
CONFERENCE ABSTRACT**Innovative integrative devices for the elderly in France: the case of the MAIAs**16th International Conference on Integrated Care, Barcelona 23-25 May 2016

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The French healthcare system provides a nice illustration of a fragmented system. Mental health, long life conditions and care for the elderly are areas in which the negative effects of the lack of an effective coordination between health professionals are particularly prevalent. The objective of our paper is to address this issue by focusing on the case of the elderly. We first aim at characterising the concrete forms of fragmentation and the ways by which the processes of care negatively impacts on the patient. We draw from our empirics (i.e. a series of interviews of healthcare professionals) how some critical clinical situations could have been avoided for patients with multiple pathologies. We analyse the processes through which the patients end up in entering hospital in emergency despite the constant monitoring they benefited from because of the acuteness of one of their conditions. We then examine what an organisational innovation called 'MAIA' proposes as a solution to handle fragmentation. The MAIA device is indeed one of the few attempts developed in France to aim at integrating the care processes. It addresses the issue of improving the coordination of the various health care professionals acting as consultants or institutions with the patients staying at home or discharged by hospitals.

On the methodological front our work is inspired by case studies as developed by Stake (1995) and is exploratory by nature. We focus on the ways by which MAIAs manage to improve coordination and identify how the patient interests are better served. We draw from a series of empirical materials on two Southern French MAIAs some key aspects of this organisational device, which does not aim at replacing the existing institutions and consultants, but rather has been designed to improve the coordination between them thanks to a network configuration. The motivations of the actors to take part to this device are highlighted; the ways by which the organisational device acts as a consistency mechanism are identified; the factors enhancing and impeding the coordination are analysed, including the regulatory environment; the methodological guide designed by the national authority in charge of running the healthcare collective funding to support the MAIA staffs is put into critical perspectives; the features contributing to what the participants of a MAIA put forward as taking part to the success of the device are highlighted and some critical factors are also pointed out, among which shared information systems. We end up addressing key governance and funding questions brought out in the cases. We especially point out the risk of centralisation that may

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emerge in the French context, with the temptation for the regional authority to take over these devices while they are emerging flat configurations by nature. In other words our work shed a new light on the tacit agreement of the group of participants, which enables them to go on working together and that appears not to be compatible with a centralized exercise of power.

Keywords: maia; inter-professional coordination; inter-organizational device; health system integration; healthcare coordination network
