

# Towards a Regional Primary Care led Learning Health System

## From crisis response to resilience

Supporting general practice, commissioning health services into gaps and driving service integration.

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Specialists and Private providers



An Australian Government Initiative

# What questions will we be exploring in this session?

1. Why would you develop a learning health systems (LHS) and what problems could you address?
2. What are the core processes and central management challenges to be addressed by an organisation developing an LHS?
3. What does an LHS look like in practice and how could it be evaluated?

## Declaration of Interest and Affiliations

### Employment

- Western Victoria Primary Health Network- Federal Government
- Department of General Practice, University of Melbourne
- Bellarine Community Health, Doctors in Secondary Schools Program sub-contractor

### Paid to advise

- Victorian Government- Department of Education
- Department of Health (Mental Health and Wellbeing Division)
  
- No research funding to date
- No conflict of interest to declare

# Our Region at a glance

I'd like to begin by acknowledging the Traditional Owners and custodians of the unceded lands and waterways

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jupagalk and Jaadwa peoples.

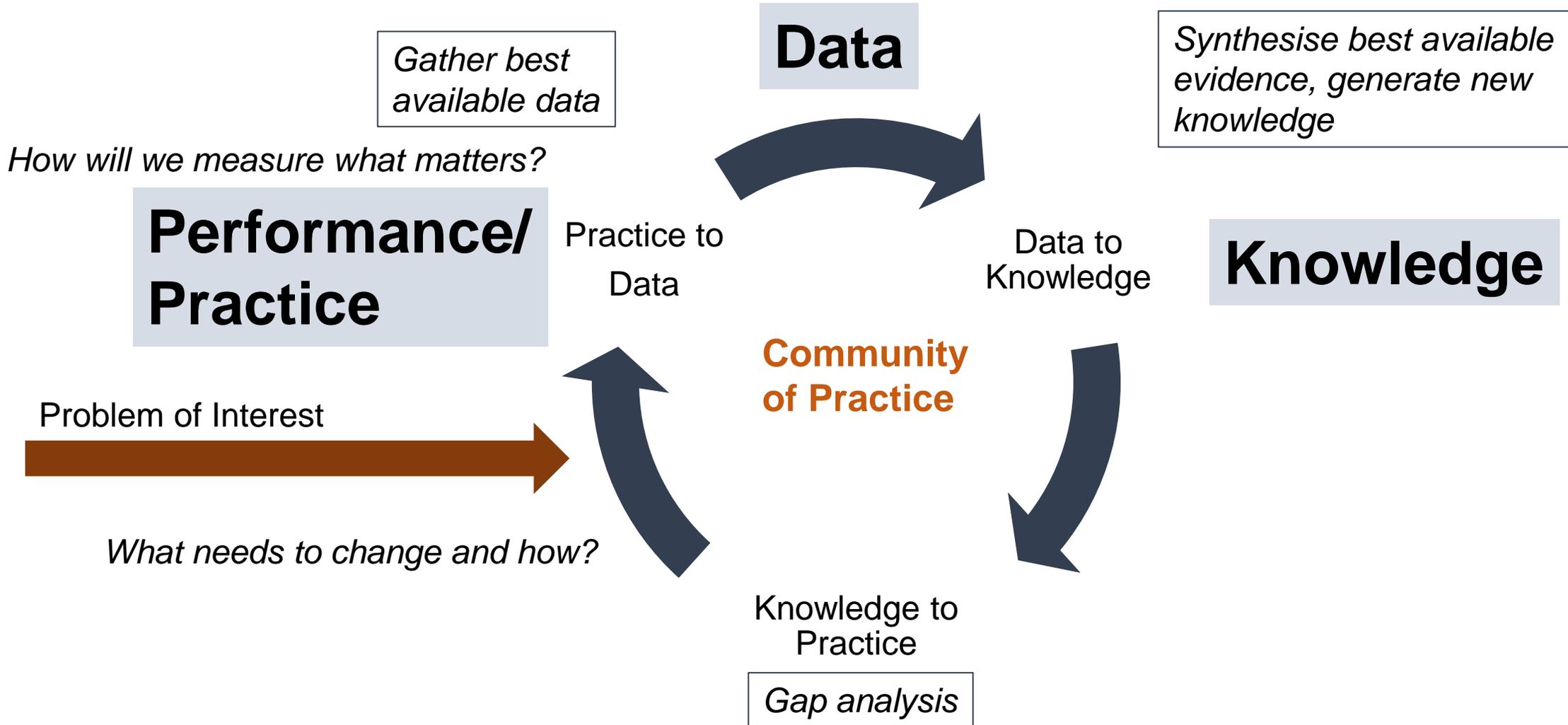
We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities.

We pay our respects to the Elders, both past and present.



