



**Minutes**  
**Health Information Technology Standards Advisory Committee**  
**(HITSAC)**

**Thursday, July 16, 2009**

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

**Attendance**

**Members present:**

Dr. Marshall Ruffin, Chair  
Daniel Barchi  
Geoff Brown

**Members absent:**

Dr. Alistair Erskine

**Others present:**

John McDonald, Deputy Secretary of Technology  
Thomas Gates, Assistant Secretary of Health and Human Resources  
Julie Whitlock, Office of the Attorney General  
Nadine Hoffman, HITSAC Administrator

**Chair's Report**

**Call to order**

Chairman Ruffin called the meeting to order at 10:05 a.m. in the Multipurpose Room at the Commonwealth Enterprise Solutions Center (CESC) in Chester. Chairman Ruffin welcomed everyone to the first meeting of HITSAC. He introduced himself as the HITSAC Chairman and the Chief Technology and Health Information Officer for the University of Virginia (UVA) Medical Center. Nadine Hoffman introduced herself as the HITSAC Administrator and Data Manager in the Enterprise Applications Division of VITA. Chairman Ruffin introduced Dr. Alistair Erskine as the Chief Medical Information Officer for Virginia Commonwealth University (VCU). Chairman Ruffin noted Dr. Erskine was in California and would not be participating in the meeting; however, Dr. Erskine might dial in to listen. Mr. Barchi introduced himself as the Chief Information Officer for Carilion Clinic in Roanoke. Mr. Brown introduced himself as

the Senior Vice-President and Chief Information Officer for Inova Health System based in northern Virginia.

Chairman Ruffin asked the three guests from the Commonwealth to introduce themselves. Mr. McDonald introduced himself as the Deputy Secretary of Technology for the Commonwealth. Mr. McDonald thanked Chairman Ruffin on the behalf of the Commonwealth for chairing HITSAC and the committee for helping the Commonwealth move forward as a leader in health IT. Mr. McDonald noted the Secretary of Technology (The Honorable Len Pomata) and the Secretary of Health and Human Resources (The Honorable Marilyn Tavenner) have agreed, after considering requirements within the Freedom of Information Act (FOIA) that HITSAC will have five members from the health IT community. Representatives from their secretariats will act as advisors and attend the HITSAC meetings to provide background and information to support the committee's work. Mr. McDonald indicated that he was the assigned resource from the Secretary of Technology's Office for HITSAC. Ms. Whitlock introduced herself as a member of the Attorney General's Office in the Technology and Procurement Section. Ms. Whitlock is the assigned council for HITSAC. Mr. Gates introduced himself as the Assistant Secretary of Health and Human Resources for the summer and will serve as the assigned resource from the Secretary of Health and Human Resources' Office until the end of August.

Chairman Ruffin indicated the nomination for the 5<sup>th</sup> member of HITSAC will be reviewed by the ITIB. HITSAC anticipates announcing the new member after the Information Technology Investment Board (ITIB) meeting next week.

Chairman Ruffin introduced special guest John Quinn. Mr. Quinn has an extraordinary history and successful background in health IT standards. Mr. Quinn is one of the founders of HL7, Inc. and is currently the Chief Technology Officer and Chairman of the Technical Committee for HL7. Mr. Quinn noted he has been a consultant for the last 16 years with a focus on Health IT technology architectures. Mr. Quinn's disclosed that his position at HL7 is funded by Accenture where he is also the Chief Technology Officer of their Health Provider Practice. Dr. Ruffin noted that he and Mr. Quinn worked together in the distant past for 5 years at Accenture on electronic health record and health exchange design in England.

Chairman Ruffin asked Ms. Hoffman to call the roll. The presence of a quorum was confirmed.

## 2010 Meeting Dates

Chairman Ruffin provided a list of recommended HITSAC meeting dates for July 2009 – January 2010. The proposed meeting dates are as follows: July 30, August 20, September 17, October 22, November 19, December 17 and January 21.

