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Subject: IBM Response to NCHIE RFC # 201101-01
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IBM appreciates the opportunity to provide input on requirements for North Carolina's Statewide Health Information Exchange Services, continuing our longstanding commitment to developing services and infrastructure that *"improve the health and health care safety, quality, access, and efficiency for all North Carolinians."* With more than 450,000 employees and dependents in the U.S., IBM has been a strong proponent of health care reform through the application of health information technology. As a large North Carolina employer and a significant consumer of Healthcare Services, IBM is very interested in helping North Carolina achieve the most cost-effective and efficient healthcare system possible.

The healthcare industry is one of IBM's strategic markets and we continue to make significant investments in resources, research and solutions using IBM's proven technology. Since its first healthcare exchange in 1993, IBM has fostered and invested in development of structured and standards-based approach to improving interoperability of health information. Our partnership with North Carolina began when IBM was selected as charter developer of the NHIN Architecture Prototypes and continued in supporting the State through two subsequent NHIN deployment phases.

Building a sustainable HIE collaborative requires much more than technology

HIE technology, though a necessary and powerful enabler, does not in itself create the collaborative environment necessary to foster ubiquitous and meaningful electronic sharing of clinical information. This is why IBM commends NCHIE for issuing this Request for Comment and note that guidance Section 3 solicits the perspectives of North Carolina's healthcare stakeholders to validate or challenge the priorities and approach that has coalesced over the past year in NCHIE's four Work Groups. As a major systems integrator, IBM offers advice that seeks to reinforce the strong efforts of NCHIE's Work Groups, challenged with both ONC and NC facing responsibilities, while also being champions for consumers and providers across NC's urban and rural Medical Trading Areas.

IBM's first critical success recommendation is that North Carolina should continuously solicit feedback from key stakeholders across its diverse healthcare ecosystem to counterbalance Federal ONC and CMS perspectives and mandated requirements. A balanced approach between governance, financial sustainability, clinical functionality, privacy and legal/regulation and technology are essential in making a long term impact on improving healthcare for North Carolinians. To accomplish we believe NCHIE will be greatly aided by experienced and impartial healthcare consulting and deployment support.

Taking a long-term, holistic view in selecting the right implementation partner for the NCHIE

IBM also recommends that NCHIE structure its technical RFP process to emphasize the need for an experienced vendor with demonstrated capability to scale and evolve their proposed solution. The singularly common attribute of the Core requirements identified by NCHIE, aside from being foundational, is their flexibility and longevity in serving current and future needs, perhaps for as long as several decades. NCHIE should place high value on selecting a vendor with proven corporate longevity and with the capability to support interoperability solutions across heterogeneous environments as well

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as to innovate in addressing the North Carolina's future needs. The selected vendor should possess the breadth and expertise to provide technical and operational leadership across the following areas:

- NHIN experience and as well as integral knowledge of North Carolina's healthcare ecosystem
- Broad systems integration experience across multiple healthcare domains (e.g., providers, payer, pharmaceutical, public health, research)
- Scalable and flexible HIE solutions based on SOA principles (e.g., flexible and mature patient indexes and provider directories, direct message and document-based exchange)
- Standards development expertise including: NHIN, HIE, Open Source, and EMR certifications
- Robust, HIPAA-compliant hosted operations and call center support
- A clear roadmap that extends core functionality to advance value-add services

Adopting "best of breed" approach blending statewide shared services with point solutions

IBM believes NCHIE might be better served in segregating some HIE functions (some fundamental such as Master Data Services (MDS) and others specialized such as radiology reports or advanced clinical decision support). The balance of our response illustrates the value of a segmented approach for one such shared core service: Patient and Provider Registries. IBM, via its IBM Initiate Master Data Service (MDS) platform, provides the leading industry solution and services for accurate patient/person/citizen/organization identification, matching and linking, the foundation for accurate, scalable and high performance healthcare data exchange. Our many partners and 200+ Initiate MDS clients, including 40+ health information exchanges, recognize and rely on our critical level of accuracy to provide accurate clinical and business results for their customers.

Successful health information exchange starts with the reliable and accurate matching of patients and their available records. Frankly, nothing else matters if this is not done right. The ramifications on patient safety are obvious. Other consequences are less obvious. E.g., if a Provider searches for a patient and doesn't find all of their information (due to inaccurate and unreliable matching and linking), they will lose confidence in the solution and adoption will suffer. In short, Patient and Provider Data Management are the core foundation for interoperability and critical to the success of your project.

