

# Components of a Vision for NCVHS

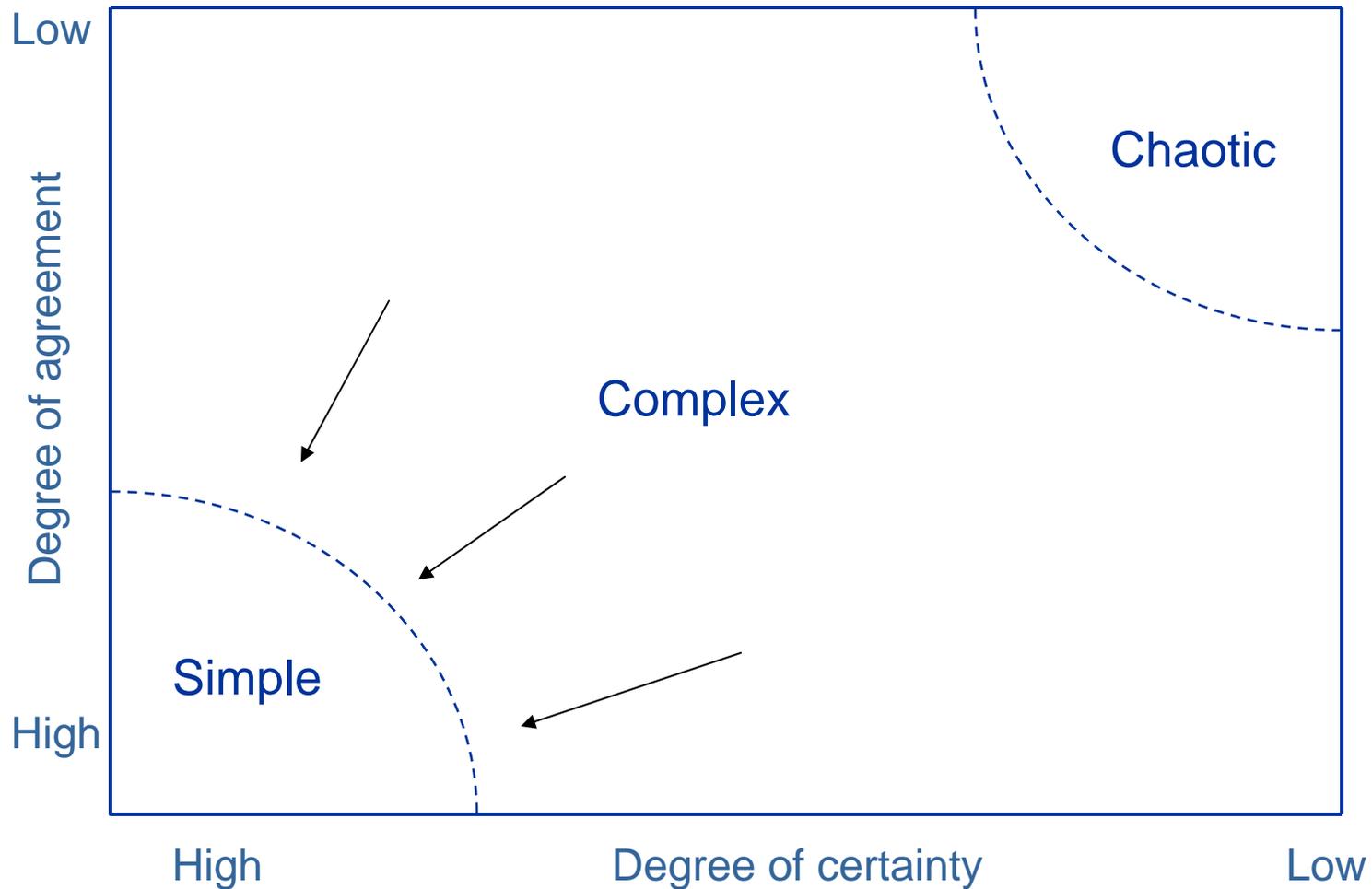
## Quality meets the NHII

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# Life in the Complexity Zone



# Leading Change in Complex Adaptive Systems

- Set simple rules & minimum specifications
- Create conditions for system to evolve over time
- Create space for creativity & local actions within the system
- This is “Self-organization.”



• Complex Adaptive Systems Theory

# Six Rules for the Health Care Delivery System

- Safe
- Effective
- Person/Patient-Centered
- Timely
- Efficient
- Equitable

- *IOM: Crossing the Quality Chasm, 2001*



“I think I know the problem,  
please help me manage it\*.”

