# CREATING THE WORKCRED HEALTH DELIVERY COMPETENCY COLLABORATIVE

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## EXECUTIVE SUMMARY

The pace of health care transformation is accelerating. There is an increased focus on improving the quality of patient care outcomes and improving what is often called the "Triple Aim" in health care: (1) achieving lower per capita costs, (2) improving patients' experience of care, and (3) improving the health of populations. To this end, new models of delivering care and new payment for care policies are emerging and evolving. A critical element in achieving the Triple Aim vision which is not being sufficiently addressed is the retooling of the health care workforce. Changes in how health care services are being delivered demand new roles and skills for health care workers. Developing these new roles and concurrent skills will require collaborative, consensus-based interagency efforts to:

- Identify the competencies, skill sets, and roles required to deliver health services within the new health care delivery models and specific team compositions
- Identify how these competencies "fit" in current career pathways
- Improve the sourcing, development, and retention of talent in the health care industry
- Determine the need and use of evidence-based assessments and credentials that focus on the key competencies (knowledge, skills and abilities) that will provide the framework and foundation for future validation studies

The American National Standards Institute (ANSI) and its affiliate Workcred – with the support of industry stakeholders – is seeking $2.5 million to support a two-year Health Delivery Competency Collaborative. The collaborative will support the implementation of evidence-based skill credentialing for the health care sector, focusing on emerging job titles being developed as a result of evolving models of health care delivery. The need for the collaborative and its proposed goals and activities emerged as a result of a series of meetings that ANSI facilitated with key health care industry stakeholders.

The collaborative will create a forum for health care employers, payers, standard developing organizations, state and federal regulators, trade associations/professional societies, government officials, health care workforce experts, and education/training providers to engage in much-needed, ongoing dialogue that will result in the following key outcomes:

- Critical new roles will be defined that can support the triple aim of achieving lower per capita costs, improving patients' experience of care, and improving the health of populations
- Competency models will be created and standardized that support new and evolving workforce roles, including the integration of "core competencies"
- Agreed upon industry-wide consensus regarding defined competencies will be available to use as a platform for creating training, valid credentials, and staffing models
- Information across the multiple existing research programs that are exploring practice patterns, health care workforce needs, and core curricula will be consolidated and shared with a broader community of stakeholders in order to support implementation of demonstrated successful best practices

# INTRODUCTION: WHY A HEALTH DELIVERY COMPETENCY COLLABORATIVE IS NEEDED

## THE CHANGING HEALTH CARE WORKFORCE

Over the past year and a half, ANSI, along with health care industry partners including CHE Trinity Health System and Kaiser Permanente, sponsored a series of need-focused, stakeholder meetings – in May 2012, March 2013, and February 2014 – to examine how a national health delivery competency collaborative could help meet the current and future needs of health delivery systems. More than fifty individuals/organizations have participated, including fourteen health systems spanning multiple geographic regions and health delivery models. A full list of participants is attached as Appendix A.

The recurring themes that emerged from these meetings included the need to:

- Identify the new roles/titles emerging in the health care system
- Identify the competencies/skill sets associated with these new roles
- Standardize these new roles/skill sets/occupations
- Credential, if needed, these new titles and calibrate them with existing credentialing systems, as appropriate
- Identify evidence-based talent supply chain management practices in relation to the new and evolving roles/titles/skill sets
- Identify the relationship between these new emerging roles/titles/skill sets and current work related to core competencies for health care and current health care industry pathways

The findings of these stakeholders have been confirmed by several other national research efforts. For example, according to a June 2012 report from the Georgetown University Center on Education and the Workforce,[1] the number of health care professionals will expand by almost 30 percent overall by 2020. This will be the largest increase for any job sector in the United States. Because of this rapid growth, the health care industry will provide millions of new high-quality, well-paying jobs over the next decade. Health care will provide 12.3 percent of all net new jobs over the next decade and 8.7 percent of all replacement jobs. Additionally, the current health care workforce is aging, and this will contribute to greater shortages in the future.

The Georgetown report cites studies that predict that 82 percent of all health care jobs will demand postsecondary and education and training. It is also assumed that many of these jobs will require some type of credentialing. In addition, these roles may not be specific to any current health care profession/occupation.

