

MINUTES – FINAL
Health Information Technology Standards
Advisory Committee (HITSAC)
Thursday, October 18, 2012

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

ATTENDANCE:

Members Present:

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

Members Absent:

Rich Pollack

Others Present:

Bannister, Lynn, VITA
Barnes, Rich, VITA
Brown, Geoff, Inova Health System
Castillo, Joette, Inova Health System
Dixit, Prashant, VITA
Gedamu, Teddy, MEDfx
Goodwillie, Skip, SLAIT/CV
Grubbs, Dr. Joseph, VITA
Harmond, Andy, IBM
Kissam, Todd, VITA
McCleaf, Sandy, ConnectVirginia HIE
Mix, Dave, DMAS
Murphy, Julie, VDH
Norman, Fred, CVC, LLC
Ruffin, Paula
Washabaugh, Corey, Techead
Weir, Sean, VITA
Whitlock, Julie, OAG
Whyte, Chris, Vectre

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. Chairman Ruffin welcomed HITSAC Members, staff and attendees.

OLD BUSINESS

Approval of Minutes from the July 19, 2012, HITSAC Meeting

Chairman Ruffin called the item to approve the minutes from the July 19, 2012, meeting and asked HITSAC members if they had changes or corrections. Seeing none, Chairman Ruffin called for a motion to approve the minutes. A motion was made by Dr. Cook with a second by Dr. Harrison. The motion passed unanimously.

NEW BUSINESS

Status Reports

Commonwealth Data Governance

Dr. Joseph Grubbs, Commonwealth Data Governance (CDG) Service Lead and HITSAC Administrator, gave the status report for the CDG team. Highlights of the team's accomplishments included completion of the Item 427 interim plan for Commonwealth data standardization; implementation of the Enterprise Information Architecture (EIA) Scorecard, the survey instrument to collect information on the current state of EIA across Commonwealth agencies; preliminary planning for the Commonwealth Data Strategy; and the first progress report on the Corrective Action Plan for the May 2012 Auditor of Public Accounts (APA) audit.

Dr. Grubbs added that the Office of the Secretary of Health and Human Resources (SHHR), Department of Motor Vehicles (DMV) and VITA had been contacted by the National Academy of Public Administration for Webinars focusing on the innovative information architecture and governance being implemented by the Commonwealth. The Webinars will be held in November. Dr. Grubbs said HITSAC would receive full presentations later in the agenda on the Item 427 report, results from the EIA Scorecard and the strategic planning process for the Commonwealth Data Strategy.

Dr. Grubbs said that the CDG team was coordinating with the IJIS Institute on final logistics for the on-site training and executive briefing on the National Information Exchange Model (NIEM). He said that a wide range of agencies would be represented in the training and executive briefing.

Dr. Grubbs said that the CDG team continued to provide program and project support to the eHHR and VITA MITA Programs. This included support to the Enterprise Data Management (EDM) project team, the Services Oriented Architecture (SOA) project team, and the ConnectVirginia Health Information Exchange (HIE) Sustainability Committee. Dr. Grubbs said he also would be working to support the SHHR/Department of Housing and Community Development (DHCD) on the homeless outcomes initiative.

Dr. Grubbs concluded his status report by giving an update on the progress on data standards, which included mapping the EDM Person and Commonwealth Employee ID standards to NIEM-conformant code packages.

Chairman Ruffin asked about the integration between NIEM and HL7. Dr. Grubbs said this was a work in progress and that the CDG team continued to review use-cases on NIEM-HL7 integration. Chairman Ruffin asked Mr. Quinn if he had observed HL7 and NIEM working together in other domains and governmental settings. Mr. Quinn responded that the issue was the subject of a special session at a recent HL7 meeting (OASIS and emergency medicine) in Baltimore. He said the OASIS representatives had worked most closely with NIEM but the integration with HL7 had not matured. Mr. Quinn said most acknowledge that NIEM needs to dedicate work toward this integration.

Chairman Ruffin asked Dr. Grubbs whether the Commonwealth may be able to assist in the integration efforts. Dr. Grubbs said that CDG had been exploring use cases to inform closer engagement with the IJIS Institute and NIEM around HL7. Mr. Quinn commented that HL7, particularly after Version 2, has been structured to support the integration; however, he added that the challenge comes in with the Continuity of Care Document (CCD) and the Clinical Document Architecture (CDA). Mr. Quinn recommended that before proceeding with this integration the Commonwealth should retain professional help to support the effort.

