

Institute of Medicine Reports: Catalyzing Change

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Overview

- Background on the IOM and the study process
- Overview of the study on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health
- Examples of game changing IOM Reports



The Institute of Medicine serves as adviser to the nation to improve health.

- The IOM is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.
- Established in 1970, the IOM is the health arm of the National Academy of Sciences, which was chartered under President Abraham Lincoln in 1863.

U.S. National Academy of Sciences Charter (1863)

“And be it further enacted, That...the Academy shall, whenever called upon by any department of the Government, **investigate, examine, experiment, and report upon** any subject of science or art, the actual expense of such investigations, examinations, experiments, and **reports to be paid from [funds] which may be made for the purpose.**”

The Institute of Medicine asks and answers the nation's most pressing questions about health and health care, using a variety of activities.

- Consensus Studies
- Standing Committees
- Forums and Roundtables
- Workshops
- Symposia and lectures

IOM Consensus Studies...

- Bring new science to longstanding problems
 - Tobacco control
- Confront controversial questions of science and policy
 - Vaccine safety
- Illuminate topics that demand notice
 - End of life care



Consensus Studies

Study Process:

- Clearly define the Statement of Task or “committee charge”
- Identify and convene an interdisciplinary group of experts
- Assess COI and balance of perspectives of committee members
- Committee members identify, review, and assess evidence-base
- Develop recommendations based in evidence
- Achieve consensus
- Report is subjected to a rigorous report review process
- Reports are released to the public

The Study Process





Public Health Approaches to Reduce Vision Impairment and Promote Eye Health

Statement of Task: The consensus study will examine the core principles and public health strategies to reduce visual impairment and promote eye health in the United States.

- Characterize the public health burden
- Discuss innovative models of care, technologies, and barriers
- Examine research on public health interventions
- Explore evaluation and implementation strategies for evidence-based health promotion interventions
- Identify short and long-term strategies to promote vision and eye health as public health priority

Sponsoring Organizations

- American Academy of Ophthalmology
- American Academy of Optometry
- American Optometric Association
- Association for Research in Vision and Ophthalmology
- Centers for Disease Control and Prevention
- National Alliance for Eye and Vision Research
- National Eye Institute (NIH)
- National Center for Children's Vision and Eye Health
- Prevent Blindness
- Research to Prevent Blindness



Committee Membership

- Steven Teutsch (chair), University of Southern California
- Sandra Block, Illinois College of Optometry
- Anne Coleman, University of California, Los Angeles
- Kevin Frick, Johns Hopkins University
- Karen Glanz, University of Pennsylvania
- Lori Grover, Pennsylvania College of Optometry at Salus University
- Eve Higginbotham, University of Pennsylvania
- Peter D. Jacobson, University of Michigan
- Edwin Marshall, Indiana University
- Joyal Mulheron, Sagacity Group, LLC
- Sharon Terry, Genetic Alliance
- Rohit Varma, University of Southern California Eye Institute
- Heather Whitson, Duke University Medical Center

Anticipated Schedule and Release Date

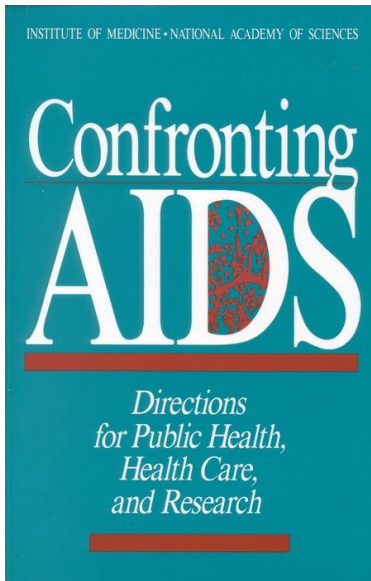
- Four committee meetings
 - May 19-20, 2015
 - July 28-29, 2015
 - October 2015
 - Early 2016
- Report released Summer 2016

<http://www.iom.edu/Activities/PublicHealth/ReduceVisionImpairment.aspx>

IOM Reports Drive Change

- AIDS
- Medical Errors
- Hepatitis
- Gun Violence
- End of life care

Confronting AIDS



In the 1980s, when public officials were ignoring the spread of HIV/AIDS and many Americans lacked accurate information about the disease, the IOM broke the silence with **Confronting AIDS: Directions for Public Health, Health Care, and Research**.