Most health professions will be unable to keep up with the demand for trained health care professionals, resulting in shortages by the end of the decade. This will vary from profession to profession and will be confounded by the fact that many new types of occupations/roles/skill sets appear to be evolving due to new health care delivery models. The models are being developed to care for individuals in their community or home

[1] Carnevale, A, et. al. Healthcare, Georgetown University Public Policy Institute, June 2012.

settings and to prevent avoidable readmissions to the hospital or visits to the emergency room. These models require professionals and health care personnel with new skills and competencies.

In a project awarded to the Center for Health Services Research, UNC Chapel Hill by the HRSA Health Workforce Research Centers Programs (HRSA Cooperative Agreement U81HP26495-1-00) E. Fraher[2] reports that shifts in how care is provided, including Patient Centered Medical Homes, Accountable Care Organizations and changes in technology will require a more "flexible" workforce with new skills and competencies. She further reports that the current system is not sustainable, in part due to problems in how the workforce is trained and deployed, and how roles are defined.

The existing health care workforce, estimated to be 18 million by the Center for Disease Control, is being asked to take on new roles that require additional training or learning "on-the-job" because the formal educational system and credentialing organizations are not evolving as fast as "practice." Examples of evolving job titles include: patient navigator, transition care specialist, peer health workers, community organizer, community health worker, health integrator, health care coaching, and engagement advisors. This is just the beginning of new roles being created by each health care system, resulting in job titles will have different meanings and competencies in each system.

In addition, there is a growing demand for individuals with highly technical skills to work with the proliferation of new medical technology that is "connected" in clinical care (e.g., biomedical technicians, engineers, systems engineers, imaging specialists, clinical systems specialists, clinical engineers, etc.). These more technology-oriented roles also require the same systemized approach as other more patient-oriented roles.

These issues are leading to the "siloing" of occupations within systems. The inability to transfer from one health delivery system to another will increase training costs and pose an unnecessary barrier to employment. What results is an inefficient and costly system that often puts the burden of training and credentialing on the individual health delivery systems.

A recent report from the Centers for Medicare and Medicaid services (CMS) entitled *Health Care Innovation Award Project Profiles* (July 30, 2012) summarizes the grants that have been awarded to health care delivery organizations and academic institutions to train and employ workers in new and revised models of service delivery. The report notes that several billion dollars in savings in health care delivery costs is expected over a three-year period as a result of using these revised models. The Innovation Award Projects will provide important incubators to test new roles and the competencies attached to them. However, there is no consistency among the numerous grantees in what the new job titles being tested mean and what competencies are required for each job title. A key factor in sustaining the success of these projects and transposing demonstrated best practices to a wider audience will require that findings and best practices from the myriad Health Care Innovation Award Grants be coordinated and contribute to the creation of an agreed upon national taxonomy of job titles and concurrent competencies. This will promote transportability of job titles, service

[2] Fraher, E. How can we transform the workforce to meet the needs of a transformed health system? Health Workforce Technical Assistance Center Webinar, UNC, April 9, 2014

patterns, and people across settings, and allow revised models and attendant savings achieved in the CMS pilot groups to be expanded to a much wider audience.

A recent research study conducted by the Brookings Institution[3] focused on the roles and commensurate skills needed for pre-baccalaureate prepared health care workers, which according to Brookings, the number of jobs in these ten occupations held by workers with an Associate's degree or less increased by 46 percent since 2000, compared to 3 percent among similarly educated workers across all occupations.

The Brookings report offers recommendations to improve the productivity of less-educated workers. These include:

- Expand research on the effects of redesigning the roles of pre-baccalaureate health care workers to give them more responsibility commensurate with their training and skills to promote more team-based care among medical practices. The shift to team-based and coordinated care as strategies to improve quality while controlling costs has implications for the tasks and necessary skills of all workers, and pre-baccalaureate health care workers should be viewed as resources to help with this shift.

- Change the system of patchwork, state-by-state regulations specifying the services that different health care occupations can provide to encourage team-based care and allow non-physicians to carry out tasks for which they are trained and educated.

- Strengthen regional partnerships of health care employers, educators, workforce boards and other stakeholders to meet the employment needs of local and regional markets and help pre-baccalaureate workers increase their skills.

