

Summary SIOO Evaluation Report *Doen wat nodig is* (Do what is necessary)

In April 2017 an evaluation report was drawn up concerning a program developed by the Ministry of Health. The program ran from 2009 - 2017 under the title *In voor zorg!* (*Care – let's do it*), and was conducted under the auspices of the Vilans knowledge center for long-term care.

The aim of the program was to help organizations who provide long-term care to structure themselves into sustainable institutions. This program ended in 2017. The efficacy of *In voor zorg!* has been investigated by an independent research team from SIOO (inter-university center for organizational studies and change management). They observed what results HMOs (Health Maintenance Organization) were able to achieve with the support provided by *In voor zorg!*, and what elements of the program were particularly useful. The evaluation was based on facts, stories, and reconstructions of events which were used in the search for working mechanisms and instructive insights. They investigated the efficacy of the program as a policy instrument, the number of organizations reached, the profit it yielded for organizations and for the sector as a whole, and its possible application to other sectors. This means that the study constitutes no impact assessment of sustainability, but determines and corroborates effective insights that might be helpful in future situations. A Dutch version of this evaluation can be accessed at www.langdurigezorg.nl/invooorzorg.

In 2009, the Ministry of Health and IVZ started helping organizations offering (long-term) care to turn themselves into sustainable institutions, making long-term care strong and robust. The program ended in 2017. Until then, 430 care routes of different kinds were connected to IVZ. The question is: how effective was this program? What has been accomplished by these organizations with the support provided, and which elements of the program were particularly useful by helping the players in these organizations to set up working mechanisms?

This question was examined by an independent team consisting of four researchers at SIOO, the inter-university center for organizational studies and change management. Since the IVZ program mostly resembles an expedition, the researchers chose a qualitative research path inspired by the Realistic Evaluation approach, the Fourth Generation Evaluation, and Appreciative Inquiry. They conducted intense discussions with the staff of the IVZ core team, studied the records, organized instructive group conversations with insiders from organizations (focus groups), and conducted in-depth interviews with other insiders, from both organizations that participated in IVZ and organizations that did not. Those discussions were mainly guided by eight initial statements about the efficacy of IVZ, statements that were then verified, extended, refuted, or transformed. In this way the team was able to do the job in a relatively short time (December 2016 - March 2017).

The main question was: what is the use of the IVZ program? Is it effective, and if so, how? We subdivided this question into four subquestions:

1. In what ways did organizations work with this policy? How effective has it been as a policy instrument?
2. How many organizations were reached?
3. Did the cooperation with IVZ turn out to be useful?
4. Will other sectors also be able to use this type of program as a policy instrument?

1. In what ways did organizations work with this policy? How effective has it been as a policy instrument?

- IVZ primarily focused on achieving substantive results in favor of HMOs. They aimed at both substantive and organizational professionalization.
- Participation in an IVZ route provided a kind of stress test during start and intake: directors of organizations could use the scan to set a high, but attainable standard for the developmental needs of their organization. In this way they were able to assess the cost-effectiveness and feasibility of participating, including the necessary investments.
- On the basis of the scan and an action plan, obligatory contracts with HMOs were set up. The focus here was on the most important change task for the organization.
- On the basis of the intake, a coach that could make an appropriate contribution to this major change task was selected from a list of coaches used on a contract basis.
- By participating in an IVZ route and in the methods of IVZ, people in organizations were continuously challenged to use their learning ability.
- The coaches played an important role in restraining less appropriate influences from IVZ/VWS, and in assisting directors of healthcare organizations and their staff in effecting what was locally considered necessary for proper long-term care without waste.
- Throughout, the focus of the program remained on commitment, transparency, and customization. Therefore, progress was deliberately assessed by case instead of monitoring a general set of indicators.
- Communication and knowledge sharing were deliberately used as change tools. All participants were asked to share their methods and results through publications on the website and during meetings. The innovators' knowledge and experience, for example regarding self-management, were also made available in this manner.

All in all, we conclude that four elements in particular determined the effectivity of the program:

- The substantive focus of the program

- Direct management by a core team that during a number of years has been trained as a monitoring group and decision center. This team effected a dynamical management of the program
- The strict intake-scan-action plan-evaluations-final reports format
- The explicit focus on knowledge sharing and transparency.

Since organizations were free to choose their own approach within this structure, they were able to take control of the process. The availability and use of existing knowledge within the sector offered room for customization. Because of the obligatory format, HMOs entered a route via which they could achieve innovation and improvement. However, this obligatory aspect deterred some organizations from participating. It became clear that some of the participating organizations did not have sufficient control and failed to learn how to change or how to follow through those changes. This meant that innovation did not always prove irreversible.

