

## Recommendations from Past Reports: *Other*

Recommendation	Report	Implemented?
The health community should ensure that technical capabilities suitable for health and biomedical applications are incorporated into the testbed network being deployed under the Next Generation Internet initiative and eventually into the Internet.	<i>Networking Health: Prescriptions for the Internet (2000)</i>	
The National Library of Medicine should forge stronger links between the health and networking research communities to ensure that the needs of the health community are better addressed in network research, development, and deployment.	<i>Networking Health: Prescriptions for the Internet (2000)</i>	
Federal agencies such as the Department of Veterans Affairs, the Department of Defense, the Health Care Financing Administration, the National Institutes of Health, and the Indian Health Service should serve as role models and testbeds for the health industry by deploying Internet-based applications for their own purposes.	<i>Networking Health: Prescriptions for the Internet (2000)</i>	
Public and private health organizations should experiment with networks based on Internet protocols and should incorporate the Internet into their future plans for new networked applications and into their overall strategic planning.	<i>Networking Health: Prescriptions for the Internet (2000)</i>	
The Department of Health and Human Services should commission a study of the health information technology workforce to determine whether the supply of such workers balances the demand for them, to identify the kinds of training and education that workers at different levels will need, and to develop recommendations for ensuring an adequate supply of people with training at the intersections of information technology and health	<i>Networking Health: Prescriptions for the Internet (2000)</i>	
The Department of Health and Human Services should more aggressively address the broad set of policy issues that influence the development, deployment, and adoption of Internet-based applications in the health sector.	<i>Networking Health: Prescriptions for the Internet (2000)</i>	

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<p>The NCVHS recommends that the Secretary of HHS Accelerate development and implementation of a national health information infrastructure. HHS should work in collaboration with other federal components, state governments, and the private sector on demonstration and evaluation projects and test beds.</p>	<p><i>NCVHS Report to the Secretary on Uniform Standards for Patient Medical Record Information (2000)</i></p>	
<p>Congress should continue to authorize and appropriate funds for, and the Department of Health and Human Services should move forward expeditiously with the establishment of, monitoring and tracking processes for use in evaluating the progress of the health system in pursuit of the above-cited aims of safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. The Secretary of the Department of Health and Human Services should report annually to Congress and the President on the quality of care provided to the American people.</p>	<p><i>Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century (2001)</i></p>	
<p>Congress, the executive branch, leaders of health care organizations, public and private purchasers, and health informatics associations and vendors should make a renewed national commitment to building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability, clinical and health services research, and clinical educations. This commitment should lead to the elimination of most handwritten clinical data by the end of the decade</p>	<p><i>Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century (2001)</i></p>	
<p>All health care organizations, professional groups, and private and public purchasers should pursue six major aims; specifically, health care should be safe, effective, patient-centered, timely, efficient, and equitable.</p>	<p><i>Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century (2001)</i></p>	

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Healthcare plans and purchasers should examine their practices and systems for consistency with the NHII and set timetables for needed revisions and enhancements.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	
Information technology organizations and trade groups should designate internal representatives to provide strategic leadership and coordination on issues related to NHII development and implementation. Representatives should participate in meetings convened by HHS and collaborative activities with other stakeholders.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	
Each State should establish a mechanism to provide strategic leadership and coordination of activities related to the NHII.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	
Membership or trade organizations. Each healthcare professional and provider membership and trade organization should establish a mechanism to provide strategic leadership on issues related to NHII development and implementation.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	
Each healthcare plan and purchaser should establish a mechanism to provide strategic leadership and coordination on issues related to NHII development and implementation.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	
Each individual healthcare provider organization should establish a mechanism to provide strategic leadership and coordination on issues related to NHII development and implementation.	<i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i>	

