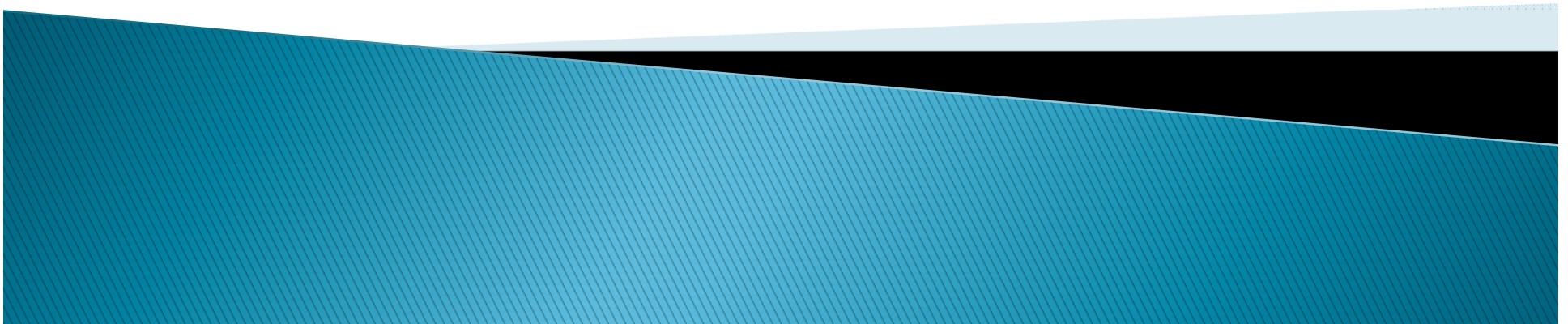# Collaborative Governance for Longitudinal Healthcare Services: Enabling Conditions and Leading Practices

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Coordination in PSOs

- In the public administration and network governance literature, coordination is defined as "the instruments and mechanisms that aim to enhance the voluntary or forced alignment of tasks and effort of organizations within the public sector" (Bouckaert *et al.* 2010:16).

- Coordination may occur not only in the form of cooperation between governments but also through cooperation between governments (centrally, regionally, locally), civil society associations and other stakeholders such as the media and business (Bouckaert et al., 2010, and Ongaro, 2009)
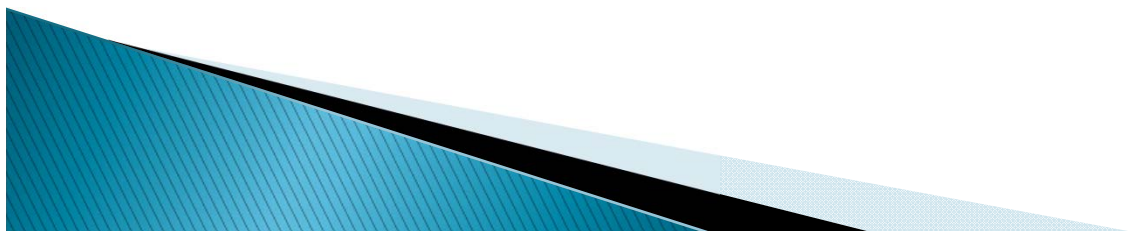
Coordination mechanisms

The forms, logic, mechanisms and tools of coordination described in public sector literature can be found in the healthcare sector with some adaptations to fit the extant context in the way they are combined and applied.

	HTM	MTM	NTM
Underlying principle	Rules	Result-orientation	Knowledge-sharing
Implementation tool	Hierarchy	Incentives	Consultation
Degree of formality	High	Medium/Low	Low

adapted from Bouckaert et al., 2010.

Coordination in the (Italian) Healthcare sector

- In healthcare, coordination is influenced by the complex nature of the system as well as by the plurality of actors involved.
- Coordination and governance mechanisms are subject to:
  - Vertical influence by the institutional frameworks adopted at country level in order to govern the healthcare system as well as by all the actors taking part in the policy process.
  - Horizontally, all the healthcare providers and stakeholders that play an active part in healthcare processes are actors in the system.

Coordination: *The* Role of the Region

| Characteristics	The Role of the Region			
	Authority	Regulator	Strategic	Operative
Trust	High	Medium-High	Medium	Instable
Size and complexity of the regional healthcare system	High	Medium-High	Medium-High	Low
Financial sustainability of the healthcare system	Good	Risky	Difficult	Negative
Knowledge development and diffusion	High	Medium-Low	High (region) Medium (providers)	High (region) Low (providers)

Adapted from Lega and Longo 2002

The focus of the analysis: EPR for continuity of care

- Effectiveness of care is enhanced by care delivery processes to a patient throughout their life (Askim et al., 2011; Ongaro, 2004).