*Mr. Geoff Brown made a motion to accept the meeting dates. The motion was seconded by Mr. Daniel Barchi and passed on a voice vote.*

## Committee Charter

Chairman Ruffin began a discussion on the purpose of the committee by reading the statute which gives the ITIB the authority to create HITSAC:

*§ 2.2-2458.1. Health Information Technology Standards Advisory Committee.*

***The Board may appoint an advisory committee of persons with expertise in health care and information technology to advise the Board on the approval of nationally recognized technical and data standards for health information technology systems or software pursuant to subdivision 6 of § 2.2-2458. The chairman of the Board, in consultation with the Secretary of Technology and the Secretary of Health and Human Services, may appoint up to five persons to serve on the advisory committee. Members appointed to the advisory committee shall serve without compensation, but shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in § 2.2-2825. The chairman of the Board, the Secretary of Technology, and the Secretary of Health and Human Services, or their designees, may also serve on the advisory committee, in addition to those persons appointed by the chairman of the Board.***

Chairman Ruffin asked the members two questions to expand upon the charter: As CIOs running systems of care in the Commonwealth, what do you want HITSAC to do for you? What does HITSAC need to do to promote the meaningful use of electronic medical records (EMR) in the Commonwealth?

Summarized comments from Mr. Daniel Barchi:

Each health system/health entity in the Commonwealth is scrambling on its own to achieve growth and use of EMRs. Where we lack an opportunity is for sharing information in any easy and meaningful way. Even with national standards like HL7, the vendors we select are sometimes woefully lacking in the ability to use those standards to share information.

If we are going to serve the people of the Commonwealth, and we want their data to be shared, we need to highlight software which could work for all of us, reward vendors by highlighting those vendors that are doing a nice job, and seek ways to use IT standards that are out there already.

Summarized comments from Mr. Geoff Brown:

Mr. Brown has been around the issue of EMRs and chasing it as a vendor and in practice for more than 30 years. The broader community need is to deal with the interoperability area to begin to identify the standards which will most likely give individual direction to the state and advocate the use of these standards with our competitive brothers and sisters in the healthcare community. These standards should bring the Commonwealth together, so as we look at the public side, we can match it with the private industry side, and we can close the gap quickly.

Chairman Ruffin summarized Mr. Brown's final point as: the standards we endorse should be shared by all. EMRs are not a competitive weapon; rather, a utility that we all can share. Noted by the Chairman as an important theme.

Chairman Ruffin asked Mr. McDonald to comment on the elements of utility that HITSAC might be promoting. Summarized comments from Mr. McDonald:

The purpose of putting HITSAC together and formalizing it was to make sure that, from former Secretary Chopra and Secretary Tavenner's standpoint, that the Commonwealth had a formal body tasked to resolve all the relevant health IT issues, that it would continue beyond the administration and have the support of the ITIB and VITA to make sure that as the state implemented projects itself, we would do so correctly.

This group's charter can be ambitious because, legally, there is no other group tasked to do this work for the Commonwealth. The Health Information Technology Interoperability

Advisory Committee (HITIAC) will do some advisory work but HITSAC will officially set standards that all state health IT projects will follow. HITSAC will recommend standards to the ITIB for approval to make sure that we are interoperable within our own community as well with other states and the federal government. As a charter, HITSAC can do as much as it wants to do. HITSAC will have a direct effect on how the Commonwealth does health IT projects, how we apply health stimulus dollars, how we build an exchange and what we do with data and technology around extension centers. HITSAC will have an ongoing responsibility to make sure that the health infrastructure of the Commonwealth is meeting the standards that others are aligning to across the nation.

