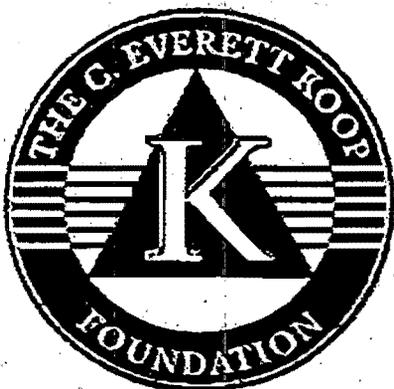


Koop Fik



THE KOOP FOUNDATION, INC.

2092 Gaither Road, Suite 200
Rockville, MD 20850

F A X C O V E R S H E E T

DATE: July 20, 1995 TIME: 4:35 PM

TO: Please see distribution list below:

David Lawrence, M.D.
Judith Bachant
Marilyn Cade
Florence Comite, M.D.
Thomas Fiege
J. Keith Green
Pamela Hanlon
John Hale
Robert Kahn
J. Michael Leahy
Donald Lindberg
Kent Mottle
Sheron Morgan
Troy Nagle
John Norris
Jack Pellici
Chris Jennings
Greg Simon

John Silva, M.D.
Wayne Sinclair
William Smith
Suzy Tichenor
Jonathan Peck
Gwen Edwards
Steven Pelovitz
Mike Fitzmaurice
Mary Jane England
Richard Barker
Clifton Gaus
Jeff Richards
Kevin Anderson
Brig Gen Russ Zajtchuk
Maj Gen George Anderson
Cindy Trutanic
Tom Kalil
Judy Feder
Mike Nelson

FROM: C. Everett Koop, M.D. PHONE: (301) 590-1227
FAX: (301) 590-2786

Number of pages including cover sheet: **5**

**The Koop Foundation, Incorporated
2092 Gaither Road
Suite 200
Rockville, MD 20850**

301-590-1227

July 20, 1995

Dear HII Consortium Member,

Thank you for your contribution during the July 11 HII Consortium meeting at the White House Conference Center. It was a day of progress, complexity, and forward movement along with some useful diversity of opinion.

In summary, the private sector participants reached a consensus that there was a need for catalytic action over the next six months to accelerate the development of the health information infrastructure and its impact on the improvement of health care quality, access, and cost reduction. The First Lady and the Vice President are looking forward to hearing from us as to our perspectives and opinions in this light. Although there is no ambiguity regarding the need for a body (e.g. bipartisan, blue ribbon panel, HHS panel), there appears to be some contention over the timeline, constitution of the body, to whom this body reports and whom it represents. It is my belief, given our conversations with White House and HHS staff, since our July 11 meeting, that these issues are easily addressed through continuation of dialogue already begun.

It is my sense from our July 11 meeting that the private sector participants present wish to constitute a body with sufficient mandate to engage effective catalytic action in the short term. I believe that this can be done while still interacting with Secretary Shalala's panel in the medium to longer term.

Attached please find some worksheets which will enable you to communicate your opinions on these and other pertinent matters. It is our intention to aggregate this information and respond to Mike Nelson's and the First Lady's requests for correspondence on these issues. Please fill out and return these materials to us by July 30. We will mail the results back to you roughly one week after receiving all of your responses. At that time we will ask you to craft a cover letter or copy of a cover letter from your institution to President Clinton, Vice President Gore, and Hillary Rodham Clinton regarding these issues.

Thank you for your leadership.

Sincerely,



C. Everett Koop, M.D., Sc.D.

Enclosures

HII CONSORTIUM 7/11/95

TOP FIVE HII ISSUES FOR THE NATION

Name _____ Institution _____

Please list your top five HII issues below.

1) _____

2) _____

3) _____

4) _____

5) _____

HII CONSORTIUM 7/11/95

TOP FIVE HII ISSUES FOR THE NATION

Name _____ Institution _____

Please Circle the Primary Sector You Represent:

Health

Employer

Technology

Government

From your sector's perspective, what should be the charge of a high level body with a mandate to stimulate the catalytic HII activity in the short term?

What do you think this body does not need to address and why?

Please list the top three to five HII catalytic action items for this body to cover from your sector's perspective.

1) _____

2) _____

3) _____

4) _____

5) _____

Keep File

The Koop Foundation, Incorporated
2092 Gaither Road
Suite 200

Rockville, MD 20850

Tel: (301) 590-1227

Fax: (301) 590-2786

Date: 7/27/95

To: Leadership Council Members

From: Dr. C. Everett Koop and Dr. Michael McDonald

Re: Leadership Council Update

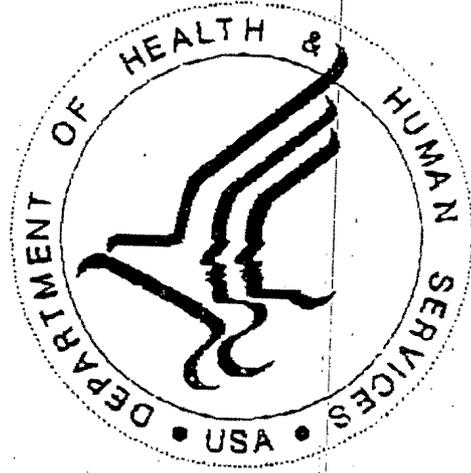
In talking with the attendees about their reactions to our July 11 Health Information Infrastructure (HII) Consortium meeting at the White House Conference Center, it seems some were left perplexed by the outcome of the meeting. It is our understanding that representatives from Forbes magazine and possibly other journalists have been talking with some of you about the meeting, the Administration's HII efforts, and the private sector's HII efforts. This letter is just to bring you up to date and to help clarify any misunderstanding, present actions, and next steps.

Since our July 11 meeting at the White House Conference Center, we have had several conversations with the White House and the Department of Health & Human Services (HHS). During our July 11 meeting, both the First Lady and Judith Feder (HHS) articulated their interest in having an HII panel led by Secretary Shalala. They have confirmed this in many conversations we have had with them since our 7/11 meeting. However, both the White House and HHS are sensitive to any impressions that the panel might be perceived as an attempt to inhibit any private sector efforts to organize itself around HII issues or to catalyze the HII marketplace through short-term catalytic actions.

As you know, we have been talking with the First Lady and the Vice President regarding the need for a substantive HII effort by the Administration, including HHS. We are appreciative that the HHS effort is emerging. We remain committed to the idea that this effort should be supportive, not inhibitory, of any private sector actions or valuable contributions to this area by other departments.

If you would like to talk with us before responding to press inquiries, please contact Katherine Houston at (301) 590-1227. We would also appreciate it if you would send in your responses to the questionnaire as soon as possible so that we may continue to coordinate the private sector's dialogue with the Administration and discussions among ourselves as to what our next steps should be.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION



Keep File

PHONE: (202)690-7858 FAX: (202)690-7383

Date: _____

From: List Review

To: Chris Jennings

Division: _____

Division: _____

City & State: _____

City & State: _____

Office Number: _____

Office Number: _____

Fax Number: _____

Fax Number: _____

Number of Pages + cover 6

REMARKS: _____

Chris -- my ## correspond to ## I marked on your draft.

1, comment to CJ: We cant look to the Koop effort as THE focus of public/private vision, because thats what the Vice President want the Advisory Committee to be on an overlapping set of issues (data standards and privacy).

