Designing Integrated Care Ecosystems: A Socio-Technical Perspective

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FINAL Call for Expressions of Interest in Writing a Book Chapter

Extended Deadline - Abstracts due July 31, 2017, Chapters Due Dec. 1 , 2017

OVERVIEW: This is an invitation to join a small community of pioneers – not just as individual authors, but as active collaborators – via collective "zoom" based conference calls and peer support.

This book will advance the literature on **multi-organisational and multi-actor networks of care (i.e. care ecosystems)** by specifically addressing the dual questions of:
- how do we (re)organize current care systems towards more integrated, more effective care provision
- and how do we do this in ways that benefit patients and their families, while also significantly increasing the quality of life for those who work within the care ecosystem.

BOTH socio-technical and non socio-technical case stories are sought to help us understand and evolve socio-technical design theory and practice We are interested in **relational, systemic processes of co-creating integrated care systems** *that work for everyone.*

1   Why this book and for whom is it being written?

Our ultimate purpose is the creation of a better care experience (relationally and clinically) for patients; a better workplace experience for all the clinical and non-clinical members of the care ecosystem; and greater affordability/accessibility at both the patient and societal level, through reduction in cost.

Our strategy to achieve this purpose involves using the book to describe, advance and expand the practice of **relational, systemic processes for co-creating integrated care systems** *that work for everyone*. We will explore (and hopefully advance) STS Design as a useful perspective through:

- Sharing stories about how using Socio-Technical Design Theory and Principles to design Integrated Care Ecosystems, can benefit patients and caregivers while also reducing cost of care;
- Summarizing the research to date;
- Developing a conceptual framework for design of Integrated Care Ecosystems based on STS Design theory and principles;
- Giving birth to a community of practice around STS Design of Integrated Care Ecosystems.

We see our primary audience as health care executives, managers and policy makers (i.e. those with the most capacity to unleash these ideas). This means that we are looking for that rare capability – being able to write in an easily accessible and yet concise and academically rigorous manner.

Our secondary audience is scholars, practitioners and students (i.e. those who can expand, support and contribute to the evolution of these ideas).

2   Our Dream for this Book

Our dream is of a book that captures the reader's imagination about "what is possible" - serving as positive provocation, evoking new or strengthened action in their corner of the Integrated Care Ecosystem universe -- for the benefit of patients and those who co-create health with them.

The flavor of the book is more practical rather than academic - without attempting to be a "manual". We imagine many stories from around the globe containing case stories of **both socio-technical and non socio-technical design processes case stories** of Integrated Care Ecosystems i.e. - how they came to be and how they are working now.

We see these stories complemented by:

- A summary of research in this area (appealing to those with a taste for a more scientific backdrop);
- And a conceptual framework for design of Integrated Care Ecosystems based on STS Design theory and principles, supporting all those who see value in co-design of new ways of organizing care across traditional organizational boundaries.

3   Context and definitions for this book

3.1   Challenges abound and innovations are everywhere – what are we learning?

Health systems worldwide are in the midst of a major transition marked by:

- Aging populations, with associated increases in utilization of healthcare services;
- Care costs that are rapidly and significantly outpacing inflation and available resources;
- Widespread demand for better care experiences and better outcomes;
- Growing incidence of burnout and disengagement by both clinical and administrative care staff.

Health is increasingly defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Moreover, there is a growing movement to see health as something that is "co-produced" by patients and their families in collaboration with care professionals, rather than simply a transactional relationship between patients and care "providers".

In this context, health systems are seeking to make necessary adjustments at both the legislative/policy level and the practice/care model level. Innovations in how health care services are organized, accessed and experienced are being piloted, with:

- A focus on making health care available to everyone regardless of income level and geography;
- A radical reorientation from volume to value as one way of controlling increasing cost;
- Shifts to a preventative approach to medicine (rather than just treating the consequences of illness);
- A focus on Integrated care in which the care system becomes more capable of both seamless care and of supporting the whole person rather than just the immediate symptom or disease;
- An increasing pursuit of engaging all stakeholders as "co-designers" of innovations.

3.2   The opportunity: What are "Integrated Care Ecosystems" and why are they relevant given what is being called for?

In order to tackle the challenges outlined above, care delivery needs to become a shared outcome of the deployment of several actors. The question raised is then how information, resources, activities and the skills of those different sovereign and unique organizations, independent care providers, informal care givers, and patients can be combined to achieve a result that none of the parties concerned can achieve independently. This deliberate and target-oriented grouping of actors, across organizational boundaries, based on the needs of a specific target group, is what we call Integrated Care Ecosystems. These Integrated Care Ecosystems are understood as a system of relationships among what we are calling relationship holders.

