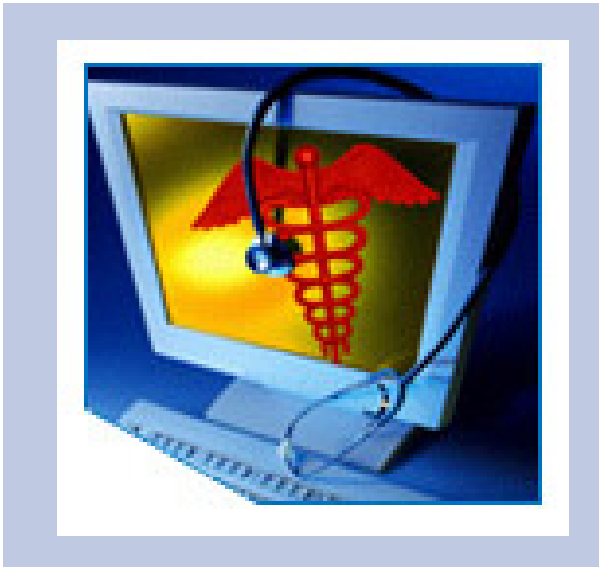


Healthcare Information Technology Standards Panel (HITSP)

Proposed Business Plan
COMMITTEE DRAFT



Submitted to:

**Healthcare Information Technology Standards Panel -
Board**

Submitted by:

Business Planning Committee



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2.0 EXECUTIVE SUMMARY

The harmonization of standards related to healthcare information technology is critical to the Federal government's comprehensive strategy for accelerating the adoption of healthcare information technology (HIT). To achieve this harmonization, the Standards Harmonization Collaborative (a cooperative effort of eighteen independent entities that became involved in developing a response to the ONCHIT1 RFP) proposed the creation of the Healthcare Information Technology Standards Panel (HITSP). With the awarding of ONCHIT1 to the American National Standards Institute (ANSI), HITSP became a reality.

The Panel's objective is to achieve widely accepted and readily implemented consensus-based standards that will enable and support widespread interoperability among healthcare information technology systems, especially as they would interact in a Nationwide Health Information Network (NHIN) for the United States. The Panel works to ensure that the combined efforts of various healthcare information standards organizations support interoperability, accurate use, access, privacy and security of shared health information.

The HITSP is organized so that it shall not be disproportionately dependent upon any single organization or stakeholder group. Its work is a public good; as such, there are certain limitations to the business model. In particular, the Panel's "products" cannot be proprietary as this would defeat the objective of "widely accepted and readily-implemented" standards.

The following Business Plan summarizes how HITSP plans to establish a self-sustaining business model over the next six years. Clearly, greater confidence can be assigned to the earlier years than later years, but the experience of the first year under ONCHIT1 provides a high degree of assurance regarding the direction of this plan. Specifically, this plan proposes that HITSP:

- retain the current legal structure under the sponsorship of ANSI with strategic partners such as the Healthcare Information and Management Systems Society (HIMSS), the Advanced Technology Institute (ATI), Booz Allen Hamilton and others, although these relationships may evolve as HITSP moves out of a federal contract funding model;
- expand its product line from interoperability specifications and testing of interoperability to include educational services and publications;
- establish additional funding streams through membership and sponsorships based upon stakeholder-specific value propositions; and
- maintain the current structure and standards harmonization processes of the Panel and its Board while modifying the management structure to reflect changing revenue sources as the HITSP moves from a 100% federal contract supported entity into an initiative with a broader base of financial support.



3.0 GENERAL DESCRIPTION OF THE HITSP

3.1 History

The Office of the National Coordinator for Health Information Technology (ONC) has as its mission the implementation of President Bush's vision for widespread adoption of interoperable electronic health records (EHRs) within ten (10) years. In the fall of 2005, ONC awarded multiple contracts to advance this goal. Among these were contracts for creating processes to harmonize standards, certify EHR applications, develop nationwide health information network prototypes and recommend necessary changes to standardize diverse security and privacy policies.

The Evaluation of Standards Harmonization Process for Health Information Technology Program (ONCHIT1) is the contract for bringing together organizations with a stake in health data standards to develop a healthcare information technology (HIT) standards harmonization process. The Standards Harmonization Collaborative is a cooperative effort of eighteen (18) independent entities that became involved in developing a response to the ONCHIT1 RFP. One of the recommendations submitted by the Standards Harmonization Collaborative in its response to the ONCHIT1 RFP was the establishment of a Healthcare Information Technology Standards Panel (HITSP). The Panel's objective is to achieve widely accepted and readily implemented consensus-based standards that will enable and support widespread interoperability among healthcare information technology systems, especially as they would interact in a Nationwide Health Information Network (NHIN) for the United States.

Concurrently, the Secretary of Health and Human Services created the American Health Information Community. The Community is a federally chartered commission to provide recommendations and priorities to HHS on how to make interoperable electronic health records a reality and to assure the privacy and security of these records using market based principles. Specifically, the Community has developed a set of initial breakthrough use cases in consumer empowerment, electronic health records, and biosurveillance¹, which are HITSP's initial first year focus under the ONCHIT 1 contract. HITSP will deliver its first set of Interoperability Specifications addressing these use cases in September 2006.

Part of the contract requires HITSP to design and develop a self-sustaining harmonization process and business plan to ensure future viability and appropriate evolution of the standards defined by this project. This document presents that plan.

3.2 Mission Statement

The mission of the Healthcare Information Technology Standards Panel is 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 secure, protected interoperability among healthcare software applications, as they will interact in a local, regional and national health information network for the United States.

3.3 Goals and Objectives

Initially, the HITSP has set a goal to establish and document an open, inclusive and responsive process for standards harmonization and a plan to sustain its operations. It will deliver its required Interoperability Specifications by September 30, 2006. Additional goals and objectives will be developed based on contract deliverables.

To assure harmonization, HITSP:

¹ A fourth Use Case for Chronic Care was not formally conveyed as a first year deliverable.



- is a multi-stakeholder coordinating body designed to provide the process within which affected parties can identify, select, and harmonize standards for communicating healthcare information throughout the healthcare spectrum.
- functions as a partnership of the public and private sectors and operates with a neutral and inclusive governance model administered by the American National Standards Institute.
- facilitates the development of harmonized interoperability specifications and information policies, including SDO work products (e.g. standards, technical reports). These policies, profiles and work products are essential for establishing privacy, security and interoperability among healthcare software applications.
- coordinates, as appropriate, with other national, regional and international groups addressing healthcare informatics to ensure that the resulting standards are globally relevant.
- is use-case driven, utilizes information from stakeholders, and bases its decisions on industry needs.
- serves the public good by working to ensure that the combined work of various healthcare information standards organizations support interoperability, accurate use, access, privacy and security of shared health information. The Panel is organized so that it shall not be disproportionately dependent upon any single organization or stakeholder group.

3.4 Business Philosophy

This Panel serves 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 is 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 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.
- **Performance-based:** Standards specify essential interoperability characteristics rather than detailed application designs (wherever possible).
- **Harmonization:** The process encourages harmonization to avoid overlapping and conflicting standards.
- **Consistency:** Where business conditions dictate that information is transmitted under different standards, the process assures consistency in the representation of this information.
- **Due Process:** Decisions are arrived at by procedures that assure all views are considered and a dispute resolution process is provided.
- **Timeliness:** Decisions are reached in a timeframe that meets stakeholders' expectations.



- Flexibility: Decision making may incorporate variations in process to meet the needs of differing sectors, so long as the other principles are not compromised.
- Competition: Recognizing that the membership of the Panel includes many business organizations that compete directly with one another, normal considerations of appropriate legal boundaries, including antitrust, where appropriate, will be observed.

