

**MINUTES – FINAL**  
**Health Information Technology Standards**  
**Advisory Committee (HITSAC)**  
**Thursday, August 15, 2013**

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  
Rich Pollack  
John Quinn

**Others Present:**

Andrews, Wanda “Willie”, DGS/DCLS  
Bannister, Lynn, VITA  
Barnes, Kim, VDH  
Barnes, Rich, VITA  
Behrens, Jennifer, VITA  
Bessette, Anthony, OAG  
Blanchard, Paul, AAMVA  
Dixit, Prashant, VITA  
Edwards, Maurion, DGS  
Farnsworth, Mike, DMV  
Ferrara, Beth, DMAS  
Fiske, James, APA  
Grubbs, Joseph, VITA  
Kissam, Todd, VITA  
Laugerbaum, C.W., Advantus  
Mix, Dave, DMAS  
Norman, Fred, CVC  
Soutar, Colin, Deloitte  
Tyson, Vickie, DGS/DCLS  
Wheatley, John, ICS  
White, Michelle, ConnectVirginia HIE  
Whyte, Chris, Vectre

**Members Absent:**

**Call to Order:**

Chairman Ruffin called the meeting to order at 10:35 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.

*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=6442471115>

## OLD BUSINESS

### Approval of Minutes from the June 20, 2013, HITSAC Meeting

Chairman Ruffin called the item to approve the minutes from the June 20, 2013, meeting and asked HITSAC members if they had changes or corrections. Seeing none, Chairman Ruffin moved a motion to approve the minutes. The motion was made by Dr. Cook with a second by Mr. Pollack. Chairman Ruffin called the vote, and the motion passed unanimously.

## NEW BUSINESS

### Status Reports

#### Commonwealth Data Governance

Dr. Joseph Grubbs, Commonwealth Data Governance (CDG) Service Lead and HITSAC Administrator from the Virginia Information Technologies Agency (VITA), gave the status report for the CDG team.

Dr. Grubbs began his status report, noting the team's recent achievements since the June HITSAC meeting. Dr. Grubbs reported that recent accomplishments include the adoption of the Enterprise Information Architecture (EIA) Strategy for the Commonwealth, transmittal of the final plan for data standardization to the Secretary of Technology, and Information Technology Advisory Council (ITAC) approval of amendments to the HITSAC Charter and recommendation for adoption to the Chief Information Officer (CIO) of the Commonwealth and to the Secretary of Technology. Dr. Grubbs thanked Mr. Pollack for attending the ITAC meeting and for his support. Dr. Grubbs added that other recent accomplishments included adoption of the National Information Exchange Model (NIEM) Core Person Standard and the Unclaimed Property standard by the Secretary of Technology. The Agency ID Standard has been published to the Online Review and Comments Application (ORCA) for public comments. Dr. Grubbs said that the CDG team has been supporting VITA Shared Services and developing a planning roadmap for the transition of the Commonwealth Authentication Service (CAS) to VITA when it becomes operational. Replying to a question by Chairman Ruffin about the Agency ID Standard, Dr. Grubbs said that the Agency ID standard has been an internal standard and once adopted as a state standard it will be a part of the Information Technology Resources Management (ITRM) process.

Turning to current work streams, Dr. Grubbs said that the CDG team has been working on the Cross Sector Digital Identity Initiative (CSDII), the Commonwealth NIEM Integration Strategy and compliance reviews of major IT projects. Other work streams include gathering requirements for the exchange of citizen centric data as specified in Item 427 of the Appropriation Act for 2013 and development of policies, standards and guidelines for Information Technology Resources Management (ITRM).

Dr. Grubbs then talked about his recent and forthcoming presentations – the National Association of State Chief Information Officers (NASCIO) webinar on Enterprise Information Architecture (EIA) strategy & National Information Exchange Model (NIEM) integration plan during July, the NASCIO Annual Conference in Philadelphia, PA, during October, Cross-Sector Digital Identity Initiative (CSDII) technical integration and value proposition at Microsoft HQ in Seattle/Redmond, WA, during August, and the NIEM Program Management Office (PMO) "Persona" interview in Washington, DC, during August. Ms. Barnes complimented Dr. Grubbs for his national visibility, expertise and contribution in getting Virginia recognized at a national level.

