

MINUTES – Final
Health Information Technology Standards
Advisory Committee (HITSAC)
Thursday, April 17, 2014

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

Members Absent:

Rich Pollack
John Quinn

Others Present:

Allen, Zacc, DOC
Anderson, MG, IBM
Condrey, Debbie, VDH
Farnsworth, Michael, Binary Structures Corp. (DMV)
Grubbs, Joseph, Binary Structures Corp. (VITA)
Laugerbaum, C.W., Advantus
McCleaf, Sandy, ConnectVirginia
Mix, Dave, DMAS
Ullman-Cullere, Mollie, HL7 Genomics Working Group (Phone)
White, Michelle, ConnectVirginia
Whyte, Christopher J., Vectre Corp.

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.

Note: Due to the level of technical detail covered during the April 17, 2014, meeting, copies of the audio recording and agenda packet have been posted on the VITA Web site at:

<http://www.vita.virginia.gov/ITAC/default.aspx?id=6442472422>

OLD BUSINESS

Approval of Minutes from the February 20, 2014, HITSAC Meeting

Chairman Ruffin called the item to approve the minutes from the February 20, 2014, meeting and asked HITSAC members if they had changes or corrections. Seeing none and noting no objections, Chairman Ruffin called the item and accepted the minutes as approved.

NEW BUSINESS

Commonwealth Data Governance Status Report

Dr. Joseph Grubbs, Enterprise Information Architect and HITSAC staff support (Consultant) from the Virginia Information Technologies Agency (VITA), gave the status report for the Commonwealth Data Governance (CDG) team.

Dr. Grubbs began with an overview of CDG achievements since the February HITSAC meeting. He noted that the implementation document for the adopted Commonwealth Enterprise Information Architecture (EIA) Strategy had been drafted and prepared for public comment. However, he said that the new Secretary of Technology had identified several data-related priorities and the implementation plan was being held for further direction from Secretary.

Dr. Grubbs then outlined follow-up activity since the February kick-off meeting of the Commonwealth Data Stewards Group and said that next steps were being taken to plan the next meeting in May or June 2014. He acknowledged that actions were underway to establish an executive-level data stewards group.

Turning to ongoing and pending activities, Dr. Grubbs said that CDG staff continued to conduct quarterly reviews of proposed major IT investments as part of the Item 427 compliance plan and remained prepared to respond to the Auditor of Public Accounts audit of the progress made on data standards. He said that CDG was maintaining ongoing alignment with the Commonwealth's IT strategic planning process.

Dr. Grubbs stated that CDG also had been responding to new requests from the Office of the Secretary for Technology (SoTech) on enterprise data initiatives. He concluded saying that the tasks associated with developing the candidate list and charter for the HITSAC Genomics Working Group had been completed and were on the agenda for later in the meeting.

Dr. Grubbs closed by identifying current priorities, which included ongoing Item 427 reviews, alignment of EIA strategies with the Commonwealth IT Strategic Plan, preparations for the next meeting of the Commonwealth Data Stewards Group and staff support for the proposed HITSAC Genomics Working Group.

Chairman Ruffin asked when performance metrics for the current Item 427 review of major IT investments would be available. Dr. Grubbs said the second quarter review was being conducted currently and the performance metrics would be reported on during the June 2014 HITSAC meeting.

Chairman Ruffin opened the floor for questions from HITSAC members. Seeing none, Chairman Ruffin closed the CDG status report item.

eHHR Program Status Report

David Mix, Program Director for eHHR from the Department of Medical Assistance Services (DMAS), provided the status report on the eHHR Program.

Mr. Mix focused the status report on overall eHHR Program achievements, advances made in eligibility modernization, current state of working with the Federal health insurance marketplace and planning activities for Medicaid expansion ("Closing the Gap").

The eHHR Program Office continues its efforts under the Modified Adjusted Gross Income (MAGI) Project for eligibility, the Conversion Project, the Health Insurance Marketplace (HIM) Account Transfers, Enhanced Memorandum of Understanding for data sharing and transition planning for eHHR operations. Mr. Mix said the eHHR transition planning had been put on hold pending legislative action on Medicaid expansion.