3.5 Legal Form of Ownership

The Panel is sponsored by the American National Standards Institute (ANSI) in cooperation with strategic partners such as the Healthcare Information and Management Systems Society (HIMSS), the Advanced Technology Institute (ATI) and Booz Allen Hamilton. Funding for the Panel is being provided via the ONCHIT1 contract award from the U.S. Department of Health and Human Services. This contract is renewable for three years with one additional option year. This form may evolve, as HITSP becomes a self-sustaining organization.



4.0 PRODUCTS AND SERVICES

4.1 Background

The HITSP is an organization that was created for the sole purpose of coordinating healthcare information technology standards. It includes both ANSI accredited and consortia based standard development organizations, and various other stakeholder groups such as vendors, professional organizations and individual medical institutions that provide a good representation of the healthcare information technology industry.

As the coordinating organization, HITSP does not intend to create, develop or maintain standards, implementation guides, vocabularies or consortia-accepted products. The Panel's role is identified at a level higher than the standards organizations it is coordinating – this level of operation requires HITSP to develop products to serve the health information technology industry.

4.2 Products

All products created in HITSP promote collaborative work and have the goal of interoperability across technology and trading partners within the healthcare industry. Its work is a public good; which imposes certain limitations on the business model. In particular, the Panel's "products" cannot be proprietary, as this would defeat the objective of "widely accepted and readily-implemented" standards.

- **Use Case Development:** HITSP will engage with interested stakeholders to create use cases that cover specific domains. The use case development activity would be sponsored by the key stakeholders interested in that domain (e.g., pharmaceutical researchers sponsoring use case development of methods for adverse event reporting from electronic health records) and would include a full assessment of the costs, requirements, dependencies and timelines associated with producing and testing the required interoperability specifications. Once adequate sponsorship for the completion of the harmonization process has been secured and approved by the full Panel, the use cases would then drive the rest of the standards harmonization process.
- **Interoperability Specifications:** These are work products that address external use case requirements, with the initial set based on the American Health Information Community priorities. Interoperability Specifications clearly identify the standards, standards implementation guides, vocabularies and consortia products that create an interoperable environment to address the specific use case and flow. Each SDO, professional organization and consortia will remain responsible for development and maintenance of its products, standards and implementation guides. However, it is anticipated that since the members of HITSP and the organizations developing the products and standards are the same, both layers of work will be complimentary to ensure that the goal of interoperability is realized.
- **Interoperability Testing:** HITSP will develop a testing program and an inventory of organizations willing to provide a base level of testing for Interoperability Specifications being developed by HITSP. A report of the test results will go to the developing organization to make appropriate adjustments to their work to ensure interoperability. Approval of HITSP *Interoperability Specifications* will be done by the HITSP panel members and edits will be made by the appropriate HITSP Technical Committee.
- **Educational Services:** There are several types of educational services that can be provided by HITSP. The first is **tutorials**. Each HITSP *Interoperability Specification* provides the opportunity to develop educational courses that could be provided throughout the US by panel members. Given that it is anticipated that these HITSP products will exceed 100+ and that an annual review of the products are required, the need for this product should continue throughout the life of this business plan as long as the curriculum is updated.



The second is **periodic seminars** specific to the implementation of healthcare information system standards. Initially this type of seminar would be limited in the amount of revenue it could generate. In order to minimize costs, it may be prudent to provide as a limited program within other national meetings such as HIMSS. As the roadmap of interoperability matures, it may provide the opportunity to develop a healthcare information seminar program that will include tutorials on health informatics, standards, vocabularies, consortia products and the vast number of use cases and roadmaps that use them.

The next product group would be a series of how to **pamphlets** to achieve interoperability using the various HITSP interoperability specifications. This product group could require outside assistance that would need to be paid a fee for their efforts.

The last product offering would be to conduct **industry forums** that offer the opportunity for education, bi-lateral discussion of industry topics and input to product development.

- **Sponsorship:** A revenue channel for HITSP could be sponsorship. This could be rolled into the membership levels of the organization, or could be structured by product or on the basis of some identifiable recognition. This was discussed in the first survey, results in the Appendix.



5.0 MARKETING PLAN

HITSP is a quasi-public organization that produces Interoperability Specifications that are essential for the operation of the NHIN. As such, it operates much like PBS (Public Broadcast System), depending upon a variety of sources for its funding. One source of funding is the membership of its stakeholders. Currently there are over 150 stakeholder organizations. A second source is direct support of its “programs” – the Interoperability Specifications, initially for biosurveillance, consumer empowerment, and electronic health records. A third source would be for its “program guides” – the seminars and written material that explains interoperability and the specific Interoperability Specification for each Breakthrough Use Case. Finally, like the Corporation for Public Broadcasting, the Federal Government must be persuaded that the Public Good warrants continued support of HITSP after the contract period.

This plan assumes the products as defined above. Alternate business plans based on bundled NHIN functionality are discussed in section **10.0** and not commented on in this section.]

5.1 Membership

HITSP is a membership organization, and as such, a part of its marketing strategy is directed to the recruitment and retention of member organizations. HITSP plans on an initial revenue source that is membership in nature. This suggests an annual fee for organizations to belong to the HITSP process.

Our market research to date consists primarily of a single survey done of the HITSP panel membership in April-May of 2006 (see Section **11.0**, Annex A). The survey covered a variety of issues around membership fees and related revenue opportunities, and the groups surveyed responded with a combination of multiple choice answers and free text.

NOTE: One strategy to consider is that members get free copies of the materials and access to seminars, etc. as part of their membership or at a reduced fee. This could be a material incentive to get more vendors to join, even if they don't participate in the committees.

5.2 Products

Current planning has HITSP developing one major “product” line – please see section **4.2** under Products and Services.

5.3 Customers

HITSP customers belong to the stakeholder groups that are part of the HITSP panel membership as originally defined. These are described in detail in the HITSP charter and by-laws. Approximately 150 organizations have joined HITSP during the contract period. The retention of these during the transition to a self sustaining organization will be of critical importance as well as the recruitment of additional organizations from the stakeholder groups.

Based on dialog to date, there are challenges in this customer base. There are groups of customers who clearly feel that there should be no charge for HITSP as a government organization or as one providing mandates from the government to healthcare. There are also groups representing the broader consumer or provider market that sees little benefit to direct financial support as they feel the effort is mostly vendor driven. Vendors do constitute an important group of customers that will be interested in purchasing the implementation guides and attending the various educational programs of HITSP which explain the process and assist in preparing vendors for the testing and or certification process.



5.4 Competition

There are no direct competitors to HITSP. HITSP is a government-sanctioned organization tasked with identifying healthcare IT standards appropriate to the larger ONCHIT mission and immediate goals of various projects. It is unique in this role.

However, there are indirect competitors to HITSP. Some of these are standards development organizations (SDOs). They are not competitors in the normal sense of having similar products, but they are competitors in the sense that they are competing for the same dollars. Many organizations establish a budget for participating in standards bodies, pay for the employee volunteer time, travel, related expenses, membership fees, etc. HITSP is currently seen as in this same space and is competing for the same budget.

This is an interesting paradox since the relationship between HITSP and standards bodies is complimentary – HITSP and SDOs both need each other to achieve their goals and objectives. SDOs are building detailed technical specifications, and HITSP is providing guidelines on applying these specifications to specific business issues. While one could conclude that they should join forces to remove the implied competition over dollars – HITSP as umbrella organization to the rest of the SDO community – this is not a possible approach since HITSP's constituents expand well past the SDOs. There are many non-SDO groups that have a huge stake in HITSP results and are active participants in its work. Examples of this include IT product vendors that will have HITSP guidelines as future product requirements from their customers, and consumer and provider advocacy groups that are interested in the patient issues tightly woven around HITSP activities.

Another category of indirect HITSP competitors are groups that develop healthcare IT guides to solve problems that are similar to the problems ONCHIT is addressing, including groups that advocate various data exchanges and standards for them, such as regional healthcare information organizations (RHIOs). This is another false competitive situation, since regional organizations are also target members of HITSP. While there are many projects trying to solve specific issues similar to HITSP and ONCHIT missions, ultimately all these projects will have to reach consensus if interoperability is to be achieved.