1986 U.S. YEAR-END STATISTICS
28,712 cases of AIDS reported
24,559 deaths

Confronting AIDS

- The report detailed strategies for curbing the spread of infection, and for accelerating biomedical and social science research into the causes and possible cures for AIDS.
- In March 1987, the IOM/NAS established the AIDS Activities Oversight Committee to monitor and assess the nation's progress against AIDS and to coordinate the Academy's growing program of AIDS-related activities.
- Subsequent studies, conferences, and workshops were held in the areas of:
 - drug and vaccine development,
 - modeling the course of the epidemic,
 - research in the behavioral and social sciences,
 - equitable financing of care,
 - pediatric AIDS,
 - early cognitive impairment in HIV infection,
 - IV drug abuse and needle exchange

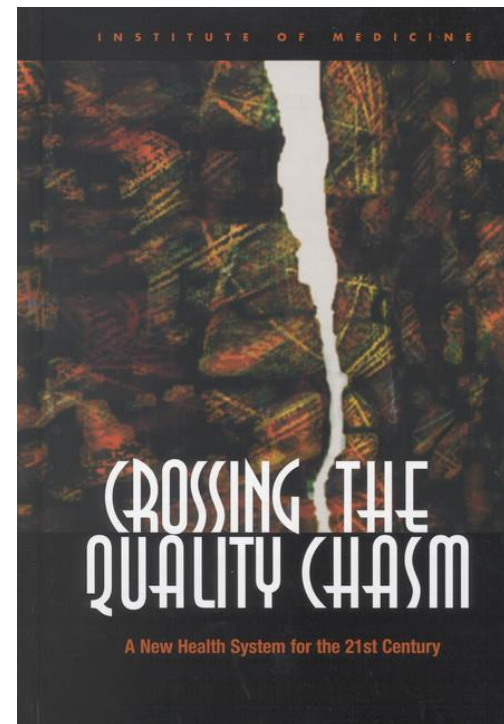
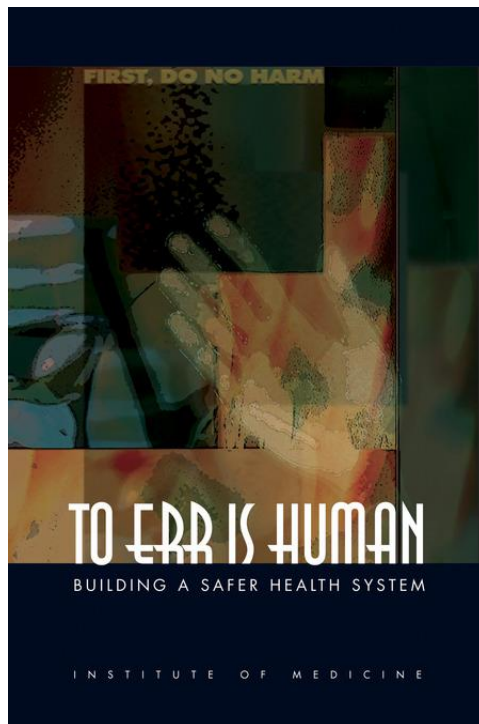
Confronting AIDS

The report was described by Dr. Fauci in a tribute to the then IOM President, Sam Thier as:

“The first comprehensive and seminal public health document on the HIV pandemic. Upon reading that treatise today, it is clear that it has served as the blueprint for the nation’s response to the AIDS pandemic involving the mobilization of government resources, the development of a research agenda, the importance of an aggressive prevention agenda, the care of the HIV-infected individual, and the global implications of the pandemic”

To Err is Human

Breaking the Silence on Medical Errors and Health Care Quality



To Err is Human Building a Safer Health System

- Report released in November 1999, conveyed the message that systems failures cause most injuries—systems need redesign
- Congressional hearing 2 weeks after release
- In December 1999, President Clinton signs into law the Healthcare Research and Quality Act. AHRQ becomes lead agency supporting Federal research in efforts to reduce medical errors

