

**At the Intersection of
Quality Improvement (QI), Implementation
Science (IS), & Health Services Research (HSR)**

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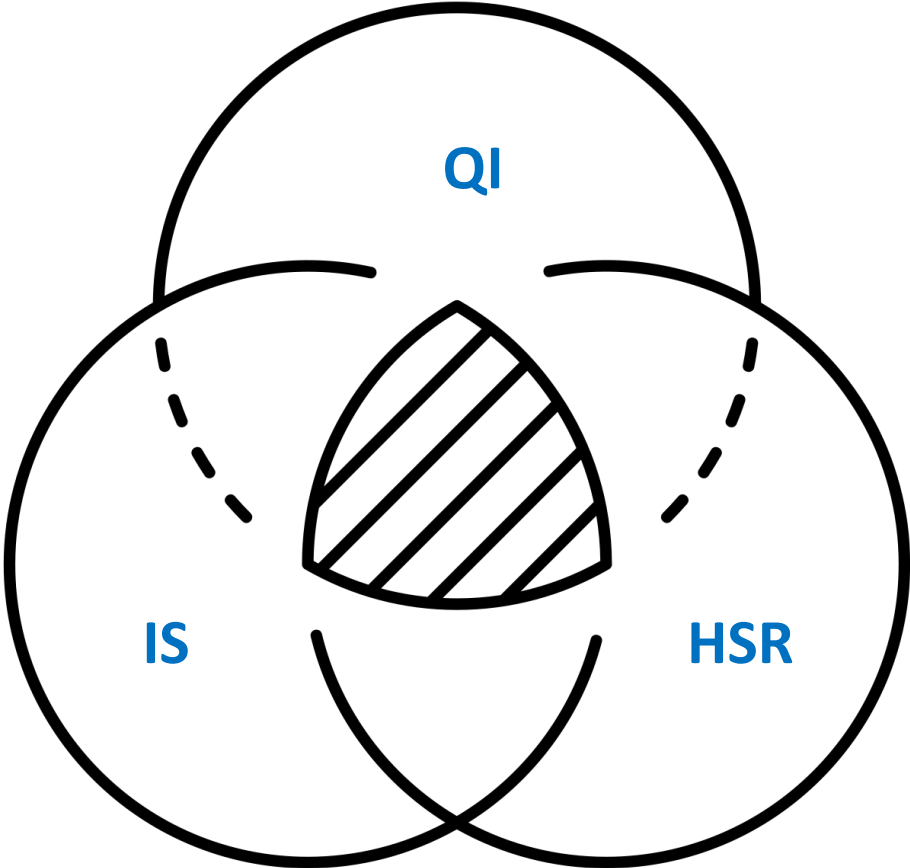
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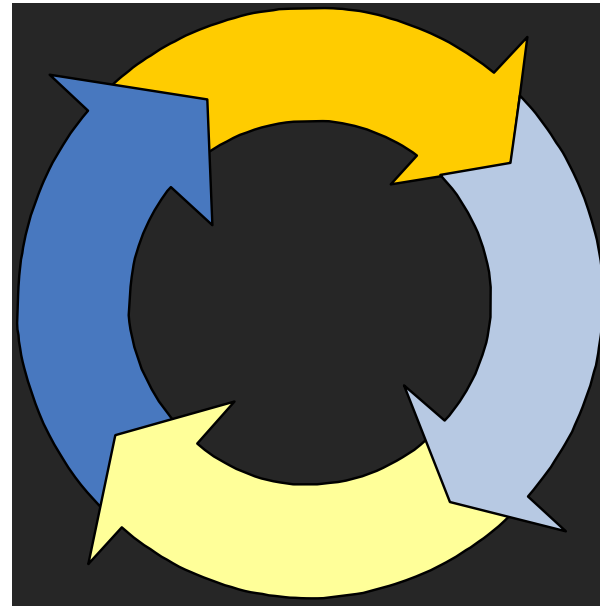
What's at the intersection of QI, IS and HSR?



