
CONFERENCE ABSTRACT**Organizational Context and Capabilities for Integrating Care: A Framework for Improvement**4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016Jenna M. Evans¹, Agnes Grudniewicz^{1,2}, G. Ross Baker¹, Walter P. Wodchis¹

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Introduction: Interventions aimed at integrating care have become widespread in healthcare; however, there is significant variability in their success. Differences in organizational contexts and associated capabilities may be responsible for some of this variability. This study develops and validates a conceptual framework of organizational capabilities for integrating care, identifies which of these capabilities may be most important, and explores the mechanisms by which they influence integrated care efforts.

Theory/Methods: The Context and Capabilities for Integrating Care (CCIC) Framework was developed through a literature review, and revised and validated through interviews with leaders and care providers engaged in integrated care networks in Ontario, Canada. Interviews involved open-ended questions and graphic elicitation. Quantitative content analysis was used to summarize the data.

Results: The CCIC Framework consists of eighteen organizational factors in three categories: Basic Structures, People and Values, and Key Processes. The three most important capabilities shaping the capacity of organizations to implement integrated care interventions include Leadership Approach, Clinician Engagement and Leadership, and Readiness for Change. The majority of hypothesized relationships among organizational capabilities involved Readiness for Change and Partnering, emphasizing the complexity, interrelatedness and importance of these two factors to integrated care efforts.

Discussion: The quantitative content analysis of participant interviews suggests that the social and psychological context for integrating care should not be neglected in research and practice. Five of the nine organizational capabilities deemed most important to integrating care are from the "People and Values" domain of the framework. An understanding of the subjective context, and associated organizational capabilities such as leadership approach, clinician engagement, organizational culture, and readiness for change, may be of equal, if not greater, importance to study as the objective contextual factors such as physical features, resources, and organizational/network design. Organizational leaders can use the framework to determine readiness to integrate care, develop targeted change management strategies, and select appropriate partners with overlapping or complementary profiles on key capabilities.

Conclusions: We developed a consolidated research- and practice-informed framework to guide the implementation of integrated care interventions and to help focus measurement of organizational context and capabilities. We also prioritized the most important organizational capabilities and explored their inter-relationships via interviews with key informants.

Lessons Learned: Participants' views and experiences did not always align with the initial framework's structure and wording. Based on the results, we made modifications to terminology. Participants also identified complex, often non-linear relationships among capabilities that require additional study in future research.

Limitations: The validation results presented are based on a sample of 29 participants in one Canadian province. Although participants came from diverse organizations and differed in approaches to integrating care, the limited scope of the sample indicates that the results may not be widely generalizable.

Suggestions for Future Research: Additional research is needed to empirically test the proposed framework, with a focus on the hypothesized relationships. Research needs to move beyond general statements about variations in the performance of integrated care interventions being due, for example, to "culture" or "leadership", to more specific assessments of these capabilities.

Keywords: integrated care; integrated delivery system; organizational capabilities; organizational context