Dr. Grubbs wrapped up by requesting HITSAC to consider establishing a working group on Genomics and Genetic Medicine to build on the momentum created by Ms. Mollie Ullman-Cullere's visit during June. Dr. Grubbs added that HITSAC has the statutory authority to establish such a workgroup. Chairman Ruffin said that it was a great idea and he was certain that other institutions of higher learning would also be interested in being a part of such a working group.

Chairman Ruffin opened the floor to questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the CDG status update item.

## **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 saying that the eHHR Program Management Office (PMO) has been working on the Independent Verification and Validation (IV&V) effort, the Centers for Medicare and Medicaid Services (CMS) stage gate review, and scheduling the Operational Readiness Review (ORR) for the second week of October. Mr. Mix added that other work streams at the eHHR PMO include developing contingency plans to mitigate risk, developing sustainability plans for eHHR and updating the IT Strategic Plan for Health and Human Resources (HHR).

Mr. Mix said that the eHHR PMO is supporting Eligibility and Enrollment (E&E) projects, the Modified Adjusted Gross Income (MAGI) project, and planning for the statewide MAGI call center that needs to be operational on April 1, 2014. Other ongoing projects include the statewide communications effort, addressing operational contingencies and working with CMS. Mr. Mix mentioned that the eHHR PMO is also working on developing a citizen consent plan to share demographic data. The citizen consent plan, approved by the Office of the Attorney General (OAG), will address data sharing in Enterprise Data Management (EDM).

Mr. Mix said that on the technical side, the eHHR PMO has been involved in ongoing discussions with the Department of Social Services (DSS) and VITA on developing funding models to support SOA, EDM and CAS after October 1, 2013. The eHHR PMO is also working on developing plans to address items/enhancements that could not be included in the October 1, 2013 release and will be completed before the projects can be closed out.

Mr. Mix added that the Commonwealth has received extensive feedback from CMS. The Commonwealth has progressed further than most states that started their efforts before Virginia. Replying to a question from Chairman Ruffin, Mr. Mix said that Virginia has made great strides on these projects because of the support at the executive level. Mr. Mix added that the Secretary of Health and Human Resources played a major role in overcoming any hurdles in the projects.

Mr. Mix concluded his presentation by talking about key dates and timelines. Mr. Mix added that CMS feels that a major part of 2013 will be spent developing contingencies and workarounds. The year 2014 will be spent on clearing/cleaning up contingencies and workarounds. Mr. Mix added that he expects the same to be true for Virginia.

Chairman Ruffin opened the floor for questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the eHHR Program update item.

## Health Information Exchange Program

Kimberly Barnes, from Virginia Department of Health (VDH), provided the status report for the statewide Health Information Exchange (HIE) program -- ConnectVirginia. Ms. Barnes reported on the progress made by ConnectVirginia. Inova was the first pioneer node for ConectVirginia to use the "query and retrieve" capability. The second node, Virginia Hospital Center, is currently in the process of onboarding. Ms. Barnes said that having two Northern Virginia providers would help demonstrate value to other providers in Northern Virginia. Ms. Barnes added that other ongoing activities include negotiating a Health Information Service Provider to Health Information Service Provider (HISP to HISP) agreement with South Carolina and developing a "Join the Journey" media campaign. Ms. Barnes thanked Ms. Michelle White for her efforts in developing the media campaign.

Ms. Barnes said that the Meaningful Use Stage 2 Core Objectives are to provide summary of care records for each transition of care or referral; and to submit electronic data to immunization registries. The Meaningful Use Stage 2 Menu Objectives are to submit electronic syndromic surveillance data to public health agencies; identify and report cancer cases to a State cancer registry; and identify and report specific cases to a specialized registry. Ms. Barnes added that VDH would accept Electronic Health Records exclusively through ConnectVirginia.

