# Models & Methods for Embedded Research 2021-2022 Seminar Series

- About the Adult and Child Consortium for Health Outcomes Research and Delivery Science (ACCORDS) at CU Anschutz Medical Campus:
  - Health services, outcomes, and implementation research
  - Methodological cores and programs focused on service including consultation, training, and grant development
- Today: Learning Health Systems 2021: Where We've Been and Where We
   Need To Go
  - Presented by: Katy Trinkley, PharmD, PhD and Heather Gilmartin, PhD, NP





#### **ACCORDS Upcoming Events**

#### **Workshops and Seminars for 2021-2022:**

$C_{\sim}$		22
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12:00-1:00 PM MT

CCTSI/ACCORDS Community Engagement Forum

Oct 11

12:00-1:00 PM MT

Learning Health Systems Seminar Series 2021- 2022

Marc Williams, MD from Geisinger

Nov 11, 12, 17, & 19

8:30-1:00PM MT

Qualitative and Mixed Methods Research Workshop

May 23, 24, & 25

8:30-1:00PM MT

COPRH Con 2022

Previously recorded seminars can be found on our ACCORDS Education website







# Learning Health Systems in 2021: Where We've Been & Where We Need To Go

Katy Trinkley, PharmD, PhD Heather Gilmartin, PhD, NP

ACCORDS 2021-2022 Seminar Series September 13, 2021

#### Learning Objectives



# There is one definition for a Learning Health System Fact or Fiction

## **FACT**



A system in which,

"science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral byproduct of the delivery experience".

IOM 2015



A learning health system, per the Institute of Medicine...

"harnesses data and analytics to learn from every patient and feed the knowledge to clinicians to implement with high-reliability (i.e., error free)"

# Learning Health Systems are a new idea

Fact or Fiction

# **FICTION**

Lean & Six Sigma

Team Science

**Systems Science** 

Pragmatic Trials/Mixed-Methods

Community-based Participatory Research

Continuous Quality Improvement

**Decision Support** 

**Informatics** 

Dissemination & Implementation Science

Value-based Care

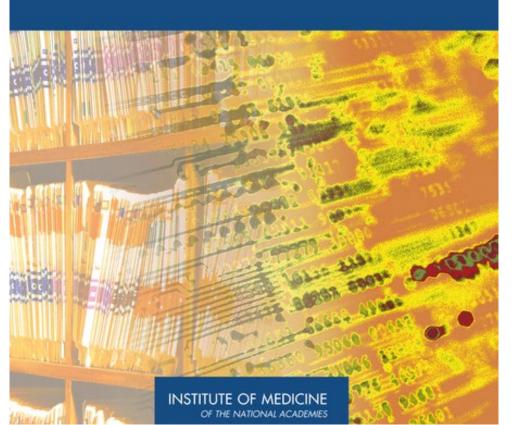
**Behavior Change** 

Improvement Science

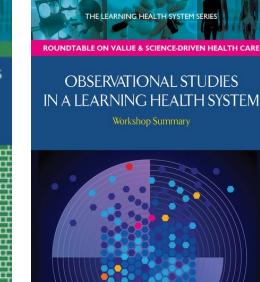


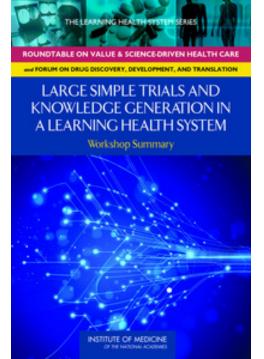
# THE LEARNING HEALTHCARE SYSTEM

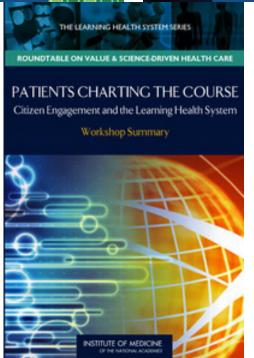
Workshop Summary











# Learning Health Systems researchers are a real thing Fact or Fiction

## **FACT**

## Learning Health Systems Researcher

"An individual who is **embedded** within a health system and **collaborates** with its stakeholders to produce novel insights and evidence that can be **rapidly implemented** to improve the outcomes of individuals and populations and health systems performance."