5.5 Approach

The marketing plan will be organized around an educational model that incorporates the philosophy of the organization. The philosophy of the organization includes elements that should create positive energy:

- The organization is born of a real needed effort in the healthcare community.
- The work done to date has been a largely volunteer effort with little profit motivation.
- The organization has been open in its operation, with all proceedings open to the public and all documentation available on an open web site.

Continuing this tradition, the marketing campaign will be one of education and activism, targeted to the constituent groups that make up membership in the panel. Vendors need to see how the HITSP products will be used by their customers and how they can model their efforts along the customer's application of HITSP guides. Standards groups need to see how HITSP can broker collaboration, harmonization, and how its interoperability specifications can provide faster adoption of their standards. Federal groups need to see the return on an investment to achieve their objectives. Providers and consumer groups need to see how they can influence IT product development through participation in HITSP.

A specific message will be tailored for each constituent "sub-market". Then, the process of delivering the message will be tailored to them as well. Vendors have associations, which allow direct targeting of messages. Federal groups can be influenced through lobbying and activism. Consumers can be reached through print ads or Internet communications.



While the approach is difficult to define until the product definition is sharper, breaking down the messages and delivery by sub-market allows effective use of resources for maximum impact.



6.0 ORGANIZATION

6.1 The Panel

The Panel is a multi-stakeholder coordinating body designed to provide the process within which stakeholders identify, select, and harmonize standards for communicating and encouraging broad deployment and exchange of healthcare information throughout the healthcare spectrum. The Panel's processes are driven by business requirements expressed in use-cases, with decision making based on the needs of all NHIN stakeholders. Currently ONC has coordinated the use cases based on the Community's breakthroughs. In the future, HITSP would expect to receive harmonization requests from many stakeholders. Utilizing information from stakeholders, the Panel will facilitate the development of harmonized Interoperability Specifications, including SDO work products (e.g. standards, implementation guides and integration profiles). The Interoperability Specifications are essential for secure, protected interoperability among healthcare community organizations and the software applications they utilize.

In conducting its work, the Panel, as appropriate, will coordinate with other national, regional and international groups with due regard to existing policy and regulatory frameworks addressing healthcare informatics with the goal of implementing globally relevant standards. It is important in understanding its role that HITSP is not a policy setting organization. Rather it identifies harmonization needs to meet the business and policy requirements developed by other stakeholders. In the particular case of privacy and security, HITSP receives policy guidance from the Community Privacy and Security Sub-working group and from the Health Information Security and Privacy Consortium as coordinated by ONC.

6.2 Membership

Membership in the Panel is open to all parties with an institutional interest in or affected by the national healthcare delivery system. Membership in the Panel is by organization and consists of four categories. Organizations that could be categorized in more than one group must choose a single affiliation for voting purposes.

- a. "Standards development organizations" (SDOs) (1) which are entities whose processes are accredited by ANSI and which create standards in health informatics and implementation of electronic health record systems; (2) SDOs or other organizations responsible for the standards chosen by the Consolidated Health Informatics (CHI) initiative; (3) SDOs or other organizations put forth by the respondents to the November 2004 Health and Human Services RFI on the development and adoption of a NHIN; (4) SDOs under the Institute of Electrical and Electronics Engineers-Standards Association (IEEE-SA) with a focus on healthcare and health informatics; (5) SDOs that serve as U.S. Technical Advisory Group (TAG) Administrators under the International Organization for Standardization (ISO) and/or the International Electrotechnical Commission (IEC) with a focus on healthcare and health informatics; and (6) other SDOs nominated by expert cross-agency sources in the Federal government. It is the objective of the Panel to ensure that at least two-thirds of those organizations eligible to join the Panel in the SDO category do so.
- b. "Non-SDO stakeholder organizations" including: clinicians and their representative organizations; providers and their representative organizations; safety net providers and their representative organizations; vendors that develop, market, install, and support health IT products and their representative organizations; healthcare purchasers or employers and their representative organizations; healthcare payers or health insurance companies and their representative organizations; public health professionals and their representative organizations; national organizations with a broad representation of stakeholders with an interest in healthcare information technology standards; and clinical and health-services researchers and their representative organizations.
- c. "Governmental bodies" defined as: Federal, state, and local agencies; and coordinating bodies with responsibilities for and/or a relationship to healthcare information technology used in the public sector.



- d. "Consumers" represented by: consumer-representative organizations with an interest in health information technology standards.

6.3 Panel Role and Responsibilities

The responsibilities of the Panel include, but are not necessarily limited to:

- a. Facilitate the timely development and harmonization of standards responsive to identified use cases;
- b. Elect HITSP Board members;
- c. Ratify Panel Chairperson;
- d. Recommend creation or dissolution of committees;
- e. Approve and ratify all Panel governance documents and operating procedures;
- f. Ratify and adopt all final HITSP work products, such as, but not limited to: use case recommendations, gap and duplication analyses, evaluation of relevant standards to meet use case requirements, a standards change management process, use case related implementation guides, and use case testing;
- g. Employ existing harmonization processes as appropriate.
- h. Activate a conflict resolution mechanism as needed.
- i. Recommend priorities to AHIC among proposed use cases to solve health information exchange issues and implement AHIC decisions in these matters;
- j. Ratify a self-sustaining business model presented by the Board that ensures the ongoing viability and financial sustainability of the Panel; and
- k. Perform all other acts necessary or appropriate to the conduct of the Panel's activities and achievement of the Panel's Mission.

6.4 The Board

The HITSP Board has the responsibility for governing the process of the Panel's activities. These activities include, but are not necessarily limited to:

- a. Development of operating guidelines and other operating procedures necessary to perform its work, consistent with the principles of this Charter;
- b. Recommend governance changes to the Panel for ratification;
- c. Ensure that the principles of this Charter and governance documents are upheld and maintained;
- d. Provide direction and guidance for the development of use case recommendations;
- e. Formation of Panel committees of sufficient number to accomplish the work of the Panel, and provide direction and guidance for their work;
- f. Approve the dissolution of Panel committees at the conclusion of their tasks;
- g. Ensure the coordination of Panel committee activities;
- h. In the event that the Panel or a committee is unsuccessful in minimizing duplication or mediating conflict, the Board will make a concerted documented effort to achieve a harmonized outcome, consistent with the HITSP Consensus process;



- i. Within one year of the contract awarded by the Department of Health and Human Services, the Board shall recommend a self-sustaining business model and may preside over creation of a legal entity to ensure the ongoing viability and financial sustainability of the Panel beyond the term of the contract;
- j. Upon enactment of the self-sustaining business model, ensure the fulfillment of fiduciary responsibilities of the Panel; and monitor the Panel budget within the limitations of and in coordination with outside funding (e.g. federal contracts); and
- k. Do and perform all other acts as may be necessary or appropriate to the governance of the Panel's activities.

6.5 Board Membership

The Board consists of twenty-three (23) voting members, who are elected or appointed by the Members affiliating with the following categories of membership of the Panel:

- a. Eight (8) representatives elected by the standards development organizations from the SDO membership of the Panel (but no more than one representative from any one SDO); and
- b. One (1) representative from each of the following nine (9) non-SDO stakeholders, elected by the non-SDOs as a group: recognized national associations; other similar types of organizations; or other organizations of: clinicians and their representative organizations; providers and their representative organizations; safety net providers and their representative organizations; vendors that develop, market, install, and support health information technology products and services and their representative organizations; healthcare purchasers or employers and their representative organizations; healthcare payers or health insurance companies and their representative organizations; public health professionals and their representative organizations; national organizations with a broad representation of stakeholders with an interest in healthcare information technology standards; and clinical and health services researchers and their representative organizations; and
- c. Four (4) representatives, appointed by ONCHIT, representing government agencies or coordinating bodies representing various government agencies; and
- d. Two (2) representatives of healthcare consumer representative organizations.

