

Guiding Principles of LHS Networks

Everyone in a Learning Health System Network shares a commitment to enabling patients, families, clinicians, researchers, health system leaders, institutions to work together to improve the health and health care of patients and families by generating new knowledge, spawning innovation and improving health care systems (better outcomes, better experience and lower cost). We foster the trust and cooperation necessary to protect, steward and preserve the knowledge and assets that we all contribute to helping people lead healthier lives. The network exists to nurture the capabilities of participants so that impact is accelerated and grows.¹

Guiding principles:

1. Patients, families and clinicians first. We maintain an unrelenting focus on what matters most to patient and families and those who provide care.² Our commitment aligns healthcare services and research to produce and apply knowledge faster and better to improve the health of patients and families.
2. We share. We achieve more together than is possible alone. We get better together by sharing expertise, data, tools and knowledge to create the common resources for a Learning Healthcare System. Pooled assets create new value.³ Shared assets become available to enable each participant and participating organization to do its work better. We avoid unnecessary duplication by develop standardized policies and processes.
3. We all have a say in the design and governance of our shared assets. Collective efforts require fairness.⁴ We share responsibility to develop, maintain, and participate in community governance. We have an equitable say in oversight and decisions regarding pooled resources including policies and standards, membership criteria, definitions of contributions, effort and costs, as well as the distribution of benefits and re-investment decisions. We commit to negotiating a system in which benefits are proportional to contribution, effort and costs.
4. Transparency. A high degree of transparency promotes trust by allowing each of us to monitor what is contributed and what is withdrawn.
5. Autonomy and self-determination. The community provides flexibility about how members participate. Participation in value-producing activities (e.g., research or improvement) will be up to each participant and participating organization (e.g., each participant or organization can decide if it wants to participate in a particular project, study or network).
6. Clear boundaries, fair and low-cost dispute resolution, and rules for sanctioning members. The network community develops clear boundaries around what is shared, and graduated dispute resolution mechanisms that take place within the network.
7. Commitment to improving the system. Participants recognize that they are part of a dynamic and evolving system and are committed to improving it over time as the system grows and matures and learning takes place.

¹ Charles C. Snow, Øystein D. Fjeldstad, Christopher Lettl, and Raymond E. Miles. Organizing Continuous Product Development and Commercialization: The Collaborative Community of Firms Model J PROD INNOV MANAG 2011;28:3–16. “Communities nurture their members and they provide shared services that allow the firms to collaborate with one another and accomplish more than they could achieve on their own.”

² Maria T Britto, Sandra C Fuller, Heather C Kaplan, Uma Kotagal, Carole Lannon, Peter A Margolis, Stephen E Muething, Pamela J Schoettker, Michael Seid. Using a network organizational architecture to support the development of Learning Healthcare Systems. BMJ Qual Saf 2018;0:1–10.

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³ Charles B. Stabell, Oystein D. Fjeldstad. Configuring value for competitive advantage: on chains, shops, and networks. *Strategic Management Journal*, Vol. 19, 413–437 (1998)

⁴ Elinor Ostrom. *Property Rights and Land Policies*, ed. K. Gregory Ingram and Yu- Hung Hong. *Property Rights and Land Policies*, ed. K. Gregory Ingram and Yu-Hung Hong (Cambridge, MA: Lincoln Institute of Land Policy).

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