

MINUTES – FINAL
Health Information Technology Standards
Advisory Committee (HITSAC)
Thursday, February 19, 2015
Commonwealth Enterprise Solutions Center
11751 Meadowville Lane
Chester, VA 23836
Multipurpose Room 1222

ATTENDANCE

Members Present:

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

Others Present:

Anderson, MG (IBM)
Bannister, Lynne (VITA)
Bortz, Beth (VCHI)
Brown, Jason (DHP)
Clarke, Wayne (DOC)
Condrey, Debbie (VDH)
Dep. SoTech Anthony Fung
Dixit, Prashant (VITA)
Downer, Kristin (ICS)
Dragon, Joe
Farnsworth, Mike (DMV)
Helmantoler, Nicole (VITA)
Hoyle, Jamie (DHP)
Laugerbaum, C.W. (Advantus Strategies)
Marian, Farnoosh (VITA)
McCreash, Toni (VITA)
Mix, Dave (DMAS)
Reynolds, Pat (VITA)
Sandridge, Mike (VITA)
Steidle, Ernie (DARS)
Thompson, Matthew
Wheatley, John
Wirth, Mike (HHR)

Members Absent:

None

CALL TO ORDER

Chairman Ruffin called the meeting to order at 10:31 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 October 16, 2014, HITSAC Meeting

Chairman Ruffin requested a motion to approve the minutes from the October 16, 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 followed up on the October agenda topics. CDG will continue to participate in Enhanced Memorandum of Understanding Coordinating Committee (E-MOU CC) meetings in the role of non-voting member. Mike Wirth, Special Advisor to HHR, will give the E-MOU CC status update today.

Ms. Helmantoler informed the group that HCBS was awarded the Aging and Community Living (ACL) grant which will set expectations for the next three years for integration and expansion of the No Wrong Door (NWD) program. Included in these expectations are normalization of service taxonomies and a person centered assessment of needs, both of which will drive towards an electronic community needs document, organized by consent category, for the purpose of data exchange on the HIE

Mr. John Quinn, CTO of HL7, will present an update on FHIR today.

Ms. Helmantoler provided an update on the Data Stewards Group, endorsed by HITSAC last year. The Data Stewards Group (DSG) is now composed of three groups: the Executive, Functional and Technical DSGs. The Executive DSG kicked off in November 13th of last year, during which the group voted on primary taskings for the Functional and Technical DSGs. The Functional DSG will focus on enterprise-wide legal considerations for data sharing, focusing on specific use cases: health/education, health/public safety, transportation/environmental quality. The Technical DSG will work on requirements for a data asset inventory. Both groups kicked off on January 21st of this year. DSGs are considering the standards HITSAC has already put into place for health data, focusing on ways in which agencies can legally share information.

Ms. Helmantoler discussed Item 427 Compliance Monitoring/Metrics. CDG has completed the February Quarterly Review of Active Investments; 72 Active Investments have been reviewed to date. CDG is in the process of transitioning the Item 427 Compliance Monitoring Process to Planned Investments. There are currently 17 Major Planned Investments under review. Ms. Helmantoler clarified the process for granting exceptions. Only two exceptions have been granted, and the agencies in question have planned for compliance in the future as proposed in their IT Strategic Plans.

Chairman Ruffin has been asked to brief the Information Technology Advisory Council (ITAC) on February 27th. In a conversation with Chairman Ruffin, Commissioner John Newby expressed his gratitude for the work HITSAC has done; he is eager to learn more and wants to help HITSAC in any way that he can. As part of the briefing, CDG will prepare a first draft of the HITSAC 2014 Annual Report, which will be presented to HITSAC in April for adoption.

On behalf of the Commonwealth of Virginia, VITA will soon release a Next Generation Analytics RFP. Ms. Helmantoler will forward the RFP to HITSAC members once it is released. Members of the Data Stewards Group will take part in the evaluation of the RFP.

HITSAC members and presenters broadly discussed the possibility of agencies sharing data with external partners, leveraging the Enhanced Memorandum of Understanding (E-MOU). VDH will test out the E-MOU, in relation to its death registry, with LexisNexis and VCU.