21st Century Health Care, *Crossing the Quality Chasm*

Information-rich, patient-focused enterprises

Evidence is continually refined as a by-product of care delivery



Information and evidence transform interactions from reactive to proactive (benefits and harms)

Actionable information available – to clinicians AND patients – “just in time”

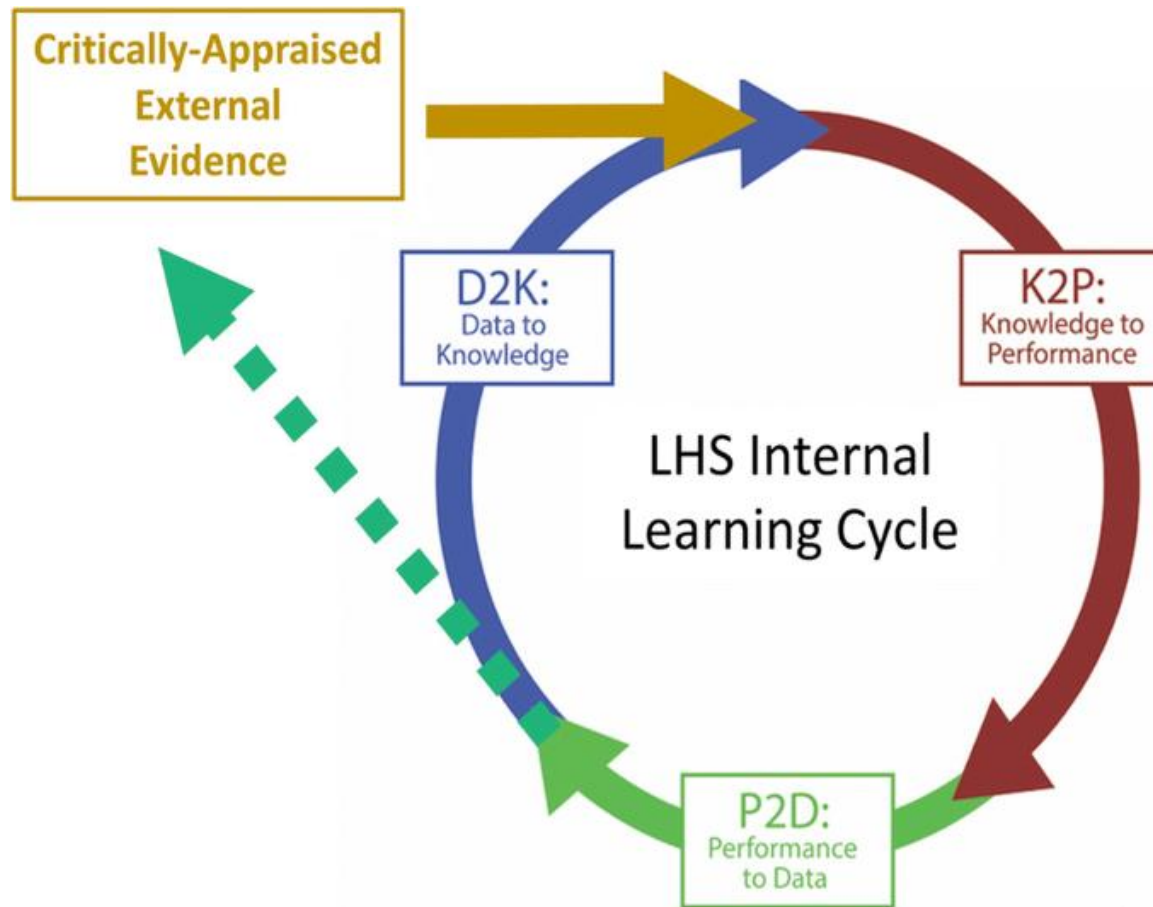
Learning Health System

- *A system in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the care process, patients and families are active participants in all elements, and new knowledge is captured as an integral by-product of the care experience.*

