



PATIENTS' Voices

a newsletter from the PATIENTS Program at the
University of Maryland School of Pharmacy

September 2017

The PATIENTS Program Launches a New Study to Increase Patient-Health System Collaboration and Promote Greater Health Equity in West Baltimore

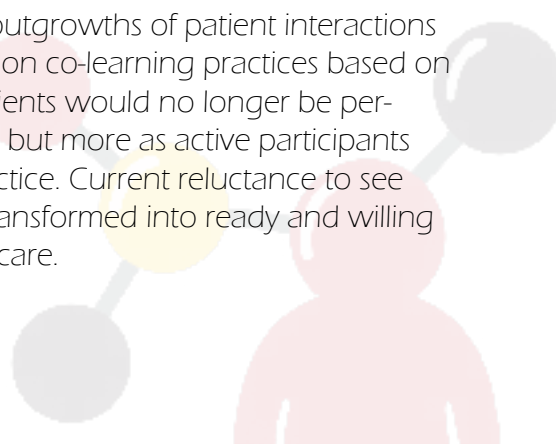
On September 8, 2017, The PATIENTS Program at the University of Maryland, School of Pharmacy, held its first advisory board meeting to launch a research study with a broad goal of increasing collaboration between patients and provider health systems, and to promote greater health equity in the west Baltimore community.

The \$349,000 study, "Co-developing Sustainable Learning Health Care Communities (LHCC) using Community-Based Participatory Research", funded by Merck & Co Inc. Investigator Studies Program, will engage patients, caregivers, providers and researchers from west Baltimore and across the country to gather and analyze information. Their intent is that of achieving a more equitable health care system and developing an innovative framework for a learning health care community that extends the learning health care system model using increased community engagement to more effectively address the diverse needs of medically underserved communities.

The Significance of a Shifting Learning Health Care Model

The [National Institute of Health](https://www.nlm.nih.gov/hsrinfo/disparities.html) (NIH) defines health care disparity as "differences in access to or availability of facilities and services." Health status disparities are defined as "the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups." (<https://www.nlm.nih.gov/hsrinfo/disparities.html>) Existing learning health care system models depend on collaboration and learning through the process of discovery as a natural outgrowth of patient care. However, that philosophy does not consistently take into account the various disparities that may prohibit true, impactful collaboration that leads to successful application of lessons learned.

The learning health care community model shifts from relying on natural outgrowths of patient interactions with providers and health systems at large, to a deliberate, proactive focus on co-learning practices based on trust and engagement by all community stakeholders. This means that patients would no longer be perceived as, or feel as, test subjects or outsiders as it relates to their own care, but more as active participants in research and contributing overall to patient-centered care in clinical practice. Current reluctance to see medical professionals and relinquish personal health information can be transformed into ready and willing participation in research and achieving one's greatest levels of health and care.





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According to the study's Principal Investigator, Professor C. Daniel Mullins, "The learning healthcare system model is an excellent way to assure that evidence-based treatments are used by patients and their health care providers; however, the current implementation approach requires patients to enter into a healthcare system to be active participants. We hope to learn from patients and community members how we can build upon innovations and lessons learned from learning healthcare systems, while engaging patients earlier on in the process. That way, we can prevent – rather than just effectively treat – illness and disease."

Using Baltimore to Create a National Model for Success

With significant health disparities in Baltimore city recognized on both a state and national level, The PATIENTS Program will leverage its substantial experience in bidirectional learning with the West Baltimore community and in involving hard-to-reach populations (belonging to "a group that does not typically participate in research due to cultural or socioeconomic barriers, or owing to physical or cognitive impairment") in the development of a Learning Health Care Community that benefits the entire west Baltimore community. Undergirding the entire process of engagement from start to finish is building and maintaining trust, and it is the goal of the study to use successful outcomes as a model for enacting change in similar communities across the country.

The study will run through December 2018 and the results that emerge from conducting interviews will be shared with the community through a patient-centered dissemination strategy. Future funding will support additional investigation into how best to implement the strategies that emerge.

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