



POLICY BRIEF

# Governance – for successful integrated healthcare and care with distance spanning solutions



Nordic Council  
of Ministers



region  
västerbotten



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# Executive summary

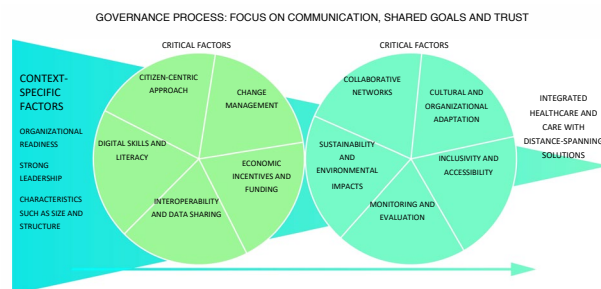
When healthcare and care services move into people's own homes, new service designs and new service models are necessary to support this transformation. Distance spanning solutions will increase the quality of services and the service levels. Experiences from the Nordic countries offer valuable insights into how local and regional authorities can collaborate to develop integrated healthcare and care services with distance spanning solutions.

Integrated health care and care with distance spanning solutions refers to services that local and regional healthcare and care providers offer to their citizens and that, through digital support, move the point where healthcare and care are provided into or as close to the home as possible.

Important future opportunities lie in utilizing governance both as an analytical tool and an approach to practical problem-solving. This helps describe and understand the processes that regions or municipalities providing integrated healthcare and care with distance spanning solutions go through. In practical problem-solving, governance and its core components offer guidance for managing networked organizations that operate across administrative levels and face problems such as siloed organizations.

This policy brief is backed by a document analysis and analyses of survey responses and interviews with key informants. The rich materials concerned 45 diverse regions and municipalities that participated in two Nordic projects during 2018-2024. Governance is recognized as crucial to the functioning of integrated healthcare and care with distance spanning solutions. However, governance functions differently in diverse locations, with variation in how its core components – communication, shared goals and trust – interact in the implementation processes of these solutions. One size doesn't fit all – governance meets its limitations on the practical level, so it needs to deal with the local context. There can be major variation according to size and structure of the locations even within one country. On the other hand, a key factor is capacity to implement change. For this, organizational readiness and strong leadership are needed.

The analyses behind this policy brief showed clearly that the core components of governance can work and have worked to shape and support the design and implementation of integrated healthcare and care with distance spanning solutions. However, governance is necessary but not sufficient alone – the context-specific factors such as organizational readiness and strong leadership are vital for continued successful operationalization of governance. In addition to these elements, several other critical factors play a role in the process.



**Figure 4.** Prerequisites for and essential elements of the governance process of integrated healthcare and care with distance spanning solutions.

# Key messages

- 1** By focusing on the three governance components – how to facilitate communication and knowledge sharing; how to establish shared goals, and how to establish and/or increase trust – local and regional authorities can improve the implementation and integration of distance spanning solutions.
- 2** Governance is necessary but not sufficient alone – the context-specific factors such as organizational readiness and leadership as well as other organizational characteristics must be taken into account as the starting point and also along the way. There can be major variation according to size and structure of the locations even within one country. A key factor is capacity to implement change; especially for this, organizational readiness and strong leadership are needed.
- 3** Other critical factors also play an essential role. These comprise diverse factors such as inclusivity and accessibility, monitoring and evaluation, and – to an increasing degree – sustainability and environmental impacts. The relation of those factors to each of the core components of governance should be considered.
- 4** Governance, its core components and organizational readiness and leadership resonate with the key messages of the entire iHAC project. It is necessary to *embrace the digital – show visionary, collaborative leadership to integrate healthcare and care services; network, come together and collaborate*, and identify how *integrated healthcare and care, supported by distance spanning solutions, delivers to the global agendas. The time to act is now (well, it was actually yesterday).*

# New service models for healthcare and care in the digital age

When healthcare and care services move into people's own homes, new service designs and new service models are necessary to support this transformation. Distance spanning solutions will increase the quality of services and the service levels. But how can system structures be organized to secure new integrated healthcare and care service models? Experiences from the Nordic countries offer valuable insights into how local and regional authorities can jointly develop integrated digital healthcare and care services.