6.6 Governance Committee

The committee provides a functional set of procedures for consensus decision making by HITSP. It provides a mechanism for consensus decision making, protecting non-trivial minority views, but enabling efficient decision process. Additionally, it provides a procedural backstop, i.e. Robert's Rules of Order & Parliamentarian.

6.7 Coordinating Committees

Coordinating committees, initially the Inventory of Standards Inventories, Harmonization Readiness, International Landscape, and Business Planning develop shared resources and provide cross team support to the Technical Committees.

- Inventory of Standards Inventories gathers existing standards' inventories and develops the best way to maintain an ongoing inventory.
- Harmonization Readiness works on providing tools for identifying gaps or overlapping standards.
- International Landscape catalogs international standards harmonization efforts.



- Business Planning develops a sustainable business plan for HITSP.

6.8 Technical Committees

The Technical Committees analyze Use Case requirements, develop Gap Analysis, recommend standards for selection and then construct the Interoperability Specification to meet Use Case requirements. Standards Harmonization Use Cases focus on the American Health Information Community (AHIC) breakthrough areas to enable interoperability among different information systems, software applications and networks to communicate and exchange information in an accurate, effective, useful and consistent manner. The committees are made up of volunteer members of HITSP. The members elect a chair or co-chairs. The committees are supported by Program Management staff and facilitators.



7.0 MANAGEMENT AND STRUCTURE

7.1 Overview

HITSP is a multi-layered organization that functions largely through the work of volunteers and volunteer groups under the general direction and facilitation of a small management structure similar to the way it operates under its current Federal contract.

The concept of a volunteer-driven organization is critical to achieve industry buy-in and implementation of the work performed. Obtaining a vested ownership in the work product by all stakeholders—SDO's and non-SDO's alike—will contribute as much to ultimate success of HITSP as any other factor.

The key volunteer role in this organizational structure is that of the HITSP Chair. The Chair is the public face of the HITSP effort, serves as primary spokesperson, and generally ensures that the work of the volunteer committees is accomplished. The Chair serves as the volunteer leader of the entire organization (the Panel) as well as the smaller guiding leadership (the Board).

This plan is also based upon the overall assumption that HITSP will be “sponsored” or “hosted” by a larger organization. At this time, no commitment has been made or is implied to any organization to serve in this role. Currently, this function is primarily handled by the American National Standards Institute (ANSI) on the management side and by the Healthcare Information and Management Systems Society (HIMSS) on the technical side. However, evaluations of these relationships and future decisions regarding these organizations' roles will be considered by the Panel as appropriate.

Nonetheless, the support provided by larger organizations is critical for several reasons. One, this relationship with a larger organization provides administrative back-up in the event of employee vacancies. The larger organization often will have “bench resources” that can be called upon in a time of need. Second, the relationship with larger organizations can provide industry credibility for an organization that has not yet developed a track record of its own. Such credibility is important in establishing acceptance of the work being undertaken. Finally, a relationship with a larger organization can also allow a small, start-up organization like HITSP to contract for expertise that on its own might not be able to recruit.

7.2 Management Structure

The initial work of HITSP under a federal contract provides an ample opportunity to determine staffing level needs. From this experience, this business plan assumes the following staffing structure:

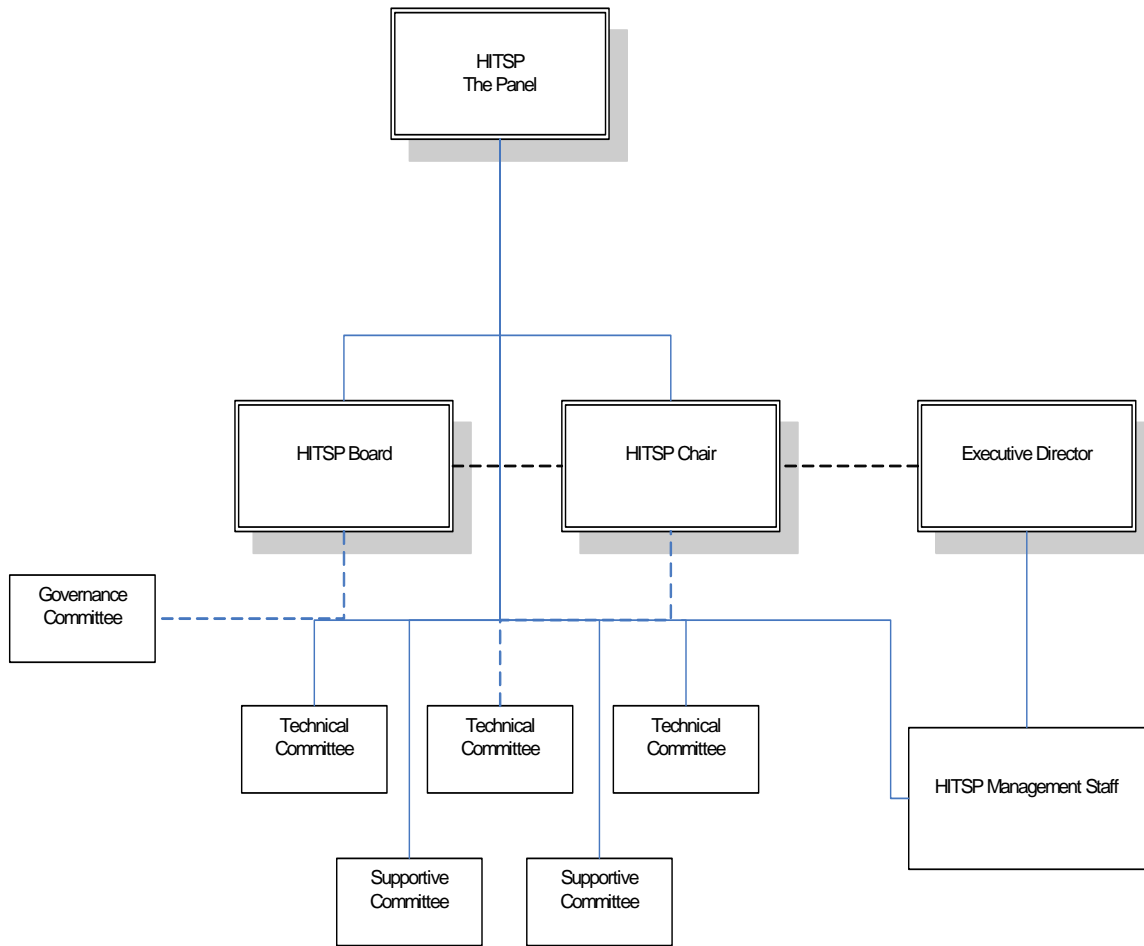
- Senior Manager: The Senior Manager or the Executive Director is responsible for overall support of HITSP operations and staff; liaison with and spokesperson to government and key stakeholders; supports the volunteer chairperson of the Panel; responsible for member recruitment, retention and relationships; coordinates corporate sponsorship solicitation.
- Project Managers (2): These positions have overall responsibility for the functioning of technical committees and, as necessary, the coordinating committees.
- Administrators (3): Provide support to the Executive Director and project managers (schedules, document, meetings, general administrative duties).
- Technical Editor: Works with the project managers and the technical committee chairs to produce documents; edits all technical committee documents; manages all publications of HITSP.
- Education Program Manager: Develops and manages all educational programming.
- Web Administrator: Web site management, site security, and user database.
- Marketing Communications: Develops overall plan including press releases and contacts; arranges speaking engagements.



