

#### DIGITAL LEARNING COLLABORATIVE

Summer 2016 Update

**Colleagues:** Thank you for your involvement in the Digital Learning Collaborative (DLC), an ad hoc convening activity under the auspices of the National Academy of Medicine (NAM) Leadership Consortium for Value & Science-Driven Health Care. Please be in touch for additional information, to indicate interest in participating in a particular activity, or to offer additions or corrections.

#### MEETINGS RECENTLY CONVENED BY THE DLC

- **DLC Meeting** focus: to explore the untapped asset of the data dividend derived from the practice of care and interoperability efforts, as a foundation of evidence generation. (February 2016; <u>summary</u>)
- NAM Clinical Decision Support Meeting focus: to explore issues and opportunities to take the real-time application and use of Clinical Decision Support to the next level in informing health and health care decision making. (March 2016: sponsored by ONC; summary)

### COLLABORATIVE PROJECTS STEWARDED BY THE DLC

Collaborative projects identify issues of common interest and marshal needed leadership; develop tools and networks needed for progress; and develop joint leadership possibilities through individually-authored *Perspectives* papers.

- Paper: Designing Data Systems (2016)
- <u>Paper</u>: Interoperability Purchasing Specs for Continuous Learning (2016)
- Meeting: Optimizing Strategies for Clinical Decision Support: Meeting No. 1 (March 2016: sponsored by ONC)
- Meeting: Optimizing Strategies for Clinical Decision Support: Meeting No. 2 (October 2016: sponsored by ONC)
- <u>Network</u>: Executive Leadership Network, stakeholders driving continuous learning and improvement within and across health care delivery systems (ongoing)

## COLLABORATIVE PROJECTS UNDER CONSIDERATION FOR THE DLC

The Leadership Consortium'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? What are the risks of not doing so? How do they vary from the perspectives of different stakeholders: health executives, clinicians, patients?
- *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 additional 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 to understand how we can capture the interpretations and intents of clinicians and patients the context of the data in EHRs if we are going to learn from the records?
- 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?
- *Interoperability standards*. What are the major categories of standards needed to achieve functional interoperability necessary for a continuously learning health system? What are the highest performing existing standards for each category? What decisions are needed, by whom, to ensure full implementation of those standards?
- **Observational data**. What approach might foster the use of *in silion* 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?

# STAYING ENGAGED WITH THE DLC

The next DLC meeting will take place December 1, 2016 in Washington, DC. If you would like to attend—in person or via WebEx—contact Rosheen Birdie at <a href="mailto:RBirdie@nas.edu">RBirdie@nas.edu</a>. Travel support is not provided by the National Academies for Collaboratives' activities. Breakfast and lunch will be provided.

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## DIGITAL LEARNING COLLABORATIVE

Participating Organizations

AAMC Institute Hlthcre Imprvmnt UCLA AstraZeneca Intermountain Healthcare University of Minnesota AHIP Temple University University of Pennsylvania AHA Johnson & Johnson University of Pittsburgh Baylor Scott & White Kaiser Permanente Vanderbilt University WHISCON Blue Cross and Blue Shield Mayo Clinic

Brigham and Women'sMontefiore Medical CenterFederal agencies:Bristol-Myers SquibbMount Sinai Health SystemNSFBrookings InstitutionOutcome Sciences Inc.U.S. DHHSCedars-Sinai Medical CenterOptum Labs- Office of the SecretaryCMTPPartners HealthCare- AHRQ

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