#2, add on page 3: "An effective HII can also provide better avenues for educating consumers. Enhanced health information to consumers can empower the public to make better decisions regarding their own health -- and to take more responsibility for their own health and their own health care."

#3, add on page 3: "Similarly, the NCI International Cancer Center has been a national resource providing information on cancer to physicians and consumers. It is now making a wealth of information available through its WWW server."

#4. add on page 4: "We believe that the HII will be primarily owned and operated by the private sector. However, the federal government also has an important role. For example, through the Medicare program, the VA, and the Department of Defense, the federal government is this nation's largest single purchaser of health care services. As another example, we have been urged by many in the private sector to take on the role of facilitator, in order to accelerate voluntary evolution toward more shared data standards for the health industry. To address some of these issues, the Vice President asked Secretary of HHS Shalala to lead an inter-agency effort to coordinate federal efforts in four key areas in health information systems: data standards, privacy protections, enhanced health information for consumers, and telemedicine. As part of the effort on data standards and privacy, HHS will soon be announcing a new federal advisory committee. HHS is designing this advisory committee so it can serve as a national forum for public/private collaboration on data standards and privacy issues."

Please call me about the last paragraph.

You asked for more on the long-term cost implications, but I think you've already done the job so I didnt add anything else.

-lr

Working Draft 0.6

For Discussion Purposes Only

Realizing the Potential of Health Information Technology for People and Communities

In the decade ahead, our nation faces unprecedented economic and demographic challenges. Our population is aging at the same time we are facing overwhelming budgetary and public pressures to contain health care costs, while the demand still increases for improved quality and access. The combination of innovative health services and the use of advances in information technologies has great potential for effectively addressing these seemingly contradictory pressures. This meeting, if it establishes the beginnings of a public/private sector vision and generates clear action steps, can help us to the next level in our efforts to solve these conflicting goals.

within a framework of privacy protection

See comment #1

In an environment in which we are all committed to eliminating our Federal deficit, we must find ways of doing more with less, by working smarter, engaging new innovations, and drawing upon the still untapped strengths in the American public. Over the past two decades, computer and technologies have transformed many sectors of American society. Every 18 months to 2 years, the price of computing power drops in half. In fact, American children now have access to more computing power in their personal computers and game machines than was accessible to only the world's largest corporations a little more than decade ago. Over the next few years, these improvements will continue and will bring interactive multimedia

capability into your home, our schools, and the workplace.

Health information products and services are already improving quality and access to health care, while reducing the costs of health services. The health information infrastructure is essentially the nervous system for the nation's health system. Today, this nervous system is still only partially formed, yet it is becoming even more critical given that market-based reform has few controls and many avenues which could decrease quality and access under the pressure of reducing costs. For example, we are still not capturing and analyzing the basic data which will allow us to evaluate whether present changes in health care are improving or worsening the health status of Americans.

The contributions of the health information infrastructure (HII), of course, do not end with just administrative simplification, that is -- electronic claims forms, reducing paperwork, and evaluating the impact of changing the mechanisms for financing health care. An effective HII can provide better avenues for educating physicians and nurses, such as through clinical simulations and instant access to the world's medical literature. This is important not only during the time of formal medical training, but becomes even more valuable by providing just-in-time information and training, even out in the remotest areas of the country throughout a clinician's practicing life. *The HII can provide a new way for clinicians to collaborate and share new ideas for improving quality of care.*

As interoperable health care information systems become common tools in the everyday practice of medicine, clinical decision-making will be enhanced and medical outcomes will be improved, while unnecessary waste due to redundancy and inefficiencies declines. For example, in the case of a 74 year old grandmother with

07/10/95 13:00

multiple health problems, who is seeing several different specialists, it is not uncommon for her to experience adverse drug effects compromising her health. Through integrated pharmaceutical care tracked with the help of health information networks, compliance is improved and conflicting therapeutic approaches are dramatically reduced. As a result, unnecessary hospitalizations are avoided and costs drop, while quality of life improves.

Add #2.

Telemedicine can bring some of the capabilities of the advanced medical center out to the generalist in remote practice combined with improved communications amongst colleagues, and help to encourage and enable clinicians to remain in practice in underserved areas. ~~Personal health information systems empower the public to make~~

~~better decisions regarding their own health.~~ These systems, which will soon be providing millions of Americans access to health information and decision-support through their televisions, computers, personal data assistants promise to greatly improve health status through prevention, health promotion, and self care, as well as to save tens of billions of dollars per year through demand management. In addition, information systems, such as the Centers for Disease Control's INPHO, are allowing clinicians, public health workers, and policy makers access to aggregated health information -- absent personal identifiers to protect confidentiality -- in order to fight epidemics and endemic disease (disease present at all times) in populations.

Add #3

4
Much of health and human prosperity is dependent upon the psycho-social elements impacting individuals and the family and community that surround them. The problems such as teenage pregnancy, drug abuse, gun violence -- which impact the health of Americans so greatly -- can not be fixed in a doctor's office alone. They

cannot be solved by ~~centralized~~ government alone. They must be addressed by empowering the people most affected by these problems, and their advocates, to engage solutions at the local level. For this reason, some of the community networks that strive to improve the ability of communities to identify their own problems and to act in consort to resolve them show great promise.

ADD #4

Computers and interactive media are, of course, only a part of the solution. Individual responsibility, community action, and the engagement of human innovation and intelligent human resources are becoming evermore crucial. Just as machines extended the capabilities of the muscles in the Industrial Revolution, now the Information Age is extending the capability of the human mind.

The President and I realize that many of the impediments to a ^{and secure} seamless health information infrastructure will not yield to simple solutions. Dr. Koop has explained to me that those of you present today represent some of the best minds in the country engaged in improving the health status of Americans through the use of health informatics. He tells me that although much work remains to be done, you have identified some of the crucial issues that must be faced in developing a nervous system for the American health system. It is my understanding that you are prioritizing these issues and considering the best mechanisms for developing effective policies regarding such concerns as: privacy and confidentiality protections; implementing practice guidelines and standards; the appropriate roles for the private sector, the Federal government, states, and communities; engaging HHS to remove barriers to the HII; developing core datasets for medical outcomes research; reimbursement and interstate licensure of telemedicine; and providing technical and policy solutions for

ensuring access for all Americans. The President and I applaud these noble efforts and support your actions.

Chris - we need a quick minute chat on this. -UR

We believe, along with the Vice President, that the benefits of the health component of the National Information Infrastructure will make a huge difference in improving the effectiveness and efficiency of our health system. We believe that in solving some of the problems of the health system, we will enhance the competitive edge of American businesses in the global market, go a long way toward balancing the budget, and ultimately, further improve the health and prosperity of Americans. Keep up the good work and let us know how this Administration can work with you to remove the barriers and accelerate the development of this system of systems that will become the health care nervous system for healthy Americans.

