

Best Care at Lower Cost

The Path to Continuously Learning Health Care in America

Recommendations



Foundational Elements

Recommendation 1: The Digital Infrastructure

Improve the capacity to capture clinical, care delivery process, and financial data for better care, system improvement, and the generation of new knowledge. Data generated in the course of care delivery should be digitally collected, compiled, and protected as a reliable and accessible resource for care management, process improvement, public health, and the generation of new knowledge.

Strategies for progress toward this goal:

- Health care delivery organizations and clinicians should fully and effectively employ digital systems that capture patient care experiences reliably and consistently, and implement standards and practices that advance the interoperability of data systems.
- The National Coordinator for Health Information Technology, digital technology developers, and standards organizations should ensure that the digital infrastructure captures and delivers the core data elements and interoperability needed to support better care, system improvement, and the generation of new knowledge.
- Payers, health care delivery organizations, and medical product companies should contribute data to research and analytic consortia to support expanded use of care data to generate new insights.
- Patients should participate in the development

of a robust data utility; use new clinical communication tools, such as personal portals, for self-management and care activities; and be involved in building new knowledge, such as through patient-reported outcomes and other knowledge processes.

- The Secretary of Health and Human Services (HHS) should encourage the development of distributed data research networks and expand the availability of departmental health data resources for translation into accessible knowledge that can be used for improving care, lowering costs, and enhancing public health.
- Research funding agencies and organizations, such as the National Institutes of Health, the Agency for Healthcare Research and Quality (AHRQ), the Veterans Health Administration (VHA), the Department of Defense (DoD), and the Patient-Centered Outcomes Research Institute (PCORI), should promote research designs and methods that draw naturally on existing care processes and that also support ongoing quality improvement efforts.

Recommendation 2: The Data Utility

Streamline and revise research regulations to improve care, promote the capture of clinical data, and generate knowledge. Regulatory agencies should clarify and improve regulations governing the collection and use of clinical data to ensure patient privacy but also the seamless use of clinical data for better care coordination and

management, improved care, and knowledge enhancement.

Strategies for progress toward this goal:

- The Secretary of HHS should accelerate and expand the review of the Health Insurance Portability and Accountability Act and institutional review board policies with respect to actual or perceived regulatory impediments to the protected use of clinical data, and clarify regulations and their interpretation to support the use of clinical data as a resource for advancing science and care improvement.
- Patient and consumer groups, clinicians, professional specialty societies, health care delivery organizations, voluntary organizations, researchers, and grantmakers should develop strategies and outreach to improve understanding of the benefits and importance of accelerating the use of clinical data to improve care and health outcomes.

Care Improvement Targets

Recommendation 3: Clinical Decision Support

Accelerate integration of the best clinical knowledge into care decisions. Decision support tools and knowledge management systems should be routine features of health care delivery to ensure that decisions made by clinicians and patients are informed by current best evidence.

Strategies for progress toward this goal:

- Clinicians and health care organizations should adopt tools that deliver reliable, current clinical knowledge to the point of care, and organizations should adopt incentives that encourage the use of these tools.
- Research organizations, advocacy organizations, professional specialty societies, and care delivery organizations should facilitate the development, accessibility, and use of evidence-based and harmonized clinical practice guidelines.
- Public and private payers should promote the adoption of decision support tools, knowledge management systems, and evidence-based clinical practice guidelines by structuring payment and contracting policies to reward effective, evidence-based care that improves patient health.
- Health professional education programs should teach new methods for accessing, managing, and applying evidence; engaging in lifelong learning; understanding human behavior and social science; and delivering safe care in an interdisciplinary environment.
- Research funding agencies and organizations should promote research into the barriers and

systematic challenges to the dissemination and use of evidence at the point of care, and support research to develop strategies and methods that can improve the usefulness and accessibility of patient outcome data and scientific evidence for clinicians and patients.

Recommendation 4: Patient-Centered Care

Involve patients and families in decisions regarding health and health care, tailored to fit their preferences.

Patients and families should be given the opportunity to be fully engaged participants at all levels, including individual care decisions, health system learning and improvement activities, and community-based interventions to promote health.

Strategies for progress toward this goal:

- Patients and families should expect to be offered full participation in their own care and health and encouraged to partner, according to their preference, with clinicians in fulfilling those expectations.
- Clinicians should employ high-quality, reliable tools and skills for informed shared decision making with patients and families, tailored to clinical needs, patient goals, social circumstances, and the degree of control patients prefer.
- Health care delivery organizations, including programs operated by the DoD, VHA, and Health Resources and Services Administration, should monitor and assess patient perspectives and use the insights thus gained to improve care processes; establish patient portals to facilitate data sharing and communication among clinicians, patients, and families; and make high-quality, reliable tools available for shared decision making with patients at different levels of health literacy.
- AHRQ, partnering with the Centers for Medicare & Medicaid Services (CMS), other payers, and stakeholder organizations, should support the development and testing of an accurate and reliable core set of measures of patient-centeredness for consistent use across the health care system.
- CMS and other public and private payers should promote and measure patient-centered care through payment models, contracting policies, and public reporting programs.
- Digital technology developers and health product innovators should develop tools to assist individuals in managing their health and health care, in addition to providing patient supports in new forms of communities.

