

Emergencies Driving Implementation In Learning Health Systems

*Alliance for Continuing Education for Healthcare Professionals
CPD Pulse Points
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**Caren M. Stalburg, MD MA
Associate Professor**

Departments of Learning Health Sciences and Obstetrics and Gynecology



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LEARNING HEALTH SCIENCES

Revolutionizing Learning, Transforming Health

No Conflicts of
Interest to report



"Piggy Bank"

Learning objectives

- Understand the concept and characteristics of a Learning Health System
- Consider the application of competency-based education and CPD within a Learning Health System
- Discuss the translation of rapid learning cycles to address identified gaps in care processes

Learning Health Systems (LHS)



Networks



Self-study

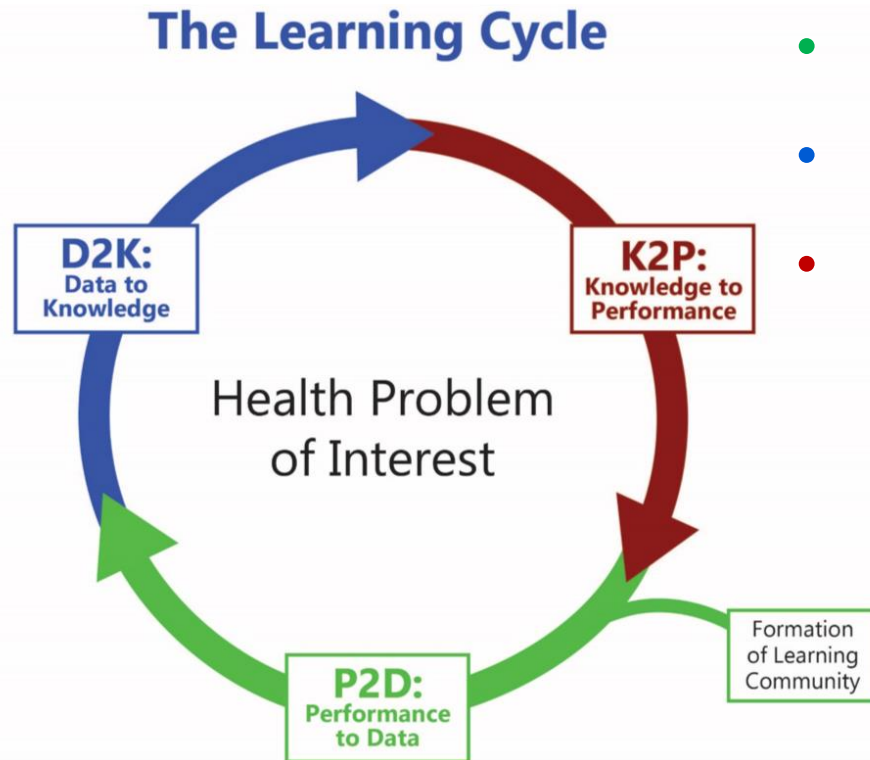


Adaptation



Transform care

LHS' Engage In Learning Cycles



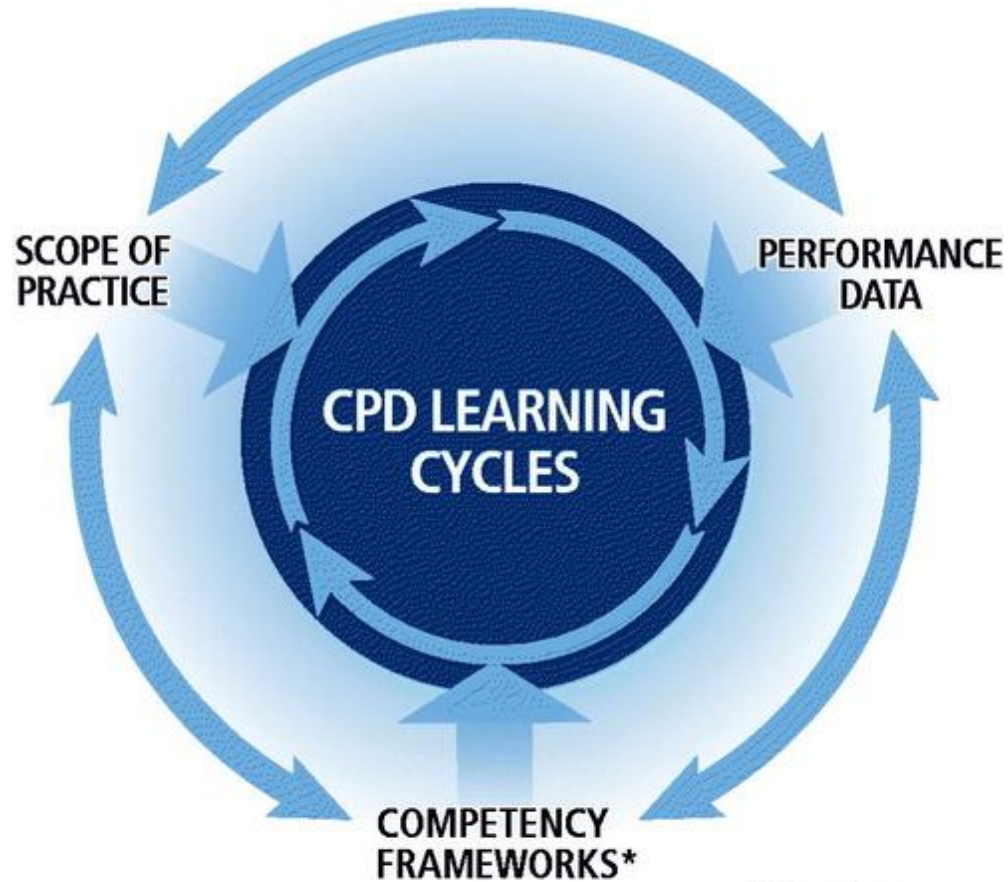
- Learning Community Formation
- Performance to Data
- Data to Knowledge
- Knowledge to Performance