Koop Foundation Inc.
C. Everett Koop Institute
 Office of Health and Telecommunications
 10306 Great Arbor Drive
 Potomac, MD 20854
 Tel: (301) 299-1507, Fax: (301) 299-1509

FAX COVER SHEET

DATE: 7/7/95

TO: Chris Jennings

FAX NUMBER: 202-456-7028

BUSINESS PHONE: _____

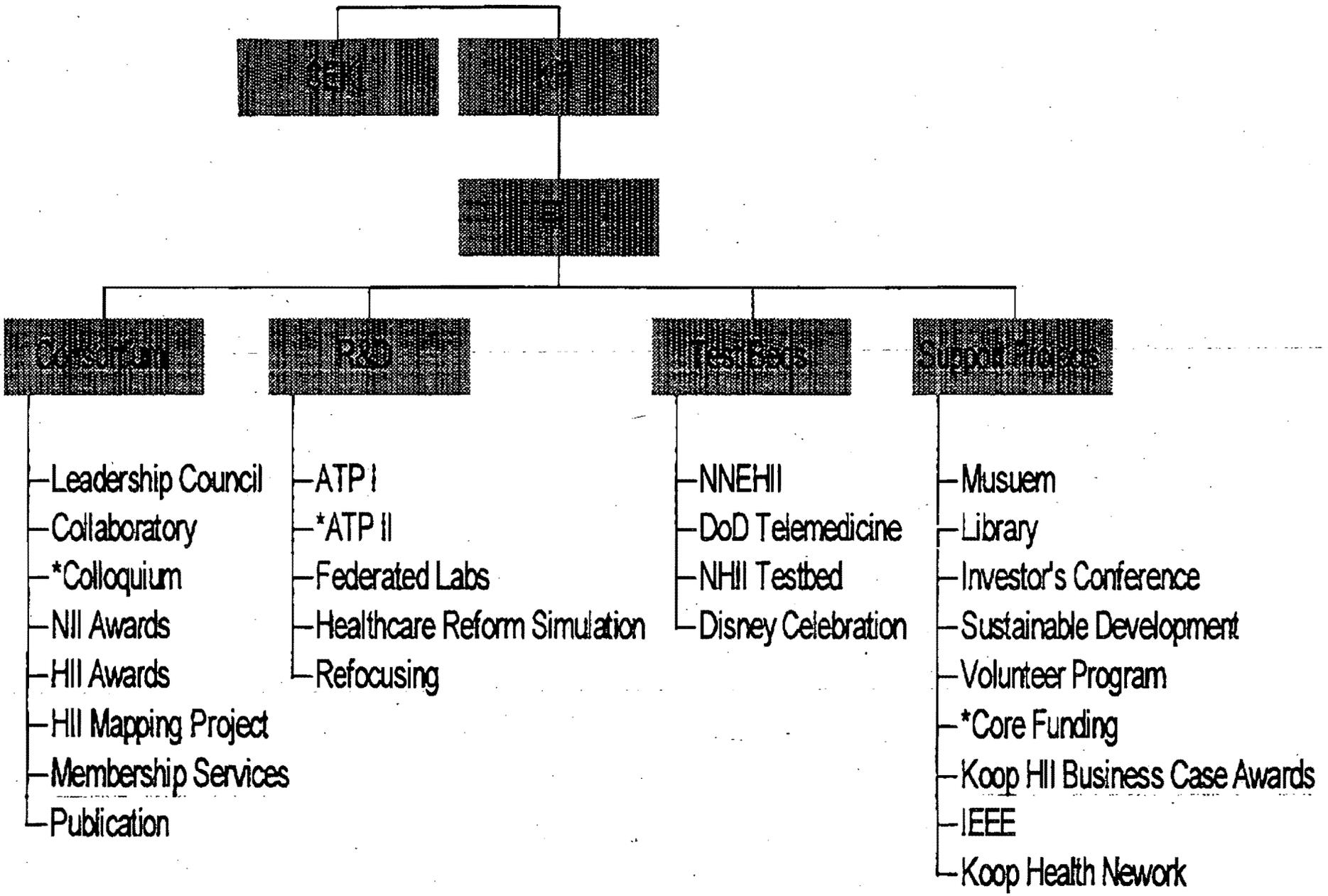
FROM: Mike McDonald

ITEMS: KFI Background

COMMENTS/SPECIAL INSTRUCTIONS: _____

TOTAL PAGES (Excluding Cover Sheet): 1

Please call us if you do not receive all pages.



FIRST LADY HILLARY RODHAM CLINTON
THE KOOP FOUNDATION
HEALTH INFORMATION INFRASTRUCTURE CONSORTIUM

JULY 11, 1995

Thank you, Dr. Koop, for that kind introduction. I am delighted to join you today. This is an exciting opportunity to share information, and to look for ways to improve the health of Americans through advances in health information networks. Dr. Koop has been tremendously helpful in this endeavor, and every one of you here today deserve thanks for your work in developing this technology.

In the decade ahead, our nation will face unprecedented economic and demographic challenges. Our population is aging and the demand for improved quality and access to health care continues unabated. At the same time, we are facing overwhelming budgetary and public pressures to contain health care costs. Advances in information technologies are and will be essential for addressing these seemingly contradictory pressures.

Just consider how, over the past two decades, computer technologies have transformed American society. American children now have access to more computing power in their personal computers and game machines than the world's largest corporations had a little more than a decade ago. Over the next few years, improvements in technology will continue to affect our families, our schools, and our workplaces.

Most people in America don't know what the health information infrastructure is. They don't realize that it represents the central nervous system of our nation's health network. And that is why it is so important to the quality of care patients receive, and how efficiently that care is administered.

The Health Information Infrastructure does not end with just administrative simplification -- that is, electronic claim forms, reduced paperwork, and improved mechanisms for financing health care. An effective HII can provide better avenues for educating physicians and nurses, for example, through clinical simulations and instant access to the world's medical literature. And, just as important, it can provide for a new environment in which clinicians can collaborate and share ideas for improving quality of care.

As health information systems become common tools in the everyday practice of medicine, clinical decisions will be enhanced and medical outcomes improved, as unnecessary waste and inefficiency declines. For example, many older Americans see several physicians for a variety of health needs and receive a variety of treatments. In many cases, medications prescribed by different doctors conflict, causing potentially serious health problems. With health information networks, doctors and pharmacists can quickly assess what kind of treatment their patients are receiving and work together to ensure that their patient is receiving the best possible care.

For doctors located in remote or rural areas, telemedicine can offer the capabilities of an advanced medical center. For clinicians, public health workers, and policy makers, information systems allow access to health data to help fight epidemics and endemic disease. For the public, personal health information systems can empower them to make better decisions regarding their own health.

Many of our nation's public health problems -- such as teenage pregnancy, drug abuse, and gun violence -- can not be fixed in a doctor's office alone. And they cannot be solved by government alone. We must give people most affected by these problems the tools they need to find solutions at the local level. We are all excited about the promise of community information networks, which are designed to help communities identify and address their problems.

Like these community information networks, it is also important to note that we share your belief that the Health Information Infrastructure should be primarily owned and operated by the private sector. Having said this, as the nation's largest purchaser of health care, the Federal Government has an important role to play. As many of you know, we have been urged by many in the private sector to help facilitate the acceleration of a voluntary movement toward more shared data standards for the health industry.

To address some of these issues, the Vice President asked Secretary Shalala to lead an inter-agency effort to coordinate federal efforts in four key areas in health information systems: data standards, privacy protections, enhanced health information for consumers, and telemedicine. I know this is something that many of you support. I am therefore extremely pleased to report that, in response, HHS will soon be announcing a new federal advisory committee to serve in this capacity. HHS is designing this committee so it can serve as a national forum for private/public collaboration on data standards and privacy issues.

