Making a Difference ...
Roundtable charter, strategy, tactics, impact

January 2014

The Roundtable on Value & Science-Driven Health Care has been established by the Institute of Medicine to marshal cutting-edge science for transformative progress in health outcomes and value for every American. Drawing on the insights and leadership from throughout the scientific, clinical, commercial, voluntary, and public sectors, the Roundtable has set out a vision for a **continuously learning health system**. To achieve that vision, the Roundtable stewards a wide-ranging set of collaborative activities aimed at transforming value, science, and culture by:

...clarifying concepts and opportunities
...informing policy
...mapping strategies
...stewarding action
...spreading the word
...engaging broadly
...linking leaders
**Charge:** The Institute of Medicine's Roundtable on Value & Science-Driven Health Care has been convened to help transform the way evidence on clinical effectiveness is generated and used to improve health and health care.

**Vision:** Our vision is for the development of a continuously learning health system in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation—with best practices seamlessly embedded in the care process, patients and families active participants in all elements, and new knowledge captured as an integral by-product of the care experience.

**Goal:** By the year 2020, ninety percent of clinical decisions will be supported by accurate, timely, and up-to-date clinical information, and will reflect the best available evidence. We feel that this presents a tangible focus for progress toward our vision, that Americans ought to expect at least this level of performance, that it should be feasible with existing resources and emerging tools, and that measures can be developed to track and stimulate progress.

**Context:** As unprecedented developments in the diagnosis, treatment, and long-term management of disease bring Americans closer than ever to the promise of personalized health care, we are faced with similarly unprecedented challenges to identify and deliver the care most appropriate for individual needs and conditions. Care that is important is often not delivered. Care that is delivered is often not important. In part, this is due to our failure to apply the evidence we have about the medical care that is most effective—a failure related to shortfalls in provider knowledge and accountability, inadequate care coordination and support, lack of insurance, poorly aligned payment incentives, and misplaced patient expectations. Increasingly, it is also a result of our limited capacity for timely generation of evidence on the relative effectiveness, efficiency, and safety of available and emerging interventions. Improving the value of the return on our health care investment is a vital imperative that will require much greater capacity to evaluate high priority clinical interventions, stronger links between clinical research and practice, and reorientation of the incentives to apply new insights. We must quicken our efforts to position evidence development and application as natural outgrowths of clinical care—to foster health care that learns.

**Approach:** The IOM Roundtable on Value & Science-Driven Health Care serves as a forum to facilitate the collaborative assessment and action around issues central to achieving the vision and goal stated. The challenges are myriad and include issues that must be addressed to improve evidence development, evidence application, and the capacity to advance progress on both dimensions. To address these challenges, as leaders in their fields, Roundtable members work with their colleagues to identify the issues not being adequately addressed, the nature of the barriers and possible solutions, and the priorities for action, and marshal the resources of the sectors represented on the Roundtable to work for sustained public-private cooperation for change.

Activities include collaborative exploration of new and expedited approaches to assessing the effectiveness of diagnostic and treatment interventions, better use of the patient care experience to generate evidence on effectiveness and efficiency of care, identification of assessment priorities, and communication strategies to enhance provider and patient understanding and support for interventions proven to work best and deliver value in health care.

**Core concepts and principles:** For the purpose of the Roundtable activities, we define science-driven health care broadly to mean that, to the greatest extent possible, the decisions that shape the health and health care of Americans—by patients, providers, payers, and policymakers alike—will be grounded on a reliable evidence base, will account appropriately for individual variation in patient needs, and will support the generation of new insights on clinical effectiveness. Evidence is generally considered to be information from clinical experience that has met some established test of validity, and the appropriate standard is determined according to the requirements of the intervention and clinical circumstance. Processes that involve the development and use of evidence should be accessible and transparent to all stakeholders.

A common commitment to certain principles and priorities guides the activities of the Roundtable and its members, including the commitment to: the right health care for each person; putting the best evidence into practice; establishing the effectiveness, efficiency, and safety of medical care delivered; building constant measurement into our health care investments; the establishment of health care data as a public good; shared responsibility distributed equitably across stakeholders, both public and private; collaborative stakeholder involvement in priority setting; transparency in the execution of activities and reporting of results; and subjugation of individual political or stakeholder perspectives in favor of the common good.
Making a Difference ... clarifying concepts and opportunities

Learning Health System Expert Workshops

**Vision.**  The Learning Healthcare System explores the various dimensions—evidence development and standards, care culture, system design and operation, health data, clinical research, information technology, and value—on which emerging insights and scientific advances can be applied to produce a health care system that learns.

