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Title: OPEN HEALTH INFORMATION EXCHANGE

Governor Shumlin wisely chose to stick to our Health Information Exchange (HIX) vendor, CGI. Federal health-care registration will likely suffer additional disruptions due to the hand over from one profit oriented corporation to another, while we here in Vermont will be spared a similar transition. Looking to the future, what can we do to assure that our health care information technology becomes the first-class public health information system that we need it to become?

Right now Vermont taxpayers have purchased from CGI the equivalent of a car with the hood welded shut. Vermonters know that to fix anything you need unfettered access to what is broken, some tools and a service manual. What State leadership needs, is to apply a State information policy already on the books, specifically the *State of Vermont ... SOV — Open Source Software and Open Standards Policy*, and use open source development techniques and technologies to re-factor and refine the current HIX system. By giving Vermont's HIX a General Public License and making the source code, which contains no private or individual data, available in a source control system, we suddenly have the equivalent of current successful computer software projects such as Facebook, Google, and Linux. Advantages to this use of open source technology include but are not limited to:

- Assurance that vendor lock-in is not an option. When and if the State chooses another (preferably local) software vendor, the transition can be painless.
- Giving local firms a chance to participate in the repair and continued development of the HIX.
- Opening to Vermont tax payers and the public the HIX system substance and allows us to see the progress we are paying for.
- Allowing for a program of “Bug Bounties” where individual and commercial firms compete and propose improvements.

The eyes of the world are on the United States and particularly our Green Mountain State to see how to deliver health care to our citizens. Current closed source proprietary methods of coding have proven to be expensive, wasteful and unreliable in project after project in our state government. Current successful hospital and medical information systems are all based upon open source systems. One example is the Veteran Administration's VistA based upon MUMPS, the venerable open source program developed right here in New England. I would propose that we try something new and look into transforming the Vermont Health Information Exchange, publishing it as Free and Open Source code, and allowing our publicly funded work to become a program to protect the health of the current and future generations, and an open model to the world.

Thank you,

Paul Flint
BOSI