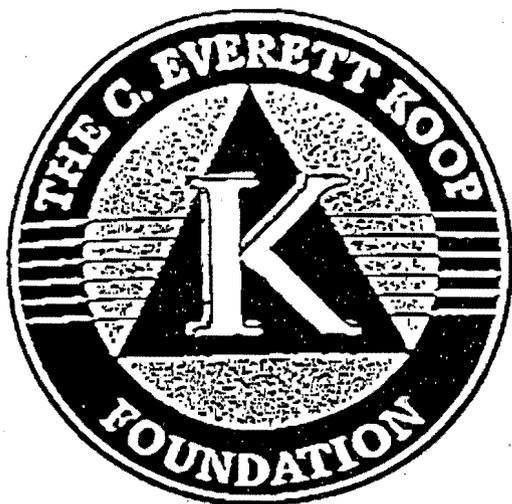
The President knows well that the goal of a seamless health information infrastructure faces many challenges. Those of you here today represent some of the best minds in the country engaged in improving this system.

Although much work remains to be done, you have identified some of the crucial issues in developing this "nervous system" for our nation's health system. The President and I applaud your efforts to work out some of the challenges confronting us -- such as privacy protection, practice guidelines, and appropriate roles for the private sector, the federal government, states, and communities.

The President believes, along with the Vice President, that the health component of the National Information Infrastructure will make an enormous difference in improving the effectiveness and efficiency of our health system. Not only will it enhance the competitive edge of American businesses in the global market and help balance the budget, it has the potential to vastly improve the health and prosperity of America as a whole.

I must thank all of you for your hard work on this issue. This Administration is committed to working with you to remove the barriers and accelerate the development of this system. We look forward to continuing our constructive work together and to delivering on the promise and the potential of the Health Information Infrastructure.

###



The Koop Foundation, Incorporated
 2092 Gaither Road
 Suite 200
 Rockville, MD 20850

Facsimile Cover Sheet

To: Chris Jennings
 Company: The White House
 Phone: 202-456-5560
 Fax: 202-456-7431

From: Katherine Houston
 Phone: 301-590-1227
 Fax: 301-590-2786

Date: 7 17 195
 Pages including cover page: 3

Message:

I will call to follow-up.
The list of participants + agenda
are enclosed.

**The Koop Foundation, Inc.
2092 Gaither Road
Suite 200
Rockville, MD 20850
Tel: (301) 590-1227**

**Health Information Infrastructure Consortium
PROPOSED AGENDA
July 11, 1995
White House Conference Center
726 Jackson Place**

- 9:00 AM** **Public/Private Sector HII Endeavors C. Everett Koop, M.D.**
- 9:15** **Private Sector Issues and Perspectives**
- Panel: Council on Competitiveness
 General Motors
 Kaiser Permanente
 AT&T**
- 10:30** **Leveraging NII Investments for Improving Health
 Mike Nelson OSTP White House**
- 11:00** **R&D Testbeds**
- Panel: Federal, State and Private Sector
 Corporation for National Research Initiatives
 Department of Defense
 AHCPH
 North Carolina Alliance
 IITF**
- 12:30 PM** **Lunch Discussion**
- 1:00** **Round Table Discussion**
- 2:00** **Realizing the Potential of Health Information Technology for
 People and Communities
 Hillary Rodham Clinton**
- 2:45** **Action Items**
- 3:00** **Adjourn**

PRIVATE SECTOR INVITEES

C. Everett Koop
David Lawrence
Michael Leahy
Kevin Anderson
Marilyn Cade
Jack Pellicci
Keith Green
Wayne Sinclair
Florence Comite
Bill Smith
Kent Mottle
Troy Nagle
Sharon Morgan
Bob Kahn
John Norris
Judith Bachant
Suzy Tichenor
Jonathan Peck
Tom Feige
Pamela Hanlon
Jonathon Norris

Koop Foundation
Kaiser Permanente
Kaiser Permanente
General Motors
AT&T
Oracle
Time Warner
Risk Management Resources (MMI)
Time Life Medical
Bell South
Johnson and Johnson
IEEE
North Carolina Alliance
Corporation for National Research Initiatives
National Pharmaceutical Council
Digital Equipment Corporation
Council on Competitiveness
Institute for Alternative Futures
Time Warner - Full Service Network
The Community Medical Network Society
National Pharmaceutical Council

PUBLIC SECTOR INVITEES

Hillary Rodham Clinton
Donna Shalala
Judy Feder
Chris Jennings
Melanne Verveer
Mike Nelson
Carol Rasco
Laura D'Andrea Tyson
Greg Simon
Tom Kalil
Cindy Trutanic
Don Lindberg
Cliff Gauss
John Silva
George Anderson
Russ Zajtchuk

First Lady
DHHS, Secretary
DHHS
Health Policy, White House
First Lady's Office
OSTP, White House
Domestic Policy, White House
National Economic Council
Office of the Vice President
National Economic Council (Chair)
Tipper Gore's Office
National Library of Medicine (Director)
AHCPR (Director)
ARPA
DoD, Deputy Assistant Secretary
DoD, Brigadier General

CAUTION! DRAFT DOCUMENT, NOT FOR RELEASE
May contain proprietary information.

84-04-0037

Health Informatics Initiative

C. Everett Koop Institute

Total request from ATP: \$14,741,491
Matching funds: \$15,426,461
Est. Total Project Cost: \$30,167,952

Analyze the healthcare industry from the point of view of modern information management and develop the necessary information models and tools to support the task of re-engineering the industry to take best advantage of the developing National Information Infrastructure.

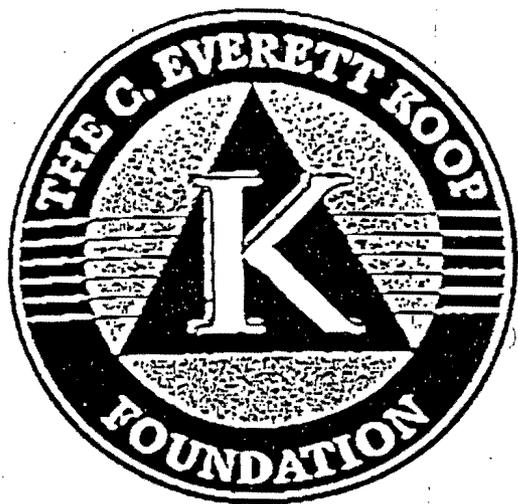
The C. Everett Koop Institute has assembled a coalition of 14 companies and non-profit institutions with expertise in healthcare, information technology, and business re-engineering to analyze the healthcare industry from the point of view of modern information management, and to develop necessary information models and tools to support the task of re-engineering the industry to take best advantage of the developing National Information Infrastructure. The team will build domain-analysis tools and use them to construct a domain model of the extremely complex industry as a prelude to the design of integrated, industry-wide information systems. Further tasks will include developing an integrated set of tools for applying Business Process Re-engineering, a methodology for transforming high-level business goals into specific information technology needs; developing a formal "metamodel" of the industry to use as a basis for shared knowledge base; and developing the specification for an open and extensible system architecture that independent vendors can use in the development of information tools. Other members of the coalition include Analytic Services, Inc.; Oracle Corporation; Logicon Inc.; D. Appleton Company, Inc.; Science Applications International Corp.; Wisdom Systems, Inc.; the Corporation for Studies and Analysis; AT&T; Meta Software; Ogden Government Services; Systems Research and Applications Corp.; Windom Health Enterprises; Booz-Allen & Hamilton, Inc.

