

Appendix B: Result tables

Table 1: Multiple stakeholders' perspectives on the implementation of clinical integration

Item	Stakeholders' perspectives
Centrality of client needs	Policymakers, Managers, Providers and Patients/caregivers : All agree on the importance of the principle of patient-centred care.
	Policymakers and Managers : Necessity to overcome organisational barriers in order to focus on patient-centred care.
	Providers : Difficulties in balancing patient needs with services offered.
	Patients/caregivers : Services are not yet adapted to their individual needs.
Case management	Policymakers, Managers, Providers and Patients/caregivers : All agree on the importance of case management. Roles, duties and mandates of case managers are still poorly defined.
Patient education	Patients/caregivers : Expressed the need to be better prepared and informed.
Client satisfaction	Patients/caregivers : Little space to express satisfaction or dissatisfaction. Rarely solicited for this purpose.
Continuity	Policymakers, Managers and Providers : Merging organisations has improved the continuity of services. Fragmentation still exists due to complex rules of access to services.
	Patients/caregivers : Difficult patient transitions (home/hospital). Frequent turnover of main provider. Difficulties in reaching physicians.
Interaction between professional and client	Providers : Multiple administrative obligations reduce time they devote to patients.
	Patients/caregivers : Quality of interactions vary with individual providers.
Individual multidisciplinary care plan	Policymakers and Managers : Managerial use of data collected by clinical tools for accountability.
	Providers : Care plans are difficult to use, and often lack relevant information.
	Patients/caregivers : No knowledge of clinical tools.
Information provision to clients	Policymakers, Managers, Providers and Patients/caregivers : Information provided to clients focuses more on the local availability of services than on their individual needs. Several waiting lists for different types of service. Different access rules for various services. Sometimes difficult to understand the access rules. Poor transfer of information from provider to caregivers.
Service characteristics	Policymakers, Managers and Providers : Integrated health and social services, which vary according to the local resources available.
	Patients/caregivers : Services are not adapted to their needs.
Client participation	Policymakers, Managers and Providers : Important concept, but difficult to implement. Caregivers are expected to participate in care delivery, with less decision-making related to care.
	Patients/caregivers : Little clinical decision-making, except for those who have a care manager.
Population needs	Policymakers and Managers : Agree on the added value of the population-based approach, while highlighting the difficulties of operationalisation.
	Providers and Patients/caregivers : More focus on the needs of clients than on those of the population.

Self-management	<p>Providers: Believe they offer informal self-management support.</p> <p>Patients/caregivers: Believe they do not receive enough self-management support.</p>
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Table 2: Multiple stakeholders' perspectives on the implementation of professional integration

Item	Stakeholders' perspectives
Interprofessional education	<i>Little information overall.</i>
Shared vision between professionals	Policymakers, Managers and Providers: Multidisciplinary clinical tools facilitate a shared language between different providers. Little participation of physicians.
Agreements on interdisciplinary collaboration	Policymakers, Managers and Providers: Few formal agreements, especially with physicians. Longstanding integration of health and social services governance under the same ministry (since the 1960s). Multidisciplinary clinical tools may partially replace these agreements.
Multidisciplinary guidelines and protocols	Policymakers, Managers and Providers: Clinical tools are shared and accessible to several professionals. Used to collect managerial data. Too long and cumbersome.
Interprofessional governance	Policymakers, Managers and Providers: Service continuums (structural dimension) embody multilevel governance.
Interpersonal characteristics	Providers: Collaboration with physicians varies according to individuals and experiences.
Clinical leadership	Policymakers, Managers and Providers: Little clinical leadership. Impacts the clinical sense of the integrated care. Little provider engagement, especially with centralised governance.
Environmental awareness	Policymakers, Managers and Providers: Dominated by the sweeping health system reforms (administrative mergers). Little attention to social determinants of health, except for specific projects.
Value creation for the professional	Policymakers, Managers and Providers: Interdisciplinarity is an important concept. It remains a target for improvement.
Performance management	Policymakers, Managers and Providers: Performance is mostly measured in terms of volume of activities. A tiny portion of the collected data is actually analysed, and the results provided are delayed, which limits their use in correcting situations. Policymakers acknowledge that the quality of data provided to the ministry is sometimes questionable.
Creating interdependence between professionals	Policymakers, Managers and Providers: Recognition of comprehensiveness and complexity of patients requires interdependence between providers.

