

MINUTES – FINAL
Health Information Technology Standards
Advisory Committee (HITSAC)
Thursday, October 16, 2014
Commonwealth Enterprise Solutions Center
11751 Meadowville Lane
Chester, VA 23836
Multipurpose Room 1222

ATTENDANCE

Members Present:

Dr. Marshall Ruffin, Chairman
Mr. Rich Pollack
Dr. Jim Harrison
Dr. Sallie Cook

Others Present:

Allen, Zacc (DOC)
Anderson, MG (IBM)
Bannister, Lynne (VITA)
Clark, Wayne (DOC)
Condrey, Debbie (VDH)
Dixit, Prashant (VITA)
Farnsworth, Mike (DMV) (phone)
Fenstermacher, David (VCU)
Grubbs, Joseph (VITA)
Helmantoler, Nicole (VITA)
Marian, Farnoosh (VITA)
McCleaf, Sandy (ConnectVirginia)
Mix, Dave (DMAS)
Reynolds, Pat (VITA)
Willis, Belinda (eHHR)

Members Absent:

Mr. John Quinn

CALL TO ORDER

Chairman Ruffin called the meeting to order at 10:33 a.m. in the VITA Multipurpose Room 1222 at the Commonwealth Enterprise Solutions Center in Chester, VA.

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=6442472422>

OLD BUSINESS

Approval of Minutes from the August 21, 2014, HITSAC Meeting

Chairman Ruffin requested a motion to approve the minutes from the August 21, 2014, meeting and the motion was made and seconded by HITSAC members. Chairman Ruffin called the item and accepted the minutes as approved.

NEW BUSINESS

Commonwealth Data Governance Status Report

Nicole Helmantoler, Enterprise Information Architect and Commonwealth Data Governance (CDG) Lead from the Virginia Information Technologies Agency (VITA), gave the status report for the CDG team.

Ms. Helmantoler began with a follow-up on the August agenda topics. The eMOU Coordinating Committee (CC) held two meetings and elected officers. CDG will participate in CC meetings in the role of VITA non-voting member; Ms. Helmantoler will attend the meetings on behalf of CDG. There will be an action item in the afternoon to determine the nature of CC's relationship with HITSAC.

Turning to Home and Community-based Services (HCBS), Ms. Helmantoler informed the group that HCBS is currently in the process of creating a Charter for the Aging and Community Living (ACL) grant in which HCBS state and non-state partners will solidify an approach, which, once agreed upon, will allow HCBS to focus on defining standards, later mapping these standards to industry standards. The initial step will be gap analysis of the VA211 and VANavigator registries in order to build an electronic community needs document, organized by consent category, for the purpose of data exchange on the HIE.

CDG will continue to monitor FHIR; there have not been any recent updates to report.

Ms. Helmantoler clarified the VGIN Administrative Boundary Geospatial Standard brought up last meeting. It was developed to meet requirements for the Commonwealth of Virginia and its localities, but aligns with Federal (national) standards, namely those implemented by the U.S. Census Bureau.

Ms. Helmantoler updated HITSAC on CDG recent achievements in data governance. Regarding Item 427 Compliance Monitoring/Metrics, the next Quarterly Review of Active Major Investments is slated for November. CDG is kicking off the effort to review Proposed Major IT Investments through a new process of collecting *Business Requirements for Technology* and modifying Investment Business Case criteria. Ms. Helmantoler discussed the major changes to the application required for ITSP CIO Approval and participated in a discussion with Ms. Debbie Cook on how the process could be improved and streamlined for Agency IT Representatives.

CDG recent achievements in outreach/coordination included a summary of COVITS; the Virginia Department of Environmental Quality was the overall winner of the Data Thon. Ms. Helmantoler and Rich Barnes of VITA presented *Enterprise Information Architecture Program and Building Blocks for Enterprise Analytics* at the Virginia Secretaries' Summit on Analytics. The presentation was well received and the Secretaries are committed to two analytics pilots. Ms. Helmantoler briefed HITSAC on a new program developed for VCU data students. VCU graduate students will participate in Business Case Development for Savings/Efficiencies through Analytics and Improved Data Management. Students will use data from seven Agencies to work on improved data processes, with more Agencies slated to participate next semester. The program is headed by Secretary Jackson. Chairman Ruffin noted that Inova Health Systems would be willing to participate in the program. Dr. Harrison expressed interest in this project on behalf of UVA students, especially those completing capstone projects.

