An Overview of AHIC Successor

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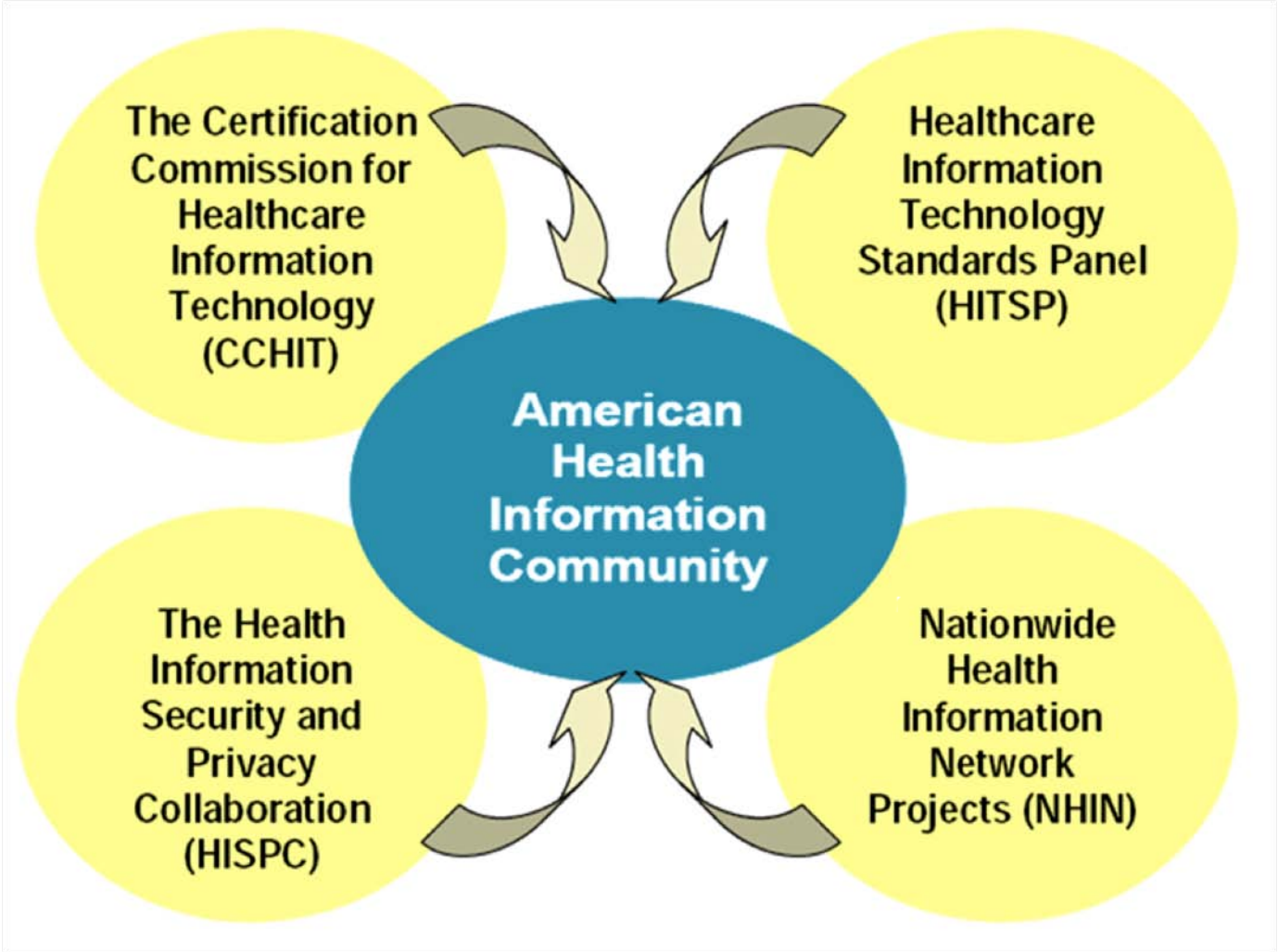
www.AHICSuccessor.org

American Health Information Community (AHIC)

- Established in 2005 by HHS Secretary Michael O. Leavitt
- Composed of public and private sector leaders
- Created a forum to seek input and guidance to understand the key issues and policy implications necessary to achieve the goal to have access to secure electronic health records for most Americans by 2014
- Advised the Secretary of Health and Human Services on how to accelerate the development and adoption of interoperable health IT
- Established and managed AHIC Work Groups, which focused on specific issues:
  - Chronic Care
  - Confidentiality, Privacy and Security
  - Consumer Empowerment
  - Electronic Health Records
  - Personalized Healthcare
  - Population Health and Clinical Care Connections
  - Quality

AHIC Coordinates and Is Informed by Several Related Initiatives



AHIC Accomplishments

- **Protection of health information** through appropriate privacy and security practices.
- Ongoing harmonization of **industry-wide health IT standards**.
- Achievement of an Internet-based **nationwide health information network** (**NHIN)** that includes information tools, specialized network functions, and security protections for interoperable health information exchange.
- Acceleration of interoperable **electronic health records (EHR) adoption** across the broad spectrum of healthcare providers.
- **Compliance certification and inspection processes** for EHRs, including infrastructure components through which EHRs interoperate.