Chairman Ruffin opened the floor for questions from HITSAC members and the public. Dr. Harrison had a question about whether the connection to ConnectVirginia should be made by the Electronic Laboratory Record (ELR) system or by the Electronic Medical Record (EMR) System. Ms Barnes responded that those connections would be made as stipulated by the Code of Virginia. Dr. Cook added that independent providers connecting to ConnectVirginia to comply with Meaningful Use Stage 2 need to be informed about the potential costs. Mr. Pollack added that ConnectVirginia would need to provide very detailed information on the scope and cost associated with onboarding to ConnectVirginia.

Chairman Ruffin then closed the ConnectVirginia HIE update item.

## VITA MITA Program

Rich Barnes, VITA MITA Program Manager, gave a status report on the VITA MITA Program. Mr. Barnes said that the Enterprise Data Management (EDM) project is closed. The next phase of the EDM project was integration with the Commonwealth Authentication Service (CAS). This development phase of the CAS-EDM integration project is complete and is being tested by DSS. Mr. Barnes added that a near-term cost model for EDM, SOA and CAS has been developed. The EDM team is developing Business, Administrative and Technical (BAT) documents and controls.

Mr. Barnes then talked about the activities and accomplishments related to the Service-Oriented Architecture (SOA) project. Mr. Barnes said that the final groups of environments have completed the initiation phase. Mr. Barnes added that the SOA team has developed an action plan based on the Independent Verification and Validation (IV&V) report.

Mr. Barnes provided an update on VITA MITA at the program level. Mr. Barnes said that ongoing activities include continued vendor management efforts (IBM, Northrop Grumman), continued project monitoring and support, developing a near-term cost model, continuing process reviews and developing BAT controls.

Mr. Barnes finished the presentation by talking about the key issues at the program level.

Chairman Ruffin opened the floor for questions from HITSAC members and the public. Seeing none, Chairman Ruffin closed the VITA MITA Program update item.

## Presentations

### New Initiatives at the Division of Consolidated Laboratory Services (DCLS)

Chairman Ruffin called for Willie Andrews, Director of Laboratory Operations at the Division of Consolidated Laboratory Services to give a presentation on the New Initiatives at the Division of Consolidated Laboratory Services (DCLS).

Ms. Andrews began by providing an overview of DCLS and their services. Ms. Andrews said that DCLS is a division of the Virginia Department of General Services (DGS), under the Secretary of Administration, and has its main facility located in the Biotechnology Park in Richmond. DCLS was formed in 1972 and was the first consolidated laboratory (lab) in the nation. DCLS provides lab services for a wide variety of local, state and federal law enforcement, emergency response, health, and environmental protection programs. DCLS tests samples from different entities like Virginia Department of Health (VDH), Department of Environmental Quality (DEQ), Virginia Department of Agricultural Services (VDACS), Department of Corrections (DOC), Virginia Department of Emergency Management (VDEM), Centers for Disease Control (CDC), Environment Protection Agency (EPA), Federal Bureau of Information (FBI), Food and Drug Administration (FDA), Department of Homeland Security (DHS), police, hospitals, physicians, and waterworks. DCLS employs 220 full-time scientists, laboratory support staff and performs over 6 million tests a year to help ensure the safety and health of Virginia's citizens, and the environment. In addition, DCLS accredits facilities for over 400 environmental laboratories throughout the Commonwealth to ensure compliance with Virginia Regulations 1 VAC 30, Chapters 45 and 46 and VA Safe Drinking Water act. Ms. Andrews added that DCLS was one of the first four state public health laboratories initially selected and funded by the federal government as a regional site to test human specimens for evidence of exposure to biological and chemical agents (i.e. anthrax). DCLS was also the first state public health lab in the nation to send Influenza test results to CDC using HL7 2.3. DCLS performs testing on every infant born within the Commonwealth for 28 metabolic and genetic disorders on approximately 120,000 infant samples per year.