Still awaiting your
call re the speech

The Koop Foundation, Inc.
2092 Gaither Road
Suite 200
Rockville, MD 20850
Tel: (301) 590-1227

Health Information Infrastructure Consortium
PROPOSED AGENDA
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I will call to follow-up.

The list of participants + agenda
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**The Koop Foundation, Inc.
2092 Gaither Road
Suite 200
Rockville, MD 20850
(301) 590-1227**

July 7, 1995

**Chris Jennings
Senior Assistant to the President for Health Policy
Old Executive Office Building
17th Street & Pennsylvania Avenue NW
Washington, DC 20501**

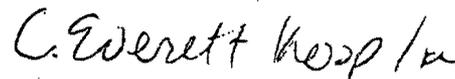
Dear Chris:

I would like to invite you to a meeting of key public and private sector leaders in the development of technology and infrastructure who are assisting in the restructuring of the health care system. I appreciate the tremendous demands on your time. However, I believe that your presence could help us to maximize the public benefit from this gathering.

This meeting will take place on July 11, 1995 from 9:00 a.m. to 3:00 p.m. at the White House Conference Center, located at 726 Jackson Place. I have attached a proposed agenda and list of invited participants for your review.

We hope that you can find some time in your busy schedule to be with us. If you have any comments or questions regarding the meeting, please contact Dr. Michael McDonald, Director of the Koop Institute's Office of Health and Telecommunications at (301) 590-1227.

Sincerely yours,



C. Everett Koop, M.D.

enclosures

Galles

THE NEW REPUBLIC

FEBRUARY 7, 1994

Why the Cooper plan won't wash.

COOPER POOPER

By Harris Wofford

After a season of new health care proposals, political posturing and broad-brush propaganda by private interest groups, Congress is about to get down to work on crafting a comprehensive health care plan. The final result should be a private-sector system that has lower inflation than our present one, has less bureaucracy and offers greater individual choice among doctors and health plans.

That happy prediction is based on something like Winston Churchill's wartime faith in the American people. In 1941, when Britain's survival hung by a thin transatlantic lifeline, Churchill said he was confident that the Americans "in the end will do the right thing ... after they have tried every other alternative."

Doing the right thing in health care means achieving two basic goals: guaranteeing coverage for every American and checking the escalation of costs. The challenge is for members of Congress to reach across ideological lines and work with the president to overcome the resistance to reform that thwarted Harry Truman and Richard Nixon alike. Political fantasy? No. Pennsylvania's 1991 special election showed that health care is too important to ignore. It's a problem not only of the poor and uninsured, but of the middle class, which is

concerned about the cost and security of its coverage.

So now there are plenty of "reform" plans on the table, most importantly the president's Health Security Act, of which I am a co-sponsor. THE NEW REPUBLIC, in a recent editorial ("For the Cooper Plan," December 6, 1993) is right that no measure will pass without the support of proponents of Representative Jim Cooper's plan (and backers of Senator John Chafee's Republican proposal and Representative Jim McDermott's "single-payer" plan). And it's right to discard proposals like Senator Phil Gramm's as "hardly worth taking seriously" because they do so little to achieve universal coverage or limit rising costs. But to ask Congress to accept only the half-steps proposed by Jim Cooper is to risk losing a historic opportunity.

As thoughtful as he is, Cooper's bill does not do what needs to be done. He promises "universal access," but that's not saying much. As my colleague Tom Daschle puts it, we all have "universal access" to Rolls Royce dealerships. That doesn't put us behind the wheel. In fact, according to the Congressional Budget Office, Cooper's plan would leave 22 million people without coverage. Yet a recent *NBC/Wall Street Journal* poll shows that 78 percent of Americans see guaranteed coverage as the sine qua non of health reform.

Changing certain insurance industry practices will improve the availability of coverage: portability of coverage from job to job, a prohibition against denying coverage on the basis of pre-existing conditions. These are part of the Cooper plan—and the president's—but they don't guarantee universal coverage. Health plans must also be required to "community-rate." That is, they must charge all enrollees in a certain area the same amount. Without this step, they will still discriminate against people: not by excluding them but by charging them exorbitant premiums.

While Cooper's plan reflects a healthy skepticism about government's ability to solve every problem, it shows how a little reform can be a dangerous thing. He calls his plan "Clinton-lite." It has the distinction of being both less filling and more expensive. For the Cooper plan is "lite" on reaching comprehensive coverage, but it's heavy on family pocketbooks—as well as the national budget. Unlike the president's plan, the Cooper bill would increase the deficit by some \$70 billion over five years, according to CBO/Joint Tax Committee estimates. That doesn't sound very "New Democrat" to me. Nor does the plan's reliance on the IRS: it would create a new layer of government paperwork for every employer by having the agency enforce the cap on tax deductibility.

The Cooper plan would do nothing to reverse the present trend toward limiting people's choice of their own doctors and pressing them into low-cost HMOs. Indeed, by making employers pay taxes on any health premiums higher than those of the lowest-cost plans, it would speed up the process of restricting choice.

Like the president, Cooper proposes reducing the rate of growth in Medicare and Medicaid. But he does so without controlling spending on the private sector

side. As a result health care providers will shift costs, as they do today, by charging their privately insured patients more. Unlike the Health Security Act, the Cooper bill includes no protection for early retirees, who are increasingly seeing their coverage cut off by former employers. It doesn't begin to face the challenge of long-term care. And it doesn't cover prescription drugs for the elderly.

Crafting health care reform isn't a multiple-choice question with one right answer; it's an essay in which many primary sources contribute to the final product. Cooper himself lists fifteen similarities between his proposal and the president's, as well as eight key differences. He calls the plans "first cousins" and suggests a "family reunion" in any final legislation.

The most fundamental agreement is that competition should be promoted by regional purchasing groups through which individuals and businesses would buy coverage. Cooper calls them "Health Plan Purchasing Cooperatives"; the president calls them "Health Alliances." But this rose by either name is the agency for the "managed competition" Cooper has championed. Cooper should declare victory (and Congress should adopt many of his provisions to assure that the groups are consumer-run cooperatives, not new government agencies). The common ground also includes a standard claims form, electronic billing and consumer "Report Cards" on the competing plans. And there is agreement that Medicaid should be replaced, so the poor can have the same choices as everyone else.

So what is holding us back? Rhetoric aside, the fight is over this: Should employers continue to pay health care premiums and should the present employer-employee contribution system be extended to all employers and their workers who are uninsured? Or should the only "mandate" be put on individuals and families, with the help of some new government subsidies?

Supporters of the Cooper and Chafee plans aren't willing to insist that all employers contribute. That may appear like political practicality. But it runs into a harsh reality: any plan that does not provide for a shared employer-employee responsibility would put great financial pressure on companies to dump coverage and shift billions in cost onto working families. The fact is most insured Americans now receive coverage through employers. The Cooper plan could mean that a family earning \$30,000 per year would have to spend what *The New York Times* labeled a "merciless" \$5,000 per year for basic coverage.

Restraint may be a virtue. Far more virtuous, however, would be to fulfill Truman's promise of universal, private health insurance. Jim Cooper's proposal fails that test. So having considered the alternatives, we should in the end, as Churchill suggested, "do the right thing."

HARRIS WOFFORD is a Democratic senator from Pennsylvania.

