

MINUTES – Draft (V.1)
Health Information Technology Standards
Advisory Committee (HITSAC) Thursday,
May 12, 2016

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

ATTENDANCE

Members Present:

Dr. Marshall Ruffin, Chairman
Mr. Rich Pollack
Dr. Christopher Barrett
Dr. James Harrison

Others Present:

Condrey,Debbie (VDH)
Drew, Don (VITA)
Sparkes, CA (VITA)
Dixit, Prashant (VITA)
Matthews, Michael (ConnectVirginia)
Chopra, Aneesh (NavHealth)
Black, Aaron, INOVA

Members Absent:

Mr. John Quinn

CALL TO ORDER

Chairman Ruffin called the meeting to order at 10:44 a.m. in the VITA Multipurpose Room 1222 at the Commonwealth Enterprise Solutions Center in Chester, VA.

Note: The HITSAC meeting agenda packet including all of the presentation materials and an audio recording may be accessed on the VITA website at:

<http://vita.virginia.gov/ITAC/default.aspx?id=6442474396>

OLD BUSINESS

Approval of Minutes from the December 17, 2015, HITSAC Meeting

Chairman Ruffin requested a motion to approve the minutes from the December 17, 2015, meeting and the motion was made and seconded by HITSAC members. Chairman Ruffin called the item and accepted the minutes as approved.

Commonwealth Data Governance Status Report

CA Sparkes, VITA, reported that the next two HITSAC meetings would be held in two new locations for the remainder of the year. Upcoming HITSAC meeting locations:

August 11, 2016

The Conference Center of the Inova Center for Personalized Health
3225 Gallows Road
Fairfax, VA, 22037

November 10, 2016

The Virginia Biocomplexity Institute
Virginia Tech University
1015 Life Sciences Circle
Blacksburg, VA 24061

Additional details to follow. Chairman Ruffin opened the floor to questions from HITSAC members. Seeing none, Chairman Ruffin closed the CDG status report item.

Virginia Department of Health (VDH) Update

Debbie Condrey, the Chief Information Officer of the Virginia Department of Health (VDH), gave an update on all the ConnectVirginia activities. They include:

- ConnectVirginia now providing (as of April 8th) (the **Virginia Advance Health Care Directives Registry** under contract with VDH; outsourced to U.S. Living Wills Registry
- **Prescription Drug Monitoring Program (PMP)** to ConnectVirginia Streamline Portal – reinitiated discussions with Appriss, the iPMP provider
- ConnectVirginia **Streamline Portal** – continuing testing C-CDA content display with Inova and Sentara
- **Newborn Screening Program** – plans to participate with DCLS to provide bi-directional exchange of this data via the existing Public Health Reporting Pathway (pending agreement)
- **Bi-directional Immunization data exchange** – plans to participate with VDH for bi-directional exchange of this data via the existing Public Health Reporting Pathway (pending agreement)
- **DMAS** – proposal to participate with new MMIS implementation by delivering C-CDA data for subscribed members
- 30-month Bridge Funding MOU ending in July – **New Business Strategy** Discussions with Board of Directors
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CIO Condrey also gave updates on APCD. Those updates included:

1. Over 200 users of the MedInsight platform across the VDH, DMAS, Commercial Health Plans, Health Systems and now Physician groups. Specific use cases include tracking trends in the cost of specialty drugs and analyzing 90 day total cost of care for knee replacement surgery
2. Quarterly updates continue, data now available through August of 2015
3. Multiple rounds of reporting using APCD data have been used to implement Choosing Wisely within Virginia in partnership with the VCHI
4. Data provided on admissions and ED visits related to substance abuse were used to successfully lobby for implementing the Prescription Drug Monitoring Program in Virginia
5. Data from the APCD is currently being used by the Pay for Success Council to calculate potential cost savings of future programs aimed at mothers and infants on Medicaid
6. Data from the APCD was used to calculate health care expenditures and utilization rates related to several screenings and vaccinations (such as HPV, colorectal cancer, influenza) as part of the Virginia Plan for Well Being
7. Data from the APCD was used by VDH to calculate Diabetes and Hypertension medication adherence rates as part of a chronic disease grant
8. VHI has formally requested Medicare FFS data through the Qualified Entity Program
9. VHI has begun work on the Health Care Pricing report using APCD data
10. VHI has received interest from other APCDs, both existing and in implementation, on the types of analytics provided to Virginia stakeholder groups

CIO Condrey ended her presentation with a few final reports that VDH has hired a full time Informatics/Data Governance Program Manager, Michael Sarkissian who begins May 16. She stated that VDH continues to work on data governance policies etc. VDH recently received funding from the National Center for Health Statistics to promulgate the use of the Electronic Death Registration System.

