



Virginia Information Technologies Agency

# Developing Standards for the MITA Program

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# Agenda

- Proposed Standards
- Proposed Data Standards
- Data Exchange Standards
  - Process
  - Cardinality
  - Categories
  - Components
  - Next Steps
- MITA Program Standards
  - Next Steps
  - Critical Needs



# Proposed Standards



## Proposed Standards

- Based on documented Care Management data exchanges\*:
  - Data Standards:
    - Commonwealth Authentication Service (CAS)
    - Health Vocabulary
    - Health Messaging
  - Data Exchange Standards of the following types:
    - One-to-One
    - One-to-Many
    - Many-to-One

**\* This will be reassessed once the MITA Program defines the scope of the data exchanges in Member Management domain.**



# Proposed Data Standards



## Proposed Data Standards

- **Commonwealth Authentication Service (CAS):** Uniquely identifies a person as authenticated through DMV or separately through an HHR agency
- **Health Vocabulary:** Common vocabularies required in health data exchanges (e.g., LOINC for medical laboratory observations)
- **Health Messaging:** Common messaging standards required in specific types of health data exchanges (e.g., HL7 V2.5.1 for electronic lab results)
- Data Standards will be published as Commonwealth Standards using the established process
- Data Standards Owners (DSOs) will be identified for each standard (may be multiple agencies)



# Data Exchange Standards

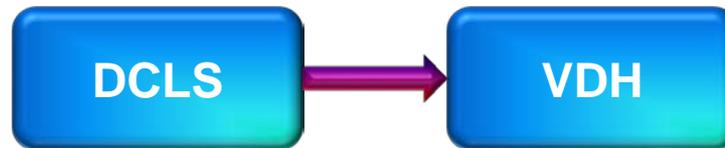


## Data Exchange Standards – Process

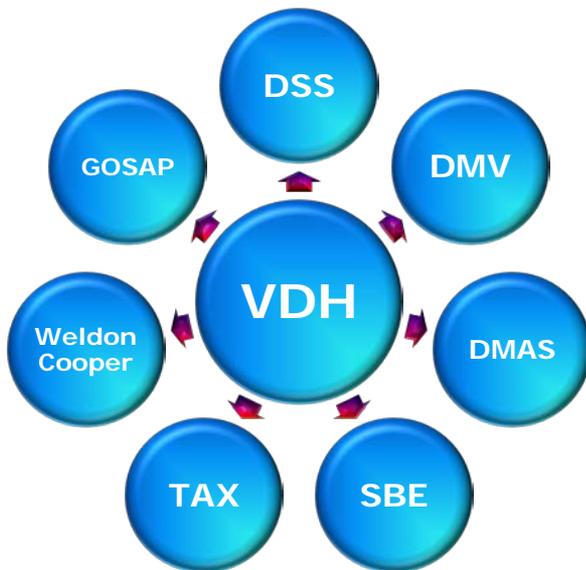
- The approval process for Data Exchange Standards will follow the steps defined for Data Standards
- Data Exchange Standard Owner (DESO)
  - Owns the data exchange
  - Has the authority to make decisions related to the data exchange on the behalf of the Commonwealth of Virginia
  - May involve more than one state agency (e.g., DGS and VDH)