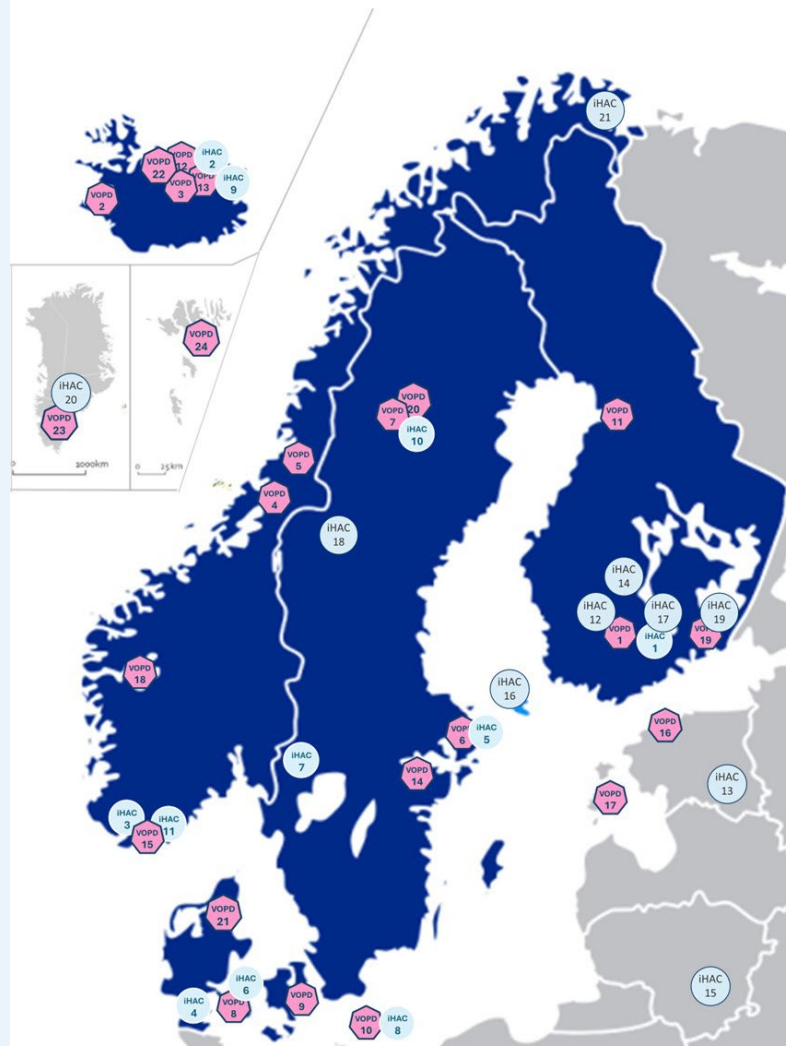
Integrated health care and care with distance spanning solutions refers to services that local and regional healthcare and care providers offer to their citizens and that, through digital support, move the point where healthcare and care are provided into or as close to the home as possible [1]. Distance spanning solutions cover a wide sphere of diverse solutions. Distance spanning solutions may be divided into (a) distance treatment, (b) distance monitoring, (c) distance meetings and (d) new digital services for healthcare and care (finding innovative new solutions) [1]. Such solutions can also be referred to as digital health solutions, welfare technology, eHealth, telemedicine, or digital health initiatives. In addition to the wide sphere of such solutions, current and potential users can be very diverse, representing different age groups, conditions and needs for healthcare and care.

The Nordic region has set the aim of becoming the world's most sustainable and integrated region by 2030. An important part of implementing this ambitious vision is contributing to good, equal and secure health and welfare for all as well as working to involve everyone living in the Nordic region in digital developments. The vision emphasises that good health and welfare are fundamental to people's ability to reach their full potential and contribute to societal development. This policy brief focuses on integrated healthcare and care with distance spanning solutions that – when skilfully implemented – can serve the realisation of the Nordic vision, for example, by improving access to healthcare and care services, involving people in digital developments and facilitating creation of new high-quality service models.

The policy brief is based on the results gained in two Nordic projects, Healthcare and care throughout distance spanning solutions (VOPD, 2018-2021) and Integrated Healthcare and Care through distance spanning solutions (iHAC, 2021-2024) – for example, in five Nordic model regions in Denmark, Finland, Iceland, Norway and Sweden of collaboration within the healthcare and care sector. These projects focused on the implementation of services and organisation of cross-sectoral collaboration to achieve integrated digital healthcare and care provisions. The projects reached a large number of regions, clusters of municipalities, municipalities and diverse stakeholders. Altogether 45 regions or municipalities implemented their own projects within the framework of VOPD and iHAC.

Through document analysis, a survey and interviews with key informants, this policy brief aims to provide comprehensive recommendations for policymakers at Nordic, national, regional, and local levels to successfully integrate healthcare and care services with distance spanning solutions that are easily accessible for citizens. The primary target group includes policymakers in Nordic regions and clusters of municipalities collaborating with regions, while the secondary target group encompasses national-level policymakers, ministries, and other authorities in Nordic countries.

The policy brief is particularly focused on the governance-related iHAC project. It is focused on Nordic countries because all the underlying project work was conducted there. However, the topic is relevant to other countries and regions, as the health and well-being of citizens and high-quality healthcare and care services are important issues in all countries.



# Governance is key for integrated healthcare and care

The healthcare and care sector is characterized by complex cross-sectoral problem solving and high demands for coordination and cooperation. This dynamic has been fruitfully analysed by researchers using governance-related terms and literature. **Governance offers a framework for managing the complexities of the organization and adoption of integrated healthcare and care and related distance spanning solutions [2].**

Governance has been approached in different ways in research (e.g., [3]). The concise approach of Røiseland and Vabo [2] leverages **three core components—communication, shared goals, and trust—that are reflective of how stakeholders in healthcare and care perceive and address their challenges**. This policy brief and the underlying data collection and analysis are anchored in Røiseland and Vabo's [2] theoretical framework on governance (see [4]).

Governing consists of two things: making decisions and following through on these decisions. Governing is thus about affecting and changing society in a conscious and thought-out manner. The word "governance" itself is defined as "the actions or manner of governing" ([2], p. 17). Despite this seemingly simple definition, when one looks at how governance has been used in practice and described in the literature, there are many definitions to choose from. Røiseland and Vabo ([2], p. 21) defined governance as "the non-hierarchical process whereby public and/or private actors and resources are coordinated and given a common direction and meaning". Governance, thus defined, is non-hierarchical – as opposed to traditional bureaucratic steering, and oriented towards cooperation – as opposed to New Public Management.

