



Minutes
Health Information Technology Standards Advisory Committee
(HITSAC)

Thursday, December 17, 2009

Virginia Information Technologies Agency (VITA)
Commonwealth Enterprise Solutions Center
Multipurpose Conference Room 1222
11751 Meadowville Lane, Chester, VA 23836

Attendance

Members present:

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

Members absent:

Geoff Brown

Others present:

Kim Barnes, Commonwealth of Virginia Coordinator of Office of Health IT
John McDonald, Deputy Secretary of Technology

Call To Order

Chairman Ruffin called the meeting to order at approximately 10:35 a.m. in Multipurpose Room 1222 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. Barchi made a motion, seconded by Mr. Quinn, to approve the Nov. 19, 2009 minutes. The Committee approved the minutes by voice vote.

Update on Health Information Exchange (HIE) Funding Opportunity

Ms. Barnes began by informing the Committee that the federal government has delayed announcing the funding opportunity for the extension centers for the time being. In response to Chairman Ruffin's question, Ms. Barnes advised it was initially delayed for a month but it remains to be seen if that time frame will change.

Ms. Barnes advised the Commonwealth's HIE funding opportunity announcement only received one comment concerning a budgetary item. Chairman Ruffin congratulated Ms. Barnes and asked to have the meeting minutes reflect how well the Virginia HIE proposal was written.

Ms. Barnes further informed the Committee about the Beacon Community Funding application. In the federal government IT publication, the Veteran's Administration (VA) and the Department of Defense (DOD) are looking to select communities to pilot lifetime electronic health records (EHR) for military members and their families. The Tidewater area within Virginia was the first community selected. MedVirginia will design the business model and submit an application to be a Beacon Community. Sentara, Riverside, and Bon Secours hospitals will all take part in the pilot program as well. Chairman Ruffin recommended HITSAC sending a formal letter of appreciation to all of the entities involved.

Mr. Quinn further advised the Committee that with MedVirginia, the Commonwealth was one of the first groups to connect and electronically request and receive electronic health records with the National Health Information Network (NHIN).

Ms. Barnes also advised the Commonwealth was moving forward with its Advanced Directive Registry through the Public Private Educational Facilities Infrastructure Act (PPEA). The Commonwealth has chosen one vendor, Unival along with Microsoft, to go into the detail phase of the project. The project has advanced to the point where it will also become part of the HIE project. Unival's experience is based in continuity of care documents (CCD). EPIC will also join in the partnership for the exchange of electronic records. The Commonwealth will not expend any state funds to begin this project. Unival has accepted full responsibility for the risk of this project.

Mr. Quinn discussed the background and history of the development of CCDs as an electronic health record. In response to Chairman Ruffin's question about whether Microsoft and Unival will store and utilize CCD formats, Mr. Quinn stated Microsoft confirmed they accept and will put out CCD formats even though they also utilize continuity of care records (CCR). The CCR conforms to the CCD format that Healthcare Information Technology Standards Panel (HITSP) has adopted although Mr. Quinn advised HITSP will formally no longer be in existence as of Jan. 31, 2010.

The Committee discussed patient or public input and the ability to amend or change their health records. Mr. Quinn advised the EHR will be categorized to allow medical personnel to determine the source of the information to understand if it was from other medical personnel or the patient. Mr. McDonald also added that there will likely be legislation forthcoming to address a multitude of functional elements that will be necessary to address these as well as other concerns.

Ms. Barnes advised the Committee that along with Virginia two thirds of the states submitted a funding opportunity proposal requesting the extended planning period. Further, West Virginia issued a request for proposal (RFP) for a HIE solution at www.wvhin.org. West Virginia is looking for vendors that have operation experience with a

regional health information organization (RHIO). Ms. Barnes advised the Committee that MedVirginia will be submitting a proposal for this RFP.

Dr. Erskine arrived at approximately 11:10 a.m.

Update on Federal Health IT Efforts

The Committee discussed their prepared questions for Aneesh Chopra, the federal Chief Technology Officer. Mr. Chopra is the chair of the Federal Health Information Technology (HIT) Standards Committee Implementation Workgroup. Questions include the implementation workgroup efforts and purpose, governance board for NHIN, the future of HITSP, and suggestions for what Virginia and HITSAC should focus.

The Committee also discussed the current Commonwealth efforts including HITSAC and the Health Information Technology Advisory Commission (HITAC) created out of an executive order. Mr. McDonald advised there will likely be some organizational changes and flexibility, either through an additional executive order from the incoming governor or legislative changes. Ms. Barnes added that it is clear that the federal Office of the National Coordinator (ONC) desires each state to have one main office of health IT that will oversee and report on the use of federal stimulus funds.