Financial savings resulting from uniform alignment of job titles and competencies will be different for each health care delivery system and will be influenced by many variables. ANSI discussions with HR specialists suggest how key performance metrics are expected to be enhanced using improved and uniform competency models:

- Reduction in first-year turnover
- Reduction in long-term turnover
- Reduction in time-to-fill with concurrent reduction in vacancy rate
- Reduction in recommend / hire ratios and concurrent savings in manager time
- Improvement in quality of hire yielding significant productivity gains
- Higher employee engagement resulting in less absenteeism less turnover, fewer accidents, higher customer scores, higher productivity, and higher profitability
- Reduction in costs from onboarding and lag in productivity with new staff who are not prepared

[3] Brookings Institution. Healthcare Jobs Requiring Less Education Are Growing Rapidly [Press release], July 24, 2014

## EMERGING NEEDS IN HEALTH CARE WORKFORCE TRAINING, ASSESSMENT AND CREDENTIALING: MOVING FROM A PROFESSION/OCCUPATION FOCUS TO A COMPETENCY FOCUS

Competencies (that define the knowledge, skills, and abilities needed to perform defined job tasks) should serve as the common denominator for training and education curricula; credentialing systems, including licensing and certification; hiring and deployment decisions; and evaluation of personnel.

At the present time, no competency-based national process has been developed for new and evolving health care occupations/roles/skill sets. In fact, many of the roles are based on perceived need rather than job analysis studies to determine what is actually needed and how a specific role may fit into the context of specific team compositions. This can lead to either over-training or under-training the individual.

At the state level, state regulators are feeling a dual tension of wanting to define and standardize the new emerging roles while at the same time not wanting to increase the burden on those workers through the credentialing processes. Indeed, new health care delivery models are top of mind for state policy makers, and they are looking for evidence-based models that work. They also are trying to define and understand the role of workers in those new models of care and what it would mean to scale it statewide and increase provider adoption.

Often, these new and evolving roles are designed in "isolation" with little regard to the competencies that currently exist within the more "traditional occupations." At times, the new role may be assumed by a current professional who has the particular knowledge, skills, and abilities, either by educational preparation or by experience. This often will allow professionals to appropriately multi-task, bringing efficiencies to the system. To recruit new individuals that could be appropriately assumed by individuals already within the systems is a waste of resources and results in duplication of effort with little or no added value. Many of these new roles are still being "tested," and it is not yet clear which roles will actually take hold over time.

Classifying and standardizing new work roles on a national basis will be a multifaceted effort that will require:

- Processes to identify the competencies needed for new work roles
- Processes to define and develop the resources/training/credentialing needed to enable workers to acquire the new competencies
- Systems to identify individuals with appropriate competencies
- Links to match people holding appropriate competencies with jobs requiring these competencies

Successful job performance depends on the accurate identification of valid competencies. National processes need to be developed that would create a "road map" to nationally-accepted, evidence-based competencies that can be used by educational institutions, credentialing agencies and reimbursement agencies. This standardization will provide more consistent health care, reduce disparity of services provided to different demographic populations of patients, and improve the quality of services provided to all patients. Standardization will also reduce unnecessary redundancies, thereby reducing health care costs.

The health care industry will benefit greatly by creating a common language around competencies. Common language will enable stakeholders to communicate effectively and accurately in order to define needed competencies and recruit and develop the people with known competencies. These efforts are expected to primarily improve practices in two key decision-making sectors:

- **Sourcing Decisions** – Hiring managers need to source the best candidates for jobs. Talent specialists in HR need to present the best candidates to hiring managers. Accurate assessment of key competencies is an essential part of the sourcing decision. Often, sourcing of personnel is based on who is available in the geographic region, and the person is trained/educated to the level of competency needed. There is a tremendous need to understand the "gap" between established professional competencies of the traditional occupations and the competencies of the new and evolving occupations/roles/skill sets to more efficiently determine the cost and speed with which a specific profession/occupation can be trained to the new competencies needed.

- **Personnel Career Development Decisions** – Careers in health care are generally made up of a series of jobs. Individuals select an occupational target and a program of study to prepare for their first job; subsequent work experience results in an improved understanding of self and an improved understanding of job options**.** Within an organization, positions need to be analyzed based on a competency perspective in order to understand the current talent within any health care system and what needs to be developed.

In summary, both employees and employers can make better decisions if both have clear competency models and accurate evaluations of individuals' competencies as defined within a model.

# PROPOSED PLAN OF ACTION

## OVERVIEW

Workcred, an affiliate of ANSI, will create a National Health Delivery Competency Collaborative. ANSI has had a long and successful history of coordinating collaboratives, from homeland security and healthcare information technology to identity theft protection, energy efficiency, and electric vehicles. A summary of ANSI-facilitated collaboratives are provided in Appendix B.