AHIC Accomplishments, cont'd

- Identification of health IT **standards for use by the National Institute of Standards and Technology** in a Federal Information Processing Standards process relevant to Federal agencies.

- **Identification and prioritization of specific use cases** for which health IT is valuable, beneficial and feasible, such as adverse drug event reporting, electronic prescribing, lab and claims information sharing, public health, bioterrorism surveillance, and advanced research.

- Succession of the AHIC by a **private-sector health information community initiative.**

AHIC Successor, Inc.: Becoming the Focal Point of Harmonization Activities

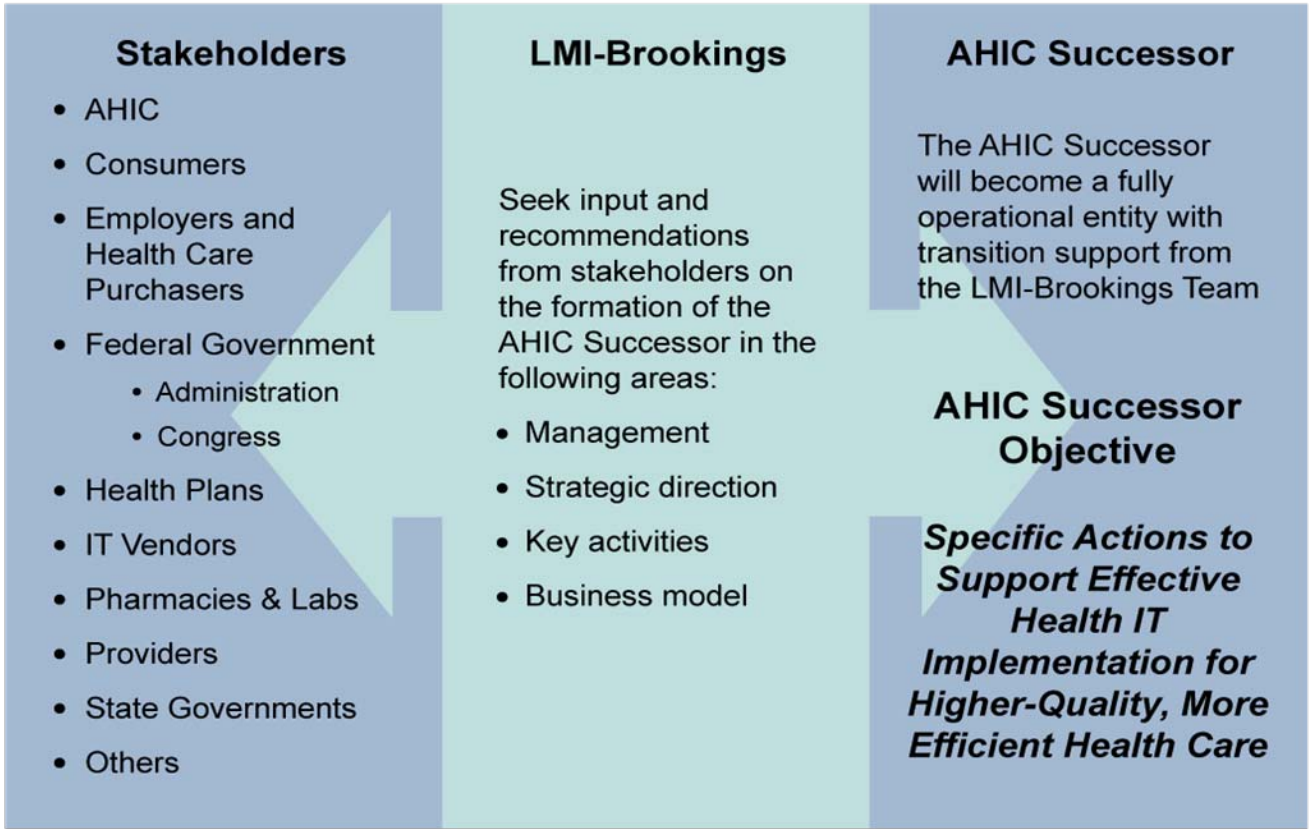
- Designed to build on the accomplishments of the federally-chartered AHIC in the private sector
- Built through efforts of a broad range of health IT stakeholders nationwide and incorporated on July 17, 2008
- Establishes a balanced, effective, and sustainable public-private collaboration among organizations and individuals in all sectors of the health community
- Will facilitate successful health IT adoption that promotes interoperability through strong standards, while ensuring confidentiality, privacy, and security for patients
- Driven by its goal to improve and maintain the health and well-being of all individuals and communities in the United States

Specific Goals of AHIC Successor

- Accelerate the adoption of interoperable health IT by ensuring the availability of harmonized, coordinated, up-to-date standards and rigorous conformance testing through certification
- Prioritize stakeholder requirements for health IT interoperability
- Advance health information policies and technical approaches that promote the Successor's vision and purpose and protect confidentiality, privacy, and security, consistent with the policies established by HHS and applicable federal and state laws
- Oversee and facilitate the Nationwide Health Information Network