The Committee further discussed the format of CCD and continuity of care architecture (CCA) and that CCD is a fully structured data model.

Review COV-HIE Topic Report

Ms. Hoffman referenced the draft report developed by the Committee as a recommendation to the Information Technology Investment Board (ITIB). The members agreed to the modifications made in the most recent version of the report.

Ms. Hoffman informed the Committee that the next step was to release the report for agency and public comment on VITA's online review and comment application (ORCA). The report would be available for a 30 day comment period. At Chairman Ruffin's request, Mr. Barchi moved for HITSAC to approve the report, seconded by Dr. Erskine, and the Committee approved the report by voice vote. Mr. Barchi moved for the release of the report for public comment, seconded by Dr. Erskine, and the Committee approved the release by voice vote. The final version of the report is located here:

http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/Dec_17_2009/Final_Version_COV_HIE_Topic_Report.pdf

Update on Federal Health IT Efforts

Mr. Chopra joined the discussion by conference call and Chairman Ruffin introduced the Committee members.

Chairman Ruffin began by asking about the governance of the NHIN in 2010 and beyond, HITSP's probable end in Jan. 2010, and the implementation committee. Mr. Chopra advised there is a health IT policy committee created by statute to advise ONC around broad themes mainly concerned with meaningful use requirements. The second committee is the standards committee with a broader purview where a lot of the HITSP work will turn into regulations. The standards committee has supported HITSP's efforts to develop standards that, if adopted, would best enable the technical capacities to achieve meaningful use. The

standards committee attempted to determine the capacity of current IT efforts to actually meet these requirements. The role of the standards committee is to move the standards forward into regulation. The policy committee turned to the question of the governance efforts of the NHIN. The policy committee asked a group of people to consider this question and this group became the governance workgroup. The January meeting of the policy committee will hear the governance workgroup's recommendations for the governance of the NHIN. This will help to answer the questions about the legacy and future of HITSP and governance efforts moving forward.

In response to Chairman Ruffin's question about the implementation workgroup, Mr. Chopra responded that the workgroup will be focusing on gathering feedback in preparation of forthcoming rules for standards to implement meaningful use requirements. The proposed rule has not yet been published or made public but will be by the end of the year. Further, once the rules are published, the workgroup has set ten guiding principles geared towards 2013 implementation. They will work to create feedback groups for the 2013 rule making to address any gaps, deficiencies, or areas to reconcile rules from the feedback received.

In response to Chairman Ruffin's question about HITSAC's role and focus, Mr. Chopra responded that the original NHIN origination documents included enterprise to enterprise frameworks that represent the bulk of the work done for HIEs to this point. There has been less of a focus on a framework of what the NHIN will do for physicians or consumers. Mr. Chopra believes HITSAC could pave the way with some of the use cases as a model for standards and architectures through the state's Advanced Registry PPEA effort. Also, HITSAC could potentially also assist with another ongoing PPEA effort for health insurance with Optima Health. A third state effort with the Virginia Health Exchange Information Network (VHIN) may also allow HITSAC to develop electronic records exchange requirements for administrative data transactions which may become a part of meaningful use requirements.

In response to Mr. Quinn's question, Mr. Chopra advised that David McCauley published a Mitre document which provides guidance for the Mitre framework.

In response to Dr. Erskine's question concerning how information gets validated and gets pulled into an organizations' own system in a structured format, Mr. Chopra advised this is the issue that would warrant a deep dive by the standards committee. The current VA/DoD undertaking discussed above along with Kaiser is allowing the provider to view a CCD transmitted using the NHIN capabilities. This is a read only view and then deleted and never integrated into the legacy record. Mr. Chopra also discussed the potential of verifying provider's through the Department of Health Professions promoting further integration.

In response to Ms. Barnes comment on the previous work with the Virginia Department of Health and Carillion, Mr. Chopra stated that previous work could be extremely helpful to determine gaps the NHIN did not address.

Chairman Ruffin thanked Mr. Chopra for his time and advised he would send the approved documents of HITSAC to Mr. Chopra and any other suggested groups. Mr. Chopra advised they should also be submitted to the National Association of State Chief Information Officers (NASCIO) Best Practices Network.

Chairman Ruffin recessed the meeting at approximately 12:25 p.m.

Chairman Ruffin reconvened the meeting at approximately 1:30 p.m.