Dr. Grubbs wrapped up by stating the work completed on the other data standards, which included refining the Procurement Vendor standard and developing the Chart of Accounts, Check Writing and Order to Payment standards.

Chairman Ruffin concluded the agenda item by expressing his appreciation to Todd Kissam, the Commonwealth's Chief Enterprise Architect, for the amount of work being done by the CDG team.

eHHR Program

David Mix, Program Director for eHHR from the Department of Medical Assistance services (DMAS), provided a status report on the eHHR Program. Mr. Mix began by discussing the eHHR Program Management Office (PMO) accomplishments, including a program level Independent Verification and Validation (IV&V) effort, preparations for the Eligibility Modernization contractor, exploration of public-facing Websites for the program, requirements for Disaster Recovery environment and initiation of funded projects.

Some of the specific accomplishments included receiving one of the Governor's Technology Awards for interagency collaboration, ongoing meetings of the Program Oversight Committee, coordination activities for creating a Department of Social Services (DSS) program office, completion of the Centers for Medicare and Medicaid Services (CMS) Stage Gate Review on Aug. 6, 2012, publication of the first program newsletter to communicate accomplishments to local partners and other stakeholders, and the public kickoff of CommonHelp (customer Web portal) in Fairfax on Oct. 10, 2012.

Mr. Mix reported on the status of the Data Sharing Workgroup, its effort toward an Enhanced Memorandum of Understanding (E-MOU) for enterprise data sharing, and consent language for customer applications. He acknowledged the challenges being faced in this area due to state and federal regulations. For example, Mr. Mix said one of the lessons learned has been that consent does not trump law or regulations restricting data sharing. Specifically, even if a citizen gives consent agencies still may be limited or restricted in their ability to share data with other agencies.

Chairman Ruffin asked about the experiences of other states with the federal restrictions on data sharing. Mr. Mix said the challenges being faced by the Commonwealth were consistent with those faced by other states. Mr. Mix said that CMS was attempting to work with other federal agencies to relax some of the restrictions but had not made much headway. Mr. Mix added that the Commonwealth has taken more of an enterprise approach whereas other states tended toward a "siloes" approach.

On the issue of funding, Mr. Mix said that the program remained on budget; however, he added that the program did face problems with the federal assistance for the HIT healthcare specific service/interface projects, such as for the labs and syndromic surveillance. The program was still seeking strategies for funding these projects.

Mr. Mix continued by reporting on the funded projects, including the VITA shared services platform – Services Oriented Architecture (SOA) and Enterprise Data Management (EDM) solution – the Commonwealth Authentication Service and the Eligibility Modernization projects. On the Eligibility Modernization projects, he said DSS was the lead partner on the Virginia Case Management System, business rules engine, Document Management Imaging System and CommonHelp projects. For the others, Mr. Mix said project managers had been brought onboard and the acquisition process was proceeding. CMS has given conditional approval on funding and the PMO is working to clear remaining conditions.

Mr. Mix concluded by giving an update on the Provider Incentive Program. The program was launched on July 23, 2012, with the official public launch on Aug. 1, 2012. To date, the program has paid \$12.4 million to eligible hospitals and \$4.4 million to eligible professionals for a total of \$16.8 million.

Mr. Mix added that CMS was gathering information to estimate the cost impacts to remove IDs from the Medicaid ID cards. Chairman Ruffin said that this could have very serious implications, particularly for providers. Mr. Mix agreed, wrapping up by stating that DMAS needed to have its information to CMS by Nov. 5, 2012. Chairman Ruffin asked if professional associations had been involved. Mr. Mix gave a brief background on the issue, indicating that some of the impetus had originated during a meeting of a professional association. The matter had been driven by the Congress and the U.S. Government Accountability Office (GAO).

