Getting the most from integration and collaboration

Dr Ross Millar
Director, Health Services Management Centre

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Acknowledgement

The team:

Ross Millar, Justin Aunger, and Russell Mannion (University of Birmingham)

Joanne Greenhalgh (University of Leeds)

Anne Marie Rafferty (King's College)

Hugh McLeod (University of Bristol)

Deborah Faulks (Engaging Communities Solutions)

Our advisory group (including Charlotte Williams)

A presentation that will cover…

- Definitions
- Challenges
- Methods
- Findings
- Implications

Defining inter-organisational collaborations (IOCs)

"the belief that more… can be created than if each organization were to work alone" (Casey 2008)

"individuals representing multiple organizations… engage … outside the spheres of individuals or organizations working in isolation… " (Kenton et al 2008)

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Collaboration as 'degrees' of integration

- From individual buddying to merging
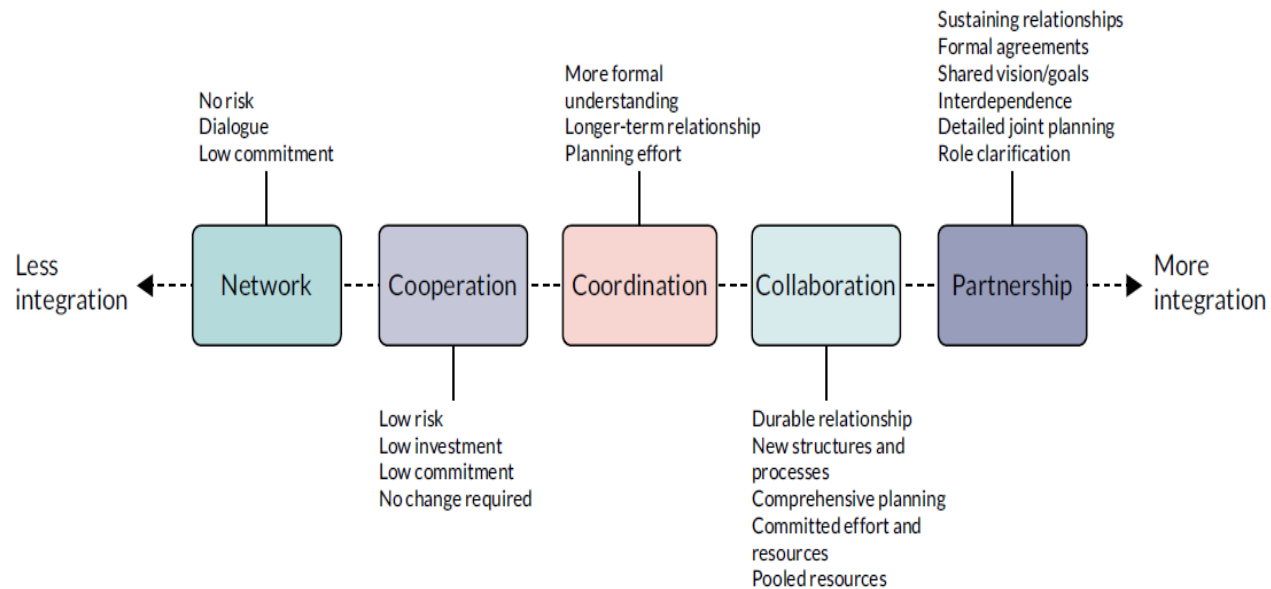- From low commitment to formal agreement

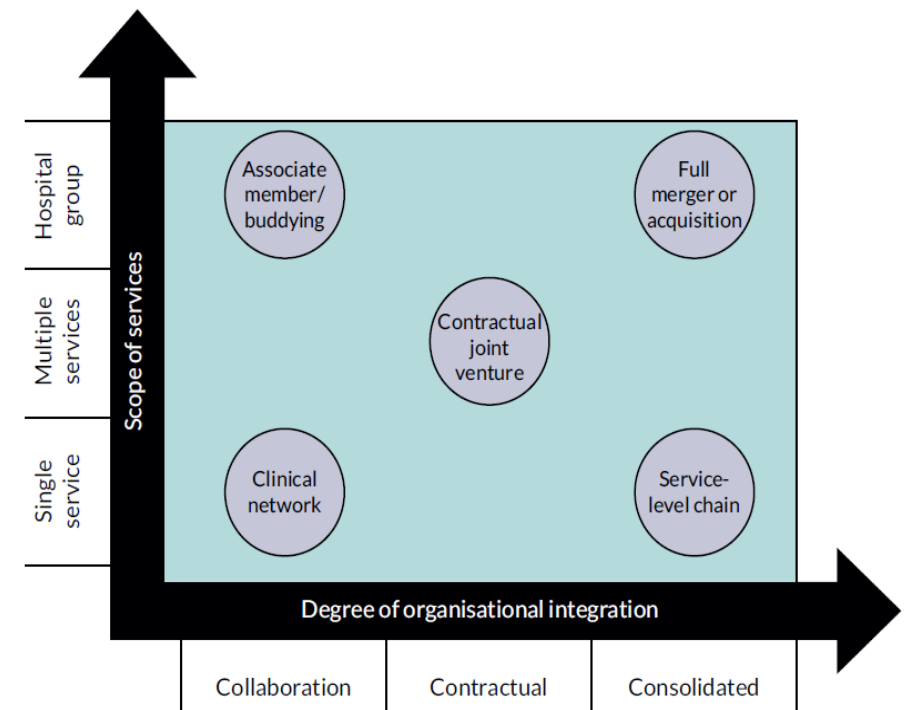FIGURE 4 Depiction of typology by Northern Ireland Audit Office.[65]