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<p>Community organizations should identify necessary partnerships to exchange health data. They also should identify and help reduce barriers to community level collection and exchange of health data.</p>	<p><i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i></p>	
<p>Community organizations should develop local laypersons' capacities to collect and apply health data to individual and community health improvements.</p>	<p><i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i></p>	
<p>Consumer and patient advocacy groups should collaborate with healthcare provider organizations, health plans and purchasers, and public health organizations to promote and facilitate the use of information technologies by healthcare providers, health plans, and public health entities.</p>	<p><i>Final Report NHII - Information for Health: A Strategy for Building the National Health Information Infrastructure (2001)</i></p>	
<p>The Secretary of the Department of Health and Human Services (DHHS), in consultation with states, should appoint a national commission to develop a framework and recommendations for state public health law reform.</p>	<p><i>The Future of the Public's Health in the 21st Century (2002)</i></p>	
<p>All partners within the public health system should place special emphasis on communication as a critical core competency of public health practice. Governmental public health agencies at all levels should use existing and emerging tools (including information technologies) for effective management of public health information and for internal and external communication. To be effective, such communication must be culturally appropriate and suitable to the literacy levels of the individuals in the communities they serve.</p>	<p><i>The Future of the Public's Health in the 21st Century (2002)</i></p>	

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<p>The nation should develop a program that focuses on the communications and computing needs of emergency responders.</p>	<p><i>Information Technology for Counterterrorism: Immediate Actions and Future Possibilities</i> (2003)</p>	
<p>The nation should promote the use of best practices in information and network security in all relevant public agencies and private organizations.</p>	<p><i>Information Technology for Counterterrorism: Immediate Actions and Future Possibilities</i> (2003)</p>	
<p>The Agency for Healthcare Research and Quality's Health Information Technology Program should be expanded. Adequate resources should be provided to allow the agency to sponsor developmental programs for information and communications technology in five rural areas. Communities should be selected from across the range of rural environments, including frontier areas. The 5-year developmental programs should commence in fiscal year 2006 and result in the establishment of state-of-the-art information and communications technology infrastructure that is accessible to all providers and all consumers in those communities.</p>	<p><i>Quality Through Collaboration: The Future of Rural Health</i> (2005)</p>	

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<p>A NHIN should reflect the interests of all stakeholders and be a joint public/private effort.</p>	<p><i>Summary of Nationwide Health Information Network (NHIN) Request for Information (RFI) Responses (2005)</i></p>	
<p>The National Library of Medicine, in collaboration with the Office of the National Coordinator for Health Information Technology and the Agency for Healthcare Research and Quality, should establish regional information and communications technology/telehealth resource centers that are interconnected with the National Network of Libraries of Medicine. These resource centers should provide a full spectrum of services, including the following:</p> <ul style="list-style-type: none"> <li>• Information resources for health professionals and consumers, including access to online information sources and technical assistance with online applications, such as distance monitoring.</li> <li>• Lifelong educational programs for health care professionals.</li> <li>• An on-call resource center to assist communities in resolving technical, organizational, clinical, financial, and legal questions related to information and communications technology</li> </ul>	<p><i>Quality Through Collaboration: The Future of Rural Health (2005)</i></p>	
<p>Existing technologies, federal leadership, prototype regional exchange efforts, and certification of EHRs will be the critical enablers of a NHIN.</p>	<p><i>Summary of Nationwide Health Information Network (NHIN) Request for Information (RFI) Responses (2005)</i></p>	

