
POSTER ABSTRACT**Still struggling with the governance of interprofessional elderly care in mandated collaboratives: a qualitative study**

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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Background: Governing interprofessional elderly care requires the commitment of many different organisations connected in mandated collaboratives. Research over a decade ago showed that the governance relied on clan-based mechanisms, while lacking formal rules and incentives for collaborations. Awareness and reflection were seen as first steps towards progression. We aim to re-identify critical governance features of contemporary mandated collaboratives by discussing cases introduced by the healthcare professionals and managers themselves.

Methods: Qualitative research took place from November 2019 to November 2020 in the Netherlands. First, the general setting of integrated elderly care was explored by interviewing healthcare managers and professionals (n=6). Second, in-depth interviews (n=24) were conducted with two different regional mandated collaboratives to learn more about critical governance features. The interviews were thematically analysed by the project team (authors) to synthesise the results and then were validated during a focus group.

Results: Little progress has been made in the governance of mandated collaboratives. The degree of formalization is kept low and the guiding principles of governance are trust and leadership. This approach meant that little attention is paid to the negotiation of interests, which makes it more difficult to implement the innovations in a sustainable manner. Moreover, the necessary resources are often lacking for the desired innovations. The fact that the mandated collaboratives are to a limited extent linked to the political or system level makes longer-term decisions and structural financing more difficult.

Conclusions: Although the reported cases are Dutch, the international scientific discussion is in line with our empirical results and is probably not limited to elderly care. Mandated collaboratives emerge to govern interprofessional elderly care, but after more than 10 years of international experience the mandated collaboratives still struggle to strike the right balance between formalization, trust and leadership. This makes it difficult to find available resources and to realize three-fold connectivity (care, organisation and system level). A more fundamental debate about our governance expectations of mandated collaboratives is needed to make focused progress.