Summarized comments from Chairman Ruffin:

Chairman Ruffin noted that patients he sees today always receive care from multiple providers. He deals with paper records, telephone calls and faxes of all sorts. It is hideously inefficient and not the best way to deliver care to patients. Chairman Ruffin suggested a key theme of HITSAC's work should be to keep the patient in mind and focus on interoperability, so the data a care provider needs is available when the person sees the patient, obviously protecting the privacy of the patient and their wishes around confidentiality. The Commonwealth should not invest in health IT systems that are not interoperable with the health IT standards of federal government and the electronic records being adopted widely in the Commonwealth. Chairman Ruffin asked Mr. Gates to provide comment from the Health and Human Resources perspective.

Summarized comments from Mr. Thomas Gates:

Mr. Gates noted the mistake in the statute – it should be worded Secretary of Health and Human Resources not Health and Human Services.

The committee is a natural progression of the work that has been going on in the General Assembly in the last few sessions. Delegate Sam Nixon put forward a bill in 2007 that came out of Joint Commission on Technology and Science (JCOTS) requiring that state agencies only purchase products that meet national standards. The legislation was intentionally broad and HITSAC can make that more specific. The comments around care and keeping the patient in mind are important and will keep the group focused on health outcomes and interoperability.

Mr. Barchi posed a question to Mr. Gates and Mr. McDonald: what portion of the HITSAC efforts should be focused on state agencies and the choice they make in healthcare IT, or plowing new ground, or formalizing ideas that come out of HITIAC?

Mr. Gates said one "must-do" is helping the state figure out what standards it should be following. HITSAC will continue beyond HITIAC.

Mr. McDonald said it's both, but not 50/50. We need to look at what the state agencies are doing and help to insure it is standardized. The state would like to invest the federal dollars first. Virginia Department of Health (VDH) is doing some amazing things – getting ready to implement immunization program and integrating with Department of Defense (DOD). They are building pieces of the electronic medical record and we would want HITSAC to direct the federal funding and standards to start building out more. HITSAC should making sure the Commonwealth is setting the appropriate standards and also reach out beyond the day to day and set future direction for health IT.

Mr. McDonald noted the Commonwealth will ask agencies to implement the standards on future projects not to rework all their existing solutions to meet the standards. Up to now,

the approach to health IT in the Commonwealth has been siloed. Going forward, HITSAC will provide formal guidance for the Commonwealth.

Chairman Ruffin posed a question about retrospective analysis of the data for public health purposes. Standards might not be developed at the federal level since some of the analysis could be state specific.

Mr. McDonald said the Commonwealth will need to look at and consider possible changes to legislation allowing access to data for public health studies. The technology exists to bring the data together and analyze it; however the challenge will be defining the use of the data – defining the privacy issues. We absolutely want to consider data for public health but we'll have to define it and use it for the right reason.

Chairman Ruffin said to be more specific, the Commonwealth might want to collect data for public health goals. HITSAC might want to consider standards for EMR to collect the data in a particular format so that it also can be used for retrospective study – an interchange of data between the providers and the Commonwealth. We ought to be considering data for public health purposes as well as patient purposes.

Mr. McDonald said if we can disassociate the data with the patient, it can be hugely helpful to the Commonwealth in doing research and study on public health. Secretary Tavenner and others across the Commonwealth can educate HITSAC on other public health concerns and limitations in legislation that exist today that need to be considered.

Chairman Ruffin asked Ms. Whitlock if the Attorney General's Office had any specific recommendations for the committee or requests to be included within the HITSAC charter. Ms. Whitlock did not identify any specific recommendations and reiterated the statute intentionally provides a broad direction for the committee. Ms. Whitlock referred to the phrase within the statute's first sentence "*software pursuant to subdivision 6 of § 2.2-2458.*" 2458 is the list of the ITIB's powers and duties. Subdivision 6 states the ITIB's broad authority over all IT standards and purchases by state agencies. The legislature is looking for outside help for the Board in choosing what those standards should be.