- Electronic patient records (EPR) embed all relevant events and information linked to a patient's healthcare history
- Since its implementation affects many stakeholders and variety of interests of the different players, it represents a complex policy and process innovation that requires great effort for its coordination
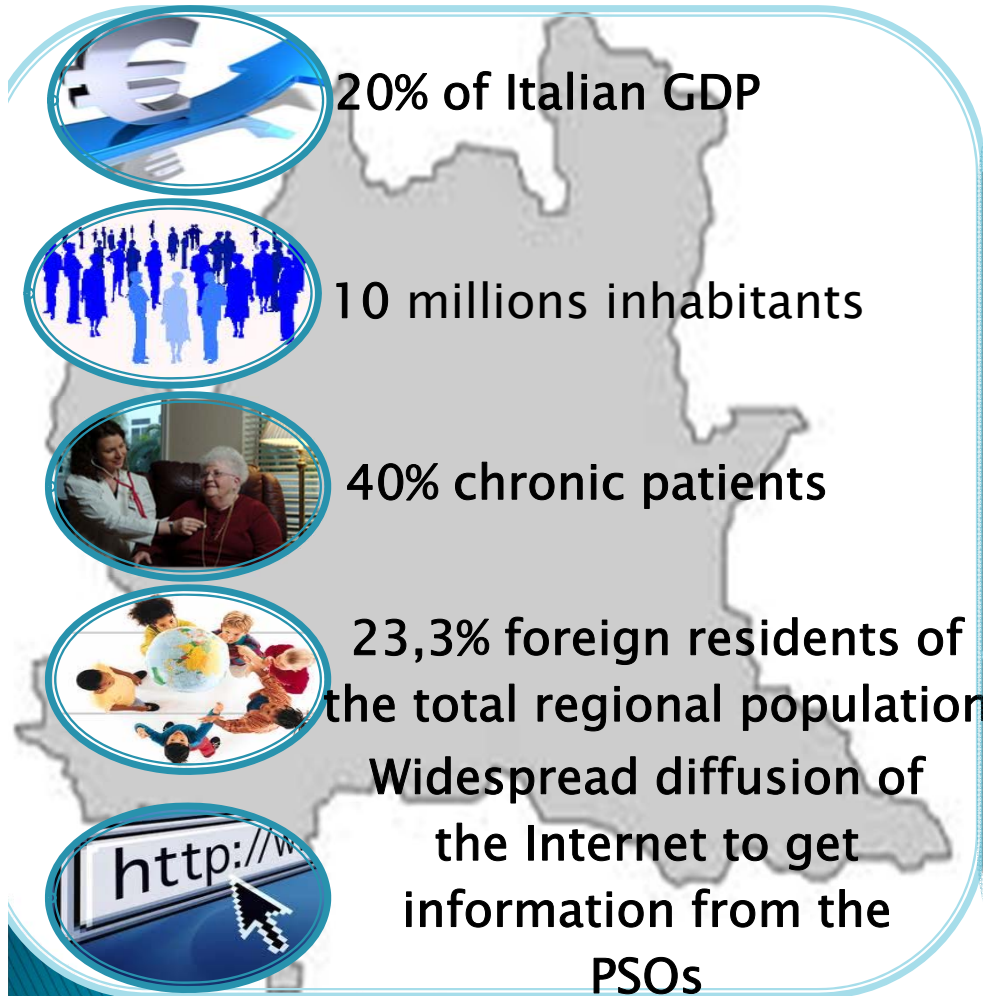
Methods

- The design of the research is based on case studies
- Lombardy and Veneto Regions, were selected as the result of a combination of reputational and 'opportunistic' reasons:
  - they are two of the most innovative regions as regards healthcare delivery patterns in Italy
  - both had started the implementation of an EPR system in a systematic manner when this paper was being completed (fully introduced in the case of Lombardy) .
- Data collection:
  - Semi-structured interviews
  - documentary analysis based on the organizations' rulings, reports and documents related to the design and implementation of the health- and social care information system project
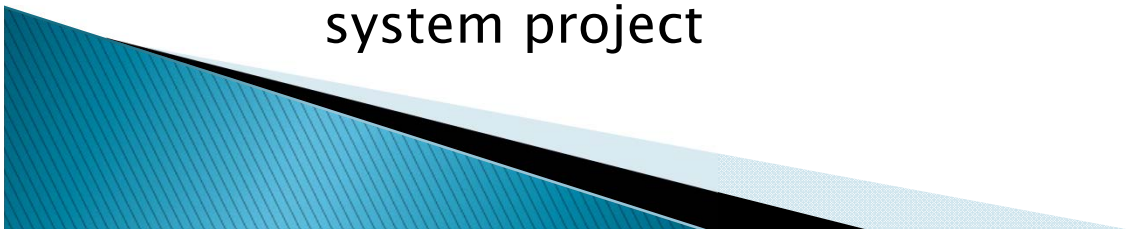
The two case studies

