

Implementing a Learning Health and Social System in Newfoundland and Labrador

Objective

To implement a Learning Health and Social System (LHSS) in Newfoundland and Labrador (NL) in which knowledge generation processes are embedded in daily practice to produce continual improvement in care.

Practice Points

1. The vision of Health Accord NL (HANL) for better health in the province links action on the social determinants of health (SDH) and a reimagined health system. To achieve this new and broader vision, HANL proposes a LHSS.
2. A LHSS embeds iterative processes to facilitate a culture of learning and improvement, engaged patients/clients/residents as well as members of the public, digital capture, linking and timely sharing of relevant data, timely production of research and evaluation evidence, appropriate decision supports and knowledge translation, competencies for rapid learning and improvement informed by implementation science, aligned governance, financial resources, and delivery arrangements.

Data

As highlighted by HANL, the SDH have more impact on a person's health than health care provision does. Indeed much of the inequity we see in health results from inequities in the SDH. For a LHSS to be effective it must be rooted in aggregate data on social, economic, and environmental factors within regions and specific data on the individual characteristics and behaviours of persons.

There are several processes within hospitals that are already involved in evaluation, decision supports, and quality control with attendant accountability structures that will more easily enable health system engagement.

Results

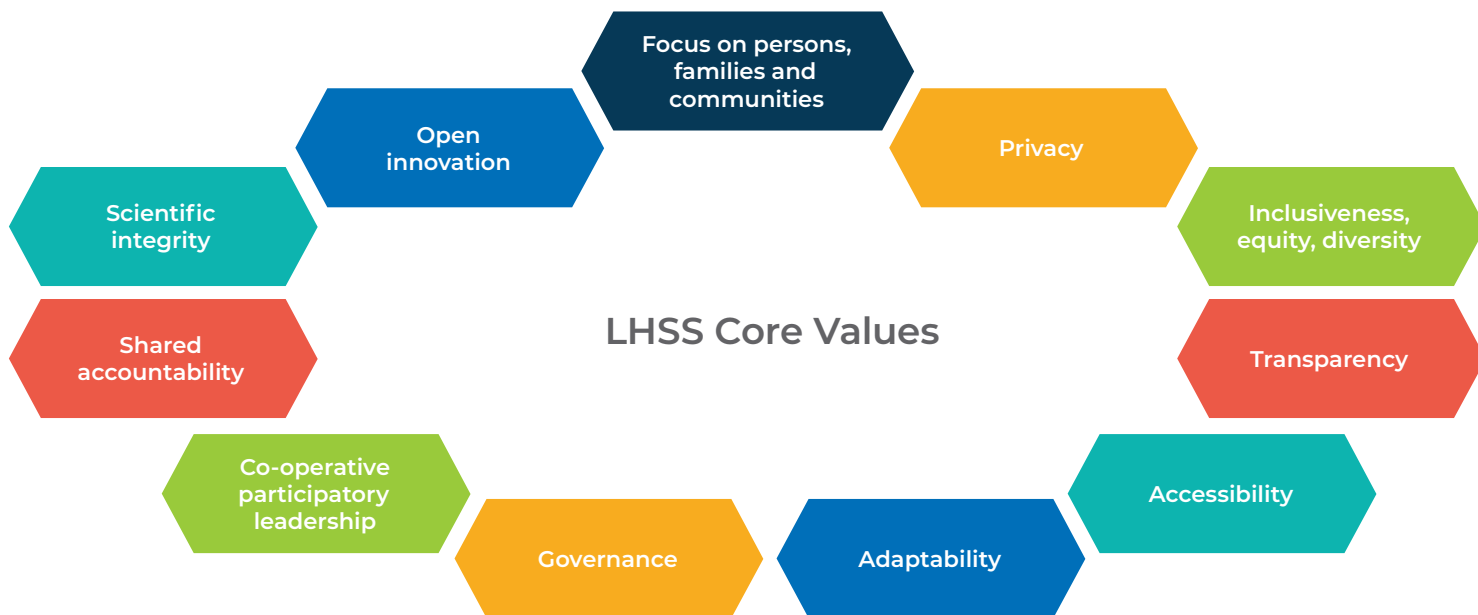


Figure 1. LHSS Core Values

- Maintaining focus on the core values of the LHSS will be imperative.
- Shared understanding of the core values among the partners engaged in a LHSS will enable interventions to remain effective.