Chairman Ruffin opened the floor for HITSAC questions. Dr. Cook asked about the Provider Incentive Program payments to eligible professionals, specifically whether the program had a cap or certain funding level. Mr. Mix responded saying that the funding stream would provide for 100% of the program requirements. The budget office projected the level of funding needed on a quarterly basis; if the projections happened to be low for current quarter then the budget office could increase the amount for the next quarter to take care of the needed payments. Dr. Cook confirmed that if the forecasts were low then the budget office would hold off on payments until the funds were in place in the next quarter. Mr. Mix agreed, saying this was worked out in the cost projections and drawdowns from CMS.

Health Information Exchange Program

Julie Murphy, Virginia Department of Health (VDH), represented VDH in place of Kim Barnes. Dr. Grubbs said that no presentation from the HIE would be given under this agenda item but a full report from the ConnectVirginia HIE and its first node, Inova Health System, would be provided in a later item.

VITA MITA Program

Rich Barnes, VITA/MITA Program Manager, gave a status report on the VITA/MITA Program. Mr. Barnes began by highlighting the accomplishments since the July HITSAC meeting. Under the Enterprise Data Management (EDM) project, the accomplishments included completion of Iteration #2 of the sample pairs and initiation of Iteration #3, integral steps in the tuning and configuration of the IBM Initiate master data service. EDM had received approval for the IBM Rational Scope of Work (SOW) and schedule implementation. EDM also continued work on Web services and API development.

For the Services Oriented Architecture (SOA) Project, Mr. Barnes noted the accomplishments, which included ongoing coordination with IBM on key resources, reinstallation of the IBM software to move from 32 to 64 bit, continued software installations to meet October 2012 milestones, setup/configuration of the IBM SOA Enterprise Security software. He acknowledged the challenges presented by the scale and groundbreaking nature of the project.

Mr. Barnes said the VITA MITA program office was continuing its engagement with the key program partners – IBM and Northrup Grumman. The program office maintained its coordination with the VITA Inter-Agency Oversight Committee (IAOC) and continued its project monitoring. VITA MITA program staff also attended an architecture meeting held by IBM.

Chairman Ruffin asked about the eligibility systems, namely how many agencies could the Commonwealth support with the new, modernized eligibility systems. Mr. Mix responded that the eligibility systems were being designed to support all of the federal assistance programs for health and human services. Mr. Barnes added

that the SOA environment would serve as a foundational architecture, which would support the eligibility systems, EDM and other services.

Mr. Barnes then focused his status report on the primary near-term planned activities and milestones: for EDM, completion of Iteration #3 of the sample pairs, recruitment of EDM analyst, Web services and API development and Rational testing and training; for SOA, continuation of installation and configuration, finalize the SOW for building of production databases, complete the build of the Enterprise Architecture test environment, and preparation for production environment and installation of the logical partitions (LPARs); for the VITA MITA program office, continuation of program projects and eHHR program support, development of a “strawman” for Disaster Recovery and recruitment of staff for the Competency Center.

Mr. Barnes gave an overview of the VITA MITA program budget, which he reported remained below the projected levels. Mr. Barnes concluded by highlighting the key program risks and reporting on the status of the active work requests.

Chairman Ruffin commented on the risk relating to IBM resources, stating his surprise that the IBM resources lacked some of the necessary qualifications. He asked Mr. Barnes whether that risk has been addressed. Mr. Barnes said the risk had been addressed, and IBM had taken the required steps to provide more qualified resources. Mr. Barnes said some of the risk related to the fact that VITA staff had such high levels of qualifications and the agency needed for the IBM resources to be “better.” IBM has responded with allocating resources to meet this requirement.

Presentations

ConnectVirginia HIE Onboarding Process

Chairman Ruffin called for Sandy McCleaf from ConnectVirginia and Geoff Brown of Inova Health System to give a presentation on the ConnectVirginia HIE Onboarding process. Ms. McCleaf began with a status report on ConnectVirginia. She said progress had been made with adding functionality to the Direct Messaging service, which now has 18 individual providers and 10 organizations (consisting of 246 providers) using the service.

From the VDH standpoint, Ms. McCleaf said agency staff has engaged several Community Service Boards (CSBs) for using Direct as the platform for communicating with the state’s mental health hospitals. VDH also has partnered with Department of Corrections to discuss using Direct to support provision of healthcare services to the prison population.

Ms. McCleaf then focused on Exchange and said that Inova Health System has been approved as the first node on the HIE. Inova was going through the certification process, which will be the subject of the full presentation after the status report.