Chairman Ruffin asked guest Mr. John Quinn for his perspective on the charter. Mr. Quinn stated we want Virginia to follow federal standards, and if we do more than what is included in those standards, we would want to be the leader in taking that to the country. Mr. Quinn identified a few themes:

- Look at the federal initiative which is all about clinical data.
- Consider the incentives and penalties coming in 2015 are all about adoption of standards.
- Address the sourcing of data as it is critical to adoption. If the data is not sourced; it is impossible to share it. The source data must be structured data, not textual. Systems will need to be well thought out to capture the data but not slow down physicians, who are the recorders.
- Resolve the tension with privacy and security – critical for adoption. Privacy and security can lock down the data and then the benefits disappear. For example, patient coming into an emergency room, incapable of communicating and the physician cannot access medical records to determine best treatment. The federal government will not resolve this issue.
- Managing and updating standards between organizations is a new challenge. To remain interoperable, as requirements change, standards will need to be updated. In the past, there has not been a value proposition to keep standards current and funds have always been limited. United States is no different than Canada and the United Kingdom on this issue of maintaining standards.

Discussion continued on the charter. Some additional thoughts are summarized below:

- HITSAC should formalize ideas that come out of HITIAC.
- HITSAC should establish the way to do Health Information Exchange (HIE).
- Interfaces equal friction – there is no desire to upgrade and that is why so many interfaces are outdated.
- The new federal administration is interested in interoperable electronic health records and clinical data. The Health IT Standards Panel (HITSP) has moved the ship 90 degrees in 90 days to create a number of components as building blocks. These components have yet to be tested. HITSAC should be careful not to adopt standards prior to having validation or trials.
- HITSAC can recommend VA help the federal government to test the interoperability of the standards. Mr. McDonald discussed that if the Commonwealth knew federal grant money was coming, we could stand up a test environment to help lead some of the validation efforts. Mr. Quinn indicated that the federal government, at this time, has not provided any information on what is planned for validation. Mr. Gates noted that guidance should be forthcoming from HITIAC that should help HITSAC to know what the goals are for HIE and stimulus related issues.
- HITSAC will advise the ITIB on the adoption of standards not create standards.

The discussion concluded and the decision was made to keep the charter broad, similar to the wording in the statute, allowing the committee to be ambitious in whatever area makes sense for the Commonwealth.

## Suggestions for Future Briefs

The group identified several items for future briefs/discussions:

- Understand how the HITSAC work fits into the broader ITIB goals
- Learn more about state agencies supporting the health sector – what are their current health IT projects and plans for the future
- Explore the standards topic in greater detail to establish baseline knowledge on health IT standards – what is real and what is still being developed and requires testing. Topics to include:
  - Federal health architecture
  - Nationwide Health Information Network
  - Results of the federal pilots (NHIN 1 and NHIN 2)
  - Health IT Standards Panel activities (HITSP)
- Input from the public – their ideas, suggestions, insight to help HITSAC

## Overview of Freedom of Information Act (FOIA) and Conflict of Interest Act (COIA)

Ms. Whitlock provided an overview of FOIA and COIA. She said FOIA addresses two broad topics – public records and public meetings. Records and meetings should be open to public inspection, unless exemptions are identified. FOIA requests must be responded to within five days. The statute provides response options.

Meeting Provisions:

- Meeting provisions are triggered any time three or more members are speaking together. Two members can talk without triggering meeting requirements.
  - Meeting requirements
    - Public notice of meeting
    - Begin as an open meeting
    - Physically gathered together
    - E-meeting allow however a quorum must be gathered in one location
- E-mail discussions – be mindful when communicating via e-mail how many members are in the discussion. More than two members, in simultaneous discussions, triggers meeting requirements.
- Three or more members can be together; they just cannot discuss committee business.

HITSAC members are covered by the state and local COIA. COIA requires training (interactive Web-based) upon appointment or reappointment and must be taken every two years. Training records will be maintained by Ms. Hoffman.

