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## PRACTICE GUIDE

How can patient and caregiver  
needs be met by

# COLLABORATIVE GOVERNANCE?

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# FOREWORD

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## Four practice guides for Ontario Health Teams

Four practice guides were prepared for Ontario Health Teams (OHTs). The guides are relevant for any group of providers and organizations aiming to implement a connected health care system centred around patients, families and caregivers. Each of the four guides focuses on a different aspect of a more connected and better integrated approach to care and has a slightly different emphasis and target audience. The guides can be read independently but achieving the overall implementation of OHTs will require attention to all dimensions presented.

This is the fourth guide which focuses on governance. This guide outlines the internal and external changes that have to occur to create sustainable systems of connected care. The audience for this guide is organizational leadership and governors.

The first guide focuses on essential aspects of implementation. It outlines key activities that are necessary at the organizational and inter-organization levels and activities required of senior management across organizations in order to enable managers and providers to reorganize around patient and family/caregiver-centred care. The implementation of OHTs will not be successful unless organizations think differently about care and set parameters so that providers and managers realign their care to think across organizational lines to encompass the patient's journey. The primary audience for this guide is organizational leadership.

The second guide focuses on what it means for care to be centred around patients, families and caregivers and highlights 6 essential attributes of patient and family/caregiver-centred care. Two case vignettes are presented that characterize when a

care system is well organized around a patient, and when the care system is fragmented. Achieving the well-coordinated system is a common thread that runs through all of the guides with specific mention in 3. This guide is central to the overall focus of Ontario Health Teams and is relevant to all leaders, providers, patients and the public.

The third guide focuses on the activities of providers and managers that are necessary to achieve patient and family/caregiver-centred care. The activities are organized around the 6 attributes and specific vignettes are provided that demonstrate what providers and managers have to do to enable the well-organized system in contrast to the fragmented case. The audience for this guide is primarily providers and managers though it is relevant to senior leadership that need to create the context that enables providers and managers to focus on these new activities and to create the space and time required for change.

While there are many important aspects to implementing integrated care, this starter set provides a basis for understanding important new ways of working and fundamental shifts in collaboration across health and social care providers. Many more topics are important including population-based management, co-design, human resources and workforce transformation to name just a few. The most important guidance is to retain a focus on what is important to patients and caregivers; gather together the people you need to work with; agree to a common vision and principles that support your planning and implementation work; and build and support trusting relationships with all your team members. These essential ingredients, blended with courageous action, will accelerate your success.



## 4 PRACTICE GUIDE SUMMARY

### How can patient and caregiver needs be met by collaborative governance?

In this practice guide we describe how senior managers, clinical leaders and boards of directors can effectively collaborate with other organizations working together in an integrated model of care. We describe the “outward” and “inward” components of governance, and present collaborative governance as a strategy to enable good governance of integrated care.

#### What is the difference between outward and inward governance?

Outward governance refers to the governance decisions of an organization that influence how the organization relates to its environment. This includes performance reporting to funders, and also engagement of community members to ensure services actually meet community needs.

Inward governance refers to the governance decisions of an organization that influence how well the organization performs. This includes processes related to internal decision-making and risk management.

#### What is collaborative governance?

Collaborative governance is an approach to governance in areas where organizations need to work closely together in order to achieve their goals. Collaborative governance involves respecting the circumstances in which collaboration takes place, committing to face-to-face meetings to establish trust, and respecting a process that all parties agree upon for making collaborative decisions.

By responding to a series of questions informed by collaborative governance, organizations can orient their governance activities in a more collaborative way for more integrated care.

#### What are the 3 key takeaways?

1

Integrated care demands a new approach to governance, where organizations focus on collaborative governance that explicitly acknowledges the challenges and opportunities of governing multiple organizations under a single structure.

2

The most important consideration for establishing collaborative governance is the establishment of a shared vision that all collaborating members can support. This requires investing in face-to-face discussion and understanding the experiences and perspectives of collaborators with empathy.

