

## OUR SHARED COMMITMENTS

### *The Trust Bond in Health & Health Care*

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*As caring stewards—health professionals, organizations, teams, families, patients, citizens—of health and health care that is reliable and continuously learning and improving with each activity, we commit to being fully engaged, safe, effective, equitable, efficient, accessible, accountable, transparent, secure, and adaptive.*

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#### **Imagine a U.S. health and health care system in which:**

- Everyone is served by a Learning Health System (LHS), one in which science, informatics, incentives, and culture are aligned for continuous improvement, innovation and opportunity—with best practices and discovery seamlessly embedded in the delivery process, individuals and families active participants in all elements, and new knowledge generated as an integral by-product of the delivery experience (*The Learning Health System*, National Academy of Medicine's [NAM] Leadership Consortium Charter, 2006).
- Everyone receives treatment that starts with a discussion of their primary health goals; is timely, effective, and affordable; and is delivered with the support of a secure, protected health data architecture and system which ensures seamless and immediate availability of their personal health information, guides continuous learning and improvement, and employs artificial intelligence to achieve unprecedented health gains for all.
- Every health care organization displays full transparency about processes, safety results, and reports; provides explanation for how every treatment or diagnostic activity supports the patient's health goals; and engages patients in organizational performance improvement.
- Every public health authority issues a publicly available annual update on issues that matter most to people's health, the shared responsibilities and cooperative initiatives involved, and the performance for the communities they serve.
- Every graduating health professional pledges to anchor their career aims and daily activities around achieving specific, clear, sensible Shared Commitments, and every business professional understands the importance health and attention to those Shared Commitments as an anchor feature of our nation's competitiveness.
- Every government agency with direct and indirect potential to shape the health and health care of people and their communities embeds achievement of Our Shared Commitments as a precondition for progress in the health of individuals and communities.

**Issue:** Each feature in these hypothetical scenarios is technically and economically feasible—and within a reasonably proximate time if the will is marshaled. This thought experiment therefore indicates how far the United States health system departs from what ought to be at hand for Americans. Despite unprecedented knowledge and technological advances that could substantially reduce unnecessary death and disease, the nation trails more than three dozen countries on population health performance. Intractable health disparities are worsening in the United States with life expectancy declining for some groups. The impact of health system fragmentation, misaligned incentives, and structural impediments has led to these substantial health and health care shortfalls, with too often tragic results. And these shortfalls are occurring against the backdrop of unparalleled expenditures. Estimates place likely 2025 U.S. health spending at about \$5.5 trillion, nearly double the average per capita expenditure in other wealthy countries.

**Activity:** Public and private health system stakeholders across the nation will partner to accelerate the spread, and application of Our Shared Commitments as the Trust Bond throughout Health & Health Care. The Shared Commitments Initiative is the public-facing component of the Learning Health System Program and is developed to drive appreciation and expectations for gains in health system effectiveness, affordability, equity, and continuous improvement. The development of new research approaches and stunning advances in digital health, including Artificial

Intelligence, offer prospects for identifying and adopting much closer to real time the lessons learned from health and health care delivery. The promise is embodied in Our Shared Commitments, which serve as expectations for health and health care as well as common ground for systematic, sustained, and focused improvements.

