Minutes
Health Information Technology Standards Advisory Committee (HITSAC)
Thursday, January 20, 2011

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

Attendance

Members present:

Dr. Marshall Ruffin, Chair
John Quinn
Geoff Brown

Members absent:

None

Others present:

Susan McCleary, VITA/EAD, HITSAC Administrator
Jerry Simonoff, VITA/ESG
Akeisha Heard, VITA/EAD
Rich Pollack, VCU Health System
Dave Mix, DMAS
Mike Hammel, VITA/PP&A
Todd Kissam, VITA/PP&A
Debbie Dodson, VITA/PP&A
Lynne Jeffries, VITA/PMD
Judy Napier, CGI

Call to order

Dr. Marshall Ruffin called the meeting to order at 10:30 AM in Room 1222 at the Commonwealth Enterprise Solutions Center (CESC) in Chester. Dr. Ruffin welcomed everyone and said that the first order of business was to approve the November 18, 2010 Minutes.

Old Business:

Approval Minutes of November 18, 2010 HITSAC Meeting

Chairman Ruffin responded to the Committee that he has reviewed the minutes with Susan McCleary and that he thought they were quite accurate; however, he is asking the Committee for any additions or changes they would like added to the Minutes. Ms. McCleary responded that there are two typographical errors she would like corrected: Dave Mix's name is spelled incorrectly and the apostrophe "s" on "Attorney's General" needs to be taken off. Mr. Brown made a motion that the Minutes be approved with the amended changes included. Mr. Quinn seconded the motion for approval. The motion was approved;

3-0-0.

Update on Recommendations for Filling Vacancies on HITSAC

Chairman Ruffin reminded the Committee that they had two members resign. One member moved out of the state and the other one for personal reasons. Chairman Ruffin also said that Rich Pollack is expected to be that fourth member so there is only one position to fill, not two. Chairman Ruffin said he spoke with Brian Kelly, who's in charge of informatics at Aetna as the Committee is very interested in bringing in a "Payer" to the Committee. However, Mr. Kelly informed the Chairman that Aetna prefers that he not take the position. Chairman Ruffin asked the Committee if they had any suggestions and briefed the Committee on some of the recommendations he has received; none of those recommendations have accepted. Chairman Ruffin also said he has contacted Anthem for an additional recommendation and has not heard back from his contact yet. Chairman Ruffin asked whether they would be looking for a CIO from a major "Payer" and if so which payers would they be considering. He said that he is looking for a list of Payers and that in an open way he would ask the CIOs to see who would be appropriate for this vacancy. Mr. Pollack asked if they have considered someone from a Law Firm in Richmond with extensive experience in this area. The Chairman said that is an option and Mr. Pollack said he would get the name. The Chairman asked in addition to "Payers", who else should be considered and what other industries. The Chairman also asked if there is someone in state government or has been in state government familiar with MPI who could be considered. Mr. Quinn suggested Surescripts. A discussion ensued as to if there would be a conflict of interest on serving on this Committee for some in the "Payer" community. Mr. Brown asked that they consider Caresparks and MedVirginia if there is no success talking to the other organizations; the Chairman agreed. The Chairman suggested Kaiser; he had recently spoken with the CIO and he would contact him to see if he had any recommendations. Mr. Pollack is going to indentify the lawyer in Richmond, and Dave Mix is going to provide a list of third-party liability Medicaid "Payers." Mr. Quinn is going to contact Surescripts. Mr. Pollack suggested someone in academia. The Chairman said yes, they would consider a name in academia. So, the Committee decided to come back at the next meeting with a list of potential candidates as a fifth member of the HITSAC. Chairman Ruffin informed the Committee that the good news is that at the next meeting they will have four members and hopefully in the future they will have that fifth member.

Chairman Ruffin asked the Committee if there was any other "old business" to discuss. There was none.

New Business:

HITSAC Charter

Chairman Ruffin informed the Committee that he and Susan McCleary have crafted the Committee Responsibilities and Guiding Principles for the COV HIE. Chairman Ruffin asked the Committee to critique the document. He asked them to help by thinking about the charge that the Secretary of Technology and the Secretary of Health and Human Resources has given them to help establish the standards for interoperability for all of state government, starting first with Health and Human Resources. He informed the Committee that he is looking to see if that charge is clearly reflected in the principles, and if it is not, that the Committee make suggestions for changes. Chairman Ruffin referred everyone to the draft Charter (see *Draft HITSAC Charter*) and read through it. The Committee made several changes to clarify HITSAC's role, identifying nine Guiding Principles. The Chairman

asked that the Charter remain in draft form to be finalized at the next meeting. The Chairman called for more questions, and there were none.

