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Sent: Thursday, March 24, 2011 1:06 PM
To: Massey, Anita
Cc: BEN ALEXANDER; BILL ATKINSON; KATHLEEN GORMLEY
Subject: RFC # 201101-01

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Before I share my comments, let me say thank you for working diligently to address and hopefully solve this very complex, yet important project for the North Carolina health care community. As I review this document and make these comments, I realize that it is difficult to develop a technical solution that fits all of the health care participants and addresses all of the specific information exchange needs in this state. Thanks for the thought and hard work on this initiative.

My comments can be summarized in a few words of input. I believe the this initiative needs to → Use industry **standards** and commit to an as **simple** as possible approach in all possible areas. In saying standards, I am saying pick one and do not plan to use all available IS standards.

If we use standards (one) we will help contain the ongoing monthly cost of the HIE for all participants and we reduce (simplify) the many potential points of failure. I believe that the HIE needs to not do everything. Rather the NC HIE should offer/perform the core data sharing services and leave the participants to do much of the work on data translation, data staging, etc. The participants can either achieve this through the standards that are required for the NC HIE or do it with their own data transformation services within their organization.

WakeMed already does these terminology services translation within out IT systems. If these service are in the HIE we essentially pay twice.

One final point that came to my mind in reading this document. (This thought is not focused on anyone thing.) I can see where the objective for this project, may by design or by accident, be in essence “to be all things to all people”. In other words, the belief could exist that NC HIE needs to do; all things, for all participants, accommodate all standards, etc., etc. from day one. That may be the case. However, if that is the project objective, I am concerned that the bar will be too high. Also, with that “high bar” comes what I stated at the outset → high cost and high degrees of complexity.

I am concerned that either high cost and/or high complexity can hamper, even derail this important initiative. Would we not be better to target some key, large areas (but not everything) to start with and grow from that success? Further, I would suggest that the functionality of the NC HIE be allowed to grow with the advancement and development of the Meaning Use functionality and with the capabilities of our individual EHR tools. Again, the advice is to not commit to everything day one.

Thanks you for this opportunity to comment on this important NC initiative. I hope this input is of some value. You have a difficult task here and the NC health care community needs this project to succeed.

Respectfully,

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