



TECHNOLOGIES TO ENHANCE PERSON, FAMILY, & COMMUNITY ACTIVATION

AN NAM WORKING GROUP

A project of the NAM Care Culture & Decision-making Innovation Collaborative

Activity: The NAM Working Group on Technologies to Enhance Person, Family, & Community Activation is an ad hoc convening of technology, clinician, and patient and family thought leaders to advance awareness and progress on the use of digital tools and telehealth for transformative change in individual, family, and community-based engagement in health and health care.

Compelling aim: *An equitable health system in which technology enables seamless engagement of patients, families, clinicians, and community resources as partners on behalf of transformative progress in health and health care.* This will be accomplished by increasing access and transparency of health and healthcare information via evidence-based tools (e.g., telehealth, the web, digital decision support, open access to clinical notes, patient portals) and advancing a culture in which training, delivery models, and incentives align for technology-enabled participatory health advancement.

Issue: Engaging patients and families in shared decision making with clinicians has been shown to enhance agreement on treatment plans, boost patient experience, and potentially improve health outcomes. Increasingly, technology solutions to inform medical decision-making are being utilized by clinicians, health systems and patients and families alike. Such technologies range from personal health trackers and mobile applications to telehealth to health system patient portals, EHRs, clinical decision support, and patient decision aids, to on-line health and healthcare information. While these technologies show promise for improving population health, healthcare delivery, enhancing medical decision-making, and improving health outcomes, patients and clinicians alike must adapt to how these technologies impact the care encounter, influence the clinical workflow, engage all care team participants (including patients and families), and interface with family and community resources.

Approach: Building on recent discussions of the Care Culture and Decision-making Innovation Collaborative, an *ad hoc* working group comprised of leadership from key stakeholder sectors (e.g. technology companies, health care organizations, patients and patient organizations, clinicians, payers, vendors, researchers) to identify, prioritize, and advise on collaborative activities to advance progress on key issues as relate to the potential of technologies to make care more patient-centered, accessible and convenient for patients, while enhancing the quality of medical decisions, the match of care to patient goals, and access to community-based support.

Deliverables: Landscape analysis and priority topics for CCDmIC meetings and collaborative activities such as NAM meeting series, discussion papers or special publications.

Working group participants: Senior leadership among key stakeholder groups, including patients and families, clinicians, health care systems, research, technology vendors, employers, and payers.

Related NAM work: *Effective Care for High-Need Patients* (2017); *Optimizing Strategies for Clinical Decision Support* (2017); *Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care* (2017), *Vital Directions for Health and Health Care* (2016), *Resource Compendium for Patient & Family Health Care Leadership* (2015), *Patients and Health Care Teams Forging Effective Partnerships* (2014), *Shared Decision-Making Strategies for Best Care: Patient Decision Aids* (2014), *Health Literacy and Numeracy - Workshop Summary* (2014), *Social Networking Sites and the Continuously Learning Health System: A Survey* (2014), *Making the Case for Continuous Learning from Routinely Collected Data* (2013), *Best Care at Lower Cost* (2012), *Core Principles and Values of Effective Team-Based Health Care* (2012), *Demanding Value from Our Health Care: Motivating Patient Action to Reduce Waste in Health Care* (2012), *Challenges at the Intersection of Team-Based and Patient-Centered Health Care* (JAMA, 2012), and the *Learning Health System Series* (2006-2011).

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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 National Academy of Medicine

The National Academies, including the NAM and the IOM, work outside the framework of government, although often at the request of Congress or government agencies to ensure 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 NAM and the IOM

The National Academy of Engineering

Founded in 1964, the National Academy of Engineering (NAE) is a private, independent, nonprofit institution that provides engineering leadership in service to the nation. The mission of the National Academy of Engineering is to advance the well-being of the nation by promoting a vibrant engineering profession and by marshalling the expertise and insights of eminent engineers to provide independent advice to the federal government on matters involving engineering and technology. The NAE has more than 2,000 peer-elected members and foreign associates, senior professionals in business, academia, and government who are among the world's most accomplished engineers. They provide the leadership and expertise for numerous projects focused on the relationships between engineering, technology, and the quality of life.

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)