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Conference Abstract

From experimentation to practice. Change management and implementation of integrated services networks in Québec (Canada) following ten years of promising experimentations

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Abstract

Introduction: In the last twenty years, Québec (Canada) witnesses a decade of various promising experimentations at the local level to implement integrated services networks, followed by a decade of implementation at the provincial level of a public policy aimed at establishing integrated services networks for frail elderly people (1). More research needs to be done at the conceptual, structural, operational, and relational levels in order to explain that kind of change (2).

Theory/Methods: Using the cognitive ergonomics approach (3) according to which the gap between practices prescribed in the documents and what the actors do and say they do is not a problem in the true sense, but rather a meaningful source of information, we were able to set apart the components of the integrating models which were successfully implemented and the components whose implementation remains incomplete 10 years after the beginning of the reform. We carried out a 5-year case study qualitative research of six local integrated services networks in six regions in Quebec. We reviewed documentation on the subject, and we made observation sessions and 120 interviews with key actors.

Results: Our analysis illustrates how the fragmentation characterizing change management strategies leads to a partial and unequal implementation of the components of the conceptual integrative models, whose validity as a coherent whole is clearly demonstrated. Québec was very efficient at the conceptual and structural levels, but far less good at the operational level. One can even see that the scope of the structural work slowed down the operational implementation of services integration. This situation can be explained by a lack of concern for relational dimensions, the same dimensions that are related particularly to change management.

Discussion: Our study provides an opportunity to discuss at the same time successes and failures of the Québec model and draw lessons from them during the long course towards services integration.

Conclusions: Structural work has a habit of establishing itself as a main objective of services integration, while it should limit itself to act as a condition for services integration at the operational level.

Lessons learned: Services integration requires a perspective of change management that is more sensible to relational aspects; otherwise, the practice of administering change will likely limit itself to structural effects instead of clinical effects.

Limitations: Despite its size, this study covers only a limited subsample of all Québec regions. Suggestions for future research: It is important to have a better understanding of how conceptual research is translated into structural work by policy makers. The transition from the research domain to the realm of political decision causes a substantial narrowing effect which has an impact on the capacity of innovative models to produce anticipated effects.

Keywords

integrated system; change management; health system

References

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