3

Governance structures and processes are subject to a learning process just as much as the skills of clinical collaboration. It takes time to develop governance structures and processes that work well for integrated care, and boards of directors should enable their collaborators to implement more integrated approaches to service delivery while constantly revisiting governance over time.

# INTRODUCTION

## Why this is important

Experienced leaders know that good governance is an important foundation for high-performing organizations, especially in times of change. In an environment as complex as health care, governance becomes all the more important. How should government policies be interpreted when the tools used to deliver health care are evolving so rapidly? What kind of performance management approaches should organizations use when promoting innovation through collaboration? These are just two examples of the questions that help to define governance for integrated care, and will become important parts of the effort to help organizations develop strong and sustainable collaborations. Meaningful progress on integrated care requires a new approach to governance that emphasizes collaboration at the highest level. Figuring out how to establish such collaborative approaches to governance is the focus of this practice guide.

One important point to note at the outset is that governance for integrated care means the governance of collaborations, not the governance of individual organizations. Although organizations are involved, and governance decisions about integrated care will affect individual organizations, the challenge is to think about how to govern a group of organizations working together to deliver better care.

Governance is a slippery concept, and even a brief look into research on the topic will show a variety of definitions and best practices (Stoker, 1998; Rhodes, 1996). One point that is consistent across research on governance is that even in environments where regulation by government policy is strong (such as in health care), the role of individual organizations, organizational leaders, and boards of directors continues to become increasingly important (Tuohy, 2003).

This is because there is a broader, long-term shift underway toward increasing the role and responsibility of non-governmental organizations in the delivery of public services, which have historically been the responsibility of governments (Tuohy, 2003). Government of course still plays an important role, but the roles of organizations that are independently owned and operated such as health care delivery agencies are becoming increasingly important to the future of health care (Pyone, 2017).

In that spirit, the importance of governance in the effort to implement integrated care becomes clearer. Many boards of directors and organizational leaders will need to think differently about how they view concepts such as accountability and performance management in order to enable their staff and collaborators to achieve care that resonates with the “when things work well for Mrs. Lee” scenario. Good governance enables good management, and good management enables good care. In this practice guide, we outline why this is the case and describe the approach of “collaborative governance” that can best support the implementation of integrated care.

## How this relates to Ontario Health Teams

For the effort to develop Ontario Health Teams (OHTs), collaborative governance for integrated care means bringing organizations across the continuum of care together to think about a single vision and a shared governance structure that makes sense in Ontario’s health system. Each organization involved in an OHT will have its own longstanding governance structure, and that remains important. However, it is the ways in which leaders can bring organizations together to make decisions that matter for all those involved that will be most important. And that requires establishing an approach and a structure for how organizational leaders (e.g., senior management and boards

of directors) will make shared decisions related to issues such as sharing government funding, agreeing on strategic directions, and solving problems that affect more than one organization involved.

For the effort to build OHTs, face-to-face meetings between leaders from collaborating organizations will be an essential first step in the effort to build the trust on which collaborative governance so clearly depends. This is the primary way in which leaders can take meaningful steps toward building a shared vision that truly respects the histories and capabilities of each organization involved. In so doing, organizations can develop and agree upon a process for coming together to make decisions that can be respected by all parties. This process will help to protect the integrity of shared work and support a sustainable approach to collaborative governance for OHTs.

## INSIGHTS

### **What we know about governance in health care**

Governance refers to the agreements made among members of an organization or a collaborative group about decision-making, risk-taking, and financial responsibility (Klein et al., 2019). This definition focuses on the individual organizations that make up the health and social care system, which is an important starting point for a discussion on the governance of collaborations involving multiple organizations. In our case, this means health care delivery agencies that may span a broad continuum of health and social care, including community support services. We will refer to all of these agencies collectively as “health care delivery organizations”.

