

MINUTES – FINAL
Health Information Technology Standards
Advisory Committee (HITSAC)
Thursday, June 20, 2013

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

ATTENDANCE:

Members Present:

Dr. Marshall Ruffin, Chairman
Dr. Sallie Cook
Dr. Jim Harrison

Members Absent:

Rich Pollack
John Quinn

Others Present:

Allen, Zacc, VADOC
Andrews, Wanda “Willie”, DGS/DCLS
Bannister, Lynn, VITA
Barnes, Kim, VDH
Barnes, Rich, VITA
Brown, Geoff, Inova Health System
Clarke, Wayne, VADOC
Dixit, Prashant, VITA
Farnsworth, Mike, DMV
Gedamu, Teddy, MEDfx
Gonzalez, Dr. Andrea, VCU/MCV
Grubbs, Dr. Joseph, VITA
McCleaf, Sandy, ConnectVirginia HIE
Mix, Dave, DMAS
Murphy, Julie, VDH
Tyson, Vickie, DGS/DCLS
Ullman-Cullere, Mollie, HL7
White, Michelle, ConnectVirginia HIE

Call to Order:

Chairman Ruffin called the meeting to order at 10:35 a.m. in the VITA Multipurpose Room 1222 at the Commonwealth Enterprise Solutions Center in Chester, VA. Chairman Ruffin welcomed HITSAC Members, staff and attendees.

Note: The HITSAC meeting agenda packet including all of the presentation materials may be accessed on the VITA Web site at:

<http://www.vita.virginia.gov/ITAC/default.aspx?id=6442471115>

OLD BUSINESS

Approval of Minutes from the February 21, 2013, HITSAC Meeting

Chairman Ruffin called the item to approve the minutes from the February 21, 2013, meeting and asked HITSAC members if they had changes or corrections. Seeing none, Chairman Ruffin approved the minutes.

NEW BUSINESS

Status Reports

Commonwealth Data Governance

Dr. Joseph Grubbs, Commonwealth Data Governance (CDG) Service Lead and HITSAC Administrator from the Virginia Information Technologies Agency (VITA), gave the status report for the CDG team.

Dr. Grubbs then began his status report for the CDG team, noting the team's recent achievements since the February HITSAC meeting. Dr. Grubbs reported that the CDG team conducted three stakeholder sessions with participation from 25 – 30 agencies and about 150 data stewards, business leads and technical leads to develop the Commonwealth Enterprise Information Architecture (EIA) Strategy. The EIA Strategy was published to the Online Review and Comment Application (ORCA) for public comment. The EIA Strategy has been sent to the Secretary of Technology for adoption. The Commonwealth Data Standardization Final Plan, part of the Item 427 of the Appropriation Act has been transmitted to the Secretary of Technology for further transmittal to General Assembly and to the Governor's Office. Dr. Grubbs said that another aspect of the Item 427 implementation plan is the implementation of the National Information Exchange Model (NIEM) Integration Strategy for the Commonwealth of Virginia. The Commonwealth of Virginia is the first entity to use the NIEM Cost Model and the NIEM Implementation Process to develop an enterprise wide implementation of NIEM. The process also involved the development of a project schedule. The NIEM Program Management Office (PMO) invited Dr. Grubbs to present at the NIEM Town Hall meeting on Emerging Domains.

Dr. Grubbs added that the CDG team has also been involved in the development of two new data standards, the NIEM Core Person Data Exchange Standard and the Unclaimed Property Data Standard. The NIEM Core Person Data Exchange Standard was presented during the February HITSAC meeting. Dr. Grubbs added that the Unclaimed Property Data Standard was developed in conjunction with Department of Treasury and conformed to the electronic file format standard developed, published and maintained by the National Association of Unclaimed Property Administrators (NAUPA). CDG also provided support to VITA Shared Services to develop Enterprise Data Management (EDM) offboarding plans and to develop the business, technical and administrative controls.