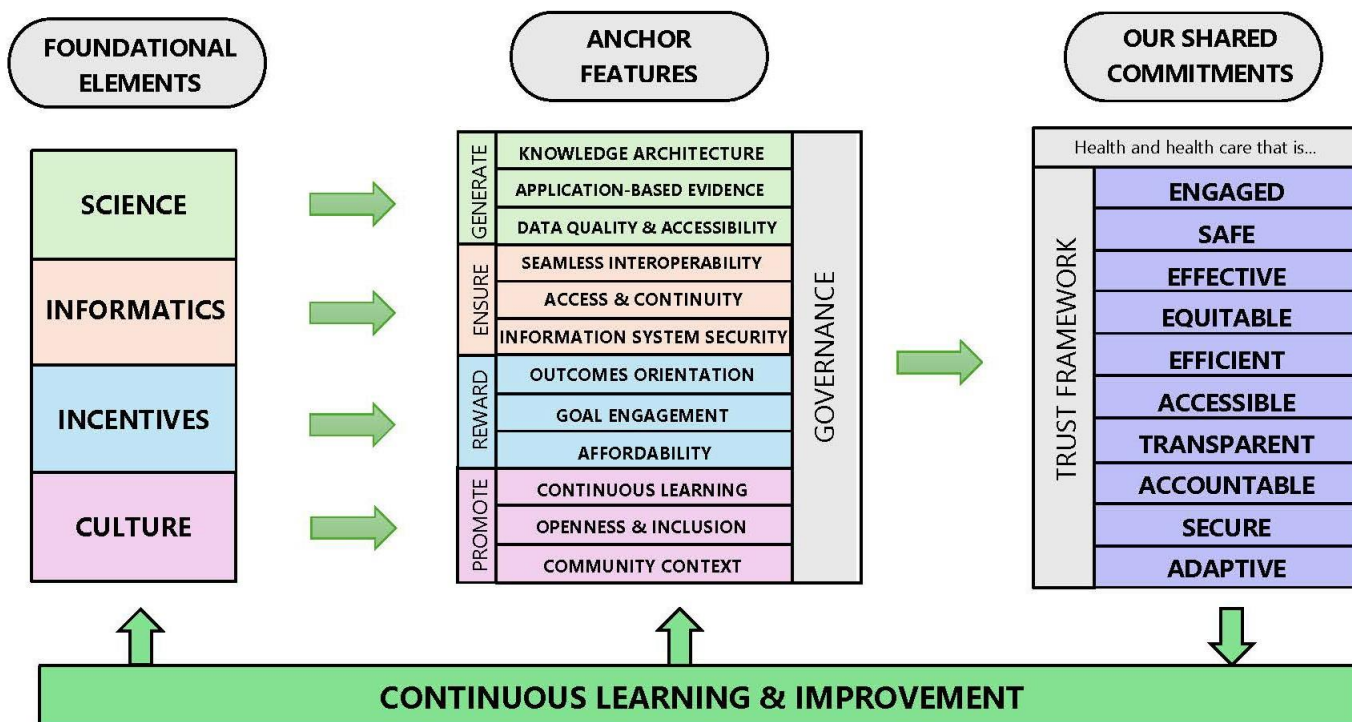
**Background:** Development of the learning health system has been stewarded by the NAM since 2006 when it conceived and embedded the concept in the Charter of what is now the [NAM Leadership Consortium](#), comprised of senior leaders from across the health system and its component sectors. The Shared Commitments build upon the NAM landmark publications in 2000 (then the Institute of Medicine), *To Err is Human* and *Crossing the Quality Chasm*, which defined quality health care as that which is: **safe, effective, patient-centered, timely, efficient, and equitable**. Through the activities of the NAM Leadership Consortium and its [Learning Health System Series](#) of publications, the aperture has been expanded to focus on improvement in population health as well as medical care, and it has also added the critical core elements of **transparency, accountability, security, and adaptability**. In addition to lending common ground to a fragmented ecosystem, implementation of the Shared Commitments will accelerate discovery, health and medical effectiveness, identification of policy opportunities and priorities, and improved system performance. They are adaptable as foundational principles for any health stakeholder seeking to advance the personal, organizational, and societal benefits of their activities. Our Shared Commitments represent a Trust Bond for all health stakeholders, committing them to activities that are:

1. **Engaged:** Gives primacy to understanding, caring, and acting on people's goals.
2. **Safe:** Deploys verified protocols to safeguard against risk from unintended harm.
3. **Effective:** Applies continuously updated evidence to target goal achievement.
4. **Equitable:** Advances parity in individual opportunity to reach full health potential.
5. **Efficient:** Delivers optimal outcomes and affordability for accessible resources.
6. **Accessible:** Provides timely, convenient, interoperable, and affordable services.
7. **Accountable:** Identifies clear responsibilities, measures that matter, and reliable feedback.
8. **Transparent:** Displays full clarity and sharing in activities, processes, results, and reports.
9. **Secure:** Embeds safeguards in access, sharing, and use of data and digital/AI tools.
10. **Adaptive:** Centers continuous learning and improvement in organizational practices.

**Participants:** Given the range of stakeholders, the NAM engages colleagues across health, health care, and the learning health ecosystem: clinicians, patients and families, health care organizations, payors, standards organizations, product innovators, public health, grantmaking organizations, and private capital investors in health care. Implementation is guided and informed by the **LHS Strategy Group**, comprised of leaders from stakeholder organizations and *charged with providing strategic guidance and actionable insights for achieving the Shared Commitments as basic outcomes from the development, implementation, and sustainability of a continuously learning health system*. Specifically, group members give input on overall direction to spread and scale Our Shared Commitments, as well as participating in cooperative working groups aligned with their interests and expertise. The current working groups focus on: *communication and messaging, operational requirements, and infrastructure investment strategies*.

**The Learning Health System at Work:** Coupled with the four foundational elements embedded in the LHS definition, Our Shared Commitments provide understandable organizing elements for institutional clarity and motivation, as well as a Trust Bond to unify expectations among organizational leaders and clients alike. The Learning Health System at Work graphic (on the next page) draws from the work of NAM expert working groups, committees, and meeting discussions to illustrate the input to output flow in a transformative LHS. Central to this depiction are the 12 anchor features—the organizational building blocks necessary to move from concepts to actions to results.

# LEARNING HEALTH SYSTEM AT WORK



**Related NAM/NASEM publications** *To Err Is Human: Building a Safer Health System* (2000); *Crossing the Quality Chasm Series*; *The Learning Healthcare System* (2007); *Vital Signs: Core Metrics for Health and Health Care Progress* (2015); *Artificial Intelligence in Health Care: The Hope, the Hype, the Promise, the Peril* (2019); *Health Data Sharing to Support Better Outcomes: Building a Foundation of Stakeholder Trust* (2020). View the full list of LHS Series publications: [nam.edu/publications-of-the-leadership-consortium](http://nam.edu/publications-of-the-leadership-consortium).

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May 2025



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