Ms. Helmantoler concluded CDG updates by reviewing current and upcoming work streams. CDG will distribute the EIA Scorecard 2014 by the end of October to re-assess Agency maturity in data governance, data standards, data asset management and data sharing. A new section was added to the scorecard in order to assess analytics maturity. CDG views this process as an opportunity for mentorship and collaboration among Agencies. Mr. Pollack asked if common definitions are provided in the Scorecard to limit the scope of subjective interpretation. Ms. Helmantoler clarified that this time around, the questions will be more subjective; however, CDG will continue to improve the Scorecard moving forward. Ms. Condrey expressed Virginia Department of Health's (VDH) interest in mentoring smaller agencies that are interested in starting a data analytics program but currently lack the resources to do so.

The Executive Data Stewards meeting is set for November 13, 2014. Goals include formal approval of the Data Stewards Group charter, prioritizing Functional and Technical Working Group tasks, solidifying a Data Stewards Group Workplan/Schedule for 2015, and offering a training plan for those in the role of Data Stewards.

HITSAC members discussed the issue of data literacy and necessity of specialized or trained talent to most effectively utilize generated data. Due to the technical nature of the discussion, the user is advised to access the audio recording of the HITSAC meeting. The audio recording can be found at:

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

(The discussion begins at the 25:40 timestamp.)

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

eHHR Program Office 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 noted that eHHR is still preparing for FFM/HIM open enrollment, which begins on November 15, 2014. Contracts are in place to address workload problems from increased MAGI applications and renewals. A mandatory Day-2 consult has been scheduled with CMS on October 27, 2014.

Shifting to active initiatives, Mr. Mix informed HITSAC that the eMOU Committee has been meeting, cost sharing and reuse methodology (must meet Federal CAP) for technical infrastructure and services are in development, and collaboration is in effect for an enterprise data analytics methodology. Regarding Eligibility Modernization, Mr. Mix noted that the Conversion project is wrapping up. The Program Migration project is in execution, with Phase I slated for August 2015 and Phase II slated for the first quarter of 2016.

Contractor staff is fully engaged to tackle the FFM/HIM Backlog. The Central Processing Unit (CPU) will address operational work load and timeliness challenges; staffing, training and facility preparation are in progress. The biggest challenge to Eligibility Modernization is that no volume estimates are available for the next FFM/HIM open enrollment period.

Turning to Care Management, Mr. Mix informed HITSAC that the Birth Registry has been completed and closed. The Death Registry implementation is scheduled for October 2014, while the Immunization Registry implementation is slated for the first quarter of 2015. Ms. Condrey added that physicians are already training in preparation for the Death Registry.

Looking forward, eHHR is marketing the enterprise through coordination between eHHR, VITA and DMV with several external Agencies. Mr. Mix continued by saying that eHHR is coordinating with the HHR CIO group on leveraging the enterprise in line with the HHR IT Strategic Plan. A work group chaired by Deputy Secretary of Technology Fung continues to work on addressing the topic of cost allocation. It is critical for the COV Enterprise to be used by non-Medicaid programs.

Chairman Ruffin asked Mr. Mix what the Virginia health systems could do to help progress. Mr. Mix said that most of what eHHR sets out to achieve is settled, but support from VITA and other agencies will help the Program continue to move forward.

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

Virginia Department of Health Status Report

Debbie Condrey, the Chief Information Officer of the Virginia Department of Health (VDH), gave the status report for VDH.

Ms. Condrey updated the group on projects within the VDH and those being implemented by VDH on behalf of the Commonwealth. Starting with the ConnectVirginia Health Information Exchange (HIE), Ms. Condrey said that there are plans to reconvene the tiger team, which was pulled together back in the summer to create the sustainability plan, in order to brainstorm the current issues of marketing and communications; something will be prepared by the next Governing Board Meeting. Since the summer, direct messaging was discontinued and the Public Health Reporting Pathway has been maintained without change. By the tentative date of June 2015, there are plans to shift everyone to the Public Health Reporting Pathway. Chairman Ruffin asked for an estimate of the number of communications going over the Pathway. Ms. Condrey said that the number of HL7 messages is around 16,000 per week.