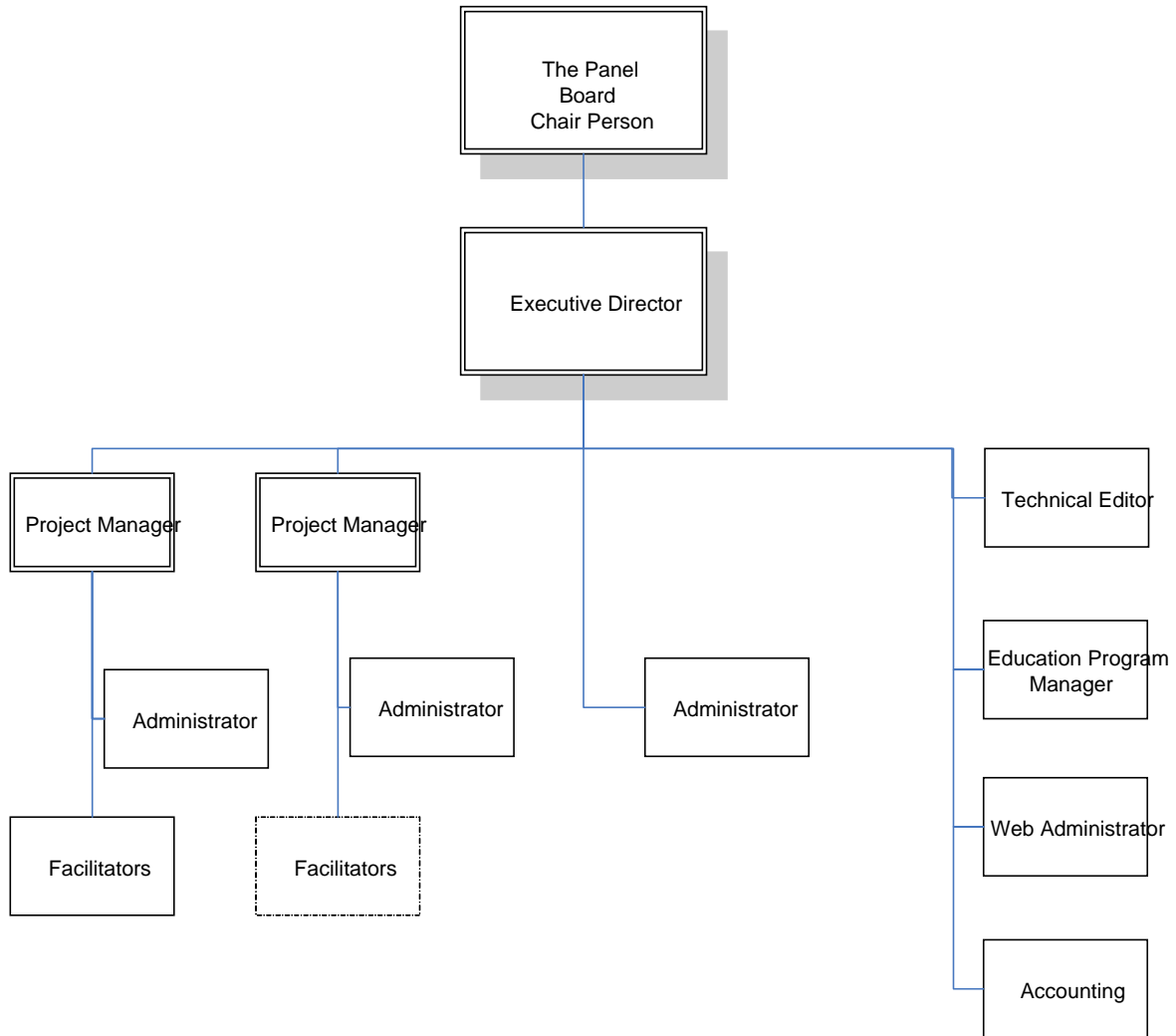
- Accounting Support: Manages direct revenues and project expenses and contracts; plan assumes a host organization or larger organization directs finance, legal, HR, etc.

In the event that the self sustaining model is structured to remain within or otherwise related to a hosting organization as is presently the case with ANSI, it is expected that a number of these positions will be executives contracted from the host or other organizations with a strong interest in HITSP's work versus bona fide employees of HITSP.



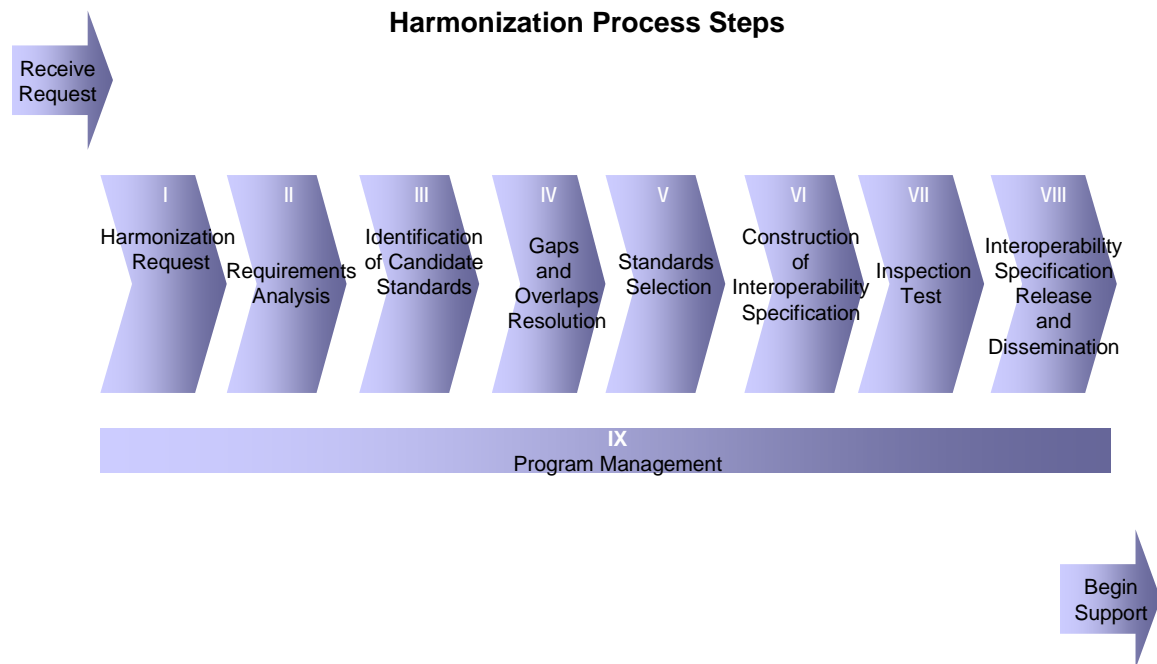


HITSP Management Structure



8.0 HITSP OPERATION

Upon receipt and evaluation of a request for harmonization, HITSP produces an Interoperability Specifications through its volunteer based Technical Committees. Following release of an Interoperability Specification, HITSP supports partners who will test and implement the Interoperability Specification. HITSP follows a formal process to harmonize standards as shown in the diagram.



The harmonization process includes eight (8) process steps:

1. **Harmonization Request:** The original requests have come as Use Cases from ONC representing breakthroughs developed by the American Health Information Community. In the future HITSP expects to receive requests from additional stakeholders.
2. **Requirements Analysis:** The HITSP board assigns the request to one of the Technical Committees which conducts a requirements analysis translating business needs into technical requirements. These become the basis for next steps and for subsequent testing of the deliverables.
3. **Identification of Candidate Standards:** The TC identifies a pool of standards which it believes may meet the requirements of the Use Case. These are presented to the Panel for comment.
4. **Gaps and Overlaps Resolution:** The TC conducts a more formal analysis of the required actors, actions and content to determine if there are any gaps or overlaps in the pool of standards. It recommends to HITSP steps to engage those standards organizations involved to attempt to resolve the gaps or overlaps.
5. **Standards Selection:** The TC then recommends to HITSP that it approve the list of named or selected standards for use in constructing the Interoperability Specification. The TC resolves comments from the Panel.



