



**DRAFT**

**Minutes**

**Health Information Technology Standards Advisory Committee  
(HITSAC)**

**Thursday, March 11, 2010**

600 North 5<sup>th</sup> Street Richmond, VA 23219

Division of Consolidated Laboratory Services (DCLS)

## **Attendance**

### **Members present:**

Dr. Marshall Ruffin, Chair  
Daniel Barchi  
Geoff Brown  
Dr. Alistair Erskine  
John Quinn

### **Members absent:**

None

### **Others present:**

Kim Barnes, Commonwealth of Virginia Coordinator of Office of Health IT

## **Call To Order**

Chairman Ruffin called the meeting to order at approximately 10:30 a.m. at 600 North 5th Street at the Division of Consolidated Laboratory Services Building. At the request of Chairman Ruffin, Ms. Hoffman called the roll and confirmed the presence of a quorum with all five members of the committee present.

At the request of Chairman Ruffin, Mr. Barchi made a motion, seconded by Dr. Erskine, to approve the Feb. 18, 2010 minutes. The Committee approved the minutes by voice vote.

## **Chair's Report**

Ms. Hoffman advised HITSAC that pending legislation creating the Information Technology Advisory Commission (ITAC) to replace the Information Technology Investment Board

(ITIB) has passed the General Assembly but the Governor has not yet signed it into law. HITSAC, once reconstituted, would report to ITAC after its creation.

## Prioritize Next Steps for HITSAC

Chairman Ruffin led a discussion of HITSAC's Next Steps centered on the document located here: [http://www.vita.virginia.gov/uploadedFiles/HITSAC\\_Next\\_Steps\\_march.pdf](http://www.vita.virginia.gov/uploadedFiles/HITSAC_Next_Steps_march.pdf) During the discussion, HITSAC retained some tasks as next steps and delegated some to the Health Information Technology Advisory Commission's (HITAC) technical infrastructure committee.

Chairman Ruffin summarized that HITSAC needed information on the current state of technical affairs within state agencies. The Commonwealth Office of Health IT, under Ms. Barnes, is participating in an environmental scan effort with Department of Medical Assistance (DMAS) and the Secretary of Technology's broadband initiative to survey providers across the Commonwealth. HITSAC believes state agency readiness needs to be assessed but that HITSAC is probably not the correct body to collect this information.

In response to Mr. Barchi's comment about state agencies current standards, Dr. Erskine responded that the gap analysis will help to determine where agencies need to make changes to adhere to HITSAC recommended standards.

The Committee discussed the process going forward with HITSAC's recommended standards with the current state of affairs. ITAC, once formally in place, will have to approve HITSAC's recommendations and then they would become mandatory for state agencies. Ms. Hoffman advised there will be an exception process if an agency cannot meet a standard but how that exact process will take place under ITAC is not formally adopted.

In completing a gap analysis for state agencies, Ms. Barnes advised HITSAC could narrow its information request to the secretariat level meetings being held by Secretary Hazel. Ms. Barnes can disseminate the information request through the Health IT Directors meeting. HITSAC agreed to draft questions and provide them to Ms. Barnes for dissemination. Ms. Barnes reported the first Health IT Director's meeting would be held on Mar. 18, 2010.

Mr. Quinn added that changes in Washington D.C. may impact HITSAC's efforts. The federal Office of the National Coordinator (ONC) has put out four Requests for Proposals (RFPs) and many more RFPs are expected in the future. The standards development organizations such as National Institute of Standards and Technology (NIST) will go back to using use cases and leverage the Health Information Technology Standards Panel (HITSP) documents as a basis for their work. One contract group will develop use cases and another will address standards harmonization efforts. They will use a process known as National Information Exchange Model (NIEM). This process going forward may impact HITSAC efforts to implement health IT in the Commonwealth and HITSAC should continue to follow the federal standard development efforts. It will probably take some time to have the final implementation specifications approved by the federal government.

In response to Chairman Ruffin's question about participation in developing the implementation specifications, Mr. Quinn advised it will probably take a couple of weeks to have an answer on which contract groups will be set up to develop implementation specifications.

The Committee discussed the current affairs with the National Health Information Network (NHIN) Direct and the use of Continuity of Care Documents (CCD). Mr. Quinn advised the Committee the environment looks like a secured, highly structured email environment with the data passed from one provider to another.