ANSI collaboratives bring diverse stakeholders together, from the public and private sectors, in a neutral forum to identify consensus-based solutions for national and global priorities. Collaboratives are established to build on "what is" and identify "what is needed" to improve and advance these areas.

The need for a collaborative to support and advance the health care industry workforce and its proposed scope of work, outlined below, emerged as a result the multi-year series of meetings that ANSI and industry partners held with key health care stakeholders. Participants included representatives from health systems, employee unions, educators, workforce research centers, organizations with expertise in credentialing, state workforce organizations, and state and federal government.

## SCOPE OF WORK

### ACTIVITIES

The collaborative will build on existing government and private efforts related to health care workforce needs to conduct the following activities:

- Identify the new health care delivery models requiring new workforce roles
    - Identify documented evidence of current and evolving practice
- Examine the relationship between and findings from existing national efforts to address health care workforce needs, such as the Health Careers Pathways (H2P) Consortium's Core Curriculum Initiative
- Prioritize critical care delivery roles
- Identify the competencies/skill sets associated with the new and emerging roles across the care continuum
    - Define key agreed upon principles for developing evidence-based skill credentialing standards in the health care sector
    - Contextualize competencies based on team composition and new health delivery models
    - Define the metrics that should be collected to align competencies with industry needs in an on-going systematic basis
- Identify what standards currently exist and what standards are needed to define the skills, related assessments and credentials required to most effectively work with new types of patients and in new work settings

    - Define the career pathway that best links these credentials to opportunities for career advancement
    - Develop strategies to improve the sector's talent supply chains that include efficiency and evidence-based sourcing processes to further ensure employee success
- Disseminate information regarding collaborative findings through the following:
    - Develop communications infrastructure (website, document library) and appropriate communications vehicles (press releases, conferences, and regional workshops) to inform stakeholders and the general public about the work and findings of the collaborative

### Expected Outcomes

The work of the collaborative will help to:

- **Improve care delivery for patients** by ensuring that health workers have the competencies required to deliver care at the highest possible levels of quality within a team context, in turn reducing medical/health care errors
- **Lower costs for payers, employers, and the health delivery system** by reducing the cost of recruitment, turnover, and training; improving staff productivity; increasing efficiencies in the care delivery process; and also reducing costs by improving episodic health outcomes
- **Improve employee engagement** by creating clarity of expectations and performance standards, navigable career pathways, and opportunities for career development

## Operating Model

### Membership

The collaborative will be open to all affected parties, including the following stakeholders groups:

- **Direct service providers.** This includes individuals who provide direct services to patients and clients, individuals employed in health care and related settings that support the provision of direct patient/client services, and the vendors that develop, market, install, and support health care products and services.
- **Health care payers.** This includes private insurance and government health insurance companies and their representative organizations, health care consumers' representative organizations, public health agencies, and their representative organizations.
- **Health care employers and labor unions.** The employers are the "customers" for sector talent systems. They define the job requirements and make the hiring decisions. It will be important to have a core group of health care employers that represent the major elements of the industry (hospitals, doctors' groups, health care clinics, long term care facilities, etc.).
- **Health care credentialing organizations.** There are a wide variety of organizations that set credentialing standards for the health care sector. It will be important to have representatives from a range of these organizations.

- **Health care education and training providers.** These include colleges and universities as well as certificate-granting organizations.
- **Government stakeholders.** Governmental bodies include federal, state, and local agencies and coordinating bodies with responsibilities for and/or a relationship to health care quality regulated or supported by the public sector.
- **Trade and Professional Membership Associations.** Participation of key groups that represent and support the categories of individuals/services outlined above will be important to help disseminate information and assure that identified standards, practices, and tools have broad support and use.
- **Researchers.** Academic institutions and other organizations that are researching and monitoring the trends of the health care industry and defining future workforce needs.

### STRUCTURE

The structure outlined below is based on a successful model that has been utilized by ANSI for several years in developing and facilitating industry collaboratives across a variety of industries.

