Conclusion

Recurring demands for healthcare reform

> *'In the spring of 2015, we started to oppose the suffocating bureaucracy in primary care. We did so by collecting and publishing the everyday experiences of GPs and by presenting these narratives to politicians and health insurers. It was the start of an increasingly inclusive battle against bureaucracy in healthcare (…). Now, we want to give voice to a silent crisis. One that victimizes the vulnerable patients in our counselling rooms. We want to make sure that they do not fall between two stools. Instead, they should receive the integrated care they need through fruitful collaboration between GPs and other healthcare providers (…). Not competition but the will to collaborate should be leading.'* (Het Roer Moet Om 2019: 9-10)

Four and a half years after the GPs taped their first manifesto to the door of the Dutch Ministry of Health, they have gathered in front of the glass door of the Ministry once again. This time, they highlight the fragmentation of care provided to vulnerable patients. They have bundled their experiences in a booklet titled 'Care for Collaboration' (Het Roer Moet Om 2019). This booklet does not receive much attention from healthcare professionals and professional others; at least not in comparison to the previous manifesto. Nevertheless, I think it is important to start this concluding chapter by referring to this booklet. Particularly so, because of three observations. Firstly, restoring collaboration was already the main issue addressed by GPs in their first manifesto (see introduction). Secondly, in the last decade, many policy experiments have been organized in order to overcome tensions and stimulate collaboration amongst professionals – and between professionals and professional others. Thirdly, in response to the GPs' new manifesto, the Minister of Health stated that similar projects to improve collaboration will continue to be organized in the future (Bruins 2020). Together, these observations raise the need to reflect on what happened in the policy experiments that had already been organized and what their contributions were in terms of overcoming contemporary tensions and improving collaboration. In this concluding chapter, I intend to do just that.

Each of the papers included in this dissertation discusses a policy experiment that was aimed at moving beyond contemporary tensions and/or improving collaboration between actors involved in Dutch healthcare governance. An exception is a paper examining the discussion on the role of evidence-based medicine in healthcare decision-making. This paper provided additional insight into the tensions between healthcare professionals and professional others and helped me to place the policy experiments into an institutional context. In this concluding chapter, I use these different papers to provide a multifaceted answer to the overarching research question posed in the introduction:

How does policy-experimentation contribute to overcoming contemporary tensions amongst actors involved in Dutch healthcare governance?

To answer this research question, I formulated three more specific questions:

I) What do Dutch healthcare actors mean with 'policy experimentation' when organizing and participating in such experiments?

II) What do Dutch healthcare actors actually do within an experimental context?

III) What do policy experiments produce in terms of resolved tensions and improved collaborations in Dutch healthcare governance?

I have structured this concluding chapter as follows. First, I address the three research questions. Importantly, I answer them in reverse order; starting with question three and thereafter answering questions one and two. I choose to do so because I first want to address – in more general terms – whether and how the policy experiments I studied contributed to improving collaboration and overcoming contemporary tensions in layered healthcare governance; and thereafter discuss – in more detail – the mechanisms by which they tended to do so, or not. I will end my conclusion discussing the implications of my findings for those that (plan to) engage in policy experimentation.

Policy experiments and their contribution

As a start, I want to posit that policy experiments do not necessarily contribute to overcoming tensions between actors involved in layered healthcare governance. In the previous chapters, I have described cases of deteriorating relations between healthcare actors (chapter 4); healthcare actors protecting their own organizational continuity and therefore the continuation of a status quo (chapter 5); and – to be fair – also signs of organized collaboration around new healthcare issues (chapter 6). In order to explain why these observations are important for both science and practice, I first return to the literature on policy experimentation and thereafter address how my observations divert from it.

Well documented in the experimentalist literature is a turn from approaching policy experiments as testing grounds (Martin and Sanderson 1999), towards approaching them as collaborative practices in which temporary solutions are crafted for situated problems (Sabel and Zeitlin 2012). Although several authors have stressed the affective and material conditions in which such crafting takes place (Marres 2013; Iedema and Caroll 2015), emphasis is often placed on deliberative rationality and the sharing of knowledge within the time-space of a policy experiment (Sabel and Zeitlin 2012; cf. Callon 2009). A similar approach is taken by Dutch policymakers. They tend to approach policy experiments as a method to bring healthcare actors together, facilitate the sharing of knowledge and

produce more situated and inclusive configurations for the provision of care (Houppermans 2017; cf. RVenS 2017; Vilans 2020).