Table 3: Multiple stakeholders' perspectives on the implementation of organisational integration

Item	Stakeholders' perspectives
Value creation for organisation	Policy makers, Managers and Providers: Added value of vertical and horizontal integration in working around some administrative barriers (budgets, resources, etc.). Allow for better management of resources. All of this has a significant cost and a bureaucratic effect.
Interorganisational governance	Policy makers: Centralisation of decision-making (at the ministerial level) facilitates innovation and adaptation of innovations. Managers and Providers: Centralisation of decision-making leaves little room for innovation and adaptation of innovations.
Informal managerial network	<i>Not assessed.</i>
Interest management	Policy makers, Managers and Providers: The interests of the ministry precede those of other stakeholders. Media scandals or public outcry force the ministry to take other stakeholders' positions into account.
Performance management	Policy makers, Managers and Providers: Increase in the quantity and rate of feedback with an inability to process, interpret and make sense of all the data.
Population needs as binding agent	Policy makers, Managers and Providers: The system is currently more sensitive to outputs, i.e. individual needs (waiting list), than the population dimension (outcomes) of services.
Organisational features	Policy makers, Managers and Providers: Organisational boundaries are blurred due to mergers. Collaboration between the different healthcare units is not always smooth. Shared concern for collaboration with physicians (private clinics).
Interorganisational strategy	Policy makers, Managers and Providers: The strategic level is preoccupied by agreements with physicians, and the transfer of resources from the CISSS / CIUSSS to grouped medical clinics. Lack of clarity surrounding the sharing of these resources.
Managerial leadership	Policy makers, Managers and Providers: Vertical and centralised leadership, including within organisations. Powerful lever for change.
Learning organisations	<i>Not assessed.</i>
Location policy	Policy makers, Managers and Providers: The ministry promotes co-location of providers as a means of enhancing interprofessional collaborations.
Competency management	Policy makers and Managers: Loss of managerial skills with the reduction in the number of managers and little support and training offered to those who are in place. Providers: Distancing of management in the merged organisation. Providers experience difficulties in access to their managers.
Creating interdependence between organisations	Policy makers, Managers and Providers: Government promoted organisational mergers so as to promote the integration of services. Administrative interdependence has developed in public healthcare, but clinical interdependence still varies in the three cases.

Table 4: Multiple stakeholders' perspectives on the implementation of system integration

Item	Stakeholders' perspectives
Social value creation	Policymakers, Managers and Providers: There is dissonance between the public discourse and the means deployed.
Available resources	Policymakers, Managers and Providers: Are concerned by the lack of financial and human resources.
Population features	Policymakers, Managers and Providers: The characteristics of the territory (rural/urban) seem to be more important than those of the population in terms of how to meet the needs of users.
Stakeholder management	Policymakers and Managers: Concerns about partnerships with community organisations and private residences. Patients/caregivers: Referrals to community organisations are more common in urban than in rural areas.
Good governance	<i>Not assessed.</i>
Environmental climate	Policymakers, Managers and Providers: The ever-changing healthcare system creates a climate of concern about the real benefits of these reforms.

Table 5: Multiple stakeholders' perspectives on the implementation of functional integration

Item	Stakeholders' perspectives
Human resource management	Policymakers, Managers and Providers: Physicians are essential partners, but their autonomy makes it difficult to include them in the integrative project. Sharing resources with grouped medical practices is a step towards a better partnership.
Information management	Policymakers, Managers and Providers: A lot of data collected, but suboptimal use. Historical problem related to the presence of several unaligned information systems. Difficult access to public health information systems by providers working in private clinics.
Resource management	Policymakers, Managers and Providers: Mergers allow the sharing of several resources (human, material and financial) and increased administrative coherence. Resource management remains focused on the medical profession and centred on hospitals. No changes in the funding models.
Support systems and services	Managers: Merger allows the optimisation of certain services such as payroll and staffing positions.
Service management	Policymakers, Managers and Providers: Little variability of components of the model that were adequately supported (e.g. single phone number). Great variability of components of the model that were not adequately supported (e.g. case management).

Regular feedback of performance indicators	Policymakers, Managers and Providers: Mix-up between organisational performance and clinical performance. There seems to be no systematic feedback of clinical performance indicators by providers.
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Table 6: Multiple stakeholders' perspectives on the implementation of normative integration

Item	Stakeholders' perspectives
Collective attitude	Policymakers, Managers and Providers: Increased workload in an increasingly tight timeframe, with the same resources.
Sense of urgency	Policymakers, Managers and Providers: Senior healthcare is recognised as a top priority at the strategic, tactical and operational levels.
Reliable behaviour	Managers and Providers: Public organisations are unable to meet all the needs of patients. Partnerships are necessary with private organisations and families of patients.
Conflict management	<i>Not assessed.</i>
Visionary leadership	<i>Not assessed.</i>
Shared vision	Policymakers, Managers and Providers: The Government has a centralising vision of the healthcare system.
Quality features of the informal collaboration	<i>Not assessed.</i>
Linking cultures	Policymakers, Managers and Providers: Organisational cultures persist despite mergers.
Reputation	Policymakers and Managers: The Government favours organisational champions who adhere to its vision.
Transcending domain perceptions	Managers and Providers: There is still room to improve interorganisational and interprofessional collaborations.
Trust	Policymakers, Managers and Providers: Structural reforms shook up certain trust relationships because of changes in responsibilities and in the ways that things are done.