2. How many organizations were reached?

- With 433 sections, IVZ reached part of the sector. Another group did register but did not participate in the end.
- Outside the formal procedures non-participating organizations made intensive use of the knowledge and the network.
- In this way IVZ reached the sector at large. The innovators were involved and shared their knowledge, but took no part themselves: there was no need to do so. A number of organizations on the verge of collapse were supported and guided on the way to reorganization, termination, or merger. Most organizations found themselves somewhere between innovators and so-called 'laggards'.
- Participation was a deliberate choice to take on obligations and changes. Non-participation certainly occurred; in those cases organizations chose to continue by themselves, to work with private consultants, or decided that the investment would be too expensive or insufficiently cost-effective.
- The IVZ program has reached many players within the participating organizations; most routes penetrated deep into the heart of the organization, from the from the administrative to the grassroots level.

All in all, IVZ reached a significant part of the sector. HMOs and VWS have learned to interconnect more successfully, which has led to more knowledge sharing and better problem solving. This information stream functioned as a kind of Yellow Pages for long-term care. However, a significant number of organizations were not reached, and participants expressed their concern in this respect. The end of the

IVZ program carries the risk that this accumulated information is not preserved. Securing this information and ensuring the continuation of the changes initiated both require attention; moreover, attention is also required for non-participants.

3. Did the cooperation with IVZ turn out to be useful?

- Participation in the IVZ route allowed directors of HMOs to achieve what was locally considered necessary in the light of important shared values: proper long-term care without human energy and other resources being wasted.
- In the participating organizations, important developments were attained regarding the interaction with clients, labor, technology, organization, and management in the light of those shared values. These developments are extensively documented in reports available through the website. The results are there, and although they vary widely between organizations -- just as the change task was widely different between organizations -- in most cases those developments have directly benefited the clients.
- Participation was not aimed primarily at reducing costs: the emphasis was on creating value for customers and staff, because we realized that cost reduction generally is the result of a substantive improvement in the primary processes rather than the other way round. As a result, the normal response to cost reduction -- foot-dragging -- was usually absent.
- The coaches selected by IVZ did 'a good job'. This means that they acted as independent professionals in the interests of the organization.
- While IVZ was in effect, no suitable, general system of indicators was as yet available. This meant that the progress of the development in good long-term care without waste could not be measured in any standardized manner. We obtained the results by asking final reports of all organizations, but we could not establish any unambiguous cause-effect relationship between IVZ and the results of the program.

All in all, IVZ contributed to the transition from long-term care by prioritizing, focusing, and enabling. In this way the program has shown the organizations by its own behavior what was asked of them: focusing, being client oriented, handling urgency, having short communication lines, and being quality-oriented. Nonetheless, it is clear that much more is needed to make a real difference.

While IVZ was in effect, much has changed in context and developments on the side. Think of the debate on care for the elderly and new technology. These developments have been partly adopted by IVZ, but long-term care still requires major innovation and improvement. IVZ offers lessons and suggestions for the future in which we see a role for VWS. Organizations have been updated and improved, but they

were not always taught to change methodically. In some cases, the dependence on coaches remained until the end.

4. Will other sectors also be able to use this type of program as a policy instrument?

What can we learn from these experiences for transition processes in a more general sense?

- Positioning IVZ as an independent brand, as a network organization, turned out a powerful measure because it enabled a fairly autonomous operation, independently of formal participation, lobbying, and political dynamics, so that to the participants the program looked neutral and independent. This encouraged an open work culture where learning and improving were essential. At the same time, the core team's working method guaranteed 'loosely coupled links' to all interested parties in the network.
- Working with a strictly procedural intake-scan-action plan-evaluation-final report format provides a clear structure to the organizations concerned, and binds directors to the program while leaving some room for individual customization.
- Payment in kind through contracting contributed to a focus on the change task and preventing perverse incentives. The availability - in advance - of coaches selected through contracting has contributed to quality enhancement and an improved fit between task, organization, and coach. However, this does require constant attention to fair rates (no price competition) and transparency (no insider network). According to our research material, IVZ has handled this as well as possible.
- The program was designed to be 'learning', so that it can adapt to changing political and social urgencies. It was also able to learn 'from itself', which helped to better organize the scan-action plan approach, seen as oppressive and bureaucratic. Besides this, people were selected who were talented in exactly these activities.

We recommend using the strong points of the program in the design of other programs as well. Such a design can contribute to all four perspectives on the relationship between field and government (public administration, new public management, network governance and societal resilience). The strength here lies in the program's being a guideline for content and outcome, but not for concrete design, development, and implementation. IVZ participants from the Ministry were actively and fully involved in the program, which was greatly appreciated by the sector. In our survey we were unable to determine to what extent IVZ insights were shared by the government. The method used for IVZ could very well be applied to other programs, since it may contribute to a more responsive government: one that will actively contribute to an alert sector working on good services at the lowest possible cost.

A red brushstroke graphic with the text "In voor zorg!" written in white, handwritten-style font.

Literature

Staveren, A. van., Bosboom, F., Smid, G. & Verweij, W. (2017). *Doen wat nodig is. Evaluatieonderzoek In voor zorg!*. Retrieved from https://www.langdurigezorg.nl/wp-content/uploads/2017/04/Evaluatieonderzoek_Invoorzorg_Sioo.pdf