6. Construction of Interoperability Specification: The TC, supported by paid technical writers, then develops a detailed Interoperability Specification that provides unambiguous constraints to selected standards that will meet the requirements of the Use Case.
7. Inspection Test: The Interoperability Specification is released to external, i.e. non-TC members, testers with implementation experience. These testers will review the Interoperability Specification for completeness, reasonableness and clarity and provide a report back of any issues identified. Other HITSP member or public comment is also accepted during this period. The TC then makes necessary revisions and fixes to the Interoperability Specification.
8. Interoperability Specification Release and Dissemination: The TC presents the Interoperability Specification to HITSP for its approval and release to the public. Subsequent to that release, HITSP will partner with third party test developers, such as NIST, and implementers, such as Integrating the Healthcare Enterprise, in a yet to be defined program. This program will be presented to the Panel as part of the September deliverables.

A ninth process element, Program Management, is described here as an overarching activity.



9.0 HITSP FINANCIAL PLAN

The HITSP financial strategy to achieve a self-sustaining business model is illustrated in the projections below. These projections assume four (4) years of operation under the ONCHIT Contract, with year five (5) being the first year of transition. The current business model assumes income from a variety of sources, including membership dues, sponsorships, and revenues from various services including educational programs, testing fees, etc. While a goal to not rely upon government support has been stated, current estimates of revenue from other sources make this an unrealistic objective. Projected income sources do, however allow for a substantial reduction in Government support after the contract period.

Since January 2006, the Business Planning Committee has undertaken two activities in which input from the Panel members was an important component. The first of these was an inventory of stakeholders and the Business Cases and Value Propositions for each stakeholder group. All members of the HITSP were found to have a real “stake” in the outcome of standards harmonization. The detail of this report is attached as **Appendix B**.

As a result of this, a second survey, **Appendix A**, was commissioned to examine the potential for the free-standing HITSP to be supported in part or in its entirety by a dues structure. Benchmarking studies had indicated that bodies such as HL7 were supported, on average, 33% by members’ dues. The second survey indicated less support for membership dues than had been expected. While essentially all groups, except the Consumer Sector agreed that some dues structure was fair, the expectation fell short of the mark.

On examination of the Panel Members’ responses, a number of things became apparent. Foremost is the perception by the members that while they do benefit from HITSP in the long run, there is little identifiable short term gain against which to judge the value of dues. Second, all perceive that the federal government, as by far the largest stakeholder in the healthcare system and the U.S. economy, will be the big “winner” as a result of projected overall savings from a fully electronic NHIN. This leaves most other stakeholders feeling that their participation in the process should severely mitigate their need to pay for it as well.

9.1 Assumptions Used

Sources of Income:

- **Membership Dues:** Based on the results of the survey, a theoretical dues base in year one (FY 2006) would have been \$250,000. An assumption was made that the annual increase in the dues base from increased Panel membership and dues inflation can reach 20%. This gave a starting point of \$510,000 in Year five (5).
- **Sponsorship:** The second survey also polled the membership on the potential for sponsorship of HITSP, both in terms of direct support of specific activities such as educational programs, and in terms of outright “grants” in furtherance of their “corporate citizen” or “professional” responsibility. Again, the year 1 estimate was \$250,000. Applying a more conservative 15% growth rate to this brings a Year five (5) starting point of \$437,000.
- **Sale of Work Product:** This is the sale of pamphlets, interoperability specifications, access to web site by non members, etc. an estimate of \$50,000 per year is used, beginning in year three (3) of the contract period.
- **Educational Seminars:** Beginning in year two (2), educational seminars are projected, covering an increasing number of topics, including basic “HITSP 101”, and moving on topics on the use of the interoperability specification, testing processes, etc. Income is based on full day programs for \$200.00, educating 75 people at a time. The projection is to hold two (2) such seminars in year two (2), four (4) in year three (3), eight (8) in year four (4), and to begin further diversification for more



growth in years five (5) – seven (7). It is important to begin these while still under the contract to begin building a cash reserve by the beginning of year four (4).

- HITSP may decide that it should franchise its methods and criteria to third parties intent on creating Interoperability Specifications to meet their specific needs yet harmonized within the overall HITSP process. This may be a future source of some funding. We do anticipate that harmonization requests will involve some degree of commitment and support from the requestor to participate in developing, funding and testing Interoperability Specifications meeting their needs.
- At this point, HITSP has not fully defined its implementation testing program nor its partners. All Interoperability Specifications will first be released for implementation testing. HITSP does not anticipate becoming a testing body. Rather it endeavor to partner with third parties, such as NIST, FHA or IHE or others, who will actually develop testing methods and implement the Interoperability Specifications. HITSP anticipates providing support for and maintenance of its Interoperability Specifications based on the input of its partners. Entities external to HITSP will use their own testing criteria to determine when to broadly implement an Interoperability Specification. It is not HITSP's intent to compete for such testing and demonstration funds. Thus financial projections in the out years are not tied to specific programs and might be considered placeholders.
- Government: It is estimated that the government is currently paying roughly 57 percent of the nation's total costs for healthcare. Efficiencies to be gained through the harmonization of healthcare standards will significantly reduce these costs. Therefore, the proposed business plan contemplates a decreasing but substantial level of government support in years five (5) – seven (7). This will supplement the income raised from membership fees, sponsorship, and the sale of products and services.

Note: The income assumptions used in this plan are based on an underlying assumption that the ONCHIT1 contract renews for the full four (4) years, and that the primary sources of funding after the contract period are from membership fees and sponsorships, and government support. In the event that an alternative business model, such as that described in Section 10.0, is adopted, the income assumptions would be significantly altered.

9.2 Basis of Expenses

Initial HITSP expense projections are based primarily on the costs incurred by ANSI in support of the ONCHIT contract. Upon expiration of that contract, these expenses will continue to be felt as the business of HITSP will need to continue unabated. As income generating programs begin to come on line, costs in terms of facilitators and meeting travel will increase.

Preparation of more detailed financial projections, including Balance Sheets, Start-Up costs, and Cash Flow analysis requires more detailed information on current costs, operations, and assets than is currently available.

The following tables provide financial statements for the four years of the contract period and the first three years of operation after the contract.

HITSP Pro Forma Projected Statement of Operations Contract Years (1 - 3 + Option Year 4)

	Year 1	Year 2	Year 3	Year 4
Income				



HITSP Pro Forma Projected Statement of Operations Contract Years (1 - 3 + Option Year 4)

Sale of Work Product			\$ 50,000	\$ 50,000
Educational Seminars		\$ 30,000	\$ 60,000	\$ 90,000
Testing Fees			\$ 24,000	\$ 48,000
Government	\$ 3,216,000	\$ 3,877,000	\$ 3,991,000	\$ 4,102,000
Total	\$ 3,216,000	\$ 3,907,000	\$ 4,125,000	\$ 4,290,000
Government share	100%	99%	97%	96%
Expense				
Direct Personnel Expense				
Senior Manager	\$ 250,000	\$ 250,000	\$ 257,500	\$ 265,225
Project Manager	\$ 270,000	\$ 270,000	\$ 278,100	\$ 286,443
TC Project Manager	\$ 100,000	\$ 200,000	\$ 206,000	\$ 212,180
Administrators	\$ 130,000	\$ 130,000	\$ 133,900	\$ 137,917
Technical Editor	\$ 90,000	\$ 90,000	\$ 92,700	\$ 95,481
Database/Web Admin	\$ 75,000	\$ 75,000	\$ 77,250	\$ 79,568
Marketing communications	\$ 70,000	\$ 70,000	\$ 72,100	\$ 74,263
Education Program Manager	\$ 25,000	\$ 50,000	\$ 51,500	\$ 53,045
Accounting support	\$ 70,000	\$ 70,000	\$ 125,000	\$ 128,750
Total Direct Salary	\$ 1,080,000	\$ 1,205,000	\$ 1,294,050	\$ 1,332,872
Benefits	\$ 302,400	\$ 337,400	\$ 362,334	\$ 373,204
Total Direct Compensation	\$ 1,382,400	\$ 1,542,400	\$ 1,656,384	\$ 1,706,076
Contract Facilitators	\$ 300,000	\$ 618,000	\$ 636,540	\$ 655,636
Contract Technical Writers	\$ 120,000	\$ 164,800	\$ 169,744	\$ 174,836
Total Personnel Costs	\$ 1,802,400	\$ 2,325,200	\$ 2,462,668	\$ 2,536,548
Operating Expenses				
Meetings @\$10k	\$ 120,000	\$ 120,000	\$ 120,000	\$ 130,000
Technical Meetings@\$18k	\$ 108,000	\$ 162,000	\$ 180,000	\$ 180,000
Travel	\$ 54,000	\$ 54,000	\$ 55,620	\$ 60,000