However, as the empirical chapters in this thesis have shown, policy experiments are not the rational and inclusive endeavors that supporters of deliberative rationality would let us believe (cf. Mouffe 2005; Jasanoff 2012). Instead, they are emotional, normative and political processes with emotional, normative and political outcomes (Voβ and Simons 2018; Jasanoff 2012). In this light, I particularly want to point out three kinds of politics I identified in the analyzed policy experiments.

The first I encountered was *capital P politics* (cf. Marres 2013). It concerned acts such as the ways in which politicians used policy experimentation to mobilize actors around an intervention, pushed something through the House of Representatives or left responsibility for what happens in the hands of the many and divided. The second was a *politics of learning*. It concerned the way in which certain experimental logics fitted better with – and tended to produce and reproduce – certain healthcare logics and market logics (cf. Butler 2010). Doing policy experimentation in a certain way thus produced certain paths of learning whilst foreclosing others (chapter 4). The third was a *politics of positioning*. It concerned professionals and professional others aiming to maintain or improve their institutional position by interpreting and translating institutions and experimental objectives idiosyncratically (chapter 5; cf. Lawrence and Suddaby 2006).

In the next two subsections, I will provide more detailed descriptions of the abovementioned politics. First however, I want to emphasize one more point about the contribution of policy experiments; one that explains why it is important to look at such politics in detail.

Even though the abovementioned politics do not necessarily fit the policymakers' account of bringing people together and sharing knowledge (Houppermans 2017), they can still be considered a productive aspect of policy experimentation in the wild (cf. Callon 2009). Indeed, some experimentalist scholars have emphasized that policy experiments tend to heighten instead of solve controversy (Zuiderent-Jerak 2015; Wehrens 2018). Importantly, these scholars stress that such controversy does not has to be a wicked thing. It is a matter of redefining what is at stake. In this light, policy experiments should not be aimed at capturing or taming institutional complexity. Instead, they should be aimed at organizing situated responses to challenges in context (Ferraro et al. 2015) – in this dissertation the uncertainties and tensions between actors pertaining to layered healthcare governance. Policy experiments then become time-spaces in which new modes of ordering emerge without working towards a definite solution (Clegg et al. 2015). Such experiments allow

for actors and things to flow and keep flowing (cf. Star and Griesemer 1989) in a world that seems to be layered, stratified, even sedimented.

Yet even though policy experiments have become commonplace in Dutch healthcare governance (e.g. ZonMw 2009; Schippers 2011; RVenS 2017; RIVM 2018; Bruins 2020; Vilans 2020), actually cutting through vested interests and moving beyond the status-quo seems to be a rare event. It are such rare events that most scholars of policy experimentation seem to attend to, want to describe and help to account for (cf. Latour 1996; 2005). Moreover, it are such rare events that policymakers want to celebrate as best practices (ZonMw 2009; RIVM 2018). However, I would like to argue that, in a governance context in which everybody seems devoted to moving beyond contemporary tensions and to improving collaboration, understanding why such tensions remain unresolved – and organizing collaboration proves more difficult than anticipated – deserves a similar amount of attention. Particularly so, there where such 'lack of flow' occurs in the time-space of a policy experiment. In the next two subsections, I intend to do just that.

Policy experiments are multiple

Policy experiments can be just as multiple as the worlds they are supposed to bring together. Some approach them as tests in which to observe and evaluate the effects of an intervention (Cornet and Webbink 2004). Others approach them as protective time-spaces to stabilize new or refurbished governance principles (NZa 2009; ZonMw 2009). Yet others might approach them as instruments to stimulate situated responses to complex problems and highlight these as best practices (RIVM 2018). But recognizing such multiplicity is not enough to understand why policy experiments do not necessarily contribute to moving beyond vested interests or overcoming tensions between healthcare actors. There is more to it and this can be observed in the ways in which these different approaches shape learning; a process I introduced in the previous subsection as a politics of learning. Below, I reflect on this process.

In chapter 4, I analyzed an experiment with free pricing arrangements in dental care. I first traced how participating actors approached both the object of experimentation (a dental care market) and policy experimentation differently (e.g. testing versus stabilizing). Thereafter I traced how such different approaches structured what participants observed in the policy experiment, crafted and demonstrated as experimental outcomes and took as starting points for further action (cf. Muniesa and Callon 2007). During the first quarterly evaluation of the dental care experiment, consumer organizations and professional organizations, for instance, demonstrated very different things. Consumer organizations approached the market as an external force that needed to be contained and the experiment as a test to see whether the market could be contained. They used numbers to highlight

increased prices (which they deemed undesirable) and lack of transparency (which they interpreted as the cause of increased prices). They concluded that the experiment had successfully proven that the market could not be contained. In contrast, the professional organizations approached the market as something that needed to be carefully crafted and the experiment as a time-space to learn how to do so. They used their own experiences to highlight product innovation (which they framed as the reason to introduce free prices in the first place) and steps taken to improve transparency. The professional organizations celebrated these observations and called for more time and additional interventions. Importantly, the experiment itself was not the protective time-space within which these different insights were demonstrated and discussed amongst participants. Instead, each of them actively sought to demonstrate *their* observations to *a* wider public.

