The HMO Research Network
Introducing the HMORN

The HMO Research Network (HMORN) brings together research departments of some of the U.S.’s best and most innovative health care systems.

Collectively, the HMORN represents over 1,400 scientists and research staff with methodological and content expertise from an array of disciplines – including:

- Epidemiology
- Economics
- Disparities
- Outcomes
- Pragmatic trials
- Quality assessment
- Genomics
- And more
Network Members

The HMORN is comprised of 18 well established, public-domain research centers based in large not-for-profit health care systems.
Mission, Vision & Values

**Mission**

To improve individual and population health through research that connects the resources and capabilities of learning health care systems.

**Vision**

To be the U.S.’s preeminent source of population-based research that measurably improves health and health care.

**Values**

- ✓ Scientific excellence
- ✓ Innovation and creativity
- ✓ Actionable research findings
- ✓ Collaboration and teamwork
- ✓ Transparency
- ✓ Efficiency
Shared Goals

HMORN members are committed to building and maintaining a common infrastructure and culture to support their shared goals and activities:

- Conduct actionable research of high relevance to patients, health care systems, practitioners, and policy makers.
- Leverage expertise, variation, and resources across sites.
- Share best practices, methodologies, and knowledge.
- Standardize and streamline data and administrative work.
- Build and maintain valuable infrastructure and tools that are not tied to external funding or a specific research topic.
Learning Health Systems

HMORN members are committed to optimizing the practice of medicine and improving people’s everyday health.

Thanks to their unique position within learning health systems, HMORN researchers have specialized expertise in planning, carrying out, and interpreting research done in partnership with health systems and teams of health care providers.
In a Learning Health Care System, research influences practice and practice influences research. Innovation is disseminated to improve care throughout the system.

EVALUATE
Data show what works and what doesn’t.

ADJUST
Evidence influences continual improvement

IMPLEMENT
Researchers collect data from pilot and control settings.

DESIGN
Clinicians & researchers design care based on evidence.
Key Similarities Between Sites

- Affiliation with a non-profit health care system.
- Dedication to public domain, non-proprietary research.
- Scientists that highly value collaboration.
- Access to comprehensive health care services data for a defined patient / member population.
Notable Differences Between Sites

✓ Degree of integration between the health system and research center.

✓ Degree of health services integration within the plan.

✓ Size and complexity of overall local research enterprise.

✓ Organizational and staffing models of member centers.

✓ Size and diversity of the defined population.

✓ Proportion of patient receiving care within the integrated delivery system component on the health plans.
Structure and Governance

The HMORN is a virtual organization; it is not a formal legal entity and does not itself receive federal funds.

Annual membership assessments are collected to cover minimal staffing for critical governance, communications, and operational infrastructure.

Formalized committees and processes of the HMORN provide substance and presence.
## Formalized Committees

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<tr>
<th>Committee</th>
<th>Description</th>
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<tr>
<td><strong>Governing Board</strong></td>
<td>Outward facing, network positioning. Set policy, budget, and strategic direction.</td>
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<tr>
<td><strong>Executive Committee</strong></td>
<td>Increase Board efficiency and agility. Manage Board strategies, policies, and initiatives.</td>
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<tr>
<td><strong>Asset Stewardship</strong></td>
<td>Inward facing, cross-project coordination. Create and maintain ‘useful things’.</td>
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<tr>
<td><strong>IRB Coordination</strong></td>
<td>Develop and implement Network-wide IRB ceding processes.</td>
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<tr>
<td><strong>Virtual Data Warehouse (VDW) Operations</strong></td>
<td>Coordinate, support and oversee VDW development and management across sites.</td>
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<tr>
<td><strong>Research Administrators</strong></td>
<td>Share best practices. Create HMORN-wide administrative processes to build efficiencies.</td>
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Shared Resources

The HMORN has developed a wide range of tools and resources to support teams and activities.

The Virtual Data Warehouse (VDW) is both a distinguishing feature of the HMORN and its most valued collective resource.

Some of the Network’s other shared infrastructure and processes include:

- IRB ceding process
- Pre-negotiated contract and data use agreement
- Stock text, tables, and figures for proposals
- An array of research tools, guides, and best practices
- Communications tools and resources
- And more
Common Data Approach

The Virtual Data Warehouse (VDW) is a cornerstone of HMORN collaboration. It facilitates multisite research while protecting patient privacy and proprietary health practice information.

Administrative, clinical and claims data are translated to a common set of agreed upon data standards at each site.

The VDW is an example of a “distributed” data model. Data required to support collaborative research are extracted and shared only after all ethical, contractual and HIPAA requirements have been met.
Virtual Data Warehouse (VDW)

The VDW is the HMORN’s method for standardizing and pooling electronic health data for multi-site research.
Consortia and Projects

While most HMORN projects involve two to five Network sites, its largest consortiums are its most widely recognized activities.

Additionally, nearly 40% of HMORN projects and consortiums involve non-member partners.
Scientific Interest Groups

A number of Scientific Interest Groups (SIGs) exist within the HMORN to foster new activities and relationships. These may be supported by a funded consortium or develop on their own. Active SIGs within the HMORN include:

- Aging
- Cancer survivorship
- Child and adolescent mental health
- Cancer family history
- Diabetes and obesity
- HIV
- HPV cancer
- Natural language processing
- Patient-centered communications in cancer care
- Pragmatic trials
- Racial-ethnic and linguistic disparities
- Rural health
- Suicide prevention
- Mental-physical co-morbidities
- Mental health policy
Learn More

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HMORN 2014 Conference:

March 31 – April 2, 2014
Phoenix, AZ  USA