

CONFERENCE ABSTRACT

Building collaboration from scratch: exploring mandated collaboration between healthcare insurers and municipalities

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Introduction: Collaboration between public sectors is often understood as a way to manage the complex care challenges society faces [1–4]. However, it is also widely recognized as problematic due to the complexity involved with collaboration across organizational boundaries [5–7]. Paradoxically, intersectoral collaboration is thus seen as both problem and solution for care challenges. Thus far, research into intersectoral collaboration does not detail the micro-dynamics of organizational actors entering into, establishing, maintaining, altering or abandoning collaborative relations. More research is required to better understand the processes that take place when collaborating across sectoral boundaries [8,9] and the frictions involved with the establishment of new roles for the stakeholders involved.

In 2015, the Dutch healthcare system was reformed and care tasks that used to be the responsibility of the central government were localized and transferred to healthcare insurers medical care and decentralized to municipalities social care. The government then required municipal actors and healthcare insurers to negotiate about the funding of integration between the social and medical domains [10].

Theory/methods: This paper draws upon a case in which care responsibilities are distributed between healthcare insurers and municipalities. The study methods comprised of participant observation of meetings and in-depth interviews with key informants. Analysing the collaborating stakeholders' boundary work [11–13], i.e. the discursive practices people deploy in order to organize interaction across boundaries, can provide insight into micro dynamics involved in establishing cross-sector collaboration.

Results: The analysis of the stakeholders' discourse identified three interaction patterns actors deploy to organize this interaction across boundaries: 1 opposing patterns, 2 negotiating patterns, and 3 aligning patterns.

Conclusion/discussion: This research elucidates the process of building collaboration about responsibilities in the health and social care fields that stakeholders did not enter voluntarily. The paper demonstrates how the involved actors shift from opposition towards each other to negotiating boundaries and eventually come to a strategic alignment, which includes new forms of opposition towards other stakeholders.

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Limitations/future research: This is a study of a single case of intersectoral collaboration. Future research could include more and different stakeholders such as healthcare providers.

Keywords: cross-sector collaboration; boundary work; decentralization