*The Aboriginal Social & Emotional Wellbeing (SEWB) framework domains:  
Connection to country, culture, community, family/kin, body and mind, spirit/spirituality and ancestors.*

# Q: What is a Learning Health System?



# From crisis response to resilience: Community of Practice to a Learning Health System

**Then  
2020**



*Chaos*

**Now  
2023**

Practice to  
Data

Problem →

Knowledge to  
Practice

*Complex*

**Future  
2024+**

Data to  
Knowledge

Response →

Primary  
care  
reform

Crisis  
Response

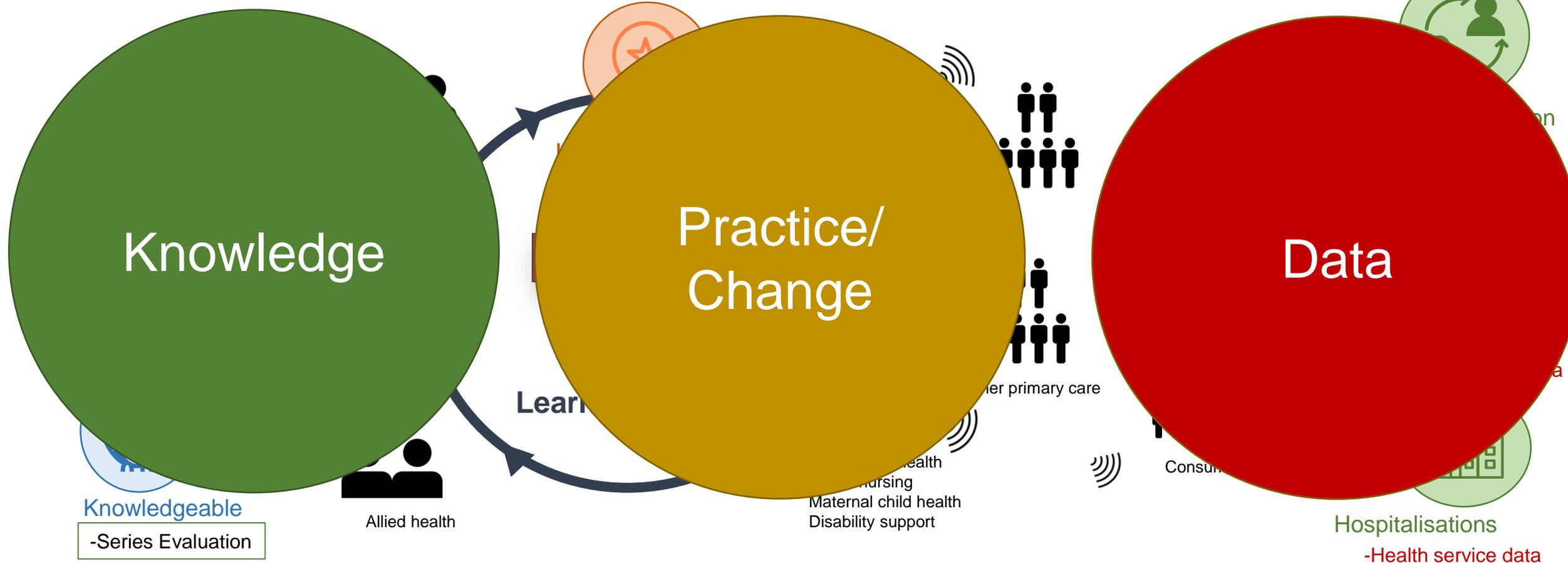


# Q: Who are we and what did we do?

A Community of Practice (CoP): *WVPHN COVID-19 Pandemic Response ECHO Network*  
(*ECHO-Extension of Community Health Outcomes*)

