

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

**Thursday, June 16, 2011**

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

**ATTENDANCE:**

**Members Present:**

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

**Members Absent:**

Rich Pollack

**Others Present:**

Dave Mix, DMAS  
Kim Barnes, Office of Health IT, Director  
Susan McCleary, VITA/EAD, HITSAC Admin  
Akeisha Heard, VITA/EAD  
Debbie Secor, VDH  
Mike Sandridge, VITA  
Paul Embley, National Center for State Courts

**Call to Order:**

Chairman Marshall Ruffin called the meeting to order at 10:34 am in the VITA Multipurpose Room 1222 at the Commonwealth Enterprise Solutions Center in Chester, VA. Chairman Ruffin welcomed the Committee and attendees.

**OLD BUSINESS:**

**Approval of Minutes of May 19, 2011 HITSAC Meeting**

Chairman Ruffin asked the Committee if there were any additions or changes to the minutes. It was noted that the phrase "HITEC grant" on page 6 should read "HITECH grant. " The minutes were revised to reflect the change.

A motion was made and seconded to approve the minutes as revised. The revised Minutes of May 19, 2011 were unanimously adopted.

**Update on HL7 Membership Discussions**

Chairman Ruffin discussed his conversation with Dr. Jaffey, the President of HL7, regarding an enterprise license for the Commonwealth. Chairman Ruffin noted that Virginia is the first state to ask for an enterprise license.

He received an Intellectual Property License proposal from HL7 for the Commonwealth. Chairman Ruffin called for discussion of the topic.

Discussion first centered on whether there would be a contract and Commonwealth contractors would have access to it. Mr. Quinn, who was not involved in the conversation between HITSAC and HL7, said that if he had a license for HL7, his contractor would not need one as anything the contractor and Commonwealth develop remains the property of the Commonwealth.

Mr. Quinn gave a description of what HL7 members are getting. Dr. Harrison felt the Commonwealth should have more than 10 voting members due to the amount being paid compared to the benefits for a Benefactor Membership. He suggested 20 would be more appropriate. Mr. Quinn said balloting was a difficult process and many members did not participate in the process. Dr. Harrison noted UVA would be interested in being a voting member, as well as several entities across the state including VCU. He said there was the potential for new working groups including state government.

Ms. McCleary suggested one of the things to be considered what would be the scope of the license as each agency could currently purchase their license for \$1000. Ms. McCleary asked if the Committee anticipated needing licenses for or access to the intellectual property beyond state agencies and, if so, how many entities there might be, such as local health departments. Ms. McCleary noted if there were 80 agencies, then it would cost twice the amount for each agency. She asked if they were talking about 80 agencies plus 1000 entities.

Chairman Ruffin said Dr. Jaffey told him that HL7 would license all state health agencies in California for \$100,000 and that the proposal was meant to cover every agency of state government to permit them to use HL7 content in their information exchange. Chairman Ruffin said he expected that the Commonwealth would negotiate with HL7 directly. He remarked it was a good start to defining a business relationship with HL7 that HL7 was eager to discuss modification of implementation guides and intellectual property that the Commonwealth can use to extend the HL7 model to agencies such as Tax and DMV that do not now share a formal information model..

Dr. Harrison requested to make two points. He stated that the HL7 model is really about actions other people take involving other people and that an electronic medical record is a record of acts. He said at a high level, HL7 defines entities' roles, participation and acts. He questioned the applicability of the HL7 data model for domains outside of health such as tax and justice as there are other frameworks that could use for the same data. He also questioned how HL7 would be specialized to support other data elements that are not part of the RIM and noted it would take a large amount of work to accomplish.

Mr. Quinn said it was up to the Committee and the state how much they wanted to use HL7 and for what purposes. Dr. Harrison said all the data elements would need to be defined and what classes they fit into. Chairman Ruffin asked how much work was needed to do so. Dr. Harrison said the Commonwealth would have to define the data model or merge data models to automate these communications. Chairman Ruffin stated HITSAC needs to know how much will need to be done and will have to address those concerns because when HITSAC adopts standards, it has to have a good idea of what it will cost the Commonwealth to adopt them. It

was noted that detailed discussions would need to be held with HL7 and the agencies to discover what use cases they have.

Chairman Ruffin asked what kind of work it would take to extend HL7. Dave Mix remarked he did not know how much work was needed but said the process would not be fast and would be challenging. Chairman Ruffin pointed out that NIEM is of interest since it has developed other domains beyond health care and it complements HL7 and the RIM. Chairman Ruffin closed the discussion saying it will be interesting to hear what the VDH and the state government does with the proposal.

## Update on Draft Governance Framework

Chairman Ruffin reported that he had forwarded the Draft Governance Framework proposal to CIO Nixon. He remarked that during an exchange of emails (see *RE: Governance Framework* document), CIO Nixon said he appreciates all the hard work done by HITSAC on the Proposed Government Framework. Chairman Ruffin said at this point, we are waiting for comments from VITA and the CIO's office.