Ms. Helmantoler discussed the Enterprise Information Architecture (EIA) Scorecard 2014 that was released last year. CDG will update HITSAC on the results of the survey in April.

On behalf of Deputy Secretary Fung, Ms. Helmantoler informed HITSAC members that a new design is coming to the Commonwealth of Virginia's Open Data site: <https://data.virginia.gov/>. New tools, technologies, and data sets will be available. VITA is working alongside Deputy Secretary Fung to frame policy, standards and guidance (PSGs) related to open data in the Commonwealth of Virginia.

Ms. Helmantoler concluded the CDG status report with an update on the VCU Data Intern program. The program has grown since its inception in Fall 2014, now with two of Dr. Peter Aiken's classes working with 11 agencies/programs. It is envisioned that the VCU Data Intern program will continue to grow. Similar programs with other universities are being explored.

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 began with program office highlights. FFM/HIM open enrollment ended February 15, 2015. The process went well overall with no major technology problems. Regarding active initiatives, the E-MOU CC continues to meet regularly. The effort on cost sharing and reuse methodology for technical infrastructure and services continues. The eHHR Program transition planning continues, and the collaboration on enterprise data analytics continues. Chairman Ruffin posed a question regarding the government gateway. Mr. Mix responded that discussions are taking place to determine whether a government gateway tie in to the HIE can be established. Additionally, potential funding sources are being identified.

Mr. Mix discussed Eligibility Modernization, which is currently in Phase I and on schedule. Phase II will begin during the first quarter of 2016. Programs in Phase II include: Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Low Income Home Energy Assistance Program (LIHEAP).

Regarding Care Management, the Death Registry project has been completed and closed. Immunization registry implementation will begin during the second quarter of 2015. Once the implementation is complete, resources will be allocated to onboarding and on-going operation and maintenance.

Looking forward, eHHR, as well as VITA and DMV, will continue discussions with multiple other agencies regarding Marketing the Enterprise. A focus on cost allocation is critical so that the Commonwealth of Virginia Enterprise can be used by non-Medicaid programs. Regarding data analytics, eHHR will pursue alignment with Commonwealth of Virginia and HHR agency Big/Open Data initiatives. Finally, eHHR aims to complete the transition of the eHHR Program.

HITSAC members and presenters discussed grant opportunities in addition to discussing the Commonwealth of Virginia's leading role in developing a standard architecture. Dr. Sallie Cook asked for clarification on the contents of the Immunization Registry. Ms. Debbie Condrey replied that the registry is a voluntary system and includes any immunization record submitted. Dr. Cook followed up with another question regarding the advertisement of such a registry to healthcare providers. Ms. Condrey replied that while not available yet, the Immunization Registry has been publicized. As production approaches, there will be an announcement through ConnectVirginia.

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.

As the ONC funding period ended last year, VDH has been struggling with sustainability of services on the ConnectVirginia platform. DIRECT messaging was discontinued as the service was not found useful. The Public Health Reporting Pathway is maintained without change through MEDfx. Exchange through ConnectVirginia has made a technical connectivity shift; this is mostly due to the technical platform moving to MedVirginia and to the eHealth Exchange. ConnectVirginia is still the gateway to eHealth Exchange due to the DURSA and trust agreements that are in place. Encounter Alerts, the admissions, discharges and transfers alerting system, is currently being tested in Northern Virginia before it is rolled out.

Ms. Condrey discussed the Provider Portal, a new service that allows access to Query/Retrieve functionality for all Providers for any ConnectVirginia participant, the VA, DoD, SSA and other eHealth Exchange participants. VDH is working with the Department of Health Professions (DHP) to onboard Prescription Drug Monitoring Access. Ms. Condrey remarked that the ONC has released a potential for a grant. There will be 10 to 12 awardees for around 28 million dollars, a few million for each state, over two years for enhancing and expanding HIE functionality. Secretary of Health and Human Resources Dr. Hazel has asked VDH, ConnectVirginia and others to pursue this grant. Grant proposals are due in April, and Ms. Condrey will give HITSAC an update on the status of this effort in April.