FIGURE 3 A framework of acute care collaboration models, depicting organisational forms by their degree of organisational integration, as well as the scope of services they intend to deliver (contains public sector information licensed under the Open Government Licence v3.0).[64]

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Ongoing interest in collaboration to achieve integration in England…
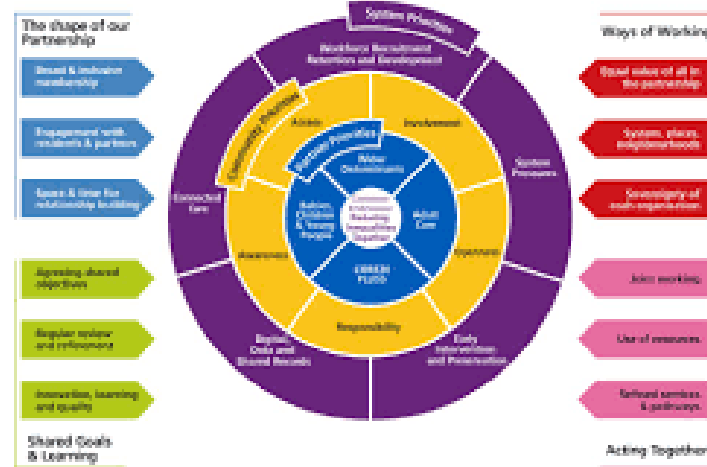
Collaboration is a 'good' thing?

"... for many, collaboration has become a hammer and nearly all problems have become nails" (Silvia 2018)

"The trend toward calling all forms of working together 'collaboration' is problematic as it glosses over the diverse array of mechanisms for working together and the relative appropriateness of these for different tasks and contexts" (O'Flynn 2007)

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Collaboration is difficult…

"Many organizations aspire to gain collaborative advantage by working in partnerships across organizational, sectoral, and even national boundaries. Such collaborations, however, are difficult to manage, and the likelihood of disappointing outputs is high." (Vangen and Huxham 2003)

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Gaps in understanding

What types of collaboration can work best in what circumstances?

What are the conditions and behaviours that we need to support these endeavours?

How and why collaboration can work, for whom, and in what circumstances…

Adapted from Lasker et al (2001).

What is a realist synthesis?

- What works for whom, under what circumstances and why?
- Focus on mechanisms (resources & reasoning) and how context changes their activation
- E.g. *Why does an intervention work in context A but not context B?*

- Bringing together all data types: grey, academic, organisational reports, primary empirical data

Towards achieving interorganisational collaboration between health-care providers: a realist evidence synthesis

Ross Millar, Justin Avery Aunger, Anne Marie Rafferty, Joanne Greenhalgh, Russell Mannion, Hugh McLeod and Deborah Faulks

Methodology

Systematic and purposive searches of evidence

To test and refine propositions:

- 34 interviews inc policy makers, practitioners, and patient representatives in England

- One patient representative focus group

Trust, Faith, and Confidence: the key to collaborative functioning

- **Trust** builds relationships and risk tolerance
- **Faith** motivates and sustains collaborative behaviour
- **Confidence** via contractual means can strengthen integration

- Many contextual factors affect these mechanisms: capacity, size, prior experience, reputation

Mechanisms underlying collaborative functioning

	Definition
Trust	• Letting go & accepting vulnerability based upon positive expectations • Communication spaces and channels • Sharing of information to support relationship-building • Sharing and agreeing the vision between partners
Faith	• Capacity to implement the collaboration • How difficult it will be to achieve the collaboration (complexity) • Whether actors perceive progress towards achievement of IOC goals
Confidence	• Behaving collaboratively due to contractual or other obligation • Processes and attitudes in place to resolve conflict

