

American National Standards Institute
Healthcare Information Technology Standards Panel (HITSP)

CHARTER

1. Mission

Organizations participating in the Healthcare Information Technology Standards Panel (HITSP) (referred to as the “Panel”) agree to serve as a cooperative partnership between the public and private sectors for the purpose of achieving a widely accepted and useful set of standards specifically to enable and support widespread interoperability among healthcare software applications, as they would interact in a Nationwide Health Information Network for the United States.

The HITSP is established under the sponsorship of the American National Standards Institute (ANSI) and endorsement of the Healthcare Information and Management Systems Society (HIMSS). The Panel intends to ensure the broadest possible participation of all affected parties, in order to stand up and maintain an entity capable of achieving readily-implemented, consensus-based outcomes.

2. Principles

This Panel shall serve the public good by working to ensure that the harmonized work of various healthcare information standards development organizations is broadly deployed and supports interoperability, accurate use, access, privacy and security of shared health information. It shall be representative of all organizations and stakeholder groups in order to ensure that it operates under the following principles:

- Transparency. Essential information regarding governance, activities and decisions of the Panel is accessible to all parties on a timely basis.
- Openness. Participation on the Panel is open to all affected interests.
- Stakeholder Representation. The governance and all activities of the Panel shall include broad representation from stakeholders without regard to ANSI membership or accreditation.
- Impartiality and Balance. No one interest dominates the process or is favored over another among competing interests and various stakeholders.
- Effectiveness and Relevance. Decisions are relevant and effectively respond to regulatory and market needs, as well as scientific and technological developments.
- Consensus. Decisions are reached through a use-case driven process that encourages consensus among those affected.

- 46 • Performance-based. Standards specify essential characteristics rather than
47 detailed designs where possible.
- 48 • Coherence. The process encourages coherence to avoid overlapping and
49 conflicting standards.
- 50 • Consistency. Where business conditions dictate that different standards
51 transmit the same information, the process assures consistency in the
52 representation of this information in the different standards.
- 53 • Due Process. Decisions include due process so that all views are considered
54 and a dispute resolution process exists.
- 55 • Timely. Decisions are reached in a timeframe that meets market expectations.
- 56 • Flexibility. Decision making may incorporate variation in process to meet the
57 needs of differing sectors, so long as the other principles are not compromised.

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60 3. Scope

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62 The Panel is a multi-stakeholder coordinating body designed to provide the process
63 within which stakeholders identify, select, and harmonize standards for communicating
64 and encouraging broad deployment of healthcare information throughout the healthcare
65 spectrum. It is use-case driven, with decision making based on industry needs. Utilizing
66 information from stakeholders, the Panel will facilitate the development of harmonized
67 implementation guides and information policies, including SDO work products (e.g.
68 standards, technical reports). These policies, guides and work products are essential for
69 establishing privacy, security and interoperability among healthcare software applications.

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71 In conducting its work, the Panel, as appropriate, will coordinate with other national,
72 regional and international groups addressing healthcare informatics with the goal of
73 realizing globally relevant standards.

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75 The Panel and all sub-groups shall operate in accordance with approved operating
76 procedures.

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79 4. Healthcare Information Technology Standards Panel (HITSP)

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81 4.1 Panel Members

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83 Membership in the Panel is open to all affected parties. Membership in the Panel shall be
84 by organization and consist of four categories. Organizations that could be categorized in
85 more than one group must choose a single affiliation for voting purposes.

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- 87 ▪ Standards development organizations (SDOs) which shall be defined as SDOs whose
88 processes are accredited by ANSI and create standards in health informatics and
89 implementation of EHR systems; SDOs or other organizations responsible for the
90 standards chosen by the Consolidated Health Informatics (CHI) initiative; SDOs or
91 other organizations put forth by the respondents to the November 2004 HHS RFI on

92 the development and adoption of a NHIN; SDOs under the Institute of Electrical and
93 Electronics Engineers-Standards Association (IEEE-SA) with a focus on health care
94 and health informatics; SDOs that serve as US Technical Advisory Group (TAG)
95 Administrators under the International Organization for Standardization (ISO) and/or
96 the International Electrotechnical Commission (IEC) with a focus on health care and
97 health informatics; and other SDOs nominated by expert cross-agency sources in the
98 Federal government; It shall be the objective of the Panel over the term of this
99 contract to ensure that at least two-thirds of those eligible to join the Panel in the SDO
100 category do so.

