MINUTES
Health Information Technology Standards Advisory Committee (HITSAC)
Thursday, February 17, 2011

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

Attendance

Members present:

Dr. Marshall Ruffin, Chair
John Quinn
Geoff Brown
Rich Pollack

Members absent:

None

Others present:

Susan McCleary, VITA/EAD, HITSAC Administrator
Akeisha Heard, VITA/EAD
Dave Mix, DMAS
Vickie Tyson, DCLS, Application Development and Project Manager
Jerry Simonoff, VITA/ESG
Lynne Jeffries, VITA/PMD
Debbie Dodson, VITA/EAD
Donald Parr, Deloitte Consulting
Todd Kissam, VITA/PP&A
Dave Burhop, DMV
Jan Butterfield

Call to Order

Chairman Marshall Ruffin called the meeting to order at 10:36 a.m. in room 1222 at the Commonwealth Enterprise Solutions Center (CESC) in Chester, VA. Dr. Ruffin welcomed the Committee. Formal introductions of the Committee were made.

Old Business:

Approval Minutes of January 20, 2011

Chairman Ruffin asked the Committee if there were any additions or changes to the Minutes. The Committee responded that there were none and the Minutes of January 20, 2011 were unanimously adopted.

Update on Recommendations for Filling Vacancies on HITSAC

Chairman Ruffin reminded the Committee that they had discussed bringing in someone from the "Payer" community, particularly someone who is expert in eligibility verification and in Master Person Indexes (MPI). The Committee had invited Anthem to give a recommendation since they are such a large payer in Virginia. Anthem recommended a person who accepted but then was unable to take the seat due to a personal family problem. Chairman Ruffin referred the Committee to the alphabetical list of "Payers" provided. Chairman Ruffin suggested a formal discussion about what sort of person the Committee would like to invite, noting that Secretary Hazel trusts the Committee's judgment and that he and his staff are looking for a suggestion.

Chairman Ruffin suggested the Bioinformatics Institute at Virginia Tech. Mr. Quinn stated he likes the idea of informatics itself, not necessarily bioinformatics, such as someone with in-depth expertise in Terminologies and clinical processes and mappings. He suggested starting the search through the Medical Informatics Programs associated with medical schools in the state of Virginia or asking the American Medical Informatics Association for an in-state recommendation. Chairman Ruffin liked the idea of Terminologies as it will be important for Meaningful Use stages 2 and 3; he also noted that AMIA has its corporate offices in Bethesda.

Mr. Brown suggested a different track as the whole concept of Meaningful Use is really about driving population health, driving more consistency in treatment, and allowing more mobility around the sharing of information with the whole goal of improving quality, reducing waste, etc. He suggested the Committee look at folks who are deep into the "quality arena", perhaps reaching out through their contacts at ONC to find a candidate. He agreed that the Terminologies theme is important but not primary. He had someone in mind that he will talk with before sharing the name with the Committee. Relative to that, Mr. Mix suggested talking to VHQC, the Medicare quality contractor and the Extension Center for the State. Mr. Mix had someone with an extensive background in Quality in mind from the VHQC and will provide that contact information later. Mr. Mix also mentioned Dr. Sally Cook, Chief Medical Officer at VHQC, who seems very knowledgeable. Chairman Ruffin inquired whether Dr. Cook is knowledgeable in reference terminologies, mechanics of defining quality and measuring quality. Mr. Mix did not have a sense as to these issues in particular. Chairman Ruffin suggested that he contact the National Quality Forum, Floyd Eisenberg, who is their Chief Medical Informatics Officer, and ask for his recommendation.

Chairman Ruffin noted that the Committee seems to have moved away from the notion of someone expert in eligibility verification and MPI and asked whether the Committee's sense is that we have enough folks from inside the state government who are working with us that we do not need to add someone with that expertise here. Mr. Quinn affirmed that there is some expertise within the state though the DMV, but he believed Technology is a more strategic topic and will continue for a long time. Mr. Brown stated he still feels the best fit would be an insurance provider who understands eligibility but acknowledges that we are not having much success with that.