Based on the abovementioned reconstruction, I concluded that the dental care experiment was actually two different experiments, unfolding at the same time, but in different epistemological regimes. It did not bring the worlds of consumer and professional organizations together. Instead, the experiment had different meanings and purposes for each of them and they learned different things from it. Moreover, lessons learned did not inform policymakers and politicians deliberatively or rationally. In fact, some demonstrated observations became entangled in an opportunistic struggle between left-wing and right-wing politicians. Based on the parliamentary vote, the experiment was cancelled. For the dentists, a liberated dental care market was lost, and everything seemed to return to the old. On closer inspection however, the quality transparency that consumer organizations had been highlighting as a deficiency in the experimental setup (there was lack of it), did emerge as *the* new challenge in organizing and regulating healthcare markets (Schippers 2015). In fact, quality transparency was suddenly deemed of critical importance for healthcare markets to work properly. It changed from something that could be created *vis a vis* price liberalization, into a prerequisite for price liberalization. Dental care became a critical example of that lesson learned. I have termed the dynamics by which some lessons are reproduced at the cost of others, a politics of learning.

The dental care experiment thus seemed to have produced an important lesson: the importance of quality transparency. But the politics of learning by which this lesson emerged did not help to alleviate tensions between healthcare actors or move beyond vested interests. Instead, it fueled distrust between policymakers, consumer organizations and dentists; particularly alienating the disillusioned dentists in the process. In resonance with my previous conclusion, this politics of learning explains how it can be possible that we attribute much potential to policy experimentation, whilst the tensions between actors involved can remain unresolved, or even deteriorate. This observation has two important consequences.

Firstly, policy experiments *might* produce lessons from controversy (Zuiderent-Jerak 2015), but these lessons do not have to be *inclusive* or *collaborative*; as some authors propose them to be (cf. Sabel and Zeitlin 2012). Productive as experiments *can* be, they thus do not necessarily help to move beyond contemporary tensions between actors involved. Nor do they produce the *inclusive* solutions that policymakers seem to be aiming for (cf. Houppermans 2017). Therefore, I warn against *a priori* approaching policy experiments as protective time-spaces for open dialogue and inclusive learning (Regeer et al. 2009; Arkesteijn et al. 2015), especially there where policy experimentation is introduced to push things through and/or move beyond vested interests.

Secondly, those that participate in policy experimentation usually fail to stabilize and control what they initially set-out to do (Latour 1996; 2005). In this light, experimentalist scholars have emphasized the importance of opening-up and give words to the unexpected (Wehrens 2018). However, based on the abovementioned insights, I want to posit that we do not only need to give words to what is learned from a policy experiment but also need to try to come to terms with what is lost in the process; e.g. new treatment combinations in dental care or improved collaboration between professional organizations, consumer organizations and policymakers (cf. Mouffe 2005; Butler 2010). Only then can we better understand what policy experiments produce in terms of lessons learned, but also in terms of voices silenced and actor relations reformed (for better or worse).

Healthcare actors participate in policy experiments together alone

In the previous subsection, I concluded that different ways of approaching policy experiments can have consequences for the ways in which they help to move beyond vested interests, improve collaboration and produce inclusive solutions. A typical response to this conclusion could be that the dental care experiment did not seek to improve collaboration in the first place and that experiments that specifically focus on organizing collaboration would turn out differently. Another response could be that solutions need to be found in the coordination and evaluation of policy experiments; for instance, explicating or discussing what the experiment is and better coordinating how results should be demonstrated. In fact, these were the suggestions we provided in chapter 4.

In this subsection, I will, however, point out that even when those who participate in policy experimentation seem to approach the experiment and the object of experimentation similarly – for instance as a protective time-space to bring actors together, share knowledge and produce inclusive organizational configurations – that does not necessarily mean that such policy experiments lead to the alleviation of tensions, the production of new organizational formats, or inclusive solutions for the uncertainties that stem from institutional layering. As shown in the empirical chapters, whilst studying the practices of

those that sought to organize new forms of collaboration within the time-space of policy experiments, I encountered many closures, boundaries and uncertainties.

