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Exploring the use of Community of Practices (CoP) in disrupting health care delivery: Telemedicine and telehealth as a civic responsibility to ensure high-quality care

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Exploring the use of Community of Practices (CoP) as an avenue to inform the next phase in disrupting health care in the innovative technology-enabled fields of telemedicine and telehealth as a civic responsibility is timely and necessary. (Brown-Jackson, 2018). It is posited that civic responsibility can promote healthcare to the community by alerting and connecting the community to solve the problem. Healthcare in the United States is faced with an upsetting predicament (World Health Organization, 2012). The predicament promulgates a change in thought from the traditional provider-centered, disease-oriented methodology to a patient-centered, health management model (Bauer & Ringel, 2009; Haughton, 2000; Sacristán, 2013; Truog, 2012). Leaders from community-based organizations, academic institutions, professional associations, philanthropy, and government are being propelled to come together to take a leadership role in creating a more supportive culture for community-engaged solutions in health care. A CoP comprised of these aforementioned groups along with patients and patient advocates can lead to a provocative impact on science, technology, the environment, and policy,

Telemedicine is a revolutionary strategy of bridging and expanding access to services for those facing health challenges, especially medically underserved communities (Bashshur et al., 2014). Telehealth is an emergent force for addressing existing challenges in the healthcare continuum and enhancing the quality of healthcare effectively (Brown-Jackson, 2019). Telemedicine and Telehealth has been promoted as a disruptive innovative (Grady, 2014) approach to bridging the health care delivery gap by enhancing access to services for medically underserved communities. Other terms associated with telemedicine and telehealth include, but are not limited to telecare, telenursing, online health, eHealth, connected health (Cason, 2014; Maheu, Whitten, & Allen, 2002) or virtual care (West & Mehrotra, 2016). For the purpose of this presenting this information, telemedicine and telehealth are used interchangeably, although they operate with slightly different definitions.

Telehealth creates delivery systems that are more patient centered and that use technology to increase access and quality, decrease cost, and help providers manage an ever-increasing volume of information and relationships (Bashshur, Reardon, & Shannon, 2000; Schwamm, 2014). Telehealth has moved to become vital in American health care delivery as it strives to address issues of both health care costs and access (Burton, Burrell, and Taylor, 2018). Moving forward, digital health capabilities will only continue to move the dial towards better care at an affordable cost to greater masses of individuals. The goal is to most effectively leverage these tools and in doing so, we must ensure all stakeholders of the CoP are informed and their voices heard. It is proposed that CoPs aide to help transform healthcare itself by encouraging greater consumer involvement and civic responsibility in decision making and providing new approaches to maintaining a healthy lifestyle.

CoP theory is an applicable archetype for clarifying medical information sharing and for overcoming professional isolation (Barnett et al., 2014). Knowledge transfer through CoPs can address major medical concerns that could lead to successful application within health care organizations. Through CoPs knowledge is managed and disseminated instead of remaining confined within the heads of its individual knowledge holders. The key advantage of CoPs is that they can be used to leverage and manage new and existing knowledge through the use of existing information technology.

Key words: civic responsibility, telehealth, telemedicine, patient-centered, community of practice, disruptive innovation, connected health