



OPEN HEALTH TOOLS

**Board of Stewards
Nov. 15, 2007**



Skip McGaughey
Peter Tanner

Welcome and Introductions Organizational Start up

- **Introduction of each New Steward and Guest, including:**
 - Name and role of organization
 - Organizational name and role of Steward (Job Title)
 - Interest in participating in Open Health Tools
 - Intended contribution to Open Health Tools activities
- **New Board Creation and Start up Business (Skip McGaughey)**
 - Overview of initial Board structure
 - Detailed Resolution #1
 - to accept membership applications
 - resolution to accept Steward nominations
 - Detailed Resolution #2
 - Appointment of Officers

Organizational Start Up (cont)

- Review of Vision
- Review of Principles
- Review of OHT organizational structure
- Review of Business Model for OHT
- Review of Friends of eHealth
- Budget



VISION OF OPEN HEALTH TOOLS

Vision:

To enable a ubiquitous ecosystem where members of the Health and IT professions can collaborate to build open, standards-based interoperable systems that enable patients and their care providers to have access to vital and reliable medical information at the time and place it is needed.

GOVERNANCE PRINCIPLES

Members are all equal

- All members have single vote
- All members sign same agreements:
 - Membership Agreement
 - Membership Application
 - Logo Agreement
- Low barriers to entry with all members meeting same criteria

Open transparent environment

- No confidential information
- All deliberations of Board and Councils are open. (Only personnel and supplier matters are private.)
- All projects are open and transparent
- Well established open software development processes and guidelines which are published and open to all.

OHT APPROACH TO OPEN SOURCE?

Open Health Tools Open Source Is:

- **Royalty free source code**
- **Open access to all source code**
- **Multiple commercial friendly licenses**
- **Not discriminatory or restrictive of any person or group of persons,**
- **Rights to make proprietary derivative works**
- **Rights to package, service, support, redistribute, brand and price with or without attribution**
- **Principles of openness, transparency, and meritocracy applying to all projects and activities.**

Symbiotic relationship between Open Standards, Open Source, and Early Adopters. Open Health Tools implements Open Standards.

OHT APPROACH TO ECOSYSTEM

Enable niche market creation:

- Enable rich after markets e.g. Education, Services ,
- Enable multiple total product solutions,
- Provide links and aggregation services for Members & their products.

Enable Member collaboration and networking:

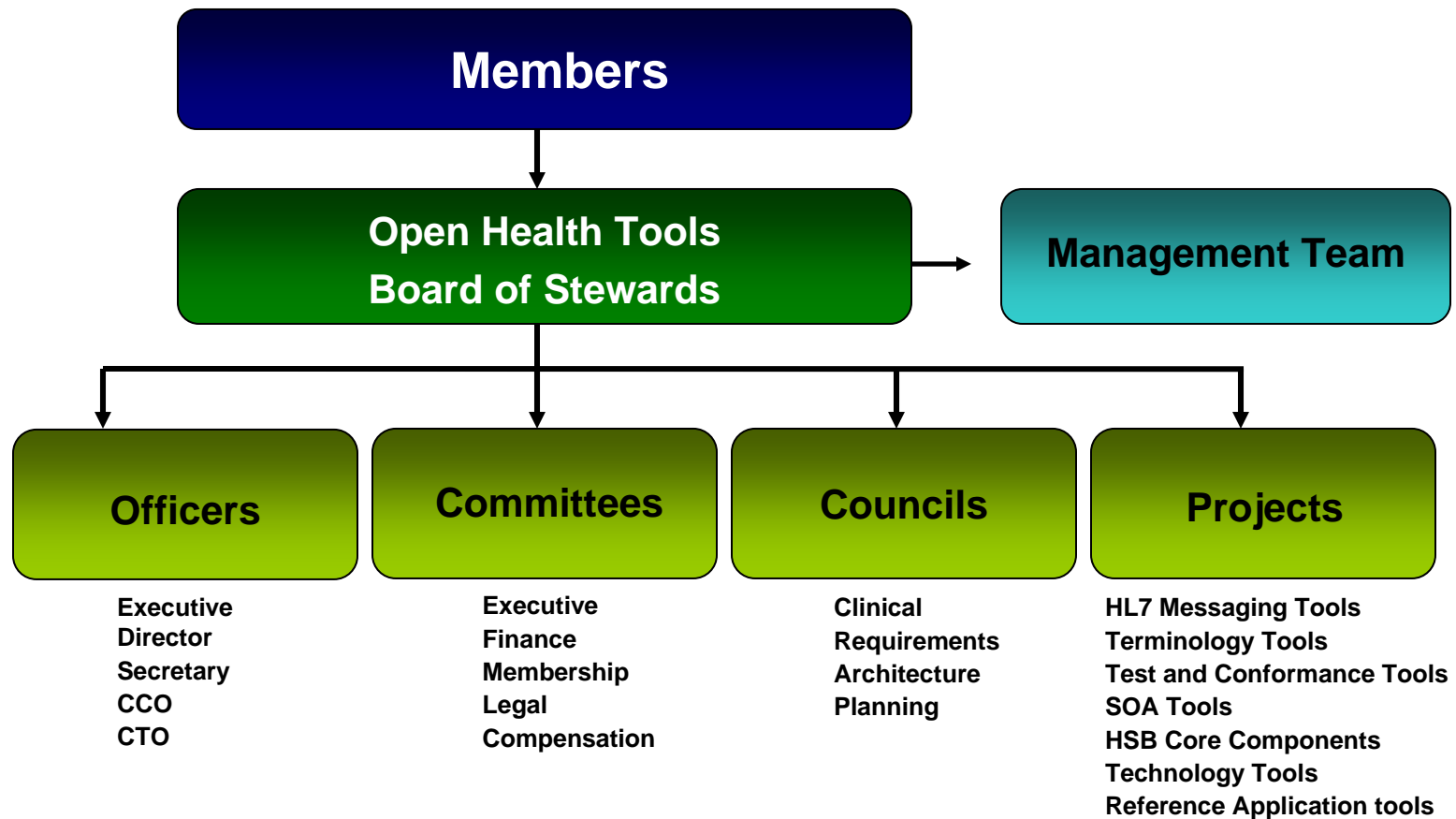
- Enable tools to self identify and self organize,
- Enable language specific target markets (French Japanese, Korean, German, Mandarin)

Enable Member lead mindshare and PR activities:

