

CONFERENCE ABSTRACT

Evaluation of knowledge vouchers as instrument for implementing good practices

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Introduction: The Dutch Organisation for Research and Development (ZonMw) has used knowledge vouchers as instrument to implement 'best practices' in primary health care. These best practices are local initiatives in primary care, that focused on better collaboration between various disciplines and institutes.

With a so called knowledge voucher applicants can temporarily hire an advisor from a best practice for the introduction and implementation of this practice in the applicants' own organization.

ZonMw evaluated the use of these knowledge vouchers for implementing good practices.

Are knowledge vouchers a useful instrument for implementing good practices in primary health care (positive and negative experiences)?

Do knowledge vouchers indeed lead to dissemination and implementation of good practices in primary health care?

Results: There was much interest in the knowledge vouchers all over the Netherlands. In total 51 vouchers, out of 124 requests, were issued.

For the evaluation of the knowledge vouchers 48 of the 51 applicants returned the questionnaire and 18 of the 20 advisors. Additional Interviews were held with a random selection of 11 applicants and their advisors, allowing for more in depth questioning.

The selected good practices were useful for the applicants' practices. The preparation and presentation of the good practices at the ZonMw website seems helpful.

Discussion: It is too early to conclude that knowledge vouchers lead to better implementation, because the consultancy of the experts is still going on. But it definitely helps to disseminate the knowledge of the best practices. Applicants and advisors expect that on the longer term this will lead to better implementation of the good practices.

Applicants did not sufficiently realize that they had to invest in conditions (time, catering) for implementing the good practices in their own practice. They expected they could use the knowledge voucher for their own costs as well, but this was only meant for covering the costs of the advisor.

Conclusion: This pilot study indicated that the knowledge vouchers as an instrument for implementing good practices is positive. It helps in disseminating good practices.

A clear presentation of good practices (e.g. on the website) is an important condition.

The use of experts with practice based experience is valuable, but it may make sense to involve national/regional knowledge institutions to assist the advisors as well.

Lessons learned: It might be useful to involve knowledge organizations for supporting the advisors, especially when involving other practices learning from each other.

The budget of the knowledge voucher for the individual projects seems sufficient. However, in some cases the consultancy is still going on, so maybe not all the costs are known yet. It is clear though, that the demand for the use of knowledge vouchers was much higher than the available budget.

Limitations: The interviews were conducted by a trainee with limited knowledge about the best practices studied and had little experience with focused interviews.

Suggestions for future research: Further investigation is needed on what information of a good practice is useful to include on the ZonMw website, for example necessary ICT and other conditions.

Further research is needed on whether the knowledge vouchers lead to better implementation.

Keywords: integrated care; knowlegde vouchers; implementation; best practices