Practical next steps for collaboration

Building trust	• Formulating and instilling a shared vision rather than 'us vs. them' • Delivering 'quick wins' at the beginning of the lifecycle • Understanding the regulatory environment • Prioritising communication, face-to-face where possible • Allowing flexibility and autonomy to acknowledge feelings of loss
Building Faith	• Ensuring collaboration is coproduced with service users and the workforce • Having an appropriate level of ambition that prevents feelings of failure • Managing complexity by avoiding too many moving parts • Instil progress (forward momentum) with evaluation and milestones • Understand the reputation of IOC form and messaging is managed e.g. 'privatisation' 'performance management'
Building confidence	• Acknowledge unequal power structures • Invest in contractual mechanisms alongside efforts to build relationships • Perform due diligence around potential areas of disagreement, building accountability mechanisms into contracts to help resolve conflicts amicably

Holding on to benefits of collaboration

- Efficacy: improve communication, coordination, improvement strategies, and reputation management

- Efficiency: collaboration can improve financial and workforce resource allocation, with additional benefits to coordination, responsiveness, reduced duplication

- Effectiveness: knowledge exchange, learning and development

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Implications for integration

- Collaboration is difficult: it requires significant time, effort, energy... and resource

- It requires commitment and the case for population benefit

- Values and behaviours that show authenticity, empathy, visibility, generosity, and openness to learning from others

Thank you

Contact: Dr Ross Millar, Director, Health Services Management Centre

Email: r.millar@bham.ac.uk

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For further information

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RESEARCH   **Open Access**

Why do some inter-organisational collaborations in healthcare work when others do not? A realist review

Justin Avery Aunger[1*], Ross Millar[1], Joanne Greenhalgh[2], Russell Mannion[1], Anne-Marie Rafferty[3] and Hugh McLeod[4]

Abstract

Background: Inter-organisational collaboration is increasingly prominent within contemporary healthcare systems. A range of collaboration types such as alliances, networks, and mergers have been proposed as a means to turnaround organisations, by reducing duplication of effort, enabling resource sharing, and promoting innovations. However, in practice, due to the complexity of the process, such efforts are often rife with difficulty. Notable contributions have sought to make sense of this area; however, further understanding is needed in order to gain a better understanding of why some inter-organisational collaborations work when others do not, to be able to more effectively implement collaborations in the future.

Methods: Realist review methodology was used with the intention of formulating context-mechanism-outcome configurations (CMOCs) to explain how inter-organisational collaborations work and why, combining systematic and purposive literature search techniques. The systematic review encompassed searches for reviews, commentaries, opinion pieces, and case studies on HMIC, MEDLINE, PsycINFO, and Social Policy and Practice databases, and further searches were conducted using Google Scholar. Data were extracted from included studies according to relevance to the realist review.

Results: Fifty-three papers were included, informing the development of programme theories of how, why, and when inter-organisational collaborations in healthcare work. Formulation of our programme theories incorporated the concepts of partnership synergy and collaborative inertia and found that it was essential to consider mechanisms underlying partnership functioning, such as building trust and faith in the collaboration to maximise synergy and thus collaborative performance. More integrative or mandated collaboration may lean more heavily on contract to drive collaborative behaviour.

Conclusion: As the first realist review of inter-organisational collaborations in healthcare as an intervention for improvement, this review provides actionable evidence for policymakers and implementers, enhancing understanding of mechanisms underlying the functioning and performing of inter-organisational collaborations, as well as how to configure the context to aid success. Next steps in this research will test the results against further case studies and primary data to produce a further refined theory.

(Continued on next page)

Abstract

Purpose – Inter-organisational collaboration (IOC) across healthcare settings has been put forward as a solution to mounting financial and sustainability challenges. Whilst ingredients for successful IOC have been explored, there remains limited understanding of the development of IOCs over time.

Design/methodology/approach – The authors systematically reviewed the literature to identify models applied to IOCs in healthcare across databases such as Healthcare Management Information Consortium (HMIC) and MEDLINE, identifying 2,763 titles and abstracts with 26 final papers included. The authors then used a "best fit" framework synthesis methodology to synthesise fourteen models of IOC in healthcare and the wider public sector to formulate an applied composite model describing the process through which collaborations change over time. This synthesis comprised extracting stages and behaviours from included models, selecting an *a priori* framework upon which to code these stages and behaviours and then re-coding them to construct a new composite model.