- 101
- 102 ■ Non-SDO stakeholder organizations which shall be defined as: clinicians and their
103 representative organizations; providers and their representative organizations; safety
104 net providers and their representative organizations; vendors that develop, market,
105 install, and support health IT products and their representative organizations; health
106 care purchasers or employers and their representative organizations; health care
107 payers or health insurance companies and their representative organizations; public
108 health professionals and their representative organizations; national organizations
109 with a broad representation of stakeholders with an interest in healthcare information
110 technology standards; and clinical and health-services researchers' and their
111 representative organizations;
- 112
- 113 ■ Governmental bodies which shall be defined as: Federal, state, and local agencies;
114 and coordinating bodies with responsibilities for and/or a relationship to healthcare
115 information technology used in the public sector; and
- 116
- 117 ■ Consumers who shall be identified as: consumer organizations with an interest in
118 health information technology standards;.
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120 Panel meetings and minutes are open and available to the public.

121 4.2 Officers:

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124 ANSI shall appoint a non-voting Chair subject to approval by the Office of the National
125 Coordinator (ONC) and the ratification of a majority vote of the HITSP. If a Chair
126 candidate either is not approved by ONC or not ratified by the Board, ANSI shall submit
127 a new candidate for ratification. ANSI's selection and criteria shall be communicated to
128 the Panel.

129

130 The Chair shall facilitate Panel meetings and shall represent the Panel to the external
131 community, including AHIC, and convene Board meetings.

132

133 The Chair shall appoint Committee chairs subject to ratification by Committee members.

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135 The Chair may call at his or her discretion an executive session open to only Board
136 members. It is understood that executive session is for discussion only and that no formal

137 decisions will be taken during an executive session. Agenda items for executive session
138 shall not include topics which are subject to Board and/or Panel votes.

139
140 The Board shall nominate several candidates for Vice Chair from its members, one of
141 whom shall be appointed by ANSI as Vice Chair. The Vice Chair shall assume the role
142 of Chair in the Chair's absence; however the Vice-Chair will not automatically become
143 Chair, should the Chair be unable to serve. ANSI's selection criteria and process shall be
144 communicated to the Panel.

145
146 Both the Chair and Vice Chair shall serve two-year terms and may be re-ratified for one
147 additional two-year term.

148
149 If the Chair is unable to complete his/her term of office, ANSI shall follow the process
150 for appointing a Chair.

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152 4.3 Panel Responsibilities

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154 The responsibilities of the Panel shall include, but not necessarily be limited to:

- 155 a. Facilitate the timely development and harmonization of standards responsive
- 156 to identified use cases;
- 157 b. Elect HITSP Board members;
- 158 c. Ratify Panel chairperson;
- 159 d. May recommend creation or dissolution of committees.
- 160 e. Approve and ratify all Panel governance documents and operating procedures;
- 161 f. Ratify and adopt all final HITSP work products, such as, but not limited to::
- 162 use case recommendations, gap and duplication analyses, evaluation of
- 163 relevant standards to meet use case requirements, a standards change
- 164 management process, use case related implementation guides; and use case
- 165 testing
- 166 g. Use of existing harmonization processes as appropriate.
- 167 h. Activate a conflict resolution mechanism as needed.
- 168 i. Recommend priorities to AHIC among proposed use cases to solve health
- 169 information exchange issues and implement AHIC decisions in these matters;
- 170 j. Ratify a self-sustaining business model presented by the Board that ensures
- 171 the ongoing viability and financial sustainability of the Panel beyond the
- 172 contract;
- 173 k. Do and perform all other acts as may be necessary or appropriate to the
- 174 conduct of the Panel's activities.