Turning to current work streams, Dr. Grubbs stated CDG was working on the Cross Sector Digital Identity Initiative (CSDII). The Commonwealth of Virginia was selected to be a pilot and received a grant from the National Strategy for Trusted Identities in Cyberspace (NSTIC), which features a partnership between the American Association of Motor Vehicle Administrators (AAMVA), Virginia Department of Motor Vehicles (DMV), Microsoft, AT&T, and CA Technologies. CDG has been providing support to CSDII in the development of the Trust Framework (TF) and Implementation Guides to support the TF Agreements, Operations & Governance and other policies related to it. Dr. Grubbs said that the CDG team would be working on the development of the EDM Organization Data Exchange Standard for the EDM Organization hub.

Dr. Grubbs wrapped up the status report by talking about his recent & forthcoming presentations - the NIEM Emerging Domain Roundtable presentation in June; the National Association of State Chief Information Officers (NASCIO) in July; presentation at the Armed Forces Communication and Electronics Association (AFCEA), Federal Law Enforcement IT Day held in Bethesda, Maryland, during April; the Internet Identity Workshop in San Jose, California conducted during May; and the American Council on Technology (ACT) Industry Advisory Council (IAC), Management of Change Conference in Cambridge, Maryland, held during May.

Chairman Ruffin complimented Dr. Grubbs for his contribution and his hard work. Dr. Grubbs acknowledged Secretary of Health and Human Resources, Dr. Bill Hazel, Secretary of Technology, Mr. Jim Duffey and Chief Information Officer (CIO) of the Commonwealth of Virginia, Mr. Sam Nixon for their strategic approach to the entire program and the hard work done by the different agencies.

Chairman Ruffin opened the floor to questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the CDG status update item.

eHHR Program

David Mix, Program Director for eHHR from the Department of Medical Assistance Services (DMAS), provided a status report on the eHHR Program. Mr. Mix began by discussing the eHHR Program Management Office (PMO) accomplishments. Mr. Mix said that the business unit is getting ready to replace the eligibility systems, enabling them to accept citizen applications starting October 1, 2013 to support the Affordable Care Act (ACA). The Organizational Change Management (OCM) work is more focused on communicating to the various stakeholders about the upcoming changes.

Mr. Mix said that the eHHR program office is waiting for feedback from the Office of the Attorney General (OAG) on the consent language that would enable the sharing of applicant contact information with the Enterprise Data Management platform. Work is also underway on framing of the Extended Memorandum of Understanding (E-MOU) which would serve as a Data Use and Reciprocal Support Agreement (DURSA) at the state level. Mr. Mix said that the OAG is working on related documents submitted by the program office.

Mr. Mix continued the presentation by saying that on the technology side, the infrastructure is in place and now the focus of the work is shifting more towards operations, costing, sustainability, etc. However, much work remains to be done at the application level.

Mr. Mix concluded the status report saying that the eHHR PMO will outsource the quality of care reporting requirements for supporting Electronic Medical Records (EMRs) incentive program to the Health Information Exchange (HIE). This will also be a part of the process to establish the Commonwealth of Virginia as a node on the HIE.

Chairman Ruffin recognized the part played by Mr. Mix's vision in developing a Services Oriented Architecture (SOA) at the enterprise level, enabling different agencies to communicate using a common gateway and thanked Mr. Mix for his efforts. Chairman Ruffin noted the progress made towards the October deadline. Mr. Mix said that there remains a lot of work to be done. Mr. Mix added that the Commonwealth is seeking an exception to extend the implementation of the new Modified Adjusted Gross Income (MAGI) rules to January of 2014.

Chairman Ruffin opened the floor for questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the eHHR Program update item.

Health Information Exchange Program

Kimberly Barnes, from Virginia Department of Health (VDH), provided the status report for the statewide Health Information Exchange (HIE) program -- ConnectVirginia. Ms. Barnes reported that the two services, DIRECT and EXCHANGE offered by CONNECTVirginia are operational and are performing well. The DIRECT service provides point-to-point interoperability and the EXCHANGE service provides query and retrieve. The pilot rollout of EXCHANGE was implemented at INOVA Health System in Northern Virginia. Ms. Barnes thanked the leadership at Inova Health System for being the first node and for providing invaluable feedback. Ms. Barnes added that the Virginia Hospital Center located in Northern Virginia would be the second node that will be onboarded.