Ms. McCleaf said that the ConnectVirginia Governing Body continued to meet on a monthly basis and, as of this report, had achieved putting all of the policies and procedures into place for the HIE operations and governance. She said all of the legal agreements also were in place, including the trust agreement based on the National Data Use and Reciprocal Support Agreement (DURSA). Ms. McCleaf added that the latest element of the trust framework to be approved was the Health Information Service Provider (HISP) to HISP agreement.

Ms. McCleaf concluded her status report by noting the institutional and name change for the Nationwide Health Information Network (NwHIN). NwHIN previously had been operated by the Office of the National Coordinator (ONC) for Health IT. However, Healthway – a public-private partnership – now will operate the

network, which has been renamed the eHealth Exchange. The move represents a transition of the exchange to a non-federal, nonprofit entity.

Ms. McCleaf then turned to the presentation regarding the HIE onboarding process. She started by noting the two services provided by the HIE: Direct Messaging, an email-type service, and Exchange, which features a full query and retrieve (push and pull) on demand capability. The onboarding and certification ensured the flow of information in both directions for the exchange. Ms. McCleaf also reminded HITSAC members that ConnectVirginia was an “opt-in” exchange – meaning that patients had to consent to their information being exchanged in the network – and that no patient data were stored in the network – all data are stored in the source systems and only exchanged across the HIE.

Ms. McCleaf described the onboarding process using an analogy of a power strip. The power strip represents the HIE – a “utility” with the capacity to support multiple adapters. Each adapter is the technology built by a node to enable connection to the HIE. The certification and onboarding process then can be equated with the UL Listing for electrical adapters or appliances – it ensures that the technology for HIE connections meets all of the service and performance requirements for the exchange.

Ms. McCleaf highlighted the various sets of standards that must be met in order to complete the certification and onboarding process: technical standards, trust standards and operational standards. She said these standards had been articulated in a series of guides/implementation guides, which are provided to prospective nodes to inform on the HIE requirements. Then, Ms. McCleaf outlined the steps in the process required for certification and onboarding, which included completing the application process, undergoing technical certification testing, executing the trust agreement and related documents, and receiving the formal credentials needed for HIE participation.

Ms. McCleaf finished her portion of the presentation by describing the next steps for ConnectVirginia. These include onboarding new nodes within the Commonwealth and onboarding onto the Nationwide Health Information Network (NwHIN), or the eHealth Exchange as it is now called. She said connecting with the national exchange will give ConnectVirginia participants the opportunity to exchange health information with other states and federal partners. Ms. McCleaf asked Geoff Brown of Inova Health System, and a former HITSAC member, to present on Inova’s experience through the ConnectVirginia onboarding process.

Mr. Brown said he would give highlights on the process but turn it over to Joette Castillo to discuss the schedule for completing the onboarding. Mr. Brown started with an overview of Inova Health System and the business drivers contributing to Inova becoming the first HIE node. He then outlined the implementation strategy for the ConnectVirginia participation. He said onboarding onto the HIE represented part of Inova’s Care Everywhere implementation. EpicCare will supply and manage the Continuity of Care Document (CCD), and maintaining the Epic “model” would enable future EpicCare nodes to connect more seamlessly.

The onboarding methodology, Mr. Brown said, featured a scope of work at each phase of the process, identification of resource requirements for the overall project, a detailed project timeline and defined project deliverables. He added that this process involved some “technical trailblazing,” which involved working through disparities between EPIC v. 2010, which supports NwHIN 2010 specifications, and ConnectVirginia, which supports NwHIN 2012 specifications. However, he said that Inova and ConnectVirginia teams remained committed to working closely to find innovative solutions that may be replicated by future nodes.

Mr. Brown turned to the communications plan being developed by Inova to support ConnectVirginia’s “opt-in” strategy. The communication plan targets the public relations, relationships and growth, physician communications and marketing dimensions. Mr. Brown then introduced Ms. Castillo, Inova’s project manager

for the onboarding process. Ms. Castillo described the project management tasks associated with the process and outlined Inova's timeline for completing the certification and onboarding. She said that Inova currently was in the design/configuration phase, with testing scheduled for November 2012. Ms. Castillo added that Inova was developing the opt-in communications plan and expected the final "go-live" phase to be completed in December 2012.