Update on Federal Actions that May Affect the COV-HIE Topic Report

Chairman Ruffin asked Mr. Quinn to address the Committee and give an update on some actions on the federal level that may affect healthcare standards. Mr. Quinn addressed the Committee and gave a brief presentation (see *Developments in US ONC Standards* presentation). A discussion ensued with the Committee members about the presentation. Mr. Quinn said that if there is anything the State of Virginia could do to help raise the level of knowledge, it would be helpful. Chairman Ruffin commented that this request could be added to the Charter. The Chairman asked if the Committee has an obligation to educate and inform. The Committee drafted a tenth Guiding Principle for the Charter.

Update on MITA Program Activities

Chairman Ruffin introduced Dave Mix from DMAS and Mr. Mix gave an update on the MITA Program. Mr. Mix addressed the Committee and said would talk about three things: 1) Focus areas; 2) Work that is in progress; and 3) Timeline challenges that they have run across that are affecting the schedule.

Mr. Mix gave his presentation to the Committee (see *HIT/MITA Program Activities* presentation). He said the MITA State self assessment efforts are for the strategic alignment of the business. He said that the technical efforts, the member management and the care management portion have been worked on, and now they are working on behavioral health. Mr. Mix said that Program Work groups have been set up. They should finish up in April and standards and specifications will emerge out of this effort. Mr. Mix said that the state self assessment documents are located on the DMAS website. Chairman Ruffin asked when the original funding request was filed. Mr. Mix said it was done in draft form September 1, 2010. Mr. Mix had a conference call with them on December 8, submitted a revised version to be approved without comments and is still waiting for an approval letter. Dr. Hazel is working through his contacts. A second funding request was sent on October 28 in draft format and the group is expecting comments in mid-February with approval in mid-March. Mr. Mix said that before mid-March they would be requesting funding for the technical infrastructure in the care management pieces, which have dependences on the HIE contract. They want the state systems available for pilot testing with the HIE. The incentive program procurement documents were submitted on December 8 too and CMS would not be reviewing them before the funding has been approved. Mr. Mix is expecting that all the approvals needed would be received by June timeframe, which is when they can put the RFP out. They're looking to have a contractor in by late summer and the timeframe will be dependent on how long it will take them to implement. The incentive program will be up and running next year, not this year. The following workgroups have been formed to support planning for the project: Program Management Office, Technical Infrastructure, HITSAC, MITA Care Management, and Member Management.

Mr. Mix discussed that DMV has created workgroups to identify the processes and standards for authentication services that DMV would offer and a Master Patient Index. DMV is not supporting a portal; they are providing the authentication services that a portal or any agency could use. In answering the Chairman's remark regarding the service using a lookup table versus a true MPI with a matching algorithm, Mr. Mix stated they are looking into what additional functionality is needed that DMV did not get through their contract to actually make it a real MPI product. There was discussion regarding how many people are in the DMV database, the merging of records from the HHR agencies to include people not in the

DMV database and DMV's vision for the authentication service. Mr. Mix noted that assigning a common identifier (likely the DMV customer number) that other agencies would carry in their systems is expected to be included as part of this project. Mr. Mix then discussed the timeline challenges related to the MITA Program.

Commonwealth Standards Approval Process

Chairman Ruffin introduced Susan McCleary to address the Committee on the Commonwealth standards approval process and developing standards for MITA. Ms. McCleary addressed the Committee and gave a brief presentation (see *Commonwealth Data Standards Approval Process* presentation). She said it is just a refresher and that the Committee had walked through this information previously. Ms. McCleary went through some definitions and talk through the process already established for Commonwealth Standards, and also the components of what makes up a standard. There was discussion about allowing specifications with HL7 information to be publicly reviewed due to HL7 intellectual property rights. Mike Hammel noted that it was just the narrative description of the standard that would be publicly reviewed, not the detailed specifications.