**Effectiveness Research.** Redesigning the Clinical Effectiveness Research Paradigm: Innovation and Practice-Based Approaches reviews the growing scope and scale of the need for clinical effectiveness research alternatives, the potential for emerging research and data networks, innovative study designs, new methods of analysis and modeling to speed the availability and applicability of new knowledge about effective care.

**Evidence.** Learning What Works: Infrastructure Required for Comparative Effectiveness Research assesses the capacity needed for new knowledge and evidence about what care works best for whom under different circumstances, and the implications of new research for evidence standards.

**Systems Engineering.** Engineering a Learning Health System: A Look at the Future reviews transferable lessons from the systems and operations engineering sciences applicable for engineering approaches to continuous feedback and improvement on quality, safety, knowledge, and value in health care.

**Cost & Outcomes.** The Healthcare Imperative: Lowering Costs and Improving Outcomes presents a 6-domain framework for understanding and measuring healthcare waste and excess costs: unnecessary services, inefficiently delivered services, excessive administrative costs, prices that are too high, missed prevention opportunities, and medical fraud.

**Data Quality.** Digital Data Improvement Priorities for Continuous Learning in Health and Health Care presents the current deficiencies in the reliability, availability, and usability of digital health data and considers strategies, priorities, and responsibilities to address such deficiencies in the pursuit of better care, improved health, and lower health care costs.

**Core Metrics.** Core Measurement Needs for Better Care, Better Health, and Lower Costs: Counting What Counts considers needs, approaches and metrics most important for tracing progress on care that is better quality, lower cost, and yields better health outcomes.

**Large Simple Trials.** Large Simple Trials and Knowledge Generation in a Learning Health System presents the pros and cons of the design characteristics of large simple trials (LSTs), explores the utility of LSTs on the basis of case studies of past successes, and considers the challenges and opportunities for accelerating the use of LSTs in the context of a US clinical trials enterprise.

**Care Complexity.** Evidence-Based Medicine and the Changing Nature of Health Care explores the forces, such as genetic insights and increasing care complexity, driving the need for better new medical evidence; the challenges for patients and providers; and the legislative and policy changes required for an evidence-based, learning system.

**The Data Utility.** Clinical Data as the Basic Staple of Health Learning: Creating and Protecting a Public Good identifies the transformational prospects and policy imperatives for large interoperable clinical and administrative datasets to allow real-time discovery on issues ranging from disease etiology to personalized diagnosis and treatment.

**Digital Platform.** Digital Infrastructure for the Learning Health System: The Foundation for Continuous Improvement in Health and Health Care explores the revolutionary potential for improving health and health care through information technology systems, and identifies necessary policy priorities.

**Patients & the Public.** Patients Charting the Course: Citizen Engagement and the Learning Health System assesses the strategies for improving health and lowering costs by engaging patient perspectives, needs, preferences, understanding, and support, and mobilizing them as agents of change.

**Value.** Value in Health Care: Accounting for Cost, Quality, Safety, Outcomes, and Innovation explores alternative perspectives and approaches for defining, estimating, and attaining value in health care, including case studies on value-enhancing strategies in development, and emphasizing the basic need for broad transparency as to cost, quality, and outcomes in care.

**Leadership.** Leadership Commitments to Improve Value in Healthcare: Finding Common Ground presents commitments from those in key health stakeholder sectors—patients, clinicians, health organizations, insurers, product manufacturers, employers, government, IT, and researchers—on priority actions they will undertake to transform quality and value in health care.

**Observational Studies.** Observational Studies in a Learning Health System reviews leading approaches to observational studies and how to chart the course for the use of this growing utility in the most responsible fashion possible.
### Policy Milestones*