During 2008, LMI-Brookings Facilitated the Transition

Through the efforts of a broad range of health IT stakeholders nationwide, the AHIC Successor Inc. was incorporated on July 17, 2008



Governance Planning Group Members

- **John Tooker,*** American College of Physicians
- **Lori Evans,*** Office of Health Information Technology Transformation, New York State Department of Health
- **Dennis Barry**, Moses Cone Health System
- **Helen Darling**, National Business Group on Health
- **Jean-Paul Gagnon**, Sanofi-Aventis Pharmaceuticals
- **Martin Hickey**, Excellus Blue Cross Blue Shield
- **Robert Juhasz**, American Osteopathic Association
- **Charles Kahn**, Federation of American Hospitals
- **Linda Kloss**, American Health Information Management Association
- **Michael Lardiere**, National Association of Community Health Centers
- **Les Lenert**, Centers for Disease Control
- **Robert Levine**, Juvenile Diabetes Research Foundation
- **Deven McGraw**, Center for Democracy and Technology
- **Sherry Reynolds**, Alliance4Health
- **James Schuping**, Workgroup for Electronic Data Interchange
- **Jane Thorpe**, Centers for Medicare and Medicaid Services
- **Paul Uhrig**, Surescripts

* Co-chairs

Membership Planning Group Members

- **Jon Perlin,*** Hospital Corporation of America
- **Janet Marchibroda,*** eHealth Initiative
- **Janet Corrigan**, National Quality Forum
- **Angela Fix**, Association of State and Territorial Health Officials
- **Paul Cotton,** AARP
- **Mark Frisse**, Vanderbilt University
- **Gail Graham**, Veterans Health Administration
- **Garth Graham**, HHS Office of Minority Health
- **Walt Hauck**, Pfizer
- **Brent James,** Intermountain Health
- **Steve Lieber**, Health Information and Management Systems Society
- **Blackford Middleton**, Partners Healthcare System
- **Arnie Milstein**, Pacific Business Group on Health
- **Ruth Perot**, Summit Health Institute for Research and Education
- **Tony Rodgers**, State of Arizona
- **Steve Schoenbaum**, The Commonwealth Fund
- **Zachary Sikes**, American Association of Homes and Services for the Aging
- **Jeanette Thornton**, America's Health Insurance Plans
- **Reed Tuckson**, United Healthcare
- **Margaret Van Amringe**, The Joint Commission
- **Michelle Vilaret**, National Association of Chain Drug Stores
- **Dave Wanser**, National Data Infrastructure Improvement Consortium

* Co-chairs

Sustainability Planning Group Members

- **John Glaser,*** Partners Healthcare System
- **Rachel Block,*** NY eHealth Collaborative
- **David Bates**, Partners Health System / Brigham and Women's Hospital
- **Christine Bechtel**, eHealth Initiative
- **Michael Berkery**, American Medical Association
- **Troy Brennan**, Aetna
- **Wendy Everett**, New England Healthcare Institute
- **Tom Fritz**, Inland Northwest Health Services
- **Dan Garrett**, Pricewaterhouse Coopers
- **Thomas Garthwaite**, Catholic Health East
- **Gregory Gleason**, NueVista Strategy LLC
- **Alan Harvey**, Massachusetts eHealth Collaborative
- **Mark Halloran**, Medco Health
- **Roberta Herman**, Harvard Pilgrim Health Care
- **Kraig Kinchen**, Eli Lilly
- **Ken Majkowski**, RxHub
- **Robert Marotta**, HLTH Corporation
- **Donald Mon**, American Health Information Management Association
- **Orlando Portale**, Palomar Pomerado Health District
- **Eva Powell**, National Partnership for Women & Families
- **Rick Ratliff**, Surescripts
- **Jim Scanlon**, HHS, Office of the Assistant Secretary for Planning and Evaluation
- **Carla Smith**, Healthcare Information Management Systems Society (HIMSS)
- **Robert Tennant**, Medical Group Management Association
- **Charlene Underwood**, HIMSS Electronic Health Record Vendors Association
- **Andy Wiesenthal**, Kaiser Permanente

