Recommendations from Past Reports: *Financial*

Recommendation	Report	Implemented?
The Department of Health and Human Services should fund pilot projects and larger demonstration programs to develop and demonstrate interoperable, scalable Internet applications for linking multiple health organizations.	*Networking Health: Prescriptions for the Internet* (2000)	
The National Institutes of Health and its component agencies should fund information technology research that will develop the complementary technologies that are needed if the health community is to take advantage of the improved networking technologies that can be expected in the future.	*Networking Health: Prescriptions for the Internet* (2000)	
Private and public purchasers should examine their current payment methods to remove barriers that currently impede quality improvement, and to build in stronger incentives for quality enhancement.	*Crossing the Quality Chasm: A New Health System for the 21st Century* (2001)	
The costs of CPR systems be should shared by those who benefit from the value of the CPR. Specifically, the full costs of implementing and operating CPRs and CPR systems should be factored into reimbursement levels or payment schedules of both public and private sector third-party payers. In addition, users of secondary databases should support the costs of creating such databases.	*The Computer-Based Patient Record: An Essential Technology for Health Care* (1997)	
Congress should establish a Health Care Quality Innovation Fund to support projects targeted at (1) achieving the six aims of safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity; and/or (2) producing substantial improvements in quality for the priority conditions. The fund's resources should be invested in projects that will produce a public-domain portfolio of programs, tools, and technologies of widespread applicability.	*Crossing the Quality Chasm: A New Health System for the 21st Century* (2001)	

Recommendation	Report	Implemented?
DHHS should evaluate the status of the nation's public health laboratory system, including an assessment of the impact of recent increased funding. The evaluation should identify remaining gaps, and funding should be allocated to close them. Working with the states, DHHS should agree on a base funding level that will maintain the enhanced laboratory system and allow the rapid deployment of newly developed technologies.	*The Future of the Public's Health in the 21st Century* (2002)	
The Secretary of DHHS should provide leadership to facilitate the development and implementation of the National Health Information Infrastructure (NHII). Implementation of NHII should take into account, where possible, the findings and recommendations of the National Committee on Vital and Health Statistics (NCVHS) working group on NHII. Congress should consider options for funding the development and deployment of NHII (e.g., in support of clinical care, health information for the public, and public health practice and research) through payment changes, tax credits, subsidized loans, or grants.	*The Future of the Public's Health in the 21st Century* (2002)	
Congress should provide new or expanded funding for programs that support the personal health, healthcare provider, and population health dimensions individually and jointly, with special attention to areas for which the Federal Government has a leading or exclusive role and areas already mandated by HIPAA.	*Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure* (2001)	
DHHS should be accountable for assessing the state of the nation's governmental public health infrastructure and its capacity to provide the essential public health services to every community and for reporting that assessment annually to Congress and the nation.	*The Future of the Public's Health in the 21st Century* (2002)	

Recommendation	Report	Implemented?
Congress should provide clear direction, enabling authority, and financial support for the establishment of national standards for data that support patient safety. Various government agencies will need to assume major new responsibilities, and additional support will be required.	*Patient Safety: Achieving a New Standard for Care* (2004)	
Bold, large-scale demonstrations should be funded by the federal government and other major investors in health care to test radical new approaches to increase the efficiency and effectiveness of health care financing and delivery systems. The experiments should effectively link delivery systems with other components of the public health system and focus on improving population health while eliminating disparities. The demonstrations should be supported by adequate resources to enable innovative ideas to be fairly tested.	*The Future of the Public's Health in the 21st Century* (2002)	
DHHS should develop a comprehensive investment plan for a strong national governmental public health infrastructure with a timetable, clear performance measures, and regular progress reports to the public. State and local governments should also provide adequate, consistent, and sustainable funding for the governmental public health infrastructure.	*The Future of the Public's Health in the 21st Century* (2002)	
The federal government should facilitate deployment of the national health information infrastructure through the provision of targeted financial support and the ongoing promulgation and maintenance of standards for data that support patient safety.	*Patient Safety: Achieving a New Standard for Care* (2004)	

Recommendation	Report	Implemented?
Congress should provide appropriate direction and financial resources to assist rural providers in converting to electronic health records over the next 5 years. Working collaboratively with the Office of the National Coordinator for Health Information Technology: • The Indian Health Service should develop a strategy for transitioning all of its provider sites (including those operated by tribal governments under the Self-Determination Act) from paper to electronic health records. • The Health Resources and Services Administration should develop a strategy for transitioning community health centers, rural health clinics, critical access hospitals, and other rural providers from paper to electronic health records. • The Centers for Medicare and Medicaid Services and the state governments should consider providing financial rewards to providers participating in Medicare or Medicaid programs that invest in electronic health records. These two large public insurance programs should work together to re-examine their benefit and payment programs to ensure appropriate coverage of telehealth and other health services delivered electronically.	*Quality Through Collaboration: The Future of Rural Health* (2005)	
Incentives will be needed to accelerate deployment and adoption of a NHIN.	*Summary of Nationwide Health Information Network (NHIN) Request for Information (RFI) Responses* (2005)	