



COMMISSION ON INVESTMENT IMPERATIVES FOR A HEALTHY NATION

Commission Charge

What is the challenge? The U.S. health system is poised at a critical juncture. Described too commonly as “broken,” “in crisis,” and “unsustainable,” health and health care services poorly perform on several key dimensions. Despite aggregate expenditures that rank as highest in the world, the nation has for some time fallen far short of its potential to improve, or even preserve, the health of the American people. Then came the COVID-19 pandemic, during which the convergence of myriad problems—system fragmentation, perverse incentives, public health fragility, clinician burn-out, poor communication and connectivity, supply chain disconnects, access barriers, and disproportionately vulnerable populations to name a few—thwarted any possibility of a swift, evidence-based, and coordinated response. The consequences were crippling and deadly. To emerge fairer and stronger after COVID-19, it is imperative that the painful lessons learned about our health system’s pre-existing structural and functional weaknesses lead to changes that rationally align and target our collective resources, knowledge, technology, and talent to capture what is possible: an effective, efficient, equitable, and continuously learning health system.

What sets the stage? The National Academy of Medicine (NAM)’s [Leadership Consortium](#) facilitates cooperation among leaders from across public and private sector organizations that comprise the U.S. health system. It is the only national level convener focused specifically on the systemwide alignment of actions and policies necessary for optimal health system performance and learning. In June of 2020, the NAM called on Leadership Consortium members to lead a comprehensive initiative to assess the impact of the pandemic on nine health system sectors (ranging from patients and clinicians to care organizations, payers, health product manufacturers and innovators, public health, and research), as well to identify critical lessons learned for sector and system-wide improvement. After 18 months of real-time assessment, the findings were released in an NAM Special Publication entitled [Emerging Stronger from COVID-19: Priorities for Health System Transformation](#). The publication identified four critical challenges—**systemic fragmentation, misaligned incentives, structural inequities, and trust**—that challenged every sector’s COVID-19 response and continue to impede health system performance more broadly. The ultimate testament to our untenable health system failures: U.S. life expectancies have declined, even accounting for the toll from the pandemic. Drawing on the assessments, the **Commission on Investment Imperatives for a Healthy Nation** (the Commission) will **identify opportunities and priorities for creating the broad, cross-sector alignment** necessary to overcome these core health system fragilities and reverse alarming trends in health system performance.

What is the charge? The charge to the Commission is to identify opportunities and priorities for aligning values, incentives, policies, and actions required for the transformative turnaround so urgently needed in health system performance. Commissioners represent prominent and respected national thought and action leaders, as well as those with lived perspectives. In the execution of their charge, Commissioners will leverage key insights from their own experiences, the *Emerging Stronger* Special Publication, and five expert working groups formed to explore critical aspects of the alignment needed:

1. **Individual and community health goals** as the orienting reference points for every decision and action.
2. **Inclusive, equitable systems** as a national expectation, consciously reinforced every time, every place.
3. **Digital and data architecture** enabling seamless, continuously improving services and new knowledge.
4. **Health financing** that drives individual and community health and well-being.
5. **Private investments in health** that maximize returns to U.S. health status and economic productivity.

The Commission will operate for up to three years, overseeing activities of the working groups to explore and answer targeted framing questions developed for each working group, and identifying alignment opportunities and priorities based on working group findings. Each working group will assess the qualitative and quantitative stakes of action versus inaction for their issue area, as well as the necessary policy, program, and cultural changes to facilitate progress. Following NAM protocols, each of the analytic and policy papers will be submitted for formal review by independent expert panels and will then be considered by the Commissioners for use in the development of the critical findings, strategic options, and alignment priorities. Working group findings will be released as they are completed and approved.