Ms. Barnes then proceeded to talk about the HISP – HISP interoperability. Health Information Service Provider (HISP) is a certification authority that allows the HIE to connect to other states based on their certification authority. The HISP – HISP interoperability was initiated by states in the southeastern region of the United States to exchange information during hurricanes and other emergencies. Ms. Barnes said that Patient First; a multi-practice, multi-state urgent care provider was one of the first entities to sign the HISP – HISP agreement. Patient First will be using DIRECT to report public health findings to VDH. Ms. Barnes added that VDH would be using the Enterprise Service Bus (ESB) to connect to the Immunization registry using ConnectVirginia.

Ms. Mollie Ullman-Cullere had a question about extending the use of the public health conduit for reporting to cancer registries enabling the development of aggregated data across providers. Ms. Barnes replied in the affirmative and added that currently this is done using Rhapsody.

Chairman Ruffin opened the floor for questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the ConnectVirginia HIE update item.

VITA MITA Program

Rich Barnes, VITA MITA Program Manager, gave a status report on the VITA MITA Program. Mr. Barnes said that the Enterprise Data Management (EDM) project is in the project close out phase. The EDM project was successful in meeting its requirements. The infrastructure is in the production environment and can be utilized by agencies for Master Person Data Management. Chairman Ruffin congratulated Mr. Barnes for meeting this important milestone. He then requested Mr. Barnes to provide an overview of the technical architecture supporting EDM. Mr. Barnes replied that EDM uses IBM Initiate to match disparate sources of data to create a master person record using probabilistic matching algorithms. Chairman Ruffin added that EDM would enable all agencies to uniquely identify a person and exchange information more reliably than in the past.

Mr. Barnes said that the Service-Oriented Architecture (SOA) Project is in the execution phase and will be closed out in November 2013. Mr. Barnes added that the SOA project has to account for different firewall rules and for development, testing, production and disaster recovery environments to be able to communicate with each other. SOA is currently being deployed at Department of Social Services (DSS), Virginia Department of Health (VDH) and Department of Medical Assistance Services (DMAS) for the care management projects. The SOA project is on-schedule in reaching milestones. Mr. Barnes said that the SOA project also includes Disaster Recovery (DR) and developing a DR plan. Mr. Barnes mentioned that the SOA project also includes establishing a SOA competency center, which will provide best practices guidance in using the SOA toolset.

Chairman Ruffin requested for more details about ITUAM. Mr. Barnes replied that ITUAM is the IBM Tivoli Usage and Accounting Manager. ITUAM is a means to measure usage of IBM Tivoli.

Mr. Barnes then provided an update on VITA MITA at the program level. Mr. Barnes said that budget management and vendor management is being done at the program level along with the development of the Business, Administrative and Technical (BAT) controls for the Shared Services. Mr. Barnes acknowledged Dr. Grubbs assistance in the development of the BAT controls.

Mr. Barnes finished the presentation by outlining the VITA MITA program risks, which mainly involved the high degree of complexity in developing and managing new environments involving new technology, vendor management and data sharing.

Chairman Ruffin opened the floor for questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the VITA MITA Program update item.

Presentations

Genomics & Personalized Medicine

Chairman Ruffin called for Mollie H. Ullman-Cullere, Co-chair Health Level 7 (HL7) Clinical Genomics Workgroup from Health Level Seven International, to give a presentation on the recent advances, use cases and applicable health IT standards in genomics and personalized medicine. Chairman Ruffin added that Ms. Ullman-Cullere is a world-renowned expert in the field of data standards and genomics.

Ms. Ullman-Cullere began by talking about her different affiliations. Chairman Ruffin said that one of the HITSAC members, Mr. John Quinn, Chief Technology Officer (CTO) HL7 was unable to attend this HITSAC meeting but had conveyed his gratitude to Ms. Ullman-Cullere for agreeing to be a guest speaker.

