

Overview

Ontario Health Teams (OHTs) will need to continually ‘up their game’ in achieving the quadruple aim of improving care experiences and health outcomes at manageable per capita costs, and with positive provider experiences. OHTs will not achieve the quadruple aim alone. They will need to learn rapidly from one another (and from those who’ve succeeded and failed in similar work outside Ontario). They will also need to improve rapidly and share their successes (and failures) with others.

A community of practice for teams on an OHT readiness path can help support them in their rapid learning and improvement efforts, both to design each of the eight OHT building blocks and (by harnessing these building blocks) to achieve specific targets related to the care experiences and health outcomes for specific populations. This RISE brief addresses:

- 1) what are communities of practice and what factors can contribute to their success?;
- 2) how do communities of practice compare to learning collaboratives?; and
- 3) how will RISE support a community of practice among OHTs (and, separately, among those providing support to OHTs)?

Communities of practice

Communities of practice are typically defined by three characteristics: 1) domain (or learning need); 2) community; and 3) practice (or activities that support a community’s efforts to address a learning need).(1) The domain may involve a focus on fostering deeper knowledge about a given issue or finding solutions to a particular problem. A community may comprise multiple organizations or stakeholders united around a specific domain. A community may use a variety of different practices (or activities) to deepen knowledge about an issue or find solutions to a problem, including webinars, telephone/Webex consultations, meeting participation, in-person visits, and coaching. Communities of practice may be time-limited or indefinite, and longer-lived communities have sometimes been found to go through the five life stages of potential, coalescing, maturing, stewardship and transformation.(1) An OHT community of practice is at the ‘potential’ stage right now.

The evidence about the impacts of communities of practice is mixed, likely in part due to evaluation challenges related to the complexity of communities of practice as an innovation, and to variation in the domains and practices that communities are focused on and the cultural and social contexts in which they operate. The evidence is clearer on two points:

- 1) successful communities of practice typically work on an issue or problem with a strong evidence base (as is the case for many of the issues or problems that OHTs will address); and

Box 1: Coverage of OHT building blocks & relevance to sections in the OHT full application form

This RISE brief addresses **building block #8**:

- 1) defined patient population
- 2) in-scope services
- 3) patient partnership and community engagement
- 4) patient care and experience
- 5) digital health
- 6) leadership, accountability and governance
- 7) funding and incentive structure
- 8) **performance measurement, quality improvement, and continuous learning**
 - **rapid learning and improvement collaboratives (domain 57)**

It is relevant primarily to **section 5** (question 5.2.1) and secondarily as background to **section 3** (how will you transform care?) as well as to all **other sections** in the [OHT full application form](#).

- 2) seven factors can contribute to their success (all of which are achievable for an OHT community of practice, with the possible exception of having regular opportunities for face-to-face meetings given their geographic spread):
 - a) ensuring access to financial and other resources (such as RISE staff support, as well as the broader array of supports available through the [OHT Central Program of Support](#));
 - b) building a community from existing communities and networks;
 - c) developing trust in the community;
 - d) ensuring regular interaction and opportunities for face-to-face meetings;
 - e) providing a supportive environment;
 - f) clearly communicating standards and norms; and
 - g) embracing self-selected membership.(2)

Communities of practice versus learning collaboratives

Communities of practice have their roots in the business field, but they have flourished in the health, education and broader public service fields as well.(1) Learning collaboratives have their roots in the U.S. quality-improvement field and often use tools such as plan-do-study-act cycles to meet pre-defined objectives in relatively short (six-to-15 months) time periods.(3) In Canada, the Canadian Foundation for Healthcare Improvement has supported spread and scale collaboratives that share features with the U.S. learning collaboratives. Increasingly, the terms ‘community of practice’ and ‘learning collaborative’ are used synonymously in the health field, including in a recent taxonomy developed by the Agency for Healthcare Research and Quality in the U.S.(4) RISE has chosen to use the term ‘community of practice’ (at least initially) in part because OHTs will need to design the eight OHT building blocks, which will require deep knowledge about many health-system issues (not just improve care experiences and outcomes and the other quadruple-aim metrics). The OHT community of practice may choose to change the term in future.

In the U.S., the groups providing support to accountable-care organizations (ACOs) have used the term ‘learning collaborative’ in part because they have tended to focus more on improving quadruple-aim metrics. As we describe in the RISE brief about accountable-care organizations, Mathematica supports the [Learning Systems](#) for Medicare ACOs, and the National Association of ACOs supports the [Accountable Care Learning Collaborative](#) for commercial and other ACOs. The [Accountable Care Atlas](#) – a guide to developing the competencies needed by ACOs – is an example of a product co-developed by members of the latter learning collaborative.

A community of practice for OHTs (and among those supporting them)

RISE will build and engage an OHT community of practice, with a particular focus on learning needs that emerge as teams proceed to full application (although many of these needs will be shared among teams at an early step on the OHT readiness path). Over time RISE will likely move into more of a facilitation role as OHTs increasingly steer the community of practice. Teams proceeding to full application will be invited to join the community of practice and to use an online platform (set up by and moderated by RISE and accessible through RISE’s [‘Exchange with OHTs’](#) webpage) to engage with other teams. Teams can participate in both general discussions and in discussions about specific OHT building blocks. Teams can also choose to participate in dedicated French-language discussions.

RISE will support the OHT community of practice in many ways:

- 1) develop and iteratively improve over time packages of support that respond to their evolving learning needs;
- 2) deliver ‘on demand’ (or facilitate the delivery of) a suite of activities (e.g., webinars, telephone/Webex consultations, meeting participation, in-person visits, and ongoing coaching) and products (e.g., RISE briefs); and
- 3) maintain the RISE website (as a ‘one-stop shop’ for all teams on an OHT readiness path) and disseminate a monthly e-newsletter, to provide a structured ‘way in’ to and disseminate four types of resources:
 - a) RISE resources,

- b) resources prepared by other partners, including OHTs themselves,
 - c) resources prepared by the ministry, and
 - d) systematic reviews and economic evaluations on topics for which no OHT-specific resources are yet available.
- More generally, RISE will pay close attention to the critical success factors listed above.

Here's what RISE would like to expect from OHT community-of-practice members (i.e., the standards and norms that are a key success factor for communities of practice):

- 1) be willing to share challenges and lessons learned as well as successes;
- 2) strive to create an environment of problem solving and to foster insightful discussions that respectfully challenge each other on the basis of ideas;
- 3) actively engage in the community of practice by contributing to the discussions on RISE's online platform and to webinars;
- 4) build on each other's strengths and help other members to improve in areas in need of further development; and
- 5) use the information gained in the community of practice, but avoid identifying specific contributors to those outside of the community.

RISE will also support a separate community of practice among those providing support to OHTs, the details for which are provided on the RISE website.

References

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RISE prepares both its own resources (like this RISE brief) that can support rapid learning and improvement, as well as provides a structured 'way in' to resources prepared by other partners and by the ministry. RISE is supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. The opinions, results, and conclusions are those of RISE and are independent of the ministry. No endorsement by the ministry is intended or should be inferred.

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