Goal: To put policy and evidence into Practice

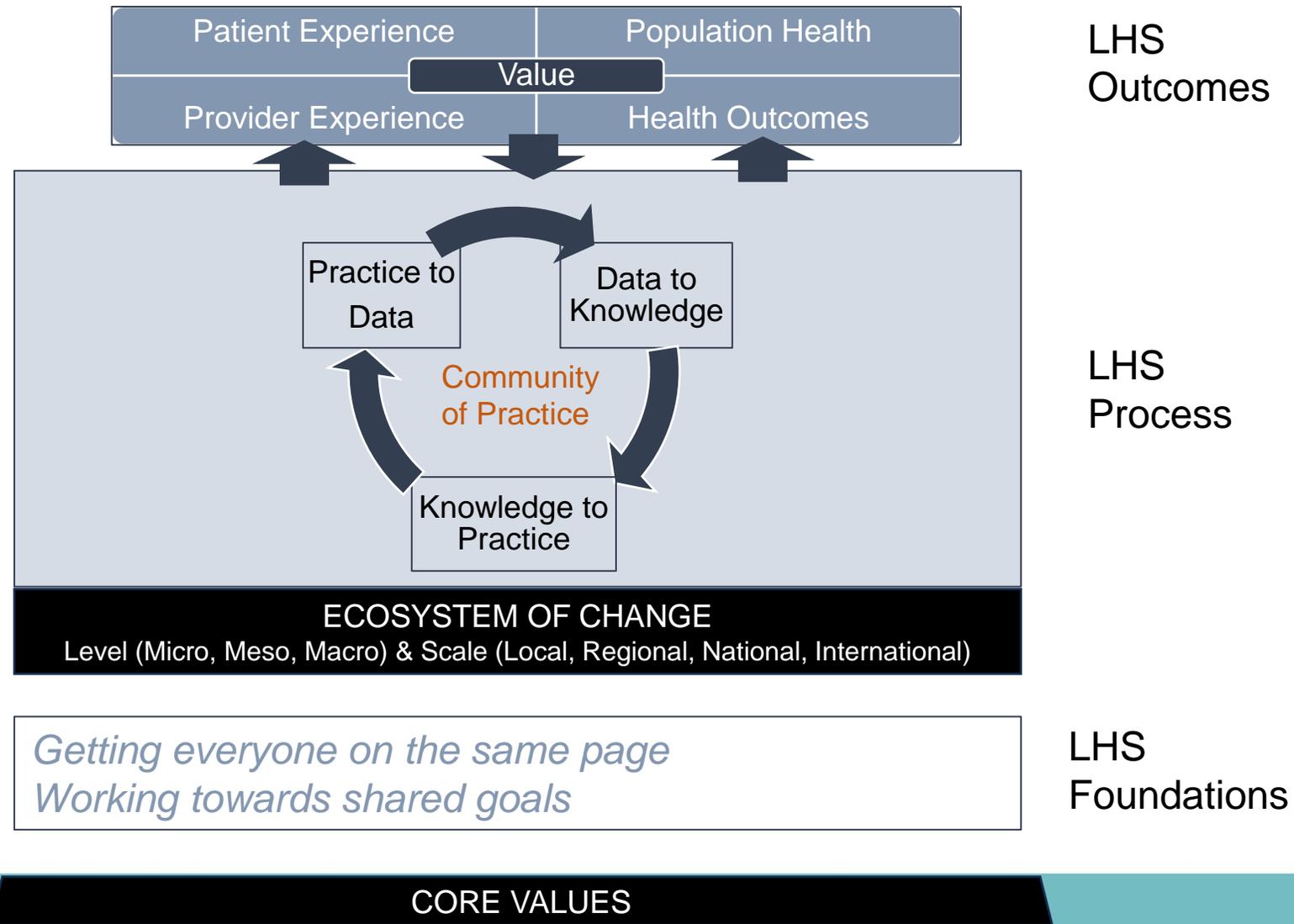
The data problem



x100 over 3 yrs

X 50 people = 5000 systems thinking hours

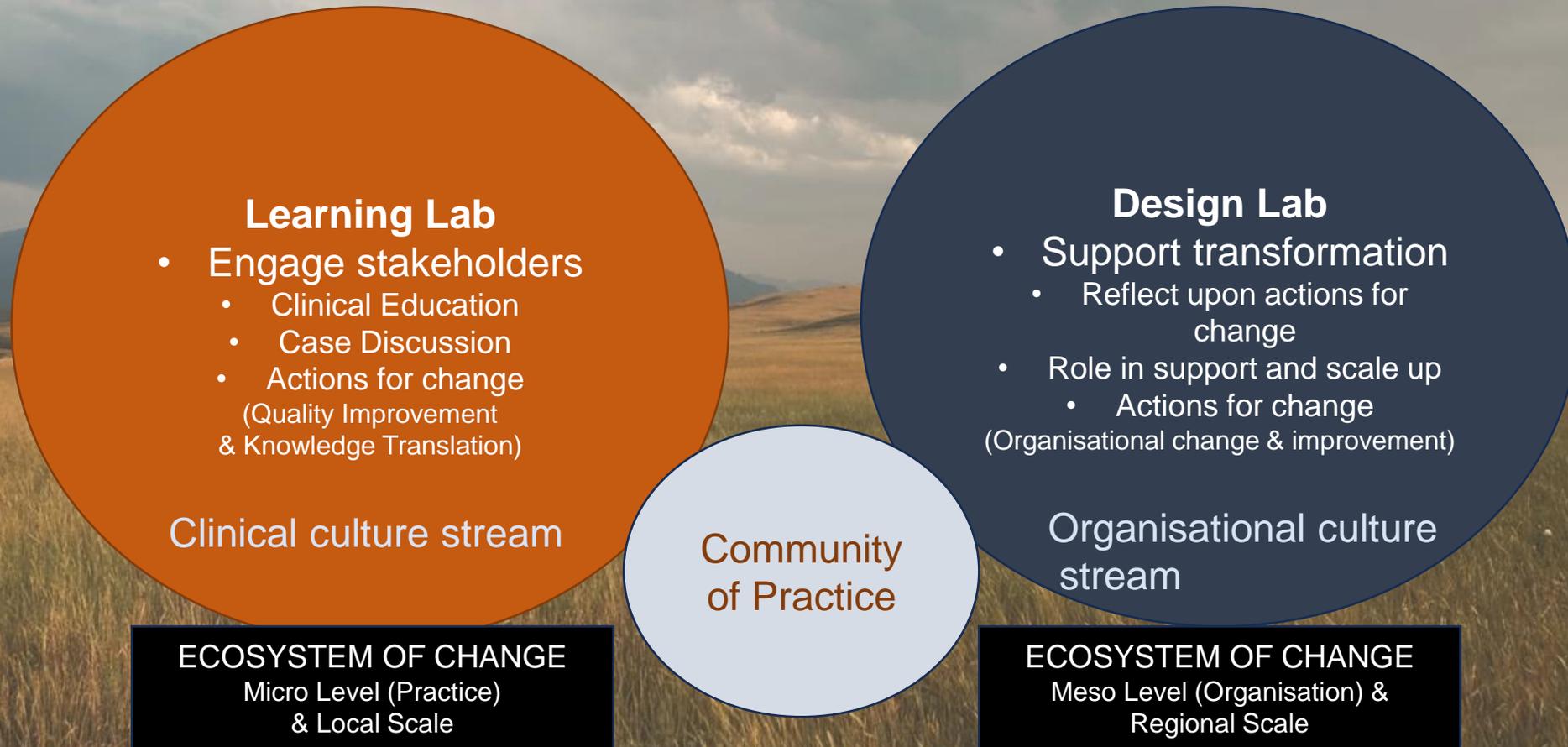
# Q: Why develop a Learning Health System?



