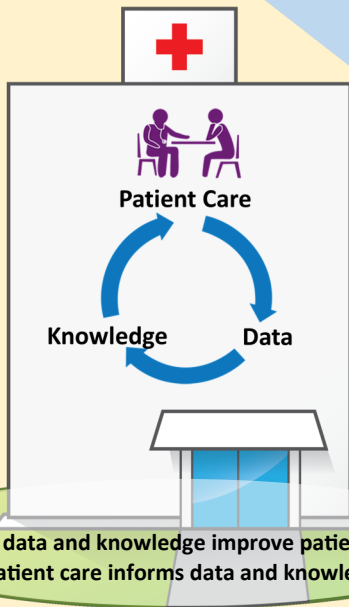# What did we do?

According to the **National Academy of Medicine (NAM)**, healthcare organizations (e.g. hospitals, clinics) labelled as "Learning Health Systems" ideally should combine internal data and experiences with external evidence to produce knowledge that is put into practice.

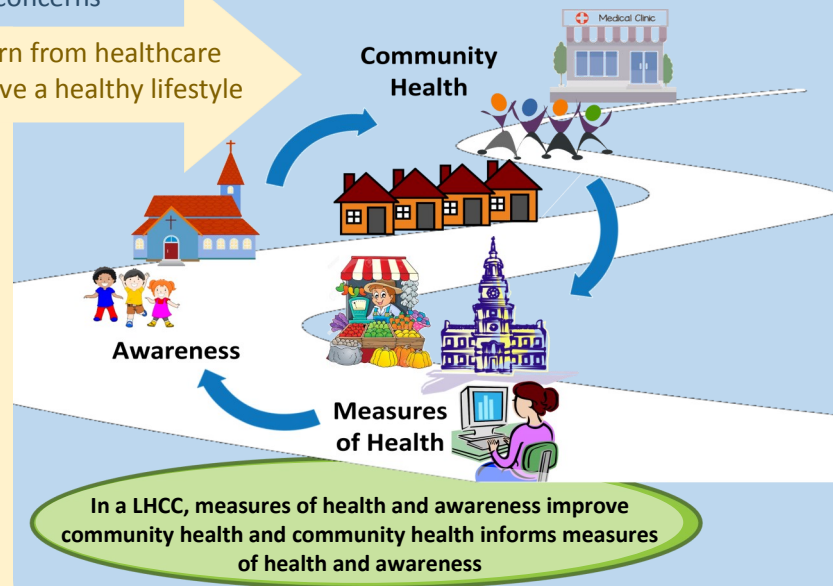This project aims to bring the "Learning Health System" concept into the community

Learning Health System (LHS)

Learning Health Care Community (LHCC)

Health systems learn from communities about their health concerns

Communities learn from healthcare providers how to live a healthy lifestyle

Patient Care

Knowledge

Data

Community Health

Awareness

Measures of Health

In a LHS, data and knowledge improve patient care and patient care informs data and knowledge

In a LHCC, measures of health and awareness improve community health and community health informs measures of health and awareness

How did we do it?

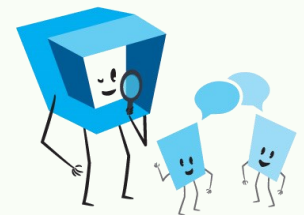We conducted **15 focus group sessions**

and **21 interviews**

with a total of **109 participants:** patients, community members and leaders, healthcare professionals and administrators in West Baltimore

Data coding & **analysis**

Data display & **validation**

Drawing **conclusions**

See Back →

What did we **find**?

1

HEALTH IS A PRIORITY!

People want to stay healthy, mainly driven by the motivation of living longer and being around their families. They mostly learn about their health through their relationship with their healthcare provider (doctor visits).

2

PATIENTS SEEK MORE THAN JUST MEDICAL CARE

While the medical team focuses on conversations that enhance medical care, patients are expecting healthcare providers to touch on subjects beyond medical care like: thoughts and feelings, mental health, social support, and questions that establish comfort.

3

PATIENTS WANT EMPATHY

Patients look for healthcare providers who listen. Home visits was a common theme among both community members and healthcare providers. "Family-oriented" healthcare was key for many patients looking for more involvement in the decision-making process.

"I think physicians need to be more community based. Back in the day, your doctor knew you, your family, your children, everything about you!" **–Patient**

"We get this whole mindset of 15 minutes per patient, so unfortunately we don't get to ask those important questions that aren't necessarily related to the reason [patients] are coming in, but are very important to their overall health." **–Medical Doctor**

4

WHAT'S NEXT? A VISION FOR LHCC

What do participants think a Learning Health Care Community should look like?

Individualized to each community

Present research in simplified manner

Use collaborative approaches to include patients' ideas

Should be sustainable and community-based

Include home visits

Incorporate social determinants of health

Include integrated data. systems to track information

Raise awareness through community events

Align different stake-holders and resources to increase efficiency

The **PATIENTS** Program
at the University of Maryland
School of Pharmacy