Ms. Andrews then talked about the functions and the health impacts of DCLS Public Health Laboratories (PHL). Some of the functions include performing all-hazards testing, providing regional laboratory backup to CDC, testing to detect emerging public health threats and providing state-to-state mutual assistance. The health impacts of the DCLS PHL include screening newborn babies, facilitating emergency preparedness response, enhancing population health management capabilities, providing key data for surveillance, outbreak management and treatment recommendations, performing environmental analysis, enhancing surge and pandemic response capabilities, and ensuring safe drinking water, soil, and air.

Ms. Andrews proceeded to provide some background on Newborn Screening (NBS). Ms. Andrews said that almost 50 years ago, Dr. Robert Guthrie devised a screening test for Phenylketonuria (PKU) using a dried blood spot collected on a filter paper card. The NBS program started in 1963 and since then over 164 million infants have been screened for various genetic and metabolic disorders. Currently, approximately 97% of all babies are screened by a state level PHL. On average, 1 in every 800 babies born in the United States each year, are identified with a condition detected through the newborn screening program. The Commonwealth started screening newborn babies on a large scale in 1966.

Ms. Andrews said that the mission of Virginia's NBS program is to prevent mental retardation, permanent disability, or death through early identification and treatment of infants who are affected by certain heritable

disorders and genetic disease. The NBS program is a coordinated and comprehensive program consisting of education, newborn screening, follow-up, diagnostic confirmation, medical and dietary management, treatment and referral. DCLS along with the Genetics and Newborn Screening Division of Family Health Services, at the Virginia Department of Health, collaborate to co-administer the NBS program. The screening panel is based on the nationally recommended uniform screening panel, with endorsement by the Virginia Genetics Advisory Committee and approval of the Virginia Board of Health and the Governor of Virginia. The Code of Virginia 32.1-65 mandates that every child born in Virginia be screened. Ms. Andrews added that DCLS currently screens for 28 genetic and metabolic conditions and performs approximately 120,000 dried-blood spot screens per year. On average 12,000 screens are sent to VDH for follow-up and 4,000 babies are diagnosed either with a disorder or as a carrier, and received treatment, long-term care and/or counseling. The NBS program goal is to test every newborn in Virginia within a few days of birth unless a parent or guardian objects because the test conflicts with his or her religious practices. DCLS performs newborn screening using the dried blood spot card. VDH newborn screening staff coordinates follow-up activities until the infant is diagnosed, screened negative, or reaches 6 months of age. Diagnosed babies with certain heritable disorders or genetic diseases are referred to the Care Connection for Children network.

Ms. Andrews said that some of the strengths of the Virginia NBS program are its dedication to saving babies, strong partnership between laboratory and follow-up teams, support of pediatric specialists in all areas, 24 hour turn around for normal results and availability of educational products for parents and healthcare providers. Ms. Andrews then elaborated on the procedures for consent and confidentiality of data. Ms. Andrews said that all newborns are screened unless their parent or guardian objects on religious grounds. A statement of written objection by the parent or guardian is included in the child's medical record. The Virginia Board of Health, the State Health Commissioner, and the Commissioner's agents has access to any newborn screening records. NBS data released for the purpose of research and statistical analysis requires approval from the Laboratory Director at DCLS. Anyone requesting NBS results for a specific child requires written consent from the parent or guardian before data is shared.

Ms. Andrews said that since 1992, the Virginia NBS program has operated as a fee-for service program. The fee for NBS services is \$53.00 per child and is paid by the birthing facility or provider through the purchase of NBS collection kits. The fee covers kit components, assembly and distribution, laboratory services and follow-up services. Ms. Andrews added that the NBS fee would increase to \$78.00 in 2014. The highest newborn screening fee in the U.S. is \$157.00; the average fee for newborn screening across the nation is \$83.00.

Ms. Williams mentioned that after testing the dried blood spots, there are some dried blood spots left on the filter paper card. DCLS holds residual blood spots for normal screens for six months. The dried blood spots that resulted in an abnormal result are stored for ten years. Confirmatory testing may also be performed after the initial screen. DCLS policy prohibits the use of residual blood spot samples for any purpose other than newborn screening testing. Samples are never released without notarized written parental consent. Ms. Andrews then provided a breakdown of the NBS diagnosed cases in Virginia. Chairman Ruffin questioned about the feasibility of collecting the samples in the delivery room. Ms. Andrews responded by saying that some of the disorders do not appear until after some level of metabolic activity and hence it is not feasible to collect the sample at the time of delivery.

