

MINUTES – Draft (V.1)
Health Information Technology Standards
Advisory Committee (HITSAC)
Thursday, August 20, 2015

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

ATTENDANCE

Members Present:

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

Others Present:

Allen, Corky (Oracle)
Allen, Zacc (VADOC)
Clarke, Wayne (VADOC)
Condrey, Debbie (VDH)
Dixit, Prashant (VITA)
Helmantoler, Nicole (VITA)
Marian, Farnoosh (VITA)
McCleaf, Sandy (ConnectVirginia)
Mix, Dave (DMAS)
Rodis-Bradshaw, Sheila (DMV)
Sharpe, Paul (VDH)
Stancil, Cody (VITA)
Steidle, Ernie (DARS)
Wirth, Mike (GOV)

Members Absent:

None

CALL TO ORDER

Chairman Ruffin called the meeting to order at 10:30 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 may be accessed on the VITA Web site at:

<http://www.vita.virginia.gov/ITAC/default.aspx?id=6442472422>

OLD BUSINESS

Approval of Minutes from the June 18, 2015, HITSAC Meeting

Chairman Ruffin requested a motion to approve the minutes from the June 18, 2015, meeting and the motion was made and seconded by HITSAC members. Chairman Ruffin called the item and accepted the minutes as approved.

NEW BUSINESS

Commonwealth Data Governance Status Report

Nicole Helmantoler, Enterprise Information Architect and Commonwealth Data Governance (CDG) Lead from the Virginia Information Technologies Agency (VITA), gave the status report for the CDG team.

Ms. Helmantoler discussed the Data Internship Program, now in its third semester of partnership with Virginia Commonwealth University (VCU). The program has expanded to include students from the University of Virginia and George Mason University. Utilizing the VCU Fast Track Executive Master's in Information Systems class, Ms. Helmantoler discussed an upcoming Data Management Maturity (DMM) Model pilot that is intended to replace the Enterprise Information Architecture Scorecard pending approval from the Enterprise Data Stewards Group.

Ms. Helmantoler provided an update on Data Stewards Group efforts. Ms. Helmantoler is currently assessing investments to be reported on the August Quarterly Review, published in September. Updated metrics will be reported to HITSAC at the next meeting.

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

eHHR Program Office Status Report

David Mix, Program Director for eHHR from the Department of Medical Assistance Services (DMAS), provided the status report on the eHHR Program.

Mr. Mix provided an update on the status of Eligibility Modernization. The Program Migration project is in execution, with Phase I deploying on Labor Day weekend and Phase II on schedule for the first quarter of 2016.

Relative to care management, Mr. Mix informed the group that the Immunization Registry project will implement at the end of the month.

Looking forward, eHHR is transitioning to a center of excellence. The eHHR Program will formally close at the end of September. DMAS is still pursuing Medicaid Information Technology Architecture (MITA), and will aim towards achieving automation. Mr. Mix briefly discussed the Government Gateway, noting that the discussion will be headed towards buying services needed from the Health Information Exchange (HIE).

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

Virginia Department of Health Status Report

Debbie Condrey, the Chief Information Officer of the Virginia Department of Health (VDH), gave the status report for VDH.

Continuing the Government Gateway conversation, Ms. Condrey explained that third party payers have expressed clinical interest in CCDs, wanting direct access to patient Electronic Medical Records (EMR). Chairman Ruffin commented that federal law prohibits sharing the services of patients who pay out of pocket with third party payers. HITSAC members discussed challenges in sequestering certain parts of an EMR, as EPIC and Cerner do not provide that functionality. ConnectVirginia recently met with EPIC hospital CIOs to discuss the functionality of the HIE and potential services going forward. ConnectVirginia also worked with VCU to submit a grant application for end of life planning which was well received.

Ms. Condrey provided an update on the All Payer Claims Database. Regarding the Vital Records / DMV Collaboration, Phase II of the collaboration will go live at the end of September.

There has been significant progress in the VDH Informatics Program. Six policies are currently completed or are under review. Ms. Condrey provided an update on the status of the SIM Grant, of which VDH is responsible for creating a population health plan. Beth Bortz (VCHI) will give a full SIM Grant update at the next HITSAC meeting. Michael Matthews and Ms. Condrey will speak at COVITS 2015 on the topics of innovation and ideation.

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

E-MOU Coordinating Committee Status Report

Mike Wirth, Special Advisor, Health and Human Resources, gave the status report for the Enhanced Memorandum of Understanding (E-MOU) Coordinating Committee (CC).

Mr. Wirth announced the one year anniversary of E-MOU 1.0. Participating has increased over the past year and auto-renews. Mr. Mix discussed examples of data sharing supported by the E-MOU. E-MOU was shared with the District of Columbia, New Jersey, Illinois and California, and also the National Electronic Interstate Compact Enterprise (NEICE) at the federal level. E-MOU version 2 is ready for review at the Office of the Attorney General, and will encompass the secretariats of Public Safety, Commerce & Trade and Administration.

Mr. Mix discussed Stewards of Change 2015, held in Baltimore, MD this year and focused on the social determinants of health (SDOH). HITSAC members discussed the impact of SDOH, even on populations in Richmond, and associated costs related to readmissions and emergency room visits. Looking forward, the dialog around SDOH should be extended, with a continued drive to integrate data. Chairman Ruffin noted that Inova Health System has launched a data warehouse and would be happy to provide de-identified data to the study.

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

Commonwealth Authentication Service Status Report

Sheila Rodis-Bradshaw, DMV Project Manager for the Commonwealth Authentication Service (CAS), provided the CAS status report.

