

2006 Current Fiscal Year Report: Commission on Systemic Interoperability

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2006

3. Committee or Subcommittee

Commission on Systemic Interoperability

3b. GSA Committee No.

22796

4. Is this New During Fiscal Year? 5. Current Charter 6. Expected Renewal Date 7. Expected Term Date

No 10/06/2004 11/24/2005

8a. Was Terminated During Fiscal Year? 8b. Specific Termination Authority 8c. Actual Term Date

Yes 11/25/2005

9. Agency Recommendation for Next Fiscal Year 10a. Legislation Req to Terminate? 10b. Legislation Pending?

Terminate No Enacted

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority 13. Effective Date 14. Committee Type 14c. Presidential?

Public Law 108-173, Section 1012 01/07/2003 Continuing No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports 1

16b. Report Date Report Title
01/11/2006 Ending the Document Game

Number of Committee Reports Listed: 1

17a. Open 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0

Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	6.00	0.00

20a. How does the Committee accomplish its purpose?

The Commission on Systemic Interoperability accomplished its purpose by holding a series of meetings as authorized by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to develop a comprehensive strategy for the adoption and implementation of health care information technology standards that includes a timeline and prioritization for such adoption and implementation. The Commission submitted the report on January 11, 2006 to the Secretary and

Congress describing the strategy.

20b. How does the Committee balance its membership?

The Commission was composed of 11 members who were appointed by the President, the Majority and Minority leaders of the Senate, the Speaker of the House of Representatives, and the Minority leader of the House of Representatives. The members were selected for their national recognition and expertise in health finance and economics, health plans and integrated delivery systems, reimbursement of health facilities, practicing physicians, practicing pharmacists, and other providers of health services, health care technology and information systems, and other related fields, who provided a mix of different professionals, broad geographic representation, and a balance between urban and rural representatives. Each member was appointed throughout the life of the Commission.

20c. How frequent and relevant are the Committee Meetings?

No meetings were held in FY 2006.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

This Commission was required by law to develop a comprehensive strategy for the adoption and implementation of health care information technology standards; however, will not interfere with any standards development or adoption processes underway in the private or public sector. The recommendations of this committee could not be obtained from other sources because of the nature of the issues which requires a specialized balance and breadth of expertise not available from the NIH staff or other established

sources.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

Congress enacted legislation creating this advisory committee. The authority to appoint members was given to both the President (3 members) and the majority leaders and minority leaders of both Houses of Congress (2 each). The Commission is required to submit a report to the Secretary, HHS, and Congress.

Designated Federal Officer

DONALD A.B. LINDBERG DIRECTOR, NLM

Committee Members	Start	End	Occupation	Member Designation
COHN, SIMON	12/24/2004	11/24/2005	NATIONAL DIR., HEALTH INFO. POLICY, KAISER PERMANENTE	Special Government Employee (SGE) Member
DETMER, DON	12/24/2004	11/24/2005	PRESIDENT & CEO, AMIA	Special Government Employee (SGE) Member
GREGG, VICKY	12/24/2004	11/24/2005	PRESIDENT & CEO, BLUECROSS BLUESHIELD OF TN	Special Government Employee (SGE) Member
HARRIS, C.	12/24/2004	11/24/2005	CIO, CLEVELAND CLINIC FOUNDATION	Special Government Employee (SGE) Member
MECKLENBURG, GARY	12/24/2004	11/24/2005	PRESIDENT & CEO, NORTHWESTERN MEMORIAL HEALTHCARE	Special Government Employee (SGE) Member
PARDES, HERBERT	12/24/2004	11/24/2005	PRESIDENT & CEO, NY PRESBYTERIAN HOSPITAL	Special Government Employee (SGE) Member

PRISELAC, THOMAS	12/24/2004	11/24/2005	PRESIDENT & CEO, CEDAR-SINAI HEALTH SYSTEMS	Special Government Employee (SGE) Member
SEIDENBERG, IVAN	12/24/2004	11/24/2005	CHAIRMAN & CEO, VERIZON COMMUNICATIONS	Special Government Employee (SGE) Member
SLUNECKA, FREDRICK	12/24/2004	11/24/2005	CEO, AVERA MCKENNAN HOSPITAL	Special Government Employee (SGE) Member
STEAD, WILLIAM	12/24/2004	11/24/2005	PROFESSOR, BIOMEDICAL INFORMATICS, VANDERBILT UNIV.	Special Government Employee (SGE) Member
WALLACE, SCOTT	12/24/2004	11/24/2005	PRESIDENT & CEO, NAHIT	Special Government Employee (SGE) Member

Number of Committee Members Listed: 11

Narrative Description

The Commission on Systemic Interoperability held meetings in FY 2005 to develop a comprehensive strategy for the adoption and implementation of health care information technology standards that included a timeline and prioritization for such adoption and implementation. This Commission was charged with considering the costs and benefits of the standards, both financial impact and quality improvement, the current demand on industry resources to implement the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and other electronic standards, including HIPAA standards, and the most cost-effective and efficient means for industry to implement the standards.

What are the most significant program outcomes associated with this committee?

Checked if
Applies

Improvements to health or safety

☐

Trust in government

☐

- | | |
|---|-------------------------------------|
| Major policy changes | <input type="checkbox"/> |
| Advance in scientific research | <input type="checkbox"/> |
| Effective grant making | <input type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

- | | |
|----------------------------|-------------------------------------|
| None | <input type="checkbox"/> |
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

It is projected that there will be cost savings as a result of the final committee report implementing standards for the eventual development of electronic health records for every American.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

14

Number of Recommendations Comments

N/A

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

0%

% of Recommendations Fully Implemented Comments

NIH is unable to determine at this time if any recommendations have been implemented.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

NIH is unable to determine at this time if any recommendations have been implemented.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☐ No ☒ Not Applicable ☐

Agency Feedback Comments

NA

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Action Comments

The Commission was charged with a specific purpose - to develop a final report establishing health care information technology standards.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

- | | |
|---------------------------|-------------------------------------|
| Contact DFO | <input type="checkbox"/> |
| Online Agency Web Site | <input type="checkbox"/> |
| Online Committee Web Site | <input checked="" type="checkbox"/> |
| Online GSA FACA Web Site | <input checked="" type="checkbox"/> |
| Publications | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> |

Access Comments

Contact the National Library of Medicine Committee Management Office.