JIM COOPER
4TH DISTRICT, TENNESSEE

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To: Tennesseans Following Health Care Reform

From: Congressman Jim Cooper

Date: Friday, August 13, 1993

WASHINGTON TURNS TO HEALTH CARE REFORM

Now that his budget plan has been enacted, the President and Congress will turn their attention to health care reform. September 21 is the current target date for release of the Administration's plan -- probably before a joint session of Congress -- but the general framework may be laid out as early as next Monday in President Clinton's address to the National Governors' Association.

Conservative and moderate Democrats continue to have grave reservations about what we have heard of the proposal. I have been leading meetings of like-minded Members of Congress with representatives of the White House to communicate these concerns. As many of you know, until now I have withheld reintroducing my managed competition bill, preferring to work with the White House to develop a plan which could receive bipartisan support.

SINGLE-PAYOR ADVOCATES GAIN STEAM

However, Congressional advocates of a Canadian-style, government-run system have not been so cooperative. They have attacked the Administration's plan at every opportunity, introduced their own bill and garnered 86 cosponsors, despite the Congressional Budget Office's estimate that their proposal would require raising about \$600 billion a year in new taxes.

As a result, the White House now appears to be more worried about losing the support of the single-payor advocates than they are about losing moderate Democrats. This is short-sighted. One thing that the battle over the deficit-reduction plan taught us is that health care reform must be bipartisan in order to pass. Pure, market-based managed competition, as I have proposed, is the only plan with true bipartisan support in Congress.

EMPLOYER MANDATE RECEIVES MORE SCRUTINY

In another important signal, last week forty-one Republican senators sent a letter to the President opposing a mandate on employers to purchase health coverage for their employees. This means that even without any Democrats (of which there are many who would agree), Republicans could sustain a filibuster in the Senate over any bill containing such a provision.

The Healthcare Leadership Council recently commissioned the respected consulting firm Lewin-VHI to study the impacts of an employer mandate under the best available version of the Clinton plan. Their state-by-state analysis concludes that the Clinton mandate would increase aggregate health care costs for Tennessee employers by 88%. Employers nationwide would pay on average 53% more.

WHITE HOUSE PLAN LIKELY TO ALIENATE MODERATES

Unfortunately, it now seems virtually certain that the President's plan will include not only an employer mandate, but also a global budget on private sector health care spending enforced by price controls on health plans. In addition, the White House Task Force has transformed managed competition's purchasing cooperatives into government Health Alliances with the power to regulate and exclude health plans. The proposal is also likely to lack key elements of managed competition, such as an effective limit on tax deductibility to encourage cost containment.

In order for moderates to show the breadth of support for real, market-based reform in Congress, we need to have a rallying point. Therefore, I will have my bill ready to reintroduce when Congress returns to Washington next month. My colleagues and I in the Conservative Democratic Forum have been working closely with the Congressional Mainstream Forum and the Democratic Leadership Council to build support for this approach.

I was recently asked by the Congressional newspaper Roll Call to describe the important ways in which the original managed competition differs from the hybrids. I have no pride of authorship in my proposal; it's not perfect. But I do feel that in order for health care reform to work, it must be internally consistent. Unfortunately, many of the adaptations of managed competition, in my view, make it unworkable. I have attached the article for your information.

P.S. For those of you who have been forwarding these letters to the White House, you no longer need to waste your stamp. The White House is now on the mailing list.

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**Congress of the United States
Washington, DC 20515**

August 4, 1993

Dear Colleague,

Before leaving town for the August work period, we want to bring you up to date on the CDF's market-based health care reform initiative.

As you know, we made history last year by introducing the "Managed Competition Act", H.R. 5936. Prior to the CDF Health Care Reform Task Force's involvement in the debate, managed competition was virtually unknown in Washington. Now it forms the basis of the Administration's upcoming health care proposal.

Many of you have asked us when the bill will be reintroduced. Until now, we have held off on reintroduction with the hope that we could work with the Administration to develop a managed competition plan which we could support. We have been meeting regularly with the First Lady and her senior health care advisor Ira Magaziner urging them to stick with pure managed competition and reject the heavy-handed government regulation that is being pushed by those who favor a Canadian-style health care system.

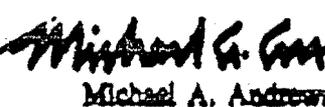
While the President has yet to make some final decisions, it seems virtually certain that his proposal will include a mandate on employers to purchase health coverage for their employees and a "global" limit on private sector health care spending enforced by price controls on health plans. His plan is also likely to lack key elements of managed competition, such as an effective limit on employer tax deductibility to encourage cost containment.

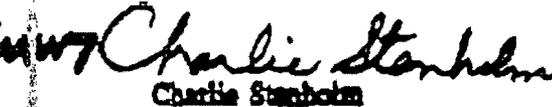
The advocates of a Canadian single-payer approach already have 85 cosponsors in the House and appear to have momentum on their side. Despite their highly-public break with the President, they are being catered to by the White House. We need to make a stronger statement about the support among Democrats for market-based reform. And we need to do that so it is clear we are trying to help the President develop a plan that actually has support enough to pass.

We are interested in hearing your thoughts about the best way to proceed. We still hold out hope that we can support the President's plan, but we are reintroducing the bill for ~~consideration after the August 10th deadline. Our intention is to reintroduce the bill the week of August 20th and to seek critical cosponsors in the following week when members will be back in Washington.~~

Sincerely,


Jim Cooper


Michael A. Andrews


Charlie Stanholm

Press Conference Statement
by
Rep. Jim Cooper (D-TN)
October 6, 1993

[Before beginning, I would like to thank the extraordinarily talented staff for their able assistance, particularly Anand Raman, Atul Gawande, Caroline Chambers, Dave Kendall, and Colleen Kepner. None of us would be here without their remarkable work.]

My name is Jim Cooper. I am a Democratic congressman from Tennessee. Today we formally introduce the Managed Competition Act of 1993. It is the only comprehensive, bipartisan health reform plan in the 103rd Congress.

Standing with me are some of the 46 original cosponsors of the bill, 27 Democrats and 19 Republicans. A companion bill is expected to be introduced in the Senate in the next few days under the sponsorship of Senators Breaux and Durenberger.

All of us want health care reform to pass in this Congress and to be signed into law by the President. We applaud President and Mrs. Clinton's leadership in this vital domestic policy issue. We particularly applaud the First Lady's courage, vision, and outreach. No one could have worked harder, more compassionately, or more intelligently than she has to try to solve our health care problems. As the former Surgeon General, Dr. C. Everett Koop, has said, the Clintons have already shown more leadership in health care than all of their living predecessors combined.

These are tough issues; that's why most Presidents avoid them. But we share the White House's view, and the American people's view, that much of our health care system is broken and must be fixed... now.

When the President addressed the Joint Session of Congress two weeks ago, he said that there was room for honest disagreement on the best way to reform our health care system. While we support a great deal of what we know of the Administration's plan, we do have some serious concerns that must be addressed.

Areas of Agreement

We agree with the Administration that all Americans should be able to get health insurance and keep it no matter how sick they have been, where they work, or if they switch jobs. No American

will live in fear of a pre-existing condition or bad experience rating again. The price of coverage must also be affordable. We should help all of the poor and near-poor buy coverage, and enable everyone to obtain it at the lowest possible group rates, as if they worked for a Fortune 500 company. We also think the self-employed should be able to deduct 100% of the cost of health coverage.