Ms. Condrey moved the discussion to the Public Health Reporting Pathway which provides a mechanism for VDH to receive reportable population health information. Additionally, many are

using the Pathway in order to meet Meaningful Use Stage 2 requirements. June 2015 is the deadline for one to one interfaces to move to using the Pathway.

Ms. Condrey discussed the All Payer Claims Database and provided a timeline of efforts that have, as of last week, led to stakeholder testing and review. Dr. Cook asked how up to date reports will be as they are published. Ms. Condrey informed the group that information will take 60 days to process, so the first report will be two months behind.

Moving to the Electronic Death Registration System (EDRS), Ms. Condrey announced that 3200 accounts have been created in the new system. Funeral directors are largely on board with the system, while physicians and hospitals are gradually joining as well.

Regarding the Vital Records / Ancestry Project, scanning/imaging of the Commonwealth of Virginia's 17 million records has been completed. Public records will be moved to the Library of Virginia by the end of this year. Indexing has largely been completed as well. The project is on track for a go-live implementation date of June 2015, six months ahead of schedule. The birth records portion of the Vital Records / DMV Collaboration went live on March 1, 2014. As of June 2015, death, marriage and divorce records will be available at the 75 DMV locations and five mobile sites.

VDH's Informatics Program is underway, starting with an inventory of what is already going on in VDH. VDH strives for data to inform decision-making rather than validating it. Mr. Mike Wirth commented that Public Safety is working towards a similar ideology with evidence-based decision-making – essentially the same dogma as what is proposed in HHR. Mr. Joseph Grubbs has been leading the effort and will present his findings to HITSAC in April. VDH has established an executive data governance oversight group and has also established a data working group utilizing existing data experts within VDH. HITSAC members and presenters discussed the challenges of changing an organization's culture regarding its understanding and use of data.

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

E-MOU Coordinating Committee Status Report

Mike Wirth, Special Advisor, HHR, gave the status report for the Enhanced Memorandum of Understanding (E-MOU) Coordinating Committee (CC).

Mr. Wirth began with discussing data sharing under the E-MOU. The Department of Social Services (DSS), the Department of Medical Assistance Services (DMAS) and the Department of Health Professions (DHP) are all looking to integrate and utilize the Death Registry. DSS is also interesting in connecting with the Birth Registry, specifically in processing TANF. The Office of Comprehensive Services (OCS) and DSS are looking to collaborate on managing outcome data for at-risk youth. The third governance approach under E-MOU involves VDH's access to provider information from DHP.

To build adoption of the E-MOU and to encourage cultural change, several training sessions will take place in March. Secretary Hazel has put forth the idea of moving the E-MOU forward; a number of other secretariats have also come forward and want to join the effort. E-MOU v2 would include minor changes to allow the inclusion of other agencies, secretariats, local school

districts, and local government agencies. Topics to be changed include how appeals and warranties are handled, as well as the overall size of the CC. The target for the first version of changes to be presented to the Attorney General is late March.

The E-MOU CC requests that HITSAC continue to join the dialogue. To resolve complex citizen issues such as healthcare costs, homelessness and the diversifying population, coordinated efforts are needed. There are methods that exist to share data safely and securely, and groups that are at risk should be notified proactively and engaged collaboratively.

Speaking to the aforementioned points, Mr. Wirth invited HITSAC members to attend the VCU Intern check-in meetings. Chairman Ruffin asked Mr. Wirth if other agency heads are as interested in these themes as Secretary Hazel. Mr. Wirth replied that yes, there are a number of strong partners in other secretariats that see the opportunity and the need to move forward in this direction.

Chairman Ruffin opened the floor to questions from HITSAC members. Seeing none, Chairman Ruffin closed the E-MOU CC status report item.

Chairman Ruffin recessed the meeting for lunch at 12:04 p.m.

Chairman Ruffin called the meeting back to order at 1:02 p.m.

Commonwealth Authentication Service Status Report

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

Mr. Farnsworth revealed that CAS has over 500,000 accounts, 10% of which are level 2 accounts. Level 1 accounts are self-asserted identities, while level 2 accounts are those bound to the enterprise data management platform. Upcoming activities include implementing Enhanced Credentialing, Enterprise Monitoring, CSDII Integration, onboarding additional agencies and transition.

