



Minutes
Health Information Technology Standards Advisory Committee
(HITSAC)

Thursday, October 22, 2009

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

Attendance

Members present:

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

Members absent:

None

Others present:

Kim Barnes, Commonwealth of Virginia Coordinator of Office of Health IT

Call To Order

Chairman Ruffin called the meeting to order at approximately 10:10 a.m. in Multipurpose Room 1222 at the Commonwealth Enterprise Solutions Center (CESC) in Chester. Ms. Hoffman, at the request of Chairman Ruffin, called the roll and confirmed the presence of a quorum with all five members of the committee present.

At the request of Chairman Ruffin, Mr. Brown made a motion, seconded by Mr. Barchi, to approve the Sept. 29, 2009 minutes. The Committee approved the minutes by voice vote.

Administrative Business

Ms. Hoffman discussed several administrative matters such as required training for the Committee members and e-mail accounts. Further, Ms. Hoffman advised the Committee has meetings scheduled for the third Thursday of each month for November, December and January. Chairman Ruffin requested if the meetings could begin at 10:30 a.m. instead of 10 a.m. and the Committee voiced agreement.

Update on Commonwealth of Virginia (COV) Health Information Exchange (HIE) Grant Application

Ms. Barnes provided a presentation with an update on the Commonwealth's federal funding opportunity for the COV-HIE.

Ms. Barnes said the federal government was very specific about the format and information that needed to be in the grant application. Virginia chose to go with one of the three options that the Office of the National Coordinator of Health IT (ONC) provided. This allows the Commonwealth the longest planning period of six to eight months. Virginia will institute two entities, a governance stakeholder body known as the Health Information Technology Advisory Commission (HITAC) and an Office of Health IT.

The application was submitted and received by ONC on Friday, Oct. 16, 2009. The award announcement will be made in December. ONC has completed an algorithm to determine award amounts based on a variety of factors and already informed Ms. Barnes that Virginia is eligible for \$11.6 million over a four-year period. A state match is required and the estimated total amount to be invested in the HIE is \$13 million. Further, the project is tied to calendar years rather than state or federal fiscal years. However, the matching funds have to be allocated according to the federal fiscal year. ONC will allow for in kind matches as well.

In response to Dr. Erskine's question, Ms. Barnes advised that HITAC will have specific areas to address. First, an environmental scan must be done across the Commonwealth. Centers for Medicare and Medicaid (CMS) and the Secretary of Technology also are undergoing similar efforts to collect current data, so the three efforts will be combined to complete the requirement. This will provide a current analysis of systems in place.

Ms. Barnes advised that the Governor's Executive Order Number 95, called Executive Order 95 found here: <http://www.vita.virginia.gov/ITIB/default.aspx?id=7706> lays out the formation, membership, and duties of HITAC. HITAC was formed by executive order so it is unclear what will happen upon the inauguration of the new administration. These organizational structures were required as part of the funding opportunity by ONC.

The Commonwealth's Office of Health IT is within the Virginia Department of Health (VDH) so that office is not subject to political appointments. Ms. Barnes position is a full time, classified state employee position (FTE). VDH, through this office, submitted the funding opportunity and will be responsible for managing the funds.

Chairman Ruffin remarked that the funding opportunity stated the COV-HIE will be a thin layer and not replace any HIEs that currently exist, and that COV-HIE will conform to any federally approved standards. Chairman Ruffin expressed his concern that these goals may be conflicting. Ms. Barnes advised that the current administration would like a thin state government involvement. The funding opportunity allows the state or a non-profit state designated entity to operate the HIE.

Dr. Erskine advised that a main obstacle to address is adoption of the system by providers. The Commission must protect against a situation where we develop a COV-HIE but providers do not want to use it.