To Err is Human: Building a Safer Health System

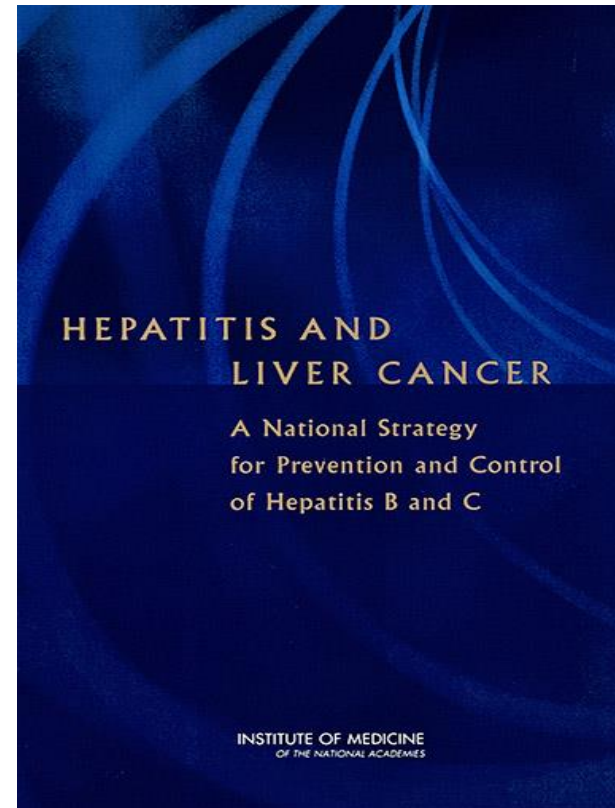
- Report received extensive coverage in the media—public awareness skyrockets
- Galvanized a dramatically expanded level of conversation and concern about patient injury in health care
- Changed the way health care professionals think about medical errors
- Enlisted a broad array of stakeholders to address the problem: Gov, JACHO, NQF, CDC, purchasers and payers, Leapfrog Group, providers

To Err is Human: Building a Safer Health System

- Established a national focus to create leadership, research, tools and protocols to enhance the knowledge base about safety
- Spurred the development of reporting systems—Patient Safety and Quality Improvement Act and Patient Safety Organizations
- Catalyzed the implementation of safety systems in health care organizations to ensure safe practices at the delivery level

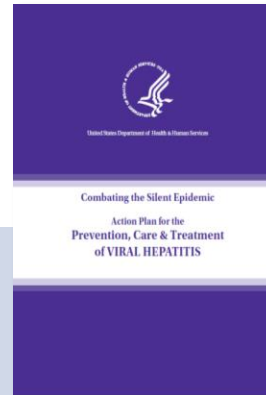
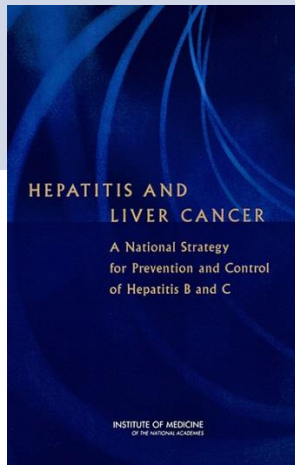
Institute of Medicine : Hepatitis and Liver Cancer A National Strategy for Prevention and Control of Hepatitis B and C 2010

- Determine ways to reduce new HBV and HCV infections and related morbidity and mortality
- Assess current prevention and control activities and identify priorities for research, policy and action
- Highlight opportunities for coordination across government and potential public-private collaborations



IOM Report Stimulated Policy Development

**Institute of Medicine
Hepatitis and Liver Cancer: A
National Strategy for
Prevention and Control of
Hepatitis B and C**



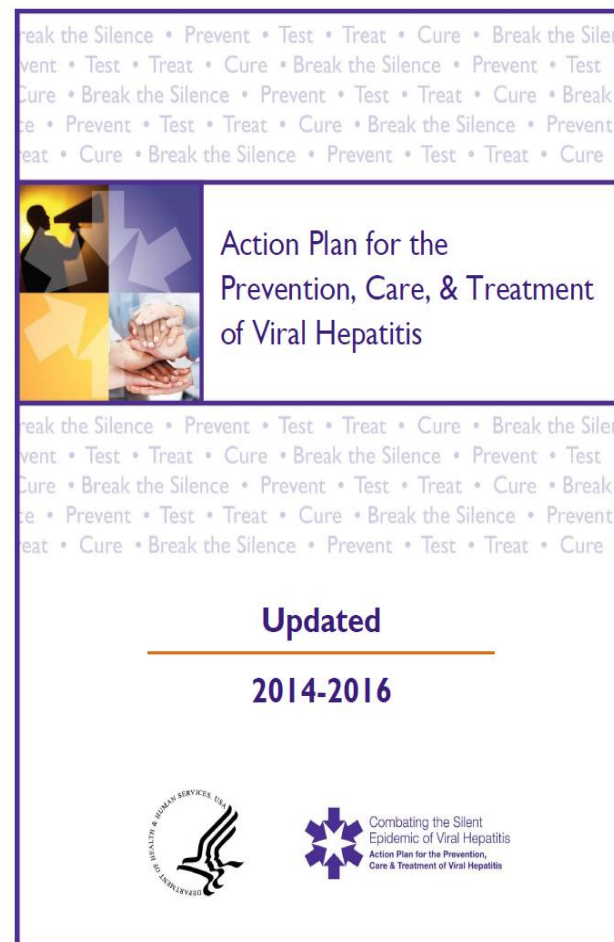
**A Comprehensive Plan for Viral
Hepatitis Prevention, Care, and
Treatment
United States**

