

Recommendations from Past Reports: *Research*

Recommendation	Report	Implemented?
<p>The Department of Health and Human Services should support research in those areas listed below that are of particular importance to the health care industry, but that might not otherwise be pursued.</p> <ul style="list-style-type: none"> • Methods of identifying and linking patient records. • Anonymous care and pseudonyms. • Audit tools. • Tools for rights enforcement and management. 	<p><i>For the Record: Protecting Electronic Health Information (1997)</i></p>	
<p>The Department of Health and Human Services should fund experimental testbeds that explore different approaches to access control that hold promise for being inexpensive and easy to incorporate into existing operations and that allow access during emergency situations.</p>	<p><i>For the Record: Protecting Electronic Health Information (1997)</i></p>	
<p>Both the public and private sectors should expand support for the CPR and CPR system implementation through research, development, and demonstration projects. Specifically, the committee recommends that Congress authorize and appropriate funds to implement the research and development agenda outlined herein. The committee further recommends that private foundations and vendors fund programs that support and facilitate this research and development agenda.</p>	<p><i>The Computer-Based Patient Record: An Essential Technology for Health Care (1997)</i></p>	
<p>Health organizations in industry and academia should continue to work with the Department of Health and Human Services to evaluate various health applications of the Internet in order to improve understanding of their effects, the business models that might support them, and impediments to their expansion.</p>	<p><i>Networking Health: Prescriptions for the Internet (2000)</i></p>	
<p>The NCVHS recommends that the Secretary of HHS support increases in funding for research, demonstration, and evaluation studies on clinical data capture systems and other healthcare informatics issues.</p>	<p><i>NCVHS Report to the Secretary on Uniform Standards for Patient Medical Record Information(2000)</i></p>	

<p>Organizations, clinicians, and patients should work together to redesign health care processes in accordance with the following rules:</p> <p>Recommendation based on continuous healing relationships. Patients should receive care whenever they need it and in many forms, not just face-to-face visits.</p> <ul style="list-style-type: none"> • Customization based on patient needs and values. The system of care should be designed to meet the most common types of needs, but have the capability to respond to individual patient choices and preferences. • The patient as the source of control. Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them. • Shared knowledge and the free flow of information. Patients should have unfettered access to their own medical information and to clinical knowledge. Clinicians and patients should communicate effectively and share information. • Evidence-based decision making. Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or from place to place. • Safety as a system property. Patients should be safe from injury caused by 	<p><i>Chasm: A New Health System for the 21st Century</i> (2001)</p> <p>Report</p>	<p>Implemented?</p>
<p>The Agency for Health Care Research and Quality and private foundations have convened a series of workshops that bring representatives from health care and other industries and the research community to identify, adapt, and implement state-of-the-art approaches to addressing the following challenges to patients and their families:</p> <ul style="list-style-type: none"> • Redesign of care processes based on best practices when selecting a health plan, hospital, or medical provider • Planning and implementation of a coordinated, cross-agency information system to support clinical decision making and patient care • Knowledge and skills of the health care workforce • Development of effective patient and family engagement strategies • Coordination of care across settings and conditions, services, and settings over time • Continuous decrease in waste. The health care system should not waste resources meant for patients • Cooperation and accountability 	<p><i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> (2001)</p>	
<p>collaborate and communicate to ensure an appropriate exchange of information and coordination of care.</p>		

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Academic and research organizations should develop research proposals that integrate health information infrastructure and applications with community organizations and help identify other types of information infrastructure development.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	
Academic and research organizations should develop collaborations with service providers, the Agency for Healthcare Research and Quality, standards development organizations, and their communities to take innovations from research to implementation.	<i>Crossing the Quality Chasm: A New Health System for the 21st Century (2001)</i>	
The Health Care Financing Administration and the Agency for Healthcare Research and Quality, with input from private payers, health care organizations, and clinicians, should develop a research agenda to identify, pilot test, and evaluate various options for better aligning current payment methods with quality improvement goals.		
The Agency for Healthcare Research and Quality should fund research to evaluate how the current regulatory and legal systems (1) facilitate or inhibit the changes needed for the 21 st -century health care delivery system, and (2) can be modified to support health care professionals and organizations that seek to accomplish the six aims set forth in Chapter 2.	<i>Crossing the Quality Chasm: A New Health System for the 21st Century (2001)</i>	
The Secretary of Health and Human Services should create a senior position to provide strategic national leadership for the development of the NHII and set the agenda for NHII investments, policymaking, and integration with ongoing health and healthcare activities inside and outside of Government.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	
Other HHS agencies/offices with missions and activities in NHII-related areas should designate an office or individual to participate in NHII strategic planning and ensure coordination within the agency/office and with the central NHII office.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	