* Co-chairs

Transition Planning Group Members

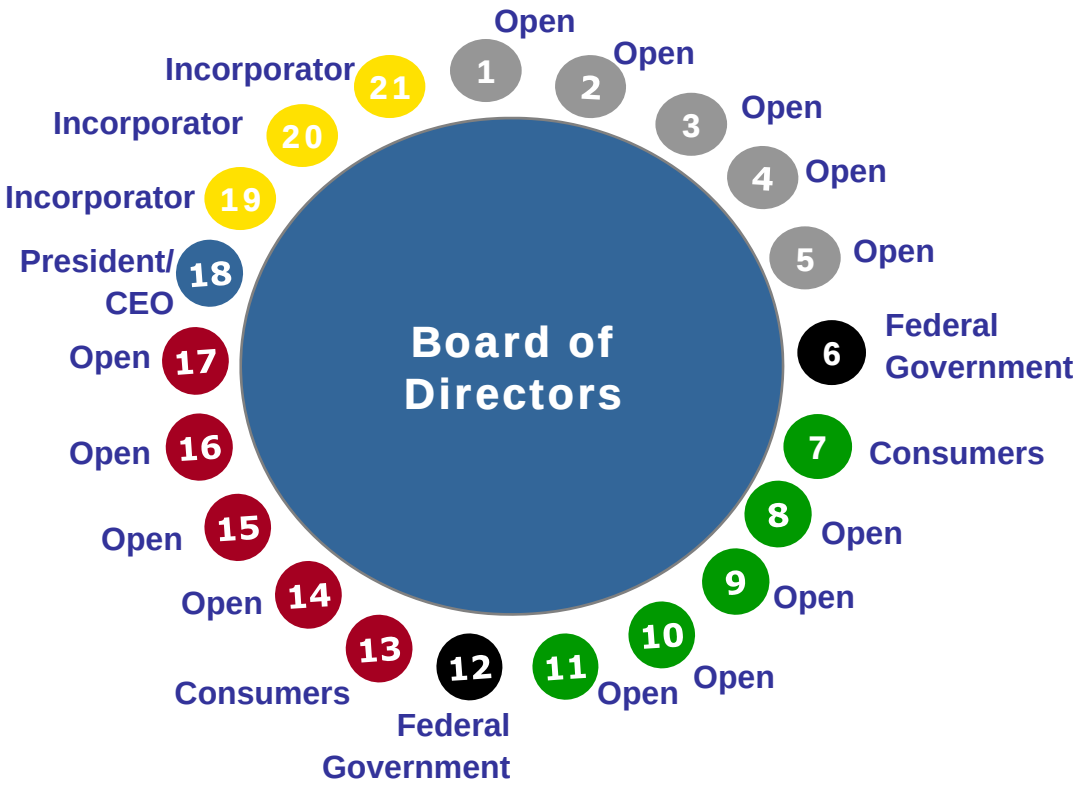
- **Lillee Smith Gelinas,*** VHA
- **Peter Elkin,*** Mayo Clinic
- **Laura Adams**, Rhode Island Quality Institute
- **Linda Fischetti**, Veterans Health Administration
- **Carol Gassert**, University of Utah, College of Nursing
- **Justine Handelman**, Blue Cross Blue Shield Association
- **Bart Harmon**, Harris Corporation
- **Kevin Hutchinson**, Prematics
- **Brian Kelly**, Accenture
- **Gwen Lohse,** Council for Affordable Quality Health Care
- **Ross Martin**, Bearing Point
- **Stephen Phillips**, J&J
- **Rose-Marie Robertson**, American Heart Association
- **James Turner**, Verizon
- **Robert Wah**, Computer Science Corporation
- **Jon White**, Agency for Healthcare Research and Quality

* Co-chair

AHIC Successor Governance Determined with Input from the Planning Group Process

- Composed of 15 Directors that are a blend of at-large members and two specific seats that represent consumers
- Strong Federal participation: HHS and VA liaisons plus the National Coordinator for HIT *ex officio*
- Powers of the Board include the following:
  - Fiduciary trustees
  - Defining, monitoring and re-evaluating strategies
  - Selecting, overseeing, and evaluating the President
  - Reviewing and approving operational matters
  - Overseeing the execution of the organization's strategic plan

Board of Directors for Year One



Board Composition

15 -Open seats for nominations
- 13-At-large seats
- 2-Consumers

2- Federal government (liaisons)

1 - President / CEO

3 – Incorporators (First year only)

TOTAL: 21 Seats

Initial Board Tenure

- One-Year (permanent)
- Two-Years (permanent)
- Three-Years (permanent)
- Ex-officio (President/CEO)
- One-Year (First year only)
- Federal Liaison (permanent)

National Coordinator is *ex-officio* liaison to the Board

The Board of Directors

Laura Adams
President and CEO
Rhode Island Quality Institute
Providence, RI

Simon Cohn, MD, MPH
Associate Executive Director, Health Information Policy
Kaiser Permanente
Oakland, CA

Janet Corrigan, PhD, MBA
President and CEO
National Quality Forum
Washington, DC

Arthur Davidson, MD, MSPH
Director, Public Health Informatics and Preparedness
Denver Public Health
Denver, CO

Linda Dillman
Executive Vice President
Wal-Mart Stores, Inc.
Rogers, AR

Lori Evans, MPH
Deputy Commissioner
New York State Department of Health
Albany, NY

Steven Findlay, MPH
Health Care Analyst and Managing Editor,
Consumer Reports Best Buy Drugs
Consumers Union
Washington, DC

Thomas Fritz, MA, MPA
CEO
Inland Northwest Health Services
Spokane, WA

The Board of Directors, cont'd

John Glaser, PhD (Incorporator)
Vice-President and Chief Information Officer
Partners HealthCare System, Inc.
Boston, MA

C. Martin Harris, MD, MBA
Chief Information Officer and Chairman
Cleveland Clinic
Cleveland, OH

Kevin Hutchinson
President and CEO
Prematics
Vienna, VA

Charles Kennedy, MD, MBA
Vice President, Health Information Technology
WellPoint, Inc.
Simi Valley, CA