Developing Standards for the MITA Program

Ms. McCleary gave a presentation on *Developing Standards for the MITA Program* (see presentation). The focus was on what the MITA Program needs. The proposed standards were based on the Care Management information received from DCLS, VDH and Behavioral Health. Commonwealth Authentication Service, Health Vocabulary, and Health Messaging were proposed. The Health Vocabulary and Health Messaging standards will contain the high level information that set the parameters for the data exchange standards. There was discussion regarding the specifications, testing, and the possible need for a service catalog. Ms. McCleary said the documents discussed should be considered living documents and updated as needed by the standards' owners for the foreseeable future. Data exchange standards will follow the same approval process as the data standards. Ms. McCleary said that the list of data exchange standards to be developed will need to be revised after the MITA Care and Member Management workgroups complete their work and define the scope of the projects. The Chairman requested that Mr. Pollack and Mr. Brown replicate the work the UVA Medical Center records management staff did to identify all of the communications they have with the state so that there can be an inventory. Mr. Mix noted that creating interfaces for some of the communications may be possible as currently someone is likely keying the faxed information into the state system. There was discussion around who the data exchange standard owners would be. After Ms. McCleary detailed the information and resources needed to move forward, Mr. Mix noted the needed information should be available after the preliminary scope statements are developed and he thought the standards would not be needed until late summer or early winter. Ms. McCleary stated she planned to create a project plan once the scope statements have been developed in order to track progress.

HL7 Task Force Roles and Responsibilities

Chairman Ruffin gave a brief presentation on HL7 Task Force Roles and Responsibilities. The Chairman stated in middle of November, John Quinn arranged for Calvin Beebe, one of the principal developers for the Clinical Care Document, to teach HL7 to 47 people of which half were state employees and the rest from various health organizations. Out of this came an HL7 Task Force of 47 people. The Committee would like to use them. The Chairman requested brief discussion on how the Task Force could be used and asked what tasks might the Committee give them to help with the goal of achieving the MITA architecture. The Chairman noted he had not been in communication with the Task Force since the training.

Susan McCleary noted she had communication with 15 to 20 people stating they would be happy to participate. The Chairman inquired if they were all from state government and Ms. McCleary stated some were from UVA. The Chairman stated that it maybe this should be organized a bit more. The Chairman suggested that the Committee collect the data discussed early about patient communications and then contact the Task Force. Mr. Pollack suggested that focusing on the items most congruent with meaningful use as that is most relevant to the organizations' current focus. Mr. Mix noted he could get funding for the state government if related to meaningful use. The Committee concurred with that approach. The Chairman suggested that staff members from the Committee members' organizations should be in contact with Ms. McCleary and Mr. Mix to identify the most valuable communications for the Committee and Commonwealth to try to automate to support achievement of meaningful use. The Chairman believes this will involve the HL7 Task Force. Ms. McCleary noted that the Task Force could review draft standards, providing a different perspective. The Chairman suggested that it may be better to have one person from each organization to be the contact.

Overview of Current Data Exchanges (DCLS and VDH)

Chairman Ruffin introduced Akeisha Heard who gave a brief summary on current documented data exchanges (DCLS and VDH). Ms. Heard stated that there is a summary on the bottom of the hand-out (see two *Data Exchange Standards* reports). Ms. Heard stated some of the exchanges from Aging or Behavioral Health are financial and not relevant to this project. Ms. Heard stated the focus of the exchanges was electronic only, so there is no information about paper processes at the agencies. VITA requested information on exchanges from one agency to another or one agency to an external organization. VDH did include exchanges within the agency. Mr. Pollock asked if they were truly electronic exchanges, going from system to system, or started as an electronic FTP on one end and ended up as a printed document on the other side. Ms. Heard answered the agencies were not asked what was done on the other side; the expectation was they were going into the system listed. Some of them they burn to a CD and send somewhere, so not all automated. VITA asked for information transferred electronically. Mr. Pollock remarked that an agency may have a website where the other organizations manually entering the data into; Ms. Heard stated those were included by VDH. Ms. Heard stated that she assigned a MITA category (e.g., birth reporting, death reporting, syndromic surveillance) to each data exchange so the assignments should be considered draft. Ms. Heard stated that there were some data exchanges she could not tell where they fell into these and some that were outside the categories established. Ms. Heard recommended having the agencies validate the category assignments and that she would expect some changes. Ms. Heard said that the report she based this information on is included in the Committee's packet. Ms. Heard walked the Committee through a number of the fields on the report and how they were assigned or derived. Ms. Heard said that this is not a complete inventory of all automated data exchanges within HHR and does not include any manual information transfer. Chairman Ruffin commented that he thought that this is was very informative and useful. Dave Mix noted that most of the exchanges listed would not be in-scope for the objectives of the MITA Program and that they could be in the future. Chairman Ruffin asked if someone on the team could work to identify which data exchanges are in-scope and out-of-scope. Mr. Mix noted that the MITA Work Groups will define those that are in-scope. The Chairman asked the Committee if there were any questions for Ms. Heard, and there were none.

