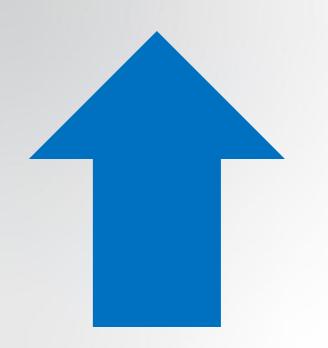
# Learning Health Systems

Healthy Futures Summit December 5, 2019

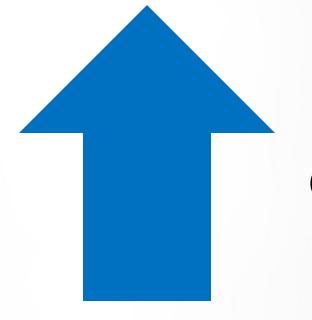


# COMPLEXITY Structure Knowledge Patients









COSTS



"...a learning healthcare system that is designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care"



Roundtable on Evidence-based Medicine 2006
Learning Health Care System in America 2012
National Academy of Medicine

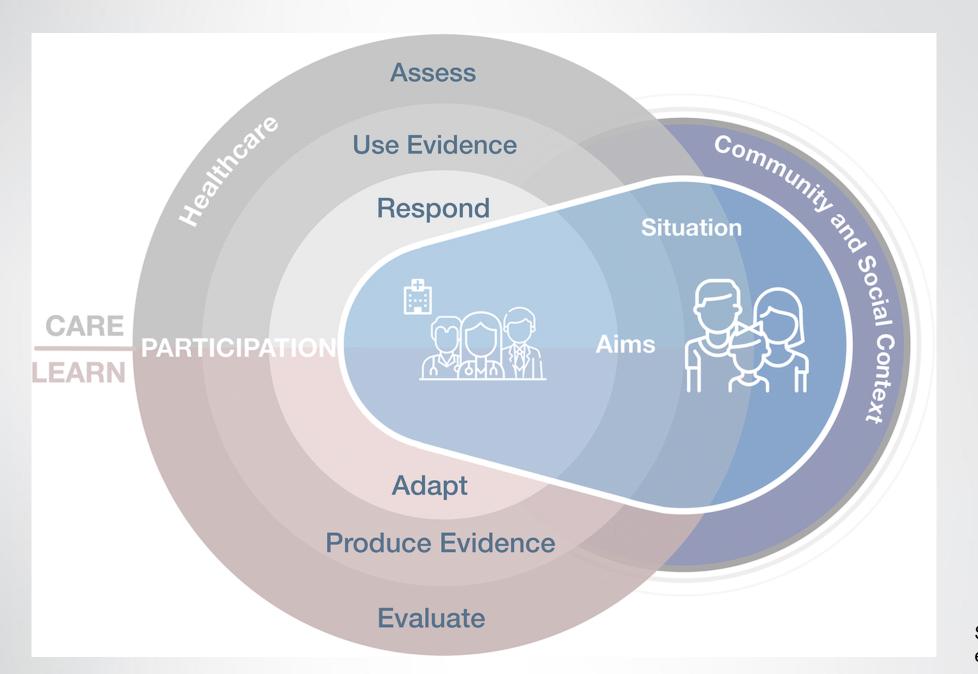
### **Learning Health Systems—**

- Have leaders who are committed to a culture of continuous learning and improvement.
- Systematically gather and apply evidence in realtime to guide care.
- Employ IT methods to share new evidence with clinicians to improve decision-making.
- Promote the inclusion of patients as vital members of the learning team.
- Capture and analyze data and care experiences to improve care.
- Continually assess outcomes refine processes and training to create a feedback cycle for learning and improvement