Mr. Mix provided a timeline for completion of the eligibility modernization, stating that the new systems were coming online and that migration of legacy systems to the new systems had been targeted for completion by 2016. He said one of the biggest challenges for the migration related to the additional workload faced by eligibility staff associated with maintaining cases in both (legacy and new) systems. Mr. Mix walked through trends in online application submittals for the new eligibility systems, stating that overall application submittal across the Commonwealth had increased by 51% since October 2013.

Mr. Mix then discussed the ongoing experience of working with the Federal Health Insurance Marketplace (HIM). Virginia began submitting applications to the Federal HIM system in October 2013, with more than 40,000 applications sent to date. A problem with the HIM system, though, is that once the state submits an application to the Federal system state staff cannot track the application. This has caused customer service challenges, which have been raised to the Federal Secretary of Health and Human Services. Problems with the Federal website also have caused issues.

At the time of the meeting, more than 43,000 applications from Virginia were still pending Federal HIM review. Approximately 70% of the applications submitted from Virginia had been denied, but Mr. Mix said much of this can be attributed to duplicate applications and misunderstanding of program availability for Commonwealth citizens in Northern Virginia.

Media advertising in District of Columbia, Maryland and other states that had moved to expand eligibility may have caused Northern Virginia residents to think the Commonwealth had done the same. This appears to have led Virginia residents to submit applications thinking that they would be eligible, but many of those submitting applications did not meet the eligibility requirements.

Mr. Mix concluded the status report by discussing the topic of Medicaid expansion. He said that expansion had been the topic of a special legislative session but that at this time no final decision had been made. In advance of a potential move to expand Medicaid, enhancements to Commonwealth eligibility and case management systems had been planned. Additional contingencies, such as an integrated, cross-agency work plan for handling applications and streamlining enrollment, were also being evaluated.

Chairman Ruffin asked a series of questions relating to the Federal HIM and the status of applications. Dr. Cook asked about the potential for fraud under the new Federal system. Mr. Mix said that the risk of fraud existed but not at a significantly higher level than under the previous system.

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

Virginia Department of Health Status Report

Debbie Condrey, Chief Information Officer (CIO), Virginia Department of Health (VDH) provided a status report on ConnectVirginia Health Information Exchange (HIE) and other VDH initiatives.

Ms. Condrey said that the ConnectVirginia Governing Board had met twice since the February HITSAC meeting and continued its focus on sustainability planning. A primary focus currently involved getting health insurance

programs, Medicaid providers and other Payers to onboard to the HIE. She said that VDH continued its involvement with the HIE to help support sustainability planning.

Chairman Ruffin noted that HITSAC and the Commonwealth's forthcoming work on genomics, stating that this will open new opportunities for ConnectVirginia.

Ms. Condrey said that outreach to prospective Commonwealth agency participants continued. She said that ConnectVirginia staff had met with the Department of Behavioral Health and Developmental Services to begin exploring opportunities for onboarding Community Service Boards (CSBs). Ms. Condrey also said that ConnectVirginia had examined the potential for grant funding to support onboarding critical access hospitals. Other prospective participants included the Commonwealth's Office of the Chief Medical Examiner and the VDH health districts.

Ms. Condrey turned to other VDH initiatives, including the joint VDH/Department of Motor Vehicles (DMV) initiative to support printing of birth certificates at local DMV offices, the electronic debit transfer card for the Women, Infants and Children (WIC) nutritional health program, and implementation of a multi-state initiative for electronic processing of benefits and case management called Crossroads. She said that the DMV initiative went live in March 2014 and that Virginia was the first state in the nation to implement the WIC debit transfer service. The Crossroads initiative went into operations in January.

Focusing on the All Payer Claims Database, Ms. Condrey said VDH has been engaged in data collection but that data quality issues were impacting full implementation. She said the Commonwealth had strict requirements for data quality and that some payers did not maintain their data fully in line with these requirements. VDH has been conducting data quality audits for submittals and working with payers to address the issues. This will ensure high-quality data in the system once the issues had been resolved. VDH plans to have the public health reports from the system in the July 2014 timeframe.

Ms. Condrey concluded by updating on the collaboration with DMAS on the Care Management projects, which include the birth, death and immunization registries. She said the birth registry went into production in March 2014. Chairman Ruffin noted the excellent effort from VDH and opened the floor for questions. Dr. Cook asked about the data quality issues in the All Payer Claims Database. Ms. Condrey described the automated, electronic audit process and field-level review of payer submittals.