Chairman Ruffin opened the floor to questions from HITSAC members. Seeing none, Chairman Ruffin closed the VDH status report item.

NEW BUSINESS

FHIR API: Insight and Recommendations for COV Adoption

Aneesh Chopra, President NavHealth, provided his recommendations on FHIR API for the Commonwealth of Virginia.

Mr. Chopra gave HITSAC an overview of the three key forms of health information exchange:

- Directed Exchange - ability to send and receive secure information electronically between care providers to support coordinated care
- Query-based Exchange - ability for providers to find and/or request information on a patient from other providers. often used for unplanned care
- Consumer Mediated Exchange - ability for patients to aggregate and control the use of their health information among providers

Mr. Chopra gave the members a list of the emerging applications to benefit from possible standards. The applications are:

1. Precision Medicine Initiative- "Sync for Science"
2. Accountable Health Communities- Beneficiary Data Access

3. Million Hearts Innovation Model- Shared Decision Making

Mr. Chopra discussed an “API-First” approach and the possible added security protection by monitoring use. He believes that “Built-in” security-API’s enforce a consistent protection mechanism across all channels with built-in authentication, authorization, and threat protection. He gave an API vs. “Point to Point” overview:

1. API-first approach to facilitate controlled access to data
2. Single point of “truth” for connected mobile, web apps
3. Real-time analytics to monitor use vs. shipping “blind” flat files

Mr. Chopra wrapped up his presentation by urging HITSAC to be a change-agent in shifting the Commonwealth of Virginia from “defense” to “offense” on payment reform. He suggested a Standard Advisory Committee to serve as an overview for creating standards.

Chairman Ruffin opened the floor to questions from HITSAC members. The members discussed an open data access marketplace for patients along with possible technical issues surrounding API’s.

Chairman Ruffin closed the FHIR API report item.

Chairman Ruffin recessed the meeting for lunch at 12:01 p.m.

Chairman Ruffin called the meeting back to order at 1:02 p.m.

ConnectVirginia Response

Chairman Ruffin called for Michael Matthews, CEO, ConnectVirginia, to give a response on behalf of ConnectVirginia regarding FHIR API. The response shall be directed to CA Sparkes.

IMSAC: Overview & Health IT Use Case

Chairman Ruffin called for Dave Burhop, Deputy Commissioner and Chief Information Officer, DMV, to give a presentation on the Identity Management Use Case: Health Information Technology Domain.

Mr. Burhop gave the HITSAC members a background on the IMSAC.

- Created by the General Assembly during the 2015 Session (Senate Bill 814)
- Consists of seven members, appointed by the Governor for four-year terms
- Membership includes representatives from the Department of Motor Vehicles and the Virginia Information Technologies Agency, as well as five representatives from the private sector with expertise in identity management

IMSAC was created to fill the following needs:

- Pocket markets of e-ID credentials (also referred to as “communities of interest”) continue to grow
- Limited interoperability of effective e-identity frameworks equals limited consumer protection
- Barriers to adoption were identified by the major credential service providers (CSPs) – “why aren’t CSP organizations able to get the e-credential into the hands of the average citizen?”
- Needed to do something to jumpstart e-ID use on a broad scale

IMSAC responsibilities include:

- Responsibilities codified under § 2.2-437.A and § 2.2-436.A, Code of Virginia
- Advises the Secretary of Technology on the adoption of identity management standards and supporting guidance documents
- Recommends to the Secretary guidance documents relating to:
 - Nationally recognized technical and data standards regarding electronic authentication and identity management
 - Minimum specifications and standards that should be included in an identity trust framework (defined in § 59.1-550)
 - Any other related data standards or specifications concerning reliance by third parties on identity credentials

After the overview of the IMSAC, Mr. Burhop moved onto the IMSAC Health IT Use Case. The background of developing the use case is as follows:

- Health Care System Requirement: Trustworthy, compliant and secure solution for electronic authentication (e-authentication) and identity management (IdM) for patient and provider access to electronic health records (EHRs)
- Current State: Application-centric or custom e-authentication and IdM solutions
- Immediate Result: Proliferation of duplicative, non-standardized and inefficient authentication mechanisms
- Long-term Impact: Increased risk, inefficiency and threats to EHR privacy and security