Ms. Ullman-Cullere presented use cases on proactive health planning and predictive risk, Pharmacogenomics, Toxicogenomics and Pharmacovigilance, and newborn screening and risk identification. Ms. Ullman-Cullere said that there are some experts who recommend sequencing the entire genome for newborns. Ms. Ullman-Cullere talked about the Return On Investment (ROI) in using genomics in health care. The use of genomics in health care would enable proactive health management, improve clinical decision support and reduce health care costs. The health care providers' requirements for reporting of genetic/genomic data include accessibility to genetic data in the Electronic Health Record (EHR) as structured data, availability for clinical decision support, integration into data warehouses and that interpretations of data be current. Ms. Ullman-Cullere added that laboratories play a very important role in maintaining the interpretations of the data.

Ms. Ullman-Cullere said that current Health Information Technology (HIT) clinical genomics data standards focus on using existing standards. The long term planning includes extending and not replacing existing standards. HL7 standards are used to ensure standard description of tests, results, and interpretations. Logical Observation Identifiers Names and Codes (LOINC), Human Genome Variation Society (HGVS) Nomenclature, Human Gene Nomenclature Committee (HGNC), Reference Sequences (RefSeq), National Center for Biotechnology Information (NCBI), Single Nucleotide Polymorphism (dbSNP), and International Society for Cytogenetics Nomenclature (ISCN) standards; are used to ensure the transfer of data between systems. SNOMED & RxNORM are used to ensure standard context for interpretations.

Ms. Ullman-Cullere said that Clinical Genomic Messaging Standards are an extension of Healthcare Information Technology Standards Panel (HITS) and HL7 2.5.1 and 3.0. The HL7 Implementation Guides for Clinical Genetic Workflow include laboratory reporting for gene variants associated with disease diagnosis and risk, drug

metabolism and efficacy, tumor genotyping, and laboratory reporting for cytogenetics. Ms. Ullman-Cullere added that the focus is now moving towards genomics and whole genome sequencing. HL7 has taken the lead in unifying clinical genomic stakeholders through common domain analysis model and has developed the HL7 Version 3 Domain Analysis Model: Clinical Sequencing, Release 1. It has been validated once and defines specimen identification needs, use cases/scenarios, standard data representations, terminology, minimal core data sets and useful extensions. It also identifies standards for these definitions and obtains the necessary LOINC codes. Ms. Ullman-Cullere emphasized the importance of incorporating genetic information into the clinical record and as Electronic Medical Records (EMRs) are evolving, they need to be mindful of the need of integrating genetic information.

Ms. Ullman-Cullere then presented additional use cases and their corresponding domains for incorporating genomic information into EMRs - public health reporting (cancer registries), donor matching for transplantations under the National Marrow Donor Program, clinical and research data warehouses, U.S. Food and Drug Administration (FDA) and clinical trials (comply with Adverse Event Reporting System and Clinical Trial Electronic Submissions), newborn screening, infectious diseases and state health exchange networks. Ms. Ullman-Cullere said that two workgroups, the College of American Pathologists' (CAP) Cancer BioMarker Workgroup and the HL7 Clinical Genomics Workgroup are making significant progress.

Ms. Ullman-Cullere ended her presentation saying that there exists a need for standards development harmonization across stakeholder groups working in genomics. Ms. Ullman-Cullere added that the Commonwealth of Virginia and the participants at the HITSAC meeting comprise one of the most diverse groups she has encountered and was extremely excited to see the stakeholder participation in the Commonwealth.

Chairman Ruffin then opened the floor for questions from HITSAC members. Dr. Cook wanted to know if there was any kind of movement afoot to integrate genomics with a future stage of meaningful use to give it specificity. Ms. Ullman-Cullere replied in the affirmative but added that it is going to be an extremely difficult process.

Chairman Ruffin opened the floor for questions from the public. Seeing none, Chairman Ruffin closed the Genomics and Personalized Medicine item.

Chairman Ruffin recessed the meeting for lunch at 12:35 p.m.

Chairman Ruffin called the meeting back to order at 1:10 p.m.