As the responsibilities of delivery agencies have grown in health care, governments have required more explicit accountability for performance (Addicott and Shortell, 2014). Performance reporting can simply be a matter of reporting the specific services that are delivered by a given organization to a funder, but this is increasingly shifting to reporting on the ability of organizations to meet certain quality standards (Porter, 2009). A second form of accountability is the accountability of health care organizations to the communities they serve. The growing trend of including patients and other community members more fully in governance processes represents this important development, and is a crucial component of governance for integrated care. We refer to these kinds of accountability as “outward governance”, indicating that they relate to the relationship between an organization and groups to which organizations are accountable outside of their boundaries.

A second important element of organizational governance relates to the general responsibility for the wellbeing of the organization. This means that there needs to be sufficient oversight related to the

development of strategy, the operational approach, and the financial responsibility that represent the organization's activities. This component of governance includes the development of strategic and performance management approaches related to collaborative care delivery. We refer to this kind of governance activity as “inward governance”, relating primarily to the activities of the organization in order to successfully deliver health services.

Governance represents both a structure and process that links an organization to the larger environment, responding to the needs of its community and building on the strengths if its stakeholders. Where organizations intend to develop formal collaborations for integrated care, they will need a new approach to governance that enables the group to achieve these important goals. In so doing, teams will establish both outward and inward approaches to governance in new ways. This new approach to governance will clarify the roles of the organizations involved, their relationships to one another, and how they will view both “outward” and “inward” governance responsibilities. The challenge is to apply the insights that have been

developed about organizational governance to the collaborative group. Here is where the notion of “collaborative governance” becomes central.

### **Collaborative governance and integrated care**

Research on the governance strategies used during the implementation of integrated care elsewhere in the world shows the challenges associated with governing integrated care. In the United States, a study of the governance strategies that emerged for Accountable Care Organizations (ACOs) found that clinicians were highly involved in the governance of the newly formed collaborative organizational structures, but that there was very little evidence of truly shared accountability across organizations that might be expected with a shared funding envelope (Addicott and Shortell, 2014). In a very different policy setting, research in Quebec has documented the multiple strategies and persistent challenges of developing meaningful collaboration between organizations in an environment where collaboration was “mandated” by policy (Rodriguez et al., 2007; Touati et al., 2019). These and other experiences internationally illustrate the importance of paying close attention to how approaches to organizational governance will need to evolve in order to promote the success and sustainability of new models of more collaborative approaches to integrated care.

## **What is the difference between outward and inward governance?**

### **1/ Outward governance**

The governance decisions that influence how an organization relates to its environment.

### **2/ Inward governance**

The governance decisions that influence how well the organization performs.

Collaborative governance is an idea that represents the efforts of organizations to work together when making decisions about how to implement programs that relate to the public interest (Ansell and Gash, 2008). Although much research on collaborative governance has focused on getting collaborations started, the approach also has much to say about sustaining ongoing collaborations that involve stakeholders both inside and outside of government. Table 1 provides an overview of collaborative governance and its relevance to implementing integrated care (see Ansell and Gash, 2008 for more information). This overview



of collaborative governance forms the foundation for the more specific guidance on governance for integrated care we provide next.

### **Making collaborative governance happen**

The work of establishing a new model of integrated care requires organizational leaders to come together to build a new governance structure that represents the collaboration of the contributing organizations. But there is no single best governance structure that can apply across all health care environments and many collaborative governance structures develop over time with the growth in knowledge and trust between partners. Thus seeking the “ideal governance approach” may actually pose barriers to progress.

Governance will evolve as the integrated model of care evolves. Having a clear, well-articulated and transparent process for developing and revisiting the governance model should be a primary focus. It is more important to have a process for coming together to build, discuss, and revise the governance structure than it is to get governance perfect on the first try. Establishing this process and identifying people to champion the process are the most important first steps. The process and structure of governance for integrated care will evolve over time.