# Q: How did we build our Learning Health System?

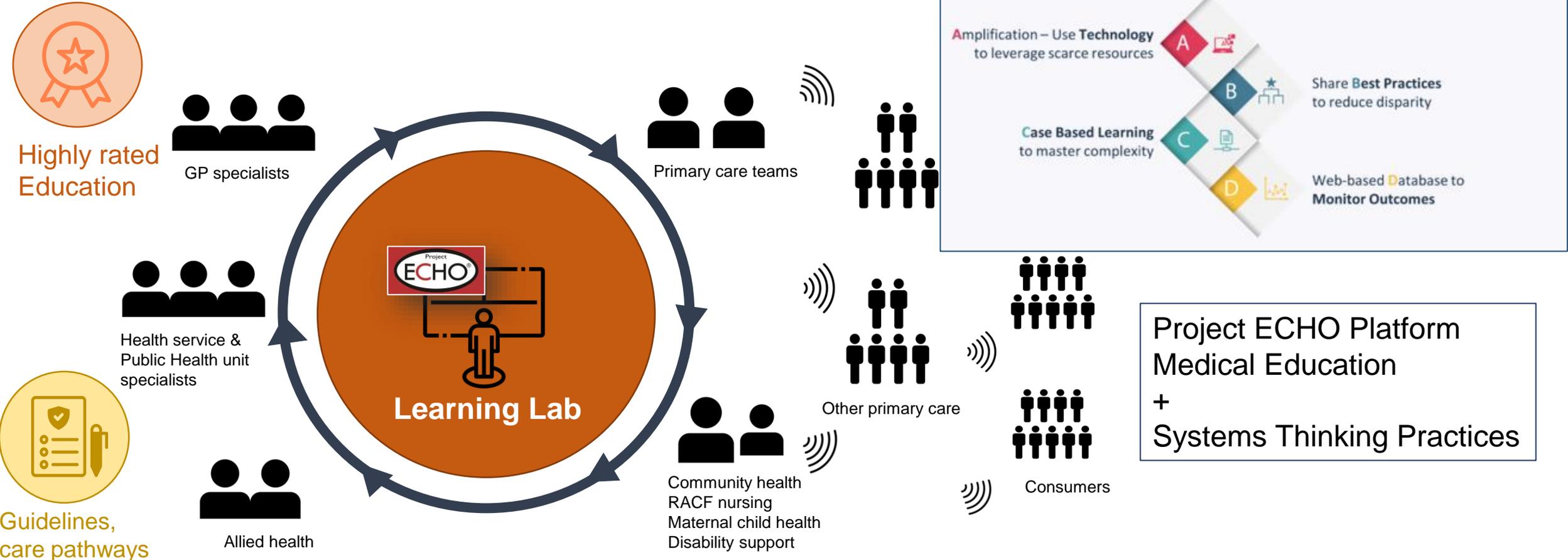
*Goal: To co-design and implement a theoretically informed and sustainable Learning Health System model*

*Objectives: Create two parallel learning cycles (or streams) for safe to fail LHS process experiments*



# Method: LHS Learning Labs to understand implementation challenges

*"We learned strategies in ECHO that we could apply to other situations"*  
 -ECHO GP Participant