Agency for Health Research and Quality, 2017

# There are model Learning Health Systems

Fact or Fiction



Accelerating implementation of research in Learning Health Systems: Lessons learned from VA Health Services Research and NCATS Clinical Science Translation Award programs

Amy M. Kilbourne<sup>1,2</sup>, Patricia L. Jones<sup>3</sup> and David Atkins<sup>1</sup>

<sup>1</sup>Health Services Research and Development, Veterans Health Administration, U.S. Department of Veterans Affairs, Washington, DC, USA; <sup>2</sup>Department of Learning Health Sciences, University of Michigan Medical School, Ann Arbor, MI, USA and <sup>3</sup>Division of Clinical Innovation, National Center for Advancing Translational Sciences, National Institutes of Health, Bethesda, MD, USA

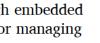
#### Quality Enhancement Research Initiative Implementation Roadmap

Toward Sustainability of Evidence-based Practices in a Learning Health System

Amy M. Kilbourne, PhD, MPH,\*† David E. Goodrich, EdD,‡ Isomi Miake-Lye, PhD,§ Melissa Z. Braganza, MPH,\* and Nicholas W. Bowersox, PhD, ABPP‡

Moving From Discovery to System-Wide Change: The Role of Research in a Learning Health Care System: Experience from Three Decades of Health Systems Research in the Veterans Health Administration\*

David Atkins, Amy M. Kilbourne, 1,2 and David Shulkin1



Accelerating learning healthcare system development through embedded research: Career trajectories, training needs, and strategies for managing and supporting embedded researchers\*

Elizabeth M. Yano, PhD, MSPH a,b,c,\*, Adam Resnick, MPH a,b, Michael Gluck, PhD d, Harry Kwon, PhD, MPH, MCHES e, Kamila B, Mistry, PhD, MPH

<sup>&</sup>lt;sup>a</sup> VA HSR&D Center for the Study of Healthcare Innovation, Implementation and Policy, VA Greater Los Angeles Healthcare System, 16111 Plummer Street, Sepulveda,

b Department of Health Policy and Management, UCLA Fielding School of Public Health, Los Angeles, CA, 90095, USA

<sup>&</sup>lt;sup>c</sup> Department of Medicine, UCLA Geffen School of Medicine, Los Angeles, CA, 90095, USA

<sup>&</sup>lt;sup>d</sup> AcademyHealth, 1666 K Street NW, Suite 1100, Washington, DC, 20006, USA

<sup>&</sup>lt;sup>e</sup> Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD, 20857, USA

# There is one standard model for Learning Health Systems

Fact or Fiction

# **FICTION**

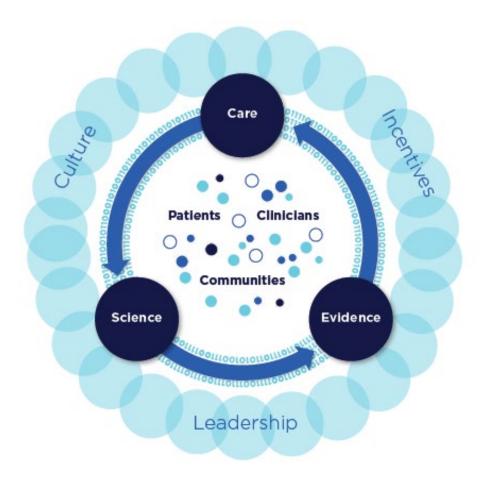
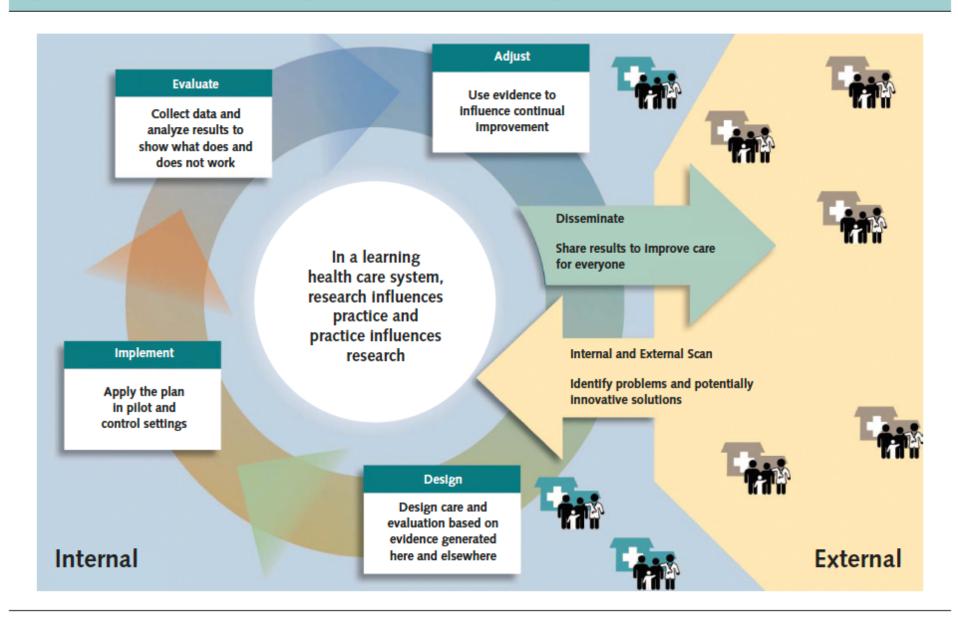
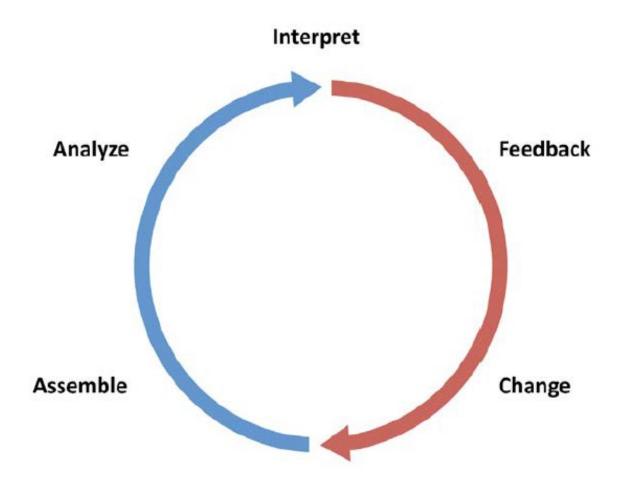