Mr. Pollack stated a person who comes to mind with "Payer" expertise as well as experience with disease management and population health is Dr. Steve Arnold, Chief Medical Officer for Virginia

Premier, Richmond's Medicaid HMO. He is also on the board of HIMS. Chairman Ruffin agreed that this is a good suggestion but noted that the Committee would like to distribute the participation throughout the state and because he works with Mr. Pollock, Mr. Pollack can bring his expertise here either as someone to testify or to advise us. Chairman Ruffin mentioned Ted Shortliffe, President of AMIA and notes he was involved with the creation of SNOMED. Chairman Ruffin asked for other suggestions. No other names were offered.

Chairman Ruffin summarized the issue by stating the Committee did make a valiant effort to find someone in the "Payers" community. Mr. Quinn, Mr. Brown and Mr. Pollack successfully made the argument that quality and nomenclatures are going to be more important to interoperability and led the Committee now to consider people who understand these functions. Mr. Quinn agreed.

HITSAC Charter

Ms. McCleary noted that the Charter had been discussed at the January 20, 2011 meeting, that Chairman Ruffin contacted the two Secretaries to solicit feedback from them, but the Charter had not yet been adopted. Chairman Ruffin confirmed that it had been sent to the two Secretaries but did not receive any Chairman Ruffin summarized that the Charter covered the guiding principles, the creation of HITSAC, the powers of the CIO and the way in which ITAC and the CIO work together, and how HITSAC works to advise ITAC and the CIO. Chairman Ruffin called for amendments to the HITSAC Charter from the Committee. Mr. Pollack made a motion to adopt the Charter, the motion was seconded by Mr. Quinn, there was no discussion, and the Charter was adopted. Chairman Ruffin commented on the fact that this was a "weighty decision" the Committee just made and was happy to have the support of the Secretary of Technology and the Secretary of Health and Human Resources, as well as the support of Mr. Dave Mix.

NEW BUSINESS

UVA and VCU Health Systems' Information Exchanges

Ms. Heard referred the members to the "HITSAC Organizations Data Exchanges" report and reminded the Committee that in the last meeting, Dr. Ruffin had talked about the list of exchanges he had his staff pull together from UVA. She received similar data from one department of VCU. Ms. Heard stated she grouped them into a category called Service Area because each organization uses its own terminology. Ms. Heard walked the Committee through some of the fields on the report and noted how they were derived. Ms. Heard said where there are blank fields in the UVA data, she was still waiting to receive that data. Ms. Heard noted from what has been received, "vital statistics" is the category where there is complete overlap. From the provided data, she saw no overlap between birth reporting, children's medical center, emergency department, infection control, etc.

There was discussion around format, method, average record count and frequency. Ms. McCleary stated a request can be made to the agencies that receive the data for a global count from all the organization with which they communicate. Chairman Ruffin suggested the Committee start with death, birth, immunizations, and reportable communicable diseases. Chairman Ruffin suggested VCU, UVA and

Inova review the template once more to suggest modifications while VITA contacts the HHR agencies to come up with an average record count and the like. Ms. McCleary affirmed this suggestion.

Chairman Ruffin asked Ms. Vickie Tyson to comment from the floor on the standardization of exchange of lab data between (for instance) Inova, UVA and VCU. Ms. Tyson stated they have several projects underway. Ms. Tyson stated they hope to standardize the interfaces using HL7 2.5.1 for lab orders and results as well as adopting LOINC, SNOMED and UCOM. Ms. Tyson stated her agency has a lot of information to pass along to help companies become standardized.

Chairman Ruffin asked Mr. Mix what HITSAC could really do to help the state government achieve these goals of standardizing communications in these areas. Mr. Mix responded, in working with labs, making sure they use the same standards and vocabularies and carry that forward across the health information exchange so everybody can use them. For the lab interfaces from the state side, Mr. Mix stated they would not know the hospital side being implemented so the specs and implementation guides need to come from that community and not from the state. Chairman Ruffin noted this is a very important point. He reiterated that what he is hearing is that the implementation guides and the specifications actually need to come from the user community. Mr. Mix stated it needs to come from both sides.