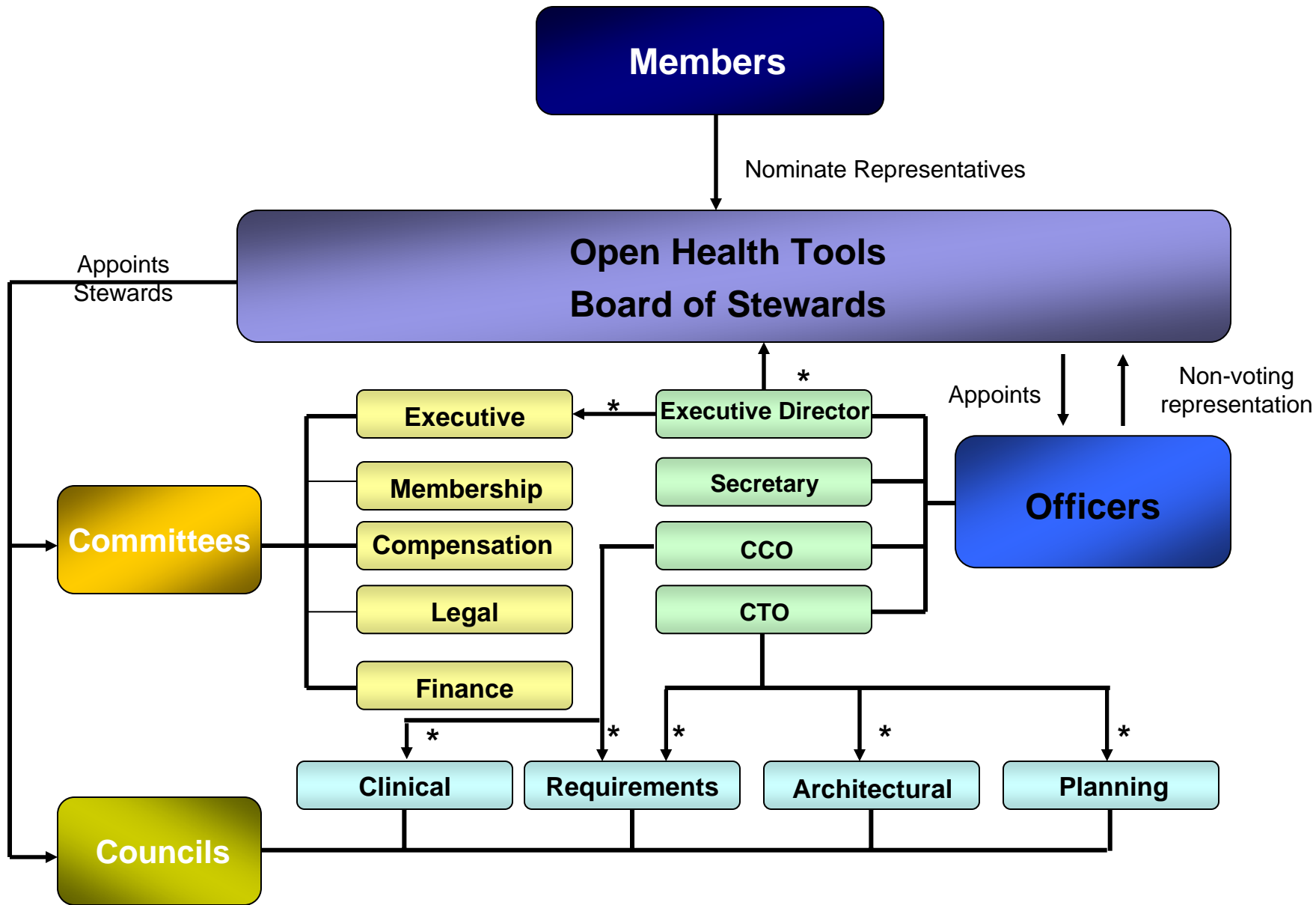
- Analysts briefings,
- Press and mindshare activities,
- Collaborative advertising,
- Joint reference accounts,
- Joint collateral and content creations and distributions

Enable academic and research full participation

ORGANIZATION SCHEMATIC OVERVIEW



Organizational Structure



* Indicates chairperson



OPEN HEALTHTOOLS

Membership



Current Members, Prospects and Guests

- **BT**
- **Collabnet**
- **Eclipse**
- **Friends of eHealth**
- **HL7**
- **HSSP**
- **IBM**
- **IHTSDO**
- **Canada Health Infoway**
- **Innoopract**
- **Inpriva**
- **Kestral**
- **Mayo**
- **National Cancer Institute**
- **NEHTA**
- **NHS**
- **Ocean Informatics**
- **OMG**
- **Oracle**
- **Oregon State University**
- **Ozmosis**
- **Red Hat**
- **Veterans Health Administration**

Members' Reports

- **NHS –Ken Lunn**
- **Canada Health Infoway – Dennis Giokas**
- **NeHTA – Andy Bond**
- **IHTSDO – Kent Spackman**
- **HSSP – Ken Rubin**
- **Mayo – Tom Johnson**
- **IBM – Ciarán DellaFera**
- **National Cancer Institute – Ken Buetow**
- **Eclipse – Mike Milinkovich**