175
176 4.4 Panel Voting Requirements

177
178 HITSP membership is organizational. Each organizational member has one vote.

179
180 Voting in person, electronically or other such approved means shall require a quorum of
181 at least 50% of eligible Panel members, including abstentions. Prior to a formal vote,
182 there shall be at least a 5-day review and comment period for all members. When voting

183 on candidates for leadership positions only the final results will be made public. In all
184 other cases, votes shall be open, and the results of the voting shall be available to all
185 Panel organizational members.

186 In establishing a quorum, a Panel member shall be counted as part of the quorum if they
187 have voted in at least one of the three previous consecutive votes.

188
189 Panel members elect the Board. HITSP Board members are elected by a majority of
190 those voting.

191
192 For all other votes, approval is determined by no less than a 66% affirmative vote of
193 those voting.

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195 5. HITSP Board

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197 5.1 HITSP Board Membership

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199 The HITSP Board (the Board) shall be the governing body of the Panel.

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201 The Board shall consist of the following voting members, who shall be elected from the
202 members of the Panel:

- 203
- 204 ▪ Eight (8) representatives elected by the standards development organizations
205 from the membership of the Panel (but no more than one representative from
206 any one SDO).
 - 207
 - 208 ▪ One (1) representative from each of the nine (9) following non-SDO
209 stakeholders: recognized national associations; other similar types of
210 organizations; or other organizations of: clinicians and their representative
211 organizations; providers and their representative organizations; safety net
212 providers and their representative organizations; vendors that develop, market,
213 install, and support health IT products and their representative organizations;
214 health care purchasers or employers and their representative organizations;
215 health care payers or health insurance companies and their representative
216 organizations; public health professionals and their representative
217 organizations; national organizations with a broad representation of
218 stakeholders with an interest in healthcare information technology standards;
219 and clinical and health-services researchers' and their representative
220 organizations; and
 - 221
 - 222 ▪ Two (2) representatives, appointed by ONCHIT, from either government
223 agencies or coordinating bodies representing various government agencies;
 - 224
 - 225 ▪ One (1) healthcare consumer representative;
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 - 227 ▪ One (1) ex-officio member appointed by ONCHIT;
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229 The SDO representatives shall be elected for two-year, staggered terms by majority vote
230 of the SDO members; the non-SDO representatives shall be elected for two-year,
231 staggered terms by majority vote of the non-SDO members ;consumer organization
232 members., Board members are limited to three consecutive terms. SDO, non-SDO and
233 consumer representatives must be endorsed by their respective SDO, national association
234 or organization.

235

236 If a Board member is unable to complete his or her term of office, his or her category (e.g.
237 SDO, non-SDO, or consumer organization) is to, as soon as possible, elect a replacement
238 for the remainder of the term.

239

240 To ensure that there is both the infusion of new thought leaders and adequate leadership
241 to maintain momentum and continuity, the terms of the Board members will be staggered
242 to ensure that no more than one half of the Board members will be replaced in any given
243 year.

244

245 The Board shall be solely responsible for any changes in its operations and may make
246 modifications based upon experiences in its operations as long as the principles of the
247 Panel are not violated or compromised.

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249

250 5.2 HITSP Board Responsibilities

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252 The Board shall have responsibility for governing the process of Panel's activities. These
253 activities shall include, but not necessarily be limited to:

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- 255 a. Development of operating guidelines and other such operating procedures
256 necessary to perform its work as long as they are consistent with the principles
257 of this Charter;
- 258 b. Recommend governance changes to the Panel for ratification;
- 259 c. Ensure that the principles of this Charter and governance documents are
260 upheld and maintained;
- 261 d. Provide direction and guidance for the development of use case
262 recommendations;
- 263 e. Formation of Panel committees of sufficient number to accomplish the work
264 of the Panel, and provide direction and guidance for their work;
- 265 f. Approve the dissolution of Panel committees at the conclusion of their tasks;
- 266 g. Ensure the coordination of Panel committee activities;
- 267 h. Appoint task groups as needed;
- 268 i. In the event that the Panel or a committee is unsuccessful in minimizing
269 duplication or mediating conflict, the Board will make a concerted
270 documented effort to achieve a harmonized outcome;
- 271 j. Within one year of the contract awarded by the Department of Health and
272 Human Services, the Board shall recommend a self-sustaining business model
273 to ensure the on-going viability and financial sustainability of the Panel
274 beyond the term of the contract;