FIGURE S-3 Schematic of the continuously learning health care system.

Figure. The 6 phases of the rapid-learning health care system, from scanning to dissemination.



#### Learning Health System Model of Change



Blue Side: Technical advances

Red Side: Interdisciplinary – behavioral psychology, communication science, implementation science, behavioral economics, policy science, organizational theory.

Figure 2. The Learning Health System Cycle. Reproduced from [43]

### Learning Health Systems

#### "Practice generating research"

Research informs practice > Practice informs research

- It's hard
  - Complex, dynamic systems

#### Where We've Been: Well-Known Challenges

- System- and policy level support
  - Financial support, training programs
- Resource availability
  - Methodologic and analytic expertise
  - Accessibility of actionable and inclusive data
- Engagement of stakeholders
  - Patients, community members
- Shared mission across research and clinical enterprises

### Many Existing LHS

- Diverse models
  - Centralized governance within a health system



• Consultancy-like





• **Decentralized** data network







#### Spectrum of LHS Maturity

It's NOT all or nothing

#### A maturity grid assessment tool for learning networks

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Carole Lannon<sup>1,2,3</sup> | Christine L. Schuler<sup>3,4</sup> | Michael Seid<sup>1,3,5</sup>   | Lloyd P. Provost<sup>6</sup> | Sandra Fuller<sup>1</sup> | David Purcell<sup>1</sup> | Christopher B. Forrest<sup>7</sup> Peter A. Margolis<sup>1,3</sup>
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#### Where We Need to Go

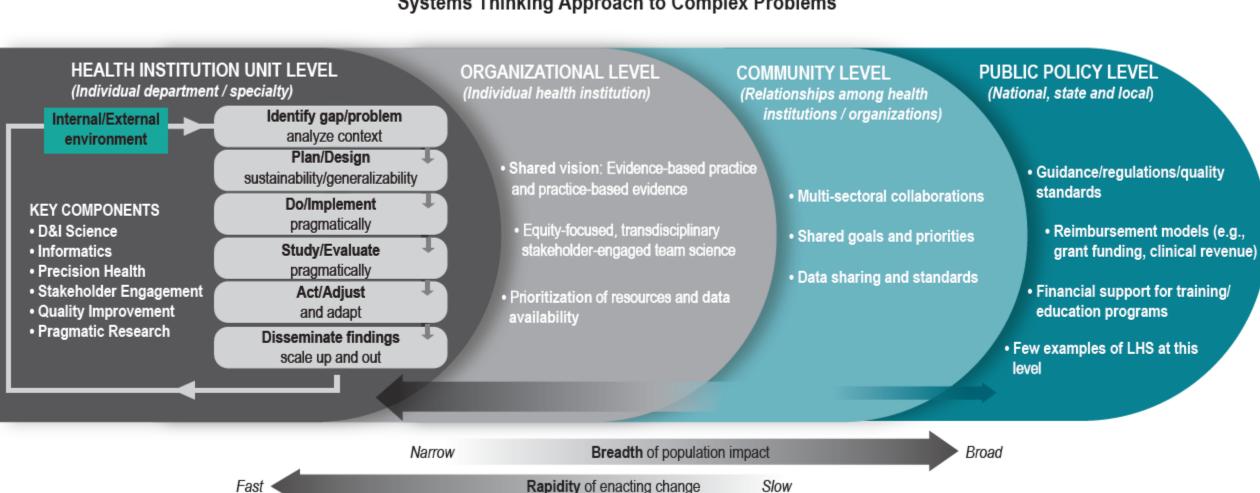
#### A Fully Mature Learning Health System

