

## 2009 Current Fiscal Year Report: American Health Information Community

Report Run Date: 04/25/2024 07:10:38 AM

**1. Department or Agency**

Department of Health and Human  
Services

**2. Fiscal Year**

2009

**3. Committee or Subcommittee**

American Health Information  
Community

**3b. GSA Committee  
No.**

25136

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

No

07/28/2007

**8a. Was Terminated  
During FiscalYear?**

Yes

**8b. Specific  
Termination  
Authority**

Secretarial FACA;  
change in  
administration

**8c. Actual  
Term Date**

12/31/2008

**9. Agency  
Recommendation for  
Next FiscalYear**

Terminate

**10a. Legislation Req  
to Terminate?**

No

**10b.  
Legislation  
Pending?**

**11. Establishment Authority** Authorized by Law

**12. Specific  
Establishment  
Authority**

EO 13335

**13.  
Effective  
Date**

07/28/2005

**14.  
Committee  
Type**

Continuing

**14c.  
Presidential?**

No

**15. Description of Committee** Other Committee

**16a. Total  
Number of  
Reports**

No Reports for  
this FiscalYear

**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
<b>18a(1). Personnel Pmts to Non-Federal Members</b>	\$0.00	\$0.00
<b>18a(2). Personnel Pmts to Federal Members</b>	\$0.00	\$0.00
<b>18a(3). Personnel Pmts to Federal Staff</b>	\$100,000.00	\$0.00
<b>18a(4). Personnel Pmts to Non-Member Consultants</b>	\$0.00	\$0.00
<b>18b(1). Travel and Per Diem to Non-Federal Members</b>	\$0.00	\$0.00
<b>18b(2). Travel and Per Diem to Federal Members</b>	\$0.00	\$0.00
<b>18b(3). Travel and Per Diem to Federal Staff</b>	\$0.00	\$0.00
<b>18b(4). Travel and Per Diem to Non-member Consultants</b>	\$0.00	\$0.00
<b>18c. Other(rents,user charges, graphics, printing, mail, etc.)</b>	\$0.00	\$0.00
<b>18d. Total</b>	\$100,000.00	\$0.00
<b>19. Federal Staff Support Years (FTE)</b>	3.00	0.00

**20a. How does the Committee accomplish its purpose?**

The AHIC advises the Secretary of HHS and recommends specific actions to achieve a common interoperability framework for health IT and serves as a forum for participation from a broad range of stakeholders to provide input on achieving interoperability of health IT.

**20b. How does the Committee balance its membership?**

7 Public Sector Members. 11 Private Sector Members.

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

AHIC Meetings may be held up to 12 times per year, at the call of the Designated Federal Official, who shall also provide the meeting agenda.

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

The AHIC is required to advise the Secretary concerning efforts to develop information technology standards and achieve interoperability of health IT so the President's health IT goals can be achieved. At the Secretary's request, the AHIC may provide advice on related matters pertaining to health IT.

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

N/A

**21. Remarks**

AHIC's first meeting was on October 7, 2005. All information on AHIC and AHIC subcommittees can be viewed on the AHIC website at <http://www.hhs.gov/healthit/ahic.html>. No annual report was required for this fiscal year.

**Designated Federal Officer**

Judith Sparrow Executive Director, AHIC

Committee Members	Start	End	Occupation	Member Designation
Barrett, Craig	09/13/2005	07/28/2009	Chairman of the Board, Intel Corporation	Representative Member
Casscells, S. Ward	09/13/2005	07/28/2009	Assistant Secretary of Defense for Health Affairs, Department of Defense	Ex Officio Member

Davenport-Ennis, Nancy	09/13/2005	07/28/2009	CEO, National Patient Advocate Foundation	Representative Member
Dillman, Linda	01/01/2008	07/28/2009	Executive Vice President, Wal-Mart	Representative Member
Furlani, Cita	09/13/2005	07/28/2009	Director, National Institute of Standards & Technology, Dept. of Commerce	Ex Officio Member
Gelinas, Lillee	09/13/2005	07/28/2009	Chief Nursing Officer, VHA, Inc.	Representative Member
Gerberding, Julie	09/13/2005	07/28/2009	Director, Centers for Disease Control and Prevention, HHS	Ex Officio Member
Glaser, John	01/01/2008	07/28/2009	Vice President, Partners HealthCare Systems	Ex Officio Member
Graham, Gail	09/13/2005	07/28/2009	Director, Health Data & Informatics, Veterans Health Administration, Dept. of Veterans Affairs	Ex Officio Member
Henley, Douglas	09/13/2005	07/28/2009	Executive Vice President, American Academy of Family Physicians	Representative Member
Hutchinson, Kevin	04/24/2007	07/28/2009	HIT Expert	Ex Officio Member
Kahn, Charles	09/13/2005	07/28/2009	President, Federation of American Hospitals	Representative Member
Leavitt, Michael	09/13/2005	12/30/2008	Secretary, Department of Health and Human Services	Ex Officio Member