Ms. Barnes also advised there is another source of funds for the regional extension centers. This funding is different than the HIE funding as it will be distributed in three phases. First, the Commonwealth issued a letter of intent and named the Virginia Health Quality Center in partnership with the Center for Innovative Technology (CIT) as the lead organizations for managing the regional extension centers. ONC then notified Virginia they had been selected to provide a full proposal due by Nov. 3, 2009. Notice of awards will be around the same time as the COV-HIE award in December. The centers will do outreach and education through hands on support. They also will conduct vendor reviews with a potential for purchasing products and services for providers.

Ms. Barnes informed the Committee about other VDH efforts through the Public-Private Education Facilities and Infrastructure Act (PPEA) to develop and operate a statewide advanced directive registry. Through this act, the Commonwealth can seek private vendor proposals without using the Request for Proposals (RFP) process. A vendor selection announcement is forthcoming.

Mr. Brown remarked that he believed it was a good idea to have a liberal planning period around the governance model. That way, there can be a combination of solutions to implement the COV-HIE as well as collaboration of different providers and health systems. Mr. Brown also remarked, with Mr. Barchi's agreement, that individual providers really will get no benefit by going their own way and developing an internal HIE.

Ms. Barnes informed the Committee that Chief Information Officer (CIO) of the Commonwealth George Coulter will be joining HITAC. Further, his vision for state involvement is to develop a master patient index (MPI) with a combined record locator service (RLS).

The Committee discussed the possible use of a patient index or record locator based upon the financial models currently used for credit cards and other financial matters. The Committee agreed there likely will be merit to this consideration.

Ms. Barnes advised the Commonwealth Office of Health IT is planning to add staff once funds are available in Jan. 2010 such as project management staff, administrative staff, and other manpower. The main function of the office will be to coordinate the Commonwealth's activities.

Chairman Ruffin asked whether a HITAC meeting needed to be declared a HITSAC meeting if four members of HITSAC were present. Ms. Hoffman advised if the members were discussing HITSAC matters at a HITAC meeting, then notice would need to be provided. It would take three members present before a HITSAC meeting would need to be declared. Chairman Ruffin remarked that his inclination was to go ahead and provide notice of a joint meeting so that no issues would arise.

Update on Health Information Technology Standards Panel (HITSP) Standards Harmonization

Ms. Hoffman provided information on the current HITSP efforts to harmonize interoperability standards. HITSAC support staff contacted HITSP staff tasked with standards harmonization the previous week. Specifically, the discussion was with staff of the Healthcare Information and Management Systems Society (HIMSS). Ms. Hoffman advised that HITSAC staff attempted to begin mapping the interoperability capabilities put forth by HITSP to specific standards, as it did not appear that HITSP has mapped all standards to capabilities.

Mr. Quinn remarked that HITSP has changed their focus with the change of administrations to capabilities instead of developing use cases. Since last January or February, HITSP has been working on this effort as well as ensuring the appropriate standards are mapped to the appropriate capabilities.

Ms. Hoffman clarified, with Mr. Quinn's agreement, that HITSP is accomplishing its work through a government contract. The American National Standards Institute (ANSI) organization oversees the contract along with Booz Allen as the project manager. HIMSS oversees the technical committees defining the Capabilities and Interoperability Specifications. HIMSS is mainly a body of volunteers working to develop the Capabilities with associated standards. Ms. Hoffman advised that the HIMSS staff invited HITSAC to join the HITSP organization in order to gain access to all of the HITSP materials. While HITSAC staff had begun attempting to map interoperability standards from HITSP use cases to the new capabilities, it may be prudent not to continue this effort and not get ahead of HITSP as they are undertaking a similar effort. Further, HITSP is developing a guide to help the states understand the standards in such a way to promote clarity, adoption and implementation.

Mr. Quinn stated there are feelings within the healthcare IT community that ONC may take over the HITSP responsibilities when their contract extension ends (Dec. 21, 2009). HIMSS is a trade group organization funded by the vendors. Further, there appears to be a new implementation committee of HITSP led by U.S. Chief Technology Officer (CTO) Aneesh Chopra.

