
CONFERENCE ABSTRACT

Stakeholder engagement in developing population-based integrated care solutions – Insights from Germany

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Introduction

Integration has emerged as a priority in transforming healthcare delivery to improve care. Developing integrated care (IC) solutions across the medical and social service sectors has gained momentum with emerging evidence favouring the integration of public health and community service agencies. Key for effective community healthcare management systems is the integration of stakeholders during the strategy process. However, engaging stakeholders in joint strategizing is linked with overcoming sectoral boundaries between the public, private and non-profit sectors; each of which is characterized by different visions, missions, and incentives. Given this setting, our study aims to explore multi-dimensional boundary conditions for developing sustainable and effective cross-sector IC solutions.

Theory/Methods

We conducted an in-depth case study of a cross-sector partnership aiming to develop a population-based IC model in Germany. Physicians, health insurers, a health management company, a public health authority and other stakeholders in social and healthcare jointly developed and implemented the IC model. Our primary data source were 21 interviews from 2017 and 12 interviews from a member reflection round in 2019. We also drew on 46 case-related documents and 8 meeting participations. We performed thematic text analysis after abductively coding our data in multiple coding cycles. Three coders were involved in the coding procedure. Disagreements were discussed and resolved leading to a shared interpretation of our data.

Results

We structured our findings into formalization-related, diversity-related, resource-related and stakeholder-related conditions for joint development of IC. In sum, we identified 22 boundary conditions summarized in a framework. Concerning formalization-related conditions, our interviewees particularly emphasized the need of support from a management office and the implementation of appropriate communication structures. With regard to diversity, our interviewees mainly highlighted the importance to develop mutual trust and a shared vision based on the perception of a problem that can only be

solved in joint action. Besides, resources such as support from influential stakeholders from all sectors and particular stakeholder characteristics such as a spirit of change positively affect stakeholder engagement.

Discussion

Our study findings add to existing literature on stakeholder engagement and imply a range of implications for practitioners in the IC context. Particularly, practitioners should ensure a certain degree of formalization, i.e. pre-defined structures and procedures. Also, it is required to build on and organize diversity, e.g. by introducing a conflict management body. Practitioners have to pool and manage resources effectively, and build on and promote team- and change-oriented stakeholder characteristics.

Conclusion

Our framework on boundary conditions for stakeholder engagement in developing models of IC might serve as a checklist for practitioners or as a conceptual framework for future research.

Lessons learned

Developing IC solutions with stakeholders from the public, private, and non-profit sector is a complex and time-consuming endeavour. To cope with this complexity, practitioners should take into account the collectivity of conditions for jointly developing IC solutions.

Limitations and suggestions for future research

The single case study design restricts the generalizability of our study results. Future research may focus on validating our results in other cross-sector IC models.