

MINUTES
Health Information Technology Standards Advisory Committee
(HITSAC)

Thursday, March 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, Chairman
John Quinn
Rich Pollack

Members Absent:

Geoff Brown

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
Todd Kissam, VITA/PP&A
Holt Anderson, NCHICA
Debbie Secor, Chief Information Officer, VDH
Kim Barnes, Office of Health IT, Director
Tobin Joseph, Technical Projects Manager, VDH
Deborah Dodson, VITA/EAD
Jan Butterfield

Call to Order

Chairman Marshall Ruffin called the meeting to order at 10:30 a.m. in room 1222 at the Commonwealth Enterprise Solutions Center (CESC) in Chester, VA. Chairman Ruffin welcomed the Committee. Roll call was taken.

OLD BUSINESS

Approval Minutes of February 17, 2011 HITSAC meeting

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 February 17, 2011 were unanimously approved.

Update on Recommendations for Filling Vacancies on HITSAC

Chairman Ruffin announced that he will be moving from UVA to Inova Health Systems as the Chief Technology Officer and Executive Vice President, effective April 18, 2011. Mr. Geoff Brown, who is employed by Inova, informed Chairman Ruffin of his intention to resign from HITSAC. Ms. McCleary noted that ITAC appoints committee members to HITSAC and will meet May 5th. Chairman Ruffin presented the resumes of two candidates for the open positions. He stated that the first candidate, Dr. Sally Cook, is the Chief Medical Officer at VHQC, has expertise in quality measurement and quality communications, and professionally trained as a pathologist. Chairman Ruffin remarked that the second candidate, Dr. James Harrison, is also a pathologist and is in charge of biomedical informatics at University of Virginia. He noted that Dr. Harrison is very involved with HL7 and with reference nomenclatures such as SNOMED CT. A third candidate was suggested by Secretary Hazel, but that person is unable to serve at this time. After a short discussion, Chairman Ruffin suggested that the Committee present these two candidates to Secretary Hazel, and the Committee unanimously agreed.

COV-HIE Topic Report – Status

Mr. Todd Kissam, VITA, addressed the Committee regarding Policies, Standards & Guidelines (PSGs) to provide a better understanding of the process required to include the HIE Topic Report in the Enterprise Architecture Standard (see *ITRM Policies, Standards and Guidelines* presentation). Mr. Kissam updated the Committee as to where the Topic Report stands in the adoption process; the Enterprise Architecture Standard containing the Topic Report information is in transit to the CIO's desk for review and approval. Mr. Kissam stated he felt that approval is imminent. Discussion was held concerning the fact that HITSAC is not interested in establishing new standards, but rather adopting existing standards created at the national level.

NEW BUSINESS

Virginia Department of Health Electronic Death Registry Project Briefing

Tobin Joseph, Technical Projects Manager, Virginia Dept of Health, briefed the Committee on the Electronic Death Registry System (EDRS) project (see *VDH: Electronic Registration of Vital Events* presentation). Mr. Joseph stated the goal of EDRS is to develop a web-based death registration application based on the standards and guidelines from the National Association of Public Health Statistics and Information Systems (NAPHSIS), NCHS, and state regulations. Mr. Joseph noted that the VDH Office of Information Management is working with the MITA care management workgroup to collect interfaces and standards that will be part of the MITA Program.

Mr. Joseph said that the EDRS will be developed within VDH as a module of their Virginia Vital Events and Screening Tracking System (VVESTS) and that the projected implementation date is October 2014. Mr. Joseph noted that almost 95% of Virginia births are currently in VVESTS. Chairman Ruffin inquired why VDH is pursuing in-house development instead of using existing software. Mr. Joseph explained

that VVESTS is structured so that there is only one record per individual with relevant events connected to that one record and that adding the Death Registration information will take an individual from birth through death. Debbie Secor, CIO of VDH, stated that VDH could find no other states currently combining the birth registry with the death registry in this manner and that other states are very interested in what VDH is doing in this regard. Mr. Mix mentioned the importance of creating published interface specifications so EMRs can be posted to the system and that the state wants one MPI for all to use. Ms. Secor agreed that the EDRS will use the same MPI as the rest of the state.

MITA Program Status Report

Mr. Mix updated the Committee on the HIT/MITA Program Activities (see *MITA/HITSAC Program Update* presentation). He stated there is no change on any of the immediate focus areas.

Mr. Mix said the MITA State Self Assessment effort and weekly HHS PMO workgroup are wrapping up. In response to Chairman Ruffin's question, Mr. Mix noted the bottom line dollar figure is not changing but the money is moving around among the categories. Mr. Mix explained that ProSight is the Commonwealth's portfolio management tool and is the central piece for getting IT work done in the Commonwealth. He stated while most of the technical infrastructure planning is complete now, the budgets, plans and CMS funding cycles need to be firmed up.

