

**MINUTES**  
**Commonwealth of Virginia**  
**Health Information Technology Standards**  
**Advisory Committee (HITSAC)**  
**September 29, 2016**

Commonwealth Enterprise Solutions Center  
Multipurpose Room 1222  
11751 Meadowville Lane  
Chester, VA 23836

## ATTENDANCE

### Members Present:

Dr. Marshall Ruffin, Chairman  
Dr. James Harrison  
Mr. Rich Pollack

### Commonwealth Agency Staff Present:

Joseph W. Grubbs, VITA/HITSAC Staff  
Debbie Condrey, VDH  
Jay Smith, VITA

### Members Absent:

Dr. Christopher Barrett  
Mr. John Quinn

## CALL TO ORDER

Chairman Ruffin called the meeting to order at 10:40 a.m. in multipurpose room 1222 at the Commonwealth Enterprise Solutions Center in Chester, VA.

*Note: The HITSAC meeting agenda packet including all of the presentation materials may be accessed on the VITA website at: <http://vita.virginia.gov/ITAC/default.aspx?id=6442474396>*

## OLD BUSINESS

### Meeting Minutes

Chairman Ruffin called for a motion to approve the minutes from the May 12, 2016, meeting. A motion was made then seconded, and the minutes were adopted without objection.

## NEW BUSINESS

Chairman Ruffin closed the Old Business portion of the agenda and opened New Business. He recognized Ms. Debbie Condrey, Chief Information Officer of Virginia Department of Health (VDH), who reported on the following initiatives:

- All Payer Claims Database – VDH negotiating with TRICARE to integrate the payer’s dataset into the APCD. This would significantly expand the coverage of health care payment data for the Commonwealth.
- VDH Data Governance Program – VDH making excellent progress on agency data governance program and enabling policies. Agency is embedding data governance related requirements into employee work profiles.
- Interoperability Report – VDH assisting the Office of the Secretary of Health and Human Resources to prepare the interoperability report, which is due to the General Assembly pursuant to HB 1205 (2016).
- Emergency Department (ED) Care Coordination Committee – Ms. Condrey is co-chairing committee, which focuses on developing interventions to reduce excessive utilization of ED facilities.

Following the VDH report, and a discussion on advance directives, encounter alerts, messaging, and related items, Chairman Ruffin closed the VDH report item. At the consent of the committee, the Chairman reordered the next two items under New Business to give HITSAC time before the working lunch session to discuss the second item: status update on Executive Directive 7: *Leveraging the Use of Shared Data and Analytics* (ED7).

### Executive Directive 7 Status Report and Workshop

Chairman Ruffin recognized Jay Smith, VITA, and opened the agenda item for the ED7 update. Mr. Smith gave a brief summary of the findings from the ED7 analysis, which included a comprehensive review of legal, privacy, and governance concerns as they relate to data sharing; recommendations on how to make data generated by state agencies more accessible and usable “open” data; recommendations for data sharing governance, ethical use, and authority; and recommendations of high-value analytics projects aligned with the Governor’s priorities.

Following the status update, Mr. Smith presented a series of questions designed to gather insight from HITSAC members on the core issues addressed by ED7. A discussion followed with HITSAC members highlighting primary challenges relating to data sharing, analytics, and governance faced by their organizations.

Chairman Ruffin thanked Mr. Smith for the ED7 update and asked if HITSAC members had additional questions or comments. Hearing none, the Chairman closed the ED7 agenda item.

### HITRUST Common Security Framework for Health Care

Dr. Grubbs introduced the HITRUST Alliance and the Common Security Framework (CSF) for Health Care. He said the HITRUST Alliance is a privately held company formed in 2007 by leaders in the health care industry to establish a common framework for information security and compliance. The HITRUST Alliance developed the CSF and CSF Assurance Program to support adoption, assessments, and compliance. Beginning in 2014, the HITRUST alliance also partnered with the U.S. Department of Health and Human Services to coordinate CyberRX, a series of no-cost, industry-wide simulation exercises for cyber preparedness and response.

Dr. Grubbs said the HITRUST Alliance designed the CSF to address security, privacy, and regulatory challenges faced by health care organizations. The CSF harmonizes and cross references existing standards and requirements, including HIPAA, HITECH, and NIST, as well as accommodates state laws and regulations. Dr. Grubbs added two primary factors of the CSF is that the framework scales security controls according to type, size, and complexity of an organization and provides prescriptive requirements to ensure consistency among adopters.

Additional CSF design characteristics identified by Dr. Grubbs included the following:

- Follows a risk-based approach to security, offering multiple levels of implementation requirements determined by risks and risk thresholds
- Allows for the adoption of alternate controls when necessary, enabling the framework to be extended to meet additional adopter requirements
- Evolves based on an annual review process, according to user input and changing conditions in the health care industry and regulatory environment
- Provides an industry-wide approach for managing compliance among Business Associates engaged by a health care agency or organization

After a discussion of the HITRUST Alliance and the CSF, Ms. Condrey suggested the CSF could provide a security framework not just for state agencies in the health domain but perhaps across the state government. Dr. Grubbs said the CSF’s scalability, and its being designed to accommodate organizations at varying levels of size and complexity, would accommodate such broad implementations. Ms. Condrey said VDH would be willing to serve as a test case for CSF. Mr. Pollack agreed that VCU Health System also would be ready to support.