- 275 k. Upon enactment of the self-sustaining business model, ensure the fulfillment
276 of fiduciary responsibilities of the Panel; and monitor the Panel budget within
277 the limitations of and in coordination with outside funding (e.g. federal
278 contracts); and
279 l. Do and perform all other acts as may be necessary or appropriate to the
280 governance of the Panel’s activities.

281
282 5.3 HITSP Board Voting Requirements

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284 Voting approval is determined by no less than a 66% affirmative vote of those voting,
285 including abstentions. In person meetings and electronic votes shall require a quorum of
286 50% of the voting Board members. Prior to a formal vote, there shall be at least a 5-
287 business-day review and comment period for all Board members. When voting on
288 candidates for leadership positions only the final results will be made public. In all other
289 cases, votes shall be open, and the results of the voting shall be available to all Panel
290 members.

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292 5.4 HITSP Board Meetings

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294 There shall be established regularly scheduled Board meetings. In the event of an
295 emergency Board meeting, notice shall be given with at least 5 days advance notice
296 provided to all members for in person meetings and at least 3 days advance notice
297 provided to all members for conference calls. All meetings of the Board shall be open to
298 all Panel members.

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301 6. Committees:

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303 Through approval by the Board, Committees shall be organized by specialty domains, be
304 assigned approved use cases if appropriate, and consist of representation from Panel
305 members. When appropriate, Committees will work with a specific use case from
306 development through standards gap analysis and through standards development
307 coordination and implementation. Committee membership is open to all interested Panel
308 members and shall be representative of affected stakeholders. All committee meetings
309 and conference calls shall be open to all Panel members and posted in advance. The
310 committee chair can appoint task groups as needed.

311
312 6.1 Committee Voting Requirements:

313
314 For voting, approval is determined by no less than a 66% affirmative vote of those voting.
315 In person meetings and electronic votes shall require a quorum of 50% of the voting
316 committee members, including abstentions

317
318 All votes shall be open, and the results of the voting shall be available to all Panel
319 members.

320

321 6.2 Committee Responsibilities

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323 Committees ratify Committee Chairs appointed by the Board Chair. Committees can
324 choose to recommend a Co-Chair model for appointment.

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326 Committees have responsibility for initiating and implementing the Panel's activities.
327 Each Committee will have its own charter. Committee Charters will be approved by the
328 Board.

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330 Committee Chairs will be responsible for ensuring consistency in all methodologies used
331 in committee work in accordance with the principles of this Charter.

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333 7. Secretariat Responsibilities:

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335 ANSI staff shall serve as secretariat to manage the business affairs of the Panel and shall:

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337 ▪ Provide all administrative support services to the Board, membership and
338 other such groups as created by the Board including but not limited to:
339 scheduling meetings, notifying members of Panel meetings, preparing agendas,
340 issuing minutes, staffing committees except as agreed to with HIMSS for the
341 Use Case Committees; and

342 ▪ Provide accounting, billing and other such services except for those handled
343 elsewhere by contract.

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345 ANSI, as secretariat, shall have no vote at either the Panel or Board level.

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347 8. Roberts Rules of Order

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349 All questions of parliamentary procedure not covered in this charter shall be resolved
350 according to Robert's Rules of Order (latest edition).

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352 9. Charter Ratification

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354 This charter shall remain in effect through January 31, 2006. If the Panel does not take
355 formal action to amend the charter by this date, the charter shall remain in force until an
356 action is taken to amend it. A provisional governance committee shall be formed to
357 review and propose changes to the document governing this panel. Any proposed
358 changes shall be reviewed and voted upon by the Panel no later than January 31, 2006.