- The collaborative will be guided by co-chairs from the public and private sectors.
- The co-chairs will guide a steering committee composed of 10-12 members that represent the major stakeholders and will guide and manage the collaborative process. The steering committee will come to consensus regarding the tasks and products to be completed.
- A national announcement will be made to the health care industry regarding the scope of the Health Delivery Competency Collaborative and an invitation to participate.
- An exploratory committee will be divided into sub-groups to work on various components of the expected products of the collaborative. Sub-groups will be formed based on the decisions regarding the scope of the collaborative and agreed upon activities. Steering committee members will be assigned a sub-group based on expertise. An example of sub-groups may be:
  - One sub-group assigned to each new and evolving occupation/role/skill set
  - One sub-group on assessment, credentialing, and selection
  - One sub-group on how new and evolving occupations “fit” with a health care career pathway to include core competencies

## Appendix A: Participants in ANSI Health Delivery Workforce Competency Discussion Groups

| First Name | Last Name | Title | Organization |
|---|---|---|---|
| Joe | Abbatacola | Assistant Director | Innovate + Educate |
| Rita | Aragon | Secretary Military and Veterans Affairs | Oklahoma Department of Veterans Affairs |
| Jen | Auguston | Senior Director, Education Administration | HealthPartners |
| Irma | Babiak Pye | Senior Vice President and CHRO | Valley Baptist Health System |
| Joe | Barimo | Consultant | Signature Health |
| Keith | Bird | Senior Policy Fellow | Corporation for a Skilled Workforce |
| Marcia | Brand | Deputy Administrator of HRSA | U.S. Department of Health and Human Services |
| Lynn | Brooks | President | Health Professions Network |
| Eileen | Brown | ASHHRA Region 7 Consultant, Director of Recruitment & Benefits | Valley Baptist Health |
| Susan | Chapman | Deputy Director | University of California, San Francisco (UCSF) |
| Laura | Chenven | Director | Healthcare Career Advancement Program |
| Winoka | Clements | Human Resources Director | Wind Crest and Erikson Living |
| Michael | Connelly | President & CEO | Catholic Health Partners, Cincinnati |
| Melissa | Corrigan | Vice President, Development | ACT Foundation |
| Stephen | Crawford | Research Professor | George Washington University Institute of Public Policy |
| Patricia | DeiTos | Faculty Instructor | Chamberlain College of Nursing |
| Stephanie | Drake | Executive Director, ASHHRA | American Hospital Association |
| Tina | Filoromo | VP, Home Office OTE and System Services | CHE Trinity Health System |
| Sondra | Flemming | VP, Health and Economic Development | El Centro College |
| Jane | Foote | Executive Director | Health Force Minnesota |
| Cathy | Fraser | SVP, Human Resources | Tenet Healthcare |
| Erin | Fraher | Director of the North Carolina Health Professions Data System | University of NC - Chapel Hill |
| Pam | Frugoli | Workforce Analyst | U.S. Department of Labor |

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| Daniel | Goldberg | National Director, Workforce Planning | Kaiser Foundation Health Plan |
| Sharon | Goldsmith | President | Goldsmith Associates International |
| Bill | Guest | President and CEO | Metrics Reporting, Inc. |
| Janet | Heinrich | Senior Advisor, CMS/CMMI | U.S. Department of Health and Human Services |
| Scott | Hess | VP, Community Partnerships | Ascend Learning |
| Jeffery | Jasnoff | SVP, Human Resources | Kindred Health |
| Parminder | Jassal | Executive Director | ACT Foundation |
| Bill | Johnston | President | TORQworks |
| Marianne | Krismer | National Director, H2P Consortium | Cincinnati State Technical and Community College |
| Traci | Lepicki | Program Director,<br>Center for Education and Training for Employment | The Ohio State University |
| Mary | Logan | President | Association for the Advancement of Medical Instrumentation (AAMI) |
| Challis | Lowe | Senior Vice President, Organizational Development and HR | Ascension Health |
| Robert | Mahlman | Director, Center on Education and Training for Employment | The Ohio State University |
| Peggy | McElgunn | Executive Director | Health Professions Network |
| LaCheeta | McPherson | Executive Dean, Health and Legal Studies | El Centro College |
| Chitra | Mohla | Director, Community College Workforce Program,<br>Office of Provider Adoption Support | U.S. Department of Health and Human Services |
| Allison | Pompey | Social Science Research Analyst, CMMI | U.S. Department of Health and Human Services |
| Christy | Ralston | Director Workforce Development | Norton Healthcare |
| Steve | Robbins | Managing Principal Research Scientist | Educational Testing Services (ETS) |
| Carolyn | Roberts | President | Conners, Roberts, and Associates |
| Martha | Ross | Fellow | Brookings |
| Mary Jane | Ryan | Director, Workforce Development | Partners Health Care |
| Todd | Schmiedeler | Senior Vice President of Recruitment/Foundation/Community Outreach | Trilogy Health Services |
| Fran | Schrotter | Senior Vice President and Chief Operating Officer | American National Standards Institute (ANSI) |
| Franklin | Shaffer | CEO | Commission on Graduates of Foreign Nursing Schools |
| Robert | Sheets | Director of Research, Business Innovation Services | University of Illinois-Urbana-Champaign |
| Carole | Stacy | Executive Director | National Consortium for Health Science Education |
| John | Steele | SVP Human Resources | HCA Healthcare |