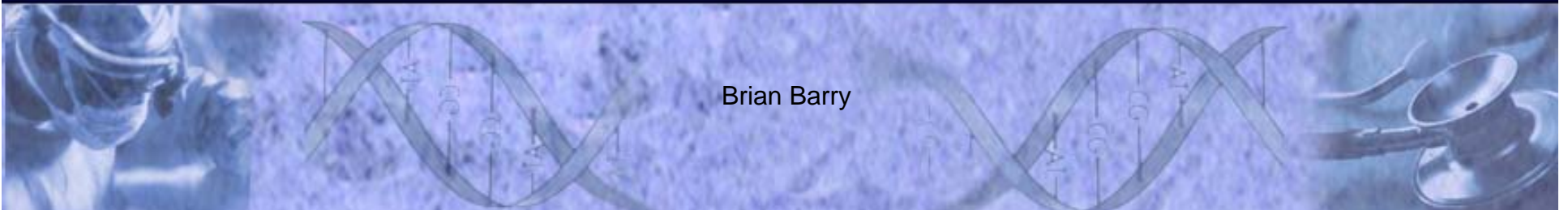
Board Initiated Member Recruitment

- **Prospect**
- **Sponsoring Member**



OPEN HEALTH TOOLS

Technical



Brian Barry

Technical Report (Brian Barry)

- **Architectural Overview: (Report of interim Architecture Council)**
- **Development Process Overview:**
- **Approval of new technical charters**
 - HL7 Tooling by NHS
 - Conformance by Infoway
 - Security, Privacy by Inpriva
 - Academic by Oracle
- **Project plans and status**
 - issues
- **Current plans for member participation in Open Health Tools projects**