# Data Exchange Standards – Cardinality – As Is

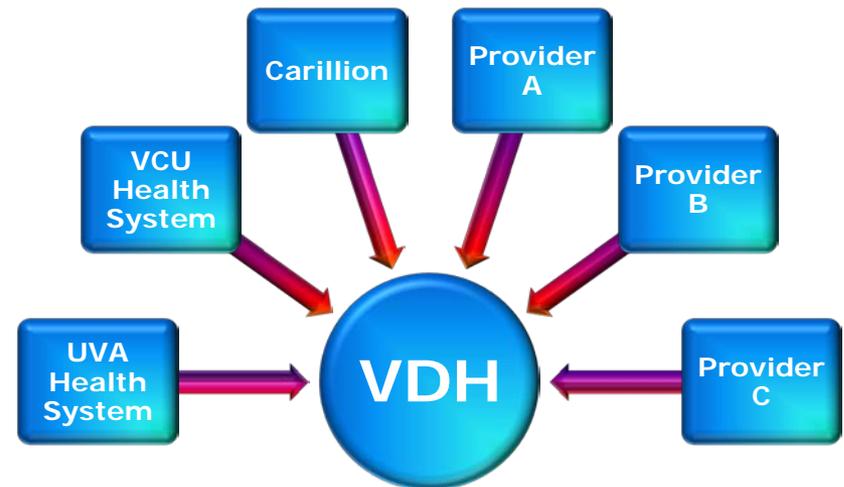
**One-to-One:** *e.g., Blood Lead results*



**One-to-Many:** *e.g., Deaths*



**Many-to-One:** *e.g., Immunizations*





## Data Exchange Standards - Categories

- Based on the last MITA Program schedule available, initial focus will be on five categories in Care Management:
  - Immunization
  - Syndromic Surveillance
  - Electronic Lab Reporting
  - Death Reporting
  - Birth Reporting
- Member Management exchanges will follow once scope is defined
- Dependencies exist requiring development of the CAS, Health Vocabulary and Health Messaging Data Standards first



# Data Exchange Standards - Components

- **One-to-One** data exchange – Standard, *if developed*, should consist of Narrative to include:
  - Background
  - Scope
  - Definitions
  - Data Exchange Description and Schema
  - Compliance Requirements
- **One-to-Many** data exchange – Standard should consist of Narrative (including elements above) and Implementation Guide(s) where appropriate
- **Many-to-One** data exchange – Standard should follow either One-to-One or One-to-Many model; determined by DESO



## Data Exchange Standards – Next Steps

- HITSAC set priorities for Data Exchange Standards: Strawman for discussion –
  - Priorities for Care Management Data Exchange Standards:
    1. One-to-Many Data Exchanges: Death, Birth
    2. Many-to-One Data Exchanges. DESOs, MITA Program and HITSAC to determine which require standards
    3. One-to-One Data Exchanges. DESOs, MITA Program and HITSAC to determine which require standards



# MITA Program Standards



## MITA Program Standards – Next Steps

- Develop Commonwealth Authentication Service (CAS) Data Standard:
  - VITA assist Work Group (DMV and HHR) in developing:
    - Initial set of fields in CAS Core Table
    - CAS governance framework, including identification of DSO(s)
  - VITA coordinate development of Data Standard with Work Group and HITSAC
  - VITA and DSO(s) present Data Standard to HITSAC in draft form



## MITA Program Standards – Next Steps

- Develop Health Vocabulary and Messaging Data Standards:
  - HHR identify DSOs for each standard
  - DSOs, HITSAC and VITA identify relevant vocabulary and messaging standards
  - VITA coordinate development of Data Standards with DSOs and HITSAC
  - VITA and DSOs present Data Standards to HITSAC in draft form



## MITA Program Standards – Next Steps

- Data Exchange Standards:
  - HHR identify Care and Member Management data exchanges requiring standards
  - HHR identify manual information exchanges (e.g., faxed documents) requiring automation and standards
  - Agencies designate Data Exchange Standards Owners (DESOs) for each standard
  - VITA coordinate development of Data Exchange Standards with relevant DESOs, HITSAC and partner agencies
    - Leverage HL7 Task Force
    - Dependent on the completion of the Health Vocabulary and Health Messaging Data Standards
  - VITA and DESOs present Data Exchange Standards to HITSAC in draft form



## MITA Program Standards – Critical Needs

- Identification of all Data Exchanges (existing and new) requiring Commonwealth Standards
- Identification of specific resources (HHR and other agencies) to act as DSOs and DESOs
- Commitment of DSOs, DESOs and agency staff to develop the standards
- Updated schedule from MITA Program