- Aspirational
  - Innovations in data, technology and best practices

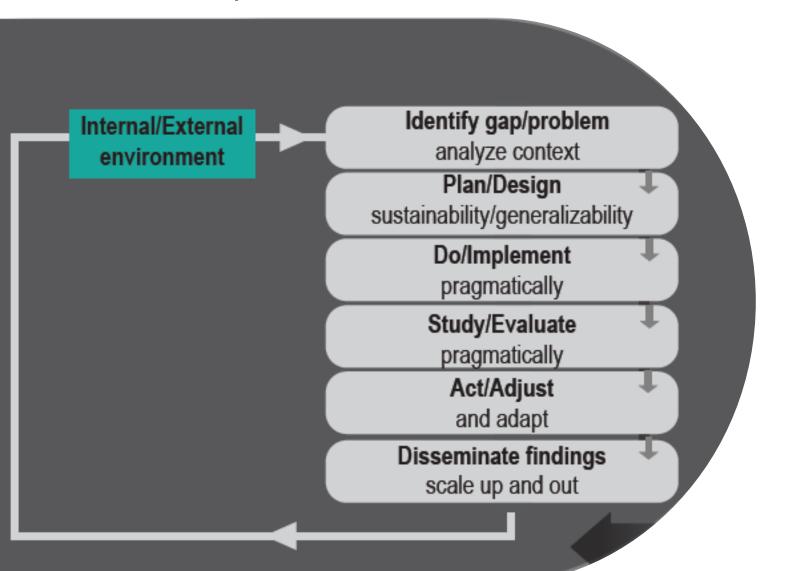
- Commitment to excellence
  - Quality, value, efficiency, equity



