## KNOWLEDGE TRANSLATION – BRIDGING THE GAP BETWEEN SCIENTIFIC FINDINGS AND HEALTH POLICY

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*Experts meeting at the European Health Forum Gastein today identified the poor integration of research findings into health policies as one of the main reasons for weak performance of public health systems. Delegates discussed a number of theoretical approaches and presented some practical initiatives aimed at making it easier for health policymakers to incorporate scientific discoveries.*

**Bad Hofgastein, 2 October 2013** – “There is a significant gap between what researchers find and the extent to which health policies change to account for these new discoveries. The use of research is often a haphazard process. We are paying a high price for this: the ‘know-do’ gap is one of the key reasons why health systems fail to achieve better outcomes,” commented Tanja Kuchenmüller, coordinator of the Evidence-Informed Policy Network (EVIPNet) at the WHO Regional Office for Europe, speaking today at the European Health Forum Gastein (EHFG). Ms Kuchenmüller made the case for committing to a comprehensive range of targeted activities under the banner of knowledge translation and Health 2020, the new European policy framework. This systematic approach will make research outcomes easier to implement, resulting in improved and more efficient strategies for healthcare provision.

„Resilient and Innovative Health Systems for Europe” is the slogan for this year's EHFG. More than 550 participants from some 45 countries are attending Europe's most important health policy conference in Bad Hofgastein to exchange views on key issues affecting European health systems.

**From ivory tower to day-to-day practice**

EVIPNet Europe is driving WHO’s progress on this front. “We encourage teams comprised of policy decision-makers, researchers, health service professionals and civil society representatives to jointly improve access and use of context specific research evidence to strengthen health system outcomes. Networks of national teams make up EVIPNet Europe, which is managed at the regional and global levels by the WHO,” Ms Kuchenmüller explained. In her view, “Our goal is to ensure research findings move from the ivory towers of academia and the day-to-day health service practice. Knowledge translation involves constant interaction between all parts of a highly complex system.”

**Barriers and facilitators**

Members of EVIPNet Europe have identified factors influencing the knowledge translation process.  These findings were corroborated by a recent study that evaluated over 2,000 interviews with health policymakers. According to Tanja Kuchenmüller: “Personal contact between scientists and health policymakers is especially helpful, as are topical and timely research findings, and the inclusion of summaries of research outcomes in scientists’ policy recommendations to decision-makers. The main barriers are a lack of personal relations, outdated or irrelevant research, mutual mistrust between scientists and politicians, and – surprise, surprise – disagreements over budgets.”

**PAIN OUT shows the way**

The Improvement in Postoperative PAIN OUTcome project, also known as PAIN OUT, has adopted a specialised approach to knowledge translation. The project is being run by pain medicine experts from Jena University Hospital together with 17 partner organisations from nine countries. “Our primary aim is to draw up a comprehensive pain registry that provides information on operations, anaesthesia, pain therapy and secondary diseases, as well as painting a more true-to-life picture of the treatment of pain. And this is forging closer ties between research and day-to-day clinical practice,” explained Prof Winfried Meissner, who is heading up the project. A focus on patients – until now a rarity in quality improvement initiatives – is one of the core elements of the project, and the PAIN OUT registry includes patients’ assessments of the quality of pain therapy and any side effects. “This has supplied us with valuable information because the conditions which real-world patients have to deal with are much more diverse and complex than those examined in clinical trials,” said Professor Meissner. Therefore, too often results of randomised controlled studies are not transferable into clinical practice. “This is one of the main obstacles to implementing scientific know-how in day-to-day hospital operations,” he added.

**Knowledge translation – a two-way relationship**

The PAIN OUT project promotes knowledge translation by complementing evidence-based information with real-life data on postoperative pain to inform hospitals, doctors and nurses of successful therapeutic interventions. Patient feedback can highlight shortcomings in particular areas more effectively, so that appropriate improvements can be made. Data on 35,000 patients have been collected so far, with over 60 clinics from all over the world taking part in the project.

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