LOMBARDY

20% of Italian GDP

10 millions inhabitants

40% chronic patients

23,3% foreign residents of the total regional population
Widespread diffusion of the Internet to get information from the PSOs

VENETO

of Italian GDP

millions inha

40% chronic patients

10% foreign resid

total regiona

Use of the I

dealing with th

Lombardy region's project for a regional healthcare information system: Phases

2000 – 2002		**2009 – Today**	

Actors		DESIGN PHASE	Actors		PILOT PHASE	Actors		EXTENSION PHASE	Actors		CONSOLIDATION PHASE
Coordination Mechanism			Coordination Mechanism			Coordination Mechanism			Coordination Mechanism		
Role of the Region			Role of the Region			Role of the Region			Role of the Region		

1999–2000

2002 – 2009
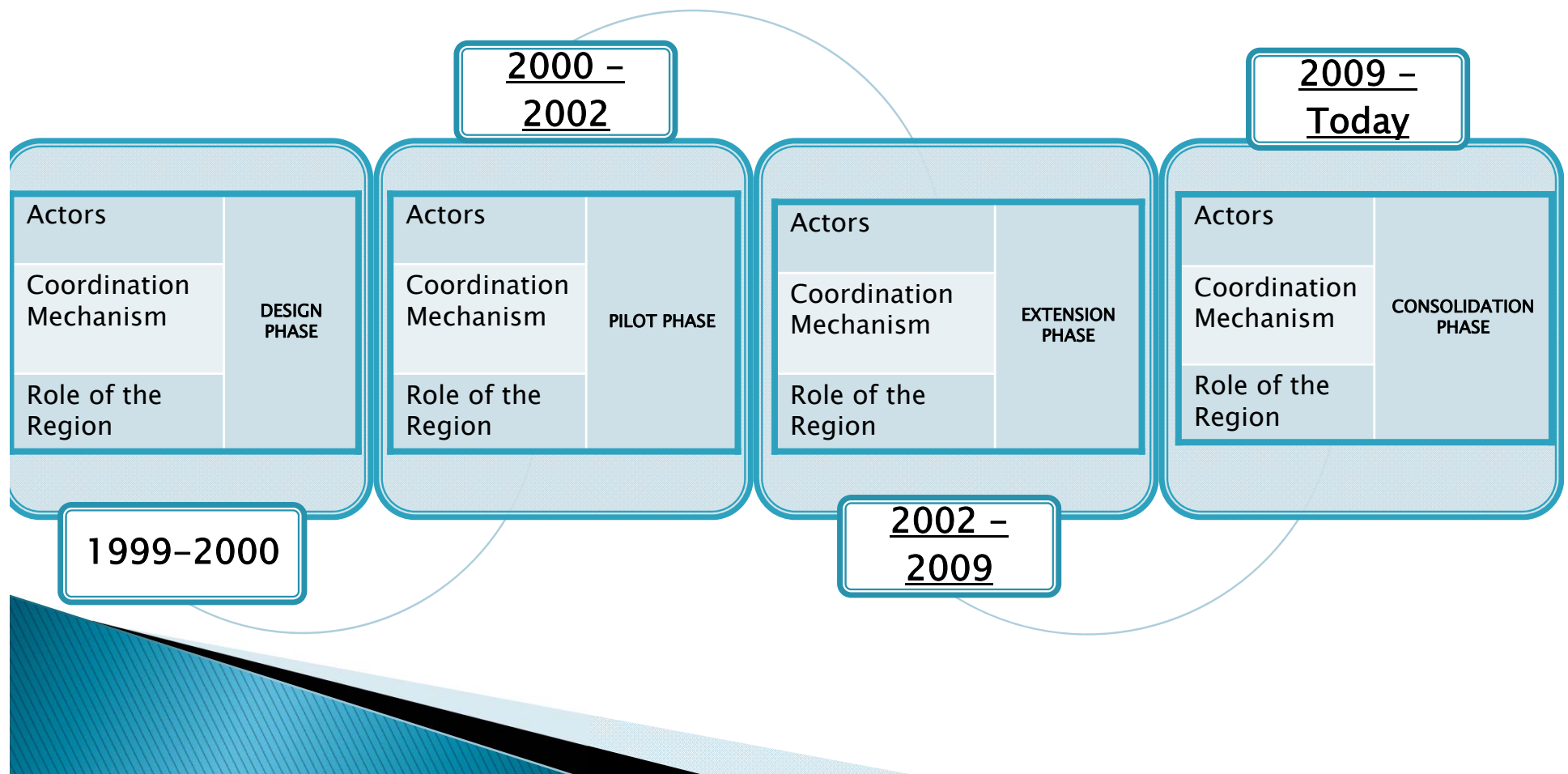
Lombardy's coordination mechanisms