#### Systems Thinking Approach to Complex Problems

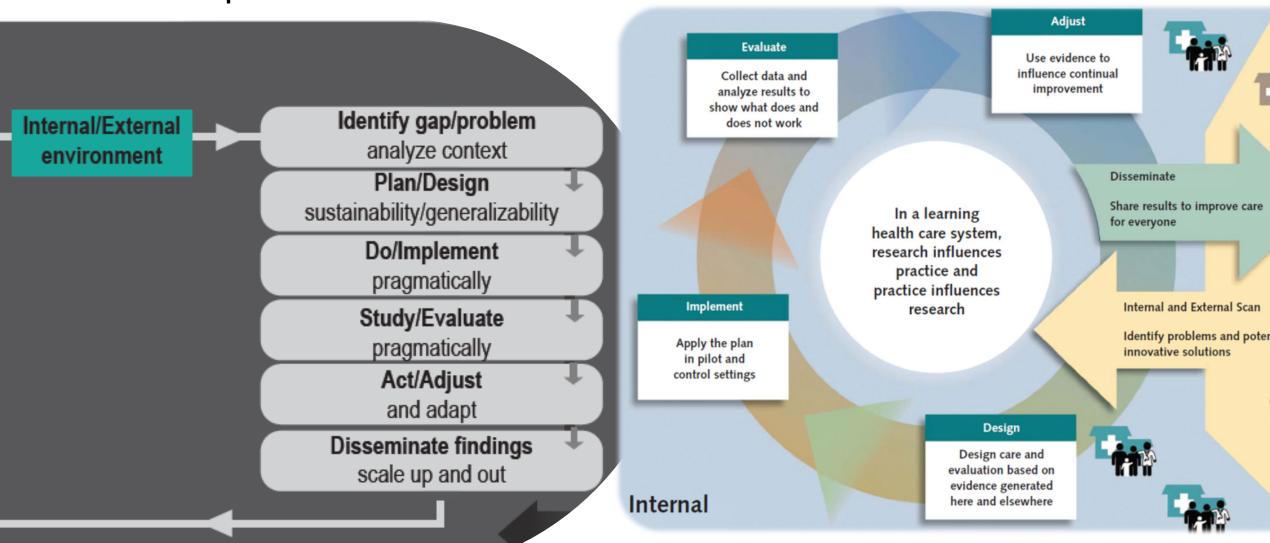


Collaborators: Amy Huebschmann, Russ Glasgow, Mike Ho

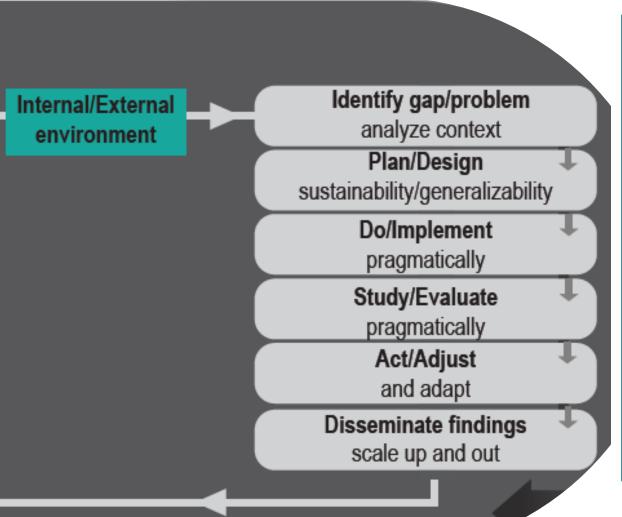


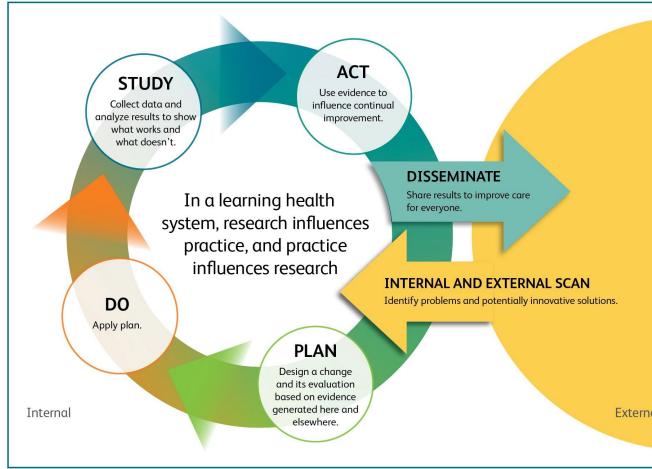
#### **Learning cycles**

- -Iterative
- -Rapid



Greene's classic LHS model





'PDSA' concept from quality improvement (KP Washington)

Systems Thinking Approach to Complex Problems

HEALTH INSTITUTION UNIT LEVEL (Individual department / specialty)

ORGANIZATIONAL LEVEL (Individual health institution)

COMMUNITY LEVEL
(Relationships among health
institutions / organizations)

PUBLIC POLICY LEVEL (National, state and local)

Systems Thinking Approach to Complex Problems

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#### **Engagement/support across all levels of stakeholders**

Builds on the socio-ecologic model

# ORGANIZATIONAL LEVEL (Individual health institution)

- Shared vision: Evidence-based practice and practice-based evidence
  - Equity-focused, transdisciplinary stakeholder-engaged team science
- Prioritization of resources and data availability

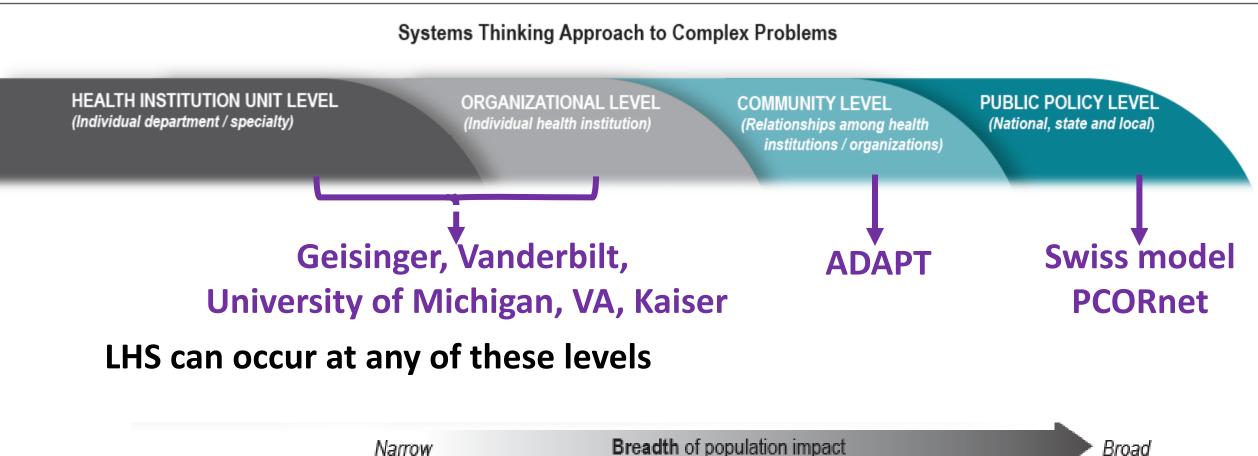
#### **COMMUNITY LEVEL**

(Relationships among health institutions / organizations)

