
CONFERENCE ABSTRACT**Innovation of the governance of integrated care**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Mirella Minkman^{1,2}, Marieke van Dongen³

1: Vilans, Utrecht, The Netherlands;

2: Tilburg University/ TIAS, Tilburg, The Netherlands;

3: Dirk Zwager lawyers & notary, Nijmegen, the Netherlands;

Aim: Interest in integrated care is growing. This is reflected in the rising numbers of scientific publications, IJIC's increased impact factor and the increasing number of participants at IFIC's international conferences. It is stimulating to see that organizations like the World Health Organisation are developing conceptual frameworks that embrace integrated care [1,2]. At the same time we know that integrated care does not become reality automatically; it takes a long timeframe. That can be conflicting with ambitions like 'implementing good practices as fast as possible' and with the pressure to deliver results in politically set tight time frames.

Governance of integrated care: For future directions, the governance of integrated care and interorganisational collaboration on a local level needs more attention, more innovative thinking and more knowledge. We define governance as the total package of leadership, accountability and supervision in the local setting in an area or region [3]. In the Netherlands, a huge number of networks of collaborating organisations in a certain area, for instance for dementia care, stroke care, elderly care or palliative care, have been set up in the last decade. Too less is known about the governance of these networks. In the workshop we discuss how the governance of integrated care and these networks works and what doesn't work and could be innovated. An inventory among 130 integrated care networks in the Netherlands will be presented. It showed that although in most cases the collaboration is signed up in a collaborative agreements commitment towards the network is not automatically present. Organizational interests predominate and often one of the partners is dominant in the network that may often result in reduced levels of cooperation [4].

Although the aim of these networks is to serve clients better, results showed that in one-third of the networks the interests of clients are not taken into account. If clients are involved this is often via the professionals. Overall, the inventory shows that these networks explore and also struggle with how to organise integrated care and on what scale population, target group, geographical area. Traditional governance within organisations often does not match the needed governance between organisations. Network governance is more horizontal, non-hierarchic, and focuses on trust as a basic value. The quality of the relationship between involved people, organizations and underlying values is a crucial factor to focus on in this type of governance [5, 6]. In the workshop also the results of a session with 30 CEO's of Dutch

health care organisations from all domains are shared that demonstrate the themes for the future regarding the needed innovation in governance that suits integrated care. Themes are for instance accountability, ownership, legal issues, collaborative models but also uniformity in language.

Network session or workshop: In the session insights about local governance leadership, accountability and supervision of integrated care are discussed, the results of the inventory among 130 networks. Expertise from other domains like legislation is present, including a representative CEO from an integrated care network.

Reference list: see remarks 7 references included.

Keywords: governance of integrated care; leadership; accountability; innovation