Discussion was held about the ten digit birth certificate identifiers given to individuals born in Virginia. Mr. Mix explained that once Virginia is interoperable with other states, birth information could be obtained from other states. He noted that at present, the states do not have a standardized method for gathering information but, ideally, at some point there will be a common identifier from state to state.

Mr. Mix stated the MITA Care Management workgroup is meeting to finalize a draft scope statement document needed to revise estimates and planning. He remarked that the funding request will be made after the workgroups wrap up and the scope is defined. Mr. Mix expected Labs and VDH are likely to be up first. He said the Member Management work groups are about to wrap up; however, enhanced funding cannot be requested until the final rule is out by CMS, which should be by June.

Mr. Mix stated the Commonwealth Authentication Service (CAS) is in progress but cannot move forward until funding is in place. He submitted the funding request to CMS. He noted challenges that will need to be dealt with in the presentation. Mr. Mix remarked the funding and planning timelines have had only minimal changes. He felt MITA will be in good shape for meeting federal mandates if funding is received by mid-April.

Chairman Ruffin asked Ms. Secor and Mr. Mix whether the Department of Health is being represented in the MPI discussion so that their needs will be met by DMV work. Ms. Secor stated they have had several meetings with DMV related to the MPI and about possibly including a birth registration process to validate whether an individual has a birth record. She noted they still needed to resolve issues such as

revenue. She also said DMV and VDH have discussed the possibility of having the ten-digit birth identifier assigned to individuals not born in Virginia who come to the DMV for services.

Draft Governance Standard

Chairman Ruffin stated that the current draft reflects changes the Committee wanted to make to the governance document examined last month but felt there is room for improvement (see *Draft Governance Framework* document). He remarked that the intent of the document is for HITSAC to help define governance standards without which it would be hard to implement technical standards. Ms. McCleary clarified that once the final draft is adopted by the Committee, it will be sent to the CIO who may ask ITAC to review it; it will then be sent to the Secretary of Technology who may also ask ITAC to review it.

Chairman Ruffin stated a concern that the title of the draft refers only to external standards and that the Committee should have a voice on internal standards as well. He observed that technical and functional standards need to be separated and better defined. Chairman Ruffin remarked that the Agencies have a right to define functional standards but there must be interoperability, which needs to be instituted within the state government. He stated his belief that technical standards should be governed by VITA. He noted that these concepts have been discussed in state government with Secretary Hazel and with CIO Nixon. Mr. Quinn felt it should be stated in the document that when an Agency defines functional requirements, the impact on other agencies must be considered. Additionally, he thought it should state where there is a national standard in place, that standard should be used in lieu of individual Agency standards.

Chairman Ruffin addressed the Governance Standards, #1-8.

Item #3: He noted there is a circular argument that if a central control of standards is desired, particularly technical standards, then this particular model leaves the active control in the hands of the Agencies. He remarked that there is not a mechanism for the Secretary of Technology to drive the Commonwealth and it would be helpful to the Commonwealth if this were more clearly defined. Mr. Mix stated that additionally, when standards are upgraded, coordination needs to be laid out either by the federal government or by VITA. Ms. McCleary stated this issue could be addressed simply by removing the clause, “with the assent of the relevant Cabinet Secretaries.”

Item #5: Use of the word *Secretary* versus *Secretaries* was discussed. Ms. Barnes felt the plural *Secretaries* would be appropriate as decisions should not be autocratic.

Item #8: Chairman Ruffin asked if anyone disagreed with subsections A through G. There were no comments.

Item #9: Ms. McCleary suggested that the word “external” should be stricken and the clause would read, “...health related standards.” Chairman Ruffin agreed.

Item #10: It was suggested that perhaps the Cabinet Secretaries, with the SoTech as the facilitator, should vote to determine specific standards. Chairman Ruffin noted that the costs to an individual Agency may be too heavy to bear alone and funds need to be able to be shifted in order to share costs.

It was agreed that a revised draft will be circulated among the Committee. If there are no changes, Ms. McCleary will circulate it to outside agencies for comment prior to the next meeting.

North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA) Briefing

Mr. Holt Anderson, Executive Director of NCHICA, briefed the Committee on the activities of NCHICA (see *HITSAC updates from NCHICA* presentation). Mr. Anderson suggested that the Committee members visit the website of the Office of the National Coordinator for Health Information Technology for descriptions of each of the activities described in his presentation.

Mr. Anderson stated the NC-HIE is being created at the direction of the state of North Carolina in order to supplement the work of the five academic medical centers and other entities located within the state of NC and outside the state. He noted that both a strategic plan and an operational plan have been approved and the implementation phase has begun. The vision and goals for 2011 were discussed and are outlined in the presentation. Sources of funding for the initiative were discussed.