## NEW BUSINESS:

### HIE RFP Status Report

Debbie Secor, CIO of the Virginia Department of Health, reported that the HIE RFP was released yesterday (June 15, 2011) through eVA and sent out to other vendors. She stated there was one modification to the RFP regarding evaluation criteria. Ms. Secor noted there were two specific pieces in the RFP – one for governance and one for technology. She remarked the governance piece was always listed as mandatory and the technology piece was in the optional category. She explained that both pieces were made mandatory so vendors are being asked how they will perform the technology piece. She said the RFP responses are due on July 20, 2011 and the goal is to have a final contract executed by August 20, 2011.

### MITA Program Status Report

Mr. Mix updated the Committee on MITA activities including immediate focus areas, work in progress, and challenges (see *MITA/HITSAC June Updates* presentation). He stated CMS funding was approved on June 9, 2011 for the HHR PMO and that he is working on some nuances on funding the Master Data Management effort.

Chairman Ruffin wondered if the state government should inform the National Governor's Association of the work MITA and HITSAC are doing, the data sharing exchange and the Government Gateway. Ms. Barnes stated that the National Governor's Association is now partnering with required ONC meetings and is meeting in advance of the regional ONC meeting, discussing and understanding what other state activities are. She noted they have set up a structure for interaction with the health information exchange (HIE) projects.

Mr. Mix noted that the updated timelines are attached to his presentation. He stated the end dates have not changed and there has been about four month's slippage with the timelines. Ms. McCleary asked when we need to have CAS and MDM set up for the HIE's purpose. Ms. Secor answered it would be needed within 30 days of the contract award.

## VITA and HHR MITA Program Support Update

Mike Sandridge introduced himself as the manager of VITA's project management division that is charged with oversight for IT projects across the Commonwealth. Mr. Sandridge stated he is an interim program manager for VITA's part of the effort to have some baseline and infrastructure in place to support the HHR and the MITA program.

Mr. Sandridge spoke on the undertaking at VITA and its scope, estimated key dates and provided the current status (see *VITA Support for HHR/MITA Program* presentation). He stated that the MDM development and test environments should be ready in September 2011. He shared that October 2011 is the target for VITA to have SOA development and test environments and the CAS development and the test environments ready. He said the plan is to have all production environments ready by February 2012.

Chairman Ruffin asked if Mr. Sandridge's group would be giving a formal critique of the draft governance framework. Mr. Sandridge said he would look into that.

Mr. Sandridge reported funding was approved and the MDM license funding issue appears to be resolved. He said the full time staffing request is awaiting approval and the staffing priority is a full time program manager. He also noted data consultants, analysts and other contractor staffing is in process. He announced that Kim Martin has been assigned as the MDM project manager and has started project planning.

Mr. Sandridge stated that VITA projects are approved in the strategic plan and a request for a budget approval exception has been drafted. He explained that the Code of Virginia requires all major IT projects to be reflected in the Appropriations Act and that if they are not, there is an emergency approval process that requires going through the Secretary of Finance, the Secretary of Technology and the Governor to get project approval. He stated that the emergency approval request was forwarded to the Secretaries on Tuesday (June 13) by CIO Nixon and that VITA will continue planning while awaiting that approval.

Chairman Ruffin asked what HITSAC could do to help. Mr. Sandridge said the Committee's discussions on governance rules and standards feeds into the MPI and the MDM and is very important

## HITSAC Work Plan

Susan McCleary explained the origins of the HITSAC Work Plan outline (see *Draft HITSAC 2011 Work Plan* presentation). She said the standards for each project are due two weeks before each project's start date so the standards are in place for the project teams. She stated that the column entitled "Standard" lists the kinds of transactions for which HITSAC is going to be providing a standard. She noted the dates listed for the first several items are off and Dave Mix said that was fine.

Ms. McCleary said there are always two reviews for HITSAC in the draft work plan, an initial review and a final review. She noted there is also a specification or implementation guide review later in the schedule. Chairman Ruffin said there is much reading and discussions that will be needed before a recommendation is given.

Dave Mix noted that the dates were not correct and until detailed planning is done, the Committee would be working off the budget estimates since the projects were just beginning. Chairman Ruffin suggested they define the questions the Committee needs to answer for the July 21, 2011 and August 18, 2011 meetings. He reminded the Committee they could not have deliberations outside of the public meetings.

Dave Mix said that what needs to be addressed are the standards for people and providers, two aspects required by the MDM and that input is needed from the HIE side. He said they were hoping to pull people and organization out of HL7 as a starting point. He remarked the task is picking up existing data and saying whether that is what should be used.