Making collaborative governance work for integrated care requires close attention to detail and a relentless focus on relationships. We outline some questions in detail that can help to establish a collaborative governance approach for integrated care in Table 2. Board members and organizational leaders should reflect on these questions as they embark on the effort to establish new models of integrated care. After independently thinking through these questions, facilitated face-to-face group discussion will help to establish shared understanding. This shared understanding is a fundamental step in the effort to successfully establish new models of integrated care.

One point worth emphasizing at the outset is the importance of establishing a shared vision for what the emerging model of integrated care should look like. A shared vision relates not only to the principles that each partner will abide by when engaging in collaborative activity, but also the ultimate design of the integrated service that patients and caregivers will experience during health care encounters. A vision for the service includes a clear statement about which providers are involved, their lines of communication, and the ways in which patients will move through the model. Governance decisions will need to be made collaboratively related to each of these important points.

## **What is collaborative governance?**

**An approach to governance in areas where organizations need to work closely together in order to achieve their goals.**

### **It involves...**

**1/ Respecting the circumstances in which collaboration takes place**

**2/ Committing to face-to-face meetings to establish trust**

**3/ Respecting a process that all parties agree upon for making collaborative decisions.**

**Table 1/ The five collaborative governance dimensions for integrated care.**

(see Ansell and Gash, 2008 for more information)

## Dimension 1

### Starting conditions

The history of the relationships between organizations, and individuals representing those organizations, indicate the starting point for engaging in collaborative governance.

Positive relationships enable shared understanding, and less positive relationships must be improved before collaborative governance can proceed.

#### Sub-dimensions

##### 1/ Power/resource imbalances

Health care, like many public services, is characterized by complex histories of resource distribution to different sub-sectors (represented by different health care delivery organizations). Integrated Care initiatives have these imbalances in resource distribution at the starting point, and will need to acknowledge this history and address strategies to build trust and shared understanding.

##### 2/ Incentives to participate

Although it may be assumed that all organizations have an interest in providing the best possible care for populations, the

particular incentives to participate in a new model of integrated care will need to be made explicit. These incentives help to keep stakeholders committed to the collaborative governance process.

##### 3/ Preexisting history of antagonism or cooperation

Histories of antagonism can be difficult to acknowledge directly, but doing so can be an important first step in sharing assumptions and establishing mutual understandings. The past is an essential consideration when building collaborations, and will help to determine how organizations can be brought together successfully.

## Dimension 2

### Institutional design

The basic protocols and ground rules for the collaboration need to be established as a first priority, and these are considered the “institutional design” for collaborative governance. This includes determining which stakeholders will be included in the governance process.

## Dimension 3

### Facilitative leadership

A clearly defined leader or small group of individual leaders can emerge organically or may be assigned at the outset. A leader who is facilitating collaborative governance focuses on respecting the process of establishing and sustaining the collaboration, not on the interests of any given party.

## Dimension 4

### Collaborative process

Clear process is essential to collaborative governance, and relies on establishing trust and shared understanding.

This is grounded in face-to-face contact, and benefits from establishing intermediate goals that can demonstrate early successes.

#### Sub-dimensions

##### 1/ Face-to-face dialogue

Meeting in person will help build trust and clarify shared goals for collaboration in an integrated care initiative.

##### 2/ Trust-building

Particularly in situations where there is a preexisting history of antagonism, sufficient time needs to be budgeted to build trust across organizations (and across sectors of health and social care).

##### 3/ Commitment to the process

Where all stakeholders commit to the processes that characterize collaborative governance, all parties can be assured that they will have an appropriate voice in the eventual approach to governance agreed upon by the group.

##### 4/ Shared understanding

Although the common goal of improving the health of a population of people will be clear at the outset, achieving this goal is made up of a number of sub-goals. Gaining clarity on what those sub-goals are, and how each stakeholder will contribute to achieving them, are key activities for collaborative governance of integrated models of care.

