Collaboration for Health Information Technology

Bylaws

April 4, 2018

A Collaboration Including:
Internet2 Cloud Services
University of Michigan School of Dentistry, Founding Sponsor
ICE Health Systems, Inc.
Other Entities (see https://collaboration4hit.org/ for current membership)

Collaboration for Health Information Technology Bylaws
Adopted: April 4, 2018

1. Purpose

The Collaboration for Health Information Technology (Collaboration or Collaboration for Health IT) provides the vision and guidance for the ongoing refinement of software systems to improve health and well being. ICE Health Systems is an enabler through patient care related software to improve patient outcomes, student learning, research and operational efficiency. Internet2 supports its academic and industry members to design specially tailored cloud-based services and software to serve the research and higher education community in a cost-effective manner. The products need to actively serve the schools, private practices and patients, and continually innovate to serve the constantly evolving needs of dental education and dental research.

The Collaboration will be considered a success if it:
- Produces the health record system able to address the goals of the Collaboration (see https://collaboration4hit.org/)
- Continuously innovates and evolves the health record and other systems
- Produces a learning health system that continuously and routinely, studies and improves itself
- Works with other individuals and entities on specific tasks that help to realize the goals of the Collaboration
- Implements its work products in educational institutions, private practice and other collaborating entities
- Support acquisition of research funding that call upon work products
- Provide a pathway for development of professional standards (technical, security, content, etc.)
- Engages the global professional community in the Collaborative process so as to ensure the applicability of decisions made and systems produced
- Engages the global professional community in benefitting from the system, data and other work of the Collaboration
- Produces tangible results that can be used to refine and further research, education and patient care
- Provides a pathway for educational institutions to standardize the data in their EHR to support research

- Sponsors Working Groups to bring forward clear, consensus-based recommendations that, in turn, are implemented
- Values transparency in its operations

2. Strategic Goals

The goals of the Collaboration for Health IT include:
- provide insight to the members on health information technology directions
- prioritize feature and functionality requests, product integrations, etc.
- develop institutional case studies to highlight best practices
- encourage data sharing for research and universal data access while adhering to privacy regulations
- develop a structure for effective data governance that protects the patients' data and enables research with the goal of improved health outcomes
- ensure preeminent security and compliance through third party audits using industry standards
- promote standards for all collaboration members and beyond
- establish Working Groups to achieve identified objectives
- engage all members of the Collaboration community including oral health care providers at all levels, students, IT professionals, researchers, and patients
- encourage work towards unrestricted patient access to their health data
- inform shared issues, external threats and concerns to ICE leadership

3. Collaboration Membership

3.a. Membership: Collaboration membership is open to any person or entity who is willing to contribute to Collaboration goals, success, and outcomes. Entities can belong to multiple categories of membership. The categories are:

Collaboration Members: Any health profession educational institution, or individuals who are members of such institutions, are eligible to participate as Collaboration Members. If the institution is a member, then all individuals related to the institution are automatically members. Schools who have signed an agreement with ICE are also members.

Contributors are any entity or individual from non-health related organizations and institutions, e.g.,
- Private practice
- Advisory board appointed consultants
  - Academic entities not from the health professions

- Associations
- Service Providers
- Vendors
- Non-profit associations

Application for membership shall be reviewed and determined by vote of the Advisory Board. If approved the organization or individual is granted membership upon executing the current Non-disclosure agreement. The Advisory Board shall have the right to terminate participation in Working Groups or other Collaboration activities of any individual or entity at any time at the Advisory Board's discretion.

3.b. Member Responsibilities: Members are expected to contribute to the Collaboration through participation in Working Groups, face-to-face meetings, or other activities as identified by the Advisory Board.

4. Operating Guidelines

4.a. Convening and Conduct of Meetings: The chair of the Working Group, Advisory Board, or any ad hoc group is responsible for creating the agenda, arranging for the venue, whether virtual of face-to-face, and conducting a professional meeting. All participants should strive to start the meeting on time and complete the agenda in an expeditious manner.