- Multi-sectoral collaborations
- Shared goals and priorities
- Data sharing and standards

# PUBLIC POLICY LEVEL (National, state and local)

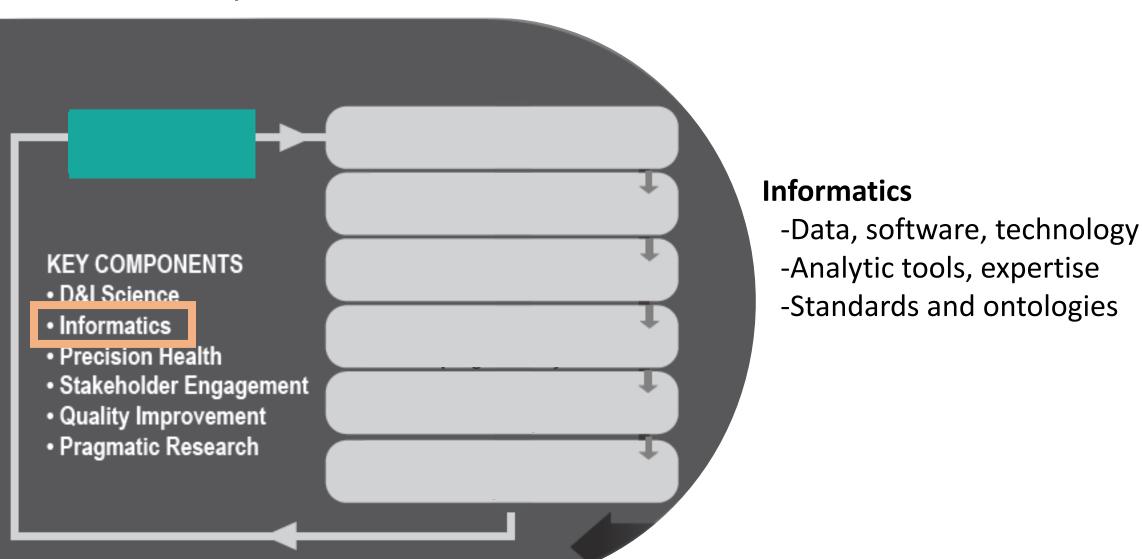
- Guidance/regulations/quality standards
  - Reimbursement models (e.g., grant funding, clinical revenue)
- Financial support for training/ education programs
- Few examples of LHS at this level

