

Comment: One of Availity's primary functions is the financial relationship between consumers and medical care and the tracking of consumer payments and benefits. Steps should be taken to ensure this type of information from Availity or any other system is not generally available to the HIE system as a whole. The HIE is to be a portal for medical information exchange and should not become a defacto collection agency or medical credit bureau.

Category: Regional HIE Gateways

Comment: The regional health information exchange gateway refers only to 'existing' organizations. This precludes local communities coming together after the adoption of the HIE to further medical care in their community. It is suggested amending to allow existing or future regional gateways. The HIE should want to encourage new innovation and usage within the context of the adopted rules and guidelines of the HIE.

Douglas Courtney

President

Execdata, LLC

Palm Coast, FL 32164

Telephone: 386-445-2088