Ms. Andrews then requested Ms. Vicki Tyson to present the technical aspect of the Laboratory Information Management System.

Ms. Tyson began by talking about the Laboratory Information Management System (LIMS). StarLIMS is the vendor implementing LIMS in Virginia. StarLIMS has implemented LIMS in over 29 Public Health Laboratories (PHLs) in U.S. for clinical reporting and three PHLs for newborn screening. LIMS is built using a combination of

coding and configuration. The development language and tool is proprietary to the vendor deployed using web-based architecture and an Oracle 11G database configured for high availability. The barcode technology uses Font Code 3 of 9 (lab standard). LIMS has heavy integration with laboratory instrumentation with a bidirectional interface between LIMS and instrument systems such as PerkinElmer's Specimen Gate and Agilent's OpenLab systems. For business continuity, DCLS has an onsite data center that allows it to run independently in case connectivity is unavailable. The current LIMS does not follow any external data standards but the new system will adhere to external standards. The new LIMS will have a Rhapsody Data Integration Engine v5.4 from Orion Health Systems. The development tool and language will be proprietary to the vendor. The architecture deployed will be web-based architecture supporting HL7 Versions 2.3.1 and v2.5.1. Ms. Tyson said that the NBS LIMS has to send out three messages from one sample - the Influenza Surveillance (PHLIP) message going to CDC, the All-Hazard (LIMSi) message going to CDC and the Electronic Lab Reporting (ELR) message going to VDH. This provides flexibility as results may or may not be related to a specimen. It also facilitates reporting of patient-oriented test results to VDH for reportable conditions or to VDH clinics, hospitals and providers for patient results.

Ms. Tyson mentioned that currently for a newborn baby, the birthing facility collects information for DCLS birth registration and for hearing screening. The dried blood spot sample is collected within 24 - 36 hrs after birth and sent to DCLS. DCLS then enters the patient information and lab results into their system. The lab results are sent to the birthing facility and in case of any abnormalities, to VDH. The birthing facility has seven days to send information to the birth registry and up to 14 days to enter the results of the hearing screening. Since September 2013, DCLS has been able to link the lab results to the birth registry using the NBS Device Id located on the blood spot filter paper. The newborn screening results are entered at multiple stages.

Ms. Tyson said that through collaborative efforts, DCLS, VDH, and hospital partners will work to adopt a HL7 standards-based message and the associated coded terminologies that can be used by the birthing facilities to send at least the minimum required data set to DCLS for NBS blood spot testing and to VDH for birth registration and hearing screening within the required/specified processing times. The message will need to comply with the Code of Virginia, HITSAC, other state and federal regulatory requirements specific to NBS, birth registration, and hearing screening. In addition, it will comply with all state and federal consent, privacy and security requirements. Mr. Pollack mentioned that one of the most difficult things is generating a hard copy that can be used for the blood spot output when the initial information is entered. Mr. Quinn had a question about other entities using structured documents and Consolidated Clinical Document Architecture (C-CDA) to send newborn screening messages in a structured format. Ms. Tyson responded that in 2010, DCLS was a part of a National NBS Messaging Workgroup that collaborated with other organizations to work on a similar project. These workgroup members included representatives from public health laboratories, hospitals, public health agencies and the U.S. National Library of Medicine. However, the lack of funding prevented further work and implementation of a messaging format. Chairman Ruffin added that some of the HITSAC members might be able to help DCLS in initiating conversations with hospitals.

Ms. Tyson mentioned that the ongoing project at DCLS to rewrite LIMS in a standards-based format is scheduled to last 28 months. This effort also includes streamlining business processes and workflows, possibly re-designing the blood spot filter paper, connecting to the Enterprise Service Bus (ESB) and determining who assigns the Master Person Index (MPI) to a newborn.

