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Conference abstract

Institutional change and Institutional Integration in France: Health Regional Agencies what consequences for the development of integrated services delivery?

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Abstract

Purpose: In France, the development of integrated services delivery for elderly (ISDE) has been hindered by the fragmentation of the decision-making institutions. By merging the healthcare and medicosocial institutions, the Health Regional Agencies (HRA), responsible for developing ISDE, theoretically constitutes a solution. The study examines how the HRA received and implemented the legislative mandate of the development of the ISDE.

Theory: We used the model of “receptivity to change strategic” developed by A.M. Pettigrew in the context of reforms of the National Health Service (NHS).

Method: An empirical study was conducted in 2011 in two phases: 1) 10 case studies of HRA, 2) questionnaire sent to all 26 HRAs.

Results and conclusion: The concentration of the decision powers in HRAs favors the deployment of ISDE. Three considerations limit this consideration: 1) lack of legislative instruments allows the HRA to reproduce a fragmented internal organization; 2) lack of prerogative on the social institutions; these institutions can develop contradictory policies; 3) new definition of norms and governance may slow down the deployment of ISDE.

Discussion: The deployment of ISDE relies on regional institutions that are subjected to changes. The on-going analysis will determine whether the new frames of reference and governance comply with the principles of services integration.

Keywords

integrated networks, institutional integration, institutional change, Social healthcare system

Powerpoint presentation available at <http://www.integratedcare.org> at congresses – San Marino – programme.