Chairman Ruffin thanked Ms. Castillo for her summary and Mr. Brown not only for his presentation but also for his previous service to HITSAC. Chairman Ruffin then opened the floor for HITSAC questions. Dr. Cook asked about the communications plan and whether Inova had set targets for the number of patients expected to opt-in within a certain time period. Ms. Castillo responded by saying that the use of EPIC would facilitate a more streamlined opt-in process, since it would allow patients to opt-in during their registration. Ms. McCleaf also responded, saying that a formal goal has not been set but the main emphasis now is on the process itself. Ms. McCleaf said that the tool being developed by MEDfx would simplify and automate the opt-in process by locating it within providers' offices. Mr. Brown described Inova's previous experience in opt-in methodologies and will build that experience into the current HIE onboarding.

Chairman Ruffin asked if there were any additional questions. Mr. Mix commented on the impressive amount of progress being made by ConnectVirginia and how exciting it is to know that this technology will be coming online in the near term.

Chairman Ruffin thanked Mr. Mix for his comments then recessed the meeting for lunch at 12:30 p.m.

Chairman Ruffin called the meeting back to order at 1:10 p.m.

Item 427 Report

Note: Due to the report references in the Item 427 report presentation, viewers are recommended to access the Item 427 report on the VITA Web site at:

<http://vita.virginia.gov/ITAC/default.aspx?id=6442470067>

Chairman Ruffin called on Dr. Grubbs to provide the briefing on the Item 427 interim plan. Dr. Grubbs explained that he will be presenting the report in place of Ashley Colvin of VITA's Legal and Legislative Affairs Division, who briefed HITSAC on the item at its last meeting but had a scheduling conflict for this meeting.

Dr. Grubbs began by reminding HITSAC on the Item 427 requirements from the 2012 Appropriation Act, namely the requirement to standardize all "citizen-centric" data and to identify standards for projects cited in the Item that may be appropriate and/or in-scope for Commonwealth standards. Dr. Grubbs said that the Item 427 requirements align with the Auditor of Public Accounts (APA) May 2012 audit report on data standards, and therefore VITA has approached the Item 427 requirements parallel with the Corrective Action Plan for the APA's audit report.

Dr. Grubbs noted that the Item 427 requirements went beyond the original statutory requirements for data standards, established in the 2008 Appropriation Act, which covered only the seven primary business areas. Item 427 broadened the requirements to all "citizen-centric" data and the standardized data for the projects cited in the Item.

Dr. Grubbs said the interim Item 427 report, due Nov. 1, 2012, would serve as more of a methodological document, laying out the approach VITA would explore to meeting the Item 427 requirements. The final plan, due July 1, 2013, would provide the findings from the cost estimation, schedule and scope for meeting the requirements. Dr. Grubbs then walked HITSAC members through the key elements of the report: Background and Statutory History, Business Uses of Data and Data Standardization, Current Status of Data Standardization, Item 427 C.1 Element – Standardization of all “citizen-centric” data, Item 427 C.2 Element – Standardization of data for projects cited in the Item.

Dr. Grubbs outlined the strategy proposed for meeting the Item 427 C.1 Element, which involved migrating the Commonwealth toward full conformance with the National Information Exchange Model (NIEM). For the Item 427 C.2 Element, Dr. Grubbs used as an example the approach that VITA has taken working with the Department of Accounts and the Department of Transportation to adopt a Chart of Accounts standard. Chairman Ruffin asked about the level of granularity considered for the Chart of Accounts standard. Dr. Grubbs responded by describing the Commonwealth’s classification and coding structure.

Dr. Grubbs concluded his report by discussing the next steps for the Secretary of Technology to submit the interim report by Nov. 1, then gave a brief overview of the elements that will be included in the final plan, due in July 2013. He requested a formal action by HITSAC to recommend that the Secretary of Technology (a) accept the draft Item 427 interim report, as prepared by staff, and (b) submit the interim report to the Governor’s Office, the Chairman of the House Committee on Appropriations and the Chairman of Senate Committee on Finance, as required by the Item.

Chairman Ruffin acknowledged the disciplined approach VITA has taken on the Item 427 planning and report process. He said many organizations should consider taking the approach implemented by the Commonwealth toward enterprise data management and standardization.