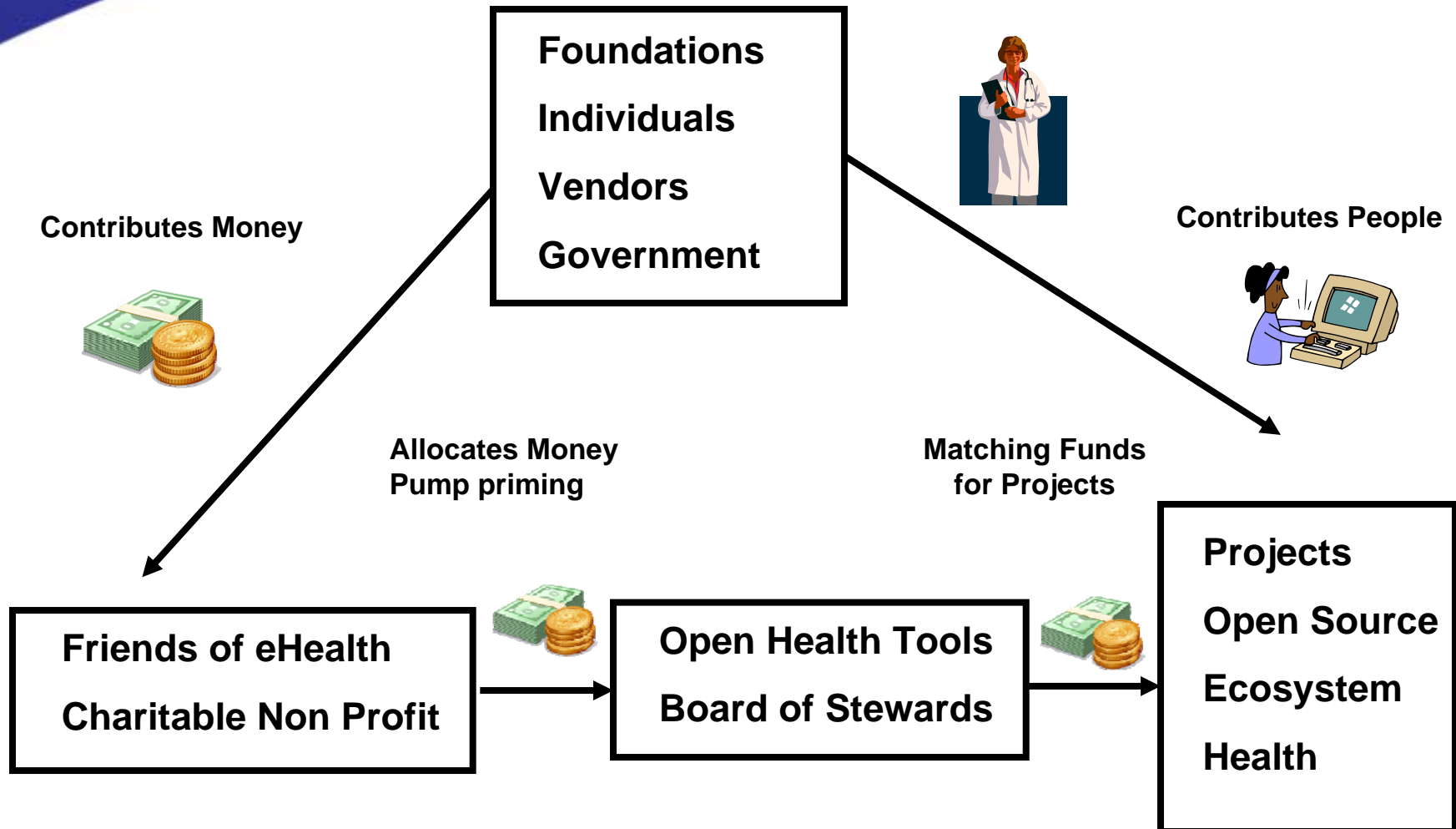


OPEN HEALTH TOOLS

Fiscal



BUSINESS / CONTRIBUTION MODEL



Members are not obligated for financial contribution or dues.

Fiscal Report

- **Appointment of Finance Committee**
 - Direct Finance Committee and executive Director to create Living Business Plan for next Board meeting
 - Direct Finance Committee and Executive Director to create an operational budget
- **Actions:**
 - Appointment of Rosilyn Aylward as Accountant for Open Health Tools.
 - Establish Internal Policies and Procedures Document.
 - Establish financial controls to assure fiscal integrity
 - Establish legal, programmatic and fiscal procedures governing OHT/Friends of eHealth relationship



OPEN HEALTH TOOLS

Governance, Legal and IP Report

Peter Tanner
peter@openhealthtools.org



IP Policy – Open Health Projects

- **Commercially-friendly, Eclipse-like approach**
- **“Live Code” – under EPL wherever possible**
 - Open for all to use
 - Source of modifications (but not added components) must be made available
- **All code contributed to Open Health Projects will go through OHT Audit for IP provenance and license compatibility.**
- **Implement Use Case with NHS**
- **Detailed Resolution #3- Collabnet**
- **Action: Peter Tanner, Brian Barry, CollabNet to establish and document procedures and report back to the board at the next meeting.**

IP Policy – Open Health Forge

- **Users of the website may “post” contributions**
 - Under OSI-approved open source license (including GPL)
- **Governed by Digital Millennium Copyright Act**
 - Permits challenges of alleged IP Infringement through notification process
- **Governed by Website Terms of Use**
- **Implement Use Case with contributions from California Health Care Foundation.**
- **Action: Brian Barry, Peter Tanner and Kurt Pederson (OSU) to investigate and document procedures and report back to next Board meeting.**

Action Plan for Legal and Governance

- **Create Legal Committee**
 - Interested Stewards should contact Peter Tanner
- **Possible change required to enable US Federal Government Agencies to join**
 - Discussions in progress
 - Federal Tort Claims Act
 - Sovereignty Immunity
- **Detailed Resolution #4**
- **Appointment of Bernadette Eischen as attorney for legal and IP contractual matters.**