**World Health Assembly Resolution 63.18:
Comprehensive Hepatitis Prevention and
Control- 2010**



United States Viral Hepatitis Action Plan 2014-2016

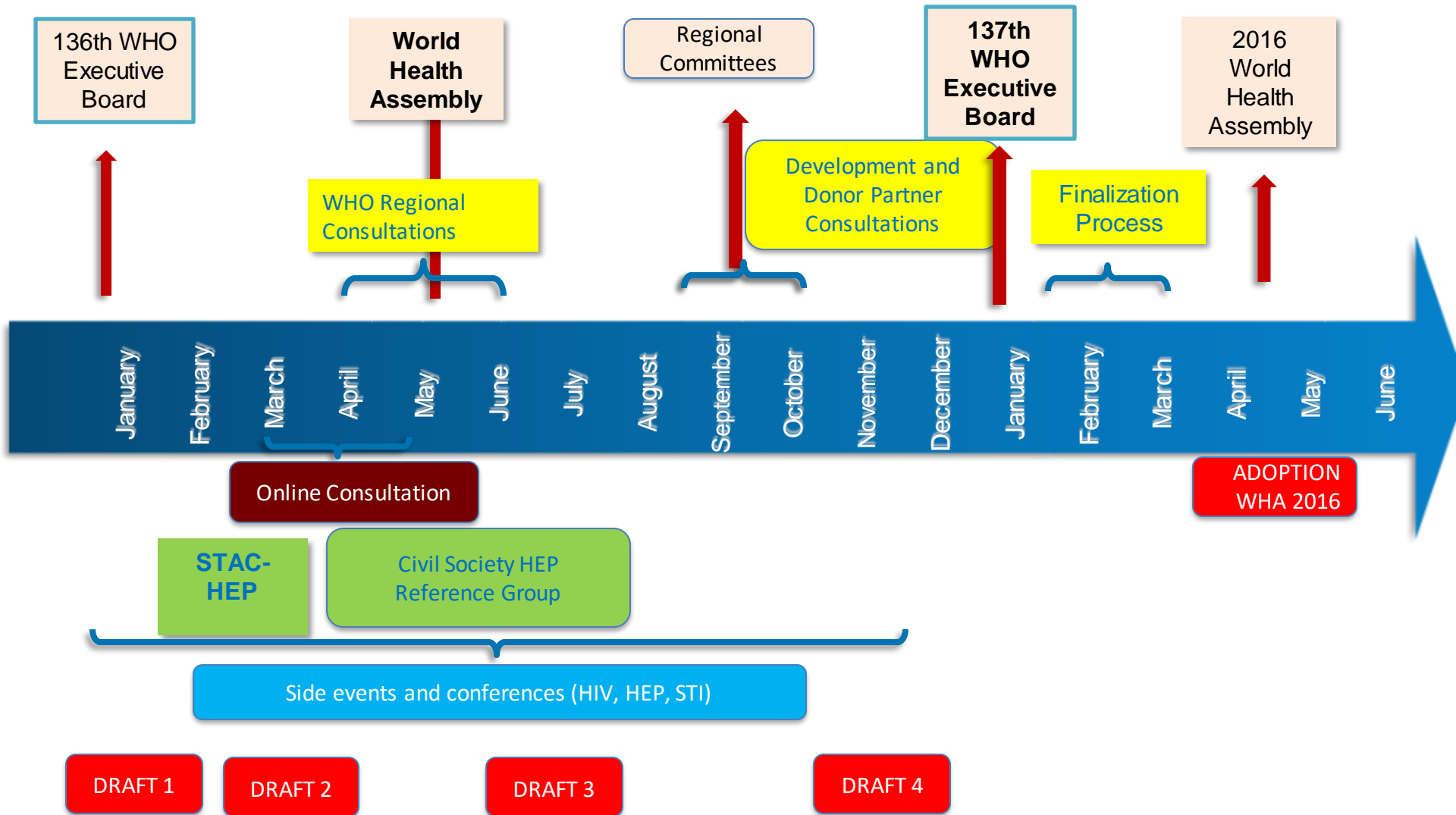
- Educate providers and communities to reduce health disparities
- Improve testing, care and treatment
- Strengthen surveillance
- Eliminate transmission of vaccine-preventable hepatitis
- Reduce viral hepatitis caused by drug-use behaviors
- Protect patients and workers from healthcare-associated hepatitis



