

ABSTRACT

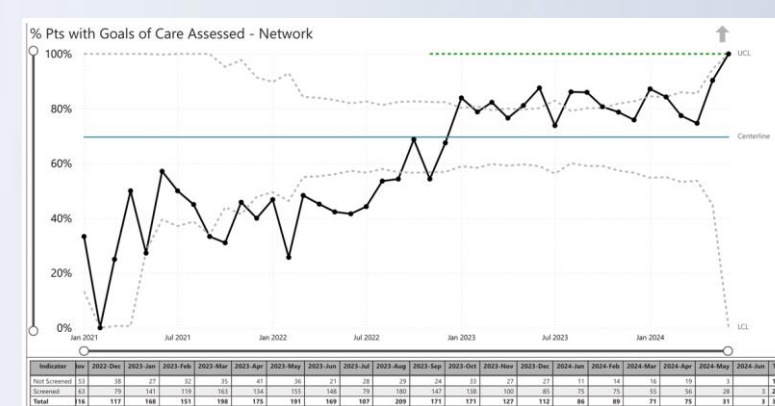
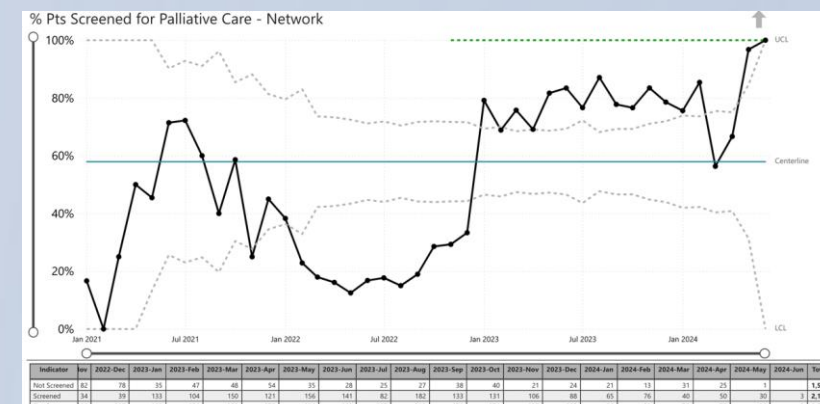
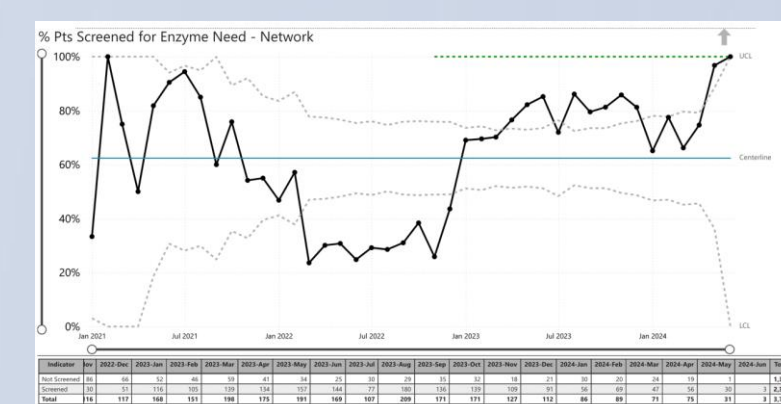
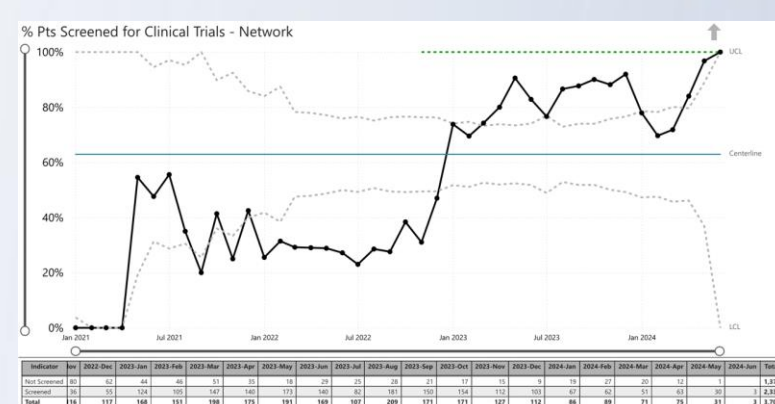
A Learning Health Network (LHN) is an innovative approach to improvement that integrates research, data analysis, and best practices into the daily practice of cancer care. The Canopy Cancer Collective (CCC) is a collaborative LHN comprising 14 major US cancer care systems established in 2022; the focus of the CCC is to improve care for pancreatic cancer patients and accelerate improved survival rates. Guiding principles of learning health networks include continuous learning and improvement, data-driven decision making, patient-centered care, collaboration and sharing, interoperability and data integration, transparency and accountability.

