

## CONFERENCE ABSTRACT

### Organizing Care Integration. A Social Systems Based Approach

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In 2013, a 4-year research project on integrated care in Flanders (Belgium) was launched: "Care Organisation: a Re-Thinking EXpedition in search for Sustainability" (CORTEXS). The multidisciplinary research team focuses on the challenge of how to organize care integration. Numerous studies convincingly demonstrate the need for care integration, and several conceptual models and evaluation frameworks have been published. However, far less is known about systematic approaches to organizing care integration.

CORTEXS developed a social systems based approach for redesigning care systems. A system consists of components that relate to each other, and has a certain openness to its environment. A care system is a social system, of which the elements are activities. Grouping and linking those activities forms the central focus of redesigning care systems. Splitting up care processes in specialized activities, grouped in specialized sectors, organizations, organizational units and occupations, leads to highly fragmented care systems. The number of interactions and dependencies between the many care processes and activities then becomes so high that delivering integrated care becomes virtually impossible. The mere introduction of additional coordination mechanisms leaves the underlying fragmentation untouched, and risks to increase complexity even more. From a social systems perspective, the far-driven fragmentation of processes and activities itself must be tackled.

The 'law of requisite variety' (Ashby 1957) posits that variety can only be managed with variety. In other words: the variety a care system offers must be equal to or greater than the variety of care demands. The enormous variety of individual care demands can be reduced to a manageable range of groups of people with comparable care needs. Then, the variety of the care system can be increased by clustering activities in parallel streams for each target group. In order to further reduce the complexity of care systems, it is important to avoid ending up

interlinking everything again at the end. The objective is to vest the decision-making power at the level where it is most needed, facilitating that any problems can be resolved as soon as they arise.

We can assume that a care system for people with chronic care needs will often consist of multiple care organizations and professionals. In line with the reasoning developed above, such an organizational network should always be focused on achieving concrete added value for the identified target group, by being built around the care processes and activities that are needed for that target group. It should also be noted that people with a chronic care need are not regarded as passive users of the care system. Not only is it appropriate for them to be involved in the redesign exercise, but also to become an active part of the care processes, as co-managers and potential carriers of activities.

Evidently, the opportunities for redesigning care systems are limited by the environment in which they operate. We discuss contextual preconditions in terms of legislation, financial incentives, information technology and competence development. The main priority of the redesign is to ensure that care systems can address the chronic care needs of their target groups, and contribute to the well-known Triple Aim. In addition, it is advisable that the redesign also contributes to improving the quality of working life of the care professionals. We will demonstrate how the proposed redesign approach could contribute to this Quadruple Aim.

This social systems based approach already offers a theoretical and empirically substantiated framework for the redesign of care systems for people with chronic care needs. Further steps include the application of this generic approach to specific challenges in the field of policy and practice.

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