Courtesy of Chuck Friedman, PhD

Is Your Organization A Learning System???



Applying CBME to CPD



*Examples:
CanMEDS 2015;
ACGME



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Lockyer J, Bursey F, Richardson D, Frank JR, Snell L, Campbell, C, *Medical Teacher*, 2017

LEARNING HEALTH SCIENCES

Revolutionizing Learning, Transforming Health

Is Your Organization Using CBME Principles To Address Gaps???



An Emergency Unlike Any Other

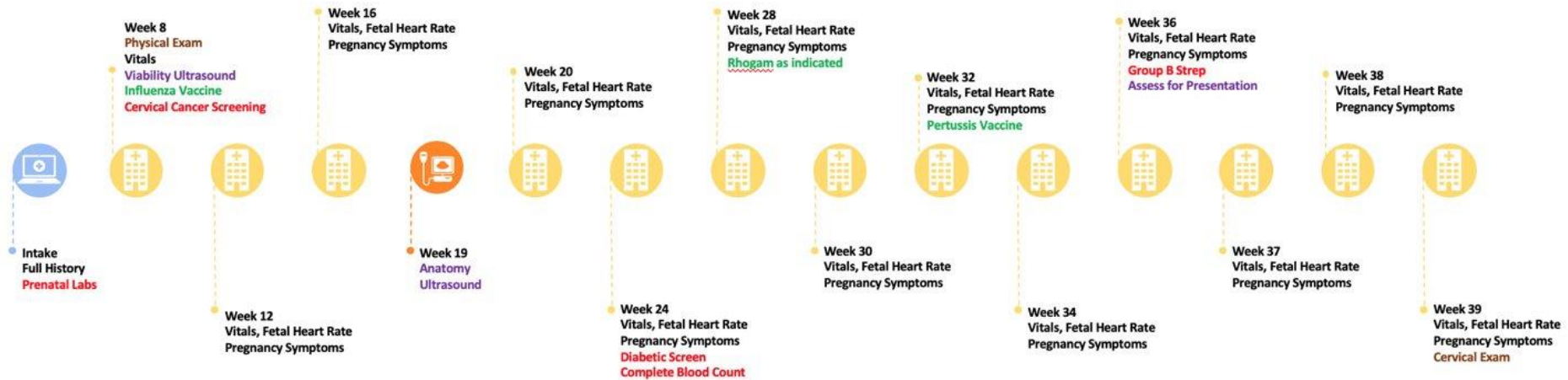


["Neon suction ball"](#) by [Qfamily](#) is licensed under [CC BY 2.0](#)

Prenatal Care During a Pandemic

- Urgent need for OB care despite shutting down clinical activities
- Data-driven decisions regarding care plans
- Urgent need for skill development in telehealth
- Rapid uptake by all stake-holders