- **Ongoing health transformation and ACA implementation**
- ABIM “Choosing Wisely” program (2012)
- NIH Health Care Systems Research Collaboratories (2012)
- Partnering with Patients established (2011)
- Patient-Centered Outcomes Research Institute (PCORI) launched (2011)
- ONC Federal HIT Strategic Plan and Meaningful Use Requirements (2011)
- CMS announces first Accountable Care Organization (ACO) grants (2011)
- National Public Health Improvement Initiative (2010)
- CMS Innovation Center (CMMI) established (2010)
- Affordable Care Act (ACA) passed (2010)
- VA BlueButton Initiative established (2010)
- HHS launches Data.gov (2009)
- American Recovery and Reinvestment Act (ARRA) passed (2009)
- AHRQ Effective Health Care Program established (2009)
- FDA Sentinel System initiative announced (2008)
- Joint Principles for the Patient-Centered Medical Home (2007)
- Triple Aim initiative announced by IHI (2007)
- NIH Clinical & Translational Science Award program (2006)
- DOD/AHRQ TeamSTEPPS initiative (2006)
- RWJF begins Aligning Forces for Quality (2006)
- Commonwealth Commission on High Performing Health Care (2005)
- NQF releases Serious Reportable Events (2002)

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### IOM Contributions**

- Ongoing work of IOM Innovation Collaboratives (2013 +...)
  - Value and continuous improvement
  - Science and continuous learning
  - Culture and public engagement
- IOM and NAE form Collaborative on Systems Approaches for Health (2012)
- Best Care at Lower Cost published (NAP, 2012)
- CEO Checklist for High-Value Health Care released (IOM, 2012)
- Core Principles & Values of Effective Team-Based Care released (IOM, 2012)
- Common Rule & Continuous Health Care Improvement released (IOM, 2011)
- Essential Health Benefits: Balancing Coverage & Cost published (NAP, 2011)
- Patient-Clinician Communication Principles and Expectations (IOM, 2011)
- IOM series on the digital infrastructure for the learning health system (2010)
- IOM forms Innovation Collaborative on Value Incentives (2010)
- Redesigning the Clinical Effectiveness Research Paradigm (NAP, 2010)
- IOM series on value and unnecessary costs in health care (2009)
- Initial National Priorities for Comparative Effectiveness Research (NAP, 2009)
- IOM forms Innovation Collaborative on Clinical Effectiveness Research (2009)
- Evidence-Based Medicine and Changing Health Care (NAP, 2008)
- IOM forms Innovation Collaborative on Digital Learning (2008)
- IOM forms Innovation Collaborative on Evidence Communication (2007)
- IOM begins initiative on the Continuous Learning Health Care System (2007)
- Crossing the Quality Chasm (NAP, 2001)
- To Err is Human (NAP, 2000)

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*Examples

** Roundtable and Roundtable-related IOM activities
Making a Difference ... by mapping strategies
IOM Roundtable Vision & Strategy

Science-Driven Health Care

VALUE
- Transparency & continuous improvement

SCIENCE
- Evidence & continuous learning

CULTURE
- People & continuous engagement

Collaborative Action

Best Practices
- Innovation Collaborative

Evidence Communication
- Innovation Collaborative

Digital Learning
- Collaborative

Clinical Effectiveness
- Research Innovation Collaborative

Value Incentives
- Learning Collaborative

Systems Approaches for Health Innovation Collaborative

Issue Assessments

Foundation Stones for Transformation

Care Innovation

Caregiver Culture

Patient Engagement

Evidence Standards

Financial Incentives

Information Technology

Clinical Data

Clinical Research

Vision

“We seek the development of a continuously learning health system in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience.” (Roundtable Charter)

Motivating Challenges

“We care that is important is often not delivered. Care that is delivered is often not important. Improving the return on our healthcare investment is a vital imperative that will require quickening our efforts to position evidence development and application as natural outgrowths of clinical care—to foster health care that learns.” (Roundtable Charter)
Making a Difference ... in stewarding action

IOM Innovation Collaborative Projects

**VALUE**
Continuous improvement through transparency on outcomes and cost

- **2014 in progress**
  - Pilot analytic project identifying and assessing cost & price transparency
  - Strategy framework for health care administrative simplification
  - An expert vision paper on core expectations for accountable care organizations
  - Additional NGA-IOM Governors’ retreats for value innovation
  - Organization of network for systems engineering field-building
  - Strategy paper on embedding systems engineering in health professions education

- **2013 completed**
  - NGA-IOM Governor’s retreat in Wisconsin (Oct 2013)
  - IOM paper: CEO checklist for high value care (Jan 2013 dissemination)
  - New Collaborative: IOM-NAE Systems Approaches for Health (Jan 2013)
  - Bringing a systems approach to health (Jul 2013)
  - Evaluation of health care pilots for scale-up (Apr 2013)

**SCIENCE**
Continuous learning through real-time evidence development

- **2014 in progress**
  - An expert vision paper on the future of clinical research
  - CEO & executive leaders on convening continuous learning
  - A case study of a test-bed for real-time digitally-facilitated research
  - An expert vision paper on academic health center leadership for continuous learning

