

December 10, 2009  
HIECC Meeting  
Comments on Proposed HIE Services  
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**Sent:** Friday, January 08, 2010 3:41 PM  
**To:** FLHII  
**Subject:** Comments for HIE

Please find Accenture's comments on the recent HIE strategy. We look forward to continued discussions. Thanks!

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Florida Agency for Health Care Administration (AHCA)  
Florida Center for Health Information and Policy Analysis  
Florida Statewide Health Information Organization

RE: Accenture comments on the Proposed Health Information Exchange (HIE) Services

Thank you for the opportunity to provide comments on Florida's proposed statewide HIE services. Given the increased momentum around advancing the nation's health IT agenda and the substantial amount of federal funding provided to help states achieve health care transformation, it continues to be an exciting and significant time for establishing health information exchanges. Below we offer comments for AHCA's consideration as it continues to formulate plans to obtain HIE services and technologies.

We agree that HIE services should be implemented in a phased approach. It will be important for AHCA to consider end-to-end technology solutions that are flexible and can grow over time to meet future phases and the state's overall vision for HIE. Our research and experience has shown that planning and implementing a statewide HIE can be challenging and complex. As AHCA begins to assess solutions and capabilities to meet the requirements of the first phase of HIE services (clinical messaging), it will be vital to select technology solutions that will also meet the requirements of future phases, providing the flexibility and extensibility to achieve short, mid, and long term goals. Choosing the proper infrastructure and technology can significantly reduce re-work for future phases of implementation.

Closely related to the need to select flexible and extensible end-to-end technology solutions is the idea that the state procure the HIE services in an integrated fashion. In addition to vendor software, there are a number of other areas that are necessary to delivering a successful outcome. System integration will be a key area given the number of source systems (providers, labs, pharmacy benefit managers, etc.) and the need to integrate the different components of the HIE solution, electronic master person index, record locator service, terminology translation, reporting, analytics, etc. Additionally, there are other needs such as change management, governance, program management, and the overall solution integration. Looking at procurement from an overall solution integration perspective, as opposed to a purely technical product perspective, will give AHCA the flexibility to grow the solution in line with the HIE road map it has defined and provide flexibility to adjust as business and health care priorities change over time.

#### **Clinical Messaging Services**

Slide 16 includes a bullet that reads: *All results in same standardized format reduces physician time to read results and reduces potential for error.* There is a lot to achieve in this statement. We'd like to point out that most reference labs can produce data in a format easy to standardize or already

standardized. Other types of clinical results and reports (which could include radiology, pathology, EKG, transcription, and discharge as stated on slide 9) are likely to be at varying stages of national standardization. A consideration for AHCA is to offer a shared translation service that is provided by the statewide HIO. Other alternatives include (1) pushing the responsibility to standardize data to the providers which could be a barrier to provider adoption, or (2) the statewide HIO provides translation services for providers that will connect directly to the statewide HIO; other Florida RHIOs will then be responsible for providing translation services to its respective providers.

Lab results delivery is a straight forward process when lab results are being sent to the ordering physician via an electronic inbox. However, for the other clinical results and reports that have been noted as in scope for clinical messaging (radiology, pathology, EKG, transcription, and discharge) it isn't as straightforward to determine which providers will be notified of the results and to which provider's inbox these results are delivered to. It is also mentioned on slide 13 that hospitals and physicians will be able to forward results to other physicians on the network. These scenarios highlight the need to closely examine patient privacy and consent laws and policies and determine the appropriate process and work flow in an electronic environment prior to implementation.

### **Patient Look-Up Services**

The need to address patient privacy and consent comes into play during the initial phases of exchange, and continues to be an integral element as exchange progresses into patient look-up services. HIE technology solutions need to be able to account for electronic consent processes and consumer preferences in a way that aligns to the state's standards, policies, and procedures for patient consent and consumer preferences.

Another area of consideration is that of the core set of data AHCA intends to exchange in the initial phases of exchange and long term. AHCA needs to consider the following: What is the core set of data initially sought? What data sets does AHCA want to add in and over what time periods? What data will be normalized from the initial phases of exchange? What is the phased approach to normalize the rest of the data? As an observation, medication reconciliation (noted on slide 23) cannot be done until medication data is normalized.

On slide 23, AHCA uses the term 'aggregated records.' We assume this is for the purposes of public/population health. If so, and Florida intends to implement a federated model, the state needs to consider how this aggregation will be achieved, including the capabilities to pseudo-anonymize data and re-link data to patients if needed by those who have the proper authority (e.g. in the event of a public health outbreak).

### **Quality Metrics Services**

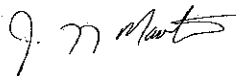
The location of data will play a large role in determining how technology solutions can support the requirements for quality metrics services. In a federated model, data is shared across the HIE and held at the provider level; data is not stored centrally. As a result, the technology will be more complex as quality metrics will be consolidated 'on the fly.' Network performance and system availability will be key considerations.

### **Other Meaningful Use HIE Service Ideas**

On slide 38, "Other Meaningful Use HIE Service Ideas," AHCA has identified a number of good ideas that could bring significant value in the form of incentives for providers to connect to the statewide HIE, improvements in quality, process efficiency, and/or financial efficiency. The only question we had was around the standardization of lab tests and whether that would already be included within Layer II Mapped/Normalized Data as defined on slide 35. The next step would be to quantify the benefits each of these ideas brings and to incorporate them into AHCA's overall plan at the point where those benefits would generate the greatest value.

Thank you again for the opportunity to comment. We welcome, at your convenience, the chance to continue our dialogue with you to further explore your thinking and to share our views and experiences.

Respectfully yours,



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