Review COV-HIE Topic Report

Ms. Hoffman advised the Committee the report will be sent out for public comment for state agencies and inquired if the Committee had any specific message they wanted to send along with the report. The Committee discussed the new standards that have recently come forth as part of the HIE effort and how these may impact other state agencies and their efforts to integrate with the COV-HIE. There has been minimal testing of many of the new standards and there could be many changes as implementation goes forward. HITAC and the Office of Health IT will oversee change management going forward. Mr. McDonald advised that HITSAC's role will continue to be reviewing and recommending technical standards to HITAC and the Office of Health IT.

Chairman Ruffin advised the notice should invite testing opportunities from state agencies that have ongoing efforts as well as the very real possibilities there will likely be some gaps or deficiencies. Ms. Hoffman will draft the notice and Chairman Ruffin will review prior to distribution to agencies. Ms. Barnes advised she will send the report to other members of HITAC.

Presentation to ITIB on Jan. 21, 2010

Ms. Hoffman advised HITSAC has thirty minutes on the Jan. 21 ITIB agenda. With the Committee's approval, Ms. Hoffman was directed to send out the report to the ITIB members prior to the meeting.

The Committee discussed the federal level change from use cases to capabilities. Mr. Quinn advised that regardless of the change, states will ultimately still have to utilize use cases to conduct transactions. Ms. Barnes added that other states have also continued to refer to use cases as well for actual functions and transactions.

Mr. Quinn informed the Committee that the NHIN essentially has three current services that breakdown to look up, read, and write. Those are not really services but simply a package for delivering messages. An HIE will have to likely support hundreds of services that have not been addressed yet. Mr. McDonald advised that a national vocabulary will also have to be developed to address all of the ongoing changes in developing these services to support the HIE. HITSAC's core function will be to ensure that the COV-HIE will adhere to national technical standards to achieve interoperability. This is the high level message that needs to be conveyed to ITIB.

The Committee also discussed the organizational structure and ongoing efforts from ONC, especially in light of the possible end to HITSP in January. Mr. Quinn advised that ONC may become largely policy focused and the actual technology piece may go somewhere else as many of the past technical efforts have come from various public and private enterprises. Mr. Quinn advised the highly technical nature of actually building such systems has been limited to a few hundred people who largely work for private vendors.

Chairman Ruffin summarized that HITSAC would like to convey to ITIB that they are ready and prepared to complete the necessary standards work to ensure interoperability. Mr. McDonald added that the Committee may want to convey a limited update on the HIE funding opportunity as well.

Chairman Ruffin advised he believed HITSAC needs to convey competence, vision, and confidence in the HIE project so far. The Committee agreed that identifying themselves and

the institutions they represent will aid this effort. In the short amount of time, the presentation cannot get overly technical but can convey why they have standards and how HITSAC acts to implement these standards. Ms. Barnes added the HITSAC membership is diverse as it represents a hospital serving rural populations, metro populations, and teaching hospitals. Mr. Quinn added that their organizations all have an immediate need and use for HIE services. Dr. Erskine also advised HITSAC should convey that they will address how these standards are applied to agencies and private industry. Mr. Barchi believes that HITSAC's main assurance can be that they are addressing all applicable standards.

Planning for CHIMES Project

Ms. Hoffman highlighted portions of the CHIMES project proposal and the federal funding opportunity announcement that referred to the technical infrastructure requirements. The federal government was specific in what it expected to see states accomplish within the next two years for the HIE technical infrastructure.

The Committee discussed how work on the technical infrastructure plan for the HIE will be accomplished through the HITAC's technical subcommittee, led by Dr. Ruffin. Mr. McDonald advised his belief that HITAC will consider the standards approved by HITSAC. Further, HITSAC will consider any additional issues raised that will impact standards.

In 2010, HITSAC may not need to meet as often since HITSAC members will take part in HITAC subcommittee meetings. Following the Freedom of Information Act (FOIA), if three or more HITSAC members are present and discussing HITSAC business it triggers the public meeting rules. Chairman Ruffin and Mr. Barchi discussed that the HITAC subcommittee participation could be limited to two or less HITSAC members. Further, it may make more sense to have HITSAC members split up and assigned to as many HITAC subcommittees as possible. This will allow members to become familiar with all aspects of the HIE plan and better understand any issues associated with the standards. HITSAC members would serve as bridges between the subcommittees. Ms. Hoffman advised she would check with HITSAC's Attorney General Representative, Julie Whitlock, to confirm the appropriate laws and their impact on these meetings.

Other Business

Chairman Ruffin advised there was no other business for the Committee.

Public Comment

Chairman Ruffin called for any public comment. A member of the public did advise there was a FOIA exemption that members of a committee may meet together as long as they are not discussing the committee's business.

Adjourn

Chairman Ruffin asked for a motion to adjourn. Dr. Erskine, seconded by Mr. Quinn, moved to adjourn the meeting at approximately 2:45 p.m.