Committee Update on Packaging Recommendations to the Information Technology Investment Board (ITIB)

Ms. Hoffman provided information on HITSAC's presentation to ITIB. Dr. Ruffin provided a HITSAC update to ITIB on Oct. 15. HITSAC reached out to Bert Reese, its ITIB liaison, and he advised HITSAC to provide summary level information to ITIB. Further, the ITIB and HITSAC have a scheduled meeting on the same day in January and it would be a good idea to take some of HITSAC's scheduled time to present information to the Board.

In response to Mr. Barchi's question, Chairman Ruffin stated his agreement that HITSAC should not provide overly detailed information, but at some point, would need to provide specific recommendations for ITIB approval. Further, the primary focus of HITSAC is technical, but when HITSAC begins to recommend privacy and security, as well as storage issues, the Committee will have to engage in the discussion of governance.

In response to Dr. Erskine's question about the HIE work group's efforts for the grant proposal and governance recommendations, Chairman Ruffin advised that the HIE work group was formed to create and submit the application to the federal government. The group does not have a defined role after the submission. HITAC will have the overall

advisory role going forward. No standards or governance models were put forth in the application.

Chairman Ruffin said HITSAC would likely need an hour for the ITIB meeting in January. Ms. Hoffman said that Mr. Reese is on an enterprise applications committee that reviews enterprise applications and major projects for the ITIB. Ms. Hoffman advised it may be beneficial to present to the committee prior to the full Board, but Mr. Reese would be able to advise HITSAC if that is appropriate. The Committee agreed that going to the ITIB committee in December would be an appropriate first step in presenting HITSAC's recommendations.

Ms. Hoffman also said she reached out to Indiana to discuss its efforts in developing its functioning HIE.

In response to Dr. Erskine's question about the relationship between HITSAC and the federal committees, Mr. Quinn advised that HITSAC needs to be flexible as the efforts are ongoing to develop standards and regulations for implementation. Sometime in the spring, the final rules should be promulgated. The final rules have to be published in the Federal Register by Dec. 31, 2009. However, standards and definitions for meaningful use can change after that date.

In response to Chairman Ruffin's question, Mr. Quinn advised the implementation committee chaired by CTO Aneesh Chopra has authority from the current presidential administration for its efforts.

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

Chairman Ruffin reconvened the meeting at approximately 1:10 p.m.

Indiana Health Information Exchange and HITSP Topics

The Committee held a discussion on questions to ask Indiana, which has an operational Indiana HIE, and HITSP.

Mr. Quinn began by asking what Indiana has done in the past five or six years as much information known about Indiana may be dated.

Mr. Barchi believed the Committee should ask about participation from various other entities, specifically the military and whether it connects directly to the National Health Information Network (NHIN) or through the Indiana HIE.

Dr. Erskine would like to know if there is any statutory enactment for the HIE, specifically if any mention of Regenstreife Institute is embodied in legislation.

Mr. Barchi also thought the Committee should ask about ongoing funding mechanisms for the HIE. It was Chairman Ruffin's understanding, at least from a few years ago, that the HIE was self-sustaining from user fees and federal funds were no longer supporting the HIE. The Committee agreed to learn more about the funding model.

Further, the Committee agreed to ask Indiana how they manage data on Edge servers.

Chairman Ruffin believed the Committee should learn the upcoming schedule for HITSP and the future operation of HITSP. In response to Chairman Ruffin's question, Mr. Quinn believed it would be prudent to wait until after January to seek out any collaborative efforts with HITSP.

Chairman Ruffin also asked if the Committee wanted to seek out public comment from state agencies for HITSAC's recommendations. Ms. Barnes suggested, with the Committee's agreement, that HITSAC send out the Technical Infrastructure document to the state agencies attending the HITAC meeting.