# Learning Lab Topics: 12 week "Sprints"

Then

COVID-19  
Pandemic  
Response

Hierarchy of control

Vaccination

Antiviral therapy

Public Health principles

Communicable Diseases

Influenza

JJV, MVE

Monkey Pox

Hepatitis B

STIs

Cancer screening

Cervical screening test

Improvement projects stream

Now

Women's Reproductive Health

Persistent Pelvic pain

Early Medical abortion

Menopause

PCOS

Future

Child Health

Research stream  
MRFF gran-SC4RC

Integration project stream

Chronic Disease

CVD Health Intelligence project

?Multimorbidity

Learning Labs

March 2020

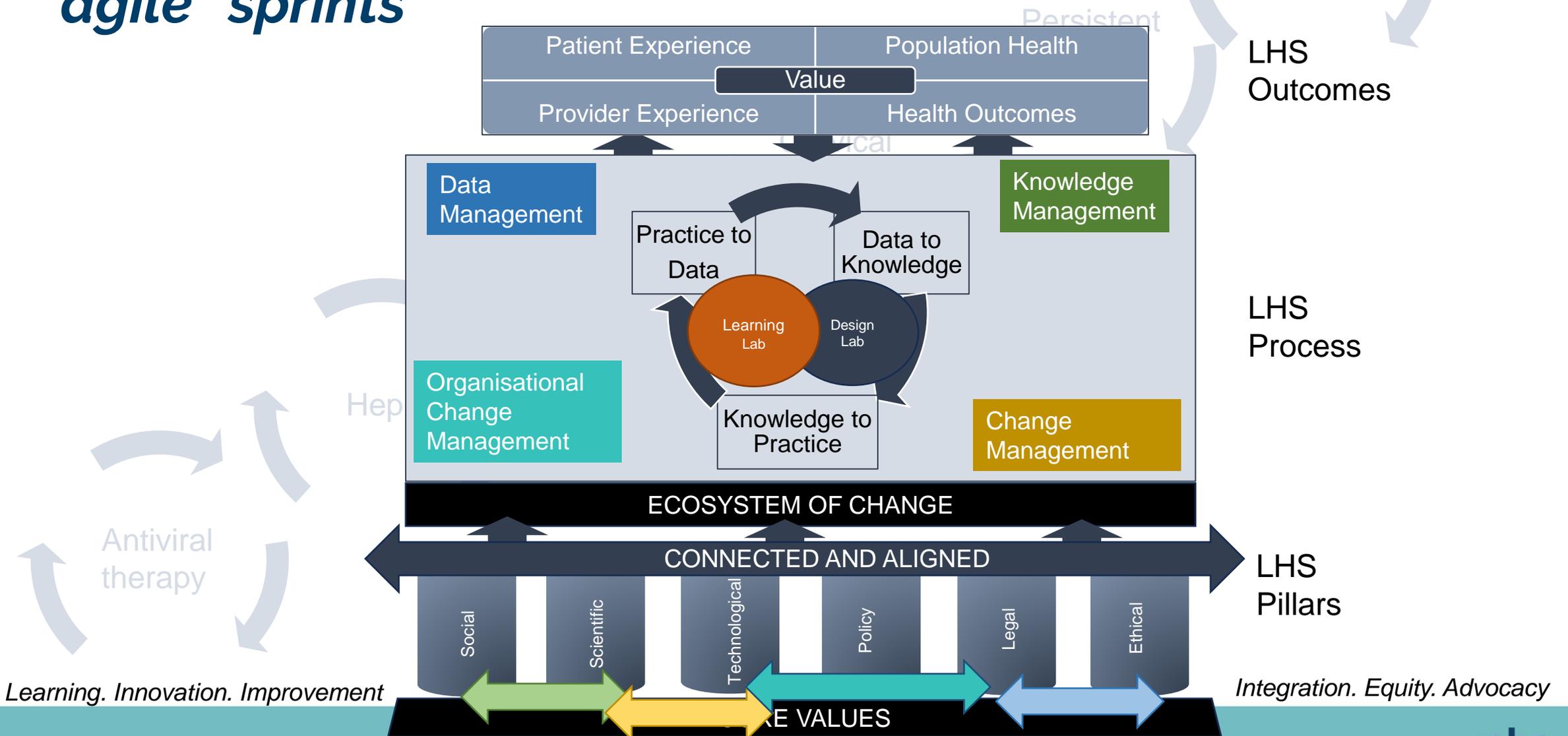
2021

2022

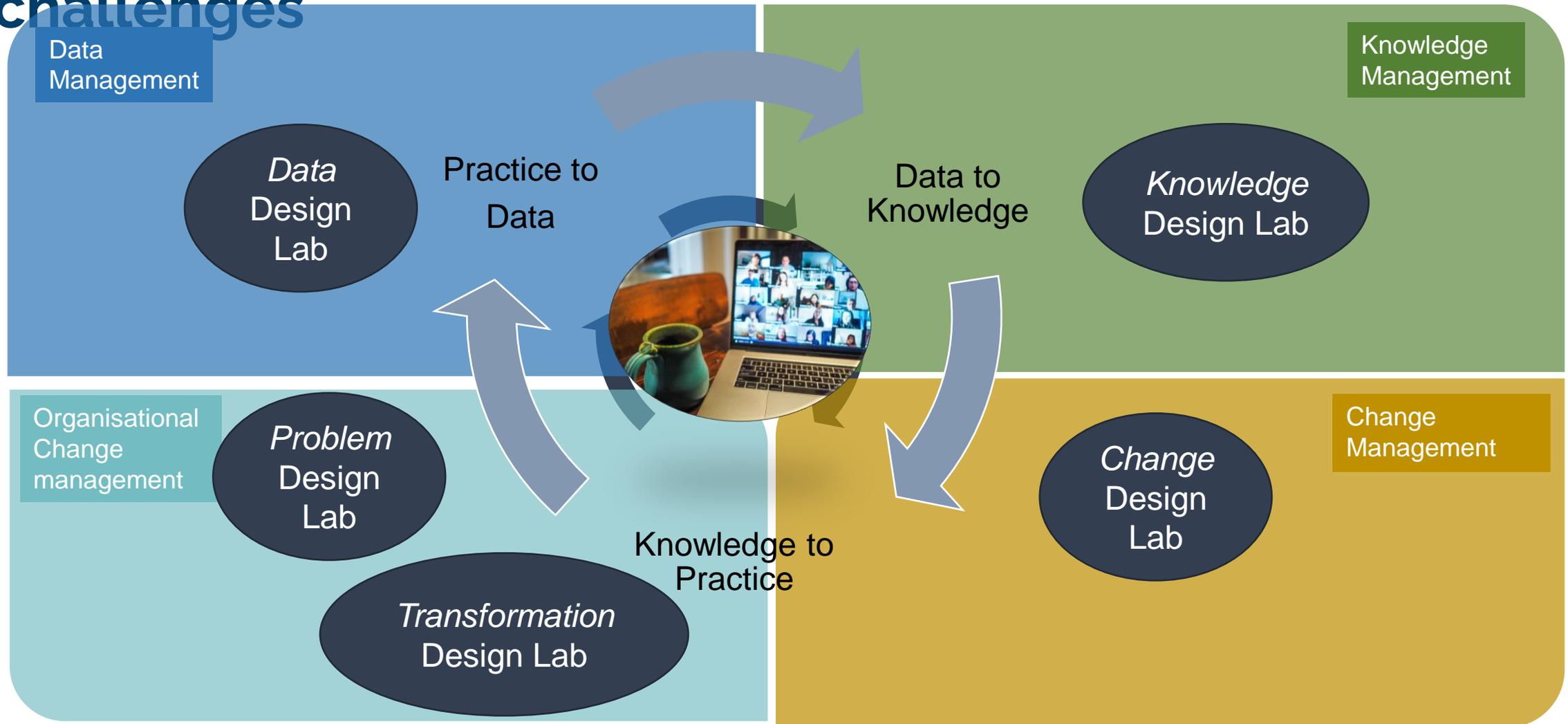
2023

2024

# Method: Two project streams learning across a series of agile "sprints"



# Method: LHS Design Labs to tackle management challenges



People. Strategy. Ways of working  
