

The Learning Health System: An Optimist's Perspective

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KEY POINTS . . .

We have finally acknowledged and documented disparities in the health care system and are moving forward with change.

The combination of health IT and payment reform is 'rocket fuel' for the Learning Health Care System, and there is more and better human capital being deployed to aid in change.



The Best of Times: Resources for Change

It's best of times for those interested in launching a learning health care system. For the first time, there is a common definition for the problems we aim to solve. Twenty years ago, high quality health care was assumed, access to care was considered to some a luxury, and racial disparities in care were not observed or documented. Today, we have moved on from documenting health care disparities and are working on closing them.

For the first time, we have health information technology and payment instruments to support a learning health care system. We also have a federal health IT infrastructure a Center for Medicare & Medicaid Innovation transforming payment systems through the Affordable Care Act and new and better talent turning its gaze toward the health care system. The combination of health IT and payment reform is 'rocket fuel' for the learning health care system and, consequently, there is more and better human capital being deployed to change health care than ever before.

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The Worst of Times: Obstacles along the Road to Change in Health Care

When I look at health plans and health systems around the country, I worry that much of the change feels small, marginal, and unambitious. Loud noise made by phrases like 'big data,' 'innovation transformation' and 'strategy' obscures the more powerful murmurs of intransigence that still dominates our industry. I worry that much of the work of changing health care is being led by people with too much to lose by truly enabling that change. I worry that underneath the smoke of health care innovation there is no real fire. I worry that some are motivated less by real change than by profit. And, I worry that rather than being remembered as the single most important moment in the evolution of our country's health care system it will be remembered as the missed opportunity to build the learning health care system we so desperately need.

Bifurcation in Health Care: A Tale of Two Layers

The truth is that there is now a bifurcation in health care. There is 'change layer'—the cloud in which visionary ideas about integrating data and information technology into practice and research resides—and also a 'reality layer,' where most care is delivered and most research is conducted. Both layers are necessary, but there is little mixing between the two.

While there is a booming innovation industry, new startups created every day, a new 'app' launched ever minute, and new technology being developed, the work of delivering care, the experience of receiving care, and the methods and approaches to performing research are changing little, or too slowly. Many elements of the change layer—whether they are startup companies, innovation initiatives, or innovation centers—are structured so as to isolate and incubate change.

A more cynical view is that, in some cases, other elements of the change layer have been created and supported by the incumbents

so as to deliberately 'kick the can' down the road; they are content to float above the hard work of changing old work flows in favor of conferences and startups. I am afraid that much of what is continuously described as new is not—it's just window dressing on the same old stuff.

Delivery: A Change of Pace Needed in the Change Layer

When I was a medical student, I met a startup company that had begun to build important pieces of the learning health care system, such as integrating data about clinician performance into targeted data feedback and performance improvement pathways. It seemed truly visionary, an opportunity to use technology to measure practice quality and guide improvement. Ten years later, the company soldiers on with the same very important vision, with the world of consumers only just now beginning grasp how profoundly important their idea was. I watched sadly as the industry launched countless initiatives to

harness the power of big data, only to under-capitalize them or fail to truly integrate them into their everyday work.

Facilitating Change: Capitalizing on the Moment

Of those of us who exist in the change layer, I ask how can we not waste the special moment in history and truly build that learning health care system that we so desperately need. Some argue that the divide between the change layer and the reality layer lies in the nature of large organizations and industries, that in a business that touches and changes human lives, we must plod along deliberately, testing ideas slowly before they are applied more broadly.

That is how it is today, but it isn't how it needs to be, or should be.

We need leaders in the health care industry who define their jobs as closing the gap between the change layer and the reality layer; we need people who aim to enact the convergence of our aspirational vision in frontline clinical care and research. The most fundamental task for building a learning health care system is not to invent a new idea, or develop a new solution; it is to create the environmental conditions so that ideas related to building the learning health care system will have actually have a fighting chance to survive and thrive.

The Ethical Dimension of Pace: Slow and Steady Doesn't Always Win the Race

We need to move at a new pace. Many of us who desire to build and implement the learning health care system must not only challenge the system with new ideas, but also hold new expectations for pace and scale that engages both the change layer and the reality layer. Because there is an ethical dimension to our pace, we need more will, momentum, and courage to change. If we take too long to implement changes to health care delivery that we know will benefit patients, we are withholding or delaying necessary improvements and care. Because it's the ethical and right thing to do for patients, we must push forward our vision for a learning health care system.

The Secret to Closing the Gap

The real secret to closing the gap between the change layer and the reality layer lies in creating clinical and business cultures where building and executing on the promise of the health care is not viewed as the domain of the few, but as the responsibility of the many. Most large health care organizations have optimized themselves for their core business functions. But, in doing so, they have sub-optimized themselves for real innovation. Without this cultural imperative, most efforts to build out a learning health care system will remain a tasty side dish, not the main course. This mindset shift requires a culture that enables, allows for, and even rewards a healthy disdain for the status quo. However, many organizations and their leaders hold on to the status quo because that is what made them successful, and no amount of energy or agitation in the change layer will find itself in the reality layer.

My Hopes: Authenticity and Accountability

Mine is a clarion call for the start of an authentic dialogue for making the most of this very special moment in health care. We have all the ingredients to make it entirely transformational. We can build the learning health system we all believe is possible. But we have a gap between the change layer and the reality layer. My hope is that we can begin to have a dialogue about how we might narrow that gap and tie these layers more closely together. It's time for us to march forward with momentum, confidence, execution, and results. ■

Additional information:

The preceding article is based on an address given at the First Plenary Session, "Taking Stock of the Learning HealthCare System: What Have We Achieved and Why Does it Matter," at the ISPOR 20th Annual International Meeting 16-20 May, 2015, Philadelphia, PA, USA.

To view Dr. Jain's presentation, go to: <http://www.ispor.org/Event/ReleasedPresentations/2015Philadelphia>

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