Dr. Grubbs recommended for HITSAC to direct staff to engage VDH, VCU Health System, and other stakeholders to explore the CSF and its applicability across domains of the state government. Chairman Ruffin called for a motion on the staff recommendation, the motion was made and seconded, and the motion passed without objection. The Chairperson opened the floor for discussion.

**COMMITTEE WORKING LUNCH**

Chairman Ruffin closed the morning session of New Business at 12:50 p.m. HITSAC remained in the meeting location for a working lunch session, which was also open to the public. Chairman Ruffin called the HITSAC regular meeting back to order at 1:20 p.m.

**NEW BUSINESS (CONTINUED)****Progress on Health IT Standards for Clinical Genomics**

Chairman Ruffin continued the New Business portion of the agenda by giving a presentation on progress made by HL7 and LOINC on health IT standards for clinical genomics. He referenced the presentation given to HITSAC during the May 12, 2016, meeting by Aaron Black from Inova Health System, a former member of the HITSAC Genomics Working Group, particularly the components relating to pharmacogenomics use cases.

Chairman Ruffin outlined two potential use cases relating to genetic testing for pharmacogenomics: one involving a simple genetic test and the other for a more complex test. The Chairman recommended going with a simple test at this stage, citing the previous pharmacogenomics use case developed in 2014 by the HITSAC Genomics Working Group. He said the simple-test use case could target an individual gene and drug test, such as Plavix or Warfarin, then implement the HL7/LOINC draft data exchange (HL7) and reference terminology (LOINC) standards to explore transmitting the electronic test results, as standardized structured data, into an electronic health record (EHR).

Following a technical discussion on the HL7/LOINC standards, Chairman Ruffin recommended (1) creating a process to evaluate the standards for transmitting the genetic test results in a standardized manner; (2) establishing a multidisciplinary team involving state health agencies, state laboratories, a health system, and health informatics experts to develop and manage this process for the simple-test use case; and (3) implementing the data exchange and messaging in a “real world” environment, potentially ConnectVirginia, the statewide health information exchange (HIE).

Ms. Condrey said VDH would be ready to participate on the multidisciplinary team, and VDH would engage ConnectVirginia to request its participation. She said there may be funding available to support such an initiative, with the goal of expanding utilization and use cases for the HIE. Ms. Condrey recommended for staff to update the related use case developed by the HITSAC Genomics Working Group, which she chaired, to reflect the simple-test option outlined by Chairman Ruffin.

Chairman Ruffin called for a motion to support proceeding with the recommended action steps outlined for the use case. A motion was made then seconded, and the motion passed without objection.

**Commonwealth Health IT Standards Update**

The next item under New Business was an update on the current status of health IT standards previously adopted by the Commonwealth. Chairman Ruffin recognized Dr. Grubbs for the update. Dr. Grubbs said staff had conducted a review of the 128 adopted health IT standards and found several examples where the current standard had been superseded by a newer release or version. He said it would be important for the Commonwealth to formally adopt the new standards to enable state agencies to remain compliant.

Dr. Grubbs cited the International Statistical Classification of Diseases and Related Health Problems, Release 9 (ICD-9), which had been replaced by ICD-10, adding the federal government now required health care agencies and organizations to migrate to ICD-10. Ms. Condrey from VDH affirmed the requirement to migrate to ICD-10, as well as the need for the Commonwealth to formally adopt the new release of the standard. She said VDH had been told by VITA that, since ICD-9 remained the adopted standard, VDH would be found non-compliant if it implemented ICD-10.

After a discussion on other examples presented by Dr. Grubbs, Chairman Ruffin proposed for HITSAC to direct staff to compile an inventory of previously adopted health IT standards requiring formal adoption of a new release or version then bring the inventory back to HITSAC for recommendation. Chairman Ruffin called for a motion on this proposed action. A motion was made then seconded, and the motion passed without objection.

### **HITSAC Remote Participation Policy**

Chairman Ruffin asked Dr. Grubbs to discuss the remote participation policy, which HITSAC is considering to enable virtual participation by members for future meetings. Dr. Grubbs said the policy had been modeled after those adopted for the IT Advisory Council (ITAC) and the Identity Management Standards Advisory Council (IMSAC). After an overview of the policy, Chairman Ruffin called for a motion to adopt. A motion was made then seconded, and the motion passed without objection.

### **HITSAC 2017 Meeting Schedule**

Chairman Ruffin raised the agenda item regarding HITSAC's proposed 2017 meeting schedule. The Chairman recommended that HITSAC go back to a bimonthly (every other month) meeting cadence and asked Dr. Grubbs to present the actual meeting dates, as follows:

- January 19
- March 16
- May 18
- July 20
- September 21
- November 16

Chairman Ruffin called for a motion to approve the 2017 HITSAC schedule. A motion was made then seconded, and the motion passed without objection.

### **PUBLIC COMMENT**

Chairman Ruffin closed the New Business portion of the agenda and opened the floor to Public Comment. Hearing none, the Chairperson closed the Public Comment period.

### **ADJOURNMENT**

Following public comment, Chairman Ruffin asked HITSAC members if they had any additional items for discussion. Hearing none, Chairman Ruffin asked for a motion to adjourn. A motion was made then seconded, and the meeting was adjourned without objection at 2:13 p.m.