



**DRAFT**  
**Minutes**

**Health Information Technology Standards Advisory Committee  
(HITSAC)**

**Tuesday, September 29, 2009**

Virginia Information Technologies Agency (VITA)  
Commonwealth Enterprise Solutions Center  
Multipurpose Conference Room 1223  
11751 Meadowville Lane, Chester, VA 23836

**Attendance**

**Members present:**

Dr. Marshall Ruffin, Chair  
Daniel Barchi  
John Quinn

**Members absent:**

Geoff Brown  
Dr. Alistair Erskine

**Others present:**

John McDonald, Deputy Secretary of Technology  
Barbara Baldwin, Chief Information Officer – University of Virginia Health System  
Cindy Perry, Enterprise Architect – University of Virginia Health System

**Call To Order**

Chairman Ruffin called the meeting to order at approximately 10:20 a.m. in Multipurpose Room 1223 at the Commonwealth Enterprise Solutions Center (CESC) in Chester. Ms. Hoffman, at the request of Chairman Ruffin, called the roll and confirmed the presence of a quorum with three of five members present.

At the request of Chairman Ruffin, Mr. Barchi made a motion to approve the Sept. 17, 2009, seconded by Mr. Quinn and approved by the Committee by voice vote.

## Chair's Report

Ms. Hoffman advised the Virginia Health Information Exchange (HIE) Workgroup is on target to complete its grant application to the federal government by Oct. 16, 2009. VITA staff met with members of the HIE Workgroup and other interested parties to determine how HITSAC's COV-HIE Technical Infrastructure recommendations could be utilized by the Workgroup in the application.

Kimberly Barnes, Coordinator of the Commonwealth Office of Health IT also advised Ms. Hoffman of her interest in beginning work on the HIE prior to the grant award in January with an understanding of the limitations that the federal grant will not reimburse the Commonwealth for any work done prior to the award. The Committee also discussed other limitations with employee schedules leading up to holidays in the Fall and Winter but expressed a desire to hold meetings and organize the state's planning efforts.

Mr. Quinn also advised that the meaningful use recommendations made to the Centers for Medicare and Medicaid Services (CMS) and to the Office of Management and Budget (OMB) do not include the need to move data by 2011 except for e-prescribing. However, this requirement will need to be met by 2013. While there may be some time, Mr. Quinn and Mr. Barchi expressed an understanding that all organizations should be moving towards meeting meaningful use requirements as soon as possible as that date is not far off.

Mr. McDonald also advised that the Commonwealth is already looking at how the Availity system may be utilized to meet meaningful use requirements going forward with the Virginia Healthcare Exchange Network (VHEN).

Mr. Quinn informed the Committee that Dr. Blumenthal, the National Coordinator for Health Information Technology, advised last week that a Notice for Intent for Public Rule Making (NPRM) will be published Dec. 31, 2009 concerning HIE requirements. Then there will be a sixty day comment period, the comments will then be reviewed within the next thirty days, and Dr. Blumenthal hopes final rules will be issued by Spring of 2010.

The Committee agreed the meaningful use requirement set for the beginning of fiscal year 2013 means the HIE must be up and running by Oct. 2012 at the latest.

In response to Mr. Barchi's question, Ms. Hoffman advised that Ms. Barnes believes the state will likely receive \$11.6 million dollars for the COV-HIE. Further, the funds committed to the planning phase are a subset of the total amount. Mr. Quinn understood that a majority of states are currently in a fact finding mode and believe a common theme amongst the states was how to turn a grant application into a functioning system.

In response to Mr. Barchi's question, Chairman Ruffin responded that his understanding of HITSAC's role, specifically in light of the Health Information Technology Advisory Commission (HITAC) and the Office of Health IT, is to define health IT standards for interoperability and make these recommendations to the Virginia Information Technologies Agency (VITA) Information Technology Investment Board (ITIB). The ITIB, after approving any recommendations, would obligate the Commonwealth investments in health IT to follow those standards. While not specifically tasked with defining a governance model, Dr. Ruffin believes HITSAC can make governance recommendations to the effect they make an impact on interoperability standards. Mr. McDonald agreed that HITSAC has a role to recommend business and technical models to assure the interoperability of the COV-HIE.

Ms. Hoffman advised that HITAC will become a much smaller and more focused group under the Governor's forthcoming executive order and will be more involved in actual planning for the COV-HIE than the former incarnation of the committee.