##### 5/ Intermediate outcomes

Based on agreement over what the sub-goals of the collaborative group are, and how those goals will be achieved, the group can establish intermediate outcomes and commit timeframes to achievement. These outcomes help illustrate the progress made by the group, and make course corrections as necessary respecting the timeliness needed.

## Dimension 5

### Outcomes

The desired results of collaborative activity, in this case represented by enhanced outcomes for the population served by the model of integrated care.



**Table 2/ Guiding questions for a collaborative governance approach to integrated care**

(see Ansell and Gash, 2008 for more information)

## Establishing a process for collaborative governance

**Q1/ How will you decide which organizations get to participate in the collaboration? Is the full continuum of care represented?**

This might require unconventional thinking, as effective integrated models often include a broad spectrum of health and social services.

It will be important for all involved organizations to be committed to achieving some consensus, especially around a shared vision for the goals of the integrated model of care.

**Q2/ How will imbalances in resources be acknowledged and addressed?**

Smaller organizations are unlikely to have the human resources to devote to efforts such as quality improvement and advanced data analysis, or even governance development. They may also be under-resourced to deliver services. Acknowledging these differences is important to building trust, and to addressing challenges that might be important in the delivery of more integrated care.

**Q3/ How will you decide which organization takes on which responsibilities in the collaboration?**

There are a number of things to consider when making this decision, including the past performance of an organization, the circumstance of its past performance, and its plan to develop in the future.

These decisions will also require a clearly understood starting point for which services will be offered in the integrated model of care. Importantly, there needs to be a provision to address governance for services that may evolve over time.

**Q4/ How will you decide the reporting relationships between organizations involved in the integrated model of care?**

Clearly defined roles and responsibilities include well-defined accountability relationships. What exactly is each organization responsible to accomplish, and how will they be held accountable?

**Q5/ What goals will frame the collaboration? How do these relate to a shared vision?**

Establishing a shared vision about the activities of the integrated model of care is essential to guiding management activity.

Goals should include both short-term realistic goals and more aspirational long-term goals. Being able to demonstrate “quick wins” is an important part of motivating collaborating organizations to commit and remain committed. Governance needs to address the continuing health of collaboration.

**Q6/ How do you ensure strong representation of clinical groups in leadership and governance?**

The close involvement of health and social care provider representation in governance decisions is essential for broad clinician buy-in. Clinicians represent the expertise of health care delivery that can support new models of integrated care in achieving excellence in services.

**Q7/ How will patient and caregiver engagement be built into governance decision-making?**

Patient and caregiver engagement is an essential element of more integrated models of care, and

many successful integrated care initiatives have the direct input of patients and other community members in board-level decision-making processes. Determining a strategy for continuously engaging patients and other community representatives in decision-making for the integrated model of care, and how that input will relate to the collaborative governance approach, will be essential.

## Making “inward governance” decisions

### **Q1/ Which management and administrative roles from the collaborating organizations will be involved in determining the approach to managing the integrated model of care?**

Managers will serve important roles related to supporting a collaborative approach to care delivery, maintaining interest from collaborating members, and solving conflict where it arises. These expectations need to be clearly stated in their job expectations.

### **Q2/ How will decisions related to branding be made?**

A brand should reflect the shared vision of the collaborating organizations, and will be important for promoting the integrated program as a whole.

### **Q3/ How will decisions about information technology and information sharing be made?**

Digital tools are increasingly important to the delivery of integrated care, and information sharing within the boundaries of personal privacy and data security is central to a progressive service collaboration. Specific governance and security protocols approved at the governance level need to identify how health care providers are able to

access information documented by collaborating organizations.

### **Q4/ How will risks encountered in the process of providing effective care be managed?**

Serving people with complex needs requires creativity and a willingness to solve problems. This means that providers and organizations will need to take reasonable risks related to interventions that can meet individual needs. An example would be putting risk mitigation strategies in place in order to support an early discharge from hospital. Having a strategy in place to support decision-making and account for those acceptable risks will be an important component of the governance strategy.