To describe such practices, I used concepts from institutional theory. Doing so, I particularly related to scholars that tried to move beyond accounts of institutions shaping professional behavior, or in contrast, professionals purposively creating, maintaining or destroying institutions (Hall and Taylor 1996; cf. Smets and Jarzabkowski 2013). Informed by these scholars, I intended to study how actors related to the governance principles introduced in policy experiments (e.g. collaboration and patient-centeredness) and how such principles simultaneously shaped professional identities, roles and relations (Lawrence et al. 2013; Zundel et al. 2013).

Studying such dynamics within policy experiments proved to be a double-edged sword. On the one hand, the literature sensitized me to the politics of (re)positioning actors within such experiments (Lawrence and Suddaby 2006). On the other hand, the experiments allowed me to collect and analyze *in vivo* data on how professionals worked with governance principles introduced. Importantly, such data allowed me to move beyond historical accounts of institutional determinism and retrospective accounts of purposive and strategic action; accounts that still prevail in the institutional literature (Smets and Jarzabkowski 2013). Instead, I could reveal acts of coping and improvisation, as well as the translation and internalization of governance principles introduced (chapters 3, 5 and 6).

Informed by the institutional literature, I observed that participating in policy experimentation is a collective act, but not necessarily a collaborative one (cf. Sabel and Zeitlin 2012). In fact, it was also a way to (re)position oneself as a professional within a layered institutional context; one in which other professionals and professional others were doing the same. Indeed, I observed professionals protect conventional governance principles in order to maintain a particular position (e.g. collaboration is important, but the GP is *the* gatekeeper and *the* compass for patients [chapter 5]). I observed professionals problematize conventional governance principles in order to restore their institutional position (e.g. professional others have started to relate to evidence-based medicine, but evidence-based decision making is an illusion [chapter 2]). And I observed professionals support new governance principles in order to make sure they were not missing out (e.g. participating in the development of integrated referral systems [chapters 5 and 6]).

The abovementioned observations fit well with the institutional work literature (cf. Lawrence and Suddaby 2006); particularly so with those accounts that try to move beyond institutional determinism or purposive action (e.g. Lawrence et al. 2013; Smets and Jarzabkowski 2013; Zundel et al. 2013). There are however two important lessons

I want to contribute to this institutional work literature. Firstly, in a layered institutional context, institutional *creation* or *maintenance* work cannot be reduced to the *creation* or *maintenance* of one institution. Instead, actors need to deal with a plethora of institutional arrangements simultaneously. Moreover, they can relate to these arrangements differently, at different times and for different reasons (Van de Bovenkamp et al. 2017). For example, I observed professionals relate to market mechanisms in order to describe other professionals as competitors, whilst not much later, the same professionals related to professional self-regulation in order to defend their counseling room as the place were altruistic healthcare decisions are made. Secondly – and particularly so in relation to policy experimentation – *creation* or *maintenance* work does not singularly relate to the institutional status of a doer; e.g. *marginalized* actors conducting institutional *creation* work or *privileged* actors conducting institutional *maintenance* work. Something that institutional work scholars have tended to do (cf. Lawrence and Suddaby 2006). Instead, I observed that in order to *maintain* a *privileged* position, one might need to participate in the *creation* of new institutional arrangements (e.g. not missing out as emphasized in the previous paragraph). In this light, experimentally introduced governance principles seem to prompt both privileged and marginalized professionals to conduct (re)positioning work, whilst simultaneously providing them with something to work with in order to *maintain* or *improve* positions. A typical example is provided in chapter 5. It concerns the ways in which both *privileges* and *marginalized* healthcare professionals described themselves as more 'patient-centered' than others in order to strategically position themselves at the heart of the collaborative organizational formats under construction.

To be fair, in all the cases I studied, healthcare professionals participated in policy experimentation – and related to governance principles introduced – to overcome tensions and improve healthcare services. But their investments also tied into the maintenance or improvement of their own positions. Ironically, such investments meant that professional boundaries were maintained, instead of dissolved or ordered on another level of organization. Even more so, policy experimentation helped to legitimize such boundaries maintained (chapter 3). Policy experiments turned political work into experimental outcomes that could be accounted for *as* experimental outcomes (e.g. as best practices; but see also Jerak-Zuiderent 2015a, who argues that experimental outcomes need to be accounted for). Through the ways in which healthcare actors participated in the policy experiments I analyzed, these experiments thus tended to reproduce and (re)legitimize vested interests and conventional modes of ordering, instead of moving beyond them.