Mr. Anderson stated NCHICA was established in 1994 as a 501(c)(3) nonprofit organization by Executive Order of the Governor with the mission to improve health and healthcare in NC by accelerating the adoption of information technology and enabling policies. He noted that membership includes public and private organizations from within the state of NC and from other states. Mr. Anderson said NCHICA is a place for members to share ideas, build consensus, tools and implementation of strategies. He noted that 16 of 17 hospitals in western NC are currently sharing data under the auspices of NCHICA and that MEDSEEK is standing up a portal view for each of these hospitals with a rudimentary MPI capability to enable this data sharing. Mr. Anderson stated NCHICA is standing up a gateway for exchange and testing of interoperability at present. When asked whether NCHICA would be building the NC-HIE, he felt that NCHICA might be interested if requested to do so.

It was recognized by Mr. Anderson and the Committee that the development of an interoperable, private and secure nationwide health information technology infrastructure is a long-term project.

Data Use and Reciprocal Support Agreement (DURSA) Discussion

Chairman Ruffin postponed discussion until next month.

Health Vocabulary and Messaging Standards Status Report

As the Committee is revising the draft of the Proposed Commonwealth Governance for External Standards, Ms. McCleary suggested that the Committee defer discussion of Health Interoperability Data Standard and Health Vocabulary Data Standard to the next meeting. The Committee agreed.

The *HITSP Documents Summary* report was reviewed by Ms. Heard and Ms. McCleary. To create the report, Ms. Heard reviewed the HITSP capabilities and the interoperability specification explicitly mentioned in the COV-HIE Topic Report. She identified each document referenced in that capability,

looked at those documents to pull in the documents that they reference, and followed the chain down. Ms. McCleary stated that if it is not on the report provided, it was not referenced either directly or indirectly through that chain in the COV-HIE Topic Report.

Ms. Heard stated that the *HITSP Documents by Standard* report lists the standards that are referred to in the documents listed in the Summary Report. She grouped the information by an assigned normalized standard name. It was noted that all of these standards were created by national or international standards organizations. Mr. Quinn remarked that the word "HL7" should precede "CCD Quick Start Guide" as the normalized standard as well as "CDA Quick Start Guide." Ms. Heard said she would make those changes.

Mr. Quinn noted that the intention of ONC at this point is to develop new implementation standards. He stated that as of now, there are four implementation specifications associated with stage 1 Meaningful Use that would have value to users today and could be handed to a contractor.

Ms. McCleary revisited the issue from last month's meeting of what should be included in the vocabulary and the interoperability standards for state government. She explicitly mentioned the guidance standards listed in the *HITSP Documents by Standard* report. Mr. Quinn stated that reference standards give background information (methodology) on what is needed before a creating an implementation specification. He felt the reference standards could be separated from the other standards and listed as reference material.

Ms. McCleary brought forward the issue of determining a version for some of the standards. For example, she stated that both HL7 2.5.1 and 2.3.1 are listed in the *HITSP Documents by Standard* report. Ms. Vicki Tyson commented that everyone needs to upgrade to 2.5.1., or it might help to at least set a minimum standard; again, probably 2.5.1. Mr. Mix stated HITSAC needs to set the standard. Mr. Pollack stated that as far as the hospitals are concerned, "just give us a standard and we'll do it." Ms. McCleary suggested that a date be set for conversion to 2.5.1. Chairman Ruffin felt this would be difficult to enforce. The Committee members were asked to review this section for further discrepancies and forward suggestions to Ms. Heard and Ms. McCleary who will bring recommendations for approval to the next meeting. Ms. McCleary asked that feedback be given within the next week. Chairman Ruffin asked whether there is a need for OASIS, QRDA, and RxNorm and if HITSAC could recommend one instead of all three. Mr. Mix agreed to look into the issue.

Ms. McCleary asked for direction on which standards from the *HIT Vocabulary List* report need to be included and whether any pharmacy standards are missing. It was suggested for the time being that all the standards should be included other than multiple versions of the same standard. Chairman Ruffin and Mr. Pollack will have their "interface folks" look into this for suggestions.

Existing Care Management Standards

Chairman Ruffin postponed discussion until next month.

Context of NIEM for HITSAC

Chairman Ruffin postponed discussion until next month.

Chairman Ruffin asked whether Committee members had questions or wished to make statements to any of our speakers. There were no questions or comments.

Public Comment

Chairman Ruffin invited comments from the public. Mr. Todd Kissam requested input on what HITSAC would like to have included in his upcoming MPI software presentations as he would like to make sure the selected MPI software meets the needs of the COV-HIE. Mr. Pollack would like to hear from those vendors about successes with other state efforts for MPI.

Adjourn

With no other public comment, Chairman Ruffin adjourned the meeting at 3:00 p.m.