The CCC identified access to supportive care, including assessment of need for pancreatic enzymes, goals of care, and need for palliative care as outcomes that can be tracked as data integration is being developed at participating centers. We report the impact of LHN participation on targeted supportive care intervention.

	Cooperative groups	Learning Health Networks
Primary Focus	Clinical Trials	Continuous Learning, QI
Methodology	Predefined protocols, end points	Iterative cycles, data from clinical sources
Data Usage	Protocol guided, clinical trial	EHR, PRO, admin data to drive QI
Constituents	Researchers, Oncologists	Includes patients, caregivers
Outcomes	High quality evidence, new treatments	Best practices, improved outcomes

METHODS

Clinicians and patient partners collaborated to design improvement aims they believed would improve outcomes. Each center received training in QI methods and tools centered around the Institute for Healthcare Improvement's Model for Improvement. These changes were organized around key drivers of excellent pancreas cancer care including: proactive, timely care; aligned, prepared multidisciplinary team; informed, activated patients; and accurate diagnosis and disease classification. Actionable drivers include screening for clinical trials participation, screening for enzyme need, screening for palliative care, and goals of care assessed. The LHN held monthly webinars focused on each of the outcome areas. They applied QI to local improvement efforts and LHN infrastructure allowed them to share ideas, best practices, and results with other care centers. A data registry was built and implemented to track site specific care processes and targeted metrics.



Methods included on-going tracking of metrics with run charts (shown above), analysis and data management provided by the CCC, monthly webinars to support processes, trouble shoot barriers and share learnings, and twice annual learning seminars to build community and support momentum toward improved outcomes.

RESULTS

In December 2023, 14 care centers are actively participating in the Canopy Cancer Collective. 100% have team members that have been trained in basic QI methodology and actively tested change ideas via PDSA cycles. Collectively we have almost 5,000 patients in our database. Results in Table 1.

Measure Category	Measure Sub-Category	Measure	Center Performance (Prior Month)	Network Target	Network Performance (Prior Month)	Center Performance Trend
Process Measures	Screening Measures	% Pts Screened for Clinical Trials	96.8%	100%	96.8%	
		% Pts Screened for Enzyme Need	96.8%	100%	96.8%	
		% Pts Screened for Palliative Care	96.8%	100%	96.8%	
		% Pts with Goals of Care Assessed	90.3%	100%	90.3%	
Clinical Measures		% Encounters with Enzyme Use Recorded	0.0%		0.0%	
		% Pts Enrolled in a Clinical Trial	0.0%		0.0%	

CONCLUSIONS

A Learning Health Network (LHN) enhanced access to evidence-based supportive care in targeted domains. By systematically collecting and analyzing data, networks have identified key areas for improvement in patient care and have swiftly implemented changes based on the latest evidence. The collaborative nature of LHNs ensures that best practices and innovative treatments are rapidly disseminated across the network, leading to more consistent and high-quality supportive care for patients

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