World Health Assembly Hepatitis Resolution (WHA67.6): a powerful tool for action

- Unanimously adopted with 49 countries speaking in favor
- Broad set of recommended actions including:
 - Support development of national viral hepatitis strategies
 - Enhance strategic information
 - Promote access to prevention and treatment services
 - Assess feasibility of elimination of HBV and HCV

Hepatitis Strategy Development Timeline



Hepatitis and Liver Cancer A National Strategy for Prevention and Control of Hepatitis B and C

Next steps:

Potential IOM Study to Set the Nation on a Path Toward Elimination of Hepatitis C

Gun Violence

- Highly publicized, tragic mass shootings in Newtown, Connecticut; Aurora, Colorado; Oak Creek, Wisconsin; and Tucson, Arizona, have sharpened the public's interest in protecting children and communities from the effects of firearm violence.

Gun Violence

- **2013 Executive Orders on Firearm Violence**
 - In January 2013, President Obama issued 23 Executive Orders related to firearm violence
 - CDC directed to research the causes and prevention of firearm violence
 - CDC and CDC Foundation turn to the IOM and NRC to convene a committee to recommend a research agenda

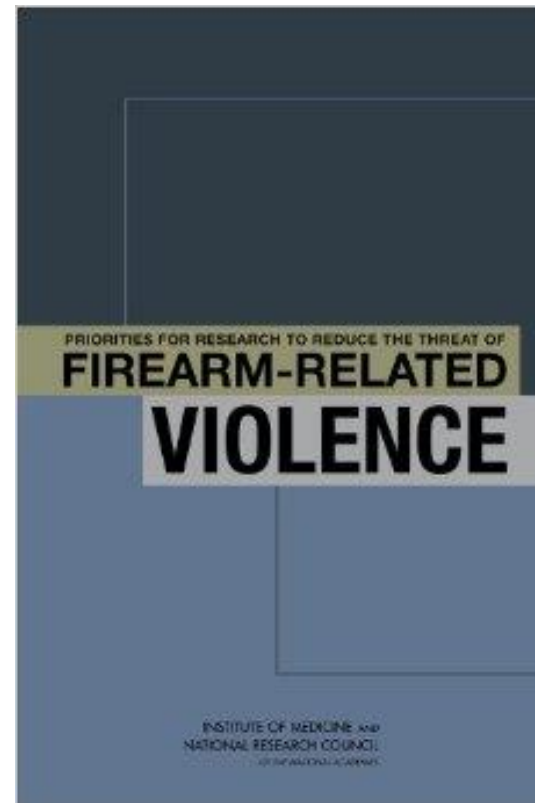
Priorities for a Public Health Research Agenda to Reduce the Threat of Firearm-Related Violence

Abbreviated Statement of Task

- The committee will develop a proposed public health research agenda to improve knowledge of the causes of gun violence, the interventions that prevent gun violence, and strategies to minimize the public health burden of gun violence.
- The proposed agenda should identify the most critical research questions that can be answered in the short-term (particularly within a three-year time frame) and should focus on the following categories:
 - Characteristics of Gun Violence
 - Interventions and Strategies
 - Gun Safety Technology
 - Video Games and Other Media
 - Risk and Protective Factors
- The areas of public health surveillance and behavioral/mental health should not be a focus of the committee's work. Additionally, questions related to clinical practice and treatment should not be a focus.