LHSS Outcomes

- A LHSS, if fully implemented and supported by all partners in the health and social care ecosystem, will address some of the key health and social challenges faced by the province.

Health crisis
Substantial demographic change
Sustainability of the current model of health care
Fiscal crisis
Climate change
Rising cost of care
Increasing digitization, but not necessarily full compatibility, integration and coordination
Complex care systems
Many faceted provider groups
More people with multi-morbidity
An expectation and ability to provide more interventions
Lack of information about what is working well versus not
An aging population

- In so doing, the LHSS will also address the Quintuple Aim.



Figure 2. The Quintuple Aim

- The Quintuple Aim builds upon the previously established Triple Aim and Quadruple Aim to include health equity.
- The addition of health equity highlights the role the SDH have on our overall health outcomes placing a focus on reducing disparities.

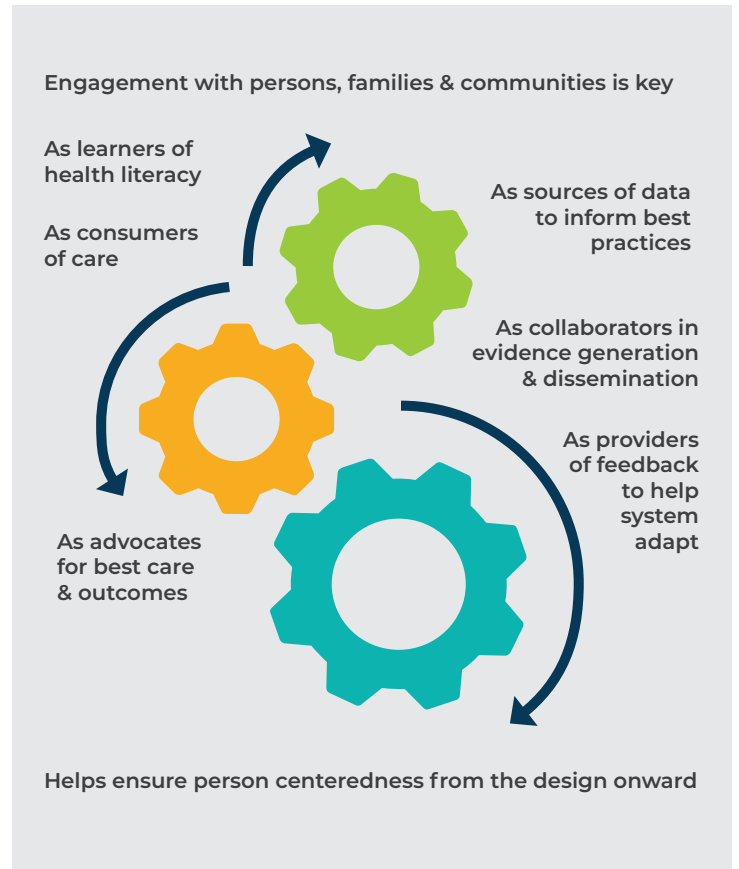


Figure 3. Roles for Persons, Families & Communities

- Engagement with persons, families, and communities will help develop the partnerships necessary to meaningfully engage and change.
- Acknowledging the important roles played by consumers of the health and social systems will allow knowledge to be gained from those with varied perspectives.

A LHSS in Practice

The diagram below sets out how the elements of a LHSS come together and the steps taken within the cycle of a LHSS to bring about change at policy and practice level and achieve improvements in the delivery of the health and social care systems.

