Dr. Peter Margolis and colleagues from Cincinnati Children’s Hospital and the Improve Care Now Network (which focuses on pediatric Crohn’s Disease, colitis, and irritable bowel syndrome) have a lot to teach the psychiatric field. They have led the medical field in designing, implementing, and maintaining a Learning Healthcare System that results in dramatic improvements in outcomes. They found a way to integrate patient-reported outcomes, metrics that matter to clinicians, an IT system to provide user-friendly dashboards for clinicians and managers of population health, along with methods to change organizations. They then used evolutionary principles of cooperation to get people to actually work together. The results? They took remission rates from the mid-60 percentages to the high-85 percentages without any new treatments. Impressive. To the best of my knowledge, no such system exists in psychiatry.

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How many of us know the outcomes for all of our patients? How about in our clinics? What about those patients who are doing well with their treatments? Alternatively, how about data on our patients who are not doing well? And how about integrating quality improvement measures and figuring out how to increase the quality of care in collaboration with all stakeholders: patients, families, clinicians, researchers, payors, and administrators? The challenges to develop such systems can be formidable and yet doable. The American Heart Association has developed a systematic pathway with a comprehensive explanation of what is needed for a Learning Healthcare System to work. They describe four domains: science and informatics, patient-clinician partnerships, incentives, and development of a continuous learning culture.

Science and informatics refer to applying and generating usable evidence. Patient-clinician partnerships focus on shared understanding on improving outcomes that matter. Incentives, including financial, must be in line with continuous improvement processes. A continuous learning culture centers on curiosity and always seeking better ways of caring.

While busy clinicians risk burnout with the current burden of electronic medical records and feel constantly under scrutiny, wouldn’t it be fantastic if the clinical work of psychiatry became endlessly interesting and satisfying? If clinicians and patients could share a common interest of making the world a better place and contributing to the greater good, it would improve the quality of life for everyone.

If we build a Learning Healthcare System, they will come. Let’s just hope that we can find the resources, the will, and the way to do so.

REFERENCES