Dr. Erskine summarized that the NHIN Direct will try to simplify the information sharing process, record locator services (RLS), and master patient indexes (MPI) and Mr. Quinn agreed. The Committee agreed this process sounds very practical and may allow greater buy in from providers. Chairman Ruffin advised that the HITAC's technical infrastructure and business and technical operations committees will likely have some work to address these possibilities or the use of MPIs. Mr. Quinn advised they could contact Don Mon who heads a medical records associate group. Dr. Erskine also advised that SureScripts has an MPI function that may be helpful in moving the Commonwealth forward.

The Committee discussed the potential of a reference implementation role and an opportunity for a contractor to engage in this testing. HITSAC agreed they need to acquire the block diagrams that lay out this process and determine any areas in which the Commonwealth could take part. Mr. Quinn will forward the RFP he was reviewing as an example.

HITSAC agreed to assign the technical infrastructure committee the task of defining the implementation specifications of the Commonwealth of Virginia Health Information Exchange (COV-HIE).

When discussing the need to define a certification process for testing the COV-HIE, Mr. Barchi advised it may be easier to utilize a vendor process that currently exists if a vendor is used to develop the COV-HIE. Ms. Barnes advised Virginia can also use the Public Private Educational Facilities and Infrastructure Act (PPEA) to spur innovation rather than the RFP process. Under either process, HITSAC recommended the technical infrastructure committee be assigned the task.

Chairman Ruffin advised it appears the workflow templates will likely be coming from the federal government use cases Mr. Quinn discussed earlier. In response to Chairman Ruffin's question about not waiting to define NHIN Direct workflow templates, Mr. Quinn advised the technical infrastructure committee could begin their work and then see if any gaps exist when the federal government begins.

HITSAC agreed the technical infrastructure committee will define the technical architecture, in greater detail, and services/functions offered by the COV-HIE.

HITSAC agreed their role was to address the ongoing health IT standards governance process and recommend health IT standards for adoption by the Commonwealth.

HITSAC agreed the technical infrastructure committee will review the HIE certification requirements issued by ONC and guide the certification process for the state.

Ms. Barnes advised HITSAC may need to address how it will intersect with the regional extension center efforts. In response to Mr. Barchi's questions about responsibilities for the centers, Ms. Barnes advised the technical infrastructure committee is only addressing the COV-HIE.

HITSAC will meet with the Center for Innovative Technology (CIT) in April and discuss technical infrastructure and standards for the Commonwealth. CIT is partnered with the

Virginia Health Quality Center (VHQC) on the Regional Extension Center initiative. HITSAC has made contact with Kathleen Nolan of the National Governor's Association (NGA) and will invite her to meet with HITSAC to discuss HIE efforts. Dr. Erskine advised she expressed a strong interest in developing local contacts to develop local test beds.

Ms. Hoffman will contact Chris Bailey who chairs the HITAC governance committee to setup a brief on the standards being recommended by HITSAC for the Virginia Health Exchange Network (VHEN) and Availity.

HITSAC discussed making recommendations for data exchange for video images. Chairman Ruffin expressed the belief the COV-HIE may need to allow for sharing of video images as well. The technical infrastructure committee will define, in greater detail, the requirements for having the COV-HIE exchange Digital Imaging and Communications in Medicine (DICOM) images. Based upon the technical infrastructure committee's work, HITSAC may need to recommend specific standards. ONC has not provided a standard for video image and the NHIN has not incorporated this functionality.

A summary of HITSAC's Tasks is located here [http://www.vita.virginia.gov/uploadedFiles/HITSAC\\_Tasks\\_march.pdf](http://www.vita.virginia.gov/uploadedFiles/HITSAC_Tasks_march.pdf) A summary of the tasks delegated to the Technical Infrastructure Committee is located here [http://www.vita.virginia.gov/uploadedFiles/TIC\\_Tasks\\_march.pdf](http://www.vita.virginia.gov/uploadedFiles/TIC_Tasks_march.pdf)

## Public Comment

Chairman Ruffin called for any public comment and there was none.

## Adjourn

Chairman Ruffin adjourned the meeting at approximately 11:57 p.m.