The LHS Workshops

March 8th and 9th
1:00pm – 4:00pm ET

Powered by

Call to Action

This is a **call to action to co-create a collaborative network** to accelerate innovation and **drive commitment towards the adoption of the learning health system (LHS) vision** as it applies to different areas of the health system (HTA, clinical decision support, resource optimization, regulatory).

This initial workshop is focused on understanding the different approaches that are being used to overcome the barriers associated with the collection of **quality grade data that can then lead to decision grade evidence**, a prerequisite for enabling the LHS.

The goal of this workshop is to **identify specific ideas that this network can advance and drive a commitment from stakeholders to collaborate towards the success of those ideas.**

Day 1: Enabling the Learning Health System in Canada & the Lifecycle-Health Technology Assessment Vision

Section	Speaker / Activity	Time
Part 1: **Enabling the Learning Health System in Canada**	**Introduction & Objectives** *Delivered by Jack Kitts, CPHIN*	1:00pm – 1:15pm
	Plenary & Working Discussion: Enabling the Learning Health System in Canada *Delivered by Vivek Goel, President, University of Waterloo*	1:15pm – 2:05pm
Break		*2:05pm – 2:15pm*
Part 2: **Lifecycle-Health Technology Assessment (LC-HTA Vision) as part of the LHS**	**CADTH Perspective :** Getting to decision-grade evidence *Delivered by Nicole Mittmann, CADTH*	2:15pm – 2:35pm
	LC-HTA Vision & Ideation Session: Overview of the LC-HTA vision, connection to the LHS, and enabling that vision via PREDiCT *Delivered by Dean Regier & PREDiCT team, BC Cancer*	2:35pm – 3:50pm
Part 3: Wrap Up	**Day 1 Summary**	3:50pm – 4:00pm

Agenda subject to change

Day 2: Enabling Clinical Decision Making and Resource Optimization as part of the Learning Health System

Section	Speaker / Activity	Time
Part 1: **Enabling Clinical Decision Support / Resource Optimization as part of LHS**	**Topic 1 & Working Discussion:** Enabling Clinical Decision Support & Resource Optimization as part of LHS *Delivered by Alan Forster, TOH & David Buckeridge, McGill*	1:00pm – 2:10pm
Break		*2:10pm – 2:20pm*
Part 2: **Research Initiatives –** **Clinical Decision Support / Resource Optimization**	**Topic 2 CADTH Perspective:** Data quality requirements for clinical decision making *Delivered by Laurie Lambert, CADTH*	2:20pm – 2:35pm
	Topic 3 Research Initiatives & Ideation Session: Quality Real-World-Data *Delivered by Devon Boyne, Alberta Health Oncology Outcomes & Geoff Liu, UNH Lung KSP*	2:35pm – 3:40pm
Part 3: Wrap Up	**Day 2 Summary & Next Steps**	3:40pm – 4:00pm

Agenda subject to change

Our goal is to drive commitment towards the adoption of the learning health system vision as it applies to different areas of the health system

CPHIN
Canadian Personalized Healthcare
Innovation Network

A Learning Health System (LHS) will help to achieve the Quadruple Aim through the systematic integration of internal data and experiences with external evidence that is translated into practical applications across the ecosystem

Examples of what could be achieved

Day 1

A regulatory system that integrates real world data into ongoing decision-making as they continually updates guidance on safety and efficacy of treatments in the market (e.g., Post Market Drug Evaluation)