- **2013 completed**
  - Workshop: Large simple trials for clinical research (Sep 2013)
  - Workshop: Observational studies in CER (Sep 2013)
  - IOM paper: The Common Rule and continuous learning (Aug 2013)
  - Workshop: Data harmonization across networks (Oct 2013)
  - IOM paper: Return on information systems investments (Jan 2014)
  - Workshop: Improving data quality (Feb 2013)
  - IOM paper: Making the case for clinical data use (Apr 2013)

**CULTURE**
Continuous pursuit of services most meaningful to people and their families

- **2014 in progress**
  - Formalize national network of patient-family advisory leadership
  - Vision and strategy piece on practice models for clinician-patient partnership
  - Build the inventory of case studies on clinical data & care improvement
  - An expert vision paper and meeting on decision-making tool validation

- **2013 completed**
  - Workshop/Video: Partnering with Patients (Aug 2013)
  - IOM paper: Team-based care principles and values (Jan 2013)
  - Patient Interviews: Patients’ roles as team members (Nov 2013)
  - Survey: Patients views on clinical data sharing (Jan 2014)
  - Meeting: Patient and family leader partnership (Nov 2013)

**CROSS-CUTTING: Tools advancing science, value and culture**

- **2014 In Progress**
  - Completion and release: Core Metrics for Better Health
  - Update Report: 2014 Learning Health System Progress

- **2013**
  - IOM study dissemination: Best Care at Lower Cost
  - IOM study initiated: Core Metrics for Better Health
Roundtable-generated publications

Books

Best Care at Lower Cost (National Academies Press) 2012.*
Digital Data Improvement Priorities for Continuous Learning in Health and Health Care (National Academies Press), 2012.
Patients Charting the Course (National Academies Press), 2011.
Redesigning the Clinical Effectiveness Research Paradigm (National Academies Press), 2010.
Value in Health Care (National Academies Press), 2009.
The Learning Healthcare System, 2007

Discussion Papers

Peter Hussey et al. From Pilots to Practice: Speeding the Movement of Successful Pilots to Effective Practice, 2013.
Sally Okun et al. Making the Case for Continuous Learning from Routinely Collected Data, 2013.
Pamela Mitchell et al. Core Principles & Values of Effective Team-Based Health Care, 2012.
Margaret O’Kane et al. Demanding Value from Out Health Care, 2012.

Journal Articles


Commentaries

2013
Scott Sorots (BCBS), Value-Based Care: Learnings to Shape the Future of Health Care.
Mary Naylor (UPenn), Promoting Rigorous Interdisciplinary Research and Building an Evidence Base to Inform Health Care Learning, Practice, and Policy.
Risa Lavizzo-Mourey (RWJF), Treating a Chronic Condition: Efforts to Reduce Avoidable Readmissions at U.S. Hospitals
George Thibault (Macy), Forging Collaboration Within Academia and Between Academia and Health Care Delivery Organizations
Karen Daley (ANA), A Continuously Learning Health System in the United States
Leah Binder (Leapfrog Group), A Few Nudges for the Choosing Wisely Campaign
Christine Cassel (ABIM), Choosing Wisely: Grounded in Physician Professionalism
Richard Platt (Harvard University) A Win for the Learning Health System
Toby Cosgrove (Cleveland Clinic), Transparency: A Patient’s Right to Know
Davis Kirch et al. (AAMC), Achieving Clinical Quality and Patient Safety
Joseph Fifer (HFMA), Creating High-Value Health Care Consumer
Scott Armstrong et al. (Group Health), Creating Culture to Promote Shared Decision Making at Group Health
Bruce Siegel (NAPH), Improving Quality and Patient Safety for Vulnerable Populations
Aaron Wernham (Pew), Ounces of Prevention
2012
Martin Kohn (IBM), Analytics in Support of Health Care Transformation
Georges Benjamin (APHIA), Transforming the Public Health System: What Are We Learning?
Gary Kaplan (Virginia Mason), The Lean Approach to Health Care: Safety, Quality, and Cost
Patrick Conway (CMS), Rapid Evidence Adoption to Improve Health Outcomes
Glen Steele et al. (Geisinger), Improved Patient Outcomes in 5 Years
William H. Frist (Vanderbilt), Personalized Medicine: Innovation to Clinical Execution
Rita Redberg (UCSF), Left Is More
Denis Cortese et al. (ASU), The First Step Toward Value-Based Health Care
Carolyn Clancy (AHRQ), More Hospitals Begin to Apply Lessons from Seven Pilot\nty Program
Helen Darling (NBGH), Improving ROI in Health Care by Reducing Overuse and Mistake
Patricia A. Gabow (Denver Health), The Promise of Lean Process
John Halamka (Harvard), Our Learning Health Care System Journey
Janet M. Corrigan et al. (NQF), A Glide Path to High-Value Health Care
Farzad Mostashari (ONC), Applying Innovation to the Work of Government
Paul Grundy (IBM), Bringing Knowledge Home
William Bornstein et al. (Emory), Care Transformation at Emory Hospital
Steven A. Schroeder (UCSF), Trying to Practice What I Preached
David Feinberg et al. (UCLA), Healing Humankind One Patient at a Time
Bruce Bodaken (Blue Shield of California ), A Path to Accountable Care
Rich Umbdenstock (AHA), Continuous Adoption of Best Practices: The New Normal
Robert A. Petzel (Veterans Affairs), Surgical Complexity Initiative
Tom Daschle (DLA Piper), Controlling Costs: A Distinction and Our Choice
Mark Chassin (Joint Commission), Taking Aim at the Right Targets
George Halvorson (Kaiser Permanente), Walking Our Way to Better Health
Donna E. Shalala (University of Miami), Free Employee Flu Shots Pay Prevention Dividends
Sheri McCoy (Avon, formerly J&J), Innovating to Improve Care and Manage Costs
Leonard D. Schaeffer et al. (USC), Benefit Design Should Reflect Value

