The Leadership Consortium

The National Academy of Medicine’s Leadership Consortium for a Value & Science-Driven Health System provides a trusted venue for national leaders in health and health care to work cooperatively toward their common commitment to effective, innovative care that consistently adds value to patients and society. Members share the concern that, despite the world’s best care, in certain circumstances, health in America falls far short on important measures of outcomes, value and equity. Care that is important is often not delivered, and care that is delivered is often not important. Consortium Members are leaders from core stakeholder communities (clinicians, patients, health care institutions, employers, manufacturers, insurers, health information technology, researchers, and policy makers) working together to steward the advances in science, value and culture necessary for a health system that continuously learns, improves, and leads to healthier people.

What are the Consortium’s vision and goals?
– A continuously learning health system in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation—with best practices seamlessly embedded in the care process, patients and families active participants in all elements, and new knowledge captured as an integral by-product of the care experience.
– Promote collective action and progress so that “By the year 2020, ninety percent of clinical decision will . . . reflect the best available evidence.” (Consortium Charter, 2006)

How does the Consortium work?
– Through stakeholder workshops and meetings: to accelerate understanding and progress toward the vision of a continuously improving and learning health system.
– Through joint projects through the work of four Innovation Collaboratives comprised of groups with common aims:
  • Care culture and decision-making (informed decision-making, with patients at its core)
  • Clinical effectiveness research (innovative research scientists, organizations, and companies)
  • Digital technology for health (health IT leaders, vendors, clinicians and care delivery experts)
  • Value incentives & systems (health care purchasers, payers, engineering & IT leaders)
– Through two synergy networks aimed at accelerating progress of those leading the delivery and the receipt of care:
  • Executive Leadership Network (C-suite leaders of health systems)
  • Patient and Family Leadership Network (Leaders of patient and family advisory councils)

How is the Consortium making a difference?
– Describing the possible through the 19 publications in the Learning Health System series, including the landmark IOM report Best Care at Lower Cost: The Path to Continuously Learning Health Care in America.
– Stewarding action projects of the Consortium’s Innovation Collaborative stakeholders, working cooperatively to advance science and value in health and health care. Examples include:

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