Recommendation 5: Community Links

Promote community-clinical partnerships and services aimed at managing and improving health at the community level. Care delivery and community-based organizations and agencies should partner with each other to develop cooperative strategies for the design, implementation, and accountability of services aimed at improving individual and population health.

Strategies for progress toward this goal:

- Health care delivery organizations and clinicians should partner with community-based organizations and public health agencies to leverage and coordinate prevention, health promotion, and community-based interventions to improve health outcomes, including strategies related to the assessment and use of web-based tools.
- Public and private payers should incorporate population health improvement into their health care payment and contracting policies and accountability measures.
- Health economists, health service researchers, professional specialty societies, and measure development organizations should continue to improve measures that can readily be applied to assess performance on both individual and population health.

Recommendation 6: Care Continuity

Improve coordination and communication within and across organizations. Payers should structure payment and contracting to reward effective communication and coordination between and among members of a patient's care team.

Strategies for progress toward this goal:

- Health care delivery organizations and clinicians, partnering with patients, families, and community organizations, should develop coordination and transition processes, data sharing capabilities, and communication tools to ensure safe, seamless patient care.
- Health economists, health service researchers, professional specialty societies, and measure development organizations should develop and test metrics with which to monitor and evaluate the effectiveness of care transitions in improving patient health outcomes.
- Public and private payers should promote effective care transitions that improve patient health through their payment and contracting policies.

Recommendation 7: Optimized Operations

Continuously improve health care operations to reduce waste, streamline care delivery, and focus on activities that improve patient health. Care delivery organizations should apply systems engineering tools and process improvement methods to improve operations and care delivery processes.

Strategies for progress toward this goal:

- Health care delivery organizations should utilize systems engineering tools and process improvement methods to eliminate inefficiencies, remove unnecessary burdens on clinicians and staff, enhance patient experience, and improve patient health outcomes.
- CMS, AHRQ, PCORI, quality improvement organizations, and process improvement leaders should develop a learning consortium aimed at accelerating training, technical assistance, and the collection and validation of lessons learned about ways to transform the effectiveness and efficiency of care through continuous improvement programs and initiatives.

Supportive Policy Environment

Recommendation 8: Financial Incentives

Structure payment to reward continuous learning and improvement in the provision of best care at lower cost. Payers should structure payment models, contracting policies, and benefit designs to reward care that is effective and efficient and continuously learns and improves.

Strategies for progress toward this goal:

- Public and private payers should reward continuous learning and improvement through outcome- and value-oriented payment models, contracting policies, and benefit designs. Payment models should adequately incentivize and support high-quality team-based care focused on the needs and goals of patients and families.
- Health care delivery organizations should reward continuous learning and improvement through the use of internal practice incentives.
- Health economists, health service researchers, professional specialty societies, and measure development organizations should partner with public and private payers to develop and evaluate metrics, payment models, contracting policies, and benefit designs that reward high-value care that improves health outcomes.

Recommendation 9: Performance Transparency

Increase transparency on health care system performance. Health care delivery organizations, clinicians, and payers should increase the availability of information on the quality, prices and cost, and outcomes of care to help inform care decisions and guide improvement efforts.

Strategies for progress toward this goal:


- Health care delivery organizations should collect and expand the availability of information on the safety, quality, prices and cost, and health outcomes of care.
- Professional specialty societies should encourage transparency on the quality, value, and outcomes of the care provided by their members.
- Public and private payers should promote transparency in quality, value, and outcomes to aid plan members in their care decision making.
- Consumer and patient organizations should disseminate this information to facilitate discussion, informed decision making, and care improvement.

Recommendation 10: Broad Leadership

Expand commitment to the goals of a continuously learning health care system. Continuous learning and improvement should be a core and constant priority for all participants in health care—patients, families, clinicians, care leaders, and those involved in supporting their work.

Strategies for progress toward this goal:

- Health care delivery organizations should develop organizational cultures that support and encourage continuous improvement, the use of best practices, transparency, open communication, staff empowerment, coordination, teamwork, and mutual respect and align rewards accordingly.
- Leaders of these organizations should define, disseminate, support, and commit to a vision of continuous improvement; focus attention, training, and resources on continuous learning; and build an operational model that incentivizes continuous improvement and ensures its sustainability.
- Governing boards of health care delivery organizations should support and actively participate in fostering a culture of continuous improvement, request continuous feedback on the progress being made toward the adoption of such a culture, and align leadership incentive structures accordingly.
- Clinical professional specialty societies, health professional education programs, health professions specialty boards, licensing boards, and accreditation organizations should incorporate basic concepts and specialized applications of

continuous learning and improvement into health professions education; continuing education; and licensing, certification, and accreditation requirements. 

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