

# Best Practices Innovation Collaborative

Health professionals working together for value and science-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 insufficient evidence on the relative effectiveness of diagnostic and treatment options under different circumstances. But it is also the result of the many challenges related to marshaling the available evidence and applying it fully and seamlessly in the context of busy practices, poorly aligned organizational and economic incentives, limited coordination among a patient's various clinicians, and patient requests driven by forces other than the evidence base. Increased awareness of national shortcomings in both quality and value in the nation's health care has fueled discussions on approaches to reform. As long as the gap persists between the prevailing patterns of care and best practices readily established for a given condition, health care cannot deliver the value we want and expect.

**Collaborative.** An *ad hoc* convening activity under the auspices of the IOM Roundtable, the Best Practices Innovation Collaborative (BPIC) catalyzes joint activities among the health professions for improvement and innovation in health and health care, focusing on fostering evidence-based best practices, including team care and shared decision making.

**Participants.** Professional organizations representing clinicians 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. The aim is for an inclusive Collaborative—without walls—and participation in individual projects is structured according to interest, need, and practicality.

## CO-CHAIRS



**Michael M.E. Johns, M.D.**  
Chancellor, Emory University

*"Learning what care works best is only part of the challenge facing health professionals. The delivery system must be engineered to apply evidence-based best practice at all points on the care continuum."*



**Mary D. Naylor, Ph.D., RN**  
Professor, UPenn School of Nursing

*"With a heightened focus on team-based care, bringing health professionals together for collaborative action is a foundational step toward a learning system."*

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## STAFF CONTACT

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**Activities.** Projects completed, under way, or under consideration by BPIC include:

- *Common principles for the role of patients in primary care teams.* When patients are more fully involved in their care, health outcomes improve, patient satisfaction increases, and the cost of care can drop. The aim of this IOM Discussion Paper is to engage stakeholders in developing a conceptual framework, options, and research priorities for advancing the incorporation of patients as members of the care team.
- *“Core Principles & Values of Effective Team-Based Health Care,”* an IOM Discussion Paper in which authors identified key characteristics of effective teams from the literature and used interviews with 11 teams located in various urban and rural settings to clarify how these factors shape effective team-based care. The review is intended to help guide clinicians, patients, administrators, and other stakeholders in the delivery of high-value team-based care focused on the goals and priorities of patients and their families. (IOM, October 2012)
- *“Patient-Clinician Communication: Basic Principles and Expectations,”* an IOM Discussion Paper authored by marketing experts, decision scientists, patient advocates, and clinicians presents a set of guiding principles and basic expectations underpinning patient-clinician communication. These foundational principles and expectations are intended to serve as common touchstone reference points for both patients and clinicians throughout the care process. (IOM, June 2011)
- *Cross-society harmonization in managing co-occurring morbidities.* Cooperative development of common, cross-society understandings and expectations with respect to the coordinated and team-based care necessary, when treating patient with multiple chronic conditions, to offset the tendency for fragmented care decisions to compromise the effectiveness and efficiency of care, or even to cause harm.

## REPRESENTATIVE PARTICIPANTS

### ORGANIZATIONS

AARP  
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 Orthopaedic Surgeons  
American Academy of Pediatrics  
American Academy of Phys. Med. and Rehab.  
American Academy of Physician Assistants  
American Association of Colleges of Nursing  
American Association of Coll. of Osteo. Med.  
American Association of Nurse Anesthetists  
American Association of Nurse Practitioners  
American Board of Internal Medicine  
American College of Cardiology  
American College of Clinical Pharmacy  
American College of Nurse-Midwives  
American College of Obstetricians and Gyn.  
American College of Occup. and Environ. Med.  
American College of Physicians  
American College of Preventive Medicine  
American College of Surgeons  
American Dental Association  
American Diabetes Association  
American Geriatrics Society  
American Hospital Association  
American Medical Association  
American Nurses Association  
American Osteopathic Association  
American Psychiatric Association  
American Society of Clinical Oncology  
American Thoracic Society  
American Urological Association  
Association of Academic Health Centers  
Association of American Medical Colleges  
Association of periOperative Registered Nurses  
Josiah Macy, Jr. Foundation  
Kaiser Permanente  
National Association of Ped. Nurse Practitioners  
National Physicians Alliance  
National Quality Forum  
Oncology Nursing Society  
PatientsLikeMe  
Society of General Internal Medicine  
Society of Thoracic Surgeons  
Vermont Blueprint for Health

### FEDERAL AGENCIES

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