NATIONAL ACADEMY OF MEDICINE

NAM EVIDENCE MOBILIZATION ACTION COLLABORATIVE
Strategic Action Framework and Context

Focus: EVIDENCE GENERATION AND USE

Strategic target: Real-world evidence applied for continuous learning and improvement

Anchor principles for stewards of evidence generation and use
Organizations and individuals developing, interpreting, and applying evidence in a learning health system are responsible for assuring that those services are:

Personal	Services assessed and delivered are tailored to circumstances and individual goals.
Safe	Health and health care services and research contain safeguards against unintended harm.
Effective	Services delivered are supported by, and contribute to, best available evidence.
Equitable	Evidence is generated and applied using objective standards to eliminate bias.
Efficient	Evidence is provided in content, form, and manner appropriate to need.
Accessible	Relevant evidence is available at the point of service.
Transparent	Evidence is transparent as to source, strength, and applicability.
Adaptive	Evidence protocols are continuously assessed for, and responsive to, new information.
Secure	Individual service results are securely tracked, reported, and stored.

Current collaborative projects: Rethinking Ethical Oversight in the Era of the Learning Health System (2020); NAM Special Publication for sharing, linking, and leveraging data (2020), Caring for the Individual Patient: Understanding Heterogeneous Treatment Effects (2019), NAM Perspectives- Individual Patient-Level Data Sharing for Continuous Learning (2019)

Related contributions (from the NAM Learning Health System Series and throughout the Academies)**:** *The Future of Health Research (2019), Accelerating Medical Evidence Generation & Use (2017), Clinical Engagement for Continuous Learning (2017), Harnessing Evidence and Experience to Change Culture (2017), Revisiting the Common Rule (2015), Vital Signs (2015), Integrating Research and Practice (2014), Best Care at Lower Cost (2012), the Learning Health System Series (2006-2011)*

Dashboard indicators (examples)**:**
1. Indicator target: Percentage of standardized national guidelines supported by high quality evidence
2. Indicator target: Percentage of healthcare delivered and reimbursed which is supported by high quality evidence
3. Indicator target: Percentage of individuals sharing their personal health data for evidence generation using an understandable, uniform consent vehicle

NAM Evidence Generation Learning Network
Network organizations will represent consumers, patients, families, clinicians, the research and research oversight community, health systems, payers, federal agencies, and health-related businesses.

National policy levers (examples)
- Common Rule (1981)
- Health Insurance Portability and Accountability Act (1996)
- Genetic Information Non-Discrimination Act (2008)
- Health Information Technology for Economic and Clinical Health Act (2009)
- ABIM "Choosing Wisely" program (2013)
- NIH Health Care Systems Research Collaboratories (2013)
- Medicare Access and CHIP Reauthorization Act (2014)
- NIH Precision Medicine Initiative (2014)
- Public Health 3.0 Initiative (2015)
- 21st Century Cures Act (2016)
- CMMI Accountable Health Communities Model (2016)
- FDA Evidence Generation Collaborative (2016)
- Interoperability Roadmap (2016)
- California Consumer Privacy Act (2018)
- FDA's Framework for Real-World Evidence Program (2018)
- CHRONIC Care Act (2018)
- CMS Meaningful Measures (2018)
- NIH All of Us Initiative (2018)
- Non-national: EU General Data Protection Regulation (2019)
- FDA Proposed Reg: AI/ML-Based Software as a Medical Device (2019)

NAM Leadership Consortium
Collaboration for a Value & Science-Driven Health System