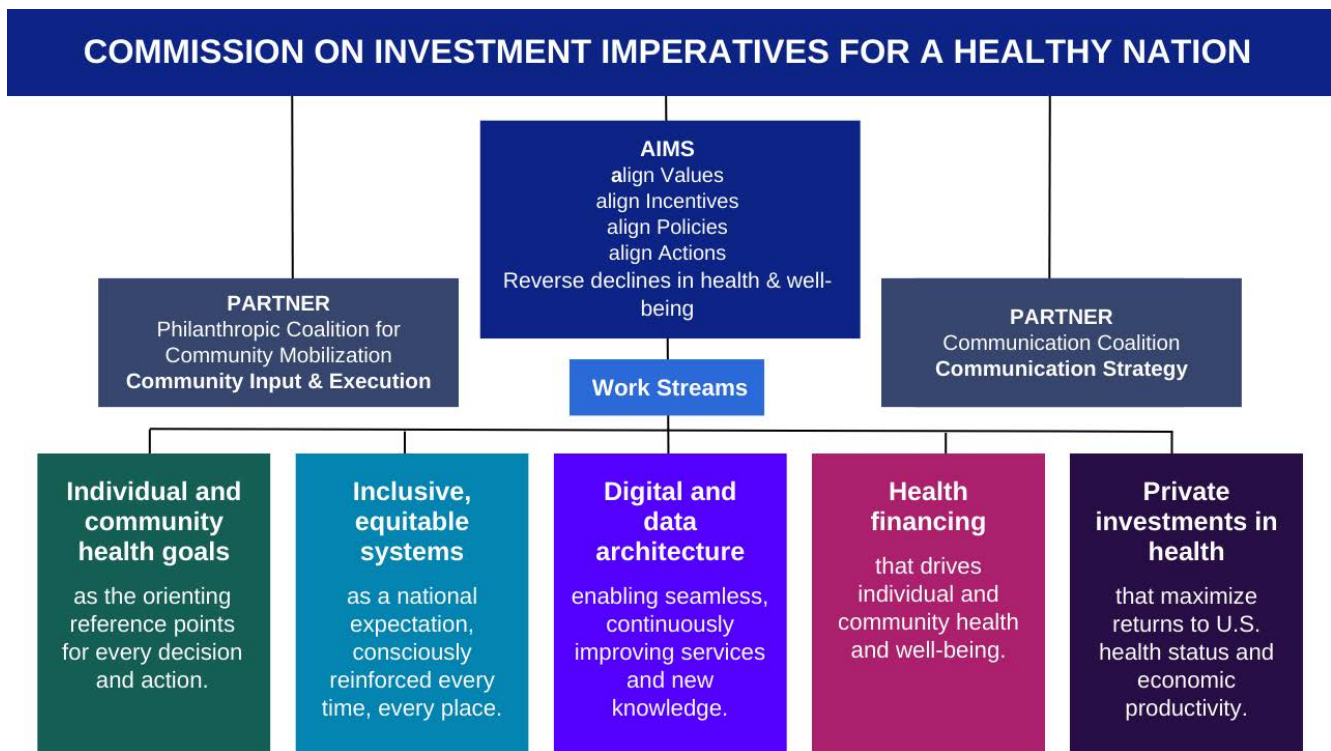
Participants: Commissioners will be respected, independent thought leaders and ambassadors for change, without current health system operational responsibilities. Working groups will be composed of subject matter experts in the respective areas of focus. Partners in this work will be multiple and include the following:

- *Local Funder Coalition.* For ongoing front-line community input and preparation for application of the Commission’s findings to diverse community contexts, a local, state, and regional funder coalition will be regularly engaged as an action network for the initiative.
- *Communication Coalition.* For communications strategy and narrative-building, a coalition of organizations with broad experience in public and professional messaging and outreach will advise and assist with strategies for the preparation, release, and broad spread of the Commission’s findings to key stakeholders, policymakers and the public.

Deliverables: As noted above, each Commission workstream will develop: 1) a quantitative analysis estimating potential health and economic gains from achieving the work stream’s goal, as well as health and economic costs of maintaining the status quo, and 2) a review of necessary policy, programmatic, and cultural changes to pave the way. A final Commission report will draw upon workstream findings and options to identify and underscore critical opportunities and priorities for alignment.

Related NAM/IOM work: *Emerging Stronger from COVID-19: Priorities for Health System Transformation* (2022); *Integrating Social Care into the Delivery of Health Care* (2019); *Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health* (2017); *Sustainable Success in Accountable Care* (2016); *Vital Signs: Core Metrics for Health and Health Care Progress* (2015); *Variation in Health Care Spending: Target Decision Making, Not Geography* (2013); *Best Care at Lower Cost* (2012); *The Healthcare Imperative: Lowering Costs and Improving Outcomes* (2011); *Integrative Medicine and the Health of the Public* (2009).

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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, their activities operate under special status by charter and the implementing Executive Orders of the President. *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 from the Academy may be obtained on a noncompetitive basis if otherwise in accordance with applicable law and regulations.* (Executive Order 12832)