



Connecting America
for Better Health

ONC Update for NCVHS: Focus on the Learning Health System

Charles P. Friedman, PhD
Chief Scientific Officer
ONC

June 15, 2011





A Learning Health System (LHS)

“ ... one in which progress in science, informatics, and care culture align to generate new knowledge as an ongoing, natural by-product of the care experience, and seamlessly refine and deliver best practices for continuous improvement in health and health care.”
(Institute of Medicine)



A Consistent Federal Vision

- **2004 Strategic Framework**
 - “Improve Population Health”: one of four framework components, addresses public health, research, and quality
- **2008 Strategic Plan**
 - “Population Health”, as defined above: one of two goals and four of eight objectives
- **2011 Strategic Plan**
 - “Learning Health System”: explicitly one of five strategic objectives and represented substantially in other objectives

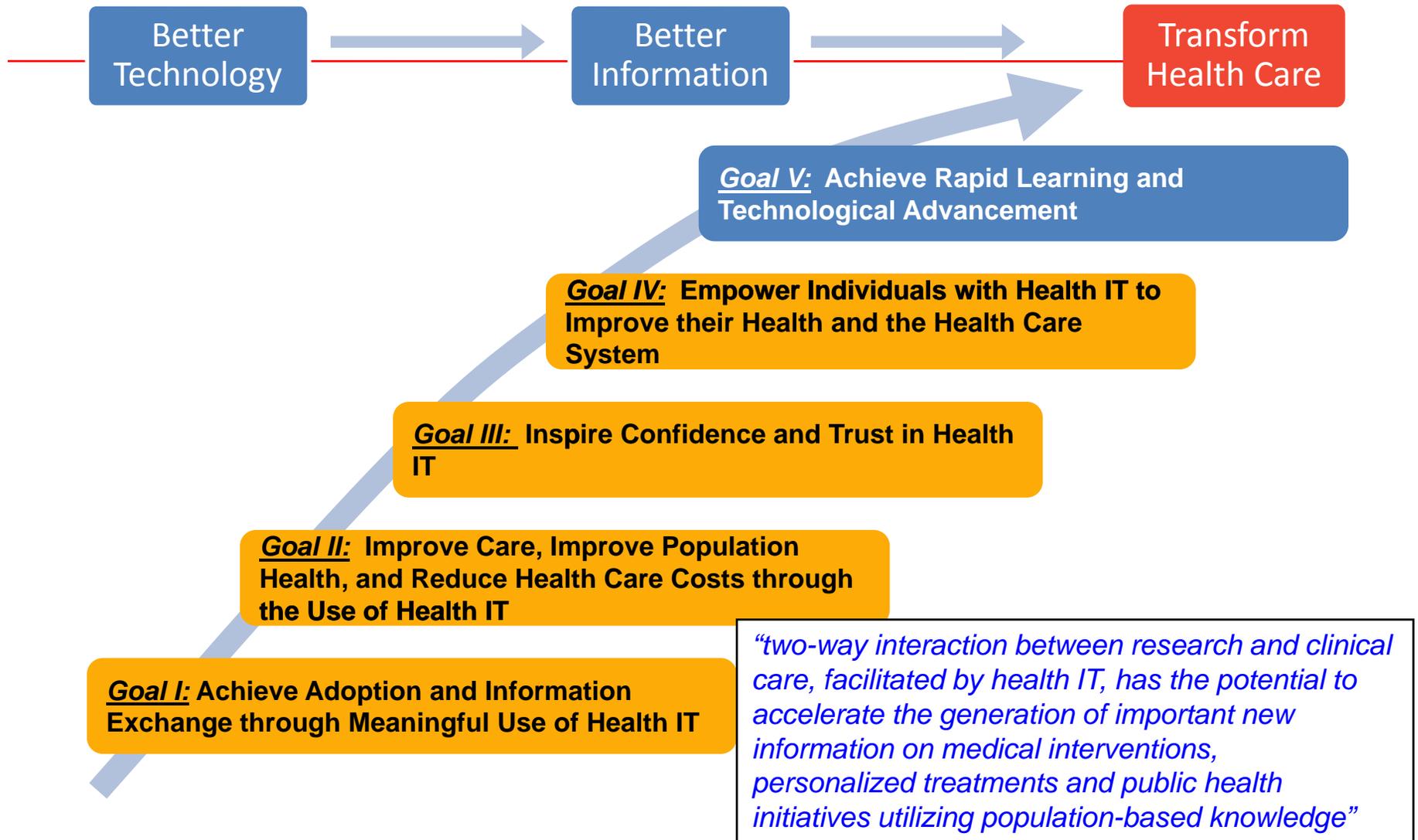


Learning System Scenarios

“17 years to 17 months, or maybe 17 weeks or even 17 hours...”