**Governance is both an analytical tool and a distinct approach to problem-solving.** As an analytical tool, the governance framework may help us take or understand the perspective of autonomous actors, such as healthcare and care actors, put in a situation where they need to work together, as it can help describe and understand the processes parties go through – how their goals are formulated, negotiated, and possibly achieved, and why there are challenges. As a practical approach to problem-solving, governance is relevant when integrated healthcare and care solutions, such as distance spanning solutions, are to be implemented across administrative levels. Hierarchical management models are not necessarily suitable in such situations. Governance as a practical approach is also relevant in situations where steering is hampered by problems such as fragmentation and siloed organizations.

## Building blocks of governance

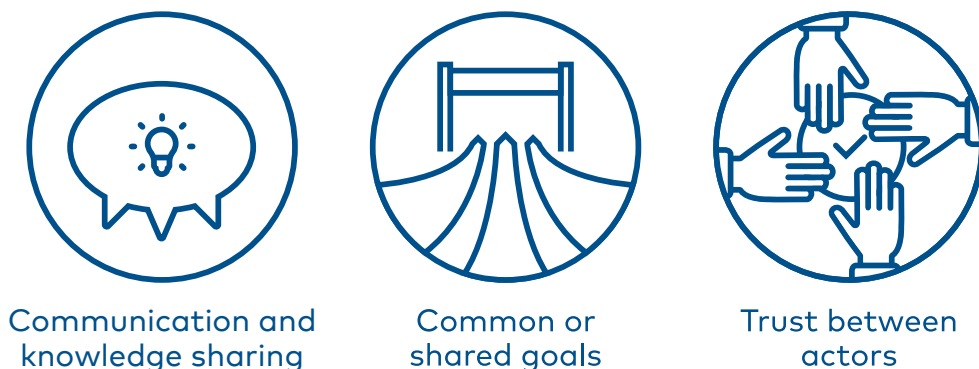
There are three specific characteristics that lie within Røiseland and Vabo's [2] definition of governance:

- **Mutual dependency:** Participants are mutually dependent on each other to achieve goals that cannot be realized independently.
- **Agreements:** Due to the reliance on mutual dependency, governance requires agreements to be made through discussion and consensus. It is vital that the "governance of governance" is based on incentives, soft control, and leadership, instead of the tools that are traditionally used in the public domains (i.e., laws and rules)
- **Goal oriented:** Governance is about following through on decisions and achieving set objectives. As such, governance also involves the basic processes of an organization, and the shared goals and strategies must be planned and the activities coordinated.

Governance addresses three distinct components [2] (Figure 1):

- **Communication and knowledge sharing:** Effective communication and knowledge sharing are crucial. Governance relies on leadership and creating channels through which knowledge and information can be developed and exchanged, helping actors understand the issues and align their efforts.
- **Common or shared goals:** Aligning the diverse goals of various actors is vital. Governance helps in forming shared objectives that guide the cooperation, ensuring that all participants are working toward a common purpose.
- **Trust between actors:** Trust is fundamental in governance, especially in the absence of hierarchical control. It reduces transaction costs, consolidates cooperation, and enhances the effectiveness of collective efforts.

## Three components of governance



**Figure 1.** Governance components (source: [4]).



## Strengths and weaknesses of governance

**The strength of governance lies in its democratic nature and its ability to adapt to complex societal needs by involving multiple perspectives.**

It fills the gap left by traditional public administration and New Public Management, which may not be as effective in addressing the intricate problems of modern societies. However, governance also has weaknesses, particularly in conflict-laden situations where power dynamics can hinder cooperation. Moreover, the lack of clear democratic guidelines in governance can sometimes pose challenges. Vik and Hjelseth [5] are critical towards governance because they believe it is unrealistic, and that the current health system is characterized by differentiation. The final critique is that governance doesn't necessarily include all actors that should be included, and this lack of inclusion can also be viewed as a democratic issue [2].

All in all, governance quality affects the environment within which healthcare and care systems operate, and **good governance is increasingly recognised as crucial** to the functioning of those systems [6]. Schulmann and her colleagues [3] however emphasized that how governance is operationalised—**how it functions in practice—and how its various aspects interact with complex processes involved in the implementation of systems' reforms** specifically, have barely been investigated. Integration of healthcare and care and introduction and use of distance spanning solutions are reforms where it is necessary to better understand the role of governance in practice. This policy brief contributes to this with an investigation of how components of governance [2] have worked – or could work – to shape and support the design and implementation of integrated healthcare and care with distance spanning solutions.

# Integrated healthcare and care with distance spanning solutions in forerunning Nordic regions

Within the iHAC project, five Nordic regions were selected as model regions [4]. They have in common service models based on working in an integrated way in health care and care with the support of digital services and distance spanning solutions. The regions have developed their systems to secure integrated healthcare and care services.

## Success factors of five model regions

The five regions have different characteristics in, for example, how the regional networks are established and how each region has been striving for more integrated healthcare and care. The regions are examples of how system structures can be organized to ensure new integrated healthcare and care services. All regions have advanced the governance components – communication and knowledge sharing, shared goals and trust – that strongly contribute to better collaboration between service levels and adoption of distance spanning solutions. The regions identified their success factors as follows (Table 1, adapted from [4]).