There was further discussion around federal involvement in defining standards for the HIE. Chairman Ruffin clarified that the Committee does not want to create new standards; rather it wants to clearly define how the implementation will work. It is agreed that, if standards exist, the Commonwealth needs to use them rather than creating its own. Chairman Ruffin asked Susan McCleary to brief the Committee at the next meeting, on the standards used for births, deaths and immunization records -- not just the data elements, but also the events they support as well as the reference terminologies for the data fields.

Lynn Jeffries addressed the Committee from the floor giving a brief status of the Department of Health has the electronic death registry project that is in progress. She suggested VDH could speak with the Committee about it and VDH's electronic birth registry. Mr. Mix stated that, from his perspective, the Commonwealth needs an automated service that can hook into this technology where a message can be sent out of an EMR reporting someone’s death. Ms. Jeffries said she would e-mail Mr. Mix the contact information for the person in charge of this.

Chairman Ruffin welcomed Mr. Rich Pollack to Committee membership and apologized for not having publicly welcomed him at the beginning of the session.

Chairman Ruffin summarized by saying the Committee's efforts will be focused on deaths, births, immunizations, syndromic surveillance and electronic labs and to understand the standards that exist or do not exist so that the Committee can identify exactly what they need to do to facilitate and promote the creation of this health information exchange to support the MITA vision. He also noted Ms. McCleary will invite folks from state government to brief the Committee next time. The Committee will request that Inova, Carillion and Sentara will complete the data exchange inventory.

Draft Health Vocabulary Data Standard

Ms. Heard stated that Vocabulary Data Standards and Messaging Standards would be used to define Data Exchange Standards, as they exist today. She noted the format of Vocabulary and Messaging Standards are identical and are based on the standard VITA template for Standards work. Ms. Heard noted that the Health Vocabulary Standard Owners own the data, while the Data Stewards are those who really work with us by attending meetings and clarifying information. HITSAC members and VITA staff involved are also listed. The list of Vocabulary Data Standards came from the information provided by the HHR agencies and Labs. Walking the Committee through page by page, Ms. Heard noted some changes that would be made based on Vickie Tyson's review, such removing the *Pulsenet* one and *S. Braenderup* entries and adding *ISO Country Codes*. Chairman Ruffin noted his interest in researching the Terminology standards being used in clinical genomics. Mr. Quinn suggested adding a category, *Earlier Versions*. Ms. Heard asked if there was anything else obviously missing. Mr. Mix suggested adding *NCPDP (Pharmacy),* and Mr. Quinn suggested adding *RX Norm*. Mr. Quinn also noted *CHI* is a reference document that NCHS maintains containing multiple standards. From the resulting discussion, Ms. Heard stated she would add the separate standards from CHI into the document.

Ms. McCleary stated she has contacted the HHR agencies to appoint data stewards. She noted she has arranged the first meeting with them next week and there will probably be only 3-4 people engaged, as most HHR groups will not have an immediate need for this. She hoped to have a completed draft by the next meeting and will invite the stewards to the next meeting to answer questions. She invited Mr. Pollack and Mr. Brown to have their staff look at this as well; both agreed to provide data steward contacts to Ms. McCleary. Ms. McCleary stated that, to the extent possible, the goal is going to be to document what will eventually be a common version. There was discussion around the target date listed in the implementation section. Chairman Ruffin suggested a date of January 1, 2015 until there is a better timeframe. Mr. Quinn agreed.

Draft Health Messaging Data Standard

Ms. Heard referred the members to the messaging standards listed on page 5. Chairman Ruffin noted that the standard should be reconcile with what HITSAC has already recommended. Ms. Heard stated the last page of the section has the same type of compliance section as did the Vocabulary section and will set the tentative implementation date as January 1, 2015. Chairman Ruffin mentioned the approval process and Ms. McCleary clarified that the recommendations will go to the CIO for their blessing, but technically the owners of the standards will do the actual submission. She noted HITSAC will review them, vote to approve (if desired), and can make the recommendation to the CIO that the standard documents are ready for approval. Discussion ensued as to whether Committee members are comfortable with taking this approach and how owners, HITSAC, and stewards should be credited. Chairman Ruffin and Dave Mix felt that the wording of the first sentence could be interpreted that “they can ignore whatever HITSAC suggests” and then the Commonwealth cannot interoperate. Ms. McCleary stated she did not read it that way but noted the wording could be changed. Chairman Ruffin asked Ms. McCleary to provide some clarification for the next meeting. Ms. McCleary stated there may be a need to have someone address the Committee on how standards change over time and to identify the difference between “own” and “maintain”.