## Roundtable Discussion on COV-HIE Technical Infrastructure

The Committee engaged in a roundtable discussion to edit HITSAC's recommendations to the HIE Workgroup for the federal grant application. In addition, Barbara Baldwin, Chief Information Officer of the University of Virginia Health System, and Cindy Perry, Enterprise Architect for the University of Virginia Health System, participated in this discussion. The Document reviewed for discussion is located here:

[http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/September\\_29\\_2009/COV-HIE\\_technical\\_infrastructure\\_draft\\_090929.pdf](http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/September_29_2009/COV-HIE_technical_infrastructure_draft_090929.pdf).

Further, the version reflecting the committees changes discussed at the meeting is located here:

[http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/September\\_29\\_2009/COV-HIE\\_technical\\_infrastructure\\_draft\\_asOf\\_091002.pdf](http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/September_29_2009/COV-HIE_technical_infrastructure_draft_asOf_091002.pdf)

Mr. McDonald left the meeting at approximately 11:05 a.m.

Ms. Hoffman advised the Committee that ITIB will meet on Oct. 15, 2009 and she is hopeful a HITSAC update will be on the agenda. The HITSAC presentation should include information on the HIE grant application and HITSAC's work to date. Ms. Hoffman suggested sharing a few of HITSAC's high-level recommendations such as adopting the federal government's Health Information Technology Standards Panel (HITSP) standards.

When discussing the initial list of seven HIE services that will be required by the Office of the National Coordinator of Health IT (ONC), Mr. Quinn advised that the list will likely grow to include other services that will be needed to comply with new meaningful use requirements. The Committee agreed to add a statement that the COV-HIE will expand its scope of accomplishments to include all current and future requirements for data exchange of HITSP components for meaningful use as defined by the ONC. Mr. Barchi offered his concerns that as the Committee defines more of what needs to be involved in HIE, the more the COV-HIE may begin to become more of a centralized system. Mr. Quinn and Chairman Ruffin agreed with this concern. Further, Mr. Barchi indicated many individual providers would likely choose to keep their own lab reporting and ordering systems operational.

Chairman Ruffin asked the Committee if the COV-HIE should offer functions that providers cannot provide themselves because the physician has limited technology solutions. Mr. Quinn advised the COV-HIE could offer such services through portal based solutions rather than developing them as part of the network. The Committee discussed issues of importing patient records such as the Continuity of Care Document (CCD) when a patient comes to a provider for medical services. Mr. Quinn hopes that ONC will provide guidance on how this process should work. Further, if the record is not imported in some fashion, the record must be updated in order for the new medical information to appear the next time the patient record is queried by another provider. Ms. Perry added that a "push" model that adds data to a record is much more expensive. However, the power of a standard is that it will govern the interfaces to ensure interoperability without the Commonwealth having to actually manage all of the individual interfaces.

Mr. Quinn advised that a Record Locator Service (RLS) operates in a "pull" model simply to find and pull a record. The pull model is less expensive and an example is operational in Indiana. Mr. Barchi remarked that this discussion and opportunity to secure federal funding is advancing the interoperability of electronic health records by years. Chairman Ruffin summarized that the Committee is inclined towards a pull model, requiring providers to have federally certified electronic medical records (EMRs), and the COV-HIE will pull the data in an appropriate HITSP approved format. Ms. Baldwin also advised that HITSAC should be talking with the extension center group about interoperability standards, specifically to aid the independent physicians in the state. The Committee agreed that HITSAC recommends the adoption of HITSP Interoperability Specifications and Capabilities recommended by the ONC. The COV-HIE will support the interoperability and data exchange functions of "meaningful use" of Electronic Health Records (EHR). Ms. Perry advised, and the Committee agreed, this recommendation should focus on the connectivity requirements and not generally support the function itself so that the COV-HIE is not obligated to provide the connectivity service for providers.

In discussing individual providers' HIEs used within the Commonwealth, the Committee agreed to recommend that any HIE that wishes to connect to the COV-HIE must comply with the HITSP Interoperability Specifications and Capabilities. The Commonwealth cannot likely mandate that all providers conform to such standards, but can mandate conformance if they connect to the COV-HIE. Further, the Committee members believe the federal government will likely limit the number of direct connections to the National Health Information Network (NHIN). While the Committee believes the Commonwealth may not be able to require all providers to connect to the NHIN through the COV-HIE, the Committee did believe the Commonwealth should advocate that all Virginia HIEs connect to the NHIN through the COV-HIE.