Findings – Existing models often did not consider that organisations may undergo many IOCs in the organisations' lifetime nor included "contemplation" stages or those analogous to "dissolution", which might negatively impact papers using such models. The formulated composite model utilises a life-cycle design comprising five non-linear phases, namely Contemplating, Connecting, Planning, Implementation and Maintenance or Dissolution and incorporates dynamic elements from Complex Adaptive Systems thinking to reflect the dynamic nature of collaborations.

Originality/value – This is the first purpose-built model of the lifecycles of IOCs in healthcare. The model is intended to inform implementers, evaluators and researchers of IOCs alike.

Keywords Public management, Partnership, Collaboration, Health care, Social psychology

Paper type Research paper

RESEARCH   **Open Access**

When trust, confidence, and faith collide: refining a realist theory of how and why inter-organisational collaborations in healthcare work

Justin Avery Aunger[1*], Ross Millar[1] and Joanne Greenhalgh[2]

Abstract

Background: Health systems are facing unprecedented socioeconomic pressures as well as the need to cope with the ongoing strain brought about by the COVID-19 pandemic. In response, the reconfiguration of health systems to encourage greater collaboration and integration has been promoted with a variety of collaborative shapes and forms being encouraged and developed. Despite this continued interest, evidence for success of these various arrangements is lacking, with the links between collaboration and improved performance often remaining uncertain. To date, many examinations of collaborations have been undertaken, but use of realist methodology may shed additional light on how and why collaboration works, and whom it benefits.

Methods: This paper seeks to test initial context-mechanism-outcome configurations (CMOCs) of interorganisational collaboration with the view to producing a refined realist theory. This phase of the realist synthesis used case study and evaluation literature; combined with supplementary systematic searches. These searches were screened for rigour and relevance, after which CMOCs were extracted from included literature and compared against existing ones for refinement, refutation, or affirmation. We also identified demi-regularities by which contextual factors form CMOC chains which generate outputs of collaborative behaviour. Core characteristics of collaborations, such as whether they were mandated or cross-sector, were explored for their proposed impact according to the theory.

Results: Fifty-one papers were included, from which 338 CMOCs were identified, where many were analogous. This resulted in new mechanisms such as 'risk threshold' and refinement of many others, including trust, confidence, and faith, into more well-defined constructs. Refinement and addition of CMOCs enabled the creation of a 'web of causality' depicting how contextual factors form CMOC chains which generate outputs of collaborative behaviour. Core characteristics of collaborations, such as whether they were mandated or cross-sector, were explored for their proposed impact according to the theory.

Conclusion: The formulation of this refined realist theory allows for greater understanding of how and why collaborations work and can serve to inform both future work in this area and the implementation of these arrangements. Future work should delve deeper into collaborative subtypes and the underlying drivers of

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RESEARCH ARTICLE

How, when, and why do inter-organisational collaborations in healthcare work? A realist evaluation

Justin Avery Aunger[1,2*], Ross Millar[2], Anne Marie Rafferty[3], Russell Mannion[2], Joanne Greenhalgh[4], Deborah Faulks[5], Hugh McLeod[6]

1 School of Health Sciences, Surrey Research Park, Surrey, United Kingdom, 2 Health Services Management Centre, Park House, University of Birmingham, Birmingham, United Kingdom, 3 Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London, London, United Kingdom, 4 Sociology and Social Policy Department, University of Leeds, Leeds, United Kingdom, 5 Engaging Communities Solutions, Stafford, United Kingdom, 6 Population Health Sciences, University of Bristol & NIHR Applied Research Collaboration West, Bristol, United Kingdom

* j.aunger@surrey.ac.uk

Abstract

Background

Inter-organisational collaborations (IOCs) in healthcare have been viewed as an effective approach to performance improvement. However, there remain gaps in our understanding of *what* helps IOCs function, as well as *how* and *why* contextual elements affect their implementation. A realist review of evidence drawing on 86 sources has sought to elicit and refine context-mechanism-outcome configurations (CMOCs) to understand and refine these phenomena, yet further understanding can be gained from interviewing those involved in developing IOCs.

Methods

We used a realist evaluation methodology, adopting prior realist synthesis findings as a theoretical framework that we sought to refine. We drew on 32 interviews taking place between January 2020 and May 2021 with 29 stakeholders comprising IOC case studies, service users, as well as regulatory perspectives in England. Using a retroductive analysis approach, we aimed to test CMOCs against these data to explore whether previously identified mechanisms, CMOCs, and causal links between them were affirmed, refuted, or revised, and refine our explanations of how and why interorganisational collaborations are successful.

Results

Most of our prior CMOCs and their underlying mechanisms were supported in the interview findings with a diverse range of evidence. Leadership behaviours, including showing vulnerability and persuasiveness, acted to shape the core mechanisms of collaborative functioning. These included our prior mechanisms of trust, faith, and confidence, which were largely