We agree with the Administration that more Americans should be able to choose their favorite doctor instead of having to put up with their boss' choice. Nine million federal employees have expanded their choices and held down costs for thirty years using an annual menu shopping system that even the Heritage Foundation says is one of the best government programs in history. It's high time we shared that with all Americans, simplifying the menu by adding a standard benefits package. The price and quality of health care should be disclosed in advance so that all Americans can finally shop for health care the way they shop for everything else.

We agree with the Administration that preventive care, primary care, rural and inner-city care must be emphasized. Outcomes reporting, practice guidelines, gatekeepers and case managers should be utilized to help us get more value for our health care dollars. Like the Administration, we want the people to choose their favorite delivery system for health care, whether it is an HMO, PPO, IPA, POS, or regular fee-for-service medicine. Uniform claims forms and electronic processing will help us cut through the health care red tape. Malpractice reform is also necessary to help reduce the cost of defensive medicine.

We agree with the Administration that today's health care system has one of the worst incentive structures possible. It makes more money off of us the sicker we are and the more tests that are run. The system should have an incentive to keep us healthy and to do the right number of tests.

Not Managed Competition

Despite all of this bipartisan support for so much of the President's plan, we still think it falls short of real managed competition. Likewise, the various Republican plans fall short. Why does this matter? Because we feel that managed competition will work better back home and may be the only way to break the partisan gridlock in Washington.

We think that fledgling versions of managed competition are already working in California, Minnesota, Florida, and Washington State. One hundred fifty American cities already have employer purchasing coalitions. The Federal Employee Health Benefits System is a nationwide managed competition model.

The Administration started with managed competition and went to the left. The Republicans took managed competition and went to the right. Our bill is squarely in the middle, and is the only one with significant bipartisan support. It is the first health reform approach since Harry Truman to get major Democratic and Republican support. The New York Times, Fortune, and U.S. News & World Report have already predicted that the final legislative compromise will be very close to our bill.

We have no pride of authorship. Although several of us had introduced the first managed competition bill in history, H.R. 5936, in the last Congress, and although both President Bush and then-Governor Clinton endorsed managed competition in the last election, we chose not to introduce our bill in this Congress. Others introduced their health reform bills, but we did not. We hoped that the Administration would adopt enough of our ideas so that we would not have to introduce.

The father of managed competition, the Jackson Hole Group, and the leading exponents of it, the Conservative Democratic Forum (CDF) and the Democratic Leadership Council (DLC), have all concluded that the public should be able to see a real managed competition bill so that they can decide which plan is the best medicine. This issue will be, and should be, decided around the kitchen tables of America.

As my colleague Fred Grandy will mention, we object to employer mandates, global budgets, price controls, restrictive/regulatory purchasing cooperatives, excessive state flexibility and the continuation of unlimited corporate tax deductibility for health benefits. We want to hold down health care costs and to expand access using market forces, not big government.

We have grave concerns about a plan that allows any state to adopt a single-payer health system, but allows no state the chance to have real managed competition reform.

Continue the Dialogue

Our reluctant introduction of this bill is not an end to our dialogue with the White House and others on health reform. We fully realize our bill is not perfect, and are anxious to improve it. There are already parts of it that I and others would like to change. But it is a true bipartisan plan, and that is the best way to begin a debate on reshaping one-seventh of the U.S. economy. We need the collective wisdom of both political parties to help us find the right solutions.

Our purpose is entirely constructive. We emphasize what we are for. We have a bill that people can see and criticize before President Clinton or Senator Chafee have even introduced theirs.

As the former Speaker of the House, Sam Rayburn, once said, "Any mule, or elephant for that matter, can kick a barn down. It takes a carpenter to build one." I can guarantee you that every one of our original cosponsors is in the carpentry business.

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The C. Everett Koop Institute

MAPPING THE HEALTH INFORMATION INFRASTRUCTURE (HII)

October 1994

Summary:

The purpose of this project is to develop and distribute a runtime geographic information system (GIS) database with a supporting book of plates of the HII. The outcome will aid businesses, policy makers and administrators in tracking and visualizing the national distribution of HII demonstrations, pilots, testbeds, and infrastructure development projects. The GIS system will assist both public and private sector institutions in planning their HII development efforts based on the current HII activities and an understanding of the HII as a whole. The four elements that will initially be captured are: 1) geography; 2) technology; 3) functional health application area; and 4) target populations. The first release is planned for August of 1995.

Project Stages:

1. Project Definition (current phase of work)

The Koop Institute is working with ARPA, ESRI and consultants to define the scope and technical steps of the project.

2. Project Team:

An interdisciplinary team will be responsible to:

- a) identify present and projected sources of information about HII projects
- b) identify available and projected technology
- c) identify technology vendors
- d) identify domain experts and input staff to build the GIS

3. Develop 10 to 20 conceptual plates for HII Consortium.

4. Survey Data:

Appropriate data will be collected, analyzed and synthesized. The Koop Institute's private sector HII Consortium is a key source of secondary data. The interagency task force will also be able to assemble government sponsored activities. Dr. John Silva has recommended utilizing his Health Information Application Working Group which is part of the Information Infrastructure Task Force chaired by Secretary Brown. Other important sources of information and assistance include the various national centers for GIS technology such as the Urban and Regional Information Systems Association, and the supporting health information centers such as the New Media Projects branch of the Public Health Service.

The C. Everett Koop Institute

5. Obtain Project Equipment:

Off-the-shelf commercial technology will be used to minimize cost and optimize distribution of the final product.

6. Develop HII GIS and database:

Design and implement appropriate database and GIS logic mapping to support current and future data.

7. Develop Book of Plates:

Design and implement appropriate book of plates (icons, color coding, etc.) to support current and future data.

8. Develop Runtime Version:

Design and implement end-user loadable version of product (PC and MAC).

9. Publish Book of Plates and Runtime Version:

Develop and implement a "product" strategy for packaging, updates, quality control, distribution, and maintenance.

10. Develop Further Specifications:

- a) mapping health status for Healthy People 2000
- b) integrating with a dynamic simulation of the evolution of the HII marketplace

Conclusion:

It is the intention of the HII MAPPING Project to help businesses, policy makers and administrators better understand the current and future activities incorporating information systems to improve health. Initially, we believe it will help decision makers to visualize the geographies, technologies, functional health areas and target populations involved with these activities.

For example, an administrator responsible for a rural health plan may begin his/her research by viewing a map of U.S. telemedicine projects (color and icon coded that describes the subclassification area of telemedicine and level of maturity of each project), and then "double clicking" on a specific project to receive information on the developers, administrators and evaluators of the information system complete with specific contact information.

One important aspect of the HII MAPPING Project is our emphasis on developing a set of tools underlying the application that will be extensible to add future sources of information. Both the tools and the end-user application of the HII MAPPING Project will help businesses, policy makers and administrators better research and allocate resources in this fast-changing area of health and the use of telecommunications.

The Health Information Infrastructure Consortium

Executive Summary

Landmark changes in telecommunications and the American health system are providing extraordinary opportunities within the emerging health information marketplace. However, public policy in this area is still ill-defined and many barriers and hurdles must be overcome by both the public and private sectors in order to optimize the health of Americans through the health information infrastructure. The Koop Foundation, acting on the request of Vice President Gore, formed a private sector consortium in December of 1993 in order to ensure the full implementation of the Health component of the National Information Infrastructure.

