A Continuously Learning Health Care System in the United States

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The national health care system is beginning to embrace the idea of a continuously learning health care system, as proposed by the Institute of Medicine (IOM) in the report *Best Care at Lower Cost.* The necessity of such a system arose from the IOM’s Quality Chasm series, which proposed the spread of learning organizations as a method to improve the efficiency, speed, and effectiveness of information sharing and innovation among clinicians, payers, vendors, and, particularly, patients and consumers.

To move from the idea of a continuously learning health care system to its implementation, the IOM engaged an expert committee, the Committee on the Learning Healthcare System in America, to investigate the possibilities and limitations that might exist in the capture and employment of patient-focused knowledge collected from clinicians, researchers, and educators. Mary Naylor of the University of Pennsylvania School of Nursing provided the perspective of nurses, the largest group of clinicians involved in patient care, on this committee. Her work helped the committee develop approaches to the problems of a complex health care system that are timely, relevant to nurses, and important for patients.

Patients, their families, and their communities rightfully look to nurses to assist them in facing the challenges of navigating a complex health care system.

The views expressed in this commentary are those of the author and not necessarily of the author’s organization or of the Institute of Medicine. The commentary is intended to help inform and stimulate discussion. It has not been subjected to the review procedures of the Institute of Medicine and is not a report of the Institute of Medicine or of the National Research Council.

The continuously learning health care system outlined by the IOM will optimize the rapid and continuous capture and sharing of knowledge in a way that gives nurses the necessary tools to provide patients the assistance they need. This system also lays the foundation for making this process a seamless and intrinsic part of American health care.

Nurses, physicians, and other clinicians will see the continuously learning health care system begin to develop in several ways. With that development, there will be a higher level of investment in the digital infrastructure that underpins knowledge sharing, giving clinicians improved access to clinical decision support tools when they need them. There will be more pushback against burdensome and/or poorly constructed regulations and standards, which act to limit excellent care. At the same time, there will be incentives to provide a higher level of care through implementation of well-conceived regulations and standards. There will be an even higher priority placed on patient and family engagement, not just by notifying them of the care and the reasons for it, but also by engaging them in
collaboration through innovations such as health coaching and care coordination.

Although the implementation of a continuously learning health care system is in its infancy, a growing number of nurse-led, evidence-based interventions in line with the goals of such a system already have achieved tangible successes. In 2012, the results of a nurse-driven intervention to reduce central line–associated bloodstream infections (CLABSI) showed that 19 months after implementation, CLABSI rates were reduced by 81 percent, or below 1/1,000 central line–days in the intervention group.² In another example of a nurse-led strategy for care improvement, the development and implementation of a Web-based fall-prevention toolkit successfully reduced falls among those units receiving the intervention, particularly among elderly patients.³

Moreover, here at the American Nurses Association (ANA), Suzy Harrington, Director of ANA’s Department for Health, Safety, and Wellness, has facilitated the development of Safe Patient Handling and Mobility Interprofessional National Standards. These standards articulate consistent and foundational expectations that provide a roadmap for implementation for all who move and mobilize patients across the care continuum. By pulling together national subject-matter experts and evidence-based best practices, these nurse-led standards will improve patient handling and mobility and prevent injuries among patients and health care workers, while improving quality of care and reducing costs. Although they were just released in June 2013, many health care institutions and federal and state legislators have expressed great interest in aligning with these comprehensive standards, which will provide some consistency throughout the health care system.

The current health care system needs many changes. The continuously learning health care system, as proposed by the IOM, is another in the many steps necessary to make those changes. I look forward to seeing nurses take leadership roles in moving toward a continuously learning health care system in America that recognizes the value of the patient and the integral role of the nurse.

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References:

Note: Authored commentaries in this IOM Series draw on the experience and expertise of field leaders to highlight health and health care innovations they feel have the potential, if engaged at scale, to foster transformative progress toward the continuously learning health system envisioned by the IOM. Statements are personal, and are not those of the IOM or the National Academies.

In this commentary, Karen Daley, President of the American Nurses Association, describes the promise of a continuously learning health care system as described in the IOM report *Best Care at Lower Cost*, underscoring the system’s potential for optimizing nurse-led initiatives to generate, disseminate, and translate evidence to high-value health care. Her discussion touches on several concepts central to continuously learning care, including the opportunities to:

- Invest in digital infrastructure to facilitate rapid, continuous knowledge capture and sharing to provide all clinicians with improved access to clinical decision support tools at the point of care;
- Increase patient and family engagement in not only care decisions, but also innovative strategies like health coaching and initiatives to improve coordination; and
- Implement redesigned, streamlined regulations and standards to incentivize care quality improvement.

Information on the IOM’s Learning Health System work may be found at [www.iom.edu/learninghealthsystem](http://www.iom.edu/learninghealthsystem)