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

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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

We seek to understand the impact that participation in professional virtual communities can have on the implementation and integration of best practices in care delivery around the country.

Methods

Over the course of the three-year funding period, we established four professional virtual communities:
1. Population Health
2. Quality and Safety
3. Costs of Care
4. Innovating Health Care Delivery

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

Surveys: 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.

Interviews: 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 participation.

Conclusions

Health care professionals who participate in PVCs make positive shifts in practice and further the dissemination and translation of evidence-based resources, thereby reducing the “know-do gap.”

Through discussion with colleagues and experts with diverse experience, GHDonline members:
- Learn about best practices
- Identify strategies for translating these practices to target populations
- Understand what is necessary to begin integrating these recommendations into their own care delivery systems