Jerry Simonoff, Director of Enterprise Solutions and Governance, introduced himself from the floor. He stated Data Standards is an area in general where his office is getting more involved. He agrees that words are important and interpretation of those words is important. His interpretation of this conversation is that there is no disagreement as far as intent but the wording is being interpreted in two different ways. He suggests we find a wording that gives comfort to all interested parties. His organization can work on this along with HITSAC. In closing, Chairman Ruffin asked Ms. McCleary to work with Mr. Mix to come up with some language that will protect the MITA program. Mr. Mix agreed that he can work with Ms. McCleary, and he would like to revisit the title of "Health Messaging Data Standard". Mr. Quinn noted that messaging is just one part – usually there are documents and services to in an Interoperability Standard. Chairman Ruffin stated that VITA will revise the wording to be more consistent with the interests of Mr. Mix and HITSAC.

Draft Data Exchange Standard Template

Ms. Heard reviewed this section page by page. It is based on the same template as the previous two documents. This one is a true template that the agencies involved in the developing the data exchange will complete.

HITSAC HIT/MITA Program Activities

Mr. Mix walked through his PowerPoint presentation. The HIT/MITA Program Funding Timeline is accurate as of 02/09/2011. Conditional approval of the State Medicaid HIT plan came in with an additional seven pages of comments. Most of these comments cannot be addressed until a contractor is hired, and they cannot hire a contractor until the plan is approved. Mr. Mix had a conference call his contact and expects an approval letter shortly. Regarding the Implementation APD (funding document), comments have been received and he planned to update the funding document and resend it once he had the infrastructure cost. He expected that it would be verbally approved within a couple of weeks. He noted that after the projects are defined for the care management items, the state will ask for funding for those projects. He stated the last piece is the eligibility component and that part would be on hold until the final rule on enhanced funding for eligibility systems was released, which should be the latter part of this year. Mr. Mix noted he was also looking at another grant for funding as a bridge to get it started earlier.

Chairman Ruffin asked for clarification of the March 11 CMS funding approved date and the June 11 funding approved date. Mr. Mix explained that the March 11th date is asking for funding for PMO, training, provider incentive program, MITA technical infrastructure and MPI/ CAS while the June 11th date relates to MTA Care management projects between the labs and VDH. He detailed that member management is for the automation of the enrollment determination plugging in the DSS's portal. Mr. Mix stated the one funding document covers the entire program and could be revised later if more funding is needed.

Mr. Mix reviewed the HIT/MITA Planning Timeline. Chairman Ruffin asked for questions from Mr. Pollack and Mr. Quinn. There were no questions.

MITA Platform Tools

Todd Kissam, Enterprise Architect at VITA, stated Dr. Hazel has come to VITA and requested that they create a shared service model to provide the backbone for the MITA Program in order to share the cost as these tools tend to be very expensive. Mr. Kissam walked through his presentation. Mr. Pollock suggested the Committee query NCHICA about how they are handling their MPI process in North Carolina. Holt Anderson was invited to speak at the next meeting.

Chairman Ruffin asked Mr. Kissam to elaborate on what input he needed from HITSAC in terms of input into the support model. Mr. Kissam asked if VITA is looking at serving HHS agencies, what support model should be set up. Mr. Pollack stated they might need a mechanism for feedback from provider organizations and the ability on the VITA side to rapidly get those corrections. Chairman Ruffin stated that there should be a hierarchy of support for the agencies and their personnel as well as physician offices and hospitals that use the COV/HIE. He also stated an operational governance structure should be defined. Chairman Ruffin thought it would be difficult for a single agency to support other agencies. He felt this should be a part of VITA's responsibilities as VITA is meant to serve all of state government. It was agreed that the discussed model would probably be used.

