



## Learning Health System Consensus Action Plan DRAFT of: April 22, 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 THE TRANSFORMATIVE VISION**

1. Articulate the long-term business purpose and ultimate value proposition of a LHS across stakeholders
  - a. Identify the stakeholders, needs, and priorities to enlist their support
  - b. Define the ultimate value proposition for each group
  - c. Develop stories/narratives illustrating the life-changing value of a functional LHS, integrating elements of the patient experience in the LHS into many of them
  - d. Anchored in the LHS business case, identify strategies to align incentives, as well as engender markets, so as to drive the LHS to become standard practice
  - e. Articulate the scientific necessity of the LHS and develop models promoting cross-sector investments in the development of the science to advance the LHS
2. Build a branding/messaging strategy and corresponding methods enabling diverse stakeholders to incorporate it into their promotion activities
  - a. Embrace IOM/NAM concepts around anchoring the LHS on patient needs and perspectives
  - b. Develop the core content and templates for newsletters and presentations, as well as a corresponding concise LHS “elevator speech” that can be spread to many diverse stakeholders for broad-based enthusiasm and participation
  - c. Identify and support stakeholder efforts
3. Introduce “LHS Awards” to provide recognition for early adopters of LHS
  - a. Highlight those who “move the needle” (especially multi-stakeholder efforts)
  - b. Offer opportunities for inclusion in the process to as many stakeholders at various levels of development as possible
4. Engage outside perspectives, especially Internet information brokers and trusted platforms, in action-oriented small group brainstorming vis-à-vis visioning, outreach, and dissemination processes (e.g., Google, Amazon, Microsoft, Apple)

### **II.) CULTIVATE THE ORGANIZATIONAL CULTURE AND ECOSYSTEM TO DRIVE ADOPTION**

1. Use models and key characteristics of LHS to create a guide for maturing a LHS at any scale (and scope)
  - a. With input from stakeholders inside and outside of healthcare, collaboratively develop readiness assessments, activities needed from each group, monitoring progress

2. Mobilize resources to organizations that will serve as test sites for evaluation of readiness, including information governance, technology, and evaluation teams
  - a. Build a community of interest to support the development and implementation of plans to advance LHS capabilities at interested organizations (movement along the roadmap)
  - b. Create a learning collaborative network among organizations specifically committed to advancing their LHS capabilities in collaboration with others; among other things, the network will share lessons learned in approaches to realizing LHS as well as work to accelerate the collaborative development of core components
3. Invite other organizations at various scales to test the overarching model, assessment tools (and corresponding metrics and certifications), security and trust-building approaches, and roadmap
  - a. Collaboratively develop justifications for and incentives to pursue the metrics and certifications envisioned
4. Through broad-based community participation, establish a maturity model covering structure, process, and outcomes for levels of implementation 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; also develop a corresponding public scorecard for technologies and institutions that are LHS enablers

### **III.) ASSEMBLE COMPONENTS TO FACILITATE IMPLEMENTATION**

1. Survey existing LHS initiatives, endorsers, and key outside stakeholders to find out what is working well; develop approaches to tracking and rapidly disseminating progress of such LHS initiatives
2. Develop linkages to other efforts aimed at transformation that are presently underway (e.g., National Patient Safety Foundation, Institute for Healthcare Improvement)
3. Develop a list of essential build components underpinning implementation and develop a common understanding of what they are
4. Name and vet a core set of standards (content, exchange, and terminology) for the LHS, utilizing and building upon existing standards wherever possible
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 empower patients, caregivers, and consumers to transform health through their shared experiences (1 year – 2017)
2. Create a consumer engagement campaign anchored in an empowerment-driven definition (and vision) of consumer engagement (1 year – 2018)
3. Support the goal of providing consumers with enhanced real-time, convenient access to their personal 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)

- a. Facilitate strategic partnerships with key interested major (corporate) players across private industry as well the public sector, while ensuring that the effort is grounded in consumer needs and driven by actual consumers
4. Develop, validate, and disseminate a framework for a consumer-mediated learning health information ecosystem that includes the consumer-controlled health record (2019)

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

1. Educate stakeholders on K2P (knowledge to practice)
2. Develop approaches specifically targeted at engaging the health IT technology vendor/services communities
3. Produce a multi-stakeholder monograph on K2P best practices (e.g., a living, wiki-like document on the Learning Health Community website)
4. Identify key features for each of the centralized and federated database approaches, as well as institutional collaboration on LHS efforts
5. Promote consensus on data quality standards and other enablers of sharing and collaboration to engender LHS
6. Engage professional/patient society partners
7. Support development of K2P platforms that address validity and provenance
8. Build “LHS thinking” into education, beginning in high school and possibly earlier
  - a. Convene a prominent LHS education task force to facilitate formalizing LHS educational offerings as well as to serve as an advisory body for institutions seeking to integrate LHS educational components
  - b. Create LHS competency set and LHS workforce (spanning professions)
  - c. Offer LHS badge for curricula, as well as educational resources at undergraduate and graduate levels grounded in the maturity model
  - d. Develop internship programs to promote practical hands-on exposure to LHS initiatives in real-world settings
  - e. Create a website sharing common LHS educational resources to facilitate consistent quality and common messages across LHS educational experiences
  - f. Incorporate LHS curricula into Continuing Medical Education (CME)

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

1. Identify and encourage policy change via education or other means
  - 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
  - a. Support creating grant funding mechanisms aimed at enabling existing LHS initiatives to scale
3. Actively involve local government agencies in existing LHS prototype initiatives and emerging public-private ones (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)