The Committee considered the seven initial capabilities put forth by HITSP for initial funding for an HIE. Ms. Baldwin advised these were added to ensure that the grant application contained a statement that the COV-HIE will support these capabilities. Chairman Ruffin stated HITSAC should recommend that the COV-HIE, at a minimum, support the seven initial capabilities.

Finally, the Committee recognized that laboratory ordering is not currently a HITSP defined capability and should remain an independent solution for states. HITSP has defined laboratory results delivery in Capability 126 and 127, but Ms. Perry advised these capabilities do not address ordering. If laboratory ordering becomes a HITSP defined capability, HITSAC will most likely recommend compliance.

Chairman Ruffin recessed the meeting at approximately 12:30 p.m.

Chairman Ruffin called the meeting to order at approximately 1:40 p.m.

The Committee next considered privacy and security recommendations. Ms. Baldwin remarked that the funding grant opportunity defined many of the privacy and security requirements. Ms. Hoffman advised the main concern was raised by Kim Barnes at the previous meeting. Specifically, the VITA or the Commonwealth may require more stringent security standards than HITSP for some processes. Ms. Baldwin advised that Virginia was a member of a privacy and security consortium and that the state requirements should not differ materially from the federal requirements.

The Committee agreed to recommend that the COV-HIE incorporate the privacy and security provisions defined in the Funding Opportunity Announcement. Mr. Barchi

recommended that when two or more standards conflict, HITSAC recommends that the Commonwealth choose the standard that is more protective of patient privacy. The Committee agreed. Further, HITSAC recommends the COV-HIE adhere to all applicable COV laws concerning security and privacy.

Chairman Ruffin asked the Committee if or why HITSAC would recommend the establishment of more than one identity provider to create user identifications (IDs). Ms. Perry responded that this concern ensures that the system knows what users are accessing the system and data. In response to Mr. Barchi's question, Mr. Quinn advised the system could allow each provider to assign user IDs and access but there is a centralized function to ensure security of access. Chairman asked if this is essentially creating a master provider index to apply for passwords and gain access. Mr. Quinn responded it may not make sense to have the COV-HIE manage all possible providers having access to the COV-HIE. Mr. Barchi agreed he was somewhat wary to consider this path.

Ms. Baldwin advised that HITSP Capability 143 addresses consumer preferences and consents as an acknowledgment of a privacy policy. This addresses a patient granting access to look at a patient's individual record. Ms. Perry advised this does not address emergency situations where a provider needs immediate access to a patient's records and cannot request the patient's permission. The Committee agreed that ONC needs to first provide better guidance and exact specifications concerning how patients exert control over who can access health care information.

Mr. Barchi, with Chairman Ruffin's agreement, remarked that a centralized system managing user IDs would be very cumbersome. Mr. Quinn advised a number of HITSP specifications are expected to be considered and potentially approved by ONC but testing and trial implementations are just starting to occur. The Committee recommended that COV-HIE adopt the HITSP specifications for privacy when ONC issues them.

The Committee also expressed concerns over a provider's ability to audit access to the system and user IDs. Mr. Barchi believed that, in order to gain access to the COV-HIE, a provider should have the ability to prove who was making what requests and that the provider's internal security policy states the person inappropriately accessing the HIE will be terminated. If the person is not terminated, access to the COV-HIE will be terminated. Chairman Ruffin believed this statement verbatim can be a recommendation of HITSAC. Further, the Committee agreed that the Commonwealth should defer to HITSP specifications but that all institutions participating in the COV-HIE must prove their ability to audit transactions and uphold policies ensuring data security.

In response to Chairman Ruffin's question, Ms. Perry advised that HITSP has not provided one specific Capability for patient identification but that there are probably specifications within other documents addressing this function. Mr. Quinn agreed and added it was not specifically clear what the capability will require. The Committee discussed whether a Master Patient Index (MPI) will be necessary for the COV-HIE. Mr. Barchi and Mr. Quinn discussed various options for the COV-HIE to use probabilistic matching to query individual systems rather than the COV-HIE maintaining a database with an MPI function. Mr. Quinn advised Indiana may provide information that would be helpful for determining the best amongst the variety of methods available for patient identification. Mr. Barchi also addressed whether the COV-HIE will create a unified EMR or a transactional relationship to simply pull information. Mr. Quinn responded a unified EMR will likely not be created but only an ability to locate a record for a patient.