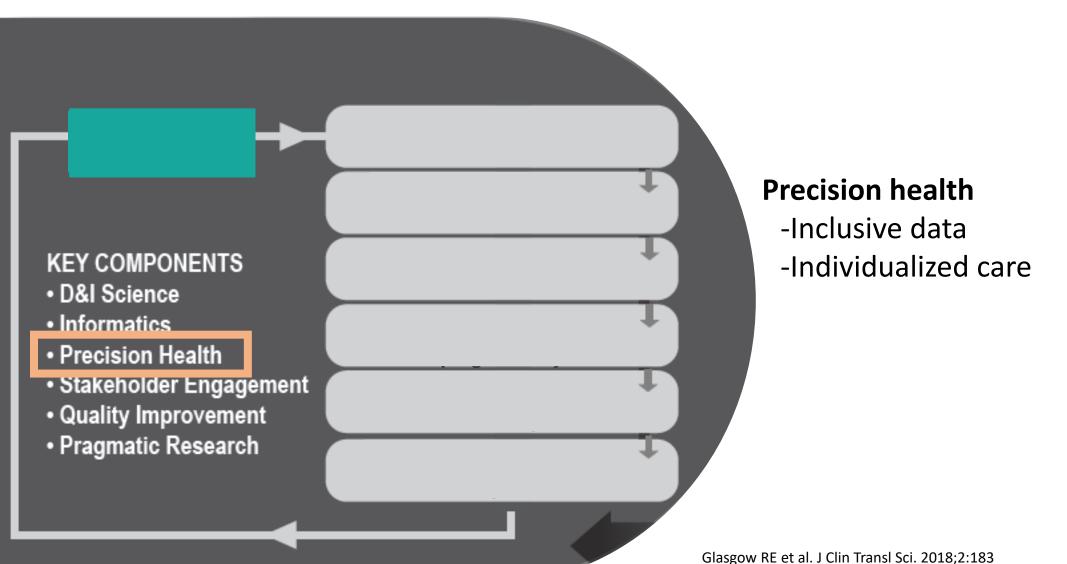


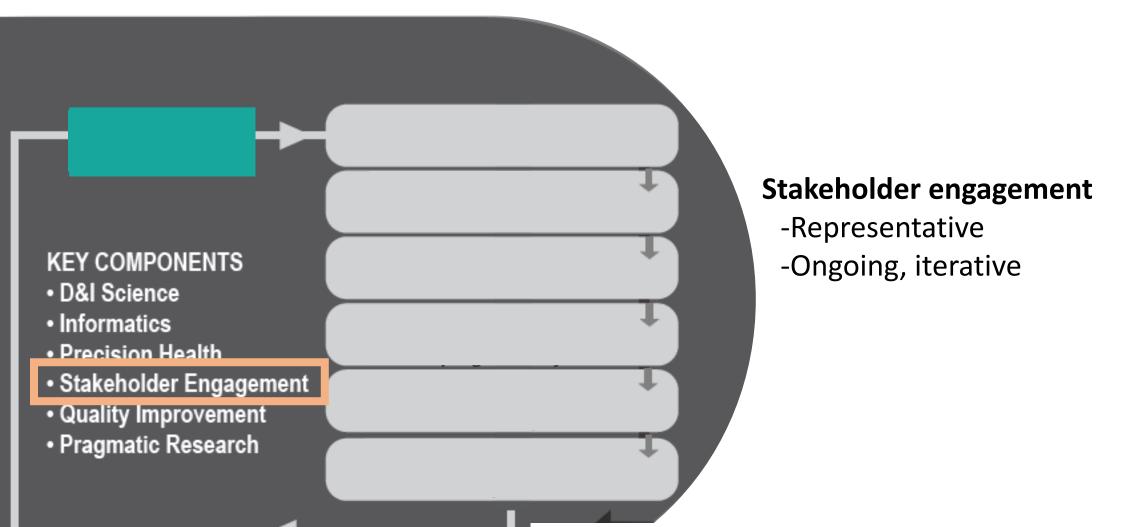
Rapidity of enacting change

Slow

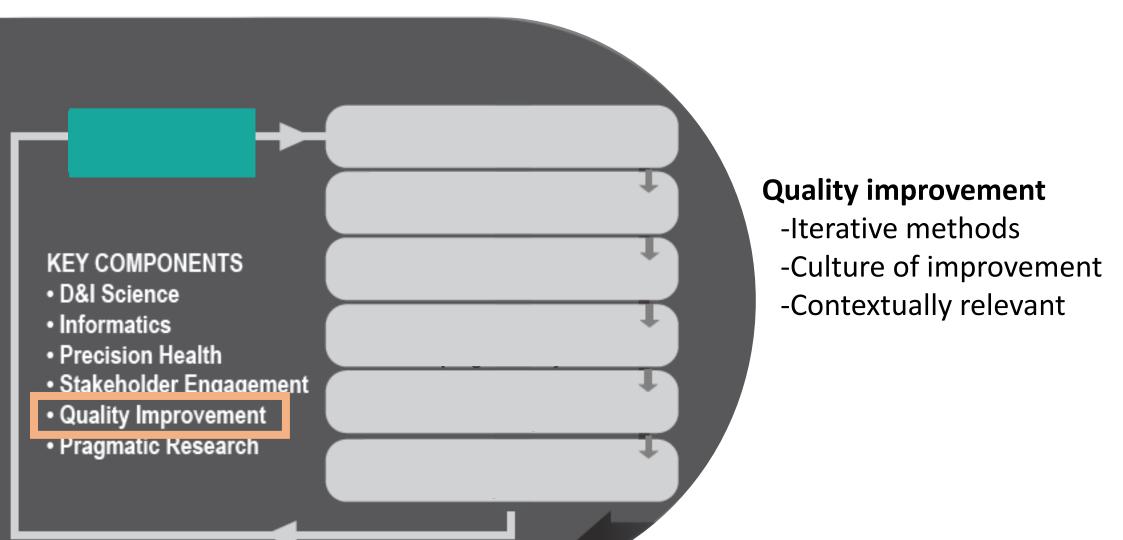
Fast



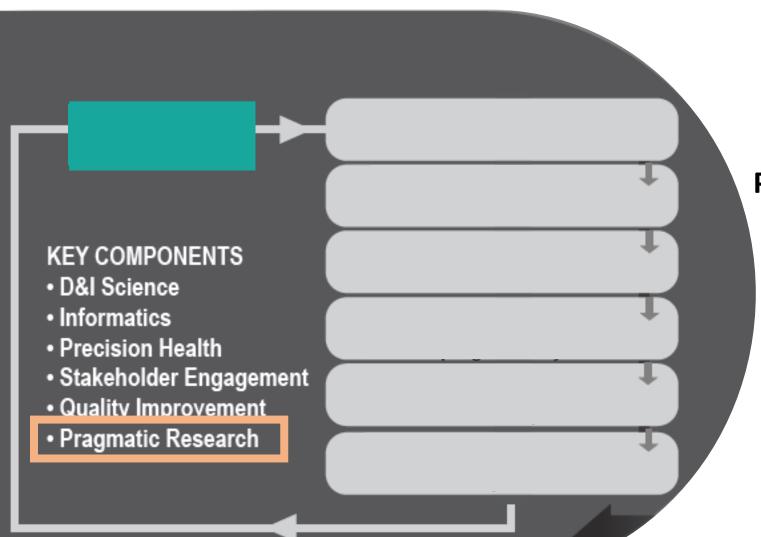




Krapohl GL et al. Learn Health Syst 2020;4:e10215 https://cancercontrol.cancer.gov/sites/default/files/2021-08/CCIS\_Engagement-Bibliography\_080931\_508.pdf



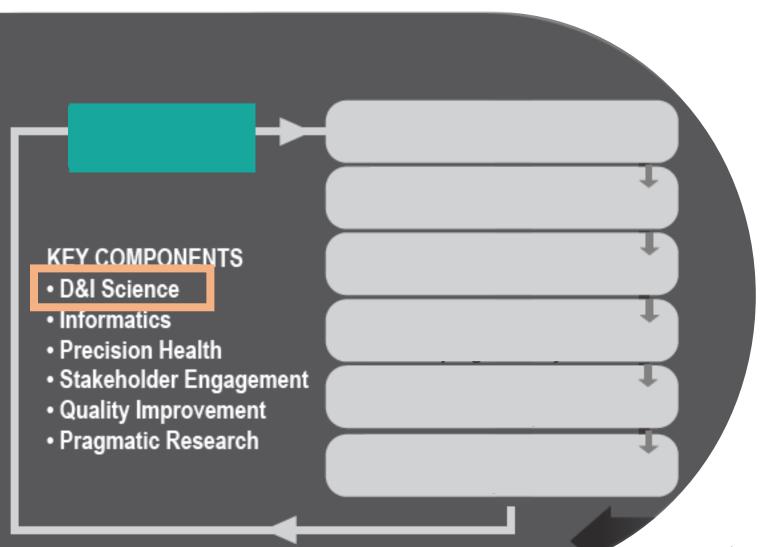
Berwick DM. JAMA. 2008;299:1182



#### Pragmatic research methods/outcomes

- -Relevance to stakeholders
- -Rapidity and recursiveness of findings
- -Replicability by others
- -Rigor in real-world
- -Resources required

Peek CJ et al. Ann Fam Med. 2014;12:447



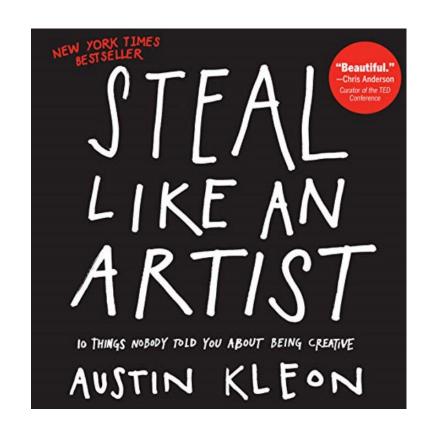
# Dissemination & Implementation (D&I) Science

- -Translating evidence to practice
- -Sustainability, scalability
- -Dissemination

Harden SM et al. Prev Chronic Dis. 2021;18:E32 Glasgow RE. Health Educ Behav. 2013;40:257

### The Aspirational Mature LHS Framework

- Integrates others' work/ideas
- D&I science
- Prioritizes under-recognized challenges
  - Sustainability and generalizability
- Emphasizes methods to maximize equity
  - Inclusive precision health
  - Representativeness of stakeholders



#### LHS Summary

- An aspirational goal
- Many examples along the maturity spectrum
- Challenges present opportunities
  - Cultural and policy level changes
  - Transdisciplinary engagement
  - Integration of many methods/concepts/perspectives
- Tune in to future seminars to learn more!



