

[DRAFT] MedBiquitous 2030: Building the Digital Ecosystem for Health Professions Education

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Background

A consistent challenge that MedBiquitous has been called upon to address is bringing to bear a distributed set of tools and resources in support of health professions education (HPE) and credentialing. Although the MedBiquitous community has answered this call on multiple occasions, the challenge remains that the adoption of the standards and guidelines produced by the community occurs only in niche pockets, rather than by the HPE community at large. All industries have standards, many of which are applicable to HPE. It is our goal to educate the community on the importance of harmonizing standards across industries and acknowledge their impact on HPE.

Professional education, and society at large, has seen tremendous growth in key areas such as social networking, the “sharing economy,” interprofessional education, open educational resources and integrated curricula. These changes are driven by deep-seated human values such as sharing, collaboration, and community. Rather than acting in their silos, individuals and organizations are yearning to be a part of a cohesive and functional ecosystem. In our current world, digital tools provide affordances that were not available in the paper-based world that preceded it. Taking a digital ecosystem perspective when looking at HPE, and healthcare broadly, lends itself to an approach that will increase an understanding and adoption of standards and lead towards improving efficiencies across all areas of HPE.

In describing the potential of the Digital Ecosystem for Health Professions Education, the MedBiquitous Steering Committee expressed the following attributes:

- Frictionless sharing of information between systems that enable institutions to deliver on their mission;
- Enabling the recombination of curricula and assessments across modality and source;
- Learner-centric and portable with the learner across the continuum of learning;
- An environment for different types of organizations that are digitally enabled to connect with each other for compiling of operational data, or sharing data for a collaborative research or innovation; and,
- A comprehensive system that encompasses all the required educational tools and processes, from a variety of providers – digital diversity, utilizing systems that are practical, relevant and appropriate for the organization, based on accepted data exchange standards.

The MedBiquitous Steering Committee aims to align with the common attributes of a digital ecosystem being a distributed, adaptive, open socio-technical system with properties of self-organization, scalability and sustainability inspired from natural ecosystems. Digital ecosystem models are informed by knowledge of natural ecosystems, especially for aspects related to competition and collaboration among diverse entities. When looking at this definition, the power of bringing together all stakeholders in HPE to understand the importance of a digital ecosystem becomes apparent and other industries have recognized this power as well:

“In a digital ecosystem, many largely independent economic players join forces to create a digital offering that is more valuable than a single company’s product or

46 service. Some digital ecosystems develop solutions... Others bring together
47 buyers and sellers on a digital platform.

48 This new collaboration model isn't a fad; it's the future of business. Many of the
49 world's largest companies are part of vast digital ecosystems that are disrupting
50 not just their industries but broad swaths of the economy.”ⁱ

51 **Current Challenges**

52 The extensive use of education technology, including within the health professions that MedBiquitous
53 supports, continues to grow and mature. The scope of educational technology includes information and
54 learning technology used to deliver and support the education of healthcare professionals, as well as the
55 data management and data exchange practices of all entities involved in education and credentialing of
56 these professionals.

57 In the last year, the global COVID-19 pandemic has exposed the fragility of our existing technology
58 infrastructure. The delivery of education and the verification of credentials are just two examples of high-
59 level processes that were disrupted and rapidly modified to accommodate changes that accompanied the
60 pandemic. In almost every case, silos between existing technologies and data sets were made
61 abundantly apparent, and integration and interoperability were touted as solutions to this dilemma.

62 Educators, technology professionals, and government and regulatory agencies are all attempting to
63 improve the state of health professions education and credentialing. However, the challenges faced are
64 manifold:

- 65 • Duplication of effort, immature data management practices, local/proprietary software
66 integrations, and increasing software/technology costs often lead to an environment where
67 efficiency gains and cost savings are hard to achieve;
- 68 • Policy and legal barriers can be difficult to overcome at the level of the individual or individual
69 organization;
- 70 • A lack of attention to critical accessibility and interoperability requirements can hamper uptake of
71 technology innovations in learning design and delivery, and prevent improved efficiency in
72 administrative processes; and,
- 73 • Data management practices are only recently becoming part of standard operating procedures;
74 poor data quality leads to delays in continuous quality improvement of education and
75 credentialing activities.