ConnectVirginia will maintain its DURSA with eHealth Exchange. Encounter Alerts and Provider Portal are new services. Mr. Pollack asked Ms. Condrey to elaborate on the Provider Portal. Ms. Condrey explained that it is a query/retrieve functionality for all providers for any CV node, VA, DOD, SSA, etc.; users can access data without the need to submit data.

Ms. Condrey discussed the All Payer Claims Database. Processing of the first load of data has concluded. VHI and the submitting Health Plans continue to refine and clean the data. This process has proved to be challenging when handling data from Health Plans submitting data across states since different states have varied requirements. The data, now being prepared for analysis, is expected to be available to stakeholders during late 2014 or early 2015 timeframe.

Ms. Condrey attended the National Association of Health Data Organizations conference in San Diego last week. Virginia possesses the largest All Payer Claims Database in the nation and was recognized for that, especially impressive in light of the fact that it is voluntary in Virginia.

Chairman Ruffin asked if Ms. Condrey would summarize the purpose of the All Payer Claims Database and what value the Commonwealth expects to produce from it. Ms. Condrey explained that its purpose is to improve quality, efficiency, collection and cost of healthcare. Other functionalities include public health and population health reporting. Chairman Ruffin asked how and when the data could be merged. Ms. Condrey said that the first meeting of the Health Information Needs Workgroup was held on September 26, 2014 and their purpose is to inventory and study the health information currently being collected in the Commonwealth and determine whether that information is still needed, relevant, duplicative, etc. The first report from the workgroup is due to the Commissioner no later than late October, and the Commissioner will take the report to the General Assembly in December.

Dr. Cook asked Ms. Condrey if the All Payer Claims Database contains Medicare data. She replied that yes, it contains both Medicare and Medicaid data, though they have not been as successful with TRICARE.

The Electronic Death Registration System (EDRS), which automates the death certification process, was presented to hospital CIOs last week and was well received. VDH is in the process of signing up various users; 700 people have been signed on thus far. The go live date for the EDRS is November 1, 2014, and VDH is on track to meet that date. Ms. Condrey explained that the EDRS is not a mandatory system, but it seeks to facilitate the workflow involved in death certification by making the information readily available to users through its web-based system. Those with meaningful use (using eMOU) will be able to access the information, updated daily, at no cost.

Regarding the Vital Records/ Ancestry Project, Ancestry continues to work on the scanning/imaging phase of the project. Open records will be indexed with the associated digital images, but closed records will not be available via the index until such time they become public. VDH is on track for a go-live implementation date for the index of June, 2015.

Ms. Condrey briefly overviewed data analytics processes in place at VDH. VDH will be starting up an informatics program and Ms. Condrey has been authorized to hire an FDE to lead. In the interim, however, a contractor will be hired to move through the program planning process in order to document and facilitate discussions among stakeholders. For more information surrounding this initiative, the user is advised to access the audio recording of the HITSAC meeting. The audio recording can be found at:

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

(The discussion begins at the 1:07:18 timestamp.)

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

HITSAC Genomics Working Group Status Report

Debbie Condrey, HITSAC Genomics Working Group (GWG) Chair and Chief Information Officer of the Virginia Department of Health (VDH) gave the status report for GWG.

Since the July 10, 2014 kickoff, Dr. Grubbs has completed the literature review, developed targeted use cases and identified applicable health IT standards/implementation guides. During

the September 23, 2014 Technical Work Session, GWG refined two use cases and discussed recommended health IT standards. GWG's goal for today's meeting is to discuss the use cases in draft and get feedback on next actions.

Chairman Ruffin opened the floor to questions from HITSAC members. Seeing none, Chairman Ruffin closed the GWG 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 explained that CAS is in the process of solidifying a charter for Phase 2 (EC2) to hit primary focal areas. The four primary focal areas of EC2 are as follows: 1) expanding coverage, including Federal hub and commercial sources; 2) integration of CSDII, which allows for the use of credentials across state borders; 3) multi-factor authentication (MFA), which is important for larger agencies with higher risk transactions and; 4) enterprise service, which will ultimately allow the service to be built upon, expanded and used across other state agencies. Ancillary focus items include 1) a responsive web design, 2) user experience monitoring and, 3) "on behalf of," which builds a framework for individuals to obtain access on behalf of a third party.