Ms. Rodis-Bradshaw provided an update on the CAS/EC2 project. A re-evaluation of Enterprise CAS as a solution for the Department of Social Services (DSS) and DMAS is in progress. An updated business plan has been scheduled to be presented to Secretary Hazel in mid-August.

The Enhanced Credentialing production ready solution is on schedule for a September 2015 delivery, enabling Enterprise CAS to increase the coverage of identity proofing for non-Medicaid applicants. Medicaid applicants go through the CommonHealth application through DSS and are separate from other citizens due to the sensitivity of their records. As of last week, 535,000 citizens have unique CAS accounts and 68,500 citizens have verified Enhanced/Level 2 accounts.

HITSAC members discussed the opportunity to provide CAS for more citizens as well as the future of CAS.

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

Chairman Ruffin recessed the meeting for lunch at 11:44 p.m.

Chairman Ruffin called the meeting back to order at 12:43 p.m.

Dr. Sallie Cook's Retirement

Chairman Ruffin announced Dr. Sallie Cook's retirement and presented to her a certificate of appreciation on behalf of HITSAC and the Commonwealth of Virginia.

Presentations

HealthIDX

Chairman Ruffin called for Scott Lowry, CEO, HealthIDX, and Mike Farnsworth, Chief Architect, to give a presentation on HealthIDX.

Mr. Farnsworth discussed National Strategy for Trusted Identities in Cyberspace (NSTIC) – Mike Garcia leads the program— and gave an overview of the NSTIC pilot. Cross-Sector Digital Identity Initiative (CSDII) has moved to HealthIDX, a cloud-based provider. Mr. Lowry provided a history on credentialing and discussed HealthIDX's mission. HealthIDX aggregates the technology, data, policies, procedures, certifications, and support necessary to create, provision, maintain, and monitor trusted identity credentials for the health care identity ecosystem.

Mr. Farnsworth discussed HealthIDX's functionality and the standards to which it aligns: Federal Identity, Credential, and Access Management (FICAM) and National Institute of Standards and Technology (NIST) Level of Assurance 3.

Mr. Farnsworth discussed provider and patient use cases. Mr. Lowry announced an opportunity to participate in the HeroX challenge: <http://chimecentral.org/chime-issues-national-patient-id-challenge/>. Other identity management systems include Symantec and Verizon.

Home and Community Based Services Data Standards

Chairman Ruffin called for Ernie Steidle, Chief Operations Officer, Department of Aging and Rehabilitative Services (DARS), to give an update on Home and Community Based Services Standards.

As an update to his presentation to HITSAC last year, Dr. Steidle discussed No Wrong Door (NWD) expansion for Adult Protective Services. A grant proposal to the Administration for Community Living will leverage the NWD approach and case management application functionality already used in Virginia for APS workers, and it will standardize the electronic processes for APS workers to receive and respond to reports of adult abuse, neglect and exploitation, engage in person centered service planning and possess online access to qualified providers in local communities whose services are closely aligned with client needs. The National Adult Maltreatment Reporting System (NAMRS) case component data standards and key indicators would be integrated so that they are available to a data warehouse that aggregates LTSS data across community based programs in Virginia and the NAMRS database.

Dr. Steidle discussed another grant, Aging and Disability Resource Center funding, for NWD expansion. There would be a two year overlap between the two funding efforts, and the two sources would cover roughly two-thirds of necessary funding. Grant awards will be announced at the end of September.

An Introduction to EMS Data

Chairman Ruffin called for Paul Sharpe, Manager of the Division of Trauma/Critical Care, VDH, to present the Emergency Medical Services (EMS) data standard.

Mr. Sharpe gave a brief history of Virginia EMS data, which has made great strides in recent years. In 2004, a new national EMS data was born. The National Highway Traffic Safety Administration's (NHTSA) Office of Emergency Medical Services supported the creation of the National EMS Information System (NEMSIS). In 2005, NHTSA funded the NEMSIS Technical Assistance Center (TAC) to help guide states towards a new EMS data standard.

Mr. Sharpe discussed NEMSIS version 3, designed to bring the national EMS data standard to be consistent with other forms of health care data. International Classification of Diseases version 10 (ICD-10), SNOMED and RxNorm will be used. Schematron was adopted as the national standard for protecting the XML schema and putting in basic validation rules, of which Virginia added over 500 rules. NEMSIS TAC is working towards having the version 3 data standard HL7 certified. An initial CDA was approved and a second CDA has been rated well.

HITSAC members and stakeholders discussed the benefits of adopting the NEMSIS version 3 standard, especially in terms of care coordination and continuity of care. Mr. Quinn provided Mr. Sharpe with advice for garnering widespread acceptance of NEMSIS version 3, namely to pick a sponsor, look at C-CDAs for HL7 Reference Information Model (RIM) alignment, and to ensure schematron functionality related to RESTful XML and JSON, which both feed into Fast

Healthcare Interoperability Resources (FHIR). Ensuring a path to FHIR and Meaningful Use Stage 3 will lead to greater acceptance of the standard.

Dr. Harrison inquired about how the subset of ICD-10 codes was chosen. Mr. Sharpe explained that training is limited for Emergency Medical Technicians (EMT), so the suggested list is meant to cover provider needs without overwhelming EMTs.

Seeing no additional questions regarding the EMS data standard, Chairman Ruffin requested a motion for HITSAC to recommend to the CIO of the Commonwealth the adoption of the National Emergency Medical Services Information System data exchange standard version 3. A motion was made by Mr. Quinn and seconded by Dr. Harrison. The request was unanimously approved by members of HITSAC.

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. A motion was made by Mr. Pollack, seconded by Mr. Quinn and the meeting was adjourned.