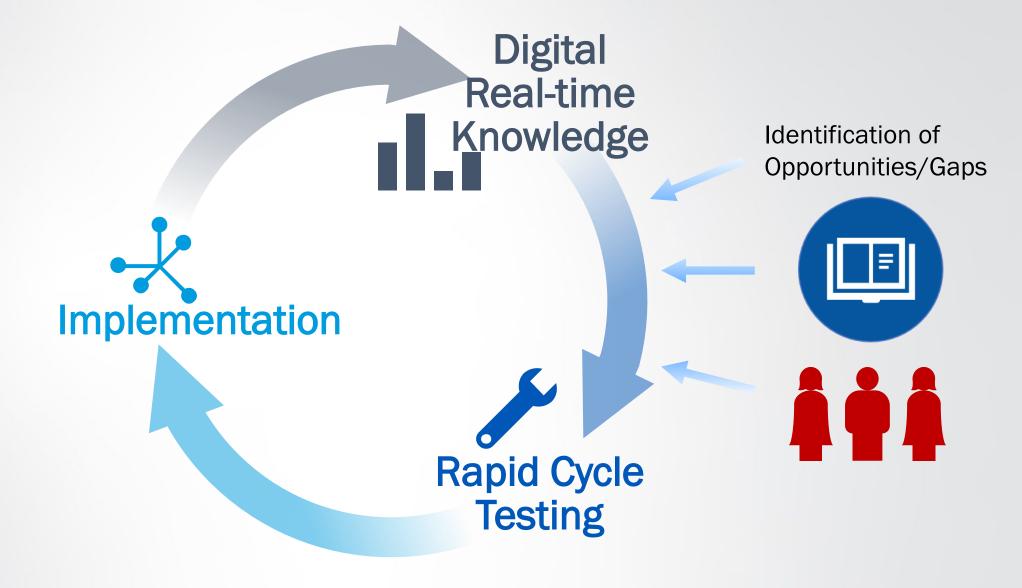
Source: <a href="https://www.ahrq.gov/learning-health-systems/about.html">https://www.ahrq.gov/learning-health-systems/about.html</a>

### Care and Learn Model



Source: Montori et. Al; 2019

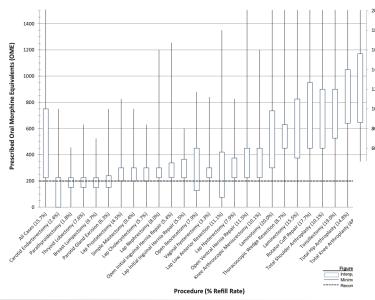
## Learning Health Systems Solutions Model



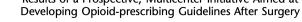
# Application to Opioid Prescribing

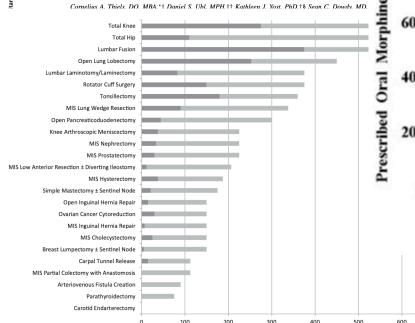
ASA PAPER

Wide Variation and Overprescription of Opioids After Elective Surgery









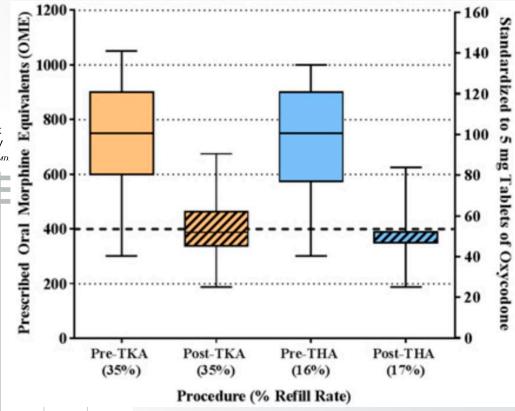
■ Median Remaining Discharge Morphine Milligram Equivalents (MME)

■ Median Consumed Morphine Milligram Equivalents (MME)

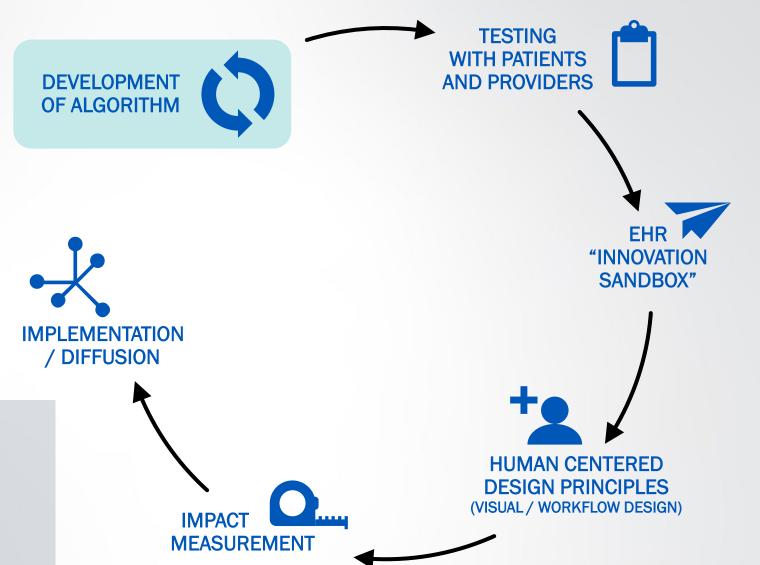
Clin Orthop Relat Res (2019) 477:104-113 DOI 10 1007/s11999 00000000000000292 Clinical Orthopaedics and Related Research®

