

## Learning Health System Consensus Action Plan DRAFT of: February 27, 2017

### **BACKGROUND**

Diverse stakeholders at the Second Learning Health System (LHS) Summit (sponsored by the Kanter Health Foundation) convened at conference space donated by the American Society of Clinical Oncology (ASCO) in Alexandria, VA on December 8-9, 2016. They participated in discussions to collaboratively develop actionable recommendations promising to move forward the ecosystem for a nationwide, and ultimately global, LHS. What follows is a high-level summary of the output of those group discussions, to be used to develop consensus among the participants and the endorsers of the LHS Core Values.

### **I.) PROMOTE AND DISSEMINATE**

1. Articulate the business purpose and value proposition of a LHS across stakeholders
  - a. Identify the stakeholders, needs, and priorities to enlist their support
  - b. Define the value proposition for each group
  - c. Develop stories/narratives to illustrate the life-changing value of functional LHS
2. Build the branding/messaging strategy and method for others to incorporate in their promotion activities
  - a. Develop the core content and templates for newsletters and presentations
  - b. Identify and support stakeholder efforts (e.g., VA IT Marketplace Platform)
3. Introduce “LHS Awards” to provide recognition for early adopters of LHS
  - a. Highlight those who “move the needle” (may be within multiple stakeholder groups)

### **II.) DEVELOP ORGANIZATIONAL CULTURE AND ECOSYSTEM**

1. Use models and key characteristics of LHS to create a guide for maturing a LHS at any scale
  - a. Readiness assessments, activities needed from each group, monitoring progress
2. Mobilize resources to organizations that will serve as test sites for evaluation of readiness (e.g., Billings Clinic initiatives)
3. Invite other organizations at various scales to test the overarching model, assessment tools (and corresponding metrics and certifications), and roadmap
4. Develop levels of adoption of essential elements toward a LHS (e.g., similar to the HIMSS Analytics Electronic Medical Record Adoption Model) as well as metrics related to other key success factors and outcomes

### **III.) ASSEMBLE COMPONENTS**

1. Survey existing LHS initiatives and endorsers to find out what is working well
2. Develop a list of build components and develop a common understanding of what they are
3. Name and vet a core set of standards (content, exchange, and terminology) for the LHS
4. Establish a maturity model covering structure, process, and outcomes of the level of a LHS

5. Create an assessment tool that could be used by organizations desiring to implement LHS to identify gaps and assess organizational readiness
6. Create and host a collaborative repository of LHS best practices, using the maturity model

#### **IV.) FOCUS ON THE CONSUMER**

1. Identify early adopter LHS communities and how they have empowered consumers to transform health through their shared experiences (1 year – 2017)
2. Create consumer engagement campaign (1 year – 2018)
3. Support the goal of providing consumers with enhanced real-time, convenient access to their health data (and related applicable information and knowledge) in usable and actionable forms – enabling and empowering the exercising of existing rights to drive improvements in their health, the health of others, and the system overall (2017 to 2019)
4. Develop a framework for a consumer-mediated learning health information ecosystem that includes the consumer-owned/controlled health record (2019)

#### **V.) FORMALIZE BEST PRACTICES**

1. Educate stakeholders on K2P (knowledge to performance)
2. Produce monograph on K2P best practices (e.g., a living, wiki-like document on the Learning Health Community website)
3. Identify key features for each of the centralized and federated database approaches, as well as institutional collaboration on LHS efforts
4. Promote consensus on data quality standards and other enablers of sharing and collaboration to engender LHS
5. Engage professional/patient society partners (beginning with believers)
6. Support development of K2P platforms that address concerns about validity and provenance
7. Build “LHS thinking” into education, beginning in high school and possibly earlier
  - a. Create LHS competency set and LHS workforce (spanning professions)
  - b. Offer LHS badge for curricula

#### **VI.) FUND AND SUSTAIN**

1. Create an advocacy body for policy change
  - a. Enable cost-effectiveness research
  - b. Clarify the regulations and guidance around explicit consent and approval for learning activities including quality improvement (QI)
2. Encourage disruptive organizational innovation in healthcare system
3. Involve local government in LHS prototype (regional public health, community networks)
4. Encourage academics: health economists/business schools (e.g., business and medical schools generate evidence of the low-cost benefit)