



DIGITAL LEARNING COLLABORATIVE

Fall 2016 Update

Colleagues: Thank you for your continued involvement and interest in the Digital Learning Collaboration (DLC), an activity of the National Academy of Medicine’s (NAM) Leadership Consortium for a Value & Science-Driven Health System. Below are highlights of DLC work since the last update. Please be in touch for information, to indicate interest in participating in a particular activity, or to offer additions or corrections.

STAYING ENGAGED WITH DLC

- The next DLC meeting will take place in Washington, DC on December 1, 2016 and will focus on clinicians as partners and leaders in digital learning. Seating is limited but if you would like to attend—in person or via WebEx—contact Gwen Hughes at GHughes@nas.edu by November 23. Travel support is not provided by the National Academies for Collaboratives’ activities. Breakfast and lunch will be provided.

MEETINGS RECENTLY CONVENED BY THE NAM LEADERSHIP CONSORTIUM (LC)

- Clinical Effectiveness Research Innovation Collaborative –focus: characteristics & operationalization of open science (November 3, 2016)
Optimizing Strategies for Clinical Decision Support –focus: improving CDS practices and adoption (October 27, 2016)
Care for High-Need Patients – focus: identifying care models & policy solutions to better serve high-need patients (October 21, 2016).
Leadership Consortium Biannual Members Meeting –focus: exploring how the LC might advance the work of the recent NAM Vital Directions for Health and Health Care discussion series (September 22, 2016)
Value Incentives & Systems Innovation Collaborative –focus: activities underway in the transition to population-based payment, and strategic priorities to advance progress (September 16, 2016; summary)
Accelerating Clinical Knowledge Generation and Use: Strategic Scale and Spread –focus: health executive leadership for development, spread and scaling of a continuously learning health system (September 8, 2016; summary)

COLLABORATIVE PROJECTS STEWARDED BY DLC

Collaborative projects: 1) identify issues of common interest and marshal needed leadership; 2) develop tools and networks needed for progress; and 3) develop joint leadership possibilities through individually-authored Perspectives papers:

- Interoperability Purchasing Specs for Continuous Learning (Moore Foundation) – focus: policies, requirements, standards, and purchase specifications among health systems with common commitments to the broad interoperability of health data. Deliverables include an expert-led Perspective, the development (led by Johns Hopkins Applied Physics Laboratory) of high level guidelines; and a NAM meeting to discuss next steps.
Optimizing Strategies for Clinical Decision Support: Meeting Series (ONC) – focus: improving CDS practices and adoption. Guided by a planning committee, deliverables include 3 NAM meetings; an overview summary; and priorities for action developed by work-group participants.

COLLABORATIVE PROJECTS UNDER CONSIDERATION FOR THE DLC

The LC’s stewardship of a collaborative initiative is dependent on: 1) the importance of the issue; 2) the interest and commitment of participants to take leading and active roles; 3) the involvement of multiple organizations; and 4) clearly identified advantage for the Academies’ role as facilitator. In recent meetings and conversations, several potential project topics were discussed, including the items below:

- Business case. What are the rewards of devoting more attention/resources to the capacity for real-time learning from clinical and claims data?
CIO handbook. What does every health care CIO need to know about the issues, opportunities, challenges, and strategies—and how might this vary from large integrated systems to smaller systems?
EHR data. What insights should be recorded, such as the patient care process and social determinants, to better leverage electronic health records data for multiple uses? Who needs to inform this discussion? What informatics research is needed?
Patient reported data. What are the major emerging categories and sources of patient generated data? What issues and strategies need to be engaged to improve the likelihood of the strength of their utility?
Observational data. What approach might foster the use of in silico studies to better understand the circumstances when use of available observational data might have obviated the need for RCTs?
Real-time data scanning. What might be the possibilities and strategies for a public-private partnership of scientific organizations (e.g. NIH, DARPA, NSF), health care organizations (e.g. VA, DOD, HCA, KP), and technology companies (e.g. Epic, IBM, Google) to work cooperatively to develop approaches to real-time mining of large scale clinical data sets for clinical insights?
Training. What are the training needs for current and future clinicians and researchers within system settings? What are the educational efforts needed to teach clinicians and patients how to contribute to the record to provide more meaningful data?
Learning health system. What can be done to better identify, link, and enhance the work of health care organizations interested in self-identifying as learning health systems?