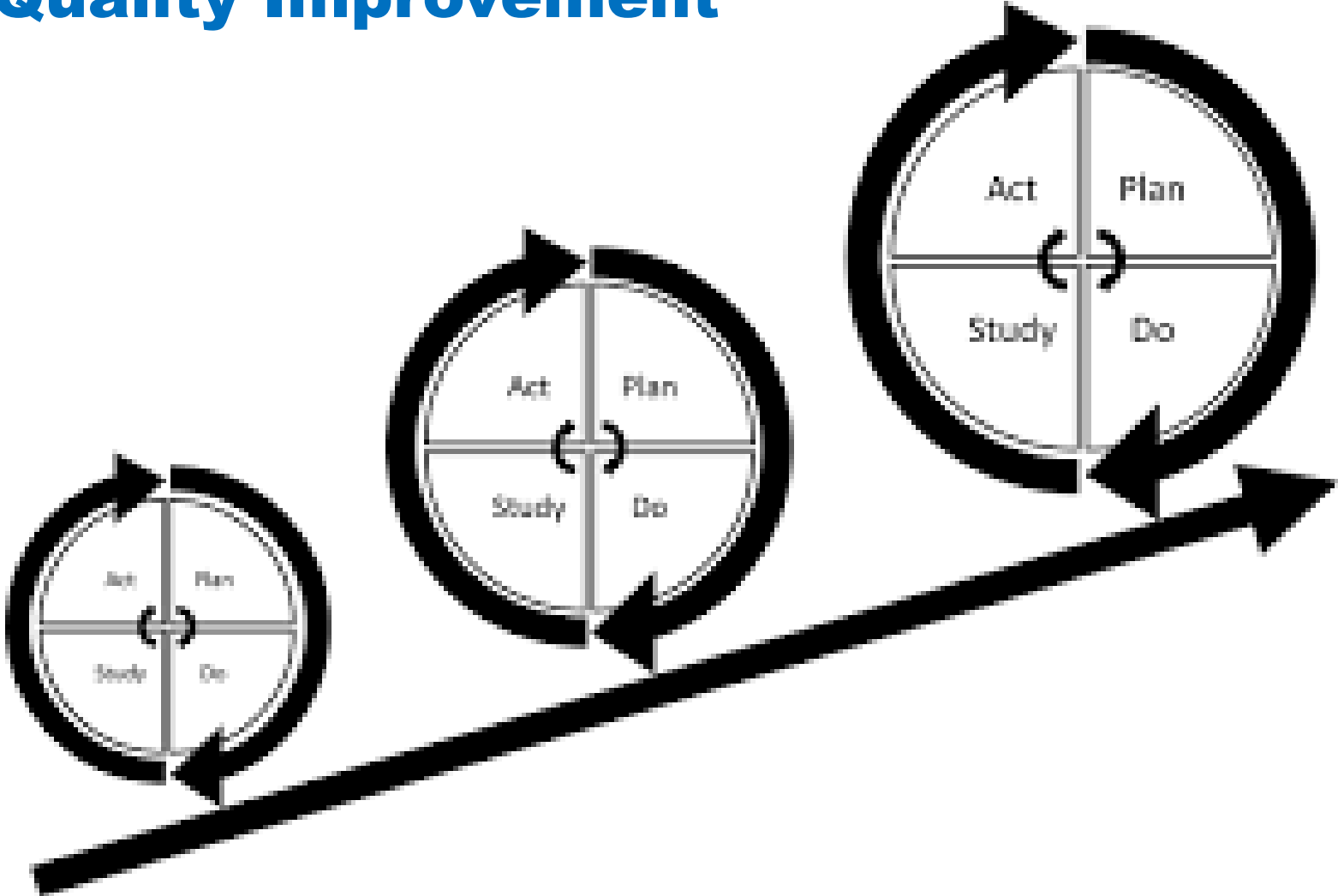
(Institute of Medicine, Best Care at Lower Cost, 2012)

Mind the Gap: Putting Evidence into Practice in the Era of Learning Health Systems

[Jeanne-Marie Guise](#), MD, MPH,^{1,2} [Lucy A. Savitz](#), PhD, MBA,³ and [Charles P. Friedman](#), PhD⁴