4.b. Communication: The Collaboration website will be hosted by ICE Health Systems and linked to from Internet2. At all times, communications will follow the guidelines set-out in the business agreement between Internet2 and ICE Health Systems and the Enterprise Customer Agreement between the ICE Health Systems and the academic institutions. Members may be asked to provide input about the institution's involvement in the Collaboration for documents, white papers, wikis, blogs, and other communication media.

4.c. Meeting Ground Rules: In addition to having a meeting agenda that guides meeting participants towards accomplishing the meeting goals, participants should have a clear understanding of what is expected of them to best support accomplishing the meeting agenda. While each meeting chair can establish their own ground rules, the following ground rules are suggested.
1. Show up on time and come prepared to contribute.
2. Stay mentally and physically present.
3. Contribute to the meeting goals.
4. Let everyone participate.
5. Listen with an open mind.
6. Think before speaking.
7. Stay on point and on time.
8. Attack the problem, not the person
9. Close all decisions and follow up

10. Record minutes and share them
11. Have fun!

4.d. Annual Face-to-Face Meeting: The annual meeting location will be determined by the Advisory Board, and will typically be hosted by a member institution. The hosting entity will supply meeting space, refreshments during the meeting time, audio-video equipment, Internet connection, and any general office supplies that are required to conduct the meeting. There will be no registration fee. Travel, room and food outside the posted meeting time will be the responsibility of the participants.

5. Advisory Board

The Advisory Board represents all Collaboration members in working with ICE Health Systems and other service providers to improve the service they offer. At all times, the Advisory Board will advance the use of the service to benefit the health care, education and research communities.

The Advisory Board will consist of up to 7 voting members. Internet2 and ICE Health Systems will each have one representative that is an non-voting member. The Advisory Board invites Collaboration Member institutions to appoint an Advisory Board Member. These members are nominated and empowered to represent the institution. Preference for Advisory Board membership will be given to Collaboration members that have subscribed to ICE.

Advisory Board terms are for three years. Each term begins on January 1. Advisory Board members terms can be renewed.

Any member of the Advisory Board may invite non-voting consultants to serve as needed. Consultants must be approved by a majority of the Advisory Board members.

The Advisory Board will meet at a minimum once each month. Every effort will be made to schedule a minimum of two face-to-face meetings each year at annual national meetings. The Advisory Board Chair will plan and convene the meetings in collaboration with the Advisory Board.

Decisions to be voted upon will be announced at least one week prior to the vote. A meeting quorum will consist of 50% or more of the voting members of the Advisory Board and a representative from ICE Health Systems. Voting can occur during a face-to-face or electronic Advisory Board meeting. Decisions are made by a simple majority of the voting members of the Advisory Board. These bylaws will be reviewed annually. Changes to the bylaws must be made by a two-thirds majority vote of the Advisory Board.

Minutes of Advisory Board meetings are published and made available to all members of the Advisory Board. Confidential information will not be made available outside the Advisory Board members.

Internet2 Alignment: At all times, the Advisory Board should seek the advice of the Internet2 Program Manager to understand technical standards that are being supported by Internet2 on behalf of its members. Whenever possible these standards should be adopted for implementation. Examples include, but are not limited to IT security, single sign-on, access to the Internet2 network, etc.

Legal Documents: The Advisory Board works to facilitate the writing of Business Agreements, Enterprise Customer Agreements, Service Level Agreements, Privacy Policy, HIPAA Business Associates Agreement (BAA), Non-Disclosure Agreement (NDA), Letter of Intent (LOI) and all other legal documentation and agreements. The Advisory Board members are expected to call upon their local expertise as required by their Institution.

Product Roadmap: The Advisory Board, or a Working Group appointed by the Advisory Board, makes strategic recommendations to ICE Health Systems regarding the ICE health record in the Product Roadmap. The recommendations include, but are not limited to, functionality, priorities, strategic direction, and timing requirements. ICE Health Systems considers those recommendations as an important element of their planning and reports back to the Advisory Board with updates to the Product Roadmap that include status updates, priorities, timing, functionality, and direction. The Advisory Board and ICE Health Systems work closely together throughout the process that is iterative and continually evolves the Product Roadmap to meet the strategic goals of the Collaboration.