Chairman Ruffin opened the floor for additional questions from HITSAC members. Seeing none, Chairman Ruffin closed the VDH status report item.

Commonwealth Authentication Service Status Report

Mike Farnsworth, DMV Project Manager for the Commonwealth Authentication Service (CAS), provided the CAS status report.

Mr. Farnsworth began by tracking the CAS development and implementation timeline. Phase 1 of CAS had been launched in October 2013 with the Department of Social Services (DSS) CommonHelp portal being the first consumer. He reported that 236,956 accounts had been provisioned in the first six months. CAS Phase 1 has been closed out as a project and is now in full production, with a team of 5.5 full-time equivalent (FTE) staff handling operations and maintenance.

Phase 2 of CAS is planned to be rolled out over the next 18 months. This will expand population coverage and enable authentication of individuals outside of the Commonwealth – those acting “on behalf of” Commonwealth citizens and needing to access state services within Virginia. Mr. Farnsworth said that Phase 2 also will support “Organization” authentication, specifically for a person to be able to authenticate in CAS to conduct business on behalf of an organizational entity.

Mr. Farnsworth concluded by reporting on CAS transition planning. He said steps were being taken to move CAS over to VITA to support it as a joint DMV-VITA enterprise service offering and, on a parallel track, to develop a CAS standard to promote the adoption of CAS and related interoperability requirements.

Chairman Ruffin opened the floor for questions from HITSAC members. Dr. Harrison asked about the use of CAS by ConnectVirginia, and Mr. Farnsworth said these discussions were underway between CAS and ConnectVirginia to support the HIE use cases. Mr. Farnsworth added that parallel conversations were being held between the Cross Sector Digital Identity Initiative (CSDII), Virginia’s pilot under the National Strategy for Trusted Identities in Cyberspace (NSTIC), and ConnectVirginia. Dr. Grubbs and Ms. Condrey added that VDH, DMV, VITA and ConnectVirginia continue to explore potential use of CAS by the HIE.

Chairman Ruffin asked if HITSAC members had additional questions. Seeing none, Chairman Ruffin closed the CAS status update item.

Presentations

Cross-Sector Digital Identity Initiative Status Update

Chairman Ruffin called for Mr. Farnsworth and Dr. Grubbs to co-present the CSDII update. Both Mr. Farnsworth and Dr. Grubbs acknowledged that they were making the presentation not in their capacity as consultants to the Commonwealth (DMV and VITA, respectively), but as representatives from Binary Structures Corporation, the operational entity for CSDII.

Mr. Farnsworth began the presentation describing the CSDII pilot project, which is being headed by Virginia’s DMV, the American Association of Motor Vehicle Administrators (AAMVA), Microsoft, CA Technologies and other participants. CSDII provides a secure, privacy enhanced solution for electronic authentication and identity management. He then walked HITSAC through the CSDII architecture, security and privacy considerations.

Shifting to the relationship between CAS and CSDII, Mr. Farnsworth outlined how CSDII will support the use of commercial credentials within CAS and the non-Commonwealth citizen access through CAS to online state services.

Mr. Farnsworth provided the current status of CSDII, including recent outreach in the health policy and IT domain, the process of onboarding Inova Health System as the first CSDII Relying Party and the more than 20 prospective Relying Party candidates in the onboarding pipeline. Potential candidates include entities in the state government (State of Georgia), higher education, banking and online gaming communities.

Dr. Grubbs concluded the presentation to discuss how CSDII had been engaging with other stakeholders in the identity ecosystem. This featured outreach to the e-ID Working Group, participation in the Identity Ecosystem Steering Group (IDESG), and various IDESG committees (healthcare, privacy and trust frameworks), and collaboration with Georgia Tech Research Institute on machine-readable trustmarks for CSDII components.

Chairman Ruffin opened the floor to questions from HITSAC. Seeing none, Chairman Ruffin closed the CAS status update item.

Chairman Ruffin recessed the meeting for lunch at 12:10 p.m.

Chairman Ruffin called the meeting back to order at 1:00 p.m.

Carequality: An EHR-Neutral Approach to Electronic Health Exchange – Mariann Yeager, Healthway (eHealth Exchange)

Chairman Ruffin welcomed Mariann Yeager, Executive Director of Healthway, and opened the item for Ms. Yeager's presentation on Carequality.

