Adapting Global Health Professional Virtual Communities to the Domestic Landscape: Reflections and Lessons Learned

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I. Program

The Global Health Delivery Project at Harvard University has hosted a platform of **professional virtual communities** (PVCs) on GHDonline.org since 2008. Thousands of health care implementers around the world join GHDonline to connect, share, and discuss delivery challenges. Today, GHDonline welcomes **over 14,500** clinicians, researchers, administrators, engineers, policymakers, students and others passionate about health care delivery around the world.

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In 2013, we expanded the platform by opening four new communities for US-based health care professionals working with underserved populations. By 2016, we aim to reach a geographically-diverse group of 10,000 US health care professionals and increase their understanding and use of evidence-based resources.

II. Structure

These new communities discuss topics related to: population health, quality and safety, costs of care, and delivery innovations—key areas of interest for US-based professionals. Expert moderators, leaders in their fields, guide and shape the communities by answering member questions, starting new discussions, and organizing community events.

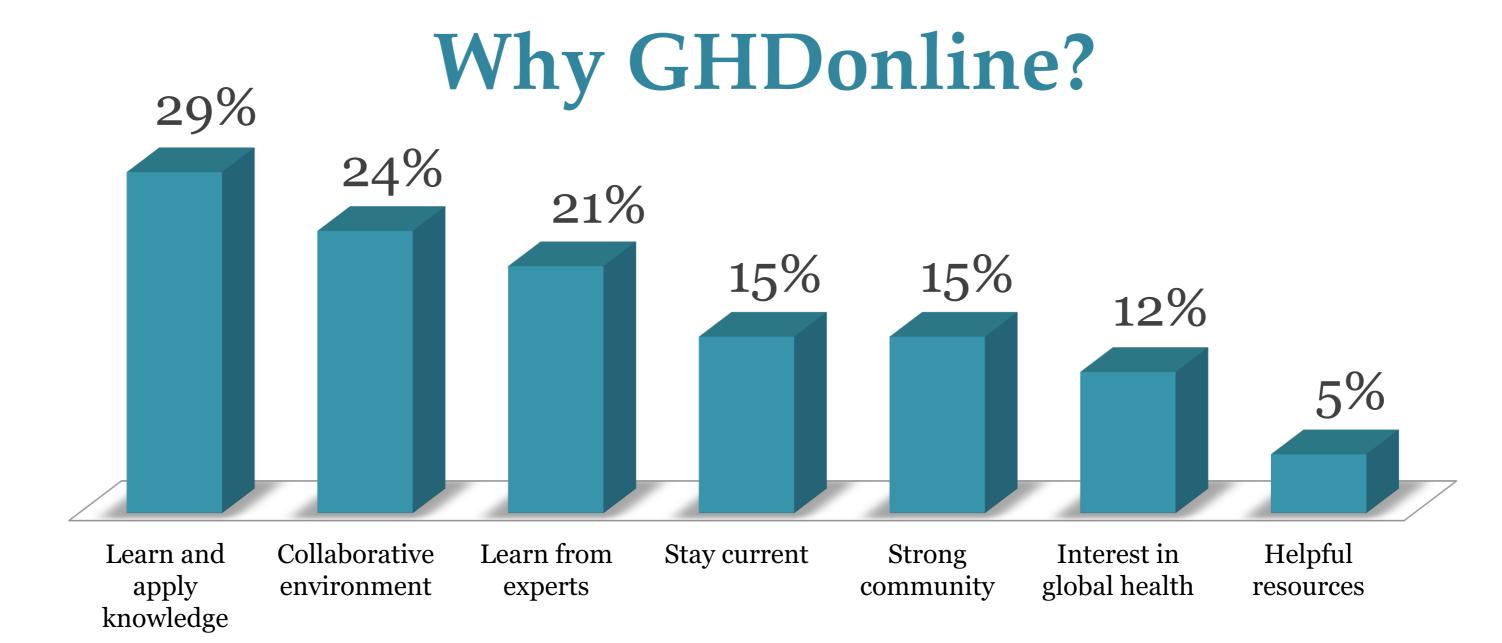
Moderators work closely with GHDonline to organize Expert Panels, virtual, week-long conferences focused on discussing innovative approaches and best practices. Key points and practices shared in these Expert Panels are summarized in short, peer-reviewed Discussion Briefs, which are available for members to download and share.

To understand the impact of these PVCs and Expert Panels on members' knowledge and ability to implement evidence-based resources in practice, GHDonline conducts pre- and post-Expert Panel surveys, and short phone interviews with active members.