Project Phase	Actors	Coordination Mechanisms	Role of the Region
Design phase	Regional Government *Lombardia Informatica SpA* (LISPA)	HTM	Strategic Role
Pilot phase	Regional Government Lispa Lecco's LHA Private partners	HTM and MTM	
Extension phase	Regional Governemnt Lispa Healthcare providers Private Partners	HTM and MTM	
Consolidation phase	Regional Governemnt Lispa Social and Healthcare system actors	HTM and MTM	

Veneto's project for a regional healthcare information system: Phases
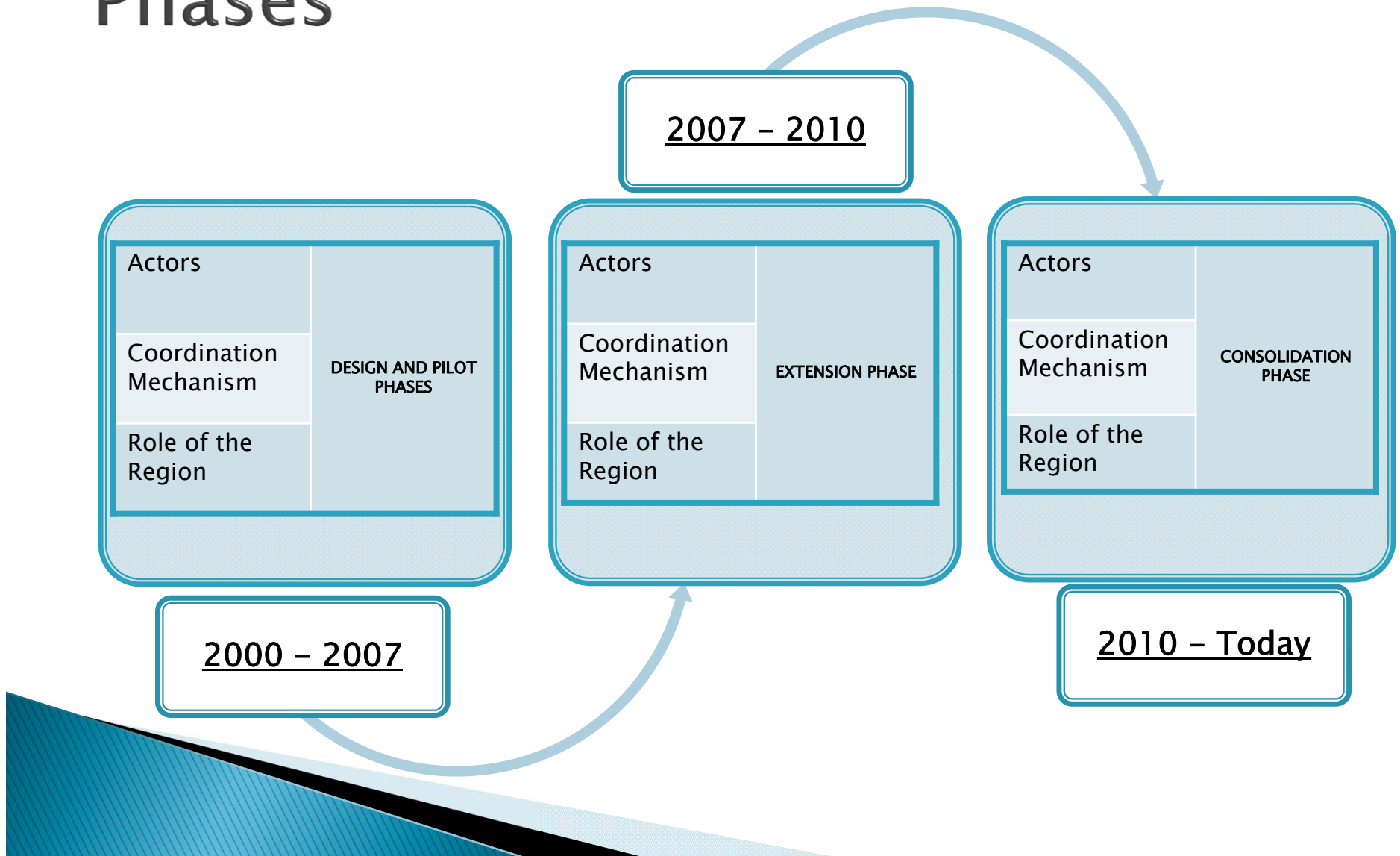
Veneto's coordination mechanisms

