

From: mragusa@axialproject.com [mailto:mragusa@axialproject.com] **On Behalf Of** Mark Ragusa

Sent: Friday, March 25, 2011 10:06 AM

To: Massey, Anita

Subject: RFC #201101-01 - Axial (Ragusa)

Dear Anita,

Good Day.

Mark Ragusa

Axial Exchange, Inc.

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General Comment: First, let me say that I am very appreciative that we are given the opportunity to reply to this project and provide our thoughts and comments. Overall I am impressed with the diligence that is being taken in this process and look forward to the next steps of the project.

Overall I am in favor of most of the core HIE services and most of my comments will be focused on the value added services that are outlined in the document. My biggest concern is that the HIE stays very focused on current open and relevant standards when architecting and proposing functionality and services. So far the document is very vague on this particular content. With that said here are specific comments on the various sections.

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Core & Value Added HIE Services: (Attachment 1)

Security Services: No comment but please outline specific standards and process used.

Provider Directory: This is a great feature and an obvious core function. Please add database interaction structure.

Message/Recorded Routing/Return Receipt: Good function. Please add specifics on which standards will be used to accomplish this function.

Identity Management & Authentication: Which standards?

Transaction Logging: Great function. What field of the transaction will be stored? How long will this be stored and what is the process for asking for an audit report?

Consent Management: Understood.

Terminology Services: Do not believe this is entirely the function of the HIE. Semantic Interoperability is not easy and could easily be the biggest road block to interoperability. Pick the way in which the information / elements are to be sent and publish this.

Transformation Services: Would propose the use of a current open standard using current acceptable methods, publish the interface to be used and ask for the endpoints to comply. If done in a "any possible way" this could be like "herding cats" and very hard to control.

NHIN Gateway: No comment

1.1 Lab Ordering: No Comment

1.2 Lab Result Delivery: No Comment

1.3 Lab Normalization: Semantic Interoperability should not be the role of the HIE. This should be left up to the endpoint.

1.4 Radiology Results Delivery: No Comment

1.5 Radiology or other image delivery: No Comment

1.6 Access to Immunization Data: No Comment

1.7 Med Hx: Commercial providers already exist. Is this a valid function of the HIE?

1.8 Procedural result delivery: Can this be packaged in current open standard messaging? If so this should be specified and used.

2.1 Clinical Messaging: Strongly disagree with setting up an additional message location for messaging. Would suggest that a contact preference set up in the Provider Directory and that be used instead.

2.2 Eligibility Check: Similar to Med HX, as this function and service currently exists. Should connect to those??? Is this a valid function of the HIE?

2.3 Prior Authorization: Similar to Med HX and Eligibility Check, as this function and service currently exists. Should connect to those??? Is this a valid function of the HIE?

2.4 Summary Record CCD/CCR Exchange: Not really the responsibility of the HIE. Agreed that the path is the responsibility of the HIE but not the content structure. Publish the standard required for use and ask the endpoints to comply. Endpoints on this HIE should be able to send and receive published standards based CCD/CCR.

2.5 Summary Record CCD Translation: Similar to 2.4, not really the responsibility of the HIE. Ask the endpoints to comply. HIE should not have to facilitate the upgrade of the endpoints. Sustainability issue?

2.6 Consumer Empowerment: Agreed, PHR functionally should be part of the HIE.

3.1 Immunization Reporting: No Comment. Agreed

3.2 Routing of Lab Reports for Required Reporting: No Comment. Agreed

3.3 Quality Reporting: Agreed. Potential value for endpoints! Should be stressed to endpoints as such.

3.4 Disease Surveillance Reporting to Local Public Health and State Agencies: No Comment. Agreed

3.5 Disease Surveillance Reporting to CDC: No Comment. Agreed

4.1 Access to Aggregated Data for Authorized Queries: Could be very interesting but very complicated. Could be a part of the Opt In / Opt Out portion of the PHR so that individuals could make their wishes known. De-Identified process would need to be identified as well as a searchable audit of condition type. Difficult in a federated model.

5.1 Clinical Decision Support: No Comment.

5.2 Electronic Prescribing: Sub-Component to Med HX above. This type of function and service currently exists. Should connect to those??? Is this a valid function of the HIE? Again, very appreciative for the opportunity to comment.

Regards,

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