

## Compliance Today – April 2020

# Using communities of practice to establish effective compliance and ethics programs

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According to the American Hospital Association's 2017 study, close to 24,000 pages of hospital and post-acute care federal regulations were published in 2016.<sup>[1]</sup> It also states that there are 629 discrete regulatory requirements that health systems, hospitals, and post-acute care providers must follow. These counts exclude additional state or federal agencies' regulatory requirements. This is a considerable volume of regulations for compliance professionals and operational and clinical partners, who are responsible for providing the most important obligation of our organization: patient care. This is unlikely a surprise to most compliance professionals. Working in the healthcare industry, we are inundated with both federal and state regulations and standards. Furthermore, industry's best practices change and evolve, adding another layer of information that needs to be dispersed throughout the organization. A community of practice can help with your organization's management of its compliance curriculum and demonstrate the effectiveness of your compliance and ethics program.

The Centers for Medicare & Medicaid Services (CMS) recently launched its Patients Over Paperwork Initiative to reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience.<sup>[2]</sup> Healthcare is a highly regulated industry and will likely remain that way, even considering this new initiative. How do we, as compliance professionals, decipher, support implementation, and monitor sometimes overlapping and conflicting regulatory requirements? Wouldn't it be helpful to have a forum to discuss and share experiences of regulatory implementation to communicate successes and challenges with those on the front line? One approach to achieving this is establishing a community of practice.

## Communities of practice

Some of you might be very familiar with communities of practice and use them as part of your compliance cache. Communities of practice are part of social and contextual learning and are a method to manage organizational knowledge. By bringing individuals together to learn from one another, they satisfy the basic human need for social interaction. The field of academia discusses communities of practice extensively, and they are often used by those in the medical field.

So, let's establish how communities of practice compare to other groups within an organization. There are various types of work teams available to meet different organizational goals. Communities of practice differ from other types of groups by how they are structured, who belongs to them, and what their purpose is. In their book, *Cultivating Communities of Practice*, Etienne Wenger, Richard McDermott, and William Snyder provide a comparison of the different types of groups and their function.<sup>[3]</sup> Each group has its purpose(s) within an organization. For an overview of the different types of groups, see Table 1.

Type of groups	Purpose	Who belongs	Boundaries	What holds it together	How long it lasts
Communities of practice	Create and expand knowledge	Self-selection	Fuzzy	Passion, commitment, and identification with its group and expertise	Evolve and end organically
Formal departments	Deliver product or service	Those who report in structure	Clear	Job requirement and common goals	Permanent
Operational teams	Take care of an ongoing operation	Assigned by management	Clear	Shared responsibility for operations	Ongoing
Project teams	Specific tasks	People who have a direct role in task	Clear	The project's goals and milestone	Predetermined ending
Communities of interest	To be informed	Whoever is interested	Fuzzy	Access to information and sense of like-mindedness	Evolve and end organically
Informal networks	To receive and pass on information	Friends and business acquaintances, friends of friends	Undefined	Mutual need and relationship	No real start or end

**Table 1: Examples of work teams**

Communities of practice are held together by an organic commitment to share and learn. In the area of compliance, there is a shared commitment to providing compliant, quality, effective, and safe clinical care to patients. Since there is no defined end to communities of practice like there are to project teams, one can continue to build upon the lessons learned there and expand their organization's compliance curriculum.

Jean Lave, PhD, a social anthropologist, and Etienne Wenger, PhD, an expert in artificial intelligence, are often credited with introducing the concept of communities of practice. They identify three core elements required for a community of practice in their book, *Situated Learning: Legitimate Peripheral Participation*.<sup>[4]</sup> These core elements are:

- **The domain.** There is shared interest and competence that distinguishes members from other people.
- **The community.** There are joint activities, discussions, and shared information so that members can learn

from each other.

- **The practice.** Members of the community must be practitioners and not just a group with a shared interest.

The Joint Commission used learning communities to support the adoption of healthcare innovations. They used learning communities established and supported by the Agency for Healthcare Research and Quality to address their three high-priority areas: (1) advancing the practice of patient- and family-centered care in hospitals, (2) promoting medication therapy management for at-risk populations, and (3) reducing nonurgent emergency services.<sup>[5]</sup>

Communities of practice can support identifying effective risk-mitigation strategies for your organization as well as the advancement of implementation of regulatory requirements, guidance, and effective controls by using the three core elements identified by Lave and Wenger.

- **The domain.** Within a healthcare organization, there is shared interest of providing safe, effective, high-quality, and compliant patient care.
- **The community.** The group is brought together to discuss the practical implications of regulatory requirements and guidance and risks associated with noncompliance. The shared domain can be used as the glue for binding operations with compliance and other risk professionals into a community to support continuous compliance efforts.
- **The practice.** Bringing together operations, compliance, and other risk organizations creates a formula for an effective community of practice. Each is a practitioner of their respective area, and together they can establish the standards for implementing regulatory requirements, discuss successful mitigation strategies, and provide effective controls that can be shared across the community. Also shared are the success stories and learnings of a regulatory audit, accreditation, and/or recertifications.

The Department of Health and Human Services Office of Inspector General Compliance Roundtable, held on January 17, 2017, in Washington, DC, pointed out that compliance organizations should measure their programs' effectiveness.<sup>[6]</sup> It also articulated recommended characteristics that represent an effective compliance program. This provides an insight into potential areas of focus for healthcare organizations, which is part of building an organization's risk profile. Communities of practice can support many of those characteristics. Compliance professionals can use communities of practice to review regulations and develop and update policies and procedures. This supports a culture of compliance within the organization.

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