Michael Lardiere, LCSW
Director, Health Information Technology
Association of Community Health Centers
Bethesda, MD

Jonathan B. Perlin, MD, PhD (Incorporator)
Chief Medical Officer and President, Clinical Services
Hospital Corporation of America
Nashville, TN

Stephen Ruberg, PhD
Senior Research Fellow
Eli Lilly & Company
Indianapolis, IN

Lisa Simpson, MB, BCh, MPH
Professor and Director, Child Policy Research Center
University of Cincinnati and Cincinnati Children's Hospital Medical Center
Cincinnati, OH

The Board of Directors, cont'd

Paul Tang, MD, MS
Chief Medical Information Officer
Palo Alto Medical Foundation
Los Altos, CA

John Tooker, MD, MBA (Incorporator)
Executive Vice President and Chief Executive Officer
American College of Physicians
Philadelphia, PA

FEDERAL LIAISONS:

Secretary Michael Leavitt
U. S. Department of Health
& Human Services

Robert Kolodner, MD (Ex-officio)
National Coordinator for Health Information Technology
U.S. Department of Health & Human Services

Linda Fischetti, RN, MS
(for Secretary James Peake)
Chief Health Informatics Officer
U.S. Veterans Health Administration

AHIC Successor CEO/President
Laura J. Miller
Interim Executive Director

Committees

- Nominating, Finance and Audit, and Membership and Communications standing committees are anticipated
  - Chaired by a Board member and including both at-large and representative members from relevant member segments
  - Structured to require diverse member representation

- Mission Related and Ad Hoc Committees
  - Chaired by best-qualified member regardless of Board status and including both standing and representative members from relevant member segments
  - Structured to require diverse member representation

Membership Segments Incorporate Broad Representation

Stakeholder Segment	Member Outreach Sub-Segment
Consumers	Consumer organizations, organizations representing vulnerable populations, patient advocacy organizations, organizational representatives of racial/ethnic communities (as defined by OMB), organizations serving rural populations, organizations serving low-income and elderly populations, unions, consumer advocacy organizations, provider organizations providing care to the underserved
Employers	Large, small, coalitions, self-insured
Government and Public Health	Federal programs, county health programs, state Medicaid programs, state health departments
Healthcare Providers	Hospitals, physicians, nurses, home health / community healthcare, skilled nursing facilities, assisted living facilities, organizations with multiple levels of care, community health centers, hospice, retail clinics, provider/specialty associations, EMS, ambulatory surgical centers, specialty care centers, public health departments, medication management
Health Informatics, Research, Academia	Should include specialty organizations like HIMSS, segments of healthcare cutting across other categories, academic medical centers, foundations, publishers

