Designing a new paradigm for health services research (HSR) brought more than 120 people to Washington, DC in July for the first meeting of the Paradigm Project. Leading thinkers from a variety of disciplines—health care, philanthropy, academia, open data, technology, and others—came together for an introduction to human-centered design thinking, a process that may help the HSR field rethink its processes to produce better health outcomes for people and communities.

Members of the Paradigm Project Learning Community assembled into 17 Design Teams—small groups focused on improving a particular challenge the field faces, from increasing the timeliness of research to better meet the needs of end users, to leveraging the availability of big data. Each Design Team collaborated to craft a vision of what the optimal HSR enterprise would look like, and identify specific ideas or innovations that could move the field toward that vision.

What is the Paradigm Project?

Convened by AcademyHealth and funded by the Robert Wood Johnson Foundation, the Paradigm Project was established to design and test new ways to ensure health services research realizes its full potential to improve health and the delivery of health care. The project is led by Co-Chairs Sherry Glied, PhD and Risa Lavizzo-Mourey, MD, MBA, and a 30-person Steering Council. The Paradigm Project Learning Community, consisting of more than 120 members, will primarily conduct the work of redesigning HSR, all while gathering feedback and input from a Reactor Panel.

OVERHEARD

“How do we take traditional HSR and modernize it? Just because we learned one way doesn’t mean we can’t evolve and improve. It needs a refresh.”
Paradigm Project Themes

At the first Paradigm Project Learning Community meeting, the 17 Design Teams started building workplans organized around six key themes, each of which aims to answer a key question to inform the future of HSR.

Is Health Services Research...

Grounded in a cohesive vision and shared sense of purpose?

Asking the right questions?

Involving the right people and partners?

Using the right data and methods?

Leveraging the right incentives?

Utilizing the right messengers and messages?

Within each theme, Design Teams evaluated a “current state,” or a specific challenge facing HSR—from how a lack of common terminology in HSR hinders understanding across stakeholders, to how to diversify the HSR workforce in order to better inform patient care. Each team then collaborated to define an ideal “end state,” or what HSR might look like if that problem were solved. Over the life of the Paradigm Project, each team will design and test ways to achieve that end state.

“Overheard

“There was such a diversity of contributors at this meeting. There were individual researchers, there were funders, there were service providers, there were other stakeholders in the room who all had a set of common interests that got identified through the discussion...we’ll all benefit from that effort.”

“We need to put citizens in the middle. We are serving the well-being of a population so we must also be equitable.”
The Paradigm Project is employing the principles of human-centered design to help reconsider many of the assumptions and expectations that for decades have governed the HSR field’s experience. Human-centered design is a philosophy that empowers people to design solutions that address the core needs of those experiencing a challenge. Paradigm Project Learning Community members will deploy five actions inherent in design thinking—empathize, define, ideate, prototype, and test—to help the field increase the impact of health services research.

**A New Approach to HSR**

Engaging the Community

A growing, voluntary Reactor Panel serves as a sounding board for the Paradigm Project, providing occasional, ad hoc, online input on a variety of topics. Reactions to the first question posed to the panel indicated particular interest in the field addressing ways to make HSR more actionable and better engaging end users in the process.

**Top 5 Answers to ‘Most pressing issues facing HSR that the Paradigm Project should address’**:

1. Making HSR more understandable and actionable (47.17%)
2. Involving end users in the HSR process to make it more relevant and responsive (44.03%)
3. Better leveraging different disciplines, methods, and data sources/tools (28.30%)
4. Rethinking academic and other incentives (18.87%)
5. Increasing diversity in the HSR field (17.61%)

**OVERHEARD**

“I’m not incentivized for people taking action. I’m incentivized for publication, and I don’t know how many end users are reading journals.”

Source: Stanford University.
Next Steps

The 17 Design Teams are now advancing ideas to improve how health services research is routinely formulated, conducted, and disseminated. Those ideas will be refined over several months and presented at a meeting of the full Learning Community in January 2020. Over the course of the two-year project, the ideas will be tested with feedback from advisors, colleagues, and the Reactor Panel, and Learning Community members will recruit partners and sites to help test the innovations.

OVERHEARD

“The fact that this work is done in isolation from real-world implications is a problem—and it takes so long.”

The Learning Community in Action

Click to watch the video recap of the first Paradigm Project meeting.

OVERHEARD

“If we don’t ask the right questions, or if the end users don’t find it useful, then we are wasting resources.”