If you have a particular interest in a lead role for one of these activities, please let us know so we can match you with colleagues.

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THE LEARNING HEALTH SYSTEM SERIES

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Participating Organizations

AAMC	Georgetown University	PCORI	Federal agencies: NSF U.S. DHHS – Office of the Secretary – AHRQ – CDC – CMS – FDA – NIH – ONC U.S. DOD U.S. DVA
AstraZeneca	Harvard University	Tufts University	
AHIP	ICER	Quintiles, Inc.	
AHA	Institute Hlthcre Imprvmnt	Sanofi	
Baylor Scott & White	Intermountain Healthcare	UC Davis	
Blue Cross and Blue Shield	Temple University	UC, Irvine	
Brigham and Women's	Johnson & Johnson	UCLA	
Bristol-Myers Squibb	Kaiser Permanente	University of Minnesota	
Brookings Institution	Mayo Clinic	University of Pennsylvania	
Cedars-Sinai Medical Center	Montefiore Medical Center	University of Pittsburgh	
CMTF	Mount Sinai Health System	Vanderbilt University	
Christiana Care	Outcome Sciences Inc.	WHISCON	
Duke University	Optum Labs		
Epic Systems	Partners HealthCare		

NAM LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH SYSTEM

Chair	Gary Kaplan	Peter J. Pronovost	Ex-Officio
Mark B. McClellan	Virginia Mason Health System	Johns Hopkins Medicine	AHRQ
Duke University			Andrew B. Bindman
Members	Gregory F. Keenan	Murray N. Ross	CDC
David Blumenthal	AstraZeneca	Kaiser Permanente	Thomas Frieden
The Commonwealth Fund			Chesley Richards
Paul Chew	Darrell G. Kirch	John W. Rowe	CMS
Sanofi US	AAMC	Columbia University	Andy Slavitt
	Richard E. Kuntz	Craig E. Samitt	Patrick Conway
Susan DeVore	Medtronic	Anthem, Inc.	
Premier, Inc.		Lewis G. Sandy	DoD
Judith Faulkner	Peter Long	United Health Group, Inc	Karen Guice
Epic Systems	Blue Shield of California Foundation	Leonard D. Schaeffer	DHHS
David Feinberg	James L. Madara	USC	Karen DeSalvo
Geisinger Health System	AMA	Joe Selby	VA
	Mark E. Miller	PCORI	David Shulkin
Joseph F. Fifer	MedPAC	Mark D. Smith	Carolyn M. Clancy
Healthcare Financial Mgmt Assn	Mary D. Naylor	Former, CA HealthCare Foundation	FDA
Patricia A. Gabow	University of Pennsylvania	UCSF	Robert Califf
Former, Denver Health	William D. Novelli	Harrison Spencer	HRSA
Atul Gawande	Georgetown; C-TAC	ASPPH	James Macrae
Brigham and Women's Hospital	Harold Paz	Jennifer Taubert	NIH
	Aetna	Johnson & Johnson	Francis Collins
Julie L. Gerberding	Jonathan B. Perlin	Marta Tellado	Kathy Hudson
Merck & Co., Inc.	HCA, Inc.	Consumers Union	
Paul Grundy	Richard Platt	Reed V. Tuckson	
IBM	Harvard Medical School	Tuckson Health Connections	
James Heywood	Richard J. Pollack	Debra B. Whitman	
PatientsLikeMe	AHA	AARP	
Brent C. James			
Intermountain Healthcare			