



EXECUTIVE LEADERSHIP NETWORK FOR A CONTINUOUSLY LEARNING HEALTH SYSTEM

An activity of the NAM Leadership Consortium for a Value & Science-Driven Health System

Activity: The Executive Leadership Network for a Continuously Learning Health System (ELN) works to establish the capacity, infrastructure, and culture necessary to drive continuous learning and improvement within and across health care delivery systems. The ELN supports ongoing communication, collaboration, and synergy among executive-level stakeholders with common investments in continuous learning.

Compelling aspiration: *Better health, better health care, and better value through accelerated system-wide progress in continuous learning and improvement in health and health care programs.* This will be accomplished through the ongoing networked sharing and communication among senior system leaders with stakes, motivation, commitment, and levers for progress from which they and their constituents will all benefit.

Issue: Routine and seamless assessment of the effectiveness and efficiency of care is basic to achieving the shared health system aims of better health, better care, and lower cost. Advancements in the digital infrastructure and development of innovative methods for learning from data now make this aim achievable in health care. Key requirements for realization of the vision include building the infrastructure, skills, interoperability, and incentives within each organization and across major components of the health system, for continuous and shared learning and improvement. Leaders of health care delivery systems and organizations that pay for care regularly make decisions related to their capacities for information technology, organizational operations and structure, performance improvement, quality tracking, and care culture. The data systems, assessment frameworks, and patient confidentiality and protection protocols required are similar to various independently supported knowledge generation activities. On the other hand, because care delivery, quality improvement, and evidence development activities are often planned and supported by different participants, the perspectives, priorities, and incentives in play often work counter to the potential for organizational and system-wide efficiency, effectiveness, and pace of improvement.

Approach: The Executive Leadership Network facilitates the cooperative engagement, communication, and leadership of health system executives to accelerate individual, organizational, and system-wide capacity and progress for health care that continuously learns and improves. By sharing experiences and lessons learned in their respective efforts, progress will be enhanced on their mutual priorities for better care delivery, reporting focused on the most important outcomes and quality, and contributing to the development of better evidence. Network participants will also serve as a standing group of *ad hoc* advisors to the National Academy of Medicine on the issues, strategies, and returns from continuous learning capacities that simultaneously support operational decision-making, performance improvement efforts, and the generation of better evidence—including rapid-cycle learning efforts, patient data sharing across entities, focus and harmonization of measurement activities, ethical framework and IRB streamlining for evidence development from the care experience, and improving the implementation of reliable clinical decision support tools.

Related NAM work: *Accelerating Medical Evidence Generation and Use: Summary of a Meeting Series (2017); Clinician Engagement for Continuous Learning (2017); Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care (2017); Vital Directions for Health and Health Care (2016); Generating Knowledge from Best Care: Advancing the Continuously Learning Health System (2016); Observations from the Field: Reporting Quality Metrics in Health Care (2016); Transforming Health Care Scheduling and Access: Getting to Now (2015); Vital Signs: Core Metrics for Health and Health Care Progress (2015); Integrating Research and Practice: Health System Leaders Working Toward High-Value Care (2014); Essential Stewardship Priorities for Academic Health Systems (2014); Observational Studies in a Learning Health System (2013); Large Simple Trials and Knowledge Generation in the Learning Health System (2013); Best Care at Lower Cost (2012); Digital Infrastructure for a Learning Health System (2011); Clinical Data as a Basic Staple for Health Learning (2011); Redesigning the Clinical Effectiveness Research Paradigm (2010); Leadership Commitments to Improve Value in Healthcare (2009); Initial National Priorities for Comparative Effectiveness Research (2009)*

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The National Academy of Sciences

The National Academy of Sciences (NAS) is a non-governmental organization comprised of the nation's leading scientists. Chartered by Congress and President Abraham Lincoln in 1863, NAS is called upon to serve as the adviser to the Government and to the nation on matters of scientific research and policy. Presidential Executive Orders have defined the special relationship of the Academy to Government and cited its unique capacity to marshal scientific expertise of the highest caliber for independent and objective science policy advice. The NAS charter now provides the governing framework for the work of three component Academies: the National Academy of Sciences, the National Academy of Engineering, and the National Academy of Medicine. Each of the three Academies has approximately 2000 elected members, and, in addition, draws widely throughout the nation and world for the expertise necessary for the accomplishment of its mission and related responsibilities.

The National Academy of Engineering

Founded in 1964 under the NAS Charter, the National Academy of Engineering (NAE) provides engineering leadership in service to the nation. The mission of the National Academy of Engineering is to advance the well-being of the nation by promoting a vibrant engineering profession and by marshalling the expertise and insights of eminent engineers to provide independent advice to the federal government on matters involving engineering and technology. The peer-elected NAE members and foreign associates, senior professionals in business, academia, and Government are among the world's most accomplished engineers. They provide the leadership and expertise to advance engineering, technology, and their relationships to the quality of life.

The National Academy of Medicine

The National Academy of Medicine (NAM) was established in 1970 under the NAS charter (initially as the Institute of Medicine), to serve as the nation's adviser on health, health science, and health policy. Like its sister organizations, NAS and NAE, National Academy of Medicine members (about 65 elected each year) are drawn from the leading authorities in medicine, health, the life sciences, and related policies, in the United States and throughout the world. Working together through the NAM, their primary aim is ensure that objective, reliable, and scientifically informed analysis and independent guidance are brought to bear on the most difficult and challenging health and health care issues facing the nation, and beyond.

Rights and responsibilities under the Congressional Charter

The three National Academies have a long tradition of providing national advice and leadership, which rests on their ability to convene experts and other diverse stakeholders charged with considering important issues of science, engineering, and health policy in an objective, independent, and trusted environment that assures rigorous analysis. Because the National Academies provide the Federal Government with a unique service, activities are accorded a special status by charter and the implementing Executive Orders of the President. Specifically, *"when a department or agency of the executive branch of the Government determines that the Academy, because of its unique qualifications, is the only source that can provide the measure of expertise, independence, objectivity, and audience acceptance necessary to meet the department's or agency's program requirements, acquisition of services by the Academy may be obtained on a noncompetitive basis if otherwise in accordance with applicable law and regulations."* (Executive Order 12832)