Mr. Farnsworth explained that CAS is looking towards onboarding other agencies, ultimately transitioning CAS as a DMV service to an enterprise service offering housed at VITA. Due to the technical nature of the question and answer segment, the user is advised to access the audio recording of the HITSAC meeting. The audio recording can be found at:

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

(The discussion begins at the 1:36:10 timestamp.)

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

Chairman Ruffin recessed the meeting for lunch at 12:23 p.m.

Chairman Ruffin called the meeting back to order at 1:29 p.m.

Presentations

HHR Enhanced Memorandum of Understanding (eMOU) Coordinating Committee/HITSAC Relationship

Chairman Ruffin called for Belinda Willis from the eHHR Program Management Office to give a presentation on the HHR Enhanced Memorandum of Understanding (eMOU) Coordinating Committee/HITSAC Relationship.

The Coordinating Committee (CC) convened on August 28, 2014, during which members elected officers and set a calendar with regular, recurring meetings to sustain progress. Ms. Helmantoler will attend CC meetings as a HITSAC (CDG) representative and advise CC on

HITSAC efforts. Conversely, CC leadership will attend HITSAC and brief HITSAC when necessary.

Chairman Ruffin asked about the next use case CC hopes to take on. Ms. Willis responded that while CC has not selected another use case at this time, the sky is the limit. CC may look at education, specifically regarding SNAP benefits for student free lunches. There is a breadth of possibility.

Ms. Helmantoler asked HITSAC members if they would prefer an eMOU CC report through the CDG status update or a formal eMOU CC status update at HITSAC meetings. Chairman Ruffin said that a formal relationship is preferred.

Chairman Ruffin requested a motion to endorse HITSAC's continued engagement with eMOU CC: 1) HITSAC (CDG) representative will attend CC meetings; 2) CC leadership will present eMOU CC Status Updates at each HITSAC meeting. A motion was made by Mr. Pollack and seconded by Dr. Cook. The request was unanimously approved. Chairman Ruffin closed the eMOU CC agenda item.

Discussion of Genomics Working Group Use Cases

Chairman Ruffin called for Dr. Joseph Grubbs, HITSAC Genomics Working Group Research Coordinator, to present the Use Cases developed at the GWG Public Meeting hosted at Inova Fairfax Hospital on September 23, 2014.

Dr. Grubbs clarified the scope of the use cases to be presented. Dr. Grubbs began with Use Case #1: Process for Implementing a Clinical-Grade Variant File for Reporting to the Virginia Cancer Registry (VDH) and Integrating into an Electronic Health Record through eHealth Exchange, to be called the clinical-grade variant file use case. This use case leverages CDC work, specifically by Dr. Ira Lubin's group, on a clinical-grade variant file. The purpose of this use case is to establish a process for implementing the CDC's clinical-grade variant file for the purpose of (a) reporting genomic information to the Virginia Cancer Registry (VDH), using ConnectVirginia's Public Health Reporting Pathway, and (b) integrating into an electronic health record through the eHealth Exchange. Dr. Grubbs reviewed the primary stakeholders and background information surrounding the clinical-grade variant file use case. The user is advised to access Dr. Grubbs' presentation slides for detailed information surrounding this use case:

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

Dr. Harrison asked if the clinical-grade variant file has an interpretative portion and variant list. Dr. Grubbs said that the variant file is still in progress, but he will forward the question to Dr. Lubin.

Chairman Ruffin asked for stakeholder clarification. Dr. Grubbs clarified that the stakeholders listed pertain to the use case's purpose, which is the implementation of the clinical-grade variant file using Commonwealth infrastructure.

Dr. Grubbs moved on to Use Case #2: Process for Transmitting Results from Pharmacogenomic Testing across Electronic Health Record Systems, to be called the pharmacogenomics use case. This use case leverages the work done by Aaron Black's group (ITMI). The purpose of the pharmacogenomics use case is to establish a process for

transmitting results from ITMI's Plavix Genotype Test from Inova's Epic EHR system to VCU's Cerner EHR system via ConnectVirginia and MedVirginia. The scope of this use case is initially limited in order to demonstrate such a process, but it can be generalized to other types of testing and other electronic health systems. Dr. Grubbs reviewed the primary stakeholders and background information surrounding the pharmacogenomics use case. The user is advised to access Dr. Grubbs' presentation slides for detailed information surrounding this use case:

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

Before moving to the action item, Dr. Grubbs fielded HITSAC questions regarding the clinical-grade variant file use case. Dr. Harrison asked for clarification on where the data would come from and the standards for its collection. Dr. Grubbs said that the Mayo Clinic would allow the GWG to use data associated with colon cancer to support this use case. Standards relating to how often testing would occur to maintain consistency will be explored as the use case proceeds.