Ms. Tyson concluded the presentation by saying that the end goal of this endeavor is early identification and reporting of NBS results so that timely treatment and intervention can take place, leading to healthier babies and that the best parent story is no story.

Chairman Ruffin closed the New Initiatives at the Division of Consolidated Laboratory Services item.

Chairman Ruffin recessed the meeting for lunch at 12:52 p.m.

Chairman Ruffin called the meeting back to order at 1:41 p.m.

## **Cross Sector Digital Identity Initiative (CSDII) Architecture & Functionality**

Chairman Ruffin called on Mike Farnsworth, Project Manager for the Commonwealth Authentication Service (CAS) from the Department of Motor Vehicles (DMV), to provide HITSAC members with an overview of Cross Sector Digital Identity Initiative - Architecture & Functionality.

Mr. Farnsworth began by providing the background for CSDII and its high-level components. Mr. Farnsworth said that CSDII is a public/private sector consortium consisting of different organizations. The CSDII consortium consists of the American Association of Motor Vehicles Administrators (AAMVA) in partnership with VA Department of Motor Vehicles (DMV), Microsoft, CA Technologies, AT&T and Biometric Signature ID. Mr. Farnsworth said that CSDII would use the benefit of in-person proofing done at DMV to strengthen the authentication events while maintaining user privacy when accessing on-line services. The in person authentication will be stronger when combined with credentials from private sector identity providers. It provides users with strong credentials but at the same time will be easy to use and be fairly ubiquitous on the internet.

Mr. Farnsworth said that the Commonwealth Authentication System (CAS) strengthens the authentication mechanism for the Department of Social Services enabling them to provide services online to their customers. CAS will serve as the Identity Management Platform. Under normal circumstances, providing a non-intrusive and financially viable identity management is a difficult task. Strategic decisions made by Dr. Bill Hazel, Secretary of Health and Human Resources, enabled CAS development.

Mr. Farnsworth added that one of the challenges facing Identity Management (IdM) is developing a process to bind and tie an individual to the credential that they are providing. This consists of three players working together. The Identity Provider (IdP) provides information, the Credential Service Provider (CSP) provides the token and the relying party provides access. Mr. Farnsworth mentioned that CSDII uses the privacy enhancing technology developed by Microsoft. This technology sits between the IdP and CSP and enables the user to control data sharing and transmittal.

Mr. Farnsworth mentioned that since the June HITSAC meeting, the CSDII team has developed the Trust Framework (TF) and elected a governing board with Mr. Philippe Guiot Chief Information Officer (CIO) for AAMVA as Chairman and Mr. Dave Burhop CIO for DMV as the Vice-Chairman. In addition, the team has been meeting representatives from the health and education domains and presenting the intrinsic benefit of using CSDII. Mr. Farnsworth then presented the user experience for CSDII from a patient perspective utilizing the Epic MyChart portal.

Mr. Pollack inquired about using CSDII for children. Mr. Farnsworth responded that CSDII is using AAMVA since it is one of the partners. However, there is no restriction and in the future CSDII can be used to integrate with education data. This would enable CSDII to develop and address the challenges faced for "on behalf of" authentications. Responding to a question by Chairman Ruffin, Mr. Farnsworth said that the BioSig-ID could also be used to provide multi-factor authentication. Mr. Mix asked about CAS and CSDII. Mr. Farnsworth replied that CAS and CSDII complement each other and CAS would serve as a relying party serving as a gateway to Commonwealth applications.

Chairman Ruffin thanked Mr. Farnsworth for his presentation and closed the Cross Sector Digital Identity Initiative Architecture & Functionality item.

## Commonwealth Enterprise Information Architecture (EIA) Domain Report

Chairman Ruffin called on Dr. Grubbs to give the presentation on Commonwealth Enterprise Information Architecture (EIA) Domain Report.