‘Just-in-time’  
knowledge service  
with strong decision support

Me\* = patient, non-professional caregiver, health professional,  
informativist, policy wonk, payer, business leader, etc.



# Evidence-based Adaptive Decision-support Systems

- Evidence-based
  - Locally generated & from literature
- Decision-support systems/templates with ‘just-in-time’ knowledge service at ‘point of care’
- Adaptive – continuously studied & improved against care delivered & patient’s outcomes
  - Sim, Gorman, Greenes et al, JAMIA 2001

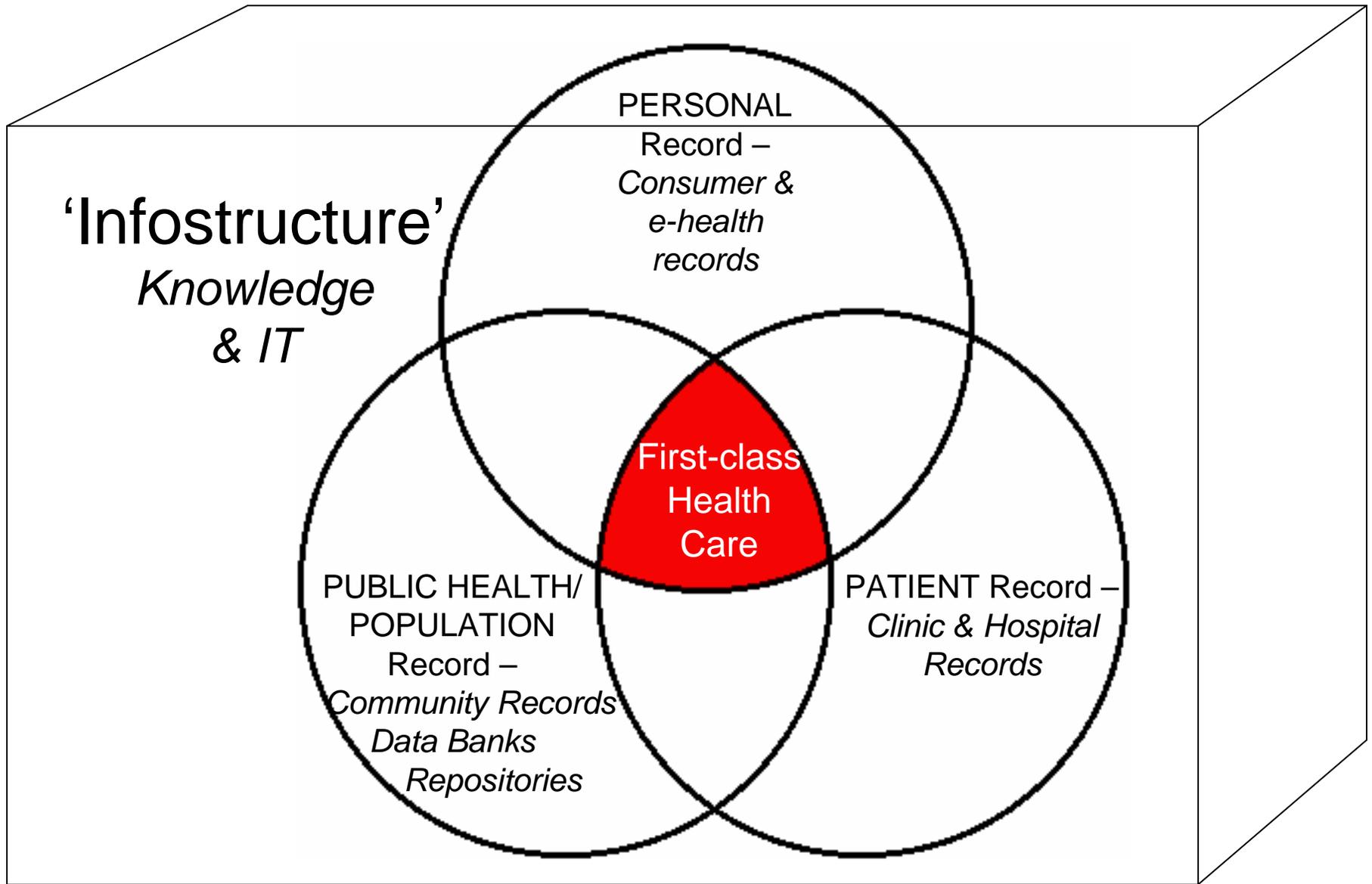


- Examples: IHC Utah
