

Cost: The Path to Continuously Learning Health Care in America, will transform the U.S. health system into a “learning” system that continuously improves by systematically capturing and broadly disseminating lessons from every care experience and new research discovery. The changes will necessitate embracing new technologies to collect and tap clinical data at the point of care, engaging patients and their families as partners, and establishing greater teamwork and transparency within health care organizations.

The report focuses particularly on improvements to the “digital infrastructure,” or “the capacity to capture clinical, care delivery process, and financial data for better care, system improvement, and generation of new knowledge.” Health care organizations and clinicians should adopt decision support tools and knowledge management systems that deliver up-to-date, reliable clinical knowledge at the point of care. Research and advocacy organizations, professional societies, and care delivery systems should facilitate the development and use of evidence-based and harmonized clinical practice guidelines.

Patient-centered care is also a primary focus of the report. Health care organizations can do much more to engage patients and families in care decisions and illness management, which can lead to better outcomes and lower costs. The report calls on health care organizations to embrace new tools to gather and assess patients’ perspectives and use the information to improve delivery of care. Health care product developers should create tools that assist people in managing their health and communicating with their providers.

Chapter 9, “Creating a New Culture of Care,” and Appendix B, “A CEO Checklist for High-Value Health Care,” offer a blueprint for transforming health care organizations to learning systems. Appendix C, “ACA Provisions With Implications for a Learning Health Care System,” aligns the changes called for in the report with specific provisions of the Affordable Care Act.

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downloaded from the National Academies Press Web site at www.nap.edu/catalog.php?record_id=13444.

NEWS BRIEFS

NSDUH 2011 survey shows decline in teen drinking:

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released the *2011 National Survey on Drug Use and Health* (NSDUH). Survey data indicate that rates of past-month drinking among underage Americans continued a decline from 2002. Past-month alcohol use among youths age 12–20 declined from 28.8% in 2002 to 25.1% in 2011, while binge drinking (consuming five or more drinks on a single occasion) declined from 19.3% to 15.8% and heavy drinking declined from 6.2% to 4.4%. Rates of past-month tobacco use by youths age 12 to 17 declined from 15.2% in 2002 to 10.0% in 2011. Overall, illicit drug use among Americans age 12 and older remained unchanged since the 2010 survey: 8.7% (22.5 million people) were past-month illicit drug users in 2011 (8.9% in 2010). Marijuana remains the most commonly used illicit drug; in 2011, 7.0% of Americans were current users, up from 5.8% in 2007. According to the survey report, 21.6 million Americans needed treatment for a substance use problem in 2011 and only 2.3 million (or 10.8% of those in need) received it in a specialized treatment setting, including hospitals (inpatient only), drug or alcohol rehabilitation facilities (inpatient or outpatient), or mental health centers. The survey findings are available on the SAMHSA Web site at www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.pdf.

Premiums rise for employer-sponsored insurance:

Annual premiums for employer-sponsored family health coverage reached \$15,745 this year, up 4% from last year, with workers on average paying \$4,316 toward the cost of their coverage, according to the 14th annual Employer Health Benefits Survey conducted by the Kaiser Family Foundation (KFF) and the Health

Research and Educational Trust. The increase is moderate by historical standards, but it outpaced growth in workers’ wages (1.7%) and general inflation (2.3%). Since 2002, premiums have increased 97%, three times as fast as wages (33%) and inflation (28%). The survey reveals significant differences in worker premium contributions between firms with many lower-wage workers ($\geq 35\%$ of workers earn $\leq \$24,000$) and firms with many higher-wage workers ($\geq 35\%$ earning $\geq \$55,000$), with the former paying \$1,000 more each year for family coverage (\$4,977 and \$3,968, respectively). Workers at lower-wage firms are also more likely to face high deductibles: 44% face an annual deductible of $\geq \$1,000$, compared with 29% of those at firms with many high-wage workers. The survey estimates that 2.9 million young adults are currently covered by employer plans this year as a result of a provision in the 2010 Affordable Care Act, up from the 2.3 million in the 2011 survey. The 2012 survey included more than 2,000 randomly selected public and private firms with three or more employees. The 241-page report is available on the KFF Web site at ehbs.kff.org.

CSG Justice Center report on lower recidivism rates:

As budgets tighten, many states have focused on reducing the likelihood that a person released from prison or jail will reoffend and be reincarcerated. These efforts have been effective in several states, according to an eight-page policy brief released by the Council of State Governments’ (CSG) Justice Center. The states profiled in the report (Kansas, Michigan, Mississippi, Ohio, Oregon, Texas, and Vermont) showed significant declines in three-year recidivism rates on the basis of data for individuals released from prison in 2005–2007. Texas and Ohio reported reductions of 11%, the Kansas rate fell by 15%, and Michigan’s rate dropped by 18%. In addition to presenting rate data for each state, the report describes legislation and initiatives used in each state to reduce recidivism. The report is available on the Justice Center Web site at justicecenter.csg.org.