Mr. Burhop offered three over-arching descriptions:

- Use case targets trustworthy, compliant and secure solution for e-authentication and IdM to serve as a gateway for patient and provider access to electronic health records (EHRs)
- Use case envisions a secure, standards-based, privacy-enhancing alternative to the current application-centric or custom solution for electronic authentication
- Use case leverages technical, governance and business-related advances made under the National Strategy for Trusted Identities in Cyberspace (NSTIC), and supporting efforts of the Identity Ecosystem Steering Group (IDESG), but broadens perspective to incorporate other governance models, standards and communities of interest

Mr. Burhop identified the stakeholders for the IMSAC as:

- Health Care Systems
 - EHR Operations and Management Staff
 - Information Security Staff
 - Privacy and Compliance Staff
- Health Care Providers (Physicians, Nurses, Therapists and other Providers)
 - Providers – In the Primary Healthcare System
 - Providers – Out of the Primary Healthcare System
- Patients
 - Patients – In the Primary Healthcare System
 - Patients – Out of the Primary Healthcare System

Mr. Burhop ended his presentation with possible next steps:

- Engage subject matter experts in the health care sector and IdM space to build out the use case in greater detail
- Identify and refine use case scenarios around patient and provider access to EHRs
- Document workflows and data flows for the patient and provider scenarios
- Prepare a formal use case document to enable identification of standards for IMSAC consideration

- Present use case to the Health IT Standards Advisory Committee (HITSAC)

Chairman Ruffin opened the floor to questions from HITSAC members. Seeing none, Chairman Ruffin closed the IMSAC status report item.

Genomics: Insight and Recommendations for LOINC and HGNC Standards

Chairman Ruffin called for Aaron Black, Director of Informatics for Inova Translational Medicine Institute to give a presentation on Genomics Insight and Recommendations for LOINC and HGNC Standards.

Mr. Black gave an overview of his background and outlined his presentation. He broke down Informatics into two areas:

1. **Pharmacogenomics**
 - a. Epic Integration
 - i. Custom Reports
 - ii. Discrete results \ HL7 messaging
 - iii. In process
 - b. Knowledgebase Vendor *Translational Software*
2. **Cancer Panels**
 - a. Cancer Hotspot \ Oncomine

Mr. Black briefed HITSAC on challenges, including creating a standardizing a platform, panel testing and differences.

He also went over the opportunities, cost-savings and the possibility of Virginia being a leader in developing standards for storage issues. Mr. Black reviewed the following benefits:

- Cost savings Tests can be run once
- Save costs to reinterpret vs new test and analysis
- Computer and staff time savings
- Further savings if this data can be securely exchanged between institutions
- Utility grows exponentially as more data and information is gathered
- Create standardized methodology for Return on Investment (ROI) Benchmark for institutions who are evaluating tests
- Used to help drive reimbursement from Government and Private Insurance

Mr. Black suggested that HITSAC could lead that course. He offered the following leadership advantages that Virginia has:

- Become US leader in genetic \ genomic testing standards Attractive to partnerships and opportunities both inside \ outside of Virginia
- Research Consortium of Virginia institutions and collaborators can produce high quality, consistent and large datasets for research and collaboration
- Population Health – genetic \ genomics results combined with other healthcare datasets
- Collaborations for research and technology development
- Private \ Public partnerships and investment
- Virginia can attract and keep people and families who value the best healthcare

- Attract health, scientific and technology talent to work in Virginia Work with software and data companies for mutual benefit
- Venture Capital and Philanthropy
- Advise other State and Federal Agencies

Mr. Black reviewed the process for genetic test approvals with HITSAC members. He provided the following points as rationale:

- Complex standards need experts from multiple disciplines
- Agility will be key, as tests and national standards adopted \ change
- Start with simple tests. The standards are better defined for the simple tests
- Application of these standards in one or more institutions will help filter out real world issues and create momentum.

Chairman Ruffin opened the floor to questions from HITSAC members. HITSAC members discussed possible options for their support and collaboration. Chairman Ruffin closed the Genomics status report item.

PUBLIC COMMENT

Chairman Ruffin called for public comment.
Seeing none, Chairman Ruffin closed the public comment item.

ADJOURNMENT

Chairman Ruffin opened the meeting for any final comments from the HITSAC committee.
Seeing none, Chairman Ruffin requested a motion to adjourn the meeting. Chairman Ruffin adjourned the meeting with consent from HITSAC members.