Financial Management: The Advisory Board sets the priorities for the use of all funds as it sees fit and makes those priorities transparent to the Collaboration. Corporate donors and individuals provide financial resources to the Collaboration without prejudice, requirement or directive. Should any member, who is also a donor, be a member of the Advisory Board they should recuse themselves from all discussion and decisions regarding the use of funds.

5.a. Advisory Board Member responsibilities:
- Members will think and collaborate on a strategic level for the school and in the best interests of the Collaboration. Members may be asked to present at conferences, write white papers, and manuscripts.
- Convene Working Groups charged by the Advisory Board to develop recommendations for specific tactical and/or operational questions. The Board will discuss and approve (or reject) each recommendation.
- The Board will appoint a Chair to serve a two-year term. The Chair assignment will be decided by the Advisory Board members through a vote.The Chair will work with the ICE Health Systems to assemble the agenda for meetings. The chair can serve multiple consecutive terms.
- Advisory Board Members may be replaced based on lack of attendance at meetings or failure to maintain the minimum criteria for Advisory Board membership as described above.

- Attend a minimum of one face-to-face meeting per year or send a proxy that you have personally and thoroughly briefed on current board projects.
- Communicate discussions and promote the Collaboration for Health IT.
- Serve as a reference for other senior executives at peer institutions interested in activities of the Collaboration.
- File appropriate Conflict of Interest (COI)/Conflict of Commitment (COC) declarations with the home institution and reveal any COI/COC to the Advisory Board at least once each year.

5.b. ICE Health Systems responsibilities
- Provide regular (at the minimum twice per year) reports about product development and plans to the Collaboration Advisory Board.
- ICE will work with the Collaboration to identify the highest priorities and work to implement them.
- Ensure appropriate ICE senior leadership is in attendance at meetings according to the agenda.
- Co-set the Advisory Board meeting agendas with the Board's Chair.

5.c. Internet2 NET+ Program Manager responsibilities
- Provide administrative support to plan and schedule meetings and distribute meeting minutes.
- Facilitate connecting the Advisory Board with other relevant cloud developments, facilitate communications, sales, and in other ways support interactions with Internet2.
- Support the writing of research grant applications.

6. Working Groups

Working Groups, which are comprised of one Chair and several members from institutions or experts all of which are approved by the Advisory Board to provide opinions, direction, and vision in specific areas of expertise related to the ICE EHR & telehealth products and future vision.

6.a. Tasks of the Working Groups
Working Groups will have their tasks fully described in their Charge. Sample activities are selection of standards, specification writing, testing and piloting of new functions, as well as other activities. Working Groups have the right of recommendations regarding assessments of work, assessments of features, priorities in tasks towards goal completion, collaborations across Working Groups, meeting frequency and duration, and collecting opinions from experts.

6.b. Decision Making

Working Group members will strive to reach agreement by consensus at a level that indicates that all members are willing "live with" and implement at their institution. Members will strive to work expeditiously and try to avoid revisiting decisions once made. If agreement cannot be reached on a particular issue the Working Group Chair(s) will refer the issue to the Advisory Board for resolution.

6.c. Conflict Resolution
When an issue arises that cannot be easily resolved, Working Groups members agree to:
- Determine if the issue should be resolved within or outside of the Working Group
- Ensure that the appropriate decision makers are at the table to resolve the issue, this may involve escalating the issue to the Advisory Board.
- The Advisory Board is the final arbiter of conflicts/issues. The Advisory Board may consult member institutions and others as appropriate.

6.d. Documents and Work Products
Agendas, minutes, documents and all other digital work products should be stored in a location accessible to Working Group and Advisory Board members. If a work product or resource cannot be stored in the folder, then the folder should contain a link to the work product.