Background

The Health Information Infrastructure (HII) is likely to grow to well above a \$100 billion market sector within a decade from roughly a \$20 billion sector today. This enormous growth is partly due to the demands of health system transformation and the great improvements its underlying information infrastructure will contribute to the health of Americans. It is also due to the fact that health care is likely to be an early adopter and beneficiary of the information superhighway. Over time, it is expected that the infrastructure necessary to support the information demands of the health sector will be shared by several other sectors (e.g., manufacturing, entertainment, education).

The health information infrastructure will make profound contributions to medical cost savings, access, and quality of care, if properly designed and implemented. Given the high level of collaboration required to optimize the HII, Vice President Gore has requested that the Koop Foundation bring together key leaders in the private sector to form the Health Information Infrastructure Consortium. This private sector Consortium will work in conjunction with a governmental interagency working group called the Health Information Applications Working Group of the Information Infrastructure Task Force (IITF). Together these public and private sector bodies will envision the use of the National Information Infrastructure for improving the health of Americans and explore the policy and marketplace issues which will enable the health information

infrastructure to reach its potential.

HII Elements

Seven elements of the national health information infrastructure must be enabled in order to optimize the functioning of the American health system:

- * Administrative Information Systems
- * Clinical Information Systems
- * Educational Information Systems
- * Telemedicine
- * Personal Health Information Systems
- * Population Databases and System Coordination
- * Community Networks

All of these elements must be seamlessly connected and interoperable, while assuring quality, security, and privacy. Standards must be developed and evolve with the progress of the technology, medical knowledge, and the public's expectation. The policy environment must be designed to encourage the full development of the health information marketplace. It must stimulate investment and innovation by the private sector and encourage competition because the private sector will inevitably fund, build, operate, and maintain the vast majority of the health information infrastructure.

In addition to enabling a fully competitive marketplace, there is a need to have mechanisms amongst private sector players as well as between the public and private sectors which help to remove barriers and optimize the health information infrastructure. The HII Consortium will be a key mechanism for merging the public/private sector visions and for private sector companies, who are often direct competitors, to work on issues of common benefit. A high degree of collaboration on issues of common concern will be a prerequisite for success in the health information infrastructure because of need for an ever increasing degree of integration in the era of the intelligent network ahead.

The Koop Foundation's Involvement in Health Informatics

The C. Everett Koop Foundation is assembling some of the country's top experts in health informatics in order to develop the vision and build an implementation strategy for the health information infrastructure. In addition to its initiatives in redesigning the American medical education for the 21st century, the Koop Foundation will engage in four major directives in developing the health information infrastructure.

- 1) HII Consortium (national policy and marketplace development)
- 2) Pilots (Local, Regional, National, and International)
- 3) Research and Development
- 4) Assistance on Network Applications Development

Consortium Activities

The Koop Foundation will be administering nine activity areas in association with the consortium:

HII Marketplace Model

A dynamic model of the HII and its marketplace has been proposed to test the outcomes of different public policy initiatives and the interaction of various private sector contributions. In the first phase of this project a geographic information system will be used to map the major health information infrastructure activities now underway. Ultimately, fitness landscape simulations will allow businesses, policy makers, and administrators to explore the dynamics and interactions associated with different levels of investment, government intervention, and development in different parts of the health information infrastructure. Special emphasis will be placed on identifying economic and social enabling factors (e.g., telemedicine service reimbursement schemes, cross-state telemedicine licensure) in the diffusion of key health-oriented telecommunications applications.

Communication with the States, Congress and the Administration

The Consortium will provide white papers and testimony to the Administration, Congress, and State governors and legislatures regarding private sector interests, plans, and contributions to the health information infrastructure. It will also track legislation and government initiatives for Consortium members, which may potentially help or hinder the private sector's ability to contribute to the HII.

Private / Public Sector Task Force

A subcommittee of the private sector HII Consortium will be assembled to work with the federal government's Health Information Applications Working Group, which is affiliated with the Information Infrastructure Task Force.

Liaison to this Interagency Task Force

A member of the Consortium will sit on the HII Interagency Task Force as a private sector representative.

Consortium Meetings and Subcommittees

This consortium will meet two to four times per year as a group as well as interact in a collaborative on an ongoing basis asynchronously. Its membership consists of approximately forty top executives from computing, telecommunications and the health sector. The Consortium will also convene subcommittees (e.g., HII marketplace, regulations, legislation, standards, privacy, interoperability, quality assurance) to explore key opportunities and barriers to the full implementation of the health information infrastructure. A subcommittee of this private sector consortium will meet semi-annually with the interagency HII task force (affiliated with the Information Infrastructure Task Force) in order to foster a common public/private vision and strategize optimal implementation.

Colloquium

Once a year, the Consortium will sponsor a colloquium convening 100 key decision makers from the public and private sectors to evolve the vision and implementation

strategies associated with the HII. The first Colloquium is scheduled to take place in January 1995. It is being designed to use an advanced decision-making environment to foster a unified central vision regarding the health information infrastructure, as well as to identify key unresolved issues that can be explored in more detail on an ongoing basis.

Collaboratories

The Koop Foundation will employ state-of-the-art communication systems to provide a collaborative decision-making environment for consortium members. Collaboratories will allow consortium members to meet asynchronously on an ongoing basis to, for example, download and review the latest drafts of pertinent legislation and to participate in debates on consortium issues or engage in subcommittee activities.

Position papers published through the Koop Foundation

The Consortium will publish various position papers representing private sector HII concerns. Consortium member institutions will all receive pre-release versions of Consortium position papers. Two to four position papers will be published each year. In 1994, papers on the National Health Information Infrastructure and the Healthy Cities Communications Toolbox. Two publications are slated for 1995 regarding privacy and security and an overview of the HII Colloquium vision statement and findings.

HII Leadership Awards

Each year, the Koop Foundation will provide awards to companies making substantive contributions to the development of the Health Information Infrastructure or who have produced and marketed outstanding health informatics applications. The purpose of the HII Awards is two fold: 1) to reward innovation; and 2) to publicize the evolution of the health-oriented telecommunications and computing applications.

Key Koop Foundation Personnel

C. Everett Koop, M.D.	Medical Director and Senior Scholar
David Serra, J.D.	Administrative Director
Michael D. McDonald, Dr.P.H.	Director of Health & Telecommunications
Alexander Sloan, M.D.	Project Executive

David Taylor	General Counsel
Doug Foellmer	Chief Financial Officer
Art Schiller	Health Information Network Specialist
Jane Preston	Telemedicine Advisor
James Dickson, M.D.	HII Advisor
Joseph Rosen, M.D.	Research Advisor
Joseph Henderson, M.D.	Multimedia and Research Advisor
Clarence Pearson	Health Business Sector
John Kelso	Management Advisor

Legal Status, Affiliations, and Facilities

The C. Everett Koop Foundation is a separate nonprofit (501C3) foundation overseeing the management of its health information infrastructure initiatives. The Koop Foundation is associated with the C. Everett Koop Institute, which is affiliated with, and has offices at, Dartmouth College. The Koop Foundation HII activities are managed from its Washington D.C. area offices. The Koop Foundation is developing an advanced interactive communications system to form a virtual institute linking centers of excellence in health informatics nationally and internationally.

Koop Foundation and HII Consortium Resources

The C. Everett Koop Foundation is funded from private foundations and public grants and contracts, as well as from revenues from health information infrastructure directives and activities. The C. Everett Koop Institute is funded by public and private sector grants and contracts, affiliated with medical education and other health-related activities.

Brend, Costello

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