Training will cover the three areas of financial conflicts:

- Actions generally prohibited:
  - do not solicit or accept money in exchange for votes or recommendations
  - do not use confidential information you have gained
- Prohibitive conduct regarding certain transactions
  - Voting – if you have an interest in the transaction being voted upon
- Contracts section of COIA is not applicable to an advisory committee

The COIA training also covers different rules that apply to higher education.

A knowing violation of COIA is a class one misdemeanor and constitutes malfeasance in office; a member would be required to forfeit any money or any other thing of value obtained as the result of the violation. The OAG's office is responsible for enforcing and advising state officers and employees about COIA. The Attorney General, himself, is the only one authorized to provide an opinion if you have a conflict. If you believe you may have a conflict, contact Julie and she will let you know the process for requesting an official opinion. The official opinion is a defense against any prosecution brought.

## Administrative Items

- Expenses – The committee is covered for reasonable and necessary expenses according to the statute. The Department of Accounts (DOA) requires a completed W-9 form and members to choose reimbursement method - check or Electronic Data Interchange (EDI). Travel reimbursement forms need to be completed for each meeting and originals mailed to Tonya Broadnax at VITA for processing.
- Financial Disclosure Statements – turn in original signed forms to be filed with the Secretary of the Commonwealth's Office. Financial Disclosure Statements are public record.
- COIA Training – Members have two months to complete training (July 1- Aug 31).
- VITA Email Accounts – working on establishing VITA email accounts for all committee correspondence. Instructions will be distributed once accounts are established.
- VITA Web site – Member information and meeting materials will be publicly accessible on the VITA Web site at <http://www.vita.virginia.gov/ITIB/>
- Photographs – pictures will be taken prior to HITSAC meeting on 7/30 for the website.
- Biographical summaries – submit bios for the Web site.

## Agenda for July 30 Meeting and Assignments

- July 30 Meeting – already planned presentations
  - Dr. Jim Burns, Deputy Commissioner of Virginia Department of Health to discuss Health IT activities
  - David Mix, Program Manager for Medicare Medicaid Information Technology Architecture (MITA), Department of Medical Assistance Services (DMAS)
- Other possible topics for July 30
  - VHEN (Virginia Health Exchange Network) Program Update
- Future Meeting Topics
  - August 20 – John Quinn to present information he has on federal efforts
  - September 17 – invite federal contacts to present on federal efforts
- Member Assignments for July 30 meeting
  - Daniel Barchi – brief on North Carolina
  - Geoff Brown – brief on Maryland and District of Columbia
  - Dr. Ruffin – brief on West Virginia
  - Dr. Erskine – brief on Research Center Grant on August 20
- Other Assignments
  - Thomas Gates – brief on HITIAC and Resource Center Grant – August 20.

Chairman Ruffin noted that John Quinn has been nominated as the fifth member for HITSAC. This nomination will be considered by the ITIB at its July 24 meeting.

The meeting recessed at approximately 11:55 for lunch.

The meeting reconvened at approximately 1:05 p.m.

## Health IT Projects Brief

Ms. Jeffries and Mr. Haugh reviewed the health IT projects in the PMD portfolio as of July 2009. The presentation materials can be found at [http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/July\\_16,\\_2009/NonMajor\\_ITH\\_ealth\\_Projects.pdf](http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/July_16,_2009/NonMajor_ITH_ealth_Projects.pdf)

Listed below are answers to questions or clarifications that occurred during the presentation.

- PMD is a division within VITA. PMD has 30-35 people. The group providing oversight on those projects.
- The definitions for major and non-major projects and roles and responsibilities for PMD are defined with the Code of Virginia. The state agencies pay an hourly rate for the PMD analyst's time in providing the oversight role.
- Health projects can fall outside the Health and Human Resource Secretariat, just so happens the current projects all fall under that area.
- Project Listing clarifications: The Project Cost is the agency's estimate for the total project. In the approval for planning process, the estimate could vary as much as 50% because at this point the agency has not completed the detailed analysis of requirements. The Plan Start Date is the date the agency expects to have Development Approval by.
- Mr. Haugh reviewed the high level process for major and non-major project reviews and approvals. The CIO acts for the ITIB in granting planning approval on projects. The Recommended Information Technology Project (RTIP) report, by Code, contains all the projects in the portfolio and is submitted annually to assist the Governor in

developing the budget. The RTIP is approved and submitted by the ITIB to the General Assembly.