HITSP Pro Forma Projected Statement of Operations Contract Years (1 - 3 + Option Year 4)

Facility Costs	\$ 161,000	\$ 161,000	\$ 167,000	\$ 169,050
Authoring Tool	\$ 33,120	\$ 33,120	\$ 33,120	\$ 33,120
Indirect Expenses	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000
Total Operating Expenses	\$ 506,120	\$ 560,120	\$ 585,740	\$ 602,170
General & Administrative	\$ 906,490	\$ 1,009,210	\$ 1,076,220	\$ 1,107,958
Total Expenses	\$ 3,215,010	\$ 3,894,530	\$ 4,124,628	\$ 4,246,676
Net Surplus	\$ 990	\$ 12,470	\$ 372	\$ 43,324

HITSP Pro Forma Projected Statement of Operations After Contract - Years 5 - 7

	Year 5	Year 6	Year 7
Income			
Membership Dues	\$ 510,000	\$ 612,000	\$ 734,400
Sponsorships	\$ 437,000	\$ 502,550	\$ 577,933
Sale of Work Product	\$ 50,000	\$ 50,000	\$ 50,000
Educational Seminars	\$ 180,000	\$ 270,000	\$ 270,000
Testing Fees	\$ 96,000	\$ 192,000	\$ 384,000
Government	\$ 3,100,000	\$ 2,875,000	\$ 2,650,000
Total	\$ 4,373,000	\$ 4,501,550	\$ 4,666,333
Government share	71%	64%	57%
Expense			
Direct Personnel Expense			
Senior Manager	\$ 273,182	\$ 281,377	\$ 289,819
Project Manager	\$ 295,036	\$ 303,887	\$ 313,004
TC Project Manager	\$ 218,545	\$ 225,102	\$ 231,855
Administrators	\$ 142,055	\$ 146,316	\$ 150,706
Technical Editor	\$ 98,345	\$ 101,296	\$ 104,335
Database/Web Admin	\$ 81,955	\$ 84,413	\$ 86,946



HITSP Pro Forma Projected Statement of Operations After Contract - Years 5 - 7

Marketing communications	\$ 76,491	\$ 78,786	\$ 81,149
Education Program Manager	\$ 54,636	\$ 56,275	\$ 57,964
Accounting support	\$ 132,613	\$ 136,591	\$ 140,689
Total Direct Salary	\$ 1,372,858	\$ 1,414,043	\$ 1,456,465
Benefits	\$ 384,400	\$ 395,932	\$ 407,810
Total Direct Compensation	\$ 1,757,258	\$ 1,809,976	\$ 1,864,275
Contract Facilitators	\$ 675,305	\$ 695,564	\$ 716,431
Contract Technical Writers	\$ 180,081	\$ 185,484	\$ 191,048
Total Personnel Costs	\$ 2,612,644	\$ 2,691,024	\$ 2,771,755
Operating Expenses			
Meetings @\$10k	\$ 140,000	\$ 150,000	\$ 160,000
Technical Meetings@\$18k	\$ 180,000	\$ 180,000	\$ 180,000
Travel	\$ 66,000	\$ 72,000	\$ 78,000
Facility Costs	\$ 169,050	\$ 177,000	\$ 177,000
Authoring Tool	\$ 33,120	\$ 33,120	\$ 33,120
Indirect Expenses	\$ 30,000	\$ 30,000	\$ 30,000
Total Operating Expenses	\$ 618,170	\$ 642,120	\$ 658,120
General & Administrative	\$ 1,140,205	\$ 1,177,006	\$ 1,210,749
Total Expenses	\$ 4,371,020	\$ 4,510,150	\$ 4,640,624
Net Surplus	\$ 1,980	\$ (8,600)	\$ 25,709



10.0 ALTERNATIVE BUSINESS MODEL

An alternative model to fund HITSP through the next 10 years.

10.1 Assumptions

- The expected annual HITSP budget is somewhere in the 3 million dollar range annually.
- There is huge potential value to the NHIN project, which has Return on Investment (ROI) implication for its users that could be funded through a micro-payment or click fee approach.
- The federal government is a huge initial beneficiary of the HITSP/NHIN work based on initial use cases of biosurveillance and CMS ability to audit information electronically through EHR integration.

The obvious initial approach to the HITSP program is a membership based model similar to HL7 and other standards organizations. There would be additional revenue opportunities through sponsorship, seminars, and other spin off processes but the primary revenue organization would be around an annual membership fee in exchange for voting rights and other privileges in the organization.

There are a few challenges to this model:

- The value of HITSP is currently vague, or at least not well known or publicized.
- HITSP is seen by some as another standards body, which is not accurate, but sets an expectation that the value (and fee structure) is similar.
- Many members of HITSP see the process and/or result as something that should be free, as a federal mandate. Membership fees are difficult regardless of structure with this perception.
- There is great disparity between the smaller members and the larger members, with pressure for more rights for the larger members if they contribute at a higher level.
- HITSP is a process, and does not create property which can be licensed.

With a standards body there is the creation of intellectual property that has real value to developers and implementers, which see a return for being a member or at least paying for documentation and seminars on the standards. HITSP might not be able to create ownership of Intellectual Property (IP) since its output will be implementation guides using other standards in the framework of the very public federal ONCHIT programs. Survey responses and dialog among membership shows that some feel that there can be no ownership of a federal mandate (and Freedom of Information Act makes this more so).

However, HITSP does not exist in a vacuum. ONCHIT, the parent entity to HITSP, is creating real tangible value with NHIN projects and what they will eventually become. Healthcare institutions all across the country will be able to access patient records across institutions in a standard way. The federal government will be able to audit healthcare spending back to the clinical records of the procedures. The federal government will be able to monitor streams of information to identify patterns of interest. Researchers will be able to collect information for outcomes and quality studies. All these types of use cases will greatly benefit, in real calculable dollars compared to how this information is collected now, from each transaction they conduct to request information.

Even assuming a very modest, per-use fee users of NHIN could create a revenue stream that not only funds NHIN setup and administration but also funds the supporting projects such as HITSP, CCHIT, etc. The fee could be structured as a micro-payment/click-fee “per transaction” charge, or a monthly access fee based on volume level. Larger organizations with greater data needs would pay more than smaller organizations. All would receive full value and services, with volume being the primary mechanism for greater fees. Much like an Internet Service Provider, a small office would pay a modest \$10 to \$30 monthly fee (think “dial up or DSL access”). A larger organization would pay more, much like they pay several hundred to thousands of dollars monthly for large volume access to the Internet.



An example of this mechanism at play with a quasi-federal program would be the US Postal Service, which charges small amounts for typical residential use, but large business spend substantial amounts since it is cheaper than alternatives.

The challenge to building the revenue stream that makes the whole approach to a business model self-sustaining is that it will take three (3) to five (5) years to establish NHIN in an initial functional way, and another five (5) years for it to scale out to most healthcare organizations. A method to fund HITSP and other initiatives through this initial rollout period is needed to make the “break-even” point where the system is self-funding through the fees and value the users of the system are getting.

Note that this is not different than the process of receiving venture capital funding from investors who understand the long term revenue potential of new technology and fund the development, then receive the return for this initial investment. In fact, one could argue that the investor community would be interested in funding NHIN/HITSP through this mechanism now, given the revenue potential for the millions of healthcare data requests that would pass through NHIN on a typical day in America.