Relationship holders comprising the Integrated Care Ecosystem are understood to potentially include clinicians, nurses, social workers, managers, payers, government, regulators, professional associations, industry players, education and training institutes, employment bureaus, and of course, informal caregivers and patients (health seekers) making their own adaptations or working together in groups to develop ideas and make improvements.

In Integrated Care Ecosystems *relationship holders:*

- share a "stake" in the experiences, safety, outcomes and cost of care for patients, their families and all those who work within healthcare;
- and are engaged in substantively co-productive (rather than purely transactional, functional or hierarchical) efforts to create health.

The great opportunities confronting us at this moment stem from the hypothesis that care model innovation which:

- exceeds the boundaries of single organizations or even a formal network of organizations;
- is systemic, i.e. explicitly incorporates all four of the Quadruple Aim of healthcare: enhancing patient experience, improving population health, reducing costs, and improving the working life of health care providers, including clinicians and staff;
- and where the core innovation work is:
    o done through meaningfully participative processes which engage the "whole system" as co-designers,
    o and guided by explicit design principles and an articulated ecosystem purpose;

… is care model innovation that has the potential to break past paradigms in ways that allow meaningful benefits for patients, their families, all those who work within healthcare and the communities within which they live.

It is within this context that we are seeking chapters which explore and advance our knowledge about how the design of Integrated Care Ecosystems be a frontline in the pursuit of meaningful innovation for all relationship holders.

3.3   What is meant by "a Socio-Technical Design perspective" and why can it be helpful in designing these Integrated Care Ecosystems?

Designing involves conceptualizing how the many factors (such as the organization of work, technology, economics, care practices, facilities and associated administrative work) enable people to co-produce better care experiences and better outcomes. However, if the Quadruple Aim is to be effectively addressed through design processes, there are two core underlying assumptions that must be operationalized:

i.   Designing involves successfully moving from concept to ongoing practice;
ii.   Designing requires meaningful participation by all relationship holders within the ecosystem that will be directly impacted by the new care model.

"Socio-Technical" refers to the complex infrastructure making up the production or service process, the coordination of work and human action. Socio-Technical Systems (STS) Design, as evolved over the last six decades[1] continues to be a highly comprehensive and effective framework for designing complex systems using tools, concepts and practices that operationalize the above core assumptions. STS Design is about joint optimization, with a shared emphasis on achievement of both excellence in technical performance and quality in people's work lives.

Key characteristics of a Socio-Technical Perspective for the Design of Integrated Care Ecosystems are:

1.   The design process meaningfully and explicitly addresses the **Quadruple Aim of HealthCare;**
2.   The design process is **Principle based and Purpose driven** (versus implementing a predetermined solution);
3.   The **unit of design is the co-production of care process**;
4.   The **primary content focus is on structure at the inter-organizational and relationship holder level**. This means that the design first and foremost addresses both
      o   the co-production of care structure (i.e. the task division among relationship holders);
      o   and the coordination structures (e.g. decision latitude at each level; workplace and corporate governance model);
5.   **Adaptiveness** (flexibility of the ecosystem in responding to what is described as an increasingly *Volatile, Uncertain, Complex and Ambiguous* environment) **is based on the structuring of work both at the intra- and inter-unit levels;**
6.   An **integral (systemic) approach**, wherein attention to what (re)design will mean/need in terms of HR, IT and architectural systems, culture and people is woven through out;
7.   The design process **meaningfully engages the "whole eco-system"** in partnership with specialized resources.

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[1] for more info see: Mohr, B.J. and van Amelsvoort, P., 2016. "Co-Creating Humane and Innovative Organizations: Evolutions in the Practice of Socio-technical System Design".

4   Structure and content of this book

We envision four parts to this book.

PART 1: The New Context for Healthcare

- What the world is calling for;
- The opportunity: what Integrated Care Ecosystems are and why they are relevant given what is being called for;
- What an STS Design perspective is and why it can be helpful in designing Integrated Care Ecosystems.

PART 2: The Creation and Functioning of Integrated Care Ecosystems

This part will contain case stories and analyses in three categories:

- **Category A**: case stories describing Integrated Care Ecosystems explicitly using STS Design theory and principles in their design/redesign;
- **Category B**: case stories describing Integrated Care Ecosystems using theories and principles from other design approaches in their design/redesign;
- **Category C**: case analyses, from an STS perspective, of how existing Integrated Care Ecosystems are functioning.

