<u>Abstract</u>

Professional Virtual Communities for Health Care Implementers: Impact of Participation on Practice

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Abstract

Background: Since 2008, GHDonline.org has provided a platform of professional virtual communities (PVCs) for health care implementers around the world to connect and discuss delivery challenges. Initially focused on low-resource settings internationally, GHDonline received funding from the Agency for Healthcare Research and Quality (AHRQ) in 2013 to expand the platform and launch the US Communities Initiative (USCI), PVCs for US-based health care professionals working with underserved populations.

Objective: Over the course of the three-year funding period, we established four PVCs focused on population health, quality and safety, costs of care, and delivery innovations. We aim to develop a greater understanding of the challenges facing US health care professionals while also facilitating the dissemination and translation of evidence-based resources and novel approaches to delivering care. We seek to understand the impact that participation in these PVCs has on the implementation and integration of best practices in care delivery around the country.

Methods: Each PVC is supported by a team of expert moderators who guide and shape community goals, content, and programming. GHDonline works closely with these moderators to organize virtual Expert Panels (week-long, asynchronous online conferences), which facilitate the spread of evidence-based resources and, through dialogue with experts, educate members on strategies for adapting these tools for a range of delivery settings. Our impact evaluation includes three methods: analysis of site data, member surveys, and phone interviews. Site data shows the scope and engagement of readership in the PVCs. Surveys, fielded before and after each Expert Panel, assess members' knowledge of and ability to implement relevant best practices. Individual interviews identify examples of PVC participation impacting practice, as well as opportunities to improve the PVCs themselves.

Results: While evaluation efforts are ongoing, current survey data shows a majority of respondents, 91% (149/163), found information shared in Expert Panels relevant to the populations they serve. A strong majority, 73% (127/175), report an intention to make changes in their practice, and 47% (81/172) report implementing changes based on knowledge gained through PVC participation. We randomly selected 500 active members to participate in interviews and have completed 50 interviews to date. A significant majority of interviewees, 82% (41/50), recommended GHDonline to colleagues, and many, 60% (30/50), indicated they are making changes in their practice based on information gained through PVC participation.

Conclusions: Recognizing the limitations of self-reported surveys and interview responses, and the preliminary nature of our current findings, we believe these results show strong potential for PVCs to facilitate dissemination and translation of evidence-based practices and improve care delivery in the US.

Trial Registration: Not applicable.

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KEYWORDS

Professional Virtual Communities; Health care delivery; Knowledge dissemination; Communities of Practice; Online Communities

(This is a conference paper presented at the Connected Health Symposium, Boston, 2015, which was not edited and is only lightly peer-reviewed).

Multimedia Appendix 1

Sample questions from pre-, post-, and follow-up Expert Panel surveys.

[PDF File (Adobe PDF File), 677KB-Multimedia Appendix 1]

Multimedia Appendix 2

Extended abstract.

[PDF File (Adobe PDF File), 925KB-Multimedia Appendix 2]

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