

From Independence to Collaboration: the changing nature of healthcare organisations and how we study them

005 BP CHALLENGES IMPLEMENTING AN INNOVATIVE COLLABORATIVE MODEL TO IMPROVE HIV LINKAGE AND RETENTION IN NEW YORK STATE

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A New York statewide initiative attempted to substantially expand the Institute for Healthcare Improvement's Quality Improvement Collaborative (QIC) approach. Rather than only focusing on organisation-level services improvements, this QIC aimed to engage HIV services organisations to develop systems-level strategies to improve rates of linkage to and retention in care for individuals with HIV. This population-level orientation asked organisations to develop new frameworks and skills to interpret and act within their health geography. Using interviews and focus groups with participants, and observations and documents review of meetings and site visits, we explore how the initiative operated, and to what extent its techniques shifted agencies' perceptions and activities. We found organisations having difficulties using QIC tools to re-frame healthcare as a collective problem, to be collectively addressed. This hinged on the challenge of linking up intra- and inter-organizational interests and practices. We reflect upon this, along with describing one project that resulted from the initiative which appears to have achieved the systems-level goal. Turning towards literature on organizational collaborative processes, we offer ideas for refining the model's strategies to achieve broader systems-level impacts.