76 **Goals for MedBiquitous 2030**

77 To encourage the adoption of data and other technology standards in support of health professions
78 education and credentialing, as well as to promote best practices towards the goal of implementing a
79 learning healthcare system, the MedBiquitous 2030 initiative aims to:

- 80 • administer a neutral forum, across the continuum of education, between the health professions,
81 inclusive of all relevant stakeholders, with a global reach, to understand the health professions
82 education landscape and its evolution over the next 10 years;
- 83 • use the MedBiquitous consensus process to gather necessary input to develop recommendations
84 for an HPE digital ecosystem and relevant standards; and,
- 85 • provide universal access to the standards needed to realize a thriving digital ecosystem by the
86 year 2030.

87 The ability to communicate information between accreditors, education programs, credentialing bodies,
88 learners and employers is still a largely manual process in 2021, often requiring data manipulation to
89 send or consume data. The ultimate objective of a single platform/tool to support the variety of activities
90 for education and training programs, continuing education offices, or credentialing bodies will likely
91 remain an elusive and indeed aspirational target. However, creating a curriculum inventory; delivering
92 competency-based assessments and tracking learner outcomes; and sharing of simulation and diverse,

93 varied learning resources, with the ability to perform analytics across systems, could be achieved across
94 multiple tools and systems using information technology standards.

95 Building towards an ideal future state, a digital ecosystem for health professions education, would enable
96 the following scenarios:

97 **Health Professional Lifelong Learning and Employment Record (LER)**

98 Utilizing the Performance Framework, Educational Achievement, other relevant MedBiquitous standards
99 and emerging credentials standards, integration of data will lead to the development of lifelong portfolios
100 of learning and employment records. These portfolios are mapped to competency frameworks for their
101 profession and portable with learners as they move through their career. Pragmatically, data flows
102 seamlessly, decompressing the manual efforts required in the current state to weave all data together.

103 The portability of learning and employment data creates a streamlined approach to determining the
104 educational trajectory of the individual from one context to the next. It also allows training programs to
105 benchmark their learners' outcomes against their peers. Ultimately, it allows each institution and the
106 healthcare system to develop competent health professionals who can continuously monitor their own
107 knowledge, skills, behaviors and attitudes, then subsequently adjust where needed.

108 **Health Professions Education Curriculum Exchange**

109 Competencies and learning objectives. Curricular content. Assessments. Simulated patients. The volume
110 of resources utilized to run a training program are significant, and highly overlap from one training
111 program to the next.

112 In a future state, by utilizing the Healthcare LOM (Learning Object Metadata), Virtual Patient and other
113 relevant standards, curricular content can be repurposed from one training program to another and any
114 evaluation data about the outcomes from that implementation can be used to refine the content for future
115 use.

116 A curriculum with modular curricular resources that are appropriately tagged with learning objectives and
117 competencies can be tailored to an individual's acquisition of new knowledge and remediation of existing
118 skills can be created quickly and easily. Competencies measured in one profession can be compared to
119 another profession. The educational interventions that are utilized to achieve and maintain competence
120 can be monitored for effectiveness, allowing for better personalization of the curriculum for the individual
121 learner.

122 Assessment collaboratives that coordinate development and sharing of assessments to meet the needs
123 of multiple types of learners across institutions and professions can be achieved due to standards that
124 permit the sharing of content and comparison of outcomes data.

125 Comparison of training programs across health professions can be achieved by utilizing the Curriculum
126 Inventory standard, and new training programs can quickly learn from the structure of existing programs
127 to develop their curriculum.