Needs. Interests. Contributions. Expectations. Risks

# Sprint Report: Persistent Pelvic Pain cycle goals

Problem Statement: People living with or at risk of persistent pelvic pain need access to <insert> but they face challenges <insert>

## Learning Lab Stream

### Goals:

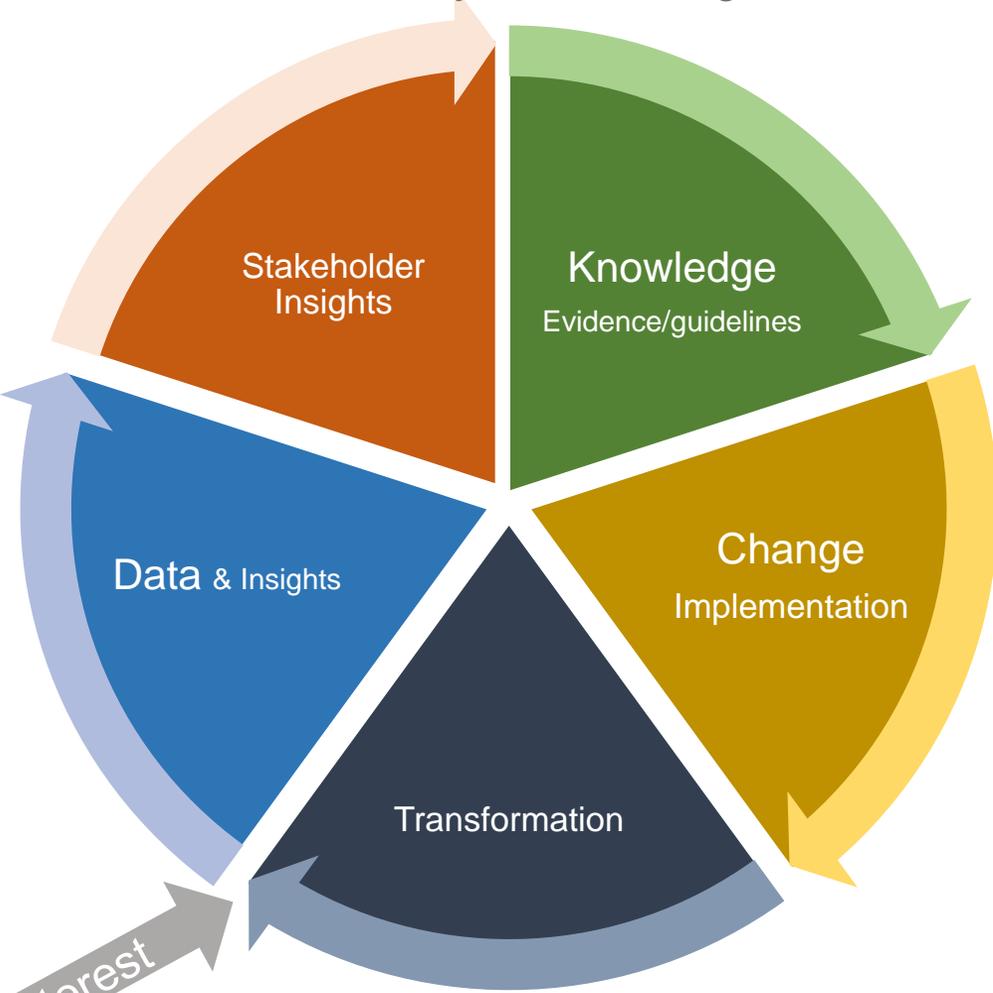
- Provide high quality education
  - Explore issue of clinical variation- barriers and facilitators of change
- Support new model of care design through feedback from labs
- Review our Health Pathways and clinical guidelines for applicability
- Inform development of new Health Pathways



## Design Lab stream

### Goals:

- Explore data management capability
- Build new relationships (Stakeholders)
  - Consumers and peak bodies
  - Local champions and Key opinion leaders
  - Researchers
- Explore joint commissioning opportunities federal and state clinics

