Submission #

Strengthening Networks for Equitable and Integrated Healthcare
Professional Development Workshop
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Target Divisions:
Health Care Management (HCM) - primary sponsor
Organizational Development and Change (ODC)

OVERVIEW OF WORKSHOP

It is increasingly apparent that success in a highly interdependent world depends on identifying and strengthening the networks through which value is created (Adner & Kapoor, 2010). These networks often span multiple organizations and multiple levels - from leadership networks, to networks across the workgroups engaged in value creation, to client-centered networks at the site of value creation. Achieving desired performance outcomes requires the ability to identify, analyze and strengthen these networks.

For example, the move towards value-based healthcare has increasingly shined a light on the importance of social factors, such as safe housing, adequate food and adequate financial resources, for impacting patients' health and well-being (Mays, Mamaril & Timsina, 2016). Population health initiatives such as accountable care organizations have tremendous potential to reallocate resources from acute medical care to prevention and social services (Fisher et al, 2012; Lewis et al, 2017). As the definition of care and the locus of control begins to shift towards the joint production of health, community actors such as departments of public health also have a role to play. However, there are very few models for how these disparate sectors can work together to reduce health inequities.

While structures are necessary for healthcare integration, they are likely not sufficient (Burns, Nembhard & Shortell, 2022). Relationships are a key ingredient of effective coordination when actors are highly interdependent and when they are carrying out work characterized by high levels of uncertainty and time constraints (Gittell, 2002; Faraj & Xiao, 2006; Okhuysen & Bechky, 2009; Singer, et al, 2011). Relational coordination is the coordination of work through relationships of shared goals, shared knowledge and mutual respect, supported by frequent, timely, accurate, problem solving communication in the context of interdependence, uncertainty

and time constraints (Bolton, Logan & Gittell, 2021). While this theory has often been applied within organizations, it can be expanded to address cross-organizational (Gittell & Weiss, 2004) and cross-sectoral coordination (Caldwell, Roehrich & George, 2017), as well as coordination with patients and families (Warfield, et al, 2013; Cramm & Nieboer, 2016). Likewise, recent research suggests that integrating this theory with social network theory and analysis is likely to generate insights and strategies that enable multi-level improvement in healthcare integration (Burns et al. 2022; Gittell & Ali, 2021).

In this workshop, we will take stock of knowledge about the use of relational coordination and social networks to build multi-sector partnerships that span healthcare and social services, identify gaps needing research exploration, and explore how to better use relational coordination and social networks in practice. We will assess pathways to strengthen networks of high quality communication supported by shared goals, shared knowledge and mutual respect among these diverse stakeholders to achieve systems change.

Additionally, we will explore more specifically how to advance multi-sector approaches to health equity. Social network research has pushed consideration of how stakeholders are connected and what flows between them, including knowledge, resources and more (Kilduff & Tsai, 2003). It has also demonstrated the value of thinking about who is the network/system and where each stakeholder, including the client or patient, is located. The relational coordination model of change explicitly brings forward the voice and authority of all partners - including patients from diverse backgrounds - in shaping partnership goals, strategies and workflow (Gittell, 2016). It brings an explicit focus on the quality of communication including its timeliness, accuracy and focus on problem-solving rather than blaming, and on the quality of relationships, including shared goals, shared knowledge and mutual respect. Together these

insights and components are helping to strengthen networks for equitable care, allowing for a more scalable and equitable approach to health and social service integration (Burns, Nembhard & Shortell, 2022). Some of the cases we will present are using the authority of public health to monitor health equity and the foundational conditions needed for health equity, such as safe housing. At least one of the cases has engaged a Medicaid Accountable Care Organization as a key stakeholder, suggesting a novel prototype to shift funding out of medical care and into social care systems.

Levels of Coordination in Healthcare Networks

Meta level	Institutional coordination
Macro level	Cross-organizational coordination
Meso level	Within-organization coordination
Micro level	Interpersonal coordination

INTEREST TO SPONSORING DIVISIONS

This PDW is designed to attract healthcare management scholars and practitioners from the HCM division who are working to integrate between primary and specialty care, between health and mental health, and between health systems and the communities they serve (Singer et al, 2011). Of interest to healthcare management scholars and practitioners, we will explore the dynamic interplay between structures (including payment mechanisms used by Accountable Care Organizations) and interdependent relationships in the form of relational coordination and social networks.

This PDW is also targeted toward scholars from the Organization and Management Theory (OMT) division who are working to develop new theoretical and analytical approaches to inform how organizations can work more effectively across sectors to create social and economic

value (Adner & Kapoor, 2010). In this workshop we will explore the integration of social networks and relational coordination to create workable models of multi-stakeholder, multi-level organizational change (Gittell, 2016). We will explore large group facilitation methods for bringing multiple diverse stakeholders together to identify and achieve shared goals in the face of power differentials and competing goals (Bartunek, Balogun & Do, 2011). We will examine the obstacles to change that stakeholders need to overcome in order to strengthen networks for healthcare integration, and identify methods that are useful for addressing these obstacles to change.

WORKSHOP FORMAT

In this workshop diverse perspectives and experiences will come together for the purpose of developing knowledge. Workshop chairs Nembhard and McDonald will start with a brief introduction, stating the importance of the topic, the overall intention of the work, and the immediate purpose of this workshop.