The Committee also discussed a system incorporating a RLS with trust agreements with individual providers that maintain their own MPIs within their own, individual systems. Mr. Quinn summarized that HITSAC needs to research a patient identification system that can be used on such a large scale as the Commonwealth will need to locate patient records. Ms. Baldwin also advised she believes this is a process that HITSP and ONC will ultimately have to provide more detailed guidance on appropriate methods. Chairman Ruffin summarized that the Committee does not unanimously agree that the Committee would recommend an MPI as necessary to the COV-HIE.

The Committee agreed to recommend adoption of the HITSP capabilities when approved by ONC. Further, the Committee agreed to acknowledge that there are widely accepted standards for exchanging information about patient IDs - the Patient Identity Cross-Reference (PIX) and the Patient Demographic Query (PDQ) profiles defined by Integrating the Health Care Enterprise (IHE).

The Committee discussed the use of edge servers to house data for the COV-HIE during a discussion of network standards and architecture. Mr. Quinn advised there will be penalties for providers not adopting meaningful use requirements for architecture and connectivity. Even with the use of edge servers, Chairman Ruffin advised there does not appear to be an agreed upon method of maintaining edge servers used by individual providers. The Committee agreed to recommend that providers of health care services maintain the patient clinical data for the COV-HIE on edge (staging) servers that are separate from, and updated regularly by, the providers' electronic medical record transaction systems. Ms. Perry advised that this type of network and architecture supports the model located in the COV-HIE Technical Infrastructure document for connectivity.

Ms. Baldwin advised the second recommendation is for a standard format for data storage and reporting of patient information. The Committee agreed to recommend this data be stored in a HITSP standard format, such as a CCD. Mr. Barchi added that the edge server serves as a flag then, to alert the system that patient records have been updated and that the Committee can further define how long that alert and data stays active on the edge server. The Committee does not recommend mandating a CCD format, but currently, this format is supported by HITSP approved interoperability specifications. Further, recommending storage in a HITSP standard format allows for compliance with federal interoperability standards. The Committee determined that the length of required storage is a matter of further discussion.

The Committee discussed the diagram of providers and health systems and potential multiple connections to the NHIN. Ms. Baldwin advised the previous discussion was whether others would connect to the NHIN or whether COV-HIE will serve as the sole connection. Mr. Barchi, with Chairman Ruffin's agreement, stated that ultimately, NHIN will make that determination. For now, the Committee agreed that COV-HIE will serve as the sole connection but will take this matter under advisement in the future. Therefore, COV-HIE will provide a NHIN gateway function.

When discussing architectural models for data and centralized services, Chairman Ruffin, with the Committee's agreement, stated that COV-HIE will provide the following: Security Service, Patient Locator Service, Data/Document Locator Service, and Terminology Service.

In response to Chairman Ruffin's question about the need to address a recommendation for system architecture, Mr. Barchi responded that he believes HITSAC needs a general statement. Mr. Quinn added that by specifying a preference for edge serves, the Committee has defined a hybrid system preserving the independence of a provider's data.

The Committee agreed to recommend that COV-HIE provide the above mentioned services is a variation of the hybrid model. While the COV-HIE must provide a patient locator service. Ms. Perry, Ms. Baldwin, and Mr. Quinn discussed that while the COV-HIE must provide such a service, this does not necessarily mandate an MPI function. Regardless of how the services are provided, Chairman Ruffin remarked that each one would require a terminology service.

The Committee discussed coded health care vocabularies to be utilized by the COV-HIE. Chairman Ruffin remarked that HITSP will have to define these. Ms. Hoffman advised that as HITSAC begins to work on the specific implementation of the COV-HIE, these vocabularies will be further defined. Ms. Perry advised that initially, the grant proposal required a discussion of coded health care vocabularies. Chairman Ruffin, with Mr. Quinn's advice, recommended that HITSAC state the COV-HIE will adhere to the coded health care vocabularies defined by the federal health architecture (FHA).

Chairman Ruffin recommended making all of the recommended changes to document, sharing with the group, and then sending to the COV-HIE grant workgroup as soon as possible.

## Other Business

Chairman Ruffin advised there was no other business for the Committee.

## Public Comment

Chairman Ruffin called for any public comment. There was no comment from the public.

## Adjourn

Chairman Ruffin asked for a motion to adjourn. Mr. Barchi, seconded by Mr. Quinn, to adjourn the meeting at approximately 3:45 p.m.