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<p>Key challenges will be the need for additional and better-refined standards; addressing privacy concerns; paying for the development and operation of, and access to the NHIN; accurately matching patients; and addressing discordant inter- and intra-state laws regarding health information exchange.</p>	<p><i>Summary of Nationwide Health Information Network (NHIN) Request for Information (RFI) Responses (2005)</i></p>	
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<p>We suggest that the Health Care Financing Administration (HCFA) consider using alphanumeric codes (to reduce the number of key strokes needed to enter the identifier to a practical number), and that the Universal Physician Identifier Number (UPIN) number be expanded to include all health care providers for the purpose of provider identification.</p>	<p><i>Standards for Medical Identifiers, Codes, and Messages Needed to Create an Efficient Computer-Stored Medical Record (1994)</i></p>	
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<p>AMIA recommends that during the initial five years of standards development, the federal government invest in efforts to integrate and extend these standards to all health care messages. Furthermore, we suggest that the federal government build public-domain translators between the current message systems to permit future integration of systems. The translators should be submitted as ANSI and/or ISO standards, and would be based on the object modeling framework being developed by the joint working group created by the HISPP Message Standards Developers Subcommittee (MSDS) and coordinated by IEEE MEDIX for modeling.</p>	<p><i>Standards for Medical Identifiers, Codes, and Messages Needed to Create an Efficient Computer-Stored Medical Record (1994)</i></p>	
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<p>The 21<sup>st</sup>-century health care system should deliver far greater value than is currently the case. Patients have a right to demand-and health care leaders have an obligation to act now to ensure that they receive-care that is safe, effective, patient-centered, timely, efficient, and equitable. The committee believes the proposed demonstration projects would represent a substantial step in that direction.</p> <hr/>	<p><i>Fostering Rapid Advances in Health Care: Learning from System Demonstrations (2002)</i></p>	
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<p>In response to a request from the Secretary of the Department of Health and Human Services, the Institute of medicine convened a committee to identify possible demonstration projects that might be implemented in 2003, with the hope of yielding models for broader health system reform within a few years. The committee is recommending a substantial portfolio of demonstration projects: 10-12 chronic care demonstrations, a primary care demonstration with 40 participating sites, 8-10 information and communications technology infrastructure demonstrations, 3-5 state health insurance coverage demonstrations, and 4-5 state liability demonstrations. As a set the demonstrations address key aspects of the health care delivery system and the financing and legal environment in which health care is provided. The launching of a carefully crafted set of demonstrations is viewed as a way to initiate a “building block” approach to health system change.</p>	<p><i>Fostering Rapid Advances in Health Care: Learning from System Demonstrations (2002)</i></p>	
<p>The recommended demonstrations should lead to a health care system in which patients’ experiences would be very different from today’s norm. For a typical patient with one or more chronic conditions requiring ongoing management, as well as preventive and acute care needs, the system should provide a continuous relationship with a personal clinician who functions with the support of a multidisciplinary team.</p>	<p><i>Fostering Rapid Advances in Health Care: Learning from System Demonstrations (2002)</i></p>	

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<p>The HIT Leadership Panel identified three key imperatives for HIT:</p> <ol style="list-style-type: none"> <li>1. Widespread adoption of interoperable HIT should be a top priority for the U.S. health care system.</li> <li>2. The federal government should use its leverage as the nation’s largest health care payer and provider to drive adoption of HIT.</li> <li>3. Private sector purchasers and health care organizations can and should collaborate alongside the federal government to drive adoption of HIT.</li> </ol>	<p><i>Health Information Technology (HIT) Leadership Panel Final Report (2005)</i></p>	
<p>Rather than attempting to implement HIT all at once through a “big bang,” implementation should occur through a well-planned sequence of steps and incentives to promote widespread HIT adoption.</p>	<p><i>Health Information Technology (HIT) Leadership Panel Final Report (2005)</i></p>	
<p>Both carrots (i.e. incentives) and, when necessary, sticks (i.e., mandates, other requirements) should be used to promote the widespread adoption of HIT</p>	<p><i>Health Information Technology (HIT) Leadership Panel Final Report (2005)</i></p>	
<p>The HIT Leadership Panel also suggested that mechanisms be created to incentivize or otherwise assist providers to install HIT and reengineer health care processes to take full advantage of its potential benefits.</p>	<p><i>Health Information Technology (HIT) Leadership Panel Final Report (2005)</i></p>	
<p>The federal government should monitor progress and impact of widespread HIT adoption to ensure that no population group is left out or disadvantaged by this transition in HIT</p>	<p><i>Health Information Technology (HIT) Leadership Panel Final Report (2005)</i></p>	