Examples of Identified Research Priorities

- Characterize the scope of, and motivations for, gun acquisition, ownership, and use, and how are they distributed across subpopulations.
- Characterize differences in nonfatal and fatal gun use across the U.S.
- Improve understanding of risk factors that influence the probability of firearm violence in specific high-risk physical locations.
- Improve understanding of whether interventions intended to diminish the illegal carrying of firearms reduce firearm violence



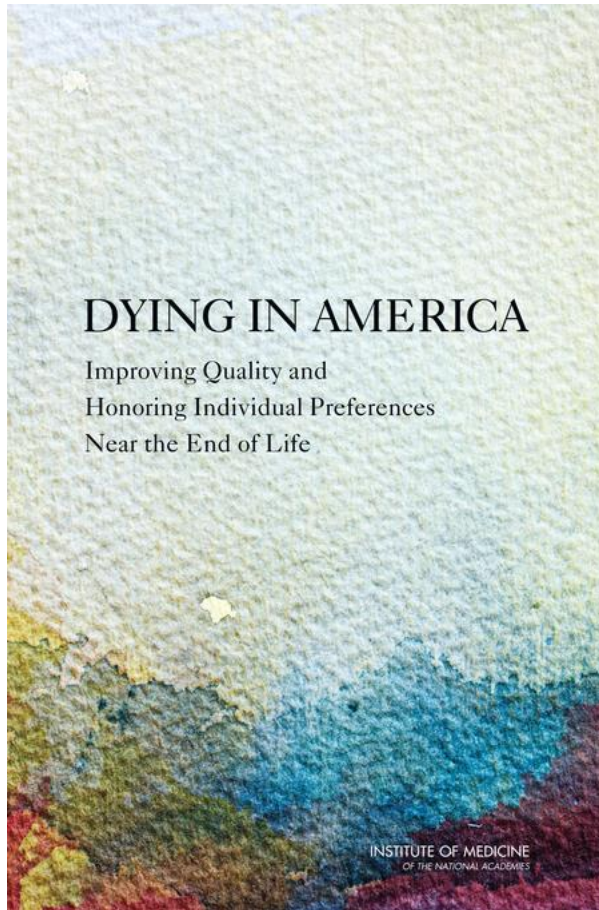
Examples of Identified Research Priorities

- Determine the degree to which various childhood education or prevention programs reduce firearm violence during childhood and later in life
- Improve understanding of whether reducing criminal access to legally purchased guns reduces firearm violence
- Identify the effects of different technological approaches to reduce firearm-related injury and death
- Examine past consumer experiences with accepting safety technologies to inform the development and uptake of new gun safety technologies

Impact of Gun Violence Prevention Report

- On June 2, 2015, U.S. Representative Carolyn Maloney introduced legislation that would authorize \$10 million in annual CDC funding through FY 2021 “to allow the CDC to implement the research agenda outlined in a 2013 report issued by the Institute of Medicine that identified areas in need of study to better understand the underlying causes of gun violence and develop strategies for prevention.”

Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life



Context:

- Aging Population
- Controversial topic--specter of death panels—A 2011 poll of US adults found that 23% believed the ACA gave government the power to make end-of-life decisions on behalf of seniors, and 36 % unsure
- Need for candid conversations about end of life directives
- A mismatch between the services patients and families need most and the services they can readily obtain

Dying in America

Recommendations call for:

- Payers to cover the provision of comprehensive care for individuals with advanced serious illness who are nearing the end of life.
- Development of quality standards for clinician–patient communication and advance care planning that are measurable, actionable, and evidence based.
- Establishment of the appropriate training, certification, and/or licensure requirements to strengthen the palliative care knowledge and skills of all clinicians who care for individuals with advanced serious illness who are nearing the end of life.
- The integration of the financing of medical and social services to support the provision of quality care consistent with the values, goals, and informed preferences of people with advanced serious illness nearing the end of life.

Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life

A major dissemination workshop was held for critical stakeholders to discuss report recommendations and to catalyze action on the recommendations.

To provide opportunities for organizations to discuss and share plans of action related to recommendations in the [Dying in America](#) report, the IOM is collecting statements describing organizational goals or commitments to action in one or more of the recommendation areas.

- 40 organizations have submitted statements in support of report recommendations



Catalyzing Change

IOM reports provide the evidence that can catalyze change

- Other necessary ingredients
 - Potential receptor sites that can implement recommendations
 - Congress
 - Government agencies at all levels
 - NGA's
 - Professional associations
 - Advocacy groups
 - CBOs



Catalyzing Change

- Communication and Dissemination Strategy
 - Dissemination workshops
 - Organized campaigns led by advocacy groups
 - Social media
 - Regional, local champions