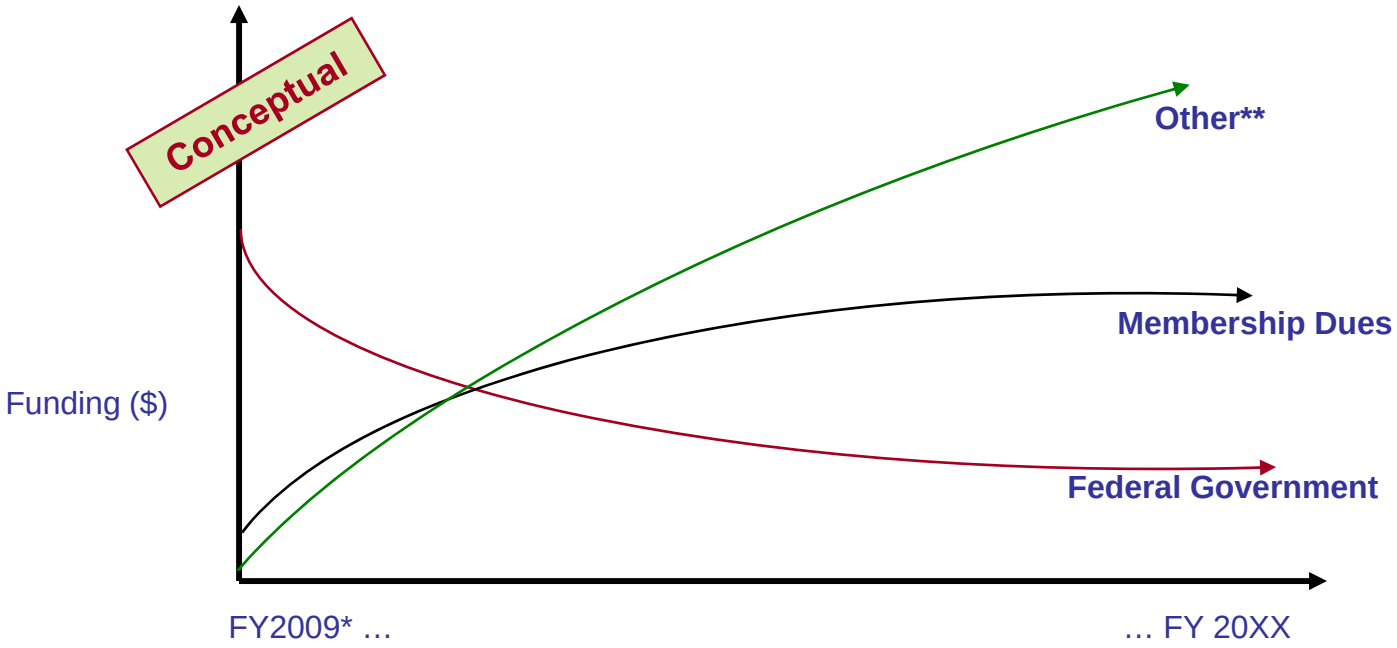
Membership Segments, cont'd

Stakeholder Segment	Member Outreach Sub-Segment
Health Information Exchanges and Regional/State-Level Public-Private Partnerships	Community, local, regional, state, state/regional-level collaboratives
Health Plans and other Payers	Large national (Medicare, Medicaid, other), regional and local plans, integrated delivery systems, federal delivery systems, general health plans, employer-based health plans, long-term care insurance providers
Infrastructure and Standards (Technical)	Standards development organizations, e-prescribing infrastructure companies
Other Health Entities	Pharma, contract research organizations, device manufacturers, trade associations not previously listed, labs, pharmacies
Quality	Patient safety organizations, chartered value exchanges, risk management / compliance organizations, accrediting organizations, quality alliances
Vendors, Consultants (Supply Chain)	Consulting, software (EHR/PHR vendors), and e-prescribing companies

Opportunities for Member Organizations

- Set priorities as well as identify and quantify opportunities for standards adoption
- Participate in the development and governance of the Nationwide Health Information Network (NHIN)
- Provide expertise on policies related to an interoperable, standards-based electronic healthcare system
- Support the implementation of standards through market-driven approaches
- Provide and share technical resources
- Initiate and/or participate in Value Case development

There Are Several Funding Sources for the AHIC Successor



Notes:
*For fiscal year (FY) 2009, starting in October 2008, the Federal government plans to provide $8M. During this period, AHIC Successor will be in its initial stage of operation and will receive minimal membership dues.

**Other is defined as additional potential sources of revenue to include Value Cases, accreditation of RHIOs, governance of the NHIN, conferences, training, publications, service or transaction-based fees, and/or in-kind and philanthropic contributions.

Identifying Opportunities for the AHIC Successor

- AHIC Successor Transition Work Group identified high level priorities
- ONC synthesized input from multiple sources, including work group summaries, to develop proposals for activities that could be undertaken by one of four new “homes”
  - AHIC Successor
  - Federal Government
  - A Federal Advisory Committee (existing or new)
  - Other organizations
- ONC provided a “short list” of key opportunities for consideration by AHIC Successor
- ONC Use Case Process to continue through 2009
- AHIC Successor Value Case Process to begin in 2010

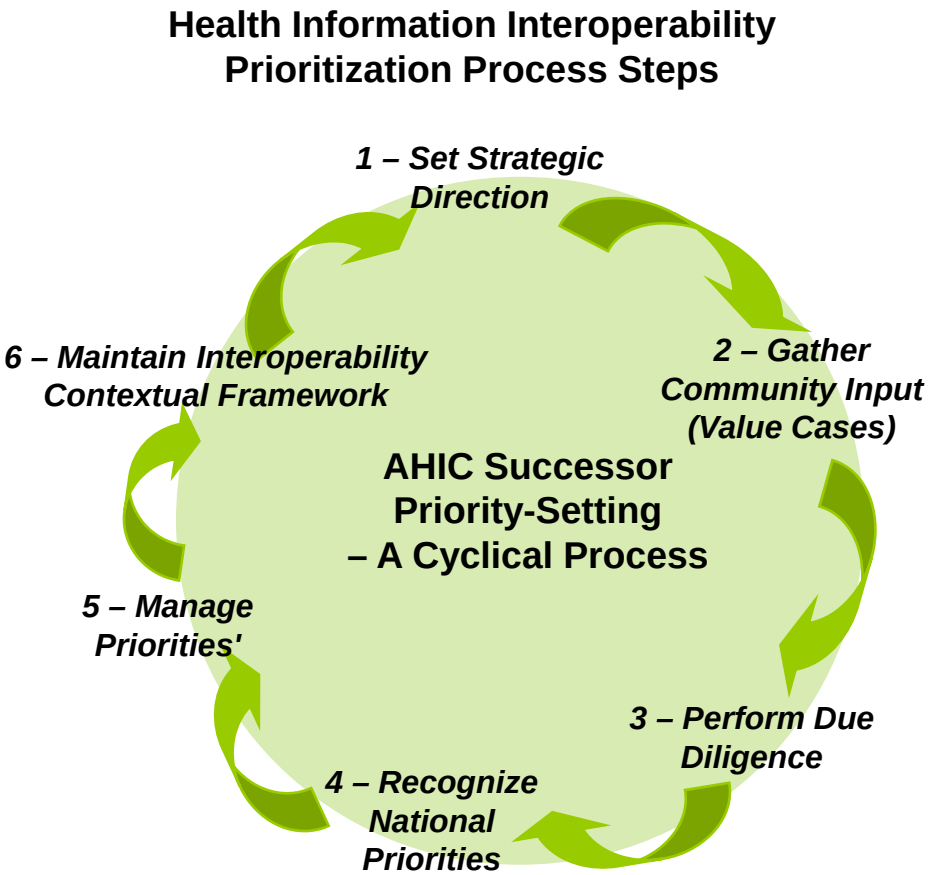
What Is a Value Case?