Schedule for Standards

Chairman Ruffin asked Mr. Mix and Ms. McCleary to address the Committee and discuss the schedule for standards. Mr. Mix said everything has been delayed as talked about earlier. The project teams will not be starting until late summer because of the way the funding is

going and the technical infrastructure needs to be in place. By late April, the team should know what standards are needed between the work with DMV around the authentication service and the Care and Member Management Workgroups. The specifications will be developed from the standards. Mr. Mix assumes there will be a trading partner to test with such as the HIE to pilot. Chairman Ruffin asked if there is anything the Committee can do to expedite this project. Mr. Mix said that Dr. Hazel is working on the time delays and he does not see how it can be expedited. The state match won't be secured until probably April after the veto session and the Governor signs the state budget. The federal money should be available by then. Chairman Ruffin asked if the schedule could be given in a written form to the Committee. Mr. Mix said that he plans to do so. Chairman Ruffin requested that Committee receive this information before the next meeting date in February. Chairman Ruffin asked for questions, and commented that he is summarizing that the Committee and Commonwealth is not moving as fast as it would like, and that the Committee and Commonwealth needs to do a fair amount of work before the funding is received and the Committee itself needs to set-up the process for standardization.

Discussion of COV Master Person Index (MPI) and COV Health Information Exchange (COV-HIE)

Mr. Mix gave a brief update on the MPI. DMV is using the Siebel CRM, Oracle is going to tell the Commonwealth what the differences between that and their MPI product, which may be another product that the Commonwealth may need to get the matching algorithms. Mr. Quinn gave a brief summary of the background of the Oracle product and that it does have a health care pedigree. He also briefly discussed IBM's Initiate product. Chairman Ruffin asked about the process and date for making a decision on the MPI product. Mr. Mix noted part of the trouble now is paying DMV to do this. He noted this portion belongs in the Member Management area and the ability to request funding is months away. He stated that there had been discussion with DMV to continue the workgroups to better define the requirements instead of turning top level business requirements over to the contractor's technical team who would work out the use case and other details. Mr. Mix also noted he has funding in his budget to extend the DSS portal but he's months away for getting approval to spend those funds. Mr. Mix stated they are not sure how much funding is needed and that DMV should be sending an estimate in the next 7 to 10 days. He mentioned the DSS portal is coming from Michigan and will be moved over and hooked up by Deloitte. The portal will cover application intake and prescreening, help the users do what ifs, and to submit an application for any of the Social Services programs. They'll do the authentication to the DMV system so they won't have to build in that authentication piece. They are also planning to tie in the Virginia.gov website so the user signs in once and has access to all of the services.

MPI Standards and Messages

Ms. McCleary introduced Todd Kissam, who is leading the Technical Infrastructure workgroup. She noted that there has been discussions internally about how the MPI at DMV fits in with the HIE, whether they're one MPI or two, and how that technical architecture will work. She suggested one or more of the Committee members may like to work with the Infrastructure workgroup to sort it out. Mr. Mix suggested that in the HIE RFP HHR could explain the situation and have the vendors give a solution. Mr. Kissam gave a statement describing what the Commonwealth has and the expected DMV solution. He noted that the DMV MPI has two purposes: to store information needed to authenticate and to be a repository of information of high value that can be shared. Mr. Quinn gave a description of how the HIE uses an MPI. There was discussion around how the DMV MPI and HIE MPI are likely separate items, how they could be connected, how data could be shared between the

two, and how one could find out which agency systems have records for a given person in the DMV MPI. There was also discussion about how DMV and the HIE would use matching algorithms and whether they could be different. Chairman Ruffin inquired whether the HIE RFP had been released. Mr. Mix noted Kim Barnes stated the RFP would be released in a couple months due to internal concerns. Chairman Ruffin questioned, due to the differing timelines between the DMV, MITA Program and the HIE, how to coordinate the work so the COV-HIE does not end up with a different MPI or a competing or conflicting MPI. He questioned whether it would be a bad thing if the DMV and HIE selected different MPIs. Mr. Mix stated he did not think it would be an issue as the HIE would just use the DMV one as a data source. Mr. Kissam summarized the discussion by stating his question was did a classical MPI product need to be brought in to support Dave Mix's current needs and based on the discussion he believed the answer was no. Mr. Quinn agreed with this but wanted to pursue this as it progressed.

Public Comment

Chairman Ruffin asked for public comment from anyone on the floor. There were none.

Adjourn

Chairman Ruffin adjourned the meeting at 3:50 PM.