So, there is a clear value to the nationwide healthcare system to HITSP that easily justifies the initial investment. To be clear, we are not advocating a restructure of HITSP to a private organization however since it would fundamentally alter the volunteer effort that is so important to HITSP's success.

To summarize the “alternate approach”, it would be a two-phase process that creates long term self-funding for NHIN and all component projects. Phase one is a “bridge phase” that collects funds through traditional membership activities, grants, and federal funding. Phase two ramps up as NHIN becomes operational with a per-use fee structure that is a funding mechanism for NHIN operations as well as the supporting projects around standards and certification. When revenue exceeds operational needs the fees are reduced, used to fund low income access, or other technology improvements.











11.0 APPENDIX A

Business Planning Committee Survey of the HITSP Membership





Report created on: Tuesday, May 16, 2006 9:58:00 AM





The results of your survey are displayed below. If your survey includes text responses, click the "View" button to read individual results. To exclude a particular response, click the Included Responses button. You can then view the set of individual responses that are currently included and select those you wish to exclude. Results below contain only Included responses







Launch Date	05/04/2006 - 4:34 PM
Modified Date	
Close Date	05/15/2006 - 10:54 AM
Email Invites	0
Visits	87
Partials	0
Completes	43

Please indicate your organization type: (This is the same classification that your organization self-designated when initially registering for membership in 1. HITSP. Please click here for current HITSP members and their categories.)		Number of Responses	Response Ratio
Standards Developing Organization (SDO)		7	16%
Non-SDO - Clinician		3	7%
Non-SDO - Provider		5	12%
Non-SDO - IT		4	9%
Non-SDO - Vendor		11	26%
Non-SDO - Payer		0	0%
Non-SDO - Public Health		2	5%
Non-SDO - Researcher		1	2%
Non-SDO - Safety Net		0	0%
Non-SDO - Purchaser		0	0%
Consumer Organization		4	9%
Government Organization		6	14%
Total		43	100%



2. Please indicate your organization's size in terms of annual revenue:		Number of Responses	Response Ratio
Less than \$5 million		19	44%
\$5 million to \$24.9 million		3	7%
\$25 million to \$99.9 million		7	16%
Greater than \$100 million		14	33%
Total		43	100%

3. If your organization is a membership based organization, please indicate the approximate number of members:		Number of Responses	Response Ratio
Not a membership organization		25	58%
Less than 100 members		2	5%
100 - 499 members		6	14%
500-1999 members		1	2%
More than 2000 members		9	21%
Total		43	100%

4. Currently there are no membership or registration fees associated with HITSP membership and participation. If it becomes necessary to establish an organizational membership fee, what would you consider a fair annual amount for your organization?		Number of Responses	Response Ratio
\$0		7	16%
\$1 - \$499		11	26%
\$500 - \$999		11	26%
\$1,000 - \$2,499		7	16%
\$2,500 - \$3,999		3	7%
\$4,000 - \$5,999		3	7%
\$6,000 - \$7,499		0	0%
\$7,500 - \$10,000		1	2%
Total		43	100%



Membership fees would entitle your organization to the general HITSP membership benefits listed below. Please rate the value of the benefits listed below to your organization (1 = benefit is of no value; 6 = benefit is absolutely valuable and essential):

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 no value	2	3	4	5	6 absolutely valuable and essential
1. One Panel vote per organization	0% 0	0% 0	5% 2	12% 5	16% 7	67% 29
2. Eligibility for Board membership	2% 1	2% 1	7% 3	21% 9	23% 10	44% 19
3. Eligibility to participate on Technical Committee	2% 1	7% 3	12% 5	9% 4	12% 5	58% 25

There may be alternative means to lower your organization's HITSP annual membership fee. Considering the fee that you selected appropriate for your organization, please indicate your organization's interest in reducing the annual membership fee in exchange for the following alternative fees (1 = no interest; 6 = high interest):

<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 no interest	2	3	4	5	6 high interest
1. Pay a registration fee for each Panel meeting your organization attends	42% 18	19% 8	14% 6	12% 5	7% 3	7% 3
2. Pay a registration fee for each Board meeting your organization attends	56% 24	19% 8	9% 4	2% 1	9% 4	5% 2
3. Pay a registration fee for participation on a Technical Committee	63% 27	9% 4	9% 4	9% 4	9% 4	0% 0
4. Pay a registration fee for each Technical Committee meeting your organization attends	60% 26	9% 4	9% 4	5% 2	12% 5	5% 2
5. Observer status - still a member of HITSP however, your organization would not have voting privileges nor would your organization have meeting registration fees	51% 22	16% 7	7% 3	5% 2	14% 6	7% 3

Please indicate other alternative fees that your organization would be interested in to reduce its annual membership fee.

[VIEW](#) 13 Responses



<p>In addition to the membership fee, there may be additional opportunities for your organization to support HITSP through sponsorship. Assuming that the membership fee for your organization is in the range that you selected, please indicate your organization's interest in the following</p> <p>8. sponsorship opportunities (1 = no interest; 6 = high interest):</p>						
<p><i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i></p>	1 no interest	2	3	4	5	6 high interest
1. Minor sponsorship opportunities (\$500-\$2500) with public recognition (i.e. sponsor meetings, lunches, breaks, etc)	28% 12	21% 9	23% 10	9% 4	12% 5	7% 3
2. Major sponsorship opportunities that fulfill your organization's mission to support Healthcare Information Technology	40% 17	28% 12	14% 6	9% 4	7% 3	2% 1

<p>If your organization would consider a major sponsorship opportunity, please</p> <p>9. indicate the level of sponsorship you would anticipate providing</p>		Number of Responses	Response Ratio
Less than \$4,999		14	33%
\$5,000 - \$9,999		4	9%
\$10,000 - \$24,999		1	2%
Greater than \$25,000		1	2%
Would not consider an annual contribution		23	53%
Total		43	100%

Please indicate other alternative opportunities that your organization would be interested in to

10. increase its membership benefits:

[VIEW](#) 8 Responses

<p>HITSP currently provides specific free services to all without regard to membership. Please select which of the following resources that you think</p> <p>11. HITSP should charge a fee (select all that apply):</p>		Number of Responses	Response Ratio
Ability to attend Panel and Board meetings		26	60%
Access to listservs		21	49%
Access to website and document library		20	47%



12. Please indicate other benefits for non-members that HITSP should consider implementing a fee:

[VIEW](#) 15 Responses

13. Please share any other suggestions or comments on how to structure membership fees for HITSP:

[VIEW](#) 25 Responses



12.0 APPENDIX B

12.1 HITSP Value Statements

- Nothing durable can be accomplished with a project like this UNLESS there are *clear rewards for all stakeholders* (ROI, safety, quality, other motivations).
- Stakeholders presently fall into seven (7) general categories
 - **Standards Organizations:** Those who write standards or manage the Standards process
 - **Vendors:** Those who sell products and services
 - **Clinicians and Providers:** Those who are responsible for patient care
 - **Purchasers/Payers:** Those who foot the bill for healthcare
 - **Regulators and Government:** Those who represent the public good
 - **HIT Constituent Organizations:** Those having a broad or focused interest in HIT development, including researchers.
 - **Consumers:** Those who represent recipients of care
- The Mission of the SDO is to produce Standards that are widely adopted and endorsed. Harmonization assures wide adoption.
- Single source standards are essential to functioning on a network. Non standard or proprietary product wastes time and resources on custom work and eventual re-work.
- Without complete and accessible information clinicians, and by extension, providers, deliver lower quality care with increased risk and liability.
- Harmonized standards improve the bottom line by reducing translation costs and omissions in the business process.
- Government has a tremendous stake in direct health care costs through Medicare, the VA, and the DOD, and indirectly through the effect on the economy of the nation's health.
- An organized standards landscape fosters the achievement of organizational goals.
- Essential consumer rights as well as standards of care cannot be enforced in the absence of harmonized, gap free set of standards.