Cross Sector Digital Identity Initiative

Chairman Ruffin called on Mike Farnsworth, Project Manager for the Commonwealth Authentication Service (CAS) from the Department of Motor Vehicles (DMV), to provide HITSAC members with an overview of Virginia's pilot under the National Strategy for Trusted Identities in Cyberspace (NSTIC), the Cross Sector Digital Identity Initiative (CSDII). Mr. Farnsworth said that Mr. Paul Blanchard from the American Association of Motor Vehicle Administrators (AAMVA) was supposed to give the presentation but was unable to attend.

Mr. Farnsworth began by providing some background on the e-identity initiative. Virginia had initiated the use of e-identity about eight years ago with Dave Burhop, Chief Information Officer (CIO) of DMV providing the vision for the initiative. Secretary of Health and Human Resources, Dr. Bill Hazel approached DMV to be a partner in the eHHR initiative by providing assistance in offering strong credentials to citizens doing business with the Commonwealth of Virginia, without impeding the services that are offered to the citizens.

Mr. Farnsworth said that DMV has a strategic alignment with AAMVA, a quasi non-profit organization that provides a method for 50 U.S. states, U.S. territories, Canadian Provinces and Mexico to connect in order to issue credentials, vehicle registration and titling. This relationship was leveraged to spawn off CSDII, a consortium of public and private organizations collaborating to bring best of breed concepts and ideas together as one group. Mr. Farnsworth added that NSTIC was chartered under National Institute of Standards and Technology (NIST) at the federal level. All these different initiatives enabled the Commonwealth of Virginia to use the eHHR initiative as a business case for developing a solution that can be used for different services by all organizations and citizens to improve services, reduce fraud and lower expenses. The eHHR program provided the initial funding. At a later date, federal funds were made available under NSTIC to provide interoperability at the national level.

Mr. Farnsworth mentioned that developing a financially self-sustaining solution for identity management that provides interoperability across geographic boundaries has a number of constraints. The constraints are technical, political, legal, etc. The legal aspect is a big constraint since an identity credential can provide access to sensitive data. All these constraints need to be handled to help citizens protect their privacy without compromising the security of the identity used to provide access.

Mr. Farnsworth then provided more details about NSTIC. Mr. Farnsworth said that on September 20, 2012, NIST awarded more than \$9 million for pilot projects in support of NSTIC. Five U.S. organizations will pilot identity solutions that increase confidence in online transactions, prevent identity theft, and provide individuals with more control over how they share their personal information. AAMVA in partnership with VA Department of Motor Vehicles, Microsoft, CA Technologies, AT&T and Biometric Signature ID were chosen out of 187 applicants. Mr. Farnsworth said that CSDII would use the benefit of in-person proofing done at DMV to strengthen the authentication events while maintaining user privacy when accessing on-line services. The authentication will be stronger when combined with credentials provided by private sector identity providers.

Mr. Farnsworth then invited Dr. Grubbs to give the second part of the presentation.

Dr. Grubbs said that he would be presenting use cases related to Health Information Technology (HIT). The CSDII team is currently working with a health care relying party in the HIT domain and using a health system. Dr. Grubbs mentioned that the first use case is on patient access for an Epic health care system using MyChart and the patient using CSDII credentials for access. The patient will establish the CSDII credential at the highest level of assurance possible and then can use that credential to access the Epic MyChart Electronic Health Record (EHR).

Dr. Grubbs added that the second use case is for a member of the health care provider's staff to access an Electronic Medical Record (EMR) using CSDII credential to access the record. The same technology will also enable a non-member provider to access the record, provided a Trust Framework (TF) exists that supports the CSDII credentials. The authentication will be resolved at the privacy setting level but the acceptance and the rights and privileges are localized and determined by policies set by each of the relying parties.

Dr. Grubbs then provided an overview of the next steps for the CSDII pilot. Dr. Grubbs said that the TF has been designed to be scalable and will be similar to InCommon, which is used in higher education. The legal teams at Microsoft and at AAMVA are currently reviewing the TF. After their review, the Office of the Attorney General (OAG) will review it. The CSDII team will also be publishing a value proposition and business case for each of the relying parties. Dr. Grubbs said that the Privacy Enhancing Layer has a double blind and reinforces the

NSTIC principles of non-traceability, non-persistent and data minimization. Dr. Grubbs then acknowledged the contributions of Mr. Farnsworth and Mr. Burhop from DMV.

