ALLIANCE FOR HEALTHIER COMMUNITIES' JOURNEY TO A LEARNING HEALTH SYSTEM IN PRIMARY CARE

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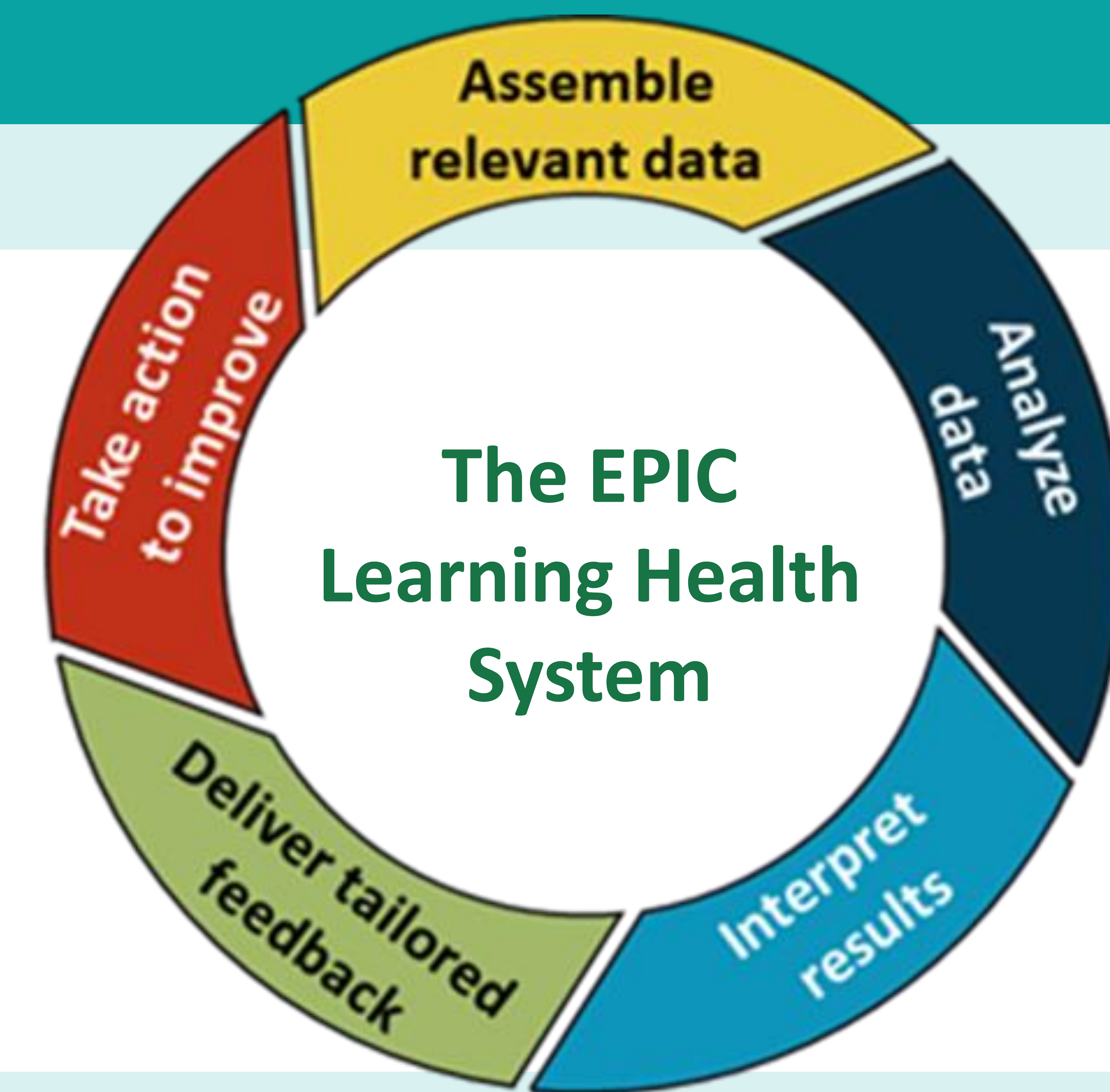

Background

- **Context:** A provincial association of 114 community-led, team-based primary health care organizations, including 74 Community Health Centres (CHCs).
- **Busting a myth:** Until 2000, there was a widespread belief that because each CHC is unique, they cannot be measured. This led CHCs to develop their own Evaluation Framework (EF) in the early 2000s, based on common data standards and metrics.
- **Building capacity for measurement:** CHCs took control of their own data. They built a secure, shared data warehouse and refined their outcome metrics and patient experience measures. This work was guided and supported by Alliance and sector leadership.
- **Closing the loop:** Although these measurement tools supported the use of data for advocacy and accountability, the sector did not see all see the benefit or have capacity to use the data for improvement. Through a process of co-design, the Alliance and our members shifted to a Learning Health System (LHS) model. In an LHS, a "virtuous circle" emerges, in which practice-based data informs ongoing quality improvement, and practice continually generates new data.

Learning Health System Inventory[1]

1. Data & Analytics
Data Standards, Shared EMR, Data Warehouse and ability to link data with administrative databases

2. People & Partners
Committed sector. Academic partnerships.
GAP → CLINICAL ENGAGEMENT
GAP → QI SUPPORT

3. Patient Engagement
Strong community engagement within individual organizations.
Identified **GAP** at provincial level

4. Ethics & Oversight
Advisory Council, Committee Structure to guide & support work, planning & oversight

5. Evaluation
Ability to evaluate shared services & programming

6. Deliverables
+++ research activities
+++ data & reports
GAP → improvement at practices
GAP → tailored reporting

7. Prioritization
Committee engaged & supported work plan

8. Organization
Strong leadership & sector endorsement

9. Funding
GAP → $ initially focused on Information Management

1. Psek et al., 2015. Operationalizing the learning health care system in an integrated delivery system. EGEMS 3(1):1122.

Alliance for Healthier Communities
Advancing Health Equity in Ontario

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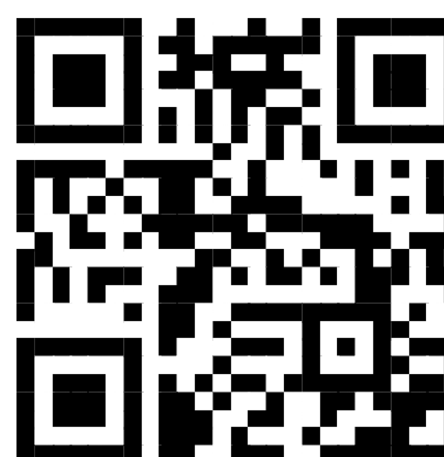

Implementation Steps

- Established the Equity, Performance, Improvement and Change (EPIC) LHS steering committee
- Engaged 70+ providers & leaders
- Redesigned and retrained 4 data-support positions as QI coaches
- Linked CHC practice-based data with system administrative data
- Produced a series of learning collaboratives based on the IHI Model for Improvement
- Created Tailored Reports – reports with action
- Provider engagement – PBRLN
- Client & Community Research Partners established using an equity lens
- Committee Structure re-established
- Budget allocated to LHS activities

Accomplishments and Next Steps

- 3 Learning Collaboratives (LCs) completed
- Lessons learned from sociodemographic data collection LC → Rapid Action Learning Intensive (self-paced online learning w/coaching support)
- Multiple practice-based research projects – interim reports shared w/ all participating teams
- Tailored performance reports: sociodemographic placemat, financial benchmarking, practice profile
- Bimonthly newsletters
- Ongoing evaluation and improvement to inform EPIC LHS 3.0