



Minutes
Health Information Technology Standards Advisory Committee
(HITSAC)

Thursday, February 18, 2010

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

Attendance

Members present:

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

Members absent:

None

Others present:

Kim Barnes, Commonwealth of Virginia Coordinator of Office of Health IT
John McDonald, Deputy Secretary of Technology
Jim Duffey, Secretary of Technology
Bill Hazel, Secretary of Health and Human Resources

Call To Order

Chairman Ruffin called the meeting to order at approximately 10:35 a.m. in the Chesterfield Conference Room at the Commonwealth Enterprise Solutions Center (CESC) in Chester. Ms. Hoffman, at the request of Chairman Ruffin, called the roll and confirmed the presence of a quorum with three of five members of the committee present.

At the request of Chairman Ruffin, Mr. Brown made a motion, to approve the Dec. 17, 2009 minutes. The Committee approved the minutes by voice vote.

Mr. Barchi arrived at approximately 10:40 p.m.

Chair's Report

Chairman Ruffin advised the Committee he submitted the Commonwealth of Virginia - Health Information Exchange (COV-HIE) Standards approved by HITSAC to Jim McGuirk, the Chairman of the Virginia Information Technology Investment Board (ITIB) on Feb. 16, 2009. At Chairman Ruffin's suggestion, HITSAC will also send the Standards to the new Secretary of Technology Jim Duffy and Secretary of Health and Human Resources Dr. Bill Hazel.

Mr. McDonald advised that HITSAC will likely continue as it is and report to the new incarnation of ITIB that will likely come into existence from two pending bills currently in the General Assembly. The General Assembly and the new Governor are expected to approve the legislation.

Mr. McDonald advised HITSAC of his current role and tasks going forward. He is working on contract negotiations with Northrup Grumman and expects to continue in his position under the new administration. Further, he briefed both Secretary Hazel and Duffy of the work surrounding the COV-HIE to date.

Mr. McDonald and HITSAC also discussed press reports concerning the acceptance and use of stimulus funds for Health IT and expressed his understanding the administration is fully behind the COV-HIE effort.

Update on HIE Award

Ms. Barnes noted the Health Information Technology Advisory Commission (HITAC) will add two new legislative members, Delegate Kathy Byron and Delegate Sam Nixon. Secretary Hazel will also fill his vacant position on HITAC.

Ms. Barnes provided an update on the federal HIE award. The federal government formally announced the award of \$11.6 million for the HIE and \$12.4 million for regional extension center efforts. The Virginia Health Quality Center in partnership with the Center for Innovative Technology, the Medical Society of Virginia, and the Community Care Network of Virginia negotiated this amount for the regional extension centers. The budget for the regional extension efforts included hiring twenty full time employees (FTEs) within the first year.

John Quinn expressed concern over a financial model to sustain both the COV-HIE and the extension centers. In response to Mr. Barchi's question about the favorability of either the COV-HIE or extension centers, the members discussed that the extension centers will focus more on individual physician practices and serve a help desk function.

Ms. Barnes informed the members that HITAC's current structure will continue under the executive order from the previous administration. There is a change in leadership and Secretary Hazel's position will need to be replaced but otherwise, the structure will be the same. Chairs will still head each of the seven domains identified.

Ms. Barnes office will be signing a contract with CGI to acquire a project manager (PMP). Judy Nappier of CGI advised the Committee Benson Chang will serve as the PMP for Virginia. He served as project lead for the National Health Information Network (NHIN)

Program that CGI managed for CareSpark and has worked with Med Virginia. It is hopeful that Mr. Benson will begin work next week, Feb. 22, 2010.

Mr. Brown expressed his appreciation for Ms. Barnes' engagement with current legislative proposals dealing with emergency rooms and health IT.

Review of Next Steps for HITSAC: Roundtable Discussion

HITSAC held a roundtable discussion of HITSAC's Next Steps focusing on the document located here: http://www.vita.virginia.gov/uploadedFiles/HITSAC_NextSteps.pdf.

Environmental scans are scheduled to take place on state agencies. Ms. Barnes advised three scans would need to take place, one for broadband, one for Medicaid Enhanced Reimbursements, and one for COV-HIE. The three scans will be combined into one effort. A group will convene in the beginning of March to determine what questions to ask and Ms. Barnes advised HITSAC may want to provide input on what questions should be asked.

In response to Chairman Ruffin's question concerning how HITSAC's recommendations will be incorporated into state health IT efforts with the likely formation of a new Information Technology Advisory Council (ITAC), Mr. McDonald responded that the ITAC will act as an advisory council but the Secretary of Technology will have latitude to adopt the standards.

Ms. Barnes advised the federal funding application requires states to focus on the following two major areas: Medicaid and public health reporting. The main focus is on the inputs into state agencies for aggregate information. Further, four electronic health record (EHR) vendors recently contacted the immunization registry to determine how they can establish connectivity.