| Project Phase	Actors	Coordination Mechanisms	Role of the Region
Design phase	LHAs designing ehealth pilot projects	– (LHA's Autonomy)	No role
Pilot phase	LHAs sperimenting ehealth solutions and EMRs	– (LHA's Autonomy)	No role
Extension phase	LHAs Consortium Region	NTM	Authority
Consolidation phase	LHAs Consortium Region	NTM and MTM	Regulator

Enabling Conditions:

Lombardy Region

- Strong commitment and support of the **Regional Government** for the development of the shared healthcare information system;

- **Centralized role of the Region**: its constant supervision and monitoring of the targets assigned to LHAs' CEOs are crucial for engaging top executives in the project.

- **LISPA's expertise** of the healthcare information management business, its project management capacity and its collaborative relationship with the Healthcare Department supported the project's implementation during all phases.

Veneto Region

- **The need, recognized at the lowest level, to implement converging ehealth projects** leading to a beneficial situation for individual healthcare providers and for the regional healthcare system.

- **Sustained political support underlining the need for a Regional EPR system**, also in order to fulfill regulatory constraints imposed by national law.

- The essential role played by Arsenàl.IT **Consortium that created an inter-organizational collaboration** for these issues, providing technical support for healthcare organizations and thus representing a facilitating platform.
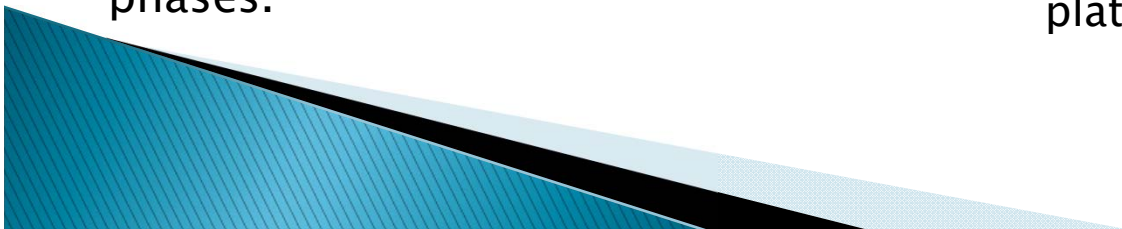
Discussion & Conclusion 1/3

- Hierarchy is the basic coordination principle in Lombardy Region, however implementation of such a complex innovation supported by new public management(NPM)–reforms suggests for a *market-oriented coordination mechanism to enact EPRs' implementation* (Hood *et al.* 2000).

- This does not change the role of Lombardy Region, rather it requires adoption of more engaging instruments for horizontal and vertical coordination

- It is often "the mix that matters" as different logics can undermine each other or mutual strengthen each, and the actual mix of instruments and coordination mechanisms can be led by some enabling conditions.

Discussion & Conclusion 2/3

- In Veneto Region, *network-oriented* practices have been introduced for coordinating purposes, a trend that is often denoted as "whole-up government", "post-NPM-reforms" (Christensen and Lægreid 2011), "meta-governance" (Sørensen and Torfing 2007) and "new public governance" (Osborne 2010, Vabo 2010).

- Network coordination reflects a more egalitarian knowledge-perspective (van Bueren *et al.* 2004).

- The different coordination mechanisms described in the two cases exist in parallel, as complex sedimentation or layering of structural and cultural features and coordination logics (Osborne 2010, Bouckaert et al 2010)

Discussion & Conclusion 3/3

"*Starting from a practice that works, how can it be employed in another situation?*"

3 Proposition

▸ The degree of professionalism of the actors in the project is a key variable

▸ A strong commitment is needed in order to manage the change introduced by a coordination practice

▸ Coordination is more readily attainable if there is a shared culture and common interests

EPR is in itself a coordinating device, a technical and organisational tool facilitating the managing of interdependencies