Chairman Ruffin then opened the floor for questions. Mr. Mix had a question about CSDII and its implications on the Enhanced Memorandum of Understanding (E-MOU) being developed by eHHR for data sharing. Dr. Grubbs replied that there is a lot of convergence between CSDII and E-MOU. Dr. Harrison then talked about the feasibility of employing the framework and the technology for providing access to Clinical Trials Management System. Chairman Ruffin asked a question about using the CSDII technology for ConnectVirginia. Dr. Grubbs replied that they were already considering the possibility.

Chairman Ruffin thanked Mr. Farnsworth and Dr. Grubbs for their presentation and closed the Cross Sector Digital Identity Initiative item.

ConnectVirginia HIE and Inova's Onboarding Experience

Chairman Ruffin called on Sandy McCleaf, Executive Director from ConnectVirginia to provide HITSAC members an overview of Inova's onboarding experience and use cases as a participant in the ConnectVirginia Health Information Exchange (HIE). Chairman Ruffin added that Mr. Geoff Brown, Chief Information Officer (CIO) from Inova Health System and a former HITSAC member would present the experience from a health care provider perspective.

Ms. McCleaf said that she would be talking about onboarding activities and certification for the first node on ConnectVirginia, Inova Health System. The EXCHANGE Query/Retrieve service can be used by a node (health system) to issue a query out to ConnectVirginia for information related to a particular patient. ConnectVirginia will perform the matching, locate the patient information on other nodes, and deliver the results back to the node performing the query.

Ms. McCleaf mentioned that there are three types of standards that are reviewed during the onboarding and certification process, technical standards, trust standards and operational standards. Ms. McCleaf then talked about other nodes that would potentially be onboarding during 2013. In addition, the eHealth Exchange is expected to be available by end of July 2013. The eHealth Exchange will allow all nodes on ConnectVirginia connect to federal agencies.

Ms. McCleaf presented different use cases for EXCHANGE – emergency care; provider retrieving patient summary as part of a transition of care (Meaningful Use Stage 2); patient's new Primary Care Physician (PCP) pulling patient's medical information on previous care; patient being seen by a specialist retrieving records from other providers of care; and patient medical information being sent to Social Security Administration in response to a Disability Determination query.

Ms. McCleaf then presented an overview of the six preliminary lessons learned during the onboarding and certification process. The lessons learned were based on stakeholder interviews. Ms. McCleaf said that the first lesson learned was that ConnectVirginia really needs to emphasize the importance of the applicant node participants reading and reviewing the Implementation Guides. The second lesson learned was that ConnectVirginia should not have a project kickoff until all Project Managers are assigned. The third lesson learned was the need to dedicate an entire session to answering questions about the Implementation Guides instead of making it a part of a session. The fourth lesson learned was to create a checklist in addition to the project schedule. The fifth lesson learned was that the implementation of ConnectVirginia is not a typical "Interface" Project. The sixth lesson learned was that in order to avoid delays, ConnectVirginia needs to put

more effort to scheduling if a person is not available on a particular day. Ms. McCleaf then requested Mr. Brown to add to the discussion.

Mr. Brown began by thanking HITSAC, Virginia Information Technologies Agency (VITA), Virginia Department of Health (VDH), MEDfx and ConnectVirginia. Mr. Brown said that the implementation of ConnectVirginia was not a typical interface project connecting disparate systems but more of an integration project. Mr. Brown added that the entire process took nine months to complete. Mr. Brown said that the process could be divided into two phases, administrative phase and technology phase. Mr. Brown again thanked Ms. McCleaf for her efforts. Chairman Ruffin thanked Mr. Brown and his team for taking on this task while they were in the midst of a major implementation of software from Epic, the primary Electronic Health Record system at Inova Health System and added that the team did it with grace and considerable talent. Ms. McCleaf thanked Chairman Ruffin for championing the effort.

Chairman Ruffin opened the floor for questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the ConnectVirginia HIE and Inova's Onboarding Experience item.

