2006 Current Fiscal Year Report: Commission on Systemic Interoperability

Report Run Date: 03/28/2024 02:59:25 PM

1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2006

3. Committee or Subcommittee	3b. GSA Committee No.
Commission on Systemic Interoperability	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 FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
Yes		11/25/2005

9. Agency Recommendation for Next FiscalYear	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. Commitee 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	17b. Closed	17c. Partially Closed	Other Activities	17d. Total
0	0	0	0	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 submited 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	☐
Advance in scientific research	☐
Effective grant making	☐
Improved service delivery	☑
Increased customer satisfaction	☐
Implementation of laws or regulatory requirements	☐
Other	☐

Outcome Comments

NA

What are the cost savings associated with this committee?

	Checked if Applies
None	☐
Unable to Determine	☑
Under $100,000	☐
$100,000 - $500,000	☐
$500,001 - $1,000,000	☐
$1,000,001 - $5,000,000	☐
$5,000,001 - $10,000,000	☐
Over $10,000,000	☐
Cost Savings Other	☐

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	☐
Reallocated resources	☐
Issued new regulation	☐
Proposed legislation	☐
Approved grants or other payments	☐
Other	☑

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	☐
Online Agency Web Site	☐
Online Committee Web Site	☑
Online GSA FACA Web Site	☑
Publications	☐
Other	☑

Access Comments

Contact the National Library of Medicine Committee Management Office.