Chairman Ruffin said the HIPPA and HL7 standards are consistent in defining people and organizations. Mr. Quinn said the HITSP profiles that were created assumed that patient demographic information would be from X12. He remarked patient demographic information as it relates to transitions of care reflects the detail and clinical nature of the information used by every hospital in the nation using HL7. He suggested the HIE may be working with a super set of data elements and patient demographics that is beyond what HITSP discussed and commented that the X12 standards are for getting bills paid.

Chairman Ruffin said the standards that HITSAC has already endorsed are based around X12 and ONC is using that as a base to move forward. Chairman Ruffin noted with the MITA project, HITSAC needs to provide standards for people and providers by August.

## NIEM Overview and Discussion

Chairman Ruffin introduced Paul Embley with the National Center for State Courts (NCSC) and noted Mr. Embley is involved with the National Information Exchange Model (NIEM) for the NCSC. Chairman Ruffin said NIEM is a very important topic noting that our concept of the state gateway requires coherent, standardized data models, and information models and reference terminology. He remarked that HITSAC wants to see in what ways we can use NIEM for some of those functions, particularly in the courts.

Mr. Embley gave an overview of the history of NIEM, what it is, how it is governed and how it has been used (see *National Information Exchange Model (NIEM) Brief* presentation). Mr. Embley stated NIEM has recently added two new domains: (1) children, youth and family services, and (2) human services (includes Medicaid and Medicare).

Dr. Harrison asked Mr. Embley to explain NIEM's process for ensuring input from everyone in order for a standard to be broadly applied. Mr. Embley said NIEM works with the major organizations such as the Conference of Chief Justices to receive input. He stated NIEM is always looking for pilot programs to determine whether the system works in a rural area, a large city or a group of counties. He also remarked that NIEM

works to get the appropriate representatives at the table and after developing a standard, it goes out for a 90-day review.

Chairman Ruffin asked how to contact NIEM. Mr. Embley said the project management office (PMO) was in the Department of Homeland Security but will be moving to the Department of Health and Human Services (HHS) soon. He noted that with NIEM, you can go to the PMO or one of NIEM's partners. Mr. Embley recommended HITSAC go through David Jenkins in HHS's Administration for Children and Families or John Teeter, the Deputy CIO of HHS. Mr. Embley volunteered to provide their contact information to HITSAC.

Chairman Ruffin wondered if there was a relationship between NIEM and MITA's vision. Dave Mix said they were both hub-based architectures. He said in MITA, we set-up our master person index that is compatible with HL7 and NIEM standards and that the stage is being set for data sharing in the future.

Chairman Ruffin asked how specific NIEM is in the data it collects in regard to emergency services. Mr. Embley responded he would get HITSAC another contact for that question.

Dr. Harrison asked about the flexibility of NIEM incorporating other standards and if there was a method for incorporating HL7 directly. Mr. Embley said one way NIEM works with other standards is using elements from both systems and keeping each party informed. He stated that another possibility was that NIEM could incorporate another exchange into a NIEM exchange so an HL7 exchange could be wrapped in a NIEM exchange.

Chairman Ruffin noted that the key issue is that Virginia wants to extend the HL7 RIM. He commented that an alternative may be to adopt NIEM as HL7 and NIEM seem to have a similar purpose. Chairman Ruffin asked who could change the global data model in NIEM. Mr. Embley said the Global Advisory Committee controls the model. Mr. Embley stated he would send links to Susan McCleary to the implementation guides.

Chairman Ruffin asked how to harmonize NIEM and HL7 and noted it was HITSAC's challenge to decide the process to be followed. Susan McCleary said HITSAC was seeking to define people and organizations, which could be done in a number of different ways. She noted from a VITA perspective, they are standing up an enterprise service. She stated one approach is to start broadly and involve agencies with many people in their databases and another is to start narrowly and focus on the immediate needs of MITA. She remarked that with the latter, there required an understanding that to sustain an enterprise service, it will be added to and changed.

Chairman Ruffin said that we need to serve MITA needs first and to do a reconciliation of the data types, names and addresses, phone numbers and more. Dr. Harrison said the main challenge is deciding what to keep. Chairman Ruffin asked if it was feasible for VITA to work from two directions. He asked if HITSAC could view NIEM and HL7 as two complimentary information models and work on the reconciliation of common data and, at the same time, look at the existing transaction system, identifying the data we have and then make a recommendation. There was agreement that could be a workable plan.

## Public Comment

Chairman Ruffin invited comments from the public.

In response to a question from the audience, Susan McCleary explained the Commonwealth's process for posting standards for review by other agencies for comment. She said before any standard or policy is approved, it must be posted for public comment for 30 days and notice of the posting is sent to all agencies.

Chairman Ruffin called for other public comment. There was none.

## Adjourn

As there was no further business, Chairman Ruffin adjourned the meeting at 3:20 pm.