- **A Value Case is the primary artifact of the AHIC Successor process used to prioritize health IT initiatives and syndicate the cost of interoperability**
  - Submitted to AHIC Successor by consortia of healthcare industry/government stakeholders
  - Describes an opportunity for information exchange within the context of an interoperability roadmap;
  - Illustrates specific scenarios for interoperability (similar to a use case); and
  - Demonstrates a case for action based technical, business, and societal risk adjusted value

- **Specifically, a Value Case:**
  - Presents the costs, value, and risks of implementing the specific scenario; and
  - Describes potential measures of actual impact on improving care
  - Once recognized, it commits the submitting organization to fund and execute actions necessary to implement the case

What Is the Process for Prioritizing Value Cases?

- AHIC Successor will set the annual strategic direction
- The stakeholder community will submit Value Cases for consideration as national priority initiatives
- A committee will conduct due diligence on each Value Case and recommend some for recognition
- Recognized Value Cases will initiate actions ending in Interoperability Specifications
- A committee will manage the initiative to ensure timely completion
- Initiatives will be plotted on a publicly available Contextual Framework that depicts interoperability progress in research, care, and public health



Ensuring Support of Public Good Value Cases

- AHIC Successor exists for the purpose of individual/consumer benefit and must establish and maintain trust among stakeholders.
- Some entities may require support both to submit the initial proposal and accomplish the work.
- Mechanisms to support value cases for underserved populations or other population health initiatives may include “scholarships” funded by front end application fees for all proposals, subsidies from AHIC Successor, or grants.

How Will Value Cases Be Evaluated?

- Criteria-based due diligence conducted by AHIC Successor committees formed to support the specific domain of the Value Case . . .
  - Genomics, Chronic Disease Management, Clinical Research, etc.
- . . . And populated with experts in business and health informatics

- Published criteria will be used to determine value factors such as:
  - Value of the case relative to how it supports expansion of the interoperability roadmap (see next slide for conceptual depiction of the roadmap)
  - Value of the case relative to key stakeholder segments (research, care, public health
  - Level of risk associated with timely completion
  - Impact on industry and likelihood of adoption
  - Financial viability of the funding entity
  - Other

- Value Cases that pass due diligence are recommended for recognition as a nationwide priority

Interoperability Implementation Framework

Areas of Health IT Interoperability

Clinical Research	Clinical Care	Public Health	Administrative
• Goal: Streamline research and development, clinical trials, and product development • Representative IT –Clinical trials data repositories –Bioinformatics repositories and information grids –Health outcomes evaluation systems • Current Priorities	• Goal: Improve quality of care delivery at point of care/ service • Representative IT – CPOE, e-Rx, Digital images, EHR/PHR • Current Priorities – Consumer Empowerment (Registration & Medication History) – Electronic Health Record (Laboratory Result Reporting) – Emergency Responder — Electronic Health Record – Consumer Empowerment: Consumer Access to Clinical Information – Medication Management – Quality – Remote Monitoring – Patient - Provider Secure Messaging – Personalized Healthcare – Consultations and Transfers of Care	• Goal: Monitor, analyze, and improve public health and safety • Representative IT – Laboratory information exchange networks – Outbreak alert & warning systems – Epidemiological data repositories • Current Priorities – Biosurveillance (Visit, Utilization, and Lab Result Data) – Public Health Case Reporting – Immunizations & Response Management	• Goal: Streamline efficiency of administrative and financial processes • Representative IT – Claims systems – Eligibility verification – ERP – Predictive modeling – Smart Cards • Current Priorities

What Are Examples of Value Cases?

- Ultimately, the broad stakeholder community will determine which Value Cases would be presented to AHIC Successor for consideration, but two potential Value Cases could be:
  - **Clinical Research** The NIH, key members of the pharmaceutical industry, academic medical centers, clinical research organizations, and the Clinical Data Interchange Standards Consortium (CDISC) could present and fund a Value Case for moving forward with interoperability scenarios that would link clinical trials to electronic health records. This type of interoperability would help identify clinical trial participants through hospital admissions, collect data on patients in clinical trials, monitor patients' adherence to trial protocols, and support post-market surveillance requirements.
  - **Radiology** The digital imaging community, including the Medical Imaging & Technology Alliance (MITA), Digital Imaging and Communications in Medicine (DICOM), purchasers, and the Centers for Medicare and Medicaid Services could present and fund a case for providing inter-institution access to diagnostic images. Imaging is one of the fastest-growing health-care cost areas and purchasers are eager to find ways to maximize efficiency though existing standards for electronic health record and personal health record initiatives.