Each case story or analysis will be linked to short theoretical reflections, i.e. conceptual intermezzos composed of reflections on which STS principles and which design elements etc. were focused upon and what was learned.

PART 3: Research, Theory and Practice (with references to cases)

- Summary of research in this area;
- A conceptual framework for mobilization of Integrated Care Ecosystems based on STS Design theory and principles.

PART 4: Conclusions and Future Steps

5   Book Timeline Estimate

Date	Action
July 31, 2017	Submission of chapter abstracts
August 31, 2017	Response by editors to submitted abstracts
September 30, 2017	Selection of publisher
Sept. 15 – October 31, 2017*	*Calls with authors to build relationships and to create a shared frame for the book*
December 1, 2017	Submission of book chapters (1200 - 3000 words)
December 2 - January 31, 2017	Peer review (i.e. authors reviewing each others drafts and giving each other feedback)
March 1, 2018	Submission of revised book chapters – incorporating peer feedback
April 1, 2018	Draft book submission to publisher
May 1, 2018	Feedback from publisher to chapter authors and editors
June 1, 2018	Revisions by authors in response to publisher feedback
July 1, 2018	Final submission of book to publisher
September 1, 2018	Book publication

*Note: During this period we are hoping to bring chapter authors together, face to face where possible, and by Zoom/Skype where not possible. Our goal is to create not only a shared frame for this book so that chapters are as coherently integrated as possible, but to create a community of colleagues who will support each other in learning and co-developing together something new and meaningful. For that reason we also ask the authors to act as a reviewer in the peer review process.

6   Publisher

We are currently exploring publishers in the following categories:

- International management book publishers (e.g. Jossey-Bass, Berrett Kohler);
- Medical management book publishers; (e.eg. Jones and Bartlett Publishers)
- Academically based publishers (e.g. Leuven University Press, Elsevier)

7   What Next? – how to write a proposal/abstact

We need **a 250-500 word abstract** (summary) of your proposed chapter. This is what we will use to explore the "fit" with our book. Your abstract should be written to provide us a sense of both the content you are proposing and your writing style.

The abstract should include five pieces of information:

1) Author name(s), role, and contact information;
2) Proposed Title of the chapter;
3) An indication of which of the following categories your chapter would fall into:
   o **Category A**: case stories describing Integrated Care Ecosystems EXPLICITLY using STS theory and principles in their design/redesign;
   o **Category B**: case stories describing Integrated Care Ecosystems using other theories and principles in their design/redesign;
   o **Category C**: case analyses/evaluations, from an STS perspective, of how existing Integrated Care Ecosystems are functioning;
4) A comment on how the chapter speaks to:
   o the seven key characteristics of STS Design (as described in section 2.3)
   o and which design elements were primarily addressed;
5) An indication of how the chapter contributes to development of a conceptual framework for design of Integrated Care Ecosystems based on STS Design theory and principles

We have temporarily extended our deadline. Short Chapter Abstracts are Due July 31, 2017.
   Please submit chapter abstracts by sending them to both the editors:
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8   Information on the Editors

Bernard Mohr is past Dean of Complex Systems Change at NTL Institute for Applied Behavioral Science and adjunct faculty in organizational innovation at Concordia University. He works throughout the USA, Central America, the Caribbean, Western Europe, Canada and the Middle East on human centered innovation of professional service processes in health care, education and R&D, organization models and core production processes. Representative clients include Baystate Health, British Petroleum, Canadian Broadcasting Corp., Coca Cola, Exxon, GSK, Delhaize, LL Bean, Novartis, Tufts Medical Center, US Internal Revenue Service and the World Health Organization. He has authored/co-authored five books and numerous articles dealing with co-creating more humane and effective organizations. (https://www.linkedin.com/in/bernardjmohr/)

Ezra Dessers is an assistant professor at the Work and Organizational Change research group, which is part of the Centre for Sociological Research of the KU Leuven, Belgium. He is the project manager of CORTEXS, a 4-year, multidisciplinary and multi-method research project on integrated care in Belgium, where he also is involved in the scientific support of the Care Living Labs program. He is an editorial board member of the International Journal of Care Coordination. In 2014, he spent six months as a visiting researcher at the Saw Swee Hock School of Public Health of the National University of Singapore. Ezra has an extensive experience in research, consultancy and project management, in the field of workplace innovation, organizational design, inter-organizational networks and information technology. (http://www.linkedin.com/in/ezradessers)