Importantly, the above does not mean that healthcare professionals themselves did not change from participating in policy experiments. To improve or maintain positions and reproduce boundaries, participating professionals needed to adapt to a changing insti-

tutional environment (Evetts 2003). In that sense, they needed to open-up towards new governance principles whilst simultaneously interpreting them through – and bringing them in line with – their conceptual and normative frames of reference already in place (La Cour and Højlund 2013). In chapter 5, I described such self-referential modes of observation as structurally open and operationally closed (Van Assche et al. 2014). From this point of view, it was easy to observe how the governance principle of patient-centeredness was internalized by professionals as professional quality. At the same time, structural openness and operational closure also helped to explain how – in the multidisciplinary context of the Primary Focus program – such patient-centeredness turned from a shared objective into a contested professional quality.

Likewise, institutions and experimentally introduced governance principles did not stay stable either. The way in which professionals interpreted some institutional arrangements (e.g. market mechanisms), influenced the way in which they worked on introduced principles (e.g. multidisciplinary collaboration and patient-centeredness). Some professionals for instance pondered over approaching other professionals as competitors, collaborators or even future employees in the provision of integrated and patient-centered care. These professionals did not merely create, maintain or oppose governance principles and institutional arrangements. Rather, they gave meaning to new governance principles in the context of their interpretation of institutional arrangements already in place. As Van de Bovenkamp and colleagues already observed (2017), it is through such interpretations and translations that new regulatory arrangements interact with already existing arrangements and can have unpredictable consequences.

The latter two paragraphs highlight why it is easy to understand that we value policy experiments as productive time-spaces. There are enough examples to illustrate change on the level of professionals and institutions. But the politics of (re)positioning discussed also make clear that, even though actors and institutions might change in/through policy experimentation, boundaries and tensions tend to remain stable. Organizing collaborative formats for the provision of integrated care thus proves to be a difficult task, even in policy experiments aimed at improving collaboration (SMOEL 2015).

So is there no hope?

Ironically, policy experiments that were particularly aimed at improving collaboration between established healthcare actors did not seem to be fruitful endeavors in terms of producing alternative organizational formats for the provision of collaborative and integrated care (SMOEL 2015). Because such attempts started with *predefined* actors and targeted the relationships *between* these actors, they easily turned into the protection of professional heartlands, the explication of hierarchies and the maintenance of boundaries.

Typically, topics for discussion concerned the division of professionals' and professional others' roles and positions, responsibilities, competencies and who should and should not be included. In a layered institutional context, actors could easily draw on a plethora of rules and regulations to legitimize such claims. And if that did not suffice, they could resort to problematizing the institutional claims of others by relating to scientific claims and counterclaims (Deacon 2002; Halffman 2003; Bacci 2012). In the policy experiments I studied, I indeed observed many healthcare actors working on multidisciplinary collaboration, patient-centeredness and evidence-informed decision-making by digging-in.

Nevertheless, I did encounter situations in which healthcare professionals and professional others were able to move beyond the boundaries between traditional professional groups (chapter 6) or between professionals and professional others (chapter 3). This was particularly the case there where these actors intended to organize themselves around new healthcare issues. Such projects started with attempts to define what these new healthcare issues were in the first place. An example is the establishment of a Neighborhood Health Profile discussed in chapter 6. Typical topics for discussion then became the relevance and accessibility of data and the analytical categories through which such issues should be made explicit and understood. Meanwhile, how actors should relate to such issues and participate in collaborative action remained open for discussion. Importantly, such new healthcare issues lacked the presence of established institutional and scientific frameworks on which divisions of labor and professional control could be *a priori* legitimized. Instead, these issues opened-up for new forms of conduct and their justification (cf. Boltanski and Thévenot 2006; Oldenhof et al. 2014). The Neighborhood Health Profile for instance helped professionals and municipalities to carve out a new and collaborative organizational object: neighborhood population management.

It is around such emergent healthcare issues that potential seems to reside for moving beyond vested interests and develop alternative organizational formats for the provision of care (cf. Abbott 1995). At the same time, however, I also contend that it would be naïve to assume that the politics observed in the previous subsections would be absent from such policy experiments. Sensitized by my own observations and those of Mouffe (2005), Butler (2010) and Jasanoff (2012), the analytical categories through which new healthcare issues are made explicit will produce new distinctions (e.g. what is and what is not part of the issue). These distinctions will privilege some emergent groups over others (e.g. what should be done in light of the issue defined and who should be involved) and will silence some voices whilst amplifying others. Tensions in the governance of healthcare will then not be alleviated but rather displaced; there will be different tensions between different actors that gather around new issues. What matters most, in that case, is whether such alternative organizational formats produced indeed support the provision of integrated

care that many professionals, policymakers and patient representatives are calling for (Het Roer Moet Om 2019; Patientenfederatie Nederland 2019; Bruins 2020).

