Collaborative Governance for Longitudinal Healthcare Services: Enabling Conditions and Leading Practices

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Coordination in PSOs

- In the public administration and network governance literature, coordination is defined as “the instruments and mechanisms that aim to enhance the voluntary or forced alignment of tasks and effort of organizations within the public sector” (Bouckaert et al. 2010:16).

- Coordination may occur not only in the form of cooperation between governments but also through cooperation between governments (centrally, regionally, locally), civil society associations and other stakeholders such as the media and business (Bouckaert et al., 2010, and Ongaro, 2009)
The forms, logic, mechanisms and tools of coordination described in public sector literature can be found in the healthcare sector with some adaptations to fit the extant context in the way they are combined and applied.

adapted from Bouckaert et al., 2010.

<table>
<thead>
<tr>
<th></th>
<th>HTM</th>
<th>MTM</th>
<th>NTM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Underlying principle</strong></td>
<td>Rules</td>
<td>Result-orientation</td>
<td>Knowledge-sharing</td>
</tr>
<tr>
<td><strong>Implementation tool</strong></td>
<td>Hierarchy</td>
<td>Incentives</td>
<td>Consultation</td>
</tr>
<tr>
<td><strong>Degree of formality</strong></td>
<td>High</td>
<td>Medium/Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
Coordination in the (Italian) Healthcare sector

- In healthcare, coordination is influenced by the complex nature of the system as well as by the plurality of actors involved.
- Coordination and governance mechanisms are subject to:
  - Vertical influence by the institutional frameworks adopted at country level in order to govern the healthcare system as well as by all the actors taking part in the policy process.
  - Horizontally, all the healthcare providers and stakeholders that play an active part in healthcare processes are actors in the system.
# Coordination: The Role of the Region

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Authority</th>
<th>Regulator</th>
<th>Strategic</th>
<th>Operative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>High</td>
<td>Medium-High</td>
<td>Medium</td>
<td>Instable</td>
</tr>
<tr>
<td>Size and complexity of the regional healthcare system</td>
<td>High</td>
<td>Medium-High</td>
<td>Medium-High</td>
<td>Low</td>
</tr>
<tr>
<td>Financial sustainability of the healthcare system</td>
<td>Good</td>
<td>Risky</td>
<td>Difficult</td>
<td>Negative</td>
</tr>
<tr>
<td>Knowledge development and diffusion</td>
<td>High</td>
<td>Medium-Low</td>
<td>High (region) Medium (providers)</td>
<td>High (region) Low (providers)</td>
</tr>
</tbody>
</table>

Adapted from Lega and Longo 2002
The focus of the analysis: EPR for continuity of care

- Effectiveness of care is enhanced by care delivery processes to a patient throughout their life (Askim et al., 2011; Ongaro, 2004).

- Electronic patient records (EPR) embed all relevant events and information linked to a patient’s healthcare history

- Since its implementation affects many stakeholders and variety of interests of the different players, it represents a complex policy and process innovation that requires great effort for its coordination
The design of the research is based on case studies
Lombardy and Veneto Regions, were selected as the result of a combination of reputational and ‘opportunistic’ reasons:
  ◦ they are two of the most innovative regions as regards healthcare delivery patterns in Italy
  ◦ both had started the implementation of an EPR system in a systematic manner when this paper was being completed (fully introduced in the case of Lombardy).

Data collection:
  ◦ Semi-structured interviews
  ◦ documentary analysis based on the organizations’ rulings, reports and documents related to the design and implementation of the health- and social care information system project
The two case studies

**LOMBARDY**
- 20% of Italian GDP
- 10 millions inhabitants
- 40% chronic patients
- 23.3% foreign residents of the total regional population
- Widespread diffusion of the Internet to get information from the PSOs

**VENETO**
- 10% of Italian GDP
- 5 millions inhabitants
- 40% chronic patients
- 10% foreign residents of the total regional population
- Use of the Internet in dealing with the PSOs above the national average
Lombardy region’s project for a regional healthcare information system: Phases

