

The Learning Healthcare System: How an Adult Education Lens Can Be Used to Inform a Paradigm Shift in US Healthcare Landscape

Lisa Bailey-Davis
Geisinger Health System

Rebecca A. Stametz
Geisinger Health System

Keywords: Healthcare, learning, patient engagement, communities of practice, andragogy

Abstract: Adult education researchers and practitioners have an unprecedented opportunity to inform and learn with the health care system as it embraces learning as a process to provide the best care at lower cost.

Health Care Paradigm Shift

Contention about health care brought the United States government to a halt in 2013. Despite decades of gains in biomedical knowledge, improvements in prevention, diagnostics and treatment, and a daily explosion of clinical evidence, United States health care is characterized as being extraordinarily expensive and of marginal quality. Paradoxically, the volume of gains in medical knowledge has stressed the health care system to a near brink in part due to a lack of emphasis of incorporating learning into the health care system. Despite the fact that medical journal publications have increased, biomedical knowledge typically takes ten years to be adopted into professional guidelines and another decade to be implemented into clinical practice, (Institute of Medicine, 2012; Eddy, 2005). As such, the health care system is undergoing a paradigm shift that acknowledges shortcomings in the process of health care knowledge development, adoption as evidence, and translation into practice. As such, there is a clear, present, and compelling call for a paradigm shift in health care from one that prioritizes specialized knowledge to one that prioritizes connected and continuous learning.

Learning Health Care System

The Institute of Medicine (2012) calls for a *learning health care system* that “links personal and population data to researchers and practitioners, dramatically enhancing the knowledge base on effectiveness of interventions and providing real-time guidance for superior care in treating and preventing illness. A health care system that gains from continuous learning is a system that can provide Americans with superior care at lower cost.” The system characteristics could be examined from an adult education lens but our questions for the roundtable relate to leadership-instilled culture of learning and engaged, activated patients.

Integration of Adult Education Theory

A learning health care system could be stewarded by leadership committed to a culture of teamwork, collaboration, and adaptability in support of continuous learning as a core aim. The adult education lens of communities of practice, a sub-construct of situated learning theory, may offer insight to developing this core aim. Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis (Wenger et al. 2002). For the purpose of this conference session, we will explore the following questions.

How could an adult education lens inform and learn with health care systems to foster a culture of learning? Communities of practice may be a useful analytical lens for examining the learning process and relational ways of knowing within nested levels, but communities of practice inherently bounds conceptions of learning to a social group, oftentimes experts, to socially reproduce knowledge and practices (Lave & Wenger, 1991; Merriam, Courtenay, & Baumgartner, 2003). Given that a paradigm shift in care delivery practice is needed that will bridge communications for learning across nested levels of the health care system, communities of practice seems a short sighted lens. *In what ways could an adult education lens inform approaches to learning across nested levels of the health care system?* Even if the community of practice lens offers utility in creating a culture of learning at the organizational level, health care systems will need to prepare for common challenges observed in adult education research such as recursive knowledge and inequitable access to participation in learning. *Considering the practical needs of health care settings, in what ways can critical or other approaches to adult education foster equitable participation in learning and cultural change while simultaneously delivering the best care at the lowest cost?*

Similarly, andragogy begins with learner proximal needs and motivation and can inform the goal of engaging and activating patients. *If the vision of the learning system is to be anchored on patient needs and perspectives, then how might andragogical principles promote the inclusion of patients, families, and informal caregivers as vital members of the continuously learning care team?* Adult education in healthcare is increasingly relevant in the landscape of the Patient-Centered Outcomes Research Institute (PCORI), aimed to conduct research that supports evidence needed to assist patients, families and providers to make decisions that are more informed (PCORI, 2014). The partnership between patient and provider is enhanced with established methods grounded in andragogy, including shared decision-making and motivational interviewing. Both methods are learner or patient-centered, adapted to specific values and preferences of the patient, are used to enhance intrinsic motivation, and enhances reflective dialogue between provider and patient (Lee & Emanuel, 2013; Rollick & Miller, 1995). Importantly, adult education researchers and practitioners have an unprecedented opportunity to inform and learn with the health care system in learning to provide the best care at lower cost.

References

- Eddy, D.M. (2005). Evidence-based medicine: A unified approach. *Health Affairs*, 24(1): 9-17.
- Institute of Medicine (2012). *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. (M. Smith et al., Eds.). Washington, D.C.: National Academies Press.
- Lave, J. & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. New York: Cambridge University Press.
- Lee, E. O., & Emanuel, E. J. (2013). Shared decision making to improve care and reduce costs. *The New England Journal of Medicine*, 368, 6-8.
- Merriam, S.B., Courtenay, B., & Baumgartner, L. (2003). On becoming a witch: Learning in a marginalized community of practice. *Adult Education Quarterly*, 53, 170-188.
- Patient-Centered Outcomes Research Institute. (2014). *About us*. Retrieved from <http://www.pcori.org/about-us/landing/>.
- Rollnick, S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.
- Wenger, E. McDermott, R., & Snyder, W.M. (2002). *Cultivating communities of practice*. Boston: Harvard Business School Press.