
CONFERENCE ABSTRACT**Coordinating care around patients' needs: Exploring the emergence and change of core dimensions of integrated care**

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Addressing new population needs, many countries are moving toward tighter integration of health and social care. Research has made considerable progress in identifying the core dimensions of integrated care, emphasising, for instance, the need for close provider relationships and coordinating care practices around patients' needs [1]. While these dimensions are widely known, we lack insight into how they emerge and change over time. Without a deep understanding of these dynamics, however, we cannot explain why initiatives fail or succeed. This paper explores the dynamics of integrated care, addressing an important gap in the literature [2].

To explore the dynamics of integrated care, the paper draws on pragmatist organisation studies [3]. Adopting a process ontology, pragmatism is well suited for this purpose. From this perspective, core dimensions of integrated care emerge and change as inter-dependent actors experience local break-downs, problems, or opportunities in their everyday work and care practices and continuously adapt these practices in communication-based deliberation [3].

The paper draws on a longitudinal single-case study conducted in the Swiss healthcare sector. It describes the emergence and change of a cutting-edge outpatient primary care centre, in which legally autonomous primary care and specialist providers jointly refer, diagnose and care for patients with complex needs. It includes data from 19 interviews, three days of non-participant observation, and 37 archival records, analysing how provider relations and care coordination emerged and changed over thirteen years.

The data show that inter-dependent actors included not only a paediatrician turning quality problems in his practice into an opportunity to found the centre, but also architects, investors and other service providers. Over time, they experienced a series of problems including fragmented care, restrictive land use regulations, sceptical peers, cash drain, and rapid growth. They addressed this steady stream of problems in cycles of deliberation, recurrently restoring order from disruption, gradually building relationships, and increasingly coordinating care around patients' needs. Deliberation was typically based on bilateral conversations between the founder and other actors. While this communicative practice was initially helpful, it started impairing actors' problem-solving capacity as the founder became overwhelmed by the rapid growth of the centre, stalling advances in care coordination and straining provider relationships.

The paper contributes to research by exploring the dynamics of integrated care, theorising the emergence and change of its core dimensions as grounded in inter-dependent actors' everyday work and deliberation practices amid a steady stream of problems and opportunities. The findings

are relevant for theorists and policy makers alike, offering new glimpses into the “black box” of complex care integration [1, 2].

References

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