

## **IOM Best Practices Innovation Collaborative**

*Health professionals working together for evidence-driven health care*

**Issue:** The presumption of both patients and caregivers in the United States is that the care delivered is the care most appropriate to the need. Yet it is clear that care of proven effectiveness is too often not delivered, and care delivered has too often not been proven effective. In part, the challenge is one of too little evidence on the relative effectiveness of diagnostic and treatment options under different circumstances. But it is also the result of the many challenges of marshaling the available evidence and applying it fully and seamlessly in the context of busy practices, change and innovation in the options available, poorly aligned organizational and economic incentives, and patient requests driven by forces other than the evidence base. As long as the gap persists between the prevailing patterns of care and the best practice that has been established for a given condition—or ought readily to be established—health care cannot deliver the value we expect and want.

**Activity:** An *ad hoc* convening activity under the auspices of the IOM Roundtable on Evidence-Based Medicine periodically brings together representatives from health professional societies and organizations to consider the development and application of best practices in health care, to identify and assess common challenges in the delivery of established best practices, and to work collaboratively to address those challenges.

**Approach:** A working group formed by the Roundtable on Evidence-Based Medicine has reviewed several example interventions of established effectiveness around particular diseases as well as established models of clinical care to assess the reservoir of their potential, if optimally applied, to improve the health of Americans. The results of this assessment were presented to the participants in the IOM Best Practices Innovation Collaborative at a workshop held in September 2008, to stimulate discussion of possible issues and activities required to advance best healthcare practices. Relevant issues discussed included: criteria used to determine best practices; utility and analytics to assess the potential gains from optimal application; communicating results and motivating change by both patients and providers; role and structure of economic incentives; and cultural, organizational and financial barriers to progress. A follow-up meeting was held in March 2009, focused specifically on chronic disease. Participants discussed how collaboration across caregiver societies is necessary to achieve the type of care coordination required to provide the best care for patients suffering from multiple chronic diseases. Potential outcomes of the Collaborative include: accelerated dissemination of effective strategies; collaborative validation of cross-cutting strategies; improvement of approaches to assessing potential impact; identification of common approaches for collaborative testing; cooperation and synergy in communication activities; insights on factors that shape success rates; and progress on policies and incentives most conducive to the spread of best practices.

**Participants:** Professional organizations representing caregivers on the front lines of healthcare delivery; government agencies actively involved in patient care or programs and policies centrally concerned with the identification and application of best clinical services; and others as indicated by issue. With obvious attention to practicality around individual projects, the aim is for an inclusive Collaborative-without-walls of such organizations.

## Participating Organizations

American Academy of Dermatology  
American Academy of Family Physicians  
American Academy of Neurology  
American Academy of Nurse Practitioners American  
Academy of Nursing,  
American Academy of Pediatrics  
American Academy of Physician Assistants  
American Association of Nurse Anesthetists  
American College of Cardiology  
American College of Clinical Pharmacy  
American College of Nurse-Midwives  
American College of Obstetricians & Gynecologists  
American College of Occupational/Environmental Med  
American College of Physicians  
American College of Surgeons  
American Dental Association  
American Hospital Association  
American Medical Association  
American Medical Group Association, Inc.  
American Nurses Association  
American Organization of Nurse Executives  
American Osteopathic Association  
American Psychiatric Association

American Society for Clinical Pathology  
American Society of Clinical Oncology  
Association of Academic Health Centers  
Association of American Medical Colleges  
National Association of Pediatric Nurse Practitioners  
National Black Nurses Association, Inc.  
National Medical Association  
National Nursing Staff Development Organization  
Oncology Nursing Society  
Sigma Theta Tau International  
Society for General Internal Medicine  
Society of Thoracic Surgeons

### **Federal agencies**

U.S. Department of Health & Human Services  
- Agency for Healthcare Research and Quality  
- Centers for Disease Control and Prevention  
- Food and Drug Administration  
- Health Resources and Services Administration  
- National Institutes of Health  
U.S. Department of Veterans Affairs  
U.S. Department of Defense (Health Affairs)