1999–2000

Actors
Coordination Mechanism
Role of the Region

2000 – 2002

Actors
Coordination Mechanism
Role of the Region

2002 – 2009

Actors
Coordination Mechanism
Role of the Region

2009 – Today

Actors
Coordination Mechanism
Role of the Region

DESIGN PHASE

PILOT PHASE

EXTENSION PHASE

CONSOLIDATION PHASE
# Lombardy’s Coordination Mechanisms

<table>
<thead>
<tr>
<th>Project Phase</th>
<th>Actors</th>
<th>Coordination Mechanisms</th>
<th>Role of the Region</th>
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</thead>
<tbody>
<tr>
<td>Design phase</td>
<td>Regional Government <em>Lombardia Informatica SpA</em> (LISPA)</td>
<td>HTM</td>
<td>Strategic Role</td>
</tr>
<tr>
<td>Pilot phase</td>
<td>Regional Government LISPA, Lecco’s LHA, Private partners</td>
<td>HTM and MTM</td>
<td></td>
</tr>
<tr>
<td>Extension phase</td>
<td>Regional Government LISPA, Healthcare providers, Private Partners</td>
<td>HTM and MTM</td>
<td></td>
</tr>
<tr>
<td>Consolidation phase</td>
<td>Regional Government LISPA, Social and Healthcare system actors</td>
<td>HTM and MTM</td>
<td></td>
</tr>
</tbody>
</table>
Veneto’s project for a regional healthcare information system: Phases

2000 - 2007

- **Design and Pilot Phases**
  - Actors
  - Coordination Mechanism
  - Role of the Region

2007 - 2010

- **Extension Phase**
  - Actors
  - Coordination Mechanism
  - Role of the Region

2010 - Today

- **Consolidation Phase**
  - Actors
  - Coordination Mechanism
  - Role of the Region
## Veneto’s coordination mechanisms

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<tr>
<td>Design phase</td>
<td>LHAs designing ehealth pilot projects</td>
<td>– (LHA’s Autonomy)</td>
<td>No role</td>
</tr>
<tr>
<td>Pilot phase</td>
<td>LHAs experimenting ehealth solutions and EMRs</td>
<td>– (LHA’s Autonomy)</td>
<td>No role</td>
</tr>
<tr>
<td>Extension phase</td>
<td>LHAs Consortium Region</td>
<td>NTM</td>
<td>Authority</td>
</tr>
<tr>
<td>Consolidation phase</td>
<td>LHAs Consortium Region</td>
<td>NTM and MTM</td>
<td>Regulator</td>
</tr>
</tbody>
</table>
Enabling Conditions:

Lombardy Region

› Strong commitment and support of the Regional Government for the development of the shared healthcare information system;

› Centralized role of the Region: its constant supervision and monitoring of the targets assigned to LHAs’ CEOs are crucial for engaging top executives in the project.

› LISPA’s expertise of the healthcare information management business, its project management capacity and its collaborative relationship with the Healthcare Department supported the project’s implementation during all phases.

Veneto Region

› The need, recognized at the lowest level, to implement converging ehealth projects leading to a beneficial situation for individual healthcare providers and for the regional healthcare system.

› Sustained political support underlining the need for a Regional EPR system, also in order to fulfill regulatory constraints imposed by national law.

› The essential role played by Arsenàl.IT Consortium that created an inter-organizational collaboration for these issues, providing technical support for healthcare organizations and thus representing a facilitating platform.
Hierarchy is the basic coordination principle in Lombardy Region, however implementation of such a complex innovation supported by new public management (NPM) – reforms suggests for a *market-oriented coordination mechanism to enact EPRs’ implementation* (Hood *et al.* 2000).

This does not change the role of Lombardy Region, rather it requires adoption of more engaging instruments for horizontal and vertical coordination.

It is often “the mix that matters” as different logics can undermine each other or mutual strengthen each, and the actual mix of instruments and coordination mechanisms can be led by some enabling conditions.
In Veneto Region, *network-oriented* practices have been introduced for coordinating purposes, a trend that is often denoted as “whole-up government”, “post-NPM-reforms” (Christensen and Lægreid 2011), “meta-governance” (Sørensen and Torfing 2007) and “new public governance” (Osborne 2010, Vabo 2010).

Network coordination reflects a more egalitarian knowledge-perspective (van Bueren *et al.* 2004).

The different coordination mechanisms described in the two cases exist in parallel, as complex sedimentation or layering of structural and cultural features and coordination logics (Osborne 2010, Bouckaert *et al.* 2010).
“Starting from a practice that works, how can it be employed in another situation?”

3 Proposition

- The degree of professionalism of the actors in the project is a key variable
- A strong commitment is needed in order to manage the change introduced by a coordination practice
- Coordination is more readily attainable if there is a shared culture and common interests

*EPR is in itself a coordinating device, a technical and organisational tool facilitating the managing of interdependencies*