### **Q5/ How will conflicts be resolved?**

Conflict may occur between organizations, between providers, or at the level of patient encounters. A general approach to resolving these conflicts should be agreed upon in advance and will require transparency to be meaningful within the collaborative context.

### **Q6/ Who will be responsible for ensuring the financial responsibility and viability of the collaborative activities?**

The organizations involved will need to commit time and energy to getting the integrated model of care fully operational, which will require various and significant amounts of in-kind contributions. These start-up costs and efforts are important investments for the integrated model of care, and will need to be fully accounted for when thinking about the management and sharing of costs.

Financial management of a collaborative group requires unique skills and an open approach to the governance of fiscal responsibility. An acceptable approach will depend on extensive trust-building between key people at the collaborating organizations.

## Making “outward governance” decisions

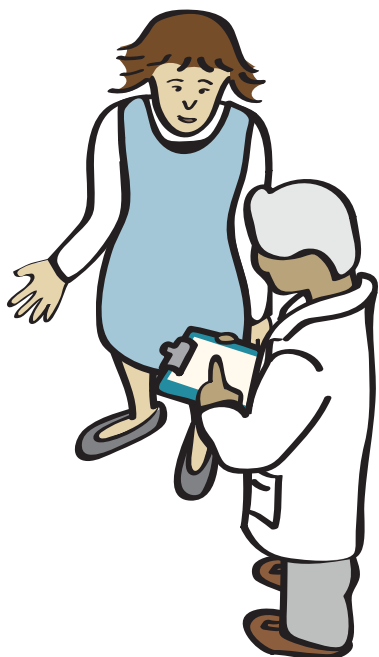
### **Q1/ Which metrics will determine the quality of the performance of the integrated model of care?**

Certain metrics will be decided by government oversight, but others will be determined by the organizations involved. Deciding who is responsible for measuring and monitoring these metrics is an important component of governance.

An important element of governance responsibility includes making meaningful information available to the broader public community.

### **How will you know if this is working well?**

Collaborative governance is a challenge, particularly in industries as complex as health care. However, there are ways to gauge progress in achieving a collaborative approach to governance, and we present a working start in the exercise “Is it working well?” at the end of this guide.





## Three key takeaways

1



Integrated care demands a new approach to governance, where organizations focus on collaborative governance that explicitly acknowledges the challenges and opportunities of governing multiple organizations under a single structure.

2



The most important consideration for establishing collaborative governance is the establishment of a shared vision that all collaborating members can support. This requires investing in face-to-face discussion and understanding the experiences and perspectives of collaborators with empathy.

3



Governance structures and processes are subject to a learning process just as much as the skills of clinical collaboration. It takes time to develop governance structures and processes that work well for integrated care, and boards of directors should enable their collaborators to implement more integrated approaches to service delivery while constantly revisiting governance over time.

## EXERCISE: IS IT WORKING WELL?

Rate how well your organization is doing on the following dimensions of collaborative governance [1 represents poorer performance and 5 represents better performance]. Responses should serve as an opportunity for reflection and improvement in governance processes. After completing your response on each item, choose one area of focus and establish a plan for making improvements with leaders from collaborating organizations. Once satisfied with your progress, select another item, and repeat.

**1/** We have a clear understanding of how each stakeholder group views the effort to collaborate in an integrated model of care.

Not well ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very well

**2/** We have discussed together any challenges perceived by each stakeholder group.

Not well ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very well

**3/** We have face-to-face meetings regularly occurring throughout the course of a year.

Not well ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very well

**4/** We have principles or guidelines in place to protect the integrity of the collaborative process.

Not well ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very well

**5/** We have a clearly identified leader or leaders who are responsible for the collaborative process, over and above their responsibility to their own organizational goals.

Not well ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very well

**6/** All members of the collaborative group understand the goals of the integrated model of care.

Not well ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very well

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## NOTES

Use the space below to capture your thoughts and reflections.