Mr. Chuck Tyger, Director of VITA Policy, Practice and Architecture (PPA), addressed Mr. Barchi's question about whether there was room for improvement for Commonwealth-wide standards for IT systems, as well as applying those standards to projects that come before the CIO. VITA PPA does some level of architectural reviews against existing technical standards. If the project is requesting a solution that does not comply with the standards, they may request an exception. Architecture exceptions can only be approved by the CIO and are temporary. Once data standards are in place, data standards will be reviewed. Data standards need to be adopted to support a broader architectural review of projects.

It was concluded, through discussion, an architectural (business & technical) review should occur between the Planning and Development Approval.

The following projects were identified during the presentation to learn more about the data standards that will or are being followed:

#### Major Projects:

- o Electronic Death Registration (EDR) – Virginia Department of Health (VDH)
- o Medication Management System: Pharmacy Systems Software Application – Department of Behavioral Health and Developmental Services (DBHDS)
- o Fiscal Agent Competitive Re-Bid – Department of Medical Assistance Services (DMAS)
- o No Wrong Door Web-based System Solution Project – Virginia Department of Aging (VDA)
- o Women, Infants, and Children (WIC) Electronic Benefits Transfer (EBT) Project - VDH

#### Non-Major Projects

- o Health Statistics Data Warehouse Conversion – VDH
  - o Identify what types of data are being collected within the data warehouse and the data standards being followed.

Ms. Jeffries noted that there is no VITA PMD oversight on the Department of Health Professions' (DHP) PMP PowerSearch Project. DHP requested an exemption from the General Assembly not to have VITA oversight. The exemption that was granted by the General Assembly was a blanket exemption, not specifying PMD or infrastructure. The exemption was granted before the April 2009 data breach.

Ms. Whitlock noted that lately projects have been requesting exemptions versus agencies. In answering Chairman Ruffin's question, Ms. Whitlock indicated the trend for VITA exemptions was steady since the creation of VITA.

Ms. Whitlock noted that VITA's scope of authority is limited to state agencies within the Executive Branch and not institutions of higher education. Chairman Ruffin noted his understanding of this limitation and acknowledged that this is an area the committee might want to improve.

Chairman Ruffin thanked Ms. Jeffries and Mr. Haugh and noted the committee would ask for their counsel on what standards the committee could adopt to make their work more consistent for the Commonwealth.

## VITA Policy, Practice and Architecture

The VITA PPA Group (1 Director, 6 staff) is charged with:

- o Facilitating development of technology policies, standards and guidelines that affect the Executive branch agencies
- o Developing and issuing standards that affect some constitutional officers
- o Facilitating the development of internal policies and procedures for VITA
- o Developing the enterprise architecture
- o Facilitating the IT strategic plan for the Commonwealth

Mr. Tyger walked the members through a PowerPoint presentation found at

[http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/July\\_16\\_2009/PPA\\_Presentation.pdf](http://www.vita.virginia.gov/uploadedFiles/ITIB/Meetings/2009/July_16_2009/PPA_Presentation.pdf)

Key points noted during discussion:

- o The VITA enterprise architecture is based upon components on the federal enterprise architecture.
- o Mr. Tyger confirmed that, in regards to the health reference terminology, message types and the data in the message types, information is not currently defined within the enterprise architecture.
- o Mr. Tyger confirmed no data standards have been adopted by the ITIB. The as-is business architecture has been defined. The to-be components of the enterprise architecture need to be defined.
- o The state agencies in the Executive Branch are required to following the enterprise architecture through the standards and policies that are put into place. Standards and policies are applied to new applications, not existing.

