School of Public Health
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Lessons for Paired Researcher-Health System Planning Initiatives

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This issue brief presents findings from the **Learning Health Systems Rehabilitation Research Network (LeaRRn)**, a resource and training center to improve the quality of rehabilitation care. LeaRRn is a partnership between the Brown University School of Public Health, Boston University, the University of Pittsburgh, and nine health system partners.

AUDIENCE FOR THIS BRIEF:

- ✓ Funders designing planning grants or partnership-focused awards
- ✓ Training program leaders and academic administrators
- ✓ Health system leaders interested in hosting embedded researchers
- ✓ Researchers seeking to engage in partnered, system-aligned work

WHY THESE LESSONS MATTER

This brief distills practical lessons from LeaRRn's Scholar program, which paired trainees (Scholars) with health systems to develop research projects, to inform the design of such initiatives.

Across health care settings, there is growing interest in initiatives that bring researchers and health systems together to identify shared priorities and plan projects that are feasible, relevant, and positioned for real-world impact.

While these initiatives take many forms, from funded and unfunded efforts to develop relationships, undertake planning, and conduct preparatory work, they share a common goal: building effective partnerships that can translate ideas into action.

HOW WE SYNTHESIZED LESSONS

Lessons are based on mixed-methods analyses of experiences reported by researchers, academic mentors, and health system partners across three LeaRRn scholar cohorts. Data sources included seven assessment tools containing structured surveys, and open-ended questions. Findings reflect recurring patterns across multiple perspectives.

Although LeaRRn focused on rehabilitation research, the lessons are relevant for any initiative that pairs researchers and health systems to establish partnerships and plan partnered work.

WHAT WE FOUND & IDENTIFIED AS IMPLICATIONS FOR SIMILAR INITIATIVES:

1. Strong, deliberate matching between researchers & health systems is a critical for successful embedded research experiences.

The quality of the Scholar health system match – alignment in substantive interests, methodological skills, and working styles – was consistently one of the strongest determinants of partnership success. Poor matches led to delays, miscommunication, and diminished engagement.

Implications: Invest in intentional matching processes in the pre-award period (e.g., facilitated discussions to explore the priority topic, discuss alignment of interests) and work with the health system to select participants with aligned interests who have demonstrated communication skills, flexibility, and readiness for embedded work.

2. Early & explicit alignment on goals, scope, timelines & expectations is foundational.

Partnerships sometimes faltered because initial goals or timelines were unrealistic, or because partners held unspoken assumptions about what could be achieved within a short period. Initiatives should require structured expectation-setting before and at project launch, with explicit discussion of feasibility, institutional constraints, required approvals, and shared definitions of success. Also, in most cases identifying and planning a health system-aligned project requires more than 12 months.

Implications: Build structured kickoff processes (e.g., scoped workplans, feasibility check-ins) and design planning periods that realistically account for time needed to meet regulatory requirements, create data use agreements, acquire data, and build relationships.

3. Effective mentorship & a designated health system liaison create essential scaffolding for success.

Researchers thrived when supported by academic mentors who understood both methodological demands and health system context. Health system counterparts were more engaged and effective when there was a clearly identified liaison who had protected time and/or were empowered by their roles to champion the Scholar work, facilitate access, broker relationships, and maintain momentum.

Implications: Require both an academic mentor with relevant expertise and a health system liaison with defined responsibilities and protected time to support coordination and alignment.

4. Anticipating regulatory, data & IT challenges is necessary for realistic planning.

Partnership projects, especially those that rely on health system data, consistently encountered delays related to institutional review board (IRB) review, data use agreements, and limited analytic or IT support. These challenges are predictable and should be addressed proactively.

Implications: Provide early regulatory and data access planning guidance, standardized templates for IRB and data agreements, and modest resources to support informatics, analytics, or IT collaboration.

5. Protected time & modest support for both researchers & health system staff strengthen engagement and momentum.

Researchers struggled to balance competing demands without adequate protected effort, and health system stakeholders, particularly clinicians, sometimes contributed without compensation while still expected to meet productivity goals.

Implications: Include protected effort for researchers and modest funding to support health system participation, stakeholder engagement, and technical or analytic contributions.

6. Sustained relationship-building & regular communication are key drivers of impact.

The strongest partnerships were characterized by frequent touchpoints, trust-building interactions, and repeated opportunities to co-interpret context and data. These relational elements were central to identifying feasible projects, overcoming barriers, and sustaining collaboration beyond the planning phase.

Implications: Require structured engagement plans with regular communication milestones and recognize relationship development as a core deliverable.

7. Cross-project learning enhances problem-solving & accelerates progress.

Participants benefited from opportunities to learn from peers also embedded in health systems, who were facing similar challenges, such as navigating regulatory processes, accessing data, or adapting to shifting priorities.

Implications: Integrate structured peer learning opportunities, such as cohort meetings, communities of practice, or shared troubleshooting sessions, to amplify learning and reduce duplication across projects.

KEY TAKEAWAYS

Partnership-based initiatives succeed not simply by pairing researchers and health systems, but by intentionally designing for alignment, relationships, infrastructure, and learning. Attention to these elements early and explicitly can substantially increase the likelihood that planning efforts lead to sustainable, impactful work.

THE PEOPLE

Rosa R. Baier, MPH, is a Professor of the Practice in the Department of Health Services, Policy & Practice at the Brown University School of Public Health, where she leads the Long-Term Care Quality & Innovation Lab and serves as Co-Director of the Learning Health System Scholars Program, advancing partner-engaged research and training to improve care for older adults.

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Ann Reddy, MPH is a Project Director in the Long-Term Care Quality & Innovation Lab at the Brown University School of Public Health, where she manages partner-engaged studies focused primarily on interventions to improve care for nursing home and assisted living residents.

Kristin Ressel, M.S., is a Project Manager for LeaRRn at the University of Pittsburgh, responsible for coordinating communication and providing administrative and logistical support for core program activities and collaborations across partner institutions.

Janet Freburger, P.T., Ph.D., FAPTA, is a Professor in the Department of Physical Therapy at the University of Pittsburgh. As Director of the LeaRRn Learning Health System Innovation Hub and Co-Director of the Learning Health System Scholars Program, she leads implementation science and training initiatives to advance learning health system and rehabilitation research.

Linda Resnik, P.T., Ph.D., FAPTA is a Professor in the Department of Health Services, Policy & Practice at the Brown University School of Public Health. She is Principal Investigator of multiple training grants, including LeaRRn, that support scholars and pilot projects to expand capacity in rehabilitation health services and learning health system research.