III. Outcomes

We are currently reaching **over 6,000 US-based health care professionals** on GHDonline. Preliminary results from surveys and member interviews show **increased knowledge and ability to implement certain evidence-based tools**. Still, challenges remain in our efforts to engage US-based health care professionals, including:



900 86 - 100%

survey responses

found information relevant to the populations they work with

60 - 90%

50%

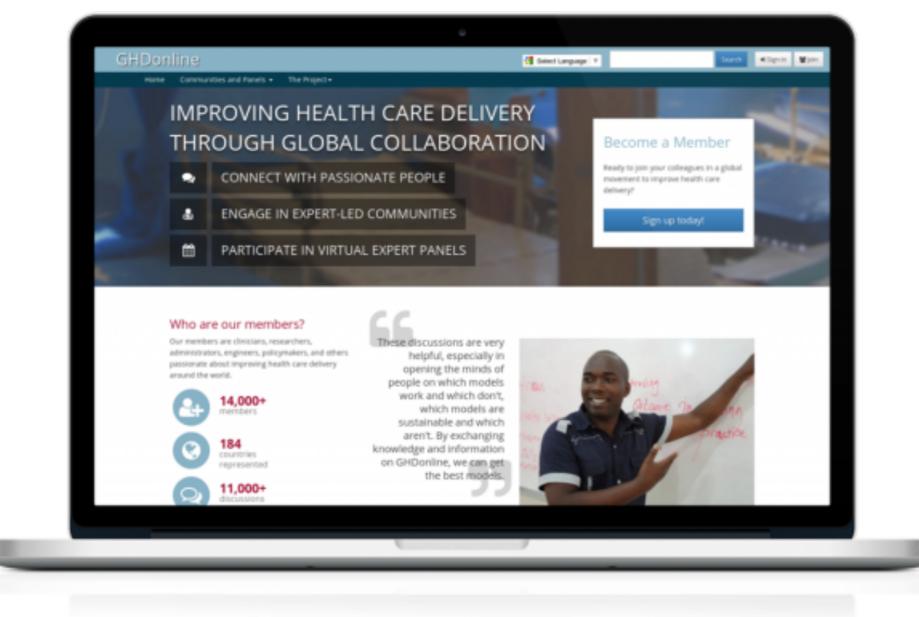
intend to make changes

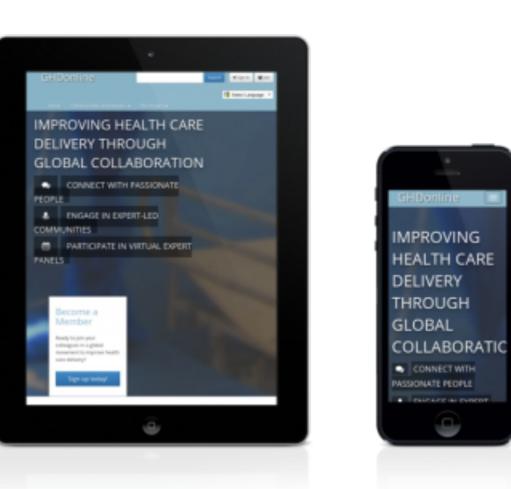
began implementing

[fa bullhorn] The internet is **busier**, **louder**, **and noisier** since GHDonline launched in 2008, especially for individuals in the US. Many feel overwhelmed by the amount of information and frequent updates from existing connections on established social networks such as Twitter and Facebook.

[fa connecdevelop] Given the extensive education programs and professional development available to health care professionals in the US, members feel less motivated to develop virtual connections to new colleagues.

[fa clock] US professionals have expressed a desire for short-term engagements, such as videos, webinars, and Twitter chats, rather than longer, text-based discussions that unfold over time.





[fa bell-o] Wide-spread use of mobile phones and tablets, as well as social networks like Twitter and Facebook among US professionals has also led to an expectation of more personalized notifications and specialized mobile applications.

IV. Going Forward

GHDonline is experimenting with new features, **like video Expert Panels** and **Twitter chats** to offer alternative engagement opportunities for this new audience. We recently launched a **responsive website** to improve usability on mobile devices, and **improved the information architecture** that powers navigation on the platform to better meet members' needs. We continue to explore strategies for **highlighting member success stories** that showcase the benefits of connecting with colleagues and participating in the more in-depth discussions taking place on the GHDonline platform.

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