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CONFERENCE ABSTRACT

The value of proximity to understand professional and clinical integration in the Quebec Cancer Network

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Introduction

Realizing the value of integrated care involves developing healthcare provider capacity to work and learn together to face complex challenges, reducing the distance between professionals and organizations. The concept of proximity helps understand what enables actors to reconcile disciplinary knowledge – including patient experience –, coordinate their efforts and overcome barriers to clinical and professional integration. Geographic proximity refers to small physical distance that facilitates interactions. It can be permanent or temporary (i.e. meetings), virtual or physical, and can contribute to further dimensions of proximity, notably relational (trust in each other) and cognitive (understanding a problem and each other's contributions). In a case study of the Quebec Cancer Network, we explore actions undertaken to create geographic proximity, and their contribution to the softer integration recognized as valuable in professional contexts.

Methods

Data were collected between 2018 and 2020 through document review, interviews (N=22) with policymakers, managers, providers and users in the cancer network, and non-participant observation of national and local level meetings (N=28). Interpretive Descriptive analysis identified network practices that enhance proximity and the influence of proximity dimensions on integration from the perspective of network actors. COREQ criteria were followed to assure internal validity.

Results

Network efforts focus on creating temporary geographic proximity. A national level coordinating committee provide a venue for network leaders to communicate process and performance expectations to local leaders. Local multidisciplinary coordinating committees bring different professionals and patient advisors together, enabling them to better understand each other's challenges and contributions and encouraging collaboration on solving problems. National support for communities of practice provides a space for knowledge and new approaches to circulate among professionals from different regions.

Discussion

Geographic proximity in all three venues contributes to cognitive proximity, helping actors develop a common understanding of problems and - in local committees and communities of practice - of how they can bring their contributions together in new approaches. Relational proximity develops

in local committees as actors learn they can rely on one another. National committee meetings, held by videoconference and geared to transmit information from the centre outwards, are less effective at generating relational proximity, with consequences for trust and problem-solving across levels. Factors that increase the influence of geographic proximity on integration include the prescription of common standards/practices and cross-participation on committees and communities of practice.

Conclusions

Deliberate actions to create geographic proximity can, under certain circumstances, work through cognitive and relational proximity to develop the softer aspects that appear vital to clinical and professional integration.

Lessons learned

The proximity perspective allows us to identify particular actions and conditions that develop actors' capacity for integration.

Limitations

Findings may not be transferable to other (non public) health systems or to other disease areas.

Suggestions for future research

The role of institutional and technological proximity in professional and clinical integration remains underexplored. As well, future research is needed on the impact of contextual factors on creating proximity.