### 2018 Knee Society Proceedings

The 2018 Chitranjan S. Ranawat, MD Award: Developing and Implementing a Novel Institutional Guideline Strategy Reduced Postoperative Opioid Prescribing After TKA and THA







Goals: Better care

Provider efficiency

Satisfaction

Higher value

### **Applying Rapid Cycle Testing to Al**

pragmatic cluster randomized trial

previously undiagnosed patients, thereby facilitating early diagnosis and treatment.

ORIGINAL ARTICLE

WILEY



Prospective validation of a deep learning electrocardiogram algorithm for the detection of left ventricular systolic dysfunction

Peter A. Noseworthy, MD c Rochester, MN

Zachi I. Attia MSc<sup>1</sup> | Sur Francisco Lopez-Jimenez I Rickey E. Carter PhD<sup>4</sup> | Peter A. Noseworthy MD<sup>5</sup>





<sup>1</sup>Department of Cardiovascular Medicine, Ma <sup>2</sup>Department of Health Sciences Research, Di <sup>3</sup>Robert D. and Patricia E. Kern Center for th <sup>4</sup>Division of Biomedical Statistics and Information

### Correspondence

Peter A. Noseworthy, MD, Heart Rhythm and Physiologic Monitoring Laboratory, Department of Cardiovascular Medicine, Mayo Clinic, Rochester, MN 55905. Email: Noseworthy.peter@mayo.edu

#### Disclosures

In the past 36 months, Dr. Shah has received research support through Mayo Clinic from the Food and Drug Administration to establish Yale-Mayo Clinic Center for Excellence in Regulatory Science and Innovation (CERSI) program (U01FD005938), from the Centers or

**Background** A deep learning algorithm to detect low ejection fraction (EF) using routine 12-lead electrocardiogram (ECG) has recently been developed and validated. The algorithm was incorporated into the electronic health record (EHR) to automatically screen for low EF, encouraging clinicians to obtain a confirmatory transthoracic echocardiogram (TTE) for

Xiaoxi Yao, PhD, a,b,c Rozalina G. McCoy, MD, MS, a,d Paul A. Friedman, MD, C Nilay D. Shah, PhD, a,b

Barbara A. Barry, PhD, b Emma M. Behnken, e Jonathan W. Inselman, M.S., a Zachi I. Attia, M.S., and

**Objectives** To prospectively evaluate a novel artificial intelligence (AI) screening tool for detecting low EF in primary care practices.

**Design** The EAGLE trial is a pragmatic two-arm cluster randomized trial (NCT04000087) that will randomize >100 clinical teams (i.e., clusters) to either intervention (access to the new AI screening tool) or control (usual care) at 48 primary care practices across Minnesota and Wisconsin. The trial is expected to involve approximately 400 clinicians and 20,000 patients. The primary endpoint is newly discovered EF  $\leq$ 50%. Eligible patients will include adults who undergo ECG for any reason and have not been previously diagnosed with low EF. Data will be pulled from the EHR, and no contact will be made with patients. A positive deviance qualitative study and a post-implementation survey will be conducted among select clinicians to identify facilitators and barriers to using the new screening report.

**Summary** This trial will examine the effectiveness of the Al-enabled ECG for detection of asymptomatic low EF in routine primary care practices and will be among the first to prospectively evaluate the value of Al in real-world practice. Its findings will inform future implementation strategies for the translation of other Al-enabled algorithms. (Am Heart J 2020;219:31-36.)

Goals: Better care

Provider effic

Provider satis

Reimbursable