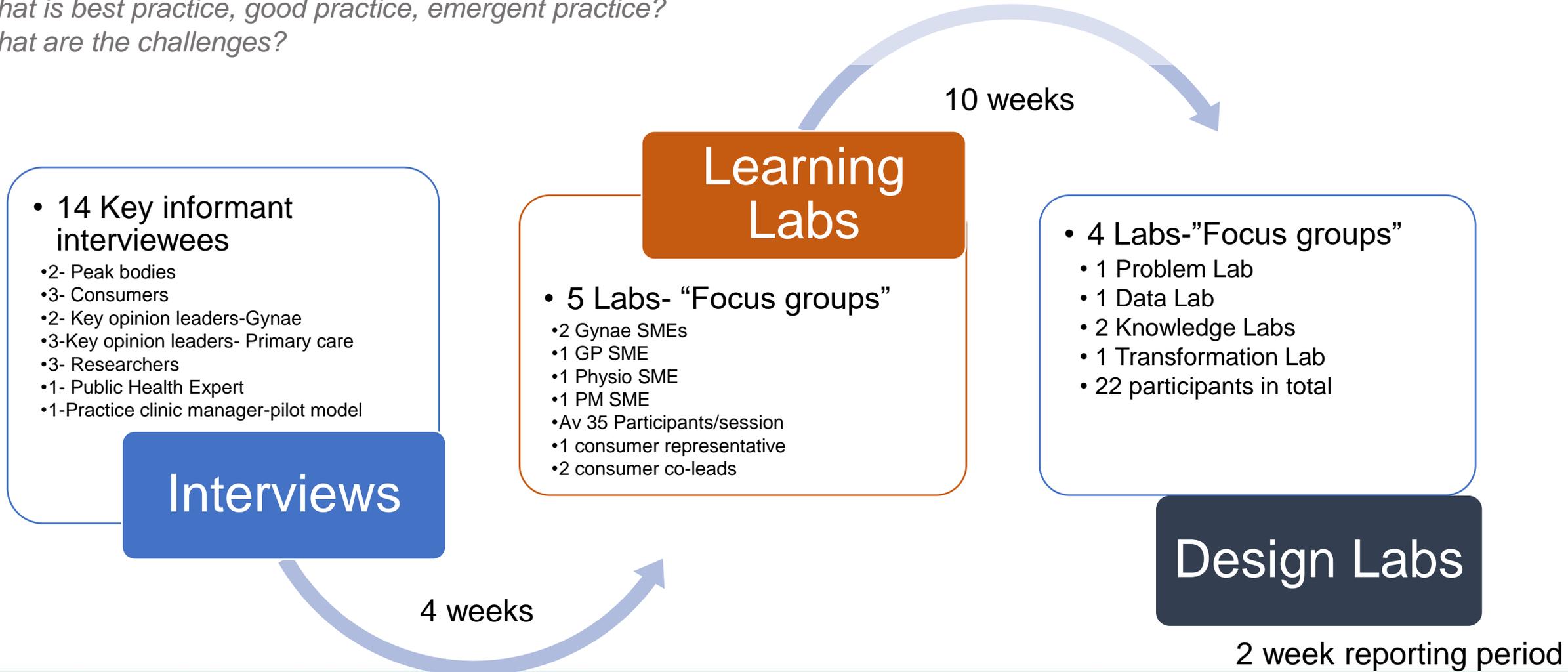


Adapted from UoM and Monash LHS models

# Sprint Impact: Persistent Pelvic Pain cycle

Problem Statement: People living with or at risk of persistent pelvic pain need access to.....but they face challenges....

- What is best practice, good practice, emergent practice?
- What are the challenges?



People Powered Change in 16 weeks

# Sprint Outcomes: Persistent Pelvic Pain cycle

## Data & Insights

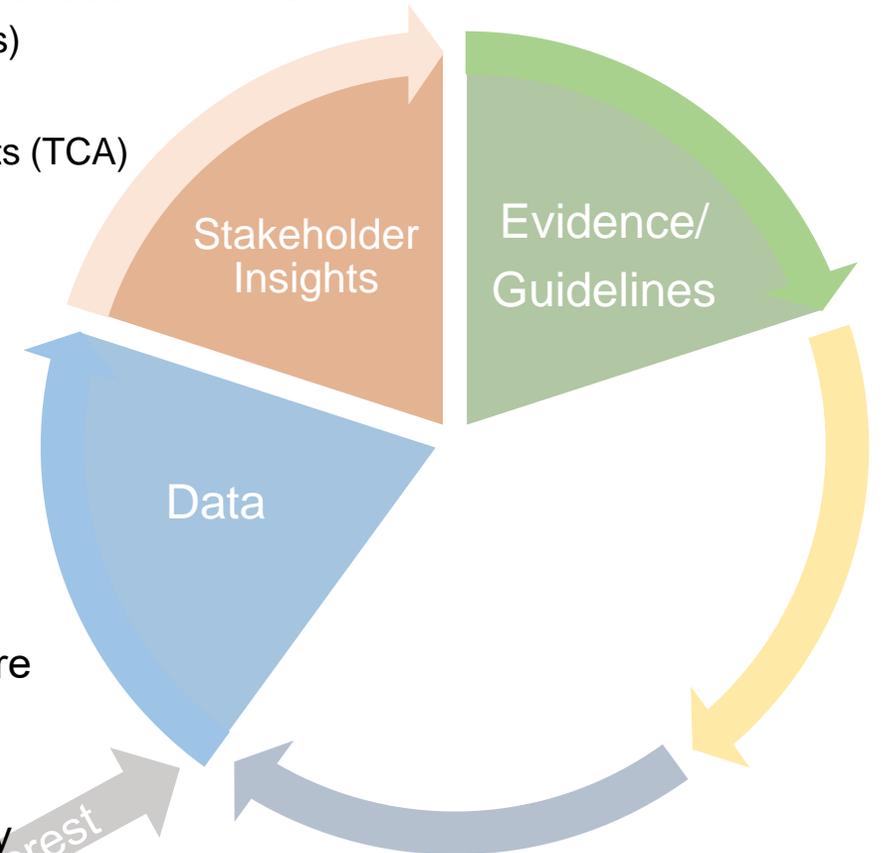
- No health needs analysis and clinical data quality poor
- Facilitated the co-development of a questionnaire for use by state and federal clinics
  - (PROMS and PREMS, Clinical indicators, social & productivity indicators)
- Care gap identified in literature to probe locally
  - chronic disease management (CDM) planning & team care arrangements (TCA)