Quality Improvement



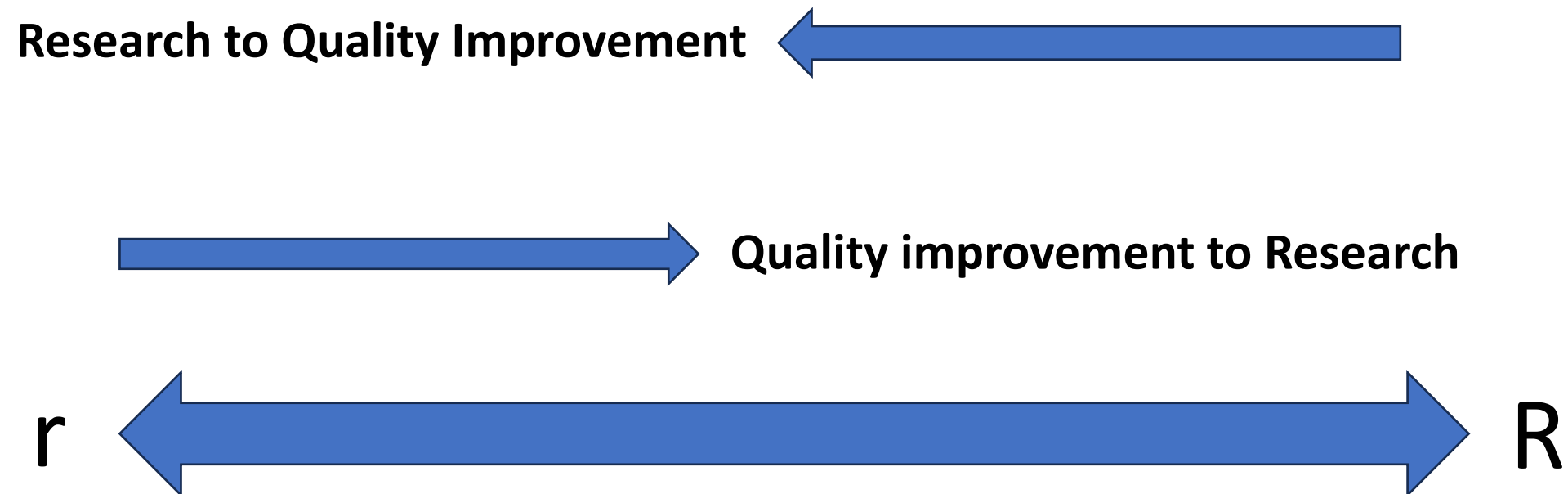
Implementation Science

The scientific study of methods to promote the integration of research findings and associated evidence-based interventions into practice or policy.

Continuum for building evidence for improvement.



Continuum for building evidence for improvement.



Maturity Model for LHS

“If you’ve seen one LHS, you’ve seen one LHS.”

A Learning Health Community (LHC) & AcademyHealth led effort.

- Charles Friedman, LHC
- Lucy Savitz, LHC and AcademyHealth Interest Group
- Josh Rubin, LHC
- Elizabeth Cope, AcademyHealth

More on:

Learning Health Community: <https://www.learninghealth.org/>

AcademyHealth LHS Interest Group: <https://academyhealth.org/professional-resources/interest-groups/learning-health-system-interest-group/page/learning-health-systems-interest-group>

Pillar 1: Governance and Leadership

Capability to set priorities, commission improvement and infrastructure activities, establish communication, establish the legitimacy of the LHS within the organization, allocate resources and coordinate infrastructure and improvement activities, communicate LHS activities across the organization.

- Key indicators: LHS charter, policies and procedures in place; support of LHS by organizational leadership; mechanisms to amend policies; routine communications occurring; mechanisms to review and approve learning cycles; establishment of an external advisory group.

Pillar 2: Socio-technical Infrastructure

Capability to support multiple co-occurring improvement cycles with services that enable these cycles to function effectively and efficiently—and to achieve economies of scale.

- Key indicators: An infrastructure leadership mechanism in place, funding for infrastructure development, number of services in place, extent of use of services by learning communities executing improvement cycles, training of personnel with connection to educational programs in the organization...

Pillar 3: Improvement Execution

Capability to use the infrastructure services to measurably improve against health and health care problems in the organization.