Chairman Ruffin asked for the characteristics that would allow certain accounts to reach level 2. Mr. Farnsworth replied that 1) an individual must create the account (level 1), 2) the individual must be known to the Commonwealth of Virginia in the Enterprise Data Management (EDM) tool, and 3) the individual must provide a mechanism to do the binding. There are three ways to level up an account: 1) automated, by answering questions online, 2) manually, on the phone, or 3) identified in the course of doing business with the Commonwealth of Virginia. Ideally, the value in level 2 accounts lies in a greater assurance that the individual is who they say they are.

Mr. Farnsworth discussed the Cross-Sector Digital Identity Initiative (CSDII) by providing updates on the consortium and pilot phases.

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

Presentations

Update on FHIR DSTU R2 Standard

Chairman Ruffin called for Mr. John Quinn to give an update on the FHIR DSTU R2 standard.

Mr. Quinn summarized the environment that has led to the development of additional standards and implementation guides. Mr. Quinn encouraged HITSAC members to visit Dr. John Halamka's blog: <http://geekdoctor.blogspot.com/>. Dr. Halamka is the Co-Chair of the Health Information Technology (HIT) standards committee, a federal committee that advises the Office of the National Coordinator for Health IT (ONC) on matters of standards, certification criteria and other issues surrounding electronic health records (EHRs) and meaningful use.

Mr. Quinn provided an overview of Fast Healthcare Interoperability Resources (FHIR) and the Argonaut Project. HL7 is currently working on bringing to ballot a general FHIR DSTU R2 standard in May 2015 that will systematically map FHIR to CCDA at the data-element level. The Argonaut Project will support this work and further the effort by developing a focused US Realm Implementation Guide mapped to the Common Meaningful Use Data Set and an accompanying Security Implementation Guide. Following a year of market experimentation and feedback, HL7 hopes to ballot a normative FHIR API standard in 2016. The Argonaut Project aims to deliver, by May 2015, the following: 1) FHIR Data Query Profiles, 2) FHIR Document Query Profile, and 3) Security Implementation Guide. The aforementioned will be developed by HL7 for inclusion as an informative ballot mapped to the general FHIR DSTU R2 being developed in parallel.

HITSAC members discussed the challenges associated with such an endeavor, especially in terms of patient engagement as data custodians. HITSAC will continue to monitor the progress of the Argonaut Project and the FHIR DSTU R2 standard.

The Virginia Health Innovation Plan

Chairman Ruffin called for Beth Bortz, President and CEO of the Virginia Center for Health Innovation (VCHI), to present the Virginia Health Innovation Plan 2015: State Innovation Model (SIM) Design.

Ms. Bortz first presented the mission and vision of VCHI, then discussed the SIM Initiative. The Centers for Medicare & Medicaid Services (CMS) launched the SIM initiative to drive innovation at the state level. The Commonwealth of Virginia received a Model Design grant totaling \$2.6 M.

The Commonwealth of Virginia is the only state in which the SIM grant is not run by a state agency or university; the SIM grant is managed by VCHI, a non-profit. The Commonwealth of Virginia is one of two states that have been approved to draw funds and move forward. While other SIM states are focused on reforms within Medicaid, the Commonwealth of Virginia has come up with a multi-faceted strategy that focuses on all patients in the state, regardless of insurance source.

Ms. Bortz discussed nine Action Strategies, noting that HITSAC may be most interested in Quality, Payment Reform & HIT. VCHI has asked the Lieutenant Governor to chair a quality care reform and HIT roundtable; the first objective of this group will be to select core population health measures and core quality improvement measures. VCHI will look to HITSAC for guidance during their discussions of measures and metrics.

Chairman Ruffin commented that the sheer number of metrics can result in inconsistencies reporting measures, and thus, should be addressed. Chairman Ruffin, however, expressed concern that the grant money would not be enough to motivate such an effort; regulatory groups are unlikely to give up measures. Dr. Cook asked about the existence of a group of grantees aligning across states. Ms. Bortz replied that they are putting together a group, in addition to bringing in technical resources at the national level to help work through the issue.

