This project aims to bring the “Learning Health System” concept into the community.

**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.

**Learning Health System (LHS)**

Health systems learn from communities about their health concerns.

Communities learn from healthcare providers how to live a healthy lifestyle.

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

**Learning Health Care Community (LHCC)**

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

Drawing conclusions

Data display & validation

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
   - Include home visits
   - Use collaborative approaches to include patients’ ideas
   - Incorporate social determinants of health
   - Include integrated data systems to track information
   - Should be sustainable and community-based
   - Align different stakeholders and resources to increase efficiency
   - Raise awareness through community events

For more information please visit: bit.ly/PATIENTS-LHCC

Supported in part by a research grant from Investigator-Initiated Studies Program of Merck Sharp & Dohme Corp. The opinions expressed in this document are those of the authors and do not necessarily represent those of Merck Sharp & Dohme Corp.