IBM recognizes North Carolina's desire to leverage existing Patient matching capabilities within various Qualified Organizations but firmly believes this needs to be coupled with a strong core service patient identity management capability that is implemented and managed state-wide. The lack of strongly-worded emphasis on the functional control and governance of accurate patient identity state-wide is cause for concern and could result in dilution of capabilities once a Request for Proposal is issued and responses are evaluated. IBM suggests the requirements around Patient Registry should be expanded and reflected in the published RFP to emphasize the need for proven world-class accuracy, scalability, ease-of-use, support for standards and interoperability so these capabilities can be delivered in the HIE solution and delivered to the citizens of North Carolina.

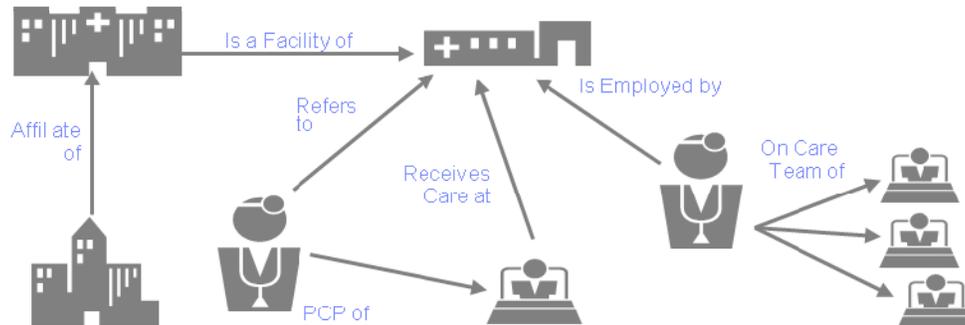
IBM applauds North Carolina's inclusion of a strong Provider Directory capability to support the HIE but suggests it be taken one step further to recognize that Patient/Provider/Organization Data Management are closely interrelated and should be considered as a common capability across a shared platform.

Many HIEs can realize significant value in pairing a Patient Registry to a Provider/Organization Directory to gain insight into patient-provider, provider-organization, or patient-organization relationships, enabling improved coordination of care, analysis, and reporting. Accurate and complete provider data is a key component of an interoperable health and accountable care strategy. This strategy requires not

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only a single view of the provider community but also the relationships those providers have with patients, including referrals, affiliations with clinics, laboratories and other practitioners.



Interdependency of Patient, Provider and Facilities Registries within a Multi-stakeholder Healthcare Environment

Recommendation

IBM believes North Carolina requires and stands to benefit from the inclusion of a world-class Patient/Provider Data Management solution in its Health Information Exchange. NCHIE should give high priority during the evaluation process to ensure that data accuracy and integrity can be established and demonstrated at the outset. The risk in utilizing a very basic solution with less-proven capability could mean the difference between broad adoption by the community and lack of confidence in completeness and accuracy in the results being provided and a disincentive to use the HIE services being provided.

To ensure that all stakeholders and constituents have high confidence that quality, security, and privacy of Patient data are in the forefront of the implemented solution, IBM suggests the following actions:

- Affirm Strong Commitment to Patient/Provider Data Management Capabilities within the State by clearly describing the profile and capabilities of the desired solution within the HIE
- Consider a Dedicated MPI Procurement Process to ensure that the best MPI solution can be obtained independent of a broader HIE platform selection. Any quality MPI and/or HIE platform will offer strong interoperability with other standards-based interoperable components delivered by other vendors.
- Avoid selecting a MPI bundled within a HIE platform that may deliver unproven or substandard capabilities.
- Firmly State Strong Requirements for the MPI to ensure that a functionally robust capability is being specified and evaluated.
- Ensure Proper Weighting of MPI functionality during Evaluation. Patient data accuracy cannot be compromised and this needs to be reflected in the evaluation process.
- IBM has long provided domain expertise and thought leadership around data management in Healthcare and within Health Information Exchange. As a provider of proven HIE Patient/Provider Data Management solutions, IBM believes North Carolina can greatly benefit from its offerings. IBM would welcome the opportunity to offer further education, input, or clarify understanding of what is described here. IBM looks forward to proposing its solution to further North Carolina's HIE endeavors.