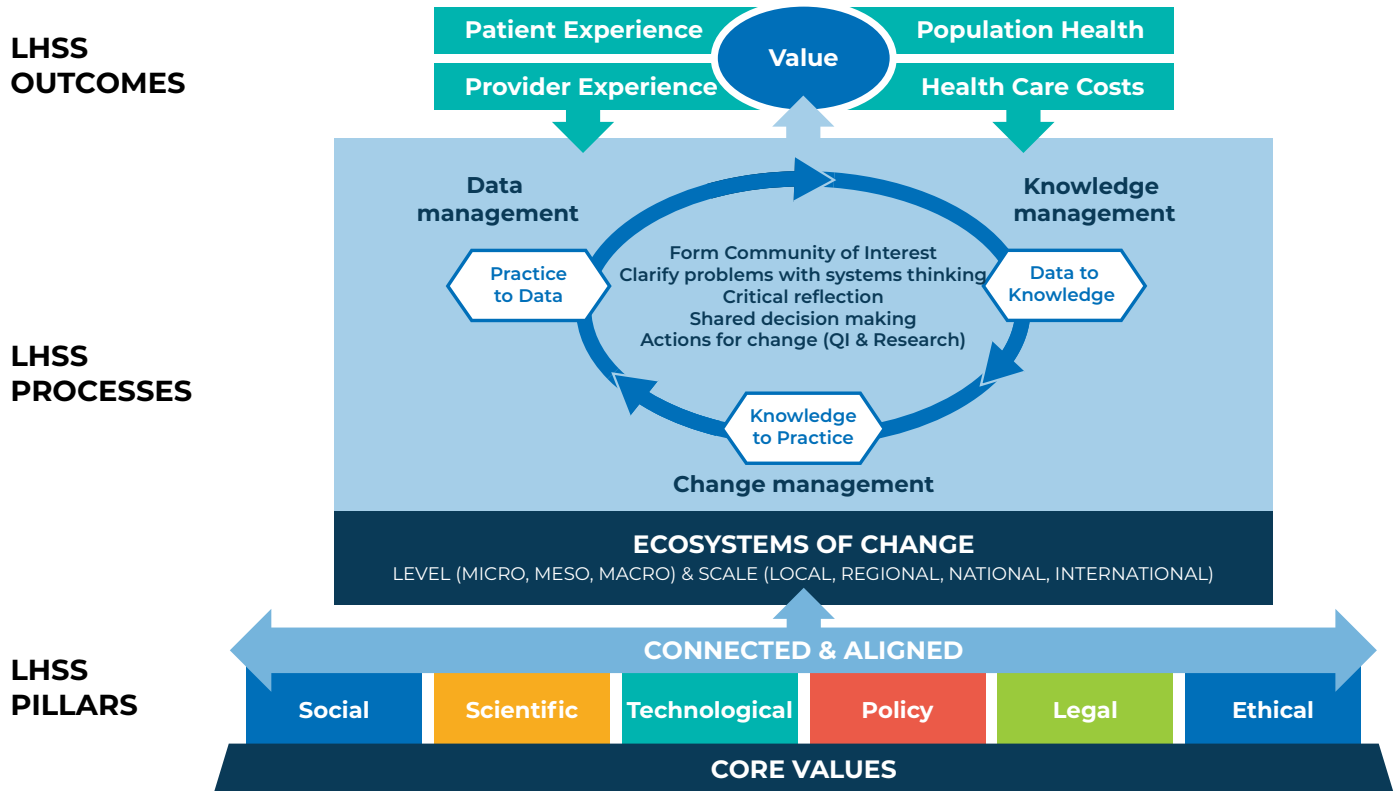


Figure 4. A LHSS in Practice

Implementing a LHSS

Implementation of a LHSS requires:

Leadership & engagement
A way to identify issues, problems or gaps: need to bridge the persons/families/communities and workers, decision makers and researchers
Managed data/information to understand the issues identified
Systems to embed learning cycles (research included) in system processes
Data and analytics to understand what is working (or not) and why
Dissemination mechanisms to scale best practices
A supportive culture where this has benefits for all

Implementation Challenges

Key Challenges to a LHSS	
Organizational culture	Limited supply of skilled individuals
Data systems and data sharing	Managing competing priorities
Funding learning activities	Regulatory challenges

Conclusions

1. Implementation of a LHSS is recommended by HANL as a pathway for change in achieving better health outcomes in NL.
2. HANL also recommends that support and advocacy for a LHSS be part of the mandate of a NL council for health quality and performance.
3. NL SUPPORT will play a critical role in executing a LHSS as implementation is a core requirement of Canadian Institute of Health Research funding.
4. The elements of a LHSS already exist in the province, but creating a culture of quality throughout the health and social systems will be essential.
5. A learning social system is a novel challenge particularly as the integration of health and social systems is envisaged as essential in improving health and health outcomes. Consequently, development of expertise on evaluation of the SDH in regions and aggregation of individual measures will be necessary.
6. A focus on improving health outcomes, developing competencies for using evidence for learning and improvement, and provider accountability for better utilization of health resources is necessary.