## Comments from Joint Commission on Technology and Science (JCOTS)

Chairman Ruffin asked Ms. Wallmeyer, the Executive Director of JCOTS, a guest in the audience, if she could come forward and give some observations on how HITSAC could serve the Commonwealth. JCOTS, formed in 1997, is a legislative agency and is funded through the General Assembly. JCOTS' statutory mandate is to look at anything related to science and technology policy. Items are brought to JCOTS from the General Assembly and members of the committee self identify issues they see percolating across the Commonwealth. The Commission has been actively engaged in the area of identifying policy gaps or implementing policy to encourage the adoption of EMRs. Delegate Sam Nixon identified health IT a few years ago and is a champion for health IT and EMRs. Delegate Nixon put forth the legislation to create HITSAC.

JCOTS is comprised of 12 legislative members – five Senators and seven Delegates. Ms. Wallmeyer is staff to the commission.

In 2007, legislation passed that any state agency that procures a system that has to do with health or patients must adhere to generally accepted standards. The legislation was broad to allow for potential changes occurring in the health IT industry. In theory, all the systems coming forward today in the Commonwealth should be adhering to a generally accepted standard.

The ITIB has the authority today to adopt various standards and policy measures. Earlier this year, it was recognized that, with health IT being a complex topic, it would be in the Commonwealth's best interest to have a group of health IT experts providing guidance to the ITIB. Ms. Wallmeyer offered some insight into Delegate Nixon's perspective. She said his approach would be to guide the state agencies in adopting standards and becoming

interoperable, resulting in the state being a driving force for the rest of the market. Delegate Nixon is not supportive of the state mandating adoption to the private sector. Adoption by a critical mass can be the motivator.

Ms. Wallmeyer noted Delegate Nixon believes interoperability is critical and would agree with earlier HITSAC discussions that standards are a utility; not a competitive advantage.

Ms. Wallmeyer welcomed HITSAC to bring forward to Delegate Nixon and JCOTS any policies requiring change. Chairman Ruffin agreed that HITSAC and JCOTS should work together to overcome any legislative road blocks.

## Public Comment

Chairman Ruffin asked for public comment. The following provides a summary of the public comment by Ms. Vickie Tyson, IT Project Manager for the Division of Consolidated Laboratories Services (DCLS) and Ms. Willie Andrews, Assistant Laboratory Director for DCLS.

- DCLS is the state's laboratory. DCLS is a division under the Department of General Services (DGS) which is a state agency. DGS is overseen by the Secretary of Administration. DCLS is engaged in national initiatives regarding data and technology standards for messaging and message exchange.
- Ms. Tyson noted Virginia was the first state in the nation, in March 2008, to electronically send influenza test results to the Center for Disease Control (CDC) in an HL7 format using nationally adopted data standards. DCLS is very progressive and is participating in many standard work groups. Ms. Andrews chairs national informatics committees and DCLS is engaged with American Public Health Laboratories and CDC. DCLS is participating in the Public Health Lab Interoperability Project which engaged 7 states to develop data standards on a national level to be used in public health labs. This work includes developing HL7 messaging standards, reviewing Extensible Markup Language (XML) and Clinical Data Architecture (CDA).
- DCLS is very interested in the work of HITSAC. Ms. Tyson noted her interest in engaging VITA PMD more in their data standard efforts. DCLS has recommended to VITA PMD that the project complexity model be modified to include questions about adopting data standards. If standards are not adopted for a project, risk, cost and complexity go up.
- Ms. Andrews offered to have Dr. Jim Pearson, the Director of DCLS, address HITSAC on DCLS efforts.
- Discussion continued on how Virginia needs to reach out to hospitals and private labs to define messaging standards across laboratory information systems.

## Other Business

Chairman Ruffin asked for other business. There was none.

## Adjourn

Chairman Ruffin adjourned the meeting at approximately 2:50 p.m.