Roundtable-generated digital footprint

Website views (2012): IOM Roundtable (33,000); Best Care at Lower Cost (129,000)
Document downloads (2012): Roundtable Books (30,724); Best Care at Lower Cost (17,212 as of 2012)*

*including NAS single-day record and more read report last quarter 2012
Making a Difference ... by engaging broadly

Participant community*

AAMC
AARP
AcademyHealth
Aetna
Agency for Healthcare Research and Quality
Albert Einstein College of Medicine
Alcoa
Allscripts
Altarum Institute
America’s Health Insurance Plans
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 Physician Assistants
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Board of Internal Medicine
American College of Cardiology
American College of Clinical Pharmacy
American College of Nurse-Midwives
American College of Obstetrics and Gynecology
American College of Physicians
American College of Preventive Medicine
American College of Surgeons
American Dental Association
American Diabetes Association
American Enterprise Institute
American Geriatrics Society
American Health Quality Association
American Heart Association
American Hospital Association
American Institutes for Research
American Medical Association
American Medical Group Association, Inc.
American Medical Informatics Association
American Nurses Association
American Osteopathic Association
American Psychiatric Association
American Society of Clinical Oncology
American Thoracic Society
American Urological Association
Amgen, Inc.
Anthem
APCO Worldwide
Applied Physics Laboratory
Aptiv Solutions
Argonne National Laboratory
Arizona State University
Arnold & Porter, LLP
Arthritis Foundation
Ascension Health
Association for Nursing Professional Development
Association of Academic Health Centers
Association of Clinical Research Organizations
Association of periOperative Registered Nurses
AstraZeneca
AthenaHealth
Bates White
BayCare College
Belk Israel Deaconess Medical Center
Bipartisan Policy Center
BJCCareHealth
Blue Cross and Blue Shield State Associations
Blue Shield of California
Blue Shield of California Foundation
Bloor Allen Hamilton Inc.
Boston Consulting Group
Boston Scientific Corporation
Brandeis University
Bridges to Excellence
Brigham and Women’s Hospital
Brook+Myers Squibb Company
British Medical Journal
Broad Institute
Brookings Institution
Brown University
Burroughs Wellcome Fund
California Health and Human Services
California HealthCare Foundation
California Technology Assessment Forum
Cancer Commons
CareEvolution
Carnegie Mellon University
C-Change
Cedars-Sinai Medical Center
Center for Advancing Health
Center for Connected Health
Center for Democracy & Technology
Center for Healthcare Decisions
Center for Healthcare Quality & Payment Reform
Center for IT Leadership
Center for Medical Technology Policy
Center for Outcomes Research and Evaluation
Center for Studying Health System Change
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
Centers for Disease Control & Prevention
Charina Endowment Fund
Childbirth Connection
Children’s Hospitals (various, nationwide)
CIGNA
Citigroup
City University of New York
Cleveland Clinic
Clinical Data Interchange Standards Consortium
Cobb Institute
Cochrane Collaboration
Columbia University
Commonwealth Fund
Community Advocates
Community Care of North Carolina
Community Health Center, Inc.
Congressional Budget Office
Consumers Union
Cornell University
Corporation for National Research Initiatives
Council for Affordable Quality Healthcare
Council of Accountable Practice
Council of Medical Specialty Societies
Convivend
Critical Path Institute
Dartmouth-Hitchcock Health System
Deloitte Consulting
Denver Health & Hospital Authority
Department of Defense
Department of Health and Human Services
Department of Veterans Affairs