**Table 1. The success factors identified by the five model regions (source: adapted from [4])**

Region	Main success factors
<b>Telemedicine wound assessment platform, Denmark</b>	<ul style="list-style-type: none"> <li>• Cross-sectoral collaboration thinking; optimizing trust between municipalities, region and other participants by forming joint clusters and user groups</li> <li>• A quadruple helix model (the citizen, primary care, secondary care, and educational institutions) of involving all parties around the patient</li> <li>• Communication to citizens and health professionals about the 'Big why' – Why are we implementing the service, what are the benefits from it?</li> <li>• User-centred design and development</li> <li>• High focus on management's role in organizational anchoring and clear communication; culture, workflows and competence development among professionals, and citizens' trust, empowerment, independence and improved quality of life</li> <li>• Overcoming 'techno fatigue' while disassembling excessive respect for technology</li> </ul>
<b>Technology supporting care and living at home, Finland</b>	<ul style="list-style-type: none"> <li>• Customer focus approach</li> <li>• Increased knowledge of data-driven decision-making, interoperability and standardization</li> <li>• Recognizing different actors' roles early on and building new service models by looking at the technology lifecycle through all roles simultaneously</li> <li>• Spreading the message that technologies can be used side by side with traditional care, as a support to customer empowerment</li> <li>• Establishing trust by involving stakeholders in tailored workshops and communication using online discussion fora</li> </ul>

Region	Main success factors
<b>Fjallabyggð: a cooperation agreement for innovation and development, Iceland</b>	<ul style="list-style-type: none"> <li>• Highlighting benefits of sharing data between healthcare and care: making care more holistic and improving care quality</li> <li>• Breaking silos and offering preventive services</li> <li>• Recommendations: Start – don't wait. Anchor with management. Anchor with employees.</li> </ul>
<b>Regional Coordination Group (RCG) for e-health and welfare technology in Agder, Norway</b>	<ul style="list-style-type: none"> <li>• Creating a common framework and governance for all municipalities and the region</li> <li>• Anchoring on both strategic and operational levels to ensure ownership; continuous communication about the vision and goals of the network</li> <li>• Constant focus on value for all parts of the network, not only for one silo; understanding common needs and challenges</li> <li>• Being ready for change and open for iterative processes to build, test and learn from new services</li> <li>• Creating recurring arenas for employees to meet, share knowledge and get inspiration</li> <li>• Improving communication and technology competences (also of citizens) while emphasizing people's own responsibility in developing competences</li> <li>• Putting the patient first</li> <li>• Common procurement and implementation via innovation partnership</li> </ul>
<b>Tiohundra – a health and care chain for citizens in Norrtälje, Sweden</b>	<ul style="list-style-type: none"> <li>• Be brave. Keep your head clear even though you do not know what the next step is. Ensure that the processes are clear and that there is a common agreement about where to go and what the goal is. Be humble and learn from others at all levels – both the success stories but also the not so good experiences.</li> <li>• Be communicative. Be open and communicate to all by motivating, engaging and be honest in everything you do. Ensure to share goals even though the steps to get there not always are known.</li> <li>• Participation. Make sure to understand the needs by all interested parties – patients, employees and loved ones. Involve all necessary interested parties and co-create ideas, challenges and problem solving together. Cooperate by sitting together around a table and share.</li> <li>• Investigate what others have done and learn. Measure the effects and communicate them. Create small iterative projects, and design, build and test in short incremental circles. Based on insights, bring forward the good solutions and make them into guidelines and processes for others to use.</li> </ul>

## Ten critical categories – learnings from iHAC project work

The five model regions' success factors are well in line with the experiences gained during the iHAC project. Twenty-one regions participated in iHAC. This policy brief summarizes also findings and conclusions of the comprehensive work conducted within the iHAC projects. They provide important learnings for future governance – development and implementation – of integrated healthcare and care with distance spanning solutions. In particular, ten critical categories were discerned, as follows. They are all relevant for the core components of governance – communication, shared goals and trust – albeit at partly different levels (Figure 2). The categories are also interlinked.

The ten critical categories reflect the complex processes in implementing reforms such as integrated healthcare and care with distance spanning solutions. They interact with aspects of governance. Sustainability and environmental impacts were a new topic in iHAC, and interest in this important topic is rising.

- **Citizen-centric approach:** Prioritize the needs and perspectives of citizens, ensuring distance spanning solutions are designed with end-users in mind and involve them in the co-creation process.
- **Change management:** Activate strong leadership and effective change management to support the digital transformation of healthcare and care services, fostering a culture of innovation.
- **Economic incentives and funding:** Implement economic models and secure long-term financial resources to support and sustain distance spanning solution initiatives, ensuring their viability and success.
- **Interoperability and data sharing:** Develop interoperable systems for seamless data sharing across healthcare and care service platforms, addressing regulatory and technical challenges.
- **Digital skills and literacy:** Enhance digital literacy and skills among healthcare and care services professionals and citizens through continuous education and training programs, ensuring effective utilization of distance spanning solutions.
- **Collaborative networks:** Foster collaboration between municipalities, regions, and stakeholders to create integrated healthcare and care service networks, aligning policies at all governance levels.
- **Cultural and organizational adaptation:** Recognize and address cultural resistance to distance spanning solutions by engaging healthcare and care service professionals and stakeholders early in the implementation process.
- **Inclusivity and accessibility:** Ensure distance spanning solutions are inclusive and accessible to all citizens, particularly in remote and rural areas, and provide alternatives for those facing challenges with digital tools.



**Figure 2.** Ten critical categories and the core components of governance.



- **Monitoring and evaluation:** Implement continuous monitoring and evaluation mechanisms to assess the impact, efficiency, and areas for improvement of distance spanning solution initiatives.
- **Sustainability and environmental impacts:** Ensure distance spanning solution initiatives contribute to sustainable development goals, reducing transportation needs and promoting equitable access to healthcare and care services.

By addressing these categories, policymakers can contribute to a robust framework for integrating healthcare and care services with distance spanning solutions, ensuring they are accessible, effective, and sustainable for citizens.

