**NAM Evidence Mobilization Action Collaborative**

*Strategic Action Framework and Context*

**Focus:** EVIDENCE GENERATION AND USE

**Strategic target:** Real-world evidence applied for continuous learning and improvement

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**Anchor principles for stewards of evidence generation and use**

Organizations and individuals developing, interpreting, and applying evidence in a learning health system are responsible for assuring that those services are:

- **Personal**
  Services assessed and delivered are tailored to circumstances and individual goals.

- **Safe**
  Health and health care services and research contain safeguards against unintended harm.

- **Effective**
  Services delivered are supported by, and contribute to, best available evidence.

- **Equitable**
  Evidence is generated and applied using objective standards to eliminate bias.

- **Efficient**
  Evidence is provided in content, form, and manner appropriate to need.

- **Accessible**
  Relevant evidence is available at the point of service.

- **Transparent**
  Evidence is transparent as to source, strength, and applicability.

- **Adaptive**
  Evidence protocols are continuously assessed for, and responsive to, new information.

- **Secure**
  Individual service results are securely tracked, reported, and stored.

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**Current collaborative projects:**
- Rethinking Ethical Oversight in the Era of the Learning Health System (2020);

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**Related contributions** (from the NAM Learning Health System Series and throughout the Academies):
Dashboard indicators (examples):
1. Indicator target: Percentage of standardized national guidelines supported by high quality evidence
2. Indicator target: Percentage of healthcare delivered and reimbursed which is supported by high quality evidence
3. Indicator target: Percentage of individuals sharing their personal health data for evidence generation using an understandable, uniform consent vehicle

NAM Evidence Generation Learning Network
Network organizations will represent consumers, patients, families, clinicians, the research and research oversight community, health systems, payers, federal agencies, and health-related businesses.

National policy levers (examples)
- Common Rule (1981)
- Health Insurance Portability and Accountability Act (1996)
- Genetic Information Non-Discrimination Act (2008)
- Health Information Technology for Economic and Clinical Health Act (2009)
- ABIM “Choosing Wisely” program (2013)
- NIH Health Care Systems Research Collaboratories (2013)
- Medicare Access and CHIP Reauthorization Act (2014)
- NIH Precision Medicine Initiative (2014)
- Public Health 3.0 Initiative (2015)
- 21st Century Cures Act (2016)
- CMMI Accountable Health Communities Model (2016)
- FDA Evidence Generation Collaborative (2016)
- Interoperability Roadmap (2016)
- California Consumer Privacy Act (2018)
- FDA’s Framework for Real-World Evidence Program (2018)
- CHRONIC Care Act (2018)
- CMS Meaningful Measures (2018)
- NIH All of Us Initiative (2018)
- FDA Proposed Reg: AI/ML-Based Software as a Medical Device (2019)