Chairman Ruffin asked if the eHealth Exchange would be involved in this use case, to which Dr. Grubbs replied that, yes, Ms. Marianne Yeager, Executive Director of Healthway, said that all she would need is a one page summary of the clinical-grade variant file use case that she could then present to the eHealth Exchange Coordinating Committee. The use case is consistent with their current trust framework, so the presentation is more to do with garnering CC interest rather than approval.

Seeing no additional questions regarding the clinical-grade variant file use case, Chairman Ruffin requested a motion to accept Use Case 1 as defined by the GWG. A motion was made by Mr. Pollack and seconded by Dr. Cook. The request was unanimously approved.

Before moving to the action item, Dr. Grubbs fielded questions surrounding the pharmacogenomics use case. Dr. Harrison asked if there is a standard representation of the data to be used in the pharmacogenomic use case, and if not, it should be included proximately moving forward. Dr. Grubbs said that three HL7 implementation guides would govern the data, but he would forward the question to Aaron Black to find out how this is handled at ITMI.

Seeing no additional questions regarding the pharmacogenomics use case, Chairman Ruffin requested a motion to accept Use Case 2 as defined by the GWG. A motion was made by Dr. Cook and seconded by Dr. Harrison. The request was unanimously approved.

Dr. Grubbs reviewed the recommended health IT standards and implementation guides that GWG looked to in establishing these use cases. Although these standards have been adopted by the Commonwealth, GWG seeks to be transparent regarding the standards used in developing the use cases. In addition to recognizing these standards, GWG requested HITSAC endorsement of three HL7 implementation guides. Adoption would not preclude the potential adoption of HL7 v3 standards.

Chairman Ruffin requested a motion to recommend to ITAC, the CIO of the Commonwealth and the Secretaries of Technology and Health and Human Resources the adoption of the CLIA Regulations and the three referenced HL7 Implementation Guides as Commonwealth IT Resource Management (ITRM) standards. The motion was made and seconded by members of HITSAC and the request was unanimously approved.

Chairman Ruffin requested a motion to accept this presentation as the final report from the Genomics Working Group and move to dissolve the group as a public body. The motion was made and seconded by members of HITSAC and the request was unanimously approved. On behalf of HITSAC, Chairman Ruffin thanked the members of GWG for their great work. Chairman Ruffin closed the GWG Use Case agenda item.

Enterprise Architecture for Healthcare Organizations

Chairman Ruffin, HITSAC Chairman, Executive Vice-President and Chief Technology Officer of Inova Health System, gave a presentation on Enterprise Architecture for Healthcare Organizations.

Chairman Ruffin's topic of discussion centered on imaging and its growing popularity. Inova Health Systems has been studying the architecture developed by Cleveland Clinic, where primary images are maintained in the source system and moved to a vendor neutral archive where they are accessible, all while maintaining DICOM standards. This process would not only save money, but improve quality of care by having the images available through EMRs. Chairman Ruffin asked HITSAC members for input regarding this topic. Due to the technical nature of the discussion, the user is advised to access the audio recording of the HITSAC meeting. The audio recording can be found at:

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

(The discussion begins at the 1:14:39 timestamp.)

PUBLIC COMMENT

Chairman Ruffin called for public comment. Chairman Ruffin asked Zacc Allen and Wayne Clark from the Department of Corrections (DOC) if imaging standards, as discussed in the previous agenda item, would help the DOC. Mr. Clark said that the DOC is working with Virginia State Police on something similar, namely in terms of public safety. They also share images with some health providers, such as SAPHIRE. Although these images are shared in bulk, the DOC would like to have a web service architecture that authorized people can access, adapting the information to their systems while adhering to certain standards.

Chairman Ruffin suggested that the DOC could help HITSAC define a use case, and in turn, HITSAC would help define a set of standards that would be helpful to the DOC. Mr. Clark agreed and added that the DOC would like to make their own services available so that they could define them in a standard way, making integration with existing groups unnecessary.

Chairman Ruffin suggested HITSAC will work with VITA and a few other agencies and come back with specific discussion items for the next HITSAC meeting. Chairman Ruffin called for additional 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.