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|---|---|---|---|
| Roy | Swift | Executive Director | Workcred/American National Standards Institute (ANSI) |
| Julia | Vasquez | Manager, Organizational Development | Christus St. Vincent Regional Medical Center |
| Patricia | Webb | Senior Vice President and Chief Human Resources Officer | Catholic Health Initiatives |
| Stuart | Werner | Office of Workforce Development | Department of Labor |
| Joan | Wills | Senior Policy Fellow, Center for Workforce Development<br>National Collaborative on Workforce and Disability for Youth | Institute for Educational Leadership |
| Tracy | Woodman | Executive Director | The Training Fund |

# Appendix B: Overview of ANSI Collaboratives

## Active ANSI Standards Panels and Collaboratives

**ANSI Network on Smart and Sustainable Cities (ANSSC)**
The ANSI Network on Smart and Sustainable Cities (ANSSC) is a forum for information sharing and coordination on voluntary standards, conformity assessment and related activities for smart and sustainable cities in the U.S. and abroad.

**ANSI Energy Efficiency Standardization Coordination Collaborative (EESCC)**
The ANSI Energy Efficiency Standardization Coordination Collaborative (EESCC) is a cross-sector, neutral forum and focal point for broad-based coordination among energy efficiency activities involving or impacted by standardization (i.e., standards, codes, conformance activities) and regulations. In June 2014, the EESCC published a standardization roadmap outlining 125 recommendations to advance energy efficiency in the built environment.

**ANSI Homeland Defense and Security Standardization Collaborative (HDSSC)**
The ANSI Homeland Defense and Security Standardization Collaborative (HDSSC) has as its mission to identify existing consensus standards, or, if none exist, assist government agencies and those sectors requesting assistance to accelerate development and adoption of consensus standards critical to homeland security and homeland defense. The HDSSC promotes a positive, cooperative partnership between the public and private sectors in order to meet the needs of the nation in this critical area.

**ANSI Nanotechnology Standards Panel (ANSI-NSP)**
The ANSI-NSP serves as the cross-sector coordinating body for the purposes of developing standards in the area of nanotechnology including, but not limited to, nomenclature/terminology; materials properties; and testing, measurement and characterization procedures.

**Nuclear Energy Standards Coordination Collaborative (NESCC)**
The NESCC is a joint initiative of the American National Standards Institute and the National Institute for Standards and Technology (NIST) to identify and respond to the current needs of the nuclear industry.

**Electric Vehicles Standards Panel (EVSP)**
The ANSI Electric Vehicles Standards Panel (EVSP) is a cross-sector coordinating body whose objective is to foster coordination and collaboration on standardization matters among public and private sector stakeholders to enable the safe, mass deployment of electric vehicles and associated infrastructure in the United States with international coordination, adaptability, and engagement.

**ANSI Network on Chemical Regulation**
The ANSI Network on Chemical Regulation (Network) is an issue-driven forum established to enable U.S.

manufacturers and other stakeholders to speak with one voice when addressing domestic, regional, foreign and global chemical regulations.

## Past Collaboratives

**ID Theft Prevention and ID Management Standards Panel (IDSP)**
The Identity Theft Prevention and Identity Management Standards Panel (IDSP) is a cross-sector coordinating body whose objective is to facilitate the timely development, promulgation and use of voluntary consensus standards and guidelines that will equip and assist the private sector, government and consumers in minimizing the scope and scale of identity theft and fraud.

**ANSI Biofuels Standards Coordination Panel**
The ANSI Biofuels Standards Coordination Panel (ANSI-BSP) is a cross-sector coordinating body established to promote the development and compatibility of voluntary consensus standards and conformity assessment programs necessary to support the large-scale commoditization of biofuels.

**Healthcare Information Technology Standards Panel (HITSP)**
The HITSP will assist in achieving widely accepted and readily-implemented consensus-based standards that will enable and support widespread interoperability among healthcare information technology, especially as they would interact in a Nationwide Health Information Network (NHIN) for the United States.