## Participants' recommendations on governance components

To further synthesize the learnings from participating in the Nordic projects, iHAC participants responded to a survey in 2024 and shared their key recommendations to policy makers as guidance to successful integrated healthcare and care with distance spanning solutions. They shared their recommendations on:

- how to facilitate **communication and knowledge sharing**
- how to establish **shared goals**
- how to establish and/or increase **trust**

The survey was sent to the iHAC projects (i.e., regions and municipalities participating in iHAC; 12 respondents), iHAC working group (national authorities; 8 respondents), and iHAC steering committee (ministries, 2 respondents).

The most often mentioned key elements in facilitating communication, shared goals and trust – each of these governance components – were related to networking, stakeholder engagement, (appropriate) channels for information exchange, digital literacy and competence as well as shared ownership (Figure 3). The respondents representing iHAC projects, iHAC working group and iHAC steering committee were along the same lines in their responses, also across the governance components. The similar responses show the challenge in straightforward operationalisation of the three core components of the governance framework. They also make visible the interlinked processes involved in the implementation of successful integrated healthcare and care with distance spanning solutions.



Figure 3. Key elements in facilitating communication, shared goals and trust.

- In **networking**, the respondents emphasized facilitating dialogue between participants and groups, organizing workshops and meetings, both online and eye-to-eye, and collaborating in projects. Study visits and innovation and technology fairs were also seen as good venues. Discussions should be open and informal, and working together is important to get to know each other to build trust.

- In **stakeholder engagement**, regular meetings with key stakeholders were again emphasized. Common goals must be discussed. Consultants could be engaged for support, and involvement of stakeholders should include all users. It is vital to invest in dedicated and competent participants in development projects. Stakeholders can be involved in prioritization, too.
- In **channels for information exchange**, the respondents suggested different channels – lectures, presentations, seminars and webinars, newsletters and other publications, creating a common online website, well-organized websites, and publishing results in different media. Timeliness of information is important.
- In **digital literacy and competence**, formal education and competence development, updates on research in the area, educating both staff and users, involving the right competences, and digital literacy among evaluators were brought up.
- In **shared ownership**, developing and supporting a common language, shared technology or services and administrations (in a concrete sense), common understanding of needs and challenges, prioritizing goals together, identifying desired effects, anchoring on all levels, definition of common problem areas, cultural differences, similarities and successes, agreeing on common cooperation model and common language, cultural exchange, shared values, collaboration in implementation and follow-ups, openness and transparency, follow up on co-created initiatives and establishing a common guide of conduct were brought up.

## Success and prerequisites of governance

### Success of governance

In addition to the survey, five interviews were conducted among managers representing Nordic regions and municipalities in 2024. The respondents shared their views and experiences on, for example, management and coordination as well as governance. Their organizations have different kinds of distance spanning solutions in use. The interview results were analysed with the help of the governance framework of Røiseland and Vabo [2] to find out how well the practices in each country's locality in question align with the framework and identify any aspects that do not fit within this framework. These results cannot be used to draw conclusions at the country level, but they make visible important factors that lie behind practical operationalization of governance and its success. Examples are presented in the following.

### Communication and knowledge sharing

Examples from the interviews:



There is an emphasis on communication through management teams and multiple channels to reach different professional groups. The use of a digital-first principle and the focus on internal communication align well with the governance framework.



Regular cross-municipality collaboration meetings and frequent dialogues with technology suppliers illustrate the importance of communication in governance. However, there is a challenge with employees being swamped by daily work, making it difficult to stay updated, which hampers effective communication.



The importance of a good atmosphere, workshops, and regular evaluations of collaboration is highlighted. This aspect is strongly related to governance's emphasis on communication.



Digi-mentors are used to share knowledge and support staff in implementing digital solutions, which aligns well with the governance framework's emphasis on communication. This approach helps in bridging knowledge gaps and sharing experiences.



Regular meetings, social interactions, and maintaining human-to-human contact to build trust in digital solutions are seen as crucial. This approach supports the governance component of communication.

To summarize, all countries' locations demonstrate a strong commitment to communication and knowledge sharing, which fits well with the governance framework. There is a clear emphasis on facilitating dialogue, involving multiple stakeholders, and maintaining open lines of communication.

### Shared goals

Examples from the interviews:



The emphasis on management teams working closely together to implement long-term strategic plans shows an effort to establish shared goals. However, the challenge lies in compartmentalization and aligning goals across different financial systems.



The importance of shared goals is demonstrated through a unified understanding of investment strategies. This focus helps ensure that efforts are directed toward achieving sustainable healthcare and care services, fitting well within the governance framework.



Shared goals are successfully created by putting financial differences aside and focusing on the patient's benefit. This approach promotes collaboration and ensures that various stakeholders work toward common objectives.



Shared goals are ensured through digi-mentors who provide training and facilitate collaboration among professionals. There is a strong emphasis on implementing common strategies and IT architecture, showing alignment with the governance framework.



Shared goals are strived for by involving multiple stakeholders, but there are challenges with scaling up from pilot projects to broader implementation. The emphasis on meeting across sectors reflects efforts toward establishing shared goals.

To summarize, while all countries' locations demonstrate efforts to establish shared goals, there were some challenges, such as compartmentalization and scaling up, related to the governance framework. Overall, however, the shared goals aspect is well integrated.

## Trust between actors

Examples from the interviews:



Trust is built by encouraging work units to experiment and take ownership of solutions. However, economic challenges sometimes push the system back into control-focused management, which can undermine trust.