TIMETABLE (requested time = 120 min)

Activity	**Time**
Introduction	10 min
Invitation to Participate - Buzz Groups Invite participants to meet in groups of two. What brings you to this workshop? What is our common ground?	10 min
Research Case Presentations (see below for descriptions) and Q&A	40 min
Discussion of Research Case Presentations After initial responses from the discussants, we will invite and actively involve participants to share their thoughts and experiences.	20 min
Conceptual Integration In this section, we invite participants to share ideas, knowledge, critical comments etc that might contribute to a framework for strengthening relational coordination and networks for healthcare integration between stakeholders and across levels.	20 min

<u>Exploring Next Steps</u> Discussants Shortell and Mays suggest possible ways forward to continue building a community of practice on this topic, potentially hosted by the Relational Coordination Collaborative.	20 min
Total Time	120 min

RESEARCH CASE PRESENTATIONS

Case 1: When "we" is ambiguous: Perceptions of teaming in dynamic environments and their implications

Michaela Kerrissey (Harvard University), Zhanna Novikov (University of Texas), Maike Tietschert (Vrije Universiteit Amsterdam), Russ Phillips, and Sara Singer (Stanford University)

Team boundaries in healthcare environments can be ambiguous and shifting, and may include workers from multiple organizations and sectors. In 59 US primary care clinics, we investigated the extent to which clinicians and staff perceive various roles (e.g., social workers, dentists, community health workers, and nutritionist/dietitians) as members in their teams, and identified implications. We will discuss findings from 828 respondents, including substantial variation in individuals' perceptions of the roles they consider as team members; perceiving more expansive sets of roles as team members' positive association with performance but curvilinear association with job satisfaction; perceiving a larger core (roles always perceived as part of the team) is positively associated with performance, while perceiving a larger periphery (roles sometimes perceived as part of the team) is marginally negatively associated with performance. We'll discuss explanations for and implications of these findings, including opportunities for building on methods to study and strengthen professional networks in healthcare.

Case 2: Using a participatory systems science approach to inform the scale-up of a smoking cessation intervention

Christina Yuan (Johns Hopkins Bloomberg School of Public Health)

Systems science is broadly defined by theories and methods for modeling complex systems. In this case, we will describe our plans to use a participatory approach to systems modeling to identify and adapt implementation strategies for future scale-up of an evidence-based smoking cessation intervention. Specifically, we will describe our plans to engage with policymakers, administrators, clinicians, staff, and patients to: (1) develop and refine systems models (agent-based models, system dynamics models) to examine potential barriers, strengths, and health equity considerations of possible implementation strategies (including network-based strategies), and (2) construct a dashboard that displays the results of the systems models in a practical, interactive tool to assist key stakeholders with decision-making. By leveraging a community-based process such as this, we aim to expand and refine understanding of the complexities of scaling multifaceted interventions in the context of community mental health clinics and engage different levels of stakeholders around possible solutions through group model building activities and discussion.

Case 3: Building people-centered integrated care (PCIC) through digital transformation

Hao Gong (University College London; Orchestration Capital)

Health care systems are generally under severe strain from multiple pressures. In this case, reform attempts by single stakeholders will be insufficient and are likely to create undesired consequences in other interconnected problems. Building a sustainable and efficient constellation among multiple stakeholders and creating the multi-level reform agenda is a promising path to manage the complexity and high interdependency in delivering better health care service. In this presentation, I will showcase two start-ups (Ethermed and Gareatech) that leverage digital infrastructure and AI technology to stitch together the healthcare ecosystem and transform today's barriers into the integrated health system of the future. This presentation aims to discuss the role of innovative companies and visionary venture capitals in fostering the inter-organizational coordination for equitable and people-centered integrated care.

Case 4: Integrating health and social care in Cincinnati

Robert Kahn (Cincinnati Childrens)

Dramatic disparities in child health outcomes are widespread and persistent. Poor quality housing, food insecurity, and other social, economic, and environmental forces lead to inequities across almost all child health conditions. Pediatric care has increasingly focused on addressing needs and risks related to the social determinants of health. A critical remaining challenge is to foster highly reliable and effective coordination between health systems and the community organizations that can actually address challenges that patients and families face. We have developed a growing partnership between a large children's health system and a civil legal assistance organization. The goal of this collaboration is to close child health equity gaps by addressing the social needs of patients' families through legal advocacy. The partnership was recently shown to reduce hospital admissions by 38 percent among primary care patients. This presentation will discuss the partnership and three new extensions: expansion to clinical subspecialty teams, engaging our health system's Medicaid value-based care organization in payment for services, and moving beyond legal advocacy to partner with other community partners such as our city health department and county public benefits office.

Case 5: Strengthening networks for youth to adult mental health transitions

Heba Naim Ali & Jody Hoffer Gittell (Brandeis University), Eddie Devine (Leeds Health and Care Partnership), Claire Kenwood & Richard Wylde (Leeds and York Partnership NHS Foundation Trust)

It is increasingly apparent that success in a highly interdependent world depends on identifying and strengthening the networks through which value is created (Adner & Kapoor, 2010). These networks often span multiple organizations and multiple levels - from leadership networks, to networks across the workgroups engaged in value creation, to client-centered networks at the site of value creation. This case presents an effort to strengthen relational coordination networks in one region of a national healthcare system. The focal challenge is the transition of youth with mental health diagnoses to adult care, involving multiple stakeholders including community partners, the youth, and their family members. We describe the change process as it is playing out at the frontline and at top leadership levels. Network methods being used aim to create a systems perspective among participants themselves by giving visibility into the networks that operate at three distinct levels - relational leadership among the leadership team, relational coordination among the relevant workgroups engaged in value creation, and relational co-production with specific clients to achieve results of value to them individually. At each of these levels, we propose a multi-stage process - 1) identify and engage relevant actors, 2) assess the strength of ties among these actors, 3) develop interventions to strengthen the ties among these actors for greatest impact on value creation, 4) implement interventions, and 5) monitor success in a cycle of continuous learning facilitated by inclusion of relational network metrics on organizational dashboards.

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