Roob, Mitchell	09/13/2005	07/28/2009	Secretary, Indiana Family and Social Sciences Administration President and CEO, Blue Cross Blue Shield Association	Representative Member
Serota, Scott	09/13/2005	07/28/2009	Director, Office of Personnel Management	Representative Member
Springer, Linda	09/13/2005	07/28/2009	American College of Physicians Administrator, Centers for Medicare and Medicaid Services, HHS	Ex Officio Member
Tooker, John	01/01/2008	07/28/2009		Ex Officio Member
Weems, Kerry	09/13/2005	12/30/2008		Ex Officio Member

**Number of Committee Members Listed: 18**

### **Narrative Description**

On April 27, 2004, the President signed Executive Order 13335 (EO) announcing his commitment to the promotion of health information technology (health IT) to lower costs, reduce medical errors, improve quality of care, and provide better information for patients and physicians. In particular, the President called for widespread adoption of electronic health records (EHRs) and for health information to follow patients throughout their care in a seamless and secure manner. In the EO, the President enunciated a vision to provide leadership for the development and national implementation of an interoperable health IT infrastructure that: (a) ensures appropriate information to guide medical decisions is available at the time and place of care; (b) improves health care quality, reduces medical errors, and advances the delivery of appropriate, evidence-based medical care; (c) reduces health care costs resulting from inefficiency, medical errors, inappropriate care, and incomplete information; (d) promotes a more effective marketplace, greater competition, and increased choice through the wider availability of accurate information on health care costs, quality, and outcomes; (e) improves the coordination of care and information among hospitals, laboratories, physician offices, and

other ambulatory care providers through an effective infrastructure for the secure and authorized exchange of health care information; and (f) ensures patients' individually identifiable health information is secure and protected. The EO directed the Secretary of the Department Health and Human Services (HHS) to establish within the Office of the Secretary the position of National Health Information Technology Coordinator (National Coordinator).

Recognizing the need for public and private sector collaboration to achieve these goals, the EO charged the National Coordinator, to the extent permitted by law, to coordinate outreach and consultation by the relevant branch agencies (including Federal commissions) with public and private parties of interest, including consumers, providers, payers, and administrators. As a part of this collaboration, the Secretary of HHS (Secretary) hereby creates the American Health Information Community (AHIC) to: 1) advise the Secretary and recommend specific actions to achieve a common interoperability framework for health IT; and 2) serve as a forum for participation from a broad range of stakeholders to provide input on achieving interoperability of health IT. The AHIC shall advise the Secretary concerning efforts to develop information technology standards and achieve interoperability of health IT so the President's health IT goals can be achieved. At the Secretary's request, the AHIC may provide advice on related matters pertaining to health IT. The AHIC shall operate in a manner that is consistent with the EO, including not assuming or relying upon additional federal resources or spending to accomplish adoption of interoperable health information technology. The AHIC shall, among other things, advance and develop recommendations for the following issues: - 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 that includes information tools, specialized network functions, and security protections for interoperable health information exchange. - Acceleration of interoperable EHR adoption across the broad spectrum of health care providers. - Compliance certification and inspection processes for EHRs, including infrastructure components through which EHRs interoperate. - Identification of health IT standards for use by the National Institute for Standards

and Technology (NIST) in a Federal Information Processing Standards (FIPS) 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 AHIC by a private-sector health information community initiative.

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

Checked if  
Applies

Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input checked="" 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**

NA

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

188

## **Number of Recommendations Comments**

Seven subcommittees of the American Health Information Community presented recommendations based on their charges from the Community. These subcommittees were the Electronic Health Records, Chronic Care, Consumer Empowerment, Population Health & Clinical Care Connections, Quality, Confidentiality, Privacy & Security, and Personalized Healthcare Workgroups. Of the recommendations presented, 188 were accepted by the Community for forwarding to the Secretary of HHS

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

40%

## **% of Recommendations Fully Implemented Comments**

Implementation of the recommendations is in process.

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

20%

## **% of Recommendations Partially Implemented Comments**

Implementation of the recommendations is in process.

**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 checked="" 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 type="checkbox"/>

**Action Comments**

NA

**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 checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input type="checkbox"/>
Publications	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Access Comments**

N/A