Usual prenatal care

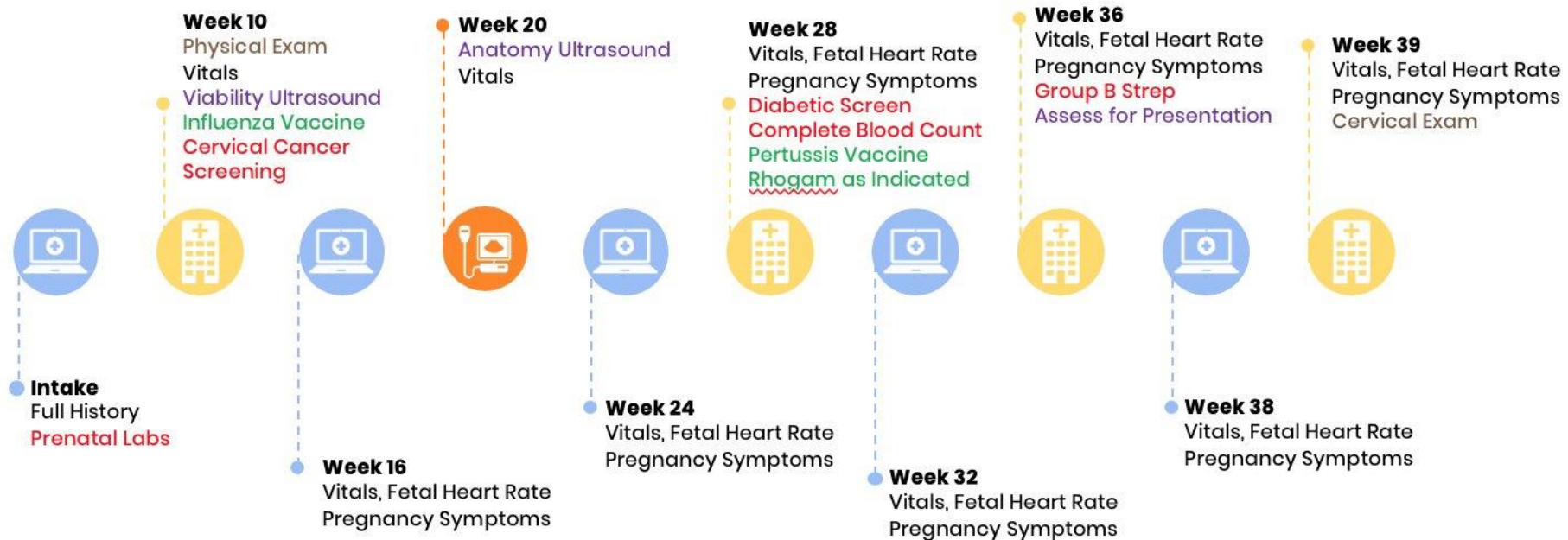


Kilpatrick *Guidelines in Perinatal Care* 2017

From @AFriedmanPeahl

<https://pbs.twimg.com/media/EYTQKuMX0AE-tuo?format=jpg&name=large>

Redesigned prenatal care: 4 – 1 – 4 Model



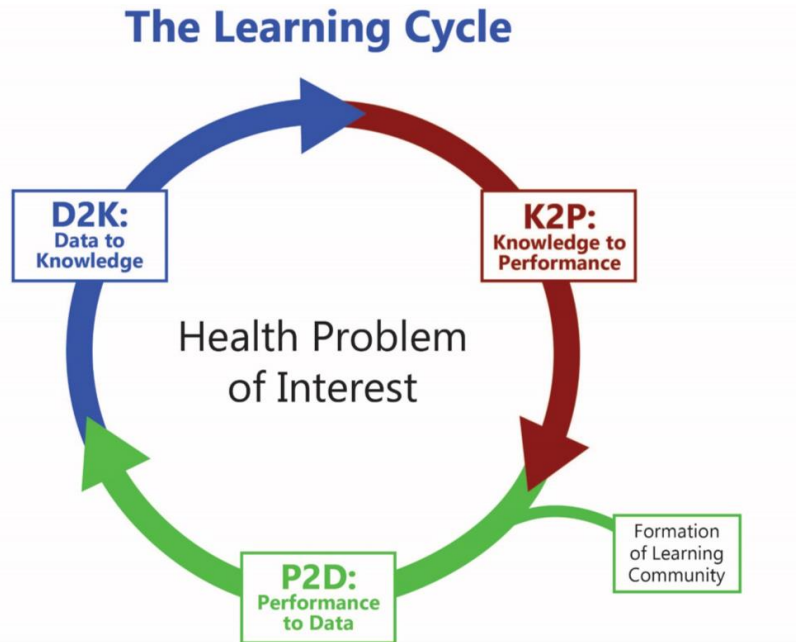
From @AFriedmanPeahl

<https://pbs.twimg.com/media/EYTQKtkWsAAtwju?format=jpg&name=large>

Immediate CPD: 4-1-4 Prenatal Care Model

- “**Burning platform**”—the issue was relevant to stakeholders and their functional ADL’s
- New processes introduced by **trusted colleagues** with known expertise, grounded in data
- Process roll out included **practical content and “things”**
 - ‘dot phrases’, wikis, emails, pdf’s
- **Communication** firehose using **quality and safety principles**
 - Daily huddles, What’s App, clear chain of responsibilities, routine feedback/readback
- **Revisit stakeholders** via discussion, surveys, and selected interviews from varying perspectives: provider, patient, organization

LHS Learning Cycles



Courtesy of Chuck Friedman, PhD

- Learning Community Formation
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References

- Jocelyn Lockyer, Ford Bursey, Denyse Richardson, Jason R. Frank, Linda Snell, Craig Campbell & on behalf of the ICBME Collaborators (2017) Competency-based medical education and continuing professional development: A conceptualization for change, *Medical Teacher*, 39:6, 617-622, DOI: [10.1080/0142159X.2017.1315064](https://doi.org/10.1080/0142159X.2017.1315064)
- Peahl AF, Smith RD, Moniz MH. Prenatal care redesign: creating flexible maternity care models through virtual care. *Am J Obstet Gynecol*. 2020;223(3):389.e1-389.e10. doi:10.1016/j.ajog.2020.05.029

Discussion: Making CPD part of an LHS

What are your drivers
for *Learning
Community
Formation*?

Where does your
Performance Data
originate?

How do you take that
Data and convert to
Knowledge?

How is this
Knowledge
incorporated to
improve
Performance?