Marketing Actions

- **Establish Marketing Committee**
 - Interested Stewards should contact Skip McGaughey
- **Create high level marketing plan and integrated communication plan**
- **Create OHT website for evaluation and review**
- **Create overview documentation for OHT**
- **Create positioning documentation for OHT and other significant parties and players (e.g. IHE, Continua)**
 - Send topics and ideas to Skip McGaughey
- **Work with OMG marketing and media relations to do a public announcement at time tbd**
 - Member quotes
 - Only members can participate in announcement
- **Conduct review and professional feedback on logo and report back to next board meeting.**
- **Stewards, please indicate the analysts and press interviews that you want to be associated with**

Next meeting – logistics

- **When**
- **Where**
- **Host**

Backup

MEMBERSHIP QUALIFICATIONS

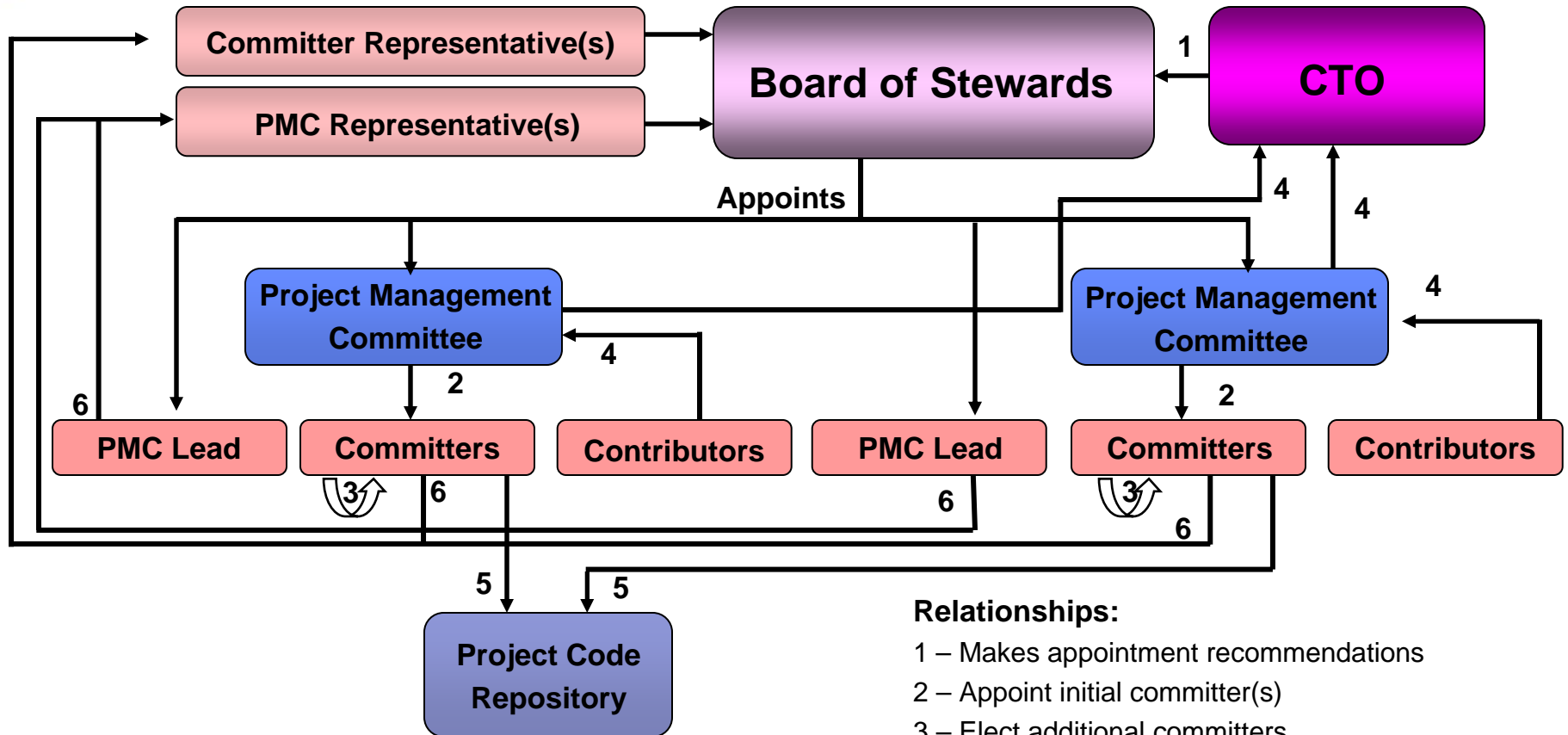
Public and private organizations and individuals who:

- **Participate in the health industry. The following are examples:**
 - Governmental institutions and standards bodies;
 - Producers and consumers
 - National, regional, state and local health service providers
 - Vendors and non profit organizations
 - Payers and public health organizations
 - Industry domain experts
- **Make a significant contribution to the success of Open Health Tools. The following are contribution examples:**
 - Source code, designs and specifications
 - Intellectual property
 - Resources and expertise
- **Express public support for Open Health Tools**
- **Sign the Open Health Tools Membership Agreement and Logo Agreement**
- **Membership Committee to formalize Membership Policy**

MEMBERSHIP PROCESS OVERVIEW

- **To become a member:**
 - Fill out and submit membership application
 - Membership Committee makes recommendation
 - (we expect rejections to be rare)
 - Board approves membership
 - Fast-tracking required at first
 - Member then signs Member Agreement and Logo Agreement

TECHNICAL DEVELOPMENT STRUCTURE



Relationships:

- 1 – Makes appointment recommendations
- 2 – Appoint initial committer(s)
- 3 – Elect additional committers
- 4 – Reports to
- 5 – Has write access to
- 6 – Elects Board reps

Open Health Tools Preliminary Budget

\$US	2008 (Estimated)	2009 (Estimated)	2010 (Estimated)
Revenue			
Member contributions	-	-	
Operations Grants	1,500,000	2,000,000	2,500,000
Ecosystem Grants	1,500,000	3,000,000	4,500,000
Development Project Grants	3,000,000	4,000,000	5,250,000
Development Contracts	675,000	1,500,000	2,500,000
Total	6,675,000	10,500,000	14,750,000
In-Kind Contributions	5,951,725	11,342,575	20,521,700
Total Revenue All Sources	12,626,725	21,842,575	35,271,700
Expenses			
Technical (direct funded)	3,830,075	6,354,860	7,641,700
Technical (in-kind contributed)	5,951,725	11,342,575	20,521,700
Health Community	225,000	300,000	716,000
Ecosystem	500,000	1,000,000	4,332,000
Marketing and PR	422,500	415,000	604,000
General and Administration	1,297,000	1,316,800	1,412,800
Total Direct Expenses	12,226,300	20,729,235	35,228,200
Net Income (Loss)	400,425	1,113,340	43,500

GOVERNANCE DOCUMENTS - Process

- **Initial documents were:**
 - Based on Eclipse documents
 - Substantially rewritten to address structure required for Open Health Tools
 - Worked with committee including representatives from
 - NHS, NEHTA, Canada Health Infoway, Veterans Administration
 - HL7, HSSP, OMG, Inpriva, Friends of eHealth
- **July 25 – we had initial “approved set”, but continued to circulate and got suggestions including legal reviews from:**
 - IBM, Red Hat, Indian Health Services, Intel, Kestral, Ocean Informatics
- **Many people put a lot of thought and energy into providing very constructive input.**
- **The results are the versions that we have today**
- **A few typos fixed since October 10 (all documents on wiki)**

IP Policy - Goals

- **To make Open Health Tools software available to the widest possible audience for the widest possible use**
- **To minimize risk of IP contamination**
- **To make software available rapidly**
- **To encourage contribution of bug-fixes and improvements back to community while maintaining commercially-friendly approach.**
- **Approach: Open Health Projects and Open Health Forge**