Committee Discussion on Draft COV-HIE Technical Infrastructure

Ms. Hoffman presented changes to the COV-HIE Technical Infrastructure document that the Committee drafted at its previous meetings. The updated document is called Draft COV-HIE Technical Infrastructure - version 8 as of 10-22-09 and located here:

<http://www.vita.virginia.gov/ITIB/default.aspx?id=7706>

Initially, the Committee's recommendations centered on the five categories listed by ONC for the federal grant. Further, HITSAC discussed additional categories of standards outside of these five federally defined categories.

Ms. Barnes informed the Committee that the HIE work group looked at the functions of different organizations and listed HITSAC as the Commonwealth's standards group in the funding application. Chairman Ruffin, with the Committee's agreement, suggested that all recommendations be sent to the ITIB and then HITSAC can communicate directly with HITAC about recommendations that may fall outside of specific standards, such as governance.

The specific recommendations are located in the summary section of the above referenced document. First, the Committee agreed to amend the Technical Infrastructure recommendation to ensure the COV-HIE effort will expand its scope for all current and potential future capabilities defined by HITSP as it continues its efforts.

Chairman Ruffin stated the recommendation for the COV-HIE to support the connectivity requirements of the NHIN and provide connectivity to the NHIN for providers. Dr. Erskine added to the recommendation, with the Committee's agreement, that providers and HIEs connect to the NHIN through the COV-HIE. Further, in order for a provider or HIE to connect through COV-HIE, they must comply with the HITSP Interoperability Specifications and Capabilities.

At Chairman Ruffin's suggestion, the Committee agreed to change the order of recommendations with governance first, interoperability second, technical infrastructure third, data fourth, and privacy and security fifth.

Chairman Ruffin recommended stating explicitly the privacy and security provisions defined in the funding application.

Ms. Barnes advised that Virginia took part in a nationwide consortium of 13 states for authentication and audit policies of the health information security and privacy collaborative. The Committee agreed to add a recommendation that the COV-HIE will employ these policies for audit and authentication requirements.

The Committee discussed the duration of storage for data on the edge servers. Questions arose about how a continuity of care document (CCD) will be updated, stored and pulled from different providers.

Upon Chairman Ruffin's question, the Committee agreed to recommend that clinical patient data be stored in a HITSP standard CCD format as currently endorsed by HITSP. Further, Chairman Ruffin advised that CCDs specify a duration for data storage. Mr. Quinn agreed and stated that the recommendation should follow the HITSP specifications for data storage. The Committee agreed to this recommendation.

At Dr. Erskine's urging, the Committee agreed that the recommendations should include a definition of provider. For now, the document will not define that term but staff will review an appropriate federal definition and insert it into the document.

At Mr. Barchi's recommendation, the Committee agreed to recommend that the COV-HIE provide a NHIN gateway function and conform to standards established by ONC. Further, Dr. Erskine recommended that the COV-HIE shall stay congruent with the standards and licensure requirements established by ONC.

When discussing the recommendation for a variation of a hybrid model architecture for the COV-HIE, the Committee agreed to remove the specific language addressing the variation of a hybrid model. Previous recommendations for edge servers, CCD storage, and record locator services, for example, address the type of architecture. Instead, the recommendation for edge servers and CCD documents describes the hybrid logical architecture.

The Committee determined that the data frequency synchronization shall be set at as a daily requirement until and unless a CCD is defined with a different requirement. Further, the Committee acknowledged that there are many problems to be resolved before achieving a single interoperable healthcare record for each individual patient.

Ms. Barnes added that, when discussing the federal funds, it would be better to use the terminology funding application instead of grant since the funds are available and have been allocated.

Other Business

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

Public Comment

Chairman Ruffin called for any public comment. One member of the public representing a health care software company advised his company has a product that may assist the development of HIEs.

Adjourn

Chairman Ruffin asked for a motion to adjourn. Mr. Barchi moved, seconded by Mr. Brown, to adjourn the meeting at approximately 3 p.m.