Dr. Grubbs, based on a comment off microphone from Julie Whitlock, Office of the Attorney General (OAG), clarified that the requested action would be for HITSAC to recommend to the Information Technology Advisory Council (ITAC), the CIO of the Commonwealth and the Secretary of Technology for the Secretary to (a) accept the draft Item 427 interim report, as prepared by staff, and (b) submit the interim report to the Governor’s Office, the Chairman of the House Committee on Appropriations and the Chairman of Senate Committee on Finance, as required by the Item.

Dr. Harrison asked whether HITSAC’s taking a formal action/recommendation would be within the scope of the HITSAC Charter. Chairman Ruffin said it would be consistent with HITSAC’s Charter and recognized Ms. Whitlock, OAG, who confirmed.

Chairman Ruffin then asked Dr. Grubbs to restate the two motions. Dr. Grubbs restated the motions. Dr. Harrison made the motion that HITSAC recommend that ITAC, the CIO of the Commonwealth and the Secretary of Technology accept the Item 427 interim plan as prepared by staff. Dr. Cook provided a second to the motion. Chairman Ruffin called the vote, and the motion passed unanimously.

Chairman Ruffin then called for another motion, for HITSAC to recommend that ITAC, the CIO of the Commonwealth and Secretary of Technology endorse the Secretary’s submittal of the Item 427 interim plan to the Governor’s Office, the Chairman of the House Committee on Appropriations and the Chairman of Senate Committee on Finance, as required by the Item. Dr. Cook made the motion, and Dr. Harrison provided a second. Chairman Ruffin called the vote, and the motion passed unanimously.

Enterprise Information Architecture (EIA) Scorecard and the Commonwealth Data Strategy

Note: The EIA Scorecard presentation and summary tables may be accessed on the VITA Web site at:

<http://vita.virginia.gov/ITAC/default.aspx?id=6442470067>

Chairman Ruffin called on Dr. Grubbs to give the presentation on the EIA Scorecard and the Commonwealth Data strategy. Dr. Grubbs began by giving the background and purpose of the EIA Scorecard. Dr. Grubbs said the EIA Scorecard will provide data on the “current state” of EIA across the Commonwealth and inform outreach, planning and program activities to achieve the desired “future state” of EIA.

Dr. Grubbs presented highlights from the results of the EIA Scorecard then discussed how results from the EIA Scorecard would be used to support the strategic planning process toward a Commonwealth Data Strategy. He discussed the purpose of the data strategy and how it will help the Commonwealth progress toward the “future state” in the EIA Maturity Model.

Dr. Grubbs referenced the State of Colorado’s Data Strategy, which has served as a model for the Commonwealth’s efforts. Dr. Grubbs recognized that Virginia has its own unique institutional structure, data governance program and administrative structure, so the expectation would not be to simply adopt Colorado’s strategy for the Commonwealth. Rather, Dr. Grubbs recommended using the Colorado strategy as a guide and existing model for reference purposes. He noted several key elements of the Colorado data strategy that could inform Virginia’s efforts: statutory provisions, a governance structure with clearly defined roles at the executive and data steward level, and specific goals, objectives and strategies for data governance.

Dr. Grubbs outlined the requested action: for HITSAC to recommend to ITAC, the CIO of the Commonwealth and the Secretary of Technology for the Secretary to (a) accept the findings from the EIA Scorecard, as presented by staff, and (b) endorse the planning process toward a Commonwealth Data Strategy. Chairman Ruffin then asked Dr. Grubbs to clarify the motions and confirm that the motions would be in line with the HITSAC Charter. Dr. Grubbs confirmed and acknowledged a comment from Ms. Whitlock, OAG, made off-microphone, that the requested action would be consistent with the HITSAC Charter.

Dr. Cook asked about the performance targets that would be part of the strategy, how they would be developed and implemented? Dr. Grubbs responded saying the performance targets would be aligned with the high-level benchmarks in the adopted EIA Maturity Model and the goals, objectives and strategies developed during the strategic planning process. Once the strategy has been adopted, then the business plans in each EIA program area would implement specific performance targets associated with the relevant goals, objectives and strategies.