Dr. Grubbs began by saying that the EIA strategy was based on a tiered approach. The highest tier is the policy tier, which included the EIA policy in the Enterprise Architecture (EA) policy. This policy was adopted by the Secretary of Technology on July 3, 2012. The next step is at the strategic planning level. The strategic policy and the EIA Maturity Model were adopted by the Secretary of Technology on August 15, 2013. The lowest level is the implementation level. The Domain Report (DR) will serve as the mechanism to implement the EIA strategy. The Domain report consists of requirement statements that guide the process to achieve goals and objectives established in the strategy. Dr. Grubbs said that the purpose of the DR is to rescind in its entirety the existing DR, approved by the Chief Information Officer (CIO) to the Commonwealth and to align the new DR with the goals and objectives of the EIA strategy.

The requirements for the first goal, Data Governance, are - EIA-R-12 Enterprise Architecture (EA) Policies, Standards and Guidelines: VITA shall continue to develop and maintain enterprise-level policies, standards and guidelines toward a mature EIA governance framework. EIA-R-13 Formal Data Governance Roles: VITA shall coordinate with Commonwealth agencies to support a formal designation of agency data stewards.

The requirements for the second goal, Data Standards, are - EIA-R-14 Data Standardization Process: VITA shall develop and maintain a defined process for adopting external standards or promulgating Commonwealth standards for enterprise data. EIA-R-15 Business Narrative: VITA shall ensure that, at a minimum, data standards contain a business narrative that defines the implementation requirements and corresponding time lines for the standards. EIA-R-16 Data Standards Repository: VITA shall maintain an inventory of standards in the online Enterprise Architecture (EA) Data Standards Repository. EIA-R-17 Data Standard Review: VITA, in conjunction with the agency owner(s) of the standard, shall conduct periodic reviews of adopted standards. EIA-R-18 Compliance Reviews and Scope Determination: VITA shall integrate into its project management review process for major IT projects – including new systems or major updates to existing systems – a compliance review to determine if the proposed project/system will be in scope for existing standards or, if not, whether the data model for the project/system would be appropriate for a Commonwealth standard. EIA-R-19 Contract Language: VITA shall incorporate language into contract documentation, as appropriate, to ensure that executive branch agencies and vendors comply with adopted data standards or have an approved Enterprise Architecture Exception. Dr. Grubbs added that EIA-R-16 includes internal and external standards. Data standards are reviewed on an ongoing basis to ensure that they are current and the review process also strengthens the agencies' engagement in the maintenance of these standards. EIA-R-18 is also a part of the Item 427 of the Appropriation Act for 2013. It also allows Commonwealth Data Governance (CDG) to review each of the major IT projects to identify if there are any applicable governing standards.

The requirements for the third goal, Data Asset Management, are - EIA-R-20 Data Asset Inventory: VITA shall maintain an inventory of enterprise data assets owned and/or managed by agencies. The inventory shall be structured on taxonomy with subject areas and information classes. Dr. Grubbs added that the third goal would be getting more attention in the coming year. Replying to a question from Chairman Ruffin, Dr. Grubbs said that the taxonomy would be based on International Organization for Standardization (ISO) standard for metadata registries.

The requirements for the fourth goal, Data Sharing, are - EIA-R-21 Enterprise Information Sharing: VITA shall coordinate with agencies, as appropriate, to support compliant, business driven enterprise information sharing. Dr. Grubbs added that this goal would build on the work done for the Enhanced Memorandum of Understanding (E-MOU) which is based on the national Data Use and Reciprocal Support Agreement (DURSA).

Chairman Ruffin opened the floor for questions. Mr. Quinn had a question about processes to version data and matching the metadata map to the correct version. Dr. Grubbs responded that the actual mapping would be done by the agencies. CDG will make sure that the correct version of the HL7 standard is being used. Chairman Ruffin had a question about whether other entities in the Commonwealth have demonstrated any interest in implementing the EIA strategy. Dr. Grubbs replied that implementing the EIA strategy would be done with agencies' support.

Chairman Ruffin called for a vote to endorse the Enterprise Information Architecture Domain Report and the goals listed in it. The Enterprise Information Architecture Domain Report was endorsed unanimously.

## **PUBLIC COMMENT**

Chairman Ruffin called for public comment.

## **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.