Trust is fostered through clear communication from leadership and ensuring employees understand the overall strategy. The strong emphasis on collaborative decision-making aligns well with the governance framework.



The approach of focusing on collaboration before financial incentives builds a culture of trust. By valuing patient benefits first, the Danish region has managed to develop mutual trust among stakeholders.



The use of digi-mentors and the emphasis on staff development demonstrate a trust in staff members to take ownership and develop their competencies. This approach reinforces trust within the organization.



The importance of personal interactions and meeting across sectors to build trust is highlighted. However, there is some skepticism from healthcare and care professionals, stemming from early negative experiences with technology. This issue suggests challenges in building trust.

To summarize, trust is a recurring theme in all countries' locations, with varying degrees of success. In some locations, there are clear strategies to build trust, while other locations face challenges that require ongoing attention.

Strengths within the governance framework included most locations showcasing efforts to align with the governance thinking, with strong emphasis on communication, shared goals, and trust. The analysis also showed strengths in cross-sectoral collaboration; many locations are moving toward a non-hierarchical approach, encouraging collaboration among different actors, which aligns with governance's emphasis on non-hierarchical processes. Certain aspects, such as compartmentalization, economic control, and difficulties in scaling, indicate remnants of more traditional hierarchical approaches or bureaucratic management styles. These elements are at odds with the collaborative, non-hierarchical, and trust-based nature of governance, suggesting areas for further development to fully embrace governance as an operational framework.

## Prerequisites of governance: practical examples

The interviewees emphasized that for well-developed implementation, it is vital to **agree on what implementation should look like** before actually starting it. **Small size may be an asset** in keeping an overview and following up of the implementation. There should be **a dedicated, long-term position for managing the technological solutions in use**. A short-term project manager position is not sufficient; the manager needs to be in constant contact with technology suppliers and deal with situations where the technology does not work and ensure that there are various items in stock. There are **many details to handle in practice**.



A specific model with **digi-mentors** has been found to be effective. These people **support the staff** and provide help in different places, as it is not necessarily easy to use digital solutions everywhere. The digi-mentors do not work full-time – they may be nurses who spend 10% of their working time as digi-mentors for all kinds of staff members. The digi-mentors' work also needs to be coordinated by full-time coordinators. Collaboration is especially important around distance spanning solutions in order to achieve **joint agreements on who is to do what and when. Cross-organisation, cross-professional and cross-municipal collaboration** across hospitals, general practitioners and municipalities are the key for distance spanning solutions. **Principles for collaboration** in digital solutions should be specified, also for **procurements on the regional level.**

When healthcare and care services are delivered in collaboration, service providers look at **digital solutions first before physical solutions.** It has been a challenge to start thinking digitally first because of the **strong culture** of finding physical solutions. **Changing the way of thinking** is thus needed. A concrete example is when patients get home from the hospital and need supervision, the services **start with digital supervision for two weeks.** If that doesn't work, physical supervision is arranged. In the past, it has been the other way round. This practice requires that the **infrastructure** is good enough everywhere (Wifi).

A **management team working closely together** is crucial for the implementation of technology according to **a long-term strategic plan including a budget plan for several years. Yearly clear goals** for the implementation are important, as is monthly **follow-up. Internal communication** via various channels plays a key role in addressing and reaching out to different professional groups such as assistant nurses. Digital first, for example, is **not yet a natural part of everyday work.** Keeping up to date with digital solutions necessitates **a review of the entire sector every year** when the financial action plan is made. **Support from the top management and ownership from the grassroots level – and combining those** – are required for gaining any progress. An important learning is to **put financial differences aside first.** A barrier for collaboration is to get stuck at looking at financial incentives. Financial barriers are an obstruction if the discussion starts from "who is to pay for what and who gains from this" in advance, before the pilots. Instead, a decision can be made to put this kind of discussion aside, implement the pilot or the research project first, look at the data and evaluate how to go forth – with an emphasis on the benefit of the patients in the region.

**Involvement of vendors** is done primarily when there is a need to look at new solutions, trying to innovate on how to use solutions in different ways. Cross-sectoral collaboration can also concern **researchers and research institutions** who are invited to a steering group to give advice and to evaluate programmes. An important learning from the last ten years is that **the progress is largely due to greater cross-sectoral collaboration** and a larger complexity in the collaboration regarding procurements, infrastructure and data sharing. It is seen as crucial to **focus on the common resources** and get rid of compartmentalization. Intensive work has been directed to achieving **coherent health and social care documentation**, but financial incentives constitute an obstacle for such integrated healthcare and care collaboration because of the needs to adhere to yearly budgets.

## Importance of context-specific factors such as organizational readiness and strong leadership: practical examples

The interviewees emphasized the importance of context-specific factors such as organizational readiness and strong leadership for successful governance. Organizational readiness for change requires commitment from top management all the way to the frontline workers. In the beginning of a new programme, **adjustments and time (from ordinary work) are needed** to find the right model or solution for the programme. Certain differences between professional groups have however been observed. **Different professions may need to be approached with different key messages. The cultural mindset** and the mindset regarding how to use digital solutions require more attention to gain the full benefit of the solutions. **Patient involvement** is seen as a difficult task which needs further work. Work units should be given the mandate to come up with new ideas and dare to test – while having confidence that it is all right for things to go wrong. Trust **requires daily work**, especially when there are economic challenges that make it very easy to fall into control at work instead of trust. Generations are different – the newly employed are “digitally born and bred”, opening windows for driving the development.