## Stakeholder Management

- Partnering discussions & ongoing project planning
- Consumer engagement policies updated
- Network Lead -> research steering group, policy advice

## Evidence/Guidelines

- CDM/TCA accepted as “good practice” by specialists and primary care
- New Health Pathways under development
  - Physiotherapy, Persistent Pelvic Pain
- Network Lead -> RANZCOG National Living Guidelines working party



Problem of Interest

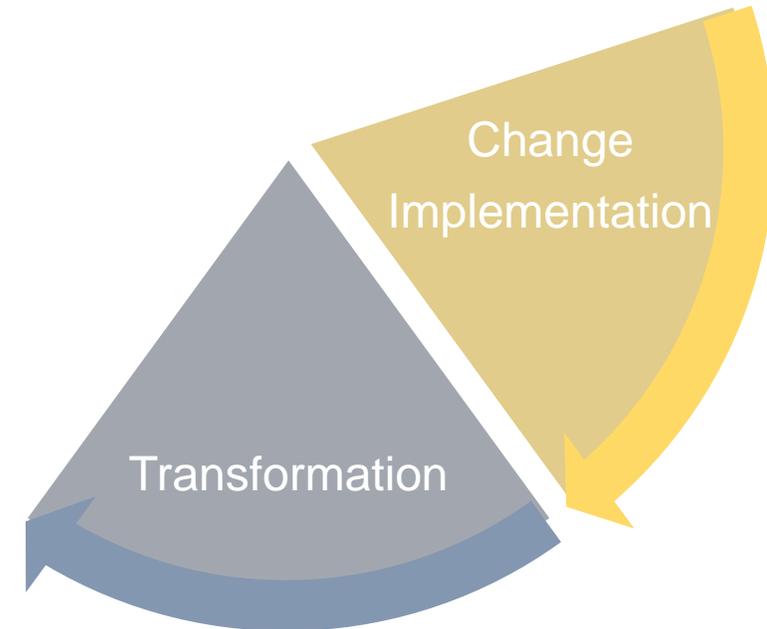
# Sprint Outcomes: Persistent Pelvic Pain cycle

## Change/Implementation

- Education highly rated & Improvement in knowledge and skills
- Care gap and Clinical variation explored
  - Literacy around eligibility for CDM
  - Implementation barriers for TCA identified
  - Opportunities for further workforce development identified and planning has begun
- Feedback provided to Federal Endometriosis Pilot clinic adopted - “go live”
- Identified gaps in health pathways and work programmed

## Transformation/Organisational change

- Data Management
  - sharing agreement Barwon Health and Grampians Health
  - Women’s HNA under development
- Knowledge Management
  - Health Pathways reporting dashboard re: regional access, telehealth options
- Change Management
  - Partnerships training as an organisation, Qualitative research training (TDF)



Adapted from UoM and Monash LHS models

# Organisational Outcomes: Learning health system maturity

## LHS Policy and activity Milestones

					Data Warehouse Active
					WVPHN COVID Primary care Response CoP established
					Regional Public Health Units established
					Made decision seek ongoing funding as RPC LHS/executive sponsorship
					Transition GP practices to common data extraction tool
					Design Labs active-cross team co-design commences
					Board authorises RPC LHS "Innovation Project"
					LHS Steering Committee active
					LHS Research partnerships active
					LHS "seed funding" allocated
					New WVPHN strategy Launch
					Access to health services data/VAHI
					Executive approval apply external funding
					WVPHN LHS portal active
					Comms strategy
					Data/QI club active
					Maturity Ax
					LHS data dashboard
					LHS Strategy Launch
					Monitoring and Eval
2020	2021	2022	2023		Future

# Evaluation challenges and opportunities



A landscape photograph of a wind farm on a hillside. Several large white wind turbines are visible, with their blades extending across the sky. The turbines are situated on a grassy slope that descends towards the right. In the background, there are rugged mountains under a clear blue sky. The overall scene is bright and clear, suggesting a sunny day.

Learning Health Systems are a complex adaptive systems intervention  
Needs to be co-designed for local relevance and sustainability  
Evaluation methods need to capture systems change as well as clinical outcomes

Thank You

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