Commonwealth Data Governance Plans

Chairman Ruffin called on Dr. Grubbs to give the presentation on Commonwealth Data Governance Plans.

Dr. Grubbs said that the Commonwealth Data Governance (CDG) Plans agenda item is comprised of two parts. The first part relates to the Enterprise Information Architecture (EIA) Strategy. The second part relates to the Commonwealth Data Standardization: Final Plan. Dr. Grubbs added that he had presented the two items to HITSAC during the October HITSAC meeting and an update during the April meeting.

Dr. Grubbs mentioned about the level of engagement and participation of the various stakeholders in the development of the EIA Strategy. Dr. Grubbs said that about 30 agencies and all the Secretariats were represented by 150 business leads, data stewards and technical leads. The EIA Strategy covers Information Architecture, data (information), quality of the data and data sharing. The EIA strategy will serve as a link between the business architecture and the solutions (technical) architecture. Dr. Grubbs then described the process for the development of the EIA Strategy, which included stakeholder meetings in the months of February, March and April. The EIA Strategy was then published to the Online Review and Comment Application (ORCA) for public comments for 30 days, is currently with the Secretary of Technology, and will be effective July 1, 2013.

Chairman Ruffin called for a motion to recommend the Information Technology Advisory Council (ITAC) to advise the Chief Information Officer (CIO) and the Secretary of Technology to adopt the EIA Strategy in documents and the instructions therein. Dr. Harrison made the motion, and Dr. Cook provided a second. Chairman Ruffin called the vote, and the motion passed unanimously.

Dr. Grubbs continued his presentation by saying that the Commonwealth Data Standardization: Final Plan is currently with the Secretary of Technology for adoption and will be transmitted to the Governor's office and to the General Assembly.

Chairman Ruffin called for a motion for HITSAC to recommend the Secretary of Technology to transmit on July 1, 2013, the Commonwealth Data Standardization: Final Plan to the General Assembly and to the Governor's office. Dr. Cook made the motion, and Dr. Harrison provided a second. Chairman Ruffin called the vote, and the motion passed unanimously.

HITSAC Charter

Chairman Ruffin presented the amended HITSAC Charter to update the statutory authority and institutional structure of HITSAC.

Dr. Grubbs said that the draft amendments were made based on the direction given by HITSAC during the October 2012 meeting. Ms. Julie Whitlock at the Office of the Attorney General then reviewed the draft amendments. Ms. Whitlock recommended some changes and then reviewed the Charter again.

Chairman Ruffin said that there were no significant changes to the Charter. Dr. Grubbs added that there were two sets of changes. The first set of changes update the statutory authority resulting from changes to the Code of Virginia. The second set of changes articulate the role that HITSAC plays in that statutory authority.

Chairman Ruffin called for a motion to recommend the Information Technology Advisory Council (ITAC) to accept the amendments of the HITSAC Charter and to recommend the Chief Information Officer (CIO) of the Commonwealth of Virginia and the Secretary of Technology to approve HITSAC Charter as amended during this HITSAC meeting. Chairman Ruffin verified the motion with a representative from the Office of the Attorney General. Upon approval of the motion by the Office of the Attorney General, a motion was made by Dr. Harrison with a second by Dr. Cook. Chairman Ruffin called the vote, and the motion passed unanimously.

PUBLIC COMMENT

Chairman Ruffin called for public comment.

Dr. Grubbs thanked the Division of Consolidated Laboratory Services (DCLS) for attending the HITSAC meeting and for their contribution to the development of Health Information Technology Standards along with Virginia Department of Health (VDH) and Department of Medical Assistance Services (DMAS). Dr. Grubbs also thanked DCLS for being a very valuable partner during the development of the Enterprise Information Architecture Strategy. Chairman Ruffin extended his thanks too and said that he would look forward to their participation in future meetings as HITSAC continues to evolve the Health IT standards, particularly in genetics.

ADJOURNMENT

Chairman Ruffin opened the meeting for any final comments from the HITSAC committee. Seeing none, Chairman Ruffin adjourned the meeting with consent from HITSAC members.