Being **very clear about the main message** both from the political and administrative leadership is emphasised. *“This is something that **has been decided**; this is something **we are going to implement**, and it is fundamental.”* This is required for a common understanding about the strategy that has to be followed to achieve sustainable healthcare and care services. This understanding has to be **communicated to the local population**. A closely collaborating management team with **strong high-level support** is necessary for integrated healthcare and care with distance spanning solutions. The core team should also be able to get **training related to digital transformation**: how to be prepared? Where is our municipality/region today; where do we want to be and what strategies should we use to get there; how will we be a digital municipality/region? Staff members’ readiness and skills are generally good but there are also exceptions. The rule should be that **everyone must use the solutions**, they are part of their service. There are differences between service contexts that can be addressed with the help of digi-mentors’ work.

**Interconnected and multidirectional impacts** should be made visible – that impacts of new solutions can be negative in one place but positive in another place to achieve some common goals. **Isolation is not beneficial** – problems in healthcare and care are not only specific to healthcare and care, and **cross-sectoral learning** can be valuable in management and implementation of digitalization. The **digital first principle** is seen as one of the key important things in strong leadership. **Strong leadership** is a key issue in encouraging people to work in a different way, be innovative, and dare to say when something is not working well. **Managers themselves need a lot of motivation**, because if they are not motivated, nothing will happen. Managers are focused on the motivational side of their job and a culture where they as managers point out the direction but then trust the staff to develop and innovate how

to get there in collaboration with the managers. A manager has a need to be part of a network to get inspiration.

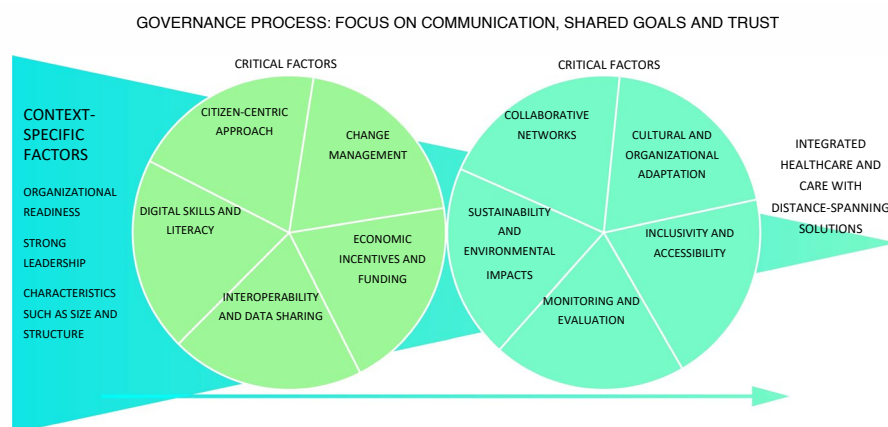
An **exchange of experiences** is "*incredibly important for moving forward*". There are two levels – at the micro level, a more networked way of working and blurring the organisational boundaries is needed, whereas at the macro level, a larger context is necessary to get inspiration. **Managers' guidance and encouragement** play an important role in bringing different people along. On the other hand, while a crowd is needed, innovation "champions" should also be recognized; "*we all know that in every institute there are a few that are absolute champions in implementing solutions and you have to sort of draw them out and help find the way.*" **Managing the systemic and cultural level of digitalization** is a must for any progress. Cultural change can be difficult for professions in healthcare and care that are used to working based on research and evidence.

# Conclusions and policy recommendations

Important future opportunities lie in utilizing governance as both an analytical tool and an approach to practical problem-solving – in describing and understanding the processes that regions, for example, go through – how their goals are formulated and negotiated, and what challenges there are in achieving the goals. In practical problem-solving, governance and its core components offer guidance for managing networked organizations that operate across administrative levels and face problems such as siloed organizations.

This policy brief is backed by a document analysis and analyses of survey responses and interviews with key informants. While the materials were rich with details concerning the diverse regions and municipalities that participated in the VOPD and iHAC projects, they all pointed to very similar directions. Governance is recognized as crucial to the functioning of integrated healthcare and care with distance spanning solutions. There are differences in how governance functions in practice in the different locations and how its core components – communication, shared goals and trust – interact in the implementation processes of these solutions. One size doesn't fit all. Governance meets its limitations on the practical level, locally, so it needs to deal with the local context. There can be major variation according to size and structure of the locations within one country. On the other hand, a key factor is capacity to implement change. For this, organizational readiness and strong leadership are needed.

The analyses behind this policy brief showed clearly that the core components of governance can work and have worked to shape and support the design and implementation of integrated healthcare and care with distance spanning solutions. However, governance is necessary but not sufficient alone – the context-specific factors such as organizational readiness and strong leadership are needed for continued successful operationalization of governance. In addition to these elements, a number of other critical factors play a role in the process (see Figure 4).



**Figure 4.** Prerequisites for and essential elements of the governance process of integrated healthcare and care with distance spanning solutions.



## Key messages

**Key message 1: By focusing on the three governance components – how to facilitate communication and knowledge sharing; how to establish shared goals, and how to establish and/or increase trust – local and regional authorities can improve the implementation and integration of distance spanning solutions.** The governance component-specific recommendations below (Table 2) align with the successful practices observed in the Nordic projects and offer a roadmap for fostering collaborative, innovative, and patient-centred integrated healthcare and care services.