Chairman Ruffin expressed his opinion that lab results and medications are some of the first applications physicians would like to see in the emergency room. Therefore, he asked if HITSAC could suggest some of those applications. The Committee expressed approval of suggesting these applications. Mr. Quinn advised that he believed the only way to get medication data prior to 2013 was to hook up to SureScripts and possibly to the payor systems as those are the two places the data exists today. Chairman Ruffin added that the lab results data could come from Lab Corp, Quest, and others.

Mr. McDonald suggested that HITSAC present all of their current work, ideas, and recommendations to the full HITAC. Ms. Barnes advised the Commission's responsibility is to report to ONC with a strategic and operational plan within six months. As four of the five HITSAC members are also members of HITAC, Ms. Barnes advised that HITSAC bring all of their completed work to HITAC.

Ms. Barnes also advised the Committee about the Beacon Community Awards' applicants from the Commonwealth. The Commonwealth applicants required a letter from the Office of Health IT for their proposals. Med Virginia submitted one for example. The awards will be by category with three of the fifteen for the lifetime health records for the Department of Defense (DOD). The first pilot site is in the Tidewater region with Med Virginia and so it is highly likely they will receive a Beacon Award. Further, the two other Commonwealth applicants are Carillion partnered with state medical colleges like Medical College of Virginia, and CareSpark.

Mr. Barchi expressed his belief that HITSAC's role could be to serve as a clearinghouse for health IT providers. Mr. Brown agreed and advised that the business of health IT is also a consideration, specifically how HITSAC can drive the business of health IT. The Committee discussed options of expanding health IT councils or meetings throughout the Commonwealth.

Mr. Quinn advised the Committee that the federal Health Information Technology Standards Panel's (HITSP) mandate to continue its work was extended by three months to continue and complete work on federal standards.

Chairman Ruffin believes the Committee needs to endorse an enterprise architecture framework. He put forth the Zachman Framework as an example. The Zachman framework clearly illustrates that technology is a small component of the overall business planning required for the COV-HIE. Mr. Quinn advised that the National Cancer Institute is taking the Zachman Framework and converting it into a health IT framework.

The Committee recessed for lunch at approximately 11:40 a.m.

The Committee reconvened at approximately 12:45 p.m.

The Committee continued its discussion of the Next Steps document. HITSAC agreed to review the questions developed by Ms. Barnes' office for the environmental scans and provide input.

While Chairman Ruffin advised HITSAC's main role is only to recommend standards to state agencies, he agreed with Mr. McDonald that, practically speaking, the standards will also apply to the private sector if they connect to the COV-HIE.

Dr. Erskine arrived at approximately 12:55 p.m.

The Committee discussed whether the Commonwealth should recommend the Commonwealth run its own testing certification programs. The Committee agreed they can define how such testing should work in as great as detail as they can.

Presentation for Secretary of Health and Human Resources and Secretary of Technology

HITSAC's members introduced themselves to Secretaries Hazel and Duffy and Chairman Ruffin asked for the Secretaries to share their vision for health IT.

Secretary Hazel shared a personal story as he conveyed his vision for improving health IT in the Commonwealth. Dr. Hazel strongly believes health care can do better and one way is to create an infrastructure where piles of paper no longer create issues with providing actual care. There has never been a better time in history to move electronic health information exchange forward.

Secretary Duffy advised that his vision is to make sure that Secretary Hazel has the tools to be successful in his vision.

Chairman Ruffin will send HITSAC's recommendations directly to the Secretaries for their consideration.

Chairman Ruffin presented an overview of HITSAC and their work that can be found here: http://www.vita.virginia.gov/uploadedFiles/Secretary_Brief_2_18_10.pdf.

Members of HITSAC manage health information systems across the Commonwealth. Further, John Quinn works for HL7 that sets many of the standards for health IT. HITSAC has recommended about thirty total standards. All recommendations have been aligned directly with the federal government's standards.

Four HITSAC members were also members of HITAC. ONC has awarded the Commonwealth approximately \$24 million to begin health IT efforts for the COV-HIE and the regional extension centers. The Commonwealth's Office of Health IT has been working with HITSAC through Ms. Barnes's efforts as well. HITSAC had eight meetings in 2009 and this is the first in 2010. HITSAC planned to brief an ITIB committee (Enterprise Applications and Major Projects) in Dec. 2009 in addition to presenting recommendations to the Board in Jan. 2010 but neither group held a public meeting.

Secretary Hazel advised the discussion with HITSAC had been very helpful. He believes most groups within the Commonwealth are on the same page. Further, he believes Virginia needs to concentrate first on what works here. If there is a need for a universal translator to connect to other states, the Commonwealth will address it when the time comes. Chairman Ruffin agreed with Secretary Hazel that the issue is not who owns the COV-HIE but that it is a utility for the whole Commonwealth.

In response to Secretary Hazel's question, Chairman Ruffin advised that he believes they could assist HITSAC by reviewing and critiquing their recommendations thus far. If the pending legislation passes HITSAC would make recommendations to the Information Technology Advisory Council (ITAC). Further, Chairman Ruffin hoped HITSAC could serve the Commonwealth by addressing any other technical questions the Secretaries develop or think need answering.