  - No. New England CV Group
  - Others

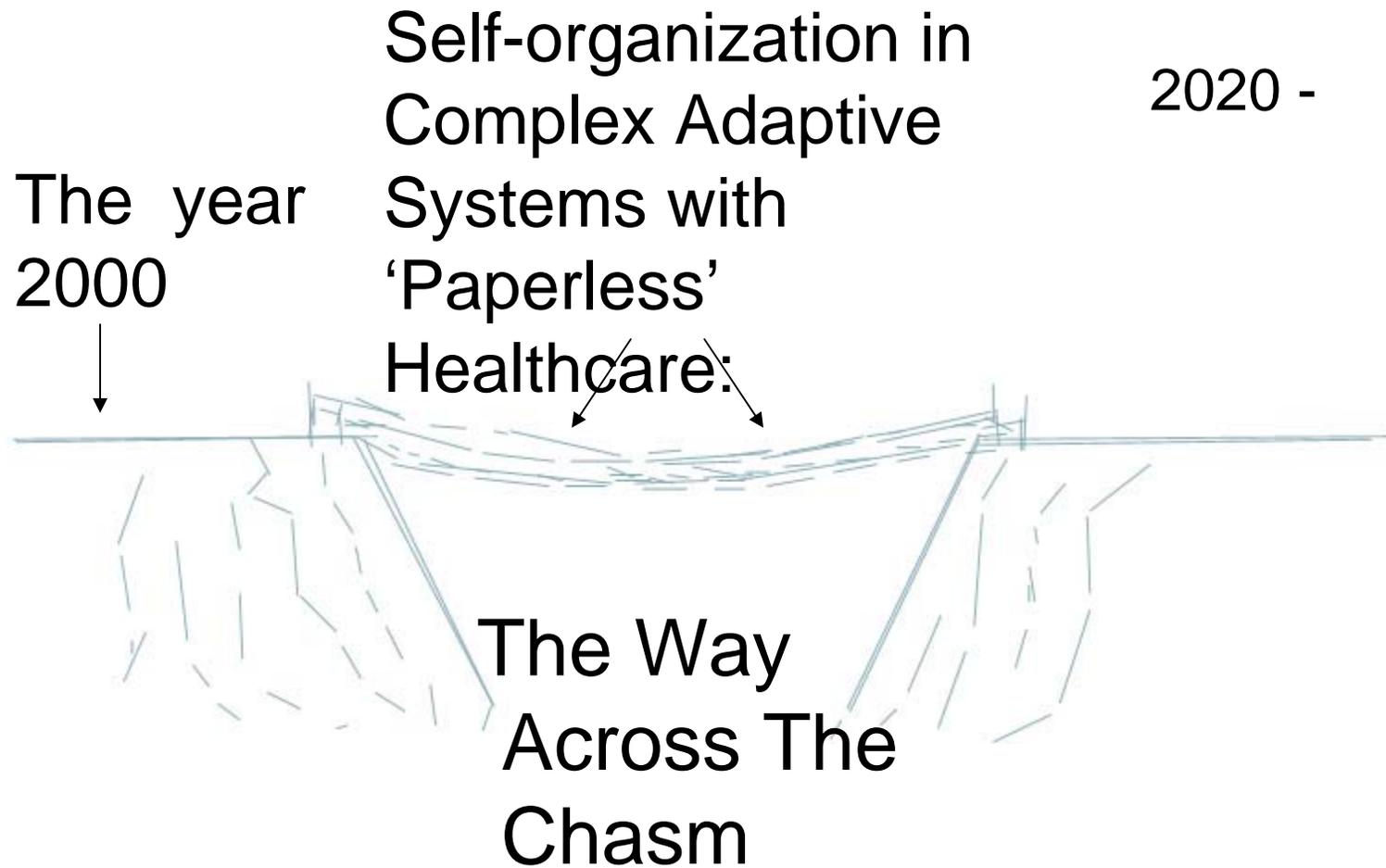
# End-to-end Process Redesign: “Industrial Strength Applets”

- For Citizens, Patients & their Caregivers
- For Patient Care Professionals
- For Public Health Professionals





**AMA** Interlocking computer-based health records (C3PRs)  
supported by knowledge & IT infrastructure – The E H R  
NCVHS NHII Working Group



# Values Expressed in Policy & Strategy

Healthy Individuals  
Healthy Communities

Support personal, community &  
professional health decisions  
using the best available  
knowledge & support.