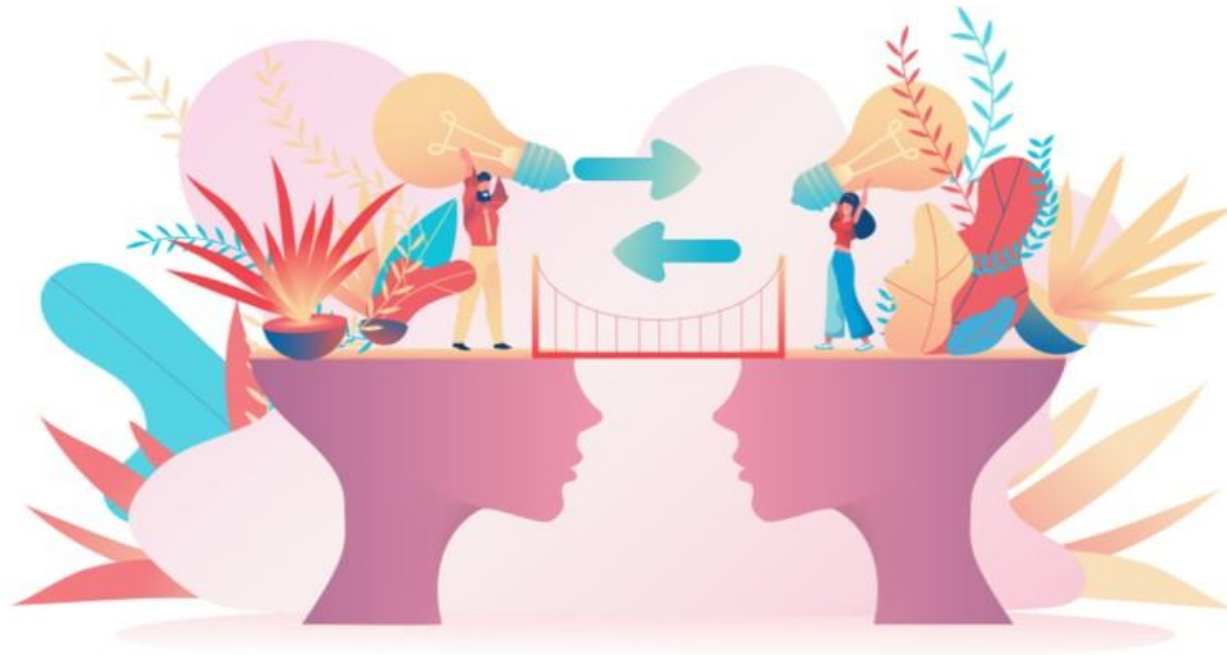
- Key indicators: Number of improvement cycles underway in the organization, cohesion and persistence of learning communities, extent and nature of improvement that is demonstrated...

Crosscutting: Culture, Values, and Equity

Capability to govern the system, build infrastructure, and execute improvement cycles--all in accord with the core values of the LHS.

- Key indicators: Measured indicators of diversity, equity, and inclusion in all components of the LHS and particularly in learning communities; indicators of adherence to core values as shown in Appendix 2.

Building the capacity for shared learning.



Dedicated section in JGIM launched.

Editorial | [Published: 26 October 2020](#)

Responding to the Call: a New *JGIM* Area of Emphasis for Implementation and Quality Improvement Sciences

[Christian D. Helfrich MPH, PhD](#)  & [Lucy A. Savitz PhD, MBA](#)

[Journal of General Internal Medicine](#) **35**, 781–782 (2020) | [Cite this article](#)

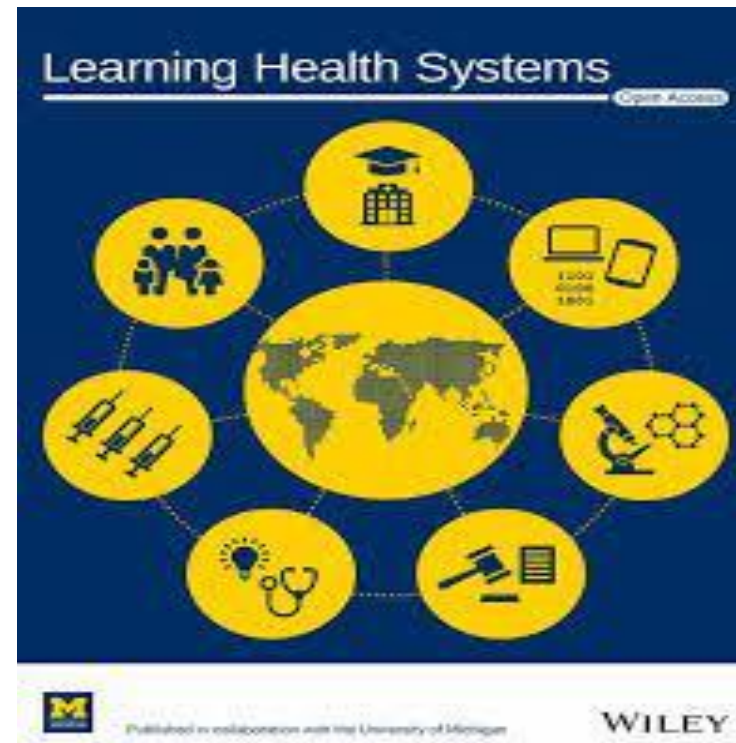
1641 Accesses | **1** Citations | **3** Altmetric | [Metrics](#)

Learning Health Systems Journal

Open source & designated journal of the AcademyHealth LHS Interest Group

Journal Citation Indicator of 0.87

Journal Impact Factor™ of 3.1 and CiteScore of 4.4.



Thank you

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