- Nationwide post-market surveillance of a new drug quickly reveals that personalized dosage algorithms require modification. A modified decision support rule is created and **is implemented in EHR systems.**
- During an epidemic, new cases reported directly from EHRs. **As the disease spreads into new areas, clinicians are alerted.**

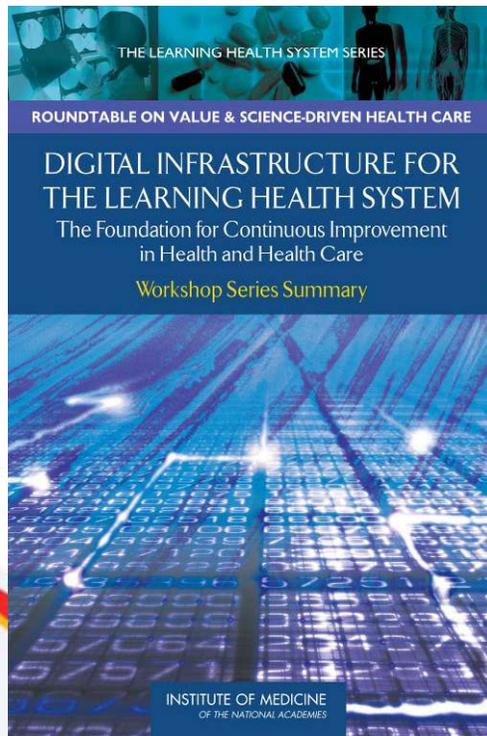
LHS: A Pillar of the Federal Health IT Strategic Plan





The IOM “Digital Infrastructure” Report

Digital Infrastructure for the Learning Health System: The Foundation for Continuous Improvement in Health and Health Care



“Health and health care are going digital. ...Progress in computational science, information technology, and biomedical and health research methods have made it possible to foresee the emergence of a learning health system which enables both the seamless and efficient delivery of best care practices and the real-time generation and application of new knowledge.”

(p. 1)

Available at: www.iom.edu/vsrt

Meaningful Use is Necessary but Not Sufficient*

- MU is a status achieved **individually** by eligible professionals and hospitals
- LHS is a **system** that includes these professionals and hospitals
- An LHS requires:
 - “Systemness”: membership, organization, governance
 - Public trust and support through patient engagement
 - Data aggregation: real or virtual, very sophisticated form of exchange
 - Analysis: Data → Knowledge
 - Knowledge dissemination → Behavior change

*Friedman CP, Wong AK, Blumenthal D. Achieving a Nationwide Learning Health System. *Science Translational Medicine*: 2, 1-3, 2010.



$$\text{MU} + \Delta = \text{LHS}$$

What the LHS will inherit from MU:

- Digital, computable health data
- Substantial standardization
- Health information exchange capability
- Governance of health information exchange
- Privacy and security policies



The LHS Currently Envisioned

- A federation of some type
 - *Not* a centralized database
- Grounded in public trust and patient engagement
- Participatory governance
- “Just enough” standardization

So the Grand Strategy Has Three Parts

$$\text{MU} + \Delta = \text{LHS}$$

Simultaneously:

1. Build toward national meaningful use
2. Build the “delta”
3. Do each in a way that anticipates the other



Building the “Delta”

Plans for 2011:

- Federal LHS Working Group
 - Seven projects of four agencies
 - Exploring a hypothesis: Could they join to form an LHS using shared technology and policies?
- New IOM Study
 - What levels of data quality are needed for different types of learning?
- A lightweight approach to distributed query (virtual data aggregation)



Thanks

charles.friedman@hhs.gov

Healthit.gov