

Chapter 17

Developing Virtual Communities to Support Drug Policy Knowledge Exchange: The Canadian Experience

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ABSTRACT

Within Canada, there is a growing need in the area of drug policy to develop virtual communities to facilitate knowledge exchange between academics and policy-makers. Such collaborations are regarded as a way to make research relevant by influencing the policy-making process. This chapter presents an action case study of three drug policy groups participating in various virtual knowledge exchange activities. The experiences and lessons learned by each group participating in this study are provided. Recommendations and solutions to conduct successful virtual knowledge exchange meetings based on the findings of this research are also provided.

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INTRODUCTION

A promising area of research is the development of virtual communities that support knowledge exchange using various information and communication technology tools (ICTs), such as teleconferencing, web-conferencing, and video conferencing. According to the Canadian Health Services research foundation, knowledge exchange is defined as (CHSRF, 2008):

collaborative problem-solving between researchers and decision makers [which] involves interaction between decision makers and researchers and results in mutual learning through the process of planning, disseminating, and applying existing or new research in decision making.

Much of the knowledge exchange literature focuses on how such groups engage, collaborate, and share ideas regarding research in a face-to-face setting (CHSRF, 2010). However, little is known about the impacts of knowledge exchange when it occurs within a virtual environment (Househ, Kushniruk, Maclure, Carleton, & Cloutier-fisher, 2009). The purpose of this chapter is to describe the experiences of three groups working in the field of drug policy using teleconferencing and web-conferencing technologies to support knowledge exchange activities. Each group's experience using technology to support a specific knowledge exchange tasks is provided. With this in mind, the research question posed by this project was: *what are the impacts of information and communication technologies on virtual knowledge exchange groups working in the field of drug policy?*

Here, we first provide background for the study, followed by a description of the groups, as well as the data collection and analysis methods used. A summary of our results is also provided. Finally, solutions and recommendations for conducting successful knowledge exchange are provided.

BACKGROUND

A trend in information communication technology is the emergence of various ICTs: desktop web-conferencing, videoconferencing, and collaborative technologies, including document management, application sharing, desktop sharing, white boarding, and co-browsing. These systems have been touted by proponents to have improved task performance, decision making, and collaboration in virtual groups. As healthcare groups continue to remotely communicate about and collaborate on knowledge exchange-related activities, ICTs will play a larger role in supporting such interactions.

The benefits of knowledge exchange occur when decision makers incorporate research evidence into the decision making process as a result of the knowledge exchange process. The existence of knowledge exchange networks in drug policy is not new. For example, Soumerai et al. (1997) published a paper on various factors that influence drug cost-containment policies in the United States. The authors found that one factor influencing drug policy decision making is information sharing that occurs through various stakeholders around certain Medicare policies. Similarly, a study examining drug policy knowledge exchange practices in six different countries found that knowledge exchange networks involving academics and drug policy decision makers influence various drug policies in each country (Milbank, 2001).

In Canada, there have been several examples of successful knowledge exchange in drug policy that have influenced drug policy decision makers. For example, in 1995, the British Columbia reference-based pricing (RBP) policy established a knowledge exchange group involving face-to-face interactions between academics and policy makers to produce evidence to inform drug policy decisions. The implementation of RBP led to \$30 million in cost savings during the first year alone

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