128 **Health Professions Education and Credentialing Analytics**

129 The aggregation of data from multiple institutions, sometimes within an organization, will be achieved
130 utilizing data standards. By using Professional Profile, Activity Report, and other relevant standards,
131 education programs or multi-institution consortia can fast track the development of data marts or
132 federated data exchanges. Data standards provide the common language that eliminates ambiguity of the
133 data. Collaborations on curricular innovations, research, and quality improvement are unbounded by the
134 concern of what the data will become when brought together.

135 With improvements in data sharing capabilities, better research can be conducted on the linkage between
136 educational interventions and clinical outcomes; more support can be confirmed for best practices in
137 health professions education; and alignment can be demonstrated across health professions curricula.

138 When performing continuous quality improvement or preparing for accreditation, data can be utilized for
139 internal longitudinal analysis or external benchmarking. Comprehensive visibility into the activities of an
140 education program, including experiential learning in the clinical environment, allows an education

141 program to perform the necessary analytics to fully adapt to societal and healthcare needs, perform
142 outcomes-based research, and provide for high-quality education and training technology innovation.

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144 In summary, by establishing these goals for the future of health professions education and credentialing
145 we can provide for an HPE digital ecosystem that fully supports and results in improving the health of
146 people everywhere.

147 **Objectives for MedBiquitous 2030**

- 148 • MedBiquitous 2030 will serve as an education campaign for the HPE community on the
149 importance of data and other information technology standards in advancing the mission of the
150 health professions
- 151 • This initiative will set the prioritization principles for the standards development work of the
152 MedBiquitous community through 2025
- 153 • Existing MedBiquitous standards will be approved as American National Standards (ANS) –
154 target completion Dec 2021
- 155 • Prioritization of standards revisions and innovations will be determined by their importance in the
156 overall digital ecosystem
- 157 • Standards adoption and implementation metrics will be determined by the Technical Advisory
158 Group
- 159 • On an ongoing basis, IEEE and other standards relevant to health professions education and
160 credentialing will be identified for inclusion in the MedBiquitous 2030 recommendations by the
161 Research and Alignment Group
- 162 • An open repository of data and other technology standards, technical guidelines, implementation
163 best practices, and other resources will be developed to serve as a recommendation to reduce
164 barriers for adoption and implementation of technology to support health professions education
165 and credentialing
- 166 • By 2030, key elements in a global learning health system that continuously improves and tracks
167 educational outcomes of learners at all levels will be established

168 **Proposed Plan**

169 **Planning Phase**

170 In the first half of 2021, a working group will be created by the Steering Committee and its
171 subcommittees. The methods for execution and evaluation of the proposed plan for MedBiquitous 2030
172 will be their primary focus. This working group will serve as the hub for any other work related to the
173 initiative.

174 The target for publishing these methods is November 1, 2021.

175 **Research and Alignment Phase**

176 Utilizing the methods created in first phase of MedBiquitous 2030, use cases will be developed that will
177 establish which development efforts will be prioritized.

178 The target for starting this phase is January 1, 2022.

179 This phase will result in the creation of new development projects and collaborations with other standards
180 developers. The target end date for this phase is 2025. It will overlap with the next phase. Research and
181 alignment activities will be ongoing.

182 **Adoption Phase**

183 This phase of MedBiquitous 2030 will focus heavily on promoting the adoption of standards and begin to
184 capture metrics describing the efficiency of the system.

185 The target for starting this phase will be 2023. Adoption activities will be on-going.

186 **Continuous Improvement Phase**

187 As the adoption phase begins to peak, the activities in this phase will be designed to monitor the initiative
188 and adjust MedBiquitous priorities for development efforts.

189 The target for starting this phase is 2025. It will be on-going.

ⁱ BCG.com. (2021, March 25). Digital Ecosystems. *Boston Consulting Group*. Retrieved from <https://www.bcg.com/capabilities/digital-technology-data/digital-ecosystems>

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