

Volume 12, 4 September 2012

Publisher: Igitur publishing

URL: <http://www.ijic.org>

URN:NBN:NL:UI:10-1-113784 / ijic2012-189

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Poster abstract

Institutional change and Institutional Integration in France: Health Regional Agencies. What consequences for the development 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