Ms. Yeager started the presentation by highlighting the Healthway organization, its mission and organizational structure. She described eHealth Exchange, which was formerly the Nationwide Health Information Network before being moved from the Office of the National Coordinator for Health IT to Healthway, and provided a status update on the Exchange. With Connections coming online in 2014 eHealth Exchange plans to have 1,600 hospitals, 10,000 medical groups and 100 million patients.

Ms. Yeager turned to Healthway's new initiative, Carequality, which has been designed to create an EHR-neutral network of health information exchange comparable to the ATM/ACH network of financial institutions. The vision for Carequality is to create an "open and neutral industry collaborative that develops a nationwide interoperability framework to enable connectivity between and among networks."

She said Carequality has been built by a diverse group of stakeholders and leverages existing capabilities for health information exchange. Carequality has at its base a common interoperability framework, defined roles for participants, implementers and other stakeholders, held together by an integrated trust framework. Participants include health systems, EHR vendors, payers, HIEs, IT service providers and other partners.

Ms. Yeager said Healthway maintains an implementation-driven focus for Carequality. She said the organization plans to have the Carequality charter approved in May 2014, the governance mechanisms implemented in June 2014 and working groups in place by July 2014.

Chairman Ruffin opened the floor for questions from HITSAC members, then asked how HITSAC can help Carequality succeed. Ms. Yeager said that she sees HITSAC members as being potential partners to inform the Carequality steering committee, adding that she would like to learn more about HITSAC and its activities so that she can more effectively target HITSAC engagement.

Dr. Cook asked about the possibility of learning more about Commonweal, a partnership among EHR vendors and one of Healthway's collaborative partners. Ms. Yeager gave a brief overview on Commonweal's status and how Carequality will be engaging with that partnership.

Chairman Ruffin opened the floor for additional questions from HITSAC members. Seeing none, Chairman Ruffin closed the agenda item.

HITSAC-Centers for Disease Control and Prevention Working Group – Dr. Ira Lubin, Division of Laboratory Programs, Standards and Services, CDC

Chairman Ruffin welcomed Dr. Ira Lubin, Division of Laboratory Programs, Standards and Services (“Division”), CDC, and opened the item for Dr. Lubin’s presentation on clinical genomics.

Dr. Lubin focused first on the Division and its areas of activity within the CDC. He then discussed the capabilities on which the Division focused its efforts. These include, external to a laboratory, quality assurance, databases and registries, informatics analysis, clinical support/reassessment and patient records for clinical genomics, specifically on patient sequence variation; within the laboratory, the Division focuses on laboratory interpretation and test result reports.

Dr. Lubin then turned to the Division’s Health Information Team, identifying Division activities around engagement, interoperability and usability/contextuality. Due to the technical nature of Dr. Lubin’s presentation, and the question and answer session following the presentation, the user is advised to access the audio recording of the HITSAC meeting. The audio recording can be found at:

http://vita2.virginia.gov/itac/4-17-2014_HITSAC_pm.mp3

(Dr. Lubin’s presentation begins at the 29:42 timestamp.)

Following the presentation and subsequent question and answer period, Chairman Ruffin closed the CDC and clinical genomics item.

HITSAC-Centers for Disease Control and Prevention Working Group – Candidate List & Charter

Chairman Ruffin opened the HITSAC Genomics Working Group agenda item and invited Dr. Grubbs to present the candidate list and charter.

Dr. Grubbs identified the recommended candidates and walked HITSAC through the process used to identify potential candidates. He then gave an overview of the proposed charter for the working group.

Chairman Ruffin opened the floor for questions from HITSAC members, who provided a series of wording changes on the draft charter. Dr. Grubbs made the requested changes to the charter during the meeting so that the committee could take action at that time on the candidate list and charter.

Chairman Ruffin opened the floor for public comment on the proposed charter. MG Anderson from IBM asked if the information from the working group would be made public. Dr. Grubbs said that it would be and that he would work with VITA staff to publish the information from the VITA website. However, Dr. Grubbs and Chairman Ruffin clarified that the information would be limited to the working group output and not the actual results from genetic testing.

Once the charter language had been revised, Chairman Ruffin called for a motion for HITSAC to approve the candidate list and charter. The motion was made by Dr. Harrison and a second from Dr. Cook. The motion passed unanimously. Chairman Ruffin closed the HITSAC Genomics Working Group item.

PUBLIC COMMENT

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

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.