



INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES

ROUNDTABLE ON VALUE & SCIENCE-DRIVEN HEALTH CARE

CORE METRICS FOR BETTER CARE, LOWER COSTS, AND BETTER HEALTH

A project of the IOM Roundtable on Value & Science-Driven Health Care

Activity: Identify issues, options and approaches to promoting and aligning existing national, regional, and institutional measurement systems to assess progress toward achieving better care for individuals, lower per capita costs, and better health for populations—what has been called the “triple aim” of health and health care services—as the natural outcomes of a continuously learning and improving health system.

Compelling aim: *Acceleration of the nation’s progress toward better care, better health, and lower costs in each aspect of health and health care.* Achievement of this aim is expected through the identification of core measures that are accurate, actionable, real-time, and continuous, that can be comparably and seamlessly collected through efforts at the national, state and local levels, and that are readily accessible to guide priority decisions by individuals, clinicians, health care organizations, payers, employers, public health policy decision makers and related community stakeholders.

Issue: The Institute of Medicine’s Roundtable on Value & Science-driven Health Care was chartered “to develop a **learning health system** that is designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care.” Essentially, this mission is aimed to achieve outcomes that have been termed in health policy circles as health care’s triple aim: better care for individuals, better health for a population, and lower costs. Currently, the US is doing poorly at achieving these aims. Americans receive only about 50% of recommended care and have population health indicators—among them, life expectancy and preterm birth—below those of comparable nations. To achieve these mediocre outcomes, the US spends far more per capita. Because these dynamics are unsustainable, the country is poised for transformative change. On the assumption that “what gets measured gets done,” the metrics used to inform and guide individual and program decisions are key. Currently multiple data systems at each assessment level—clinical, local, state, national—and various program requirements mandate collection of certain data for assessment. Because these capacities and requirements have been developed for different purposes, limited attention has been addressed to the essential needs for priority, parsimony, compatibility, comparability, and utility across programs and geographic areas for reliable insights on progress toward better care, lower costs, and better health.

Approach: An expert Planning Committee will be appointed by the National Academies to oversee the development and conduct of an Institute of Medicine workshop to consider: measures core for insights on health care, costs, and status; existing requirements and sources of data currently available; perspectives of decision-makers and program managers using the data to guide program decisions; challenges and barriers confronted; successful pilot models to address the challenges, and strategies moving forward.

Deliverable(s): A publication will be produced highlighting key themes from the discussion and identifying possibilities for collaborative and individual action, and strategies for progress.

Related IOM work: *The Learning Health System Series (2007-2011), Child and Adolescent Health and Health Care Quality: Measuring What Matters (2011), State of the USA Health Indicators (2008), Performance Measurement: Accelerating Improvement (2005), Crossing the Quality Chasm (2001), To Err is Human (1999)*

IOM contact: Robert Saunders, PhD (rsaunders@nas.edu)

The National Academy of Sciences

The National Academy of Sciences (NAS) is a non-governmental organization comprised of the nation's leading scientists. Chartered by Congress and President Abraham Lincoln in 1863, NAS is called upon to serve as the adviser to the Government and to the nation on matters of scientific research and policy. Presidential Executive Orders have defined the special relationship of the Academy to Government and cited its unique capacity to marshal scientific expertise of the highest caliber for independent and objective science policy advice. As matters of health and medicine became more compelling and specialized, the Institute of Medicine (IOM) was established under the charter of the NAS in 1970 as the nation's adviser on health, health science, and health policy. Like its sister organizations, the National Academy of Sciences and the National Academy of Engineering, IOM members (65 each year) are elected by the current membership and drawn from nation's leading authorities in medicine, health, the life sciences, and related policies.

The Institute of Medicine

The National Academies, including the IOM, work outside the framework of government, although often at the request of Congress or government agencies. The IOM is charged with ensuring that objective and scientifically informed analysis and independent guidance are brought to bear on the most difficult and challenging health issues facing the nation. Working together in consensus committees, public forums, and collaborative efforts, invited experts carry out the technical and policy studies commissioned to produce advice on compelling health challenges, meetings and symposia convened on matters of widespread interest, and projects to catalyze recommended action. Each year, more than 2000 national experts—members and nonmembers—volunteer their time, knowledge and expertise to advance the nation's health through the IOM.

Rights and responsibilities under the Congressional Charter

The three National Academies have a long tradition of providing national advice and leadership, which rests on their ability to convene experts and other diverse stakeholders charged with considering important issues of science, engineering, and health policy in an objective, independent, and trusted environment that assures rigorous analysis. Because the National Academies provide the Federal Government with a unique service, activities are accorded a special status by charter and the implementing Executive Orders of the President. Specifically, *"when a department or agency of the executive branch of the Government determines that the Academy, because of its unique qualifications, is the only source that can provide the measure of expertise, independence, objectivity, and audience acceptance necessary to meet the department's or agency's program requirements, acquisition of services by the Academy may be obtained on a noncompetitive basis if otherwise in accordance with applicable law and regulations."* (Executive Order 12832)