A lifecycle HTA process that continually assesses the cost-effectiveness of health technologies to increase the speed of access to innovative therapies and divest from less effective therapies
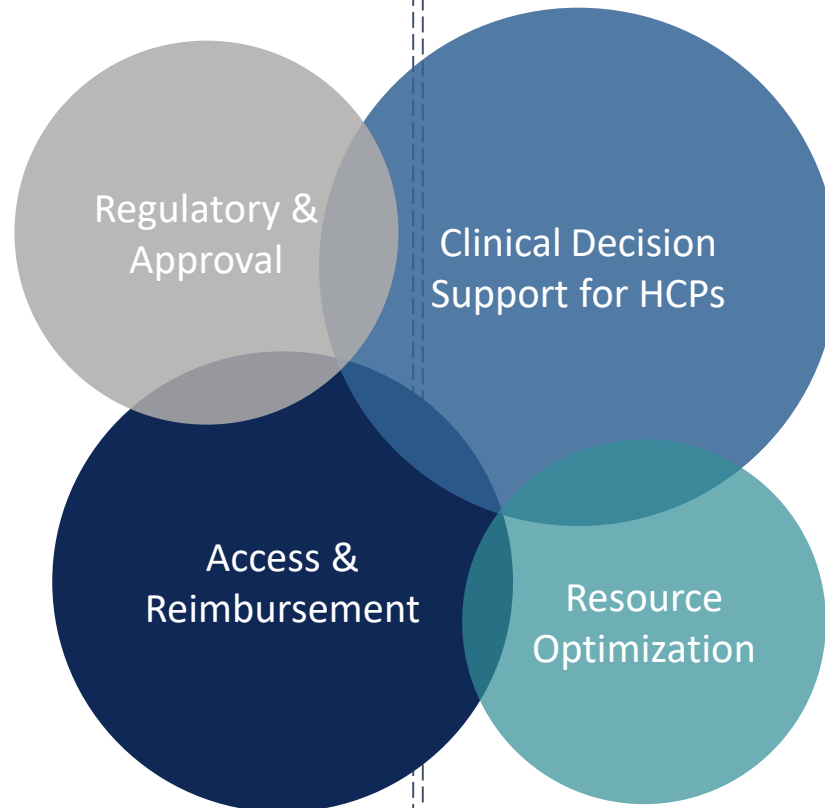
Day 2

Clinicians deliver personalized care to patients based on algorithms that are continuously improved by connected datasets from across the ecosystem and sharing learnings that can inform future improvement of care

Resource allocation decisions by healthcare providers and systems are informed by high-quality, timely data to deliver optimal outcomes to patients

Regulatory & Approval

Clinical Decision Support for HCPs

Access & Reimbursement

Resource Optimization

As identified by the pan-Canadian Health Data strategy there are several historical factors that must be overcome to move toward a cohesive LHS

CPHIN
Canadian Personalized Healthcare
Innovation Network

The goal in the workshop is to focus on initiatives that have been developed to overcome these barriers

Common Barriers to the LHS		
Health Data Accountability and Governance	1.	**Lack of trust and clear accountability** for data and analysis within and between jurisdictions, governmental organizations and data custodians.
	2.	**A culture of risk aversion** among senior leadership, data custodians and privacy officers who have incentives to prevent privacy breaches rather than both ensuring public benefits from the use of their data holdings and the protection of personal health data. This is exacerbated by insufficient understanding of applicable personal health information legislation and inconsistencies between these statutes across jurisdictions.
	3.	**Misaligned incentives and lack of a common vision** resulting from different policy goals, priorities, risk tolerances, and cultures that do not encourage collaboration across silos.
Trust	4.	**Limited public insight and involvement** in conversations around data use, which misses the opportunity to increase data literacy and minimizes public influence on those decisions.
Digital-Age Health Data Policy	5.	**Lack of consensus and follow-up on pan-Canadian interoperability** compounded by short-term incentives to implement vendor-centric or narrowly focused solutions that limit leveraging, strengthening, and learning from a common data foundation.
	6.	**A failure to spread and scale excellence** in the collection, sharing, and / or use of data across the country.
	7.	**A reluctance to include conditional requirements** for fiscal transfers in the interest of maintaining cooperation resulting in a failure to create a cohesive health data ecosystem.
Interoperability	8.	**An uncoordinated approach to procuring and implementing** data and technology solutions without requirements for data access, interoperability, and cohesion for care, population health, and public health.
	9.	**Antiquated data policy environment** designed for paper records and analog transmission that does not consider approaches that would achieve better health outcomes while also protecting data in the digital age.
	10.	**Inconsistent and insufficient investment in data capacity and capability** that undervalues efforts to sustain and generate long-term value from data through a comprehensive person-based approach that generates timely insights.
	11.	**Significant data debt** resulting from fragmented and dysfunctional legacy IT systems - within and across jurisdictions - and data assets that cause an expensive patchwork of ad hoc solutions to integrate data that are difficult to untangle.
	12.	**Fiscal pressures** to contain growing costs of health services leads to focus on "front-line" health expenditures, crowding out investments in data capacity, capability, and infrastructure.
Data Literacy	13.	**A culture of avoidance** amongst health providers and leaders of potentially embarrassing results of comparative analysis.

Thank you

🖱️ www.cphin.ca

🐦 @CPHIN_CA

✉️ Info@cphin.ca

CPHIN
Canadian Personalized Healthcare
Innovation Network