**Table 2. Recommendations according to the three governance components – communication, shared goals and trust**

Governance component	Recommendations
<p><b>Facilitating communication and knowledge sharing</b></p> <p><b>Objective:</b> Enhance communication channels and ensure seamless knowledge sharing among stakeholders to support the implementation of distance spanning solutions.</p>	<ul style="list-style-type: none"> <li>• <b>Establish clear communication platforms:</b> Develop centralized, well-organized digital platforms where stakeholders, including healthcare and care service providers, policymakers, and patients, can easily access information. These platforms should support various formats (e.g., webinars, newsletters, forums) and ensure that information is timely and accessible.</li> <li>• <b>Encourage regular interactions:</b> Organize periodic workshops, webinars, and innovation fairs to facilitate dialogue between municipalities, healthcare and care services providers, and technology vendors. These interactions foster open, informal discussions that build personal relationships and improve collaboration.</li> <li>• <b>Promote knowledge mentorship:</b> Implement programs like “digi-mentors” to share knowledge and offer guidance to staff. These programs help bridge gaps in digital literacy and competence, ensuring that healthcare and care professionals can effectively use distance spanning solutions.</li> <li>• <b>Leverage existing networks:</b> Use existing collaborative networks at local and regional levels to share knowledge. Foster cross-sectoral collaboration by promoting regular meetings between key stakeholders to discuss the progress and challenges of distance spanning solutions.</li> </ul>
<p><b>Establishing shared goals</b></p> <p><b>Objective:</b> Align the diverse interests and objectives of healthcare and care service actors to ensure cohesive and strategic implementation of distance spanning solutions.</p>	<ul style="list-style-type: none"> <li>• <b>Co-create goals with stakeholders:</b> Engage all relevant stakeholders (e.g., patients, healthcare and care workers, municipalities) in the goal-setting process. Collaborative goal development ensures that different actors’ needs and perspectives are considered, resulting in a more inclusive and realistic set of goals.</li> <li>• <b>Implement a clear digital transformation structure:</b> Develop a framework that defines roles, responsibilities and strategies for all stakeholders involved in the digital transformation process. This structure should include regular evaluations of progress to ensure that goals remain aligned across sectors and organizations.</li> <li>• <b>Pilot projects and iterative feedback:</b> Encourage the creation of pilot projects that test new ideas and solutions in small-scale environments. Use these projects as learning opportunities, gathering feedback from all participants to inform the broader strategy.</li> <li>• <b>Anchor with a unified direction:</b> Both strategic and operational levels should consistently communicate the importance of shared goals, reinforcing a unified direction. Managers should regularly evaluate and adjust goals based on stakeholder feedback and project outcomes.</li> </ul>

Governance component	Recommendations
<p><b>Establishing and increasing trust</b></p> <p><b>Objective:</b> Build a strong foundation of trust between stakeholders to reduce transaction costs and enhance collaboration.</p>	<ul style="list-style-type: none"> <li>• <b>Foster transparent decision-making:</b> Encourage transparency at all stages of decision-making and implementation. Providing clear, timely information to all stakeholders creates a sense of shared ownership and reduces resistance.</li> <li>• <b>Cultivate personal relationships:</b> As demonstrated by the Nordic regions, regular face-to-face meetings (both physical and virtual) help build trust. Personal interactions increase comfort with distance spanning solutions and create stronger bonds between stakeholders.</li> <li>• <b>Balance control and trust:</b> Empower healthcare and care service providers by granting them autonomy to experiment with new distance spanning solutions and methods. Trusting local actors to make decisions about their patients' care encourages innovation while reducing reliance on hierarchical control.</li> <li>• <b>Involve patients in the process:</b> Trust can also be enhanced by involving patients in the design and implementation of distance spanning solutions. Their direct participation in decision-making builds trust in the system and ensures that solutions meet real-world needs.</li> </ul>

**Key message 2: Governance is necessary but not sufficient alone – the context-specific factors such as organizational readiness and leadership as well as other organizational characteristics (shown on the left in Figure 4) must be taken into account as the starting point and also along the way.**

There can be major variation according to size and structure of the locations even within one country. A key factor is capacity to implement change; especially for this, organizational readiness and strong leadership are needed.

**Key message 3: Other critical factors also play an essential role.** These comprise diverse factors (shown in the two circles in Figure 4) such as inclusivity and accessibility, monitoring and evaluation, and – to an increasing degree – sustainability and environmental impacts. The relation of those factors to each of the core components of governance should be considered. How are the core components of governance related to, for example, citizen-centric approach or digital skills and literacy? Communication, shared goals and trust can aid in building and maintaining the citizen-centric approach and digital skills and literacy – but how exactly, the response depends on the organization in question.

**Key message 4: Governance, its core components and organizational readiness and leadership resonate with the key messages of the entire iHAC project.**

It is necessary to *embrace the digital – show visionary, collaborative leadership to integrate healthcare and care services; network, come together and collaborate, and identify how integrated healthcare and care, supported by distance spanning solutions, delivers to the global agendas. The time to act is now (well, it was actually yesterday).* Co-creating goals with stakeholders, for example, ensures that distance spanning solutions resonate with larger global agendas, such as sustainable development and climate action. By integrating healthcare and care, these solutions also address critical capacity shortages and help to overcome the skills gap. By acting now and embracing distance spanning solutions, trust between actors can be increased more rapidly, positioning the healthcare and care system to adapt better to future challenges.

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## Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this policy brief ChatGPT 4.0 was used in order to support the document analysis of the VOPD and iHAC project reports. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

# About this Policy Brief

## Governance – for successful integrated healthcare and care with distance spanning solutions 2024

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### Integrated Healthcare and Care (iHAC)

The Integrated Healthcare and Care (iHAC) project is a collaboration between the Nordic countries governments and their agencies for integrated healthcare and care, supported by distance spanning solutions.