DMIA: The Care Continuum Alliance
Dossa Consortium
Duke University
ECRI Institute
eHealth Initiative
Eli Lilly and Company
Emory University
 Epic Systems, Inc.
Food and Drug Administration
Geisinger Health System
General Electric Company
George Washington University
Georgetown University
GlaxoSmithKline
Google, Inc.
Gordon and Betty Moore Foundation
Government Accountability Office
Group Health Cooperative
Harvard University
Hastings Center
Health 2.0
Health Affairs
Health Evolution Partners
Health Privacy Project
Health Resources and Services Administration
Healthcare Financial Management Association
Healthcare Leadership Council
HealthPartners
Healthwise
Henry J. Kaiser Family Foundation
Hospital Corporation of America, Inc.
IBM
Indian Health Service
Informed Medical Decisions Foundation
Institute for Clinical Systems Improvement
Institute for Healthcare Improvement
Institute for Healthcare Policy
Intel Corporation
Intermountain Healthcare
Johnson & Johnson
Joint Commission
Journal of the American Medical Association
Kaiser Permanente
Kanter Family Foundation
Leapfrog Group
Lewin Group
Marshfield Clinic
Massachusetts Group Insurance Commission
Massachusetts Institute of Technology
Massachusetts Medicaid Program
Mayo Clinic
McKesson Corporation
McKinsey & Co.
Medco Health Solutions, Inc.
Medicare Payment Advisory Commission
MedStar Health
Medtronic, Inc.
Memorial Sloan-Kettering Cancer Center
Merck Research Laboratories
Microsoft
Milbank Memorial Fund
MITRE Corporation
National Academy for State Health Policy
National Association of Insurance Commissioners
National Association of Medicaid Directors
National Business Group on Health
National Committee for Quality Assurance
National eHealth Collaborative
National Governor’s Association
National Health Policy Forum
National Institutes of Health
National Partnership for Women & Families
National Patient Safety Foundation
National Quality Forum
National Science Foundation
Nemours
New England Journal of Medicine
New York Academy of Medicine
Northwestern University
Novo Nordisk Inc.
Observational Medical Outcomes Partnership
Office of the National Coordinator for Health Information Technology
Ohio State University
Palo Alto Medical Foundation
Partners HealthCare
Patient-Centered Outcomes Research Institute
PatientsLikeMe
Permanente Federation
Peter G. Peterson Foundation
Pfizer, Inc.
Premier, Inc.
Public Health Informatics Institute
Quintiles
RAND Corporation
Regenstrief Institute, Inc.
ResearchAmerica
Rhode Island Quality Institute
Robert Wood Johnson Foundation
RTI International
Sanofi US
Service Employees International Union
Siemens Healthcare
Society of General Internal Medicine
Society of Thoracic Surgeons
Stanford University
Stryker
ThedaCare Center for Healthcare Value
United Biosource Corporation
UCLA
UnitedHealth Group
UnitedHealth Foundation
University of Arkansas
University of California (Irvine)
University of California (San Francisco)
University of Chicago
University of Iowa
University of Miami
University of Michigan
University of Mississippi
University of Missouri
University of Pennsylvania
Urban Institute
U.S. Preventive Services Task Force
ValueCare
Vanderbilt University
Vermont Blueprint for Health
Virginia Mason Health System
Walgreens Co.
WebMD
WellPoint, Inc.
Witney, Inc.
White House Office of Science & Technology Policy
Yale University

* Examples of organizations lending expertise to the work through active participant involvement in the Roundtable and its Innovation Collaboratives, including as members, planning committee members, speakers, authors, chairs, reviewers, and project program staff. A complete, ongoing list is available here: iom.edu/vsrt_participantcommunity.
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