Mr. Quinn strongly encouraged CDG staff to concentrate on data and terminology standards, not just data standards. Chairman Ruffin asked whether the title should be changed to the “Commonwealth Data and Terminology Strategy.” Dr. Grubbs suggested “Enterprise Information Architecture Strategy,” and Mr. Quinn agreed. Chairman Ruffin asked whether HITSAC had other changes to the proposed EIA Strategy. Mr. Mix asked whether the strategy would cover implementation of adopted data standards. Dr. Grubbs said this would be an element within the relevant business plans. Dr. Harrison encouraged CDG staff to continue to reinforce the high-level benchmarks established in the EIA Maturity Model as a means of communicating and gaining understanding around the guiding EIA principles.

Chairman Ruffin asked for Dr. Grubbs to clarify the motions. Dr. Harrison confirmed the motion: for HITSAC to recommend that ITAC, the CIO of the Commonwealth and the Secretary of Technology accept the results from the EIA Scorecard, as presented by staff, and the recommendations based on these EIA Scorecard findings. Dr. Harrison made the motion, and Dr. Cook provided a second. Chairman Ruffin called the vote, and the motion passed unanimously.

Chairman Ruffin then called for another motion, for HITSAC to recommend that ITAC, the CIO of the Commonwealth and Secretary of Technology endorse the strategic planning process proposed by staff to develop a Commonwealth EIA Strategy. Dr. Cook made the motion, and Dr. Harrison provided a second. Chairman Ruffin called the vote, and the motion passed unanimously.

HITSAC Charter

Chairman Ruffin called the agenda item relating to the HITSAC Charter. He said the main issue was whether HITSAC wanted to recommend for the HITSAC Charter to be formally amended to reflect the expanded scope requested by Secretary Duffey and Secretary Hazel, namely for HITSAC to advise on data standards and governance across all domains of state government. Chairman Ruffin recognized Ms. Whitlock, OAG, who advised that amending the Charter would not, nor could it, expand HITSAC's statutory authority. Ms. Whitlock said HITSAC could recommend amending its Charter but that the Charter would need to be consistent with the governing statutes. If HITSAC wanted to broaden its statutory authority, this could be done only through legislative action.

Chairman Ruffin said he had no desire to seek amendments to the statutes but asked how HITSAC could satisfy the request made by the Secretaries to broaden its advisory scope beyond health IT. He referenced the motions just passed. Ms. Whitlock said the previous motions were still in line with the existing HITSAC Charter, and that the motions should be interpreted as HITSAC making recommendations on the health IT dimensions. She added that ITAC's role reflected the more expanded scope to cover all domains of state government. Chairman Ruffin asked if, given Ms. Whitlock's comments, any change was needed to the Charter. Dr. Harrison suggested that everything is fine, as is.

Dr. Grubbs asked Ms. Whitlock if the HITSAC Charter may be amended to more clearly articulate (a) the role of HITSAC/health IT as a model for the other domains of state government and (b) the opportunity to integrate data governance and exchange between the health and non-health domains. He said this would be consistent with the existing statutory authority but more clearly state the role of HITSAC and health IT.

Ms. Whitlock clarified the statutory authority, roles and responsibilities for ITAC, the CIO of the Commonwealth and the Secretary of Technology. Chairman Ruffin and Ms. Whitlock identified several changes to the Charter needed to update the *Code of Virginia* references and HITSAC's institutional structure. [Note: The full list of required changes was not stated on the record.]

Dr. Harrison said the current Charter still allows HITSAC to make formal recommendations on health IT standards but also informal advice on standards outside of the health IT domain. Dr. Grubbs proposed making minor amendments to the HITSAC Charter to more fully articulate HITSAC's role. Dr. Harrison said this would support HITSAC's ability to advise on IT standards based on its expertise in the health IT domain.

Dr. Cook asked Dr. Grubbs if he was proposing to draft language for the Charter to update the statutory references and more fully articulate HITSAC's role for the Commonwealth. Dr. Grubbs confirmed, adding that staff would come back to HITSAC at its next meeting with the proposed amendment language. Chairman Ruffin expressed his support for that process.

Mr. Quinn stressed the importance of fully stating the role of HITSAC and health IT without making the Charter overly complex. Chairman Ruffin asked if there were any additional comments or questions, seeing none he closed the agenda item.

PUBLIC COMMENT

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

ADJOURNMENT

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