Secretary Hazel advised that the state budget may severely impact Health and Human Resources and the COV-HIE functionality could lead to an immediate benefit in providing health care. Therefore, getting the COV-HIE operational as quickly as possible will benefit the Commonwealth.

Mr. Barchi advised he believed the Secretaries could help in ensuring their agencies adhere to these standards once approved.

In response to Secretary Duffy's question about what the Committee thinks he could do or not do to assist in their work, Chairman Ruffin responded that communication between state and federal agencies has posed a problem. The state government will provide great support and services to create the COV-HIE but the providers must buy into the standards for success. Individual providers could certainly set their own operating procedures and standards easily. Seeking to have all providers adopt the standards without allowing exceptions is a goal for true interoperability.

The Committee thanked the Secretaries for their time and the Secretaries thanked HITSAC for their hard work.

Review of Next Steps for HITSAC: Roundtable Discussion

The Committee continued its discussion of HITSAC's Next Steps.

The Committee discussed recommending workflow templates to provide options for interoperability specifications. Further, HITSAC expects to define standards for how certification testing takes place concerning connectivity to the COV-HIE. This will be a pre-qualification for connecting to the COV-HIE.

In response to Mr. Barchi's question about a shared vision for regional health information organizations (RHIO) in an HIE environment, Mr. Quinn advised these are now being called regional HIEs. Further, Mr. Quinn advised it will be up to the state to determine how many can connect directly to the federal government. There will be a likely hierarchy both for the federal and state governments, but the federal government will not dictate anything below the National Health Information Network (NHIN) level. Mr. Brown added that this would drive competition for vendors or service providers that will benefit all. The real question, Mr. Barchi asked, is why anyone is spending time on RHIOs at this point. Mr. Brown advised they may still provide benefits and then link to the COV-HIE. An entity can be supported by groups like the Medical Society of Virginia and provide these types of services. The economic model will dictate whether RHIOs continue or not.

In response to Dr. Erskine's question about HITSAC members speaking and educating other groups to spread the information about the health IT work being done, Chairman Ruffin expressed that HITSAC should be expressing support for the standards. However, the Communications Committee of HITAC may be the better group to spread the word to providers. Dr. Erskine also believes that as members of both bodies, the members can still spread the word. HITSAC members can provide the talking points for HITAC to use to communicate their message. The Committee expressed approval that HITSAC is the standards groups rather than the communications group.

Chairman Ruffin posed a question to the Committee about inquiring into other states' HIE efforts now that the Commonwealth was on its way to developing architecture and standards. Mr. McDonald advised many states are likely going to review how other states are proceeding. He believed the Healthcare Information and Management Systems Society (HIMSS) may have to steer this type of effort. Chairman Ruffin advised the National Governor's Association (NGA) has undertaken this type of effort. Once ITAC is created, Chairman Ruffin believed that one of the Secretaries or HITSAC itself could request all of the information NGA collected. Dr. Erskine advised that in April, NGA is planning to release a best practices document. Both HITAC and HITSAC should have a close relationship with NGA. Chairman Ruffin inquired into whether HITSAC should brief NGA on what they have done. Ms. Barnes advised that a number of vendors are bidding with ONC to do technical assistance with the states and each state's coordinator will take part in regular meetings. Therefore, Virginia will take part in these state level meetings and can share and gather information on other states through these discussions.

The Committee discussed how HITSAC may need to have a more formal structure with the Virginia Health Exchange Network (VHEN) and Availity to brief them on the standards work HITSAC has done.

In response to Dr. Erskine's questions about connections with the regional extension centers, Ms. Barnes advised someone from the Center for Innovative Technology (CIT) may need to come to HITSAC's future meetings. The Committee believes CIT needs to know that these standards are mandatory. HITSAC agreed to invite CIT and brief them on HITSAC's work and standards.

The Committee discussed software options as well and HITSAC's role in recommending standards and software. The Committee agreed that their main role would not be in recommending specific software but to ensure that whatever software used complies with the recommended standards.

In addition to NGA, HITSAC agreed to communicate with other national organizations like the National Association of State Chief Information Officers (NASCIO) and the American Medical Informatics Association (AMIA).

Other Business

Chairman Ruffin proposed the Committee continue to meet monthly. Ms. Barnes advised that HITAC talked about meeting on the same date as HITSAC meetings. The next HITAC meeting will be Mar. 11, 2010 starting at 1 pm. Due to this coordination, the original Mar. 18, 2010 HITSAC meeting will be moved to Mar. 11, 2010 at 10:30 a.m. Both meetings will be held in downtown Richmond at the Division of Consolidated Laboratory Services.

Public Comment

Chairman Ruffin called for any public comment. One member of the public asked about the Advance Health Care Registry. Ms. Barnes advised the contract was written but not finalized yet. Ideally the Advance Health Care Registry would launch on the Commonwealth's Advance Directive Day which is planned for the middle of April. There was no other public comment.

Adjourn

Chairman Ruffin asked for a motion to adjourn. Mr. Brown, seconded by Dr. Erskine, moved to adjourn the meeting at approximately 3:00 p.m.