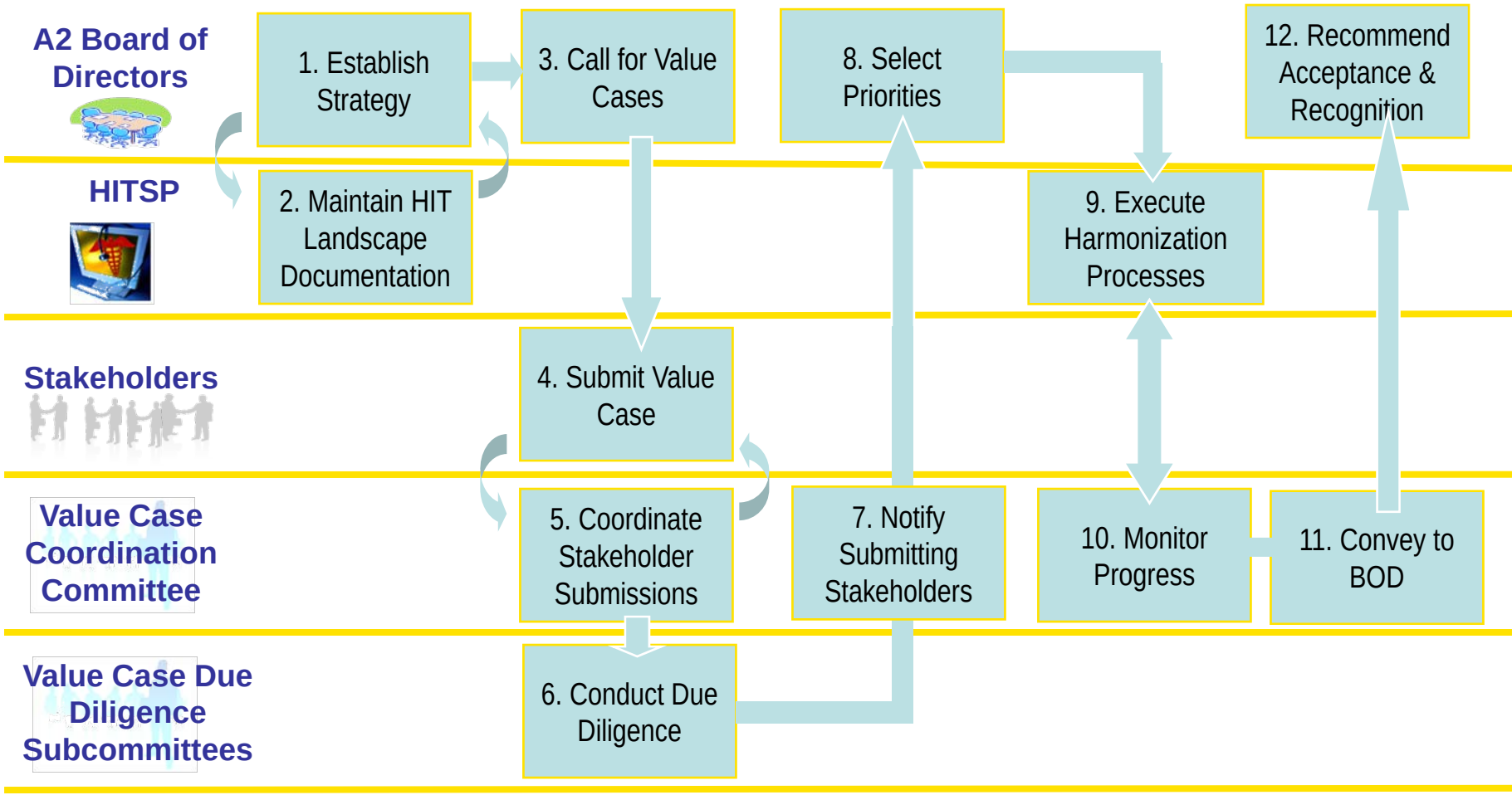
A Value Case Approach Can Accelerate Adoption of Interoperable Health IT

- **Broader stakeholder input:** The notion of a "Value Case" encompasses the concepts of healthcare communities (public and private) uniting to identify and harmonize interoperability standards
  - Clearly articulates how these standards generate meaningful value propositions to stakeholders and drive health IT adoption

- **Collaborative process with stakeholders:** The process of creating a value case brings leaders from the broader healthcare community together to become champions for specific aspects of healthcare
  - Brings real world perspectives to both the problems and solutions of health IT

- **Funding and impact identification:** A value-based and stakeholder-initiated prioritization process can re-energize the health information community and syndicate the effort and costs associated with interoperability initiatives
  - More value cases can be supported within each cycle
  - Focus can more readily expand beyond care delivery into clinical research and public health

Value Case Prioritization Process: *An Overview*



AHIC Successor: Next Three Months

- Finalize bylaws and strategic plan
- Complete Board and Management setup activities (e.g., populate committees, hire a CEO)
- Finalize Value Case approach
- Determine next steps to address proposals for activities suggested by AHIC Workgroups, ONC, and others
- Launch membership program

AHIC Successor: Get Involved

- Need strong leadership from across all sectors of the healthcare community for the successful adoption of a nationwide, interoperable health information system
- Participate in AHIC Successor to lend your voice and play an important role in the process
- Join the AHIC Successor listserv to be connected to new developments
- Seek ways to educate your organization on the importance of standards harmonization and interoperability

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