It was noted that DMV need to support their CSI project. Chairman Ruffin stated that the MPI should be at an enterprise level, not at an agency level, so that all needs are met. He hoped that Virginia can come up with a governance model and a funding model that allows the Commonwealth to define requirements and create a single utility that all the projects can share. Much discussion ensued on this issue. Chairman Ruffin asked whether it is it possible for an MPI to accommodate the needs of COV/HIE as well as the entities like DMV and other agencies. Mr. Pollock believed it is possible as identity information (age, name, zip) would be the same, but more data would be appended depending on needs. Chairman Ruffin asked why VITA would not run the information exchange and provide that service to COV/HIE, DMV and other agencies. Mr. Simonoff stated that if the business leaders of the state determine VITA would be the best agency to handle this, then VITA would accept that assignment along with funding to accomplish the goal. Mr. Kissam stated VITA will be having vendors come to explain their tools, and if the Committee wants to be invited, they should let him know.

Commonwealth Authentication Service (CAS) and Master Person Index (MPI)

Mr. Burhop opened by stating much of the discussion today overlaps his own presentation. He estimated that DMV has about 70-75 percent of the state population. Committees were established for process work flow and standards. VITA, healthcare agencies, and DMV's CSI project team staff compose the committees. At the federal level, there is interest in what the Commonwealth is doing and what DMV can offer from an interstate commerce point of view. The Department of Education reached out to DMV and stated they would like to tap into an authentication service to find out who they are hiring.

Mr. Mix inquired whether during the authentication process, if a person is inquiring on someone's behalf (e.g., for an elderly parent), both people need to be authenticated. Mr. Burhop replied that the primary focus would be on the person receiving the benefits, but if we needed to authenticate two people based on some sort of relationship, that would have to be built into the system. Chairman Ruffin asked, since the COV/HIE does not exist yet, who is representing the COV/HIE in defining the

functional requirements they will need for authentication? Mr. Burhop stated if he had the money today, he would be going to Kim Barnes (Director, Office of Health IT) to pull together the right people for this effort.

Mr. Burhop continued by introducing the initial representation of what the MPI Committee envisions the MPI to be. There was discussion around unique identifiers. For the MPI core record, the Committee came up with a number of elements. He summarized that the model will evolving but DSS is the highest priority right now. He noted that DMV understands that they have to build this MPI so that if the Department of Education or other healthcare agencies want to come on board, it is flexible enough to grow.

Mr. Burhop stated they have everyone's support but the money isn't all there yet. Mr. Mix and others are looking for funding. Mr. Burhop stated that once the Commonwealth gets the green light (perhaps in April), DMV will go to the Standards Committee and then they'll reach out to organizations for input.

Chairman Ruffin asked whether any Committee members want to ask questions or make statements to any of our speakers. There were none.

Public Comment

Chairman Ruffin invited comments from the public. Ms. Vickie Tyson asked what the plans are for creating business associate agreements. She noted they would help facilitate data exchange with hospitals and other state agencies and asked whether they would fall under HITSAC. Chairman Ruffin responded that he believes it would be a COV/HIE responsibility though there is no staff to facilitate this at this time. Mr. Mix stated the agreements need to extend to at least the labs and health department and will need to include the MPI. Mr. Mix believes once the HIE work begins, they will put together the agreements. Chairman Ruffin suggested the Committee start a draft, perhaps looking at the DURSA. Mr. Pollack noted NCHICA has one posted on their website and took the action item to send it to Ms. McCleary before the next meeting. Ms. Tyson reiterated each agency has a different agreement and there needs to be a standard agreement.

Ms. Tyson also discussed newborn screening. A newborn doesn't yet have a name. The mom's SSN is used to identify the child; yet in the first 24 hours, several standard exams have to be recorded. Ms. Tyson feels that newborn screening needs to be considered in that 25% mentioned by Mr. Burhop. Mr. Mix stated DMAS has the same challenge on the enrollment side, so it would have to be reflected in the MPI.

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

Adjourn

Chairman Ruffin adjourned the meeting at 3:40 p.m.