Chairman Ruffin commented that VCHI has put together an ambitious plan and asked how they will make progress in each of the nine levels presented. Ms. Bortz replied that Secretary Hazel (HHR) is committed to working VCHI. The Administration has made this endeavor a top priority and expects weekly status reports. Ms. Bortz made clear that some of this work has already been underway with money from the General Assembly. The grant money will be used to plan these projects; once planning is complete, VCHI will work to secure additional funding.

Chairman Ruffin recounted that Governor McAuliffe was in Northern Virginia last week to celebrate the importance of predictive medicine, personalized medicine and genomics. He wants to bring the genomics industry to the Commonwealth of Virginia. About 60 to 70 percent of the state shares a common EHR. HITSAC had spawned the Genomics Working Group so that lab studies could move reliably. Is there an opportunity of pulling together a task force to study business opportunities to promote genomics in the Commonwealth of Virginia? Ms. Bortz replied that VCHI is unlikely to take on such an endeavor due to the ambitiousness of its current plan. They would be supportive of such a group existing, however.

Dr. Cook congratulated VCHI on bringing so many partners together. Ms. Bortz closed her remarks by saying there is a cultural shift underway in the Commonwealth of Virginia. Organizations that have historically not gotten along are coming are finally coming together.

Statewide Provider Directory Panel Discussion

Chairman Ruffin asked members of the audience participating in the panel discussion to join HITSAC. Chairman Ruffin called for Eric Heflin, CTO/CIO of Healthway and CTO of HIETexas, to present on Healthcare Provider Directories.

Mr. Heflin introduced the Healthcare Provider Directory (HPD), which is a new standard ratified in October 2014. The Problem Statement follows: The industry needs a standards-based method to support queries against, and the management of, healthcare provider information that may be publicly shared in a directory structure. Mr. Heflin highlighted potential functions of the HPD. The HPD allows for input and retrieval of information from the following: individual provider, organization provider and relationships. Mr. Heflin reviewed selected use cases

Mr. Heflin presented the HPD scope, which follows: the HPD is designed to maintain a structured list of attributes for both organizations and people, allows extensibility, largely semantically interoperable, leverages ISO standard 21091, and designed to enable cross-organizational directory access. In value terms, the HPD would result in a single authoritative knowledge base, enhanced workflow and communications, enhanced user interactions, and would contribute to identity management.

Chairman Ruffin asked about HPD's compliance with the NIEM standard. Mr. Heflin replied that the NIEM standard was not taken into account in developing this standard, but he would do

additional research to check for compliance. HPD leverages the following standards: LDAP, DSML, ISO/TS 21091.

Mr. Heflin discussed the HPD Actor Diagram and HPD Relationships. Chairman Ruffin asked about what would happen if a doctor changes his office address. Citing his relationship diagram, Mr. Heflin replied that this change would play out in two ways: 1) as directories are updated in the local directories and hospitals, the new information is available as soon as Directory A queries Directory 1, and 2) through a batch update.

Mr. Ernie Steidle (DARS) asked a series of questions surrounding directory hierarchy and normalization of data across directories. Mr. Heflin responded to the questions by noting that the goal of the HPD is to have a standardized data contract across relationships so that there is at least a chance of identifying duplicates.

Chairman Ruffin asked Ms. Condrey about the current functionality for provider directories in the state. Ms. Condrey replied that no real authority on provider directories has been named; the Department of Health Professions (DHP), VDH and possess provider directories. She continued by saying that the current provider directory HIE is looking at has millions of entries that are duplicative and inconsistent. Mr. Wirth added that OCS has problems with fraud and abuse due to duplicative requests for payment. He listed various agencies that would benefit from a unified source of provider information.

Mr. Heflin noted that Texas is about to release an RFP for a federated healthcare plan. He will be happy to share it with HITSAC once it is made public. Chairman Ruffin thanked Mr. Heflin for his presentation.

HITSAC members and panel participants discussed the necessity of standards surrounding provider directories and opportunities to form and leverage trust arrangements. HITSAC agreed that they would be interested in looking into the option of a Federated HPD. Participants brainstormed potential funding opportunities: SIM grant, No Wrong Door, etc.

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.