Theorizing change

There is one additional contribution I want to make to the experimentalist and institutional literature already discussed. This point is however not limited to these strands of literature and is addressed to all those that want to study, describe, evaluate and account for what happens in policy experiments.

Over the last twenty years, institutional and experimentalist scholars (e.g. Lawrence and Suddaby 2006; Sabel and Zeitlin 2012), as well as sociologists of organized professionalism (e.g. Evetts 2003; Noordegraaf 2015), have placed emphasis on studying how institutions and professions change over time and in response to one another. Whilst doing so, these scholars have been guided by several sociological principles through which such change can be observed and explained. Two of these principles have featured in this dissertation. The first resonates with Social Systems Theory (e.g. Luhmann 1997; Rasch 2000) and has informed chapters 3 to 5. The second resonates with Actor Network Theory (e.g. Gieryn 1995; Latour 2005) and has informed chapter 6. I used both principles – but in different papers – to understand what happens in policy experiments. However, these principles do not produce a comprehensive explanation of professional change. In fact, they produce rather contradictory observations (cf. Latour 2005). Below, I discuss them in turn. Thereafter, I argue why it is important to be aware of these principles when studying professional and institutional change within and beyond policy experimentation.

The first sociological principle is aimed at describing how professional groups adapt the content of their professions to a changing environment (e.g. including new technologies, principles, and insights as part of a professional domain). Scholars that follow this principle take professional groups as analytical starting points. Of analytical concern is the way in which these professional groups observe their changing environment and: a) differentiate between what is and what is not relevant on the basis of their already established frames of reference; and b) embed whatever is deemed relevant within such frames of reference. Through such mechanisms of differentiation and indication, professional organizations adapt to and keep up with a changing environment (Rasch 2000; La Cour and Højlund 2013). Professional heartlands evolve and boundaries are redrawn, but always based on historically contingent frames of reference. Professional change – in this sense and even in policy experiments – is thus very much path dependent and self-referential. In chapter 5, I have described such dynamics of professional change as structurally open and operationally closed (Rasch 2000; Van Assche et al. 2014; cf. Luhmann 1997). Structurally open here refers to the structural couplings between professionals and their institutional environments,

allowing (new) principles, such as multidisciplinary collaboration and patient-centeredness to flow from policy programs to professional practice. Operational closure in turn refers to how professionals observe and deal with such principles in their own profession' specific ways (La Cour and Højlund 2013). As demonstrated in chapter 5 and recaptured in the second subsection of this conclusion, structural openness and operational closure fit well with the institutional work literature (Lawrence and Suddaby 2006). Particularly so, as the latter tends to take actors as an analytical starting point; e.g. GPs aiming to maintain and midwives aiming to improve their position in primary care.

Reasoning the other way around, one can also argue that the institutional work literature tends to take professional groups as an analytical starting point and therefore produces accounts of institutional and professional change that are path-dependent and self-referential. Consequently, these scholars struggle to explain how professional groups dissolve or how new groups are formed (Abbott 1995; Gieryn 1995; Hudson 2002; Latour 2005). At best, they provide accounts of professional groups splitting up, being displaced, or failing to reproduce themselves (change equals fragmentation like an evolutionary tree).

Some scholars have therefore abandoned to take professional groups as an analytical starting point. Instead, they follow a different sociological principle. They start with the identification of events of differentiation (e.g. between relevant and irrelevant data; between what is part of and not part of an analytical category; or between what is and what is not an appropriate response to something observed). Thereafter, they study how such differentiations are yoked together (e.g. data; categories; acts) and what such yoking leads to in terms of professional groups in formation (Abbott 1995; Latour 2005). These sociologists approach professional groups – or any form of organized practice – as the temporary and accidental outcome of an accumulation of all kinds of differentiations (Gieryn 1995). In chapter 6, this principle allowed me to reveal how individual professionals, professional groups, and 'professional others' split, merge or dissolve on different levels, in different time-spaces and in relation to different developments in the governance of care (cf. Adler et al. 2008). Importantly, this second sociological principle fits well with the experimentalist literature (Zuiderent-Jerak 2015; Wehrens 2018). Particularly so, as it tends to focus on how actors and things flow and assemble on different levels of organization and in different time-spaces.

Both sociological principles are based on mechanisms of differentiation. The first emphasizes the mechanism of differentiation and indication (Rasch 2000). The second emphasizes the mechanism of differentiation and yoking (Abbott 1995). Both however address the consequences of such differentiations differently. The first emphasizes the self-referential ways in which professional groups deal with challenges in their institutional environments. For

instance, the previously mentioned ways in which professionals adapt to new governance principles by bringing them in line with the conceptual and normative frames of reference already in place for their profession (chapters 3 - 5). The second is attuned to identifying and understanding organizational formats and professional groups in formation. For instance, the previously mentioned ways in which differentiations are made between healthcare issues to be solved, bodies of knowledge to be developed and practices to be facilitated (chapter 6). The first helps to explain why professionals do not understand one another and struggle to produce integrated organizational formats beyond the boundaries of their professional groups (chapter 5). The second helps to identify the very acts and moments in which professionals do try to move beyond the boundaries of their professional groups and organize themselves around new issues and challenges (chapter 6).

Palpable as the contrasts between these principles might be, I believe that institutional and experimental scholars do not often reflect on them in their work; nor the consequences they have for their analyses. At least, in my own dissertation, it took me quite some time to distance myself from the first principle, study policy experimentation informed by the second principle and come to terms with the different kind of observations it produced. In this light, I particularly want to highlight that the first principle prompted me to produce rather skeptical accounts on policy experimentation. This skepticism is echoed in the title of this dissertation (Together Alone) and in the accounts of institutions and professionals changing whilst boundaries being maintained (chapter 5 in particular). In contrast, the second principle helped me to identify and highlight moments in which professionals did seem to be able to move beyond contemporary organizational and institutional boundaries. Such hope features in the title of the previous subsection and in accounts of professional groups in formation (chapter 6 in particular).

Importantly, I do not highlight these different principles in order to claim that they are just another way of looking at empirical phenomena. One could then argue that these principles can be combined to produce a more inclusive theory on institutional and professional change in and beyond policy experimentation. However, as already emphasized, these principles are rather contradictory (e.g. can one simultaneously change oneself and move beyond oneself, reproduce a professional boundary and move beyond it?). Nor do I want to claim that the choice of one theoretical principle over another would depend on the case one is confronted with. This would cancel out the normative dimensions of choosing one principle over another (and consequently foregrounding stasis over change or the other way around). Such a choice might be iteratively informed by the empirical intricacies of a case but is ultimately made by those that study it. Even more so, such choices are not made in isolation, but rather in an environment in which there are others observing the same case (if anything, chapter 4 has taught us that) and funding organizations might

prefer some forms of scientific engagement over others (cf. Wehrens 2016). There are no straightforward answers here. However, in the next subsection, I will discuss how I think that we should deal with such theoretical differences and their productive and normative consequences when studying institutional and professional change in and beyond policy experiments.

Implications for policymakers, professionals, evaluators and social scientists

The different kinds of politics illustrated in the first three subsections, and the contradictory ways of understanding professional and institutional change discussed in the previous subsection, have several implications. Below I address four of them. Although they are very much related to one another, I discuss them in turn. Moreover and for the sake of clarity, I direct each of them to either policymakers, professionals, evaluators or social scientists (in this order). I close this subsection with some reflexive notes on my own dissertation.

Implication for policymakers

To policymakers, I want to point out that policy experimentation is not a *deus ex machina*[7] for coping with institutional uncertainties or for cutting through vested interests and moving beyond boundaries. Where and when to introduce a policy experiment therefore needs careful consideration, also when such experimentation seems to entail more open methods of policy intervention. Instead of neutral and innocent, such experiments are highly political and can be (counter)productive. When considering the introduction of a policy experiment, one should take into account that using an experiment as a way to push things through, ease tensions or mobilize actors around contested governance principles (such as price liberalization) can have adverse consequences for relations amongst actors involved in Dutch healthcare governance. Moreover, introducing collaboration as experimental objective does not seem to be productive in terms of alternative organizational formats produced. Instead, more potential seems to reside in mobilizing actors around new healthcare issues, made explicit through new categories that allow for and resonate with alternative organizational formats in formation.

Implication for healthcare professionals

I would like to call upon those healthcare professionals (and professional others) that participate in policy experimentation to try and bracket their own positions and professional frames of reference and start instead with an experimental issue in mind. To be fair, many healthcare professionals highlight the importance of improving collaboration amongst

7 *Deus ex machina* (which literally translates to god from the machine) refers to an entity brought into a plot from the outside and magically ending the tensions that had been festering within the plot (see cover).

healthcare professionals and between professionals and professional others. In that sense, the call of the GPs (Het Roer Moet Om 2019) has become mainstream. However, I encountered many challenges that hinder the organization of professional collaboration. Some of these challenges are induced by the layered institutional context in which healthcare professionals operate. For instance, the way in which market mechanisms made GPs wonder if they should see other primary care providers as competitors or collaborators in healthcare provision. Nevertheless, such observed challenges cannot be reduced to institutional layering alone. Participating professionals in the experiments I studied also tended to take their own professional frames of reference as starting points, particularly searching for ways through which other professionals could help them in strengthening their own professional roles and positions. This approach has not been very productive in developing new organizational formats for the provision of integrated care (cf. SMOEL 2015).

Implication for evaluators

To those that (intend to) coordinate and evaluate policy experimentation, I would like to point out that policy experimentation is no *laissez faire* endeavor. Many scholars have already highlighted that turning uncertainties and controversies into something productive within the time-space of a policy experiment means careful investment on the level of coordination and evaluation (Zuiderent-Jerak 2015; cf. Regeer et al. 2009; 2016; Arkesteijn et al. 2015). In this light, more emphasis has been placed on the principle of *ex durante* evaluation. Such evaluation allows to bring into focus experimental processes and paths of learning and open-up new problem spaces by questioning what others take for granted during an experiment's unfolding (Wehrens 2016; Zuiderent-Jerak 2015). Such evaluation should however not only focus on what emerges in terms of categories (re) produced and lessons learned. Instead, it should also try to come to terms with what is lost in the process. This means being sensitive to voices amplified and silenced, directions of learning continued and disrupted. Based on the chapters included in this dissertation, I therefore propose that *ex durante* evaluators should address at least six basic questions, in dialogue with the actors involved (including policy makers and politicians), in repetitive stages during an experiment's unfolding (see also Flyvbjerg 2001; n.d.). These are: (1) what kind of experiment is it according to whom? (2) what is the object of experimentation for whom? (3) what do participants say and do and why do they say and do that? (4) what role does evaluation have in the experimentation process? and (5) what is materializing, who is learning and how does that relate to the previous questions? Meanwhile (6) evaluators should consider during each of these questions whether voices are silenced or amplified and what the consequences might be thereof. This is not an easy task and it involves being sensitive to traces of exclusion and displacement (e.g. something and/or someone that is laughed away, deemed irrational, painstakingly avoided, or opted out; cf. Jerak-Zuiderent 2015b).

Implication for social scientists

My last point is directed at social scientists; particularly those that are involved in policy experiments as *ex durante* evaluators. Such involvement fits a tradition of social scientists that call for *phronetic engagement* (cf. Flyvbjerg 2001), *irritation* (cf. Van Assche and Verschraegen 2008) or *artful contamination* (cf. Zuiderent-Jerak 2015). There are however two things I want to point out here. Firstly, social scientists and their *ex durante* reflections are not removed from those who participate in policy experimentation. In fact, ideally, such reflections become intertwined with the experimental process as participants observe, interpret and respond to the scientists and their *ex durante* evaluations; and the other way around (cf. Van Assche and Verschraegen 2008). In many ways, these scientists thus become participants themselves and become implicated in whatever is produced. Secondly, in the previous subsection, I argued that basic sociological principles can generate very different sociological insights. They can help to foreground change or stasis, boundary breaking transformations or self-referential adaptations. They can highlight new organizational formats produced or traditional boundaries maintained. Of course these are examples that featured in this dissertation. There are many more out there. The point is that, whatever social scientists demonstrate in their *ex durance* evaluations, it is never an absolute representation of an experimental state of affairs. Below, I briefly discuss what – I believe – this means for the engaged and implicated social scientist.

Sociological principles are relative, but this does not mean they have no value or do not matter. The thing about experimental practices is that they are intricately folded and complex (cf. Latour 2005). The thing about the social sciences is that there are different frames of reference that can be harnessed to identify and specify matters of concern (cf. Latour 2004; 2005). In this light, Zuiderent-Jerak (2015) already emphasized the importance of using sensitizing concepts in the evaluation of policy experiments (cf. Blumer 1954). Theoretically informed e*x durante* evaluation could then be understood as a way to foreground problems and challenges whilst not reducing them to either (objective) science or (subjective) politics (cf. Hendriks et al. 2009). Of importance, then, is that we realize that such *ex durante* evaluation is not just an instrument to reflect on (best) practices; it is no mirror and it does not produce a mirror image. It is much more than that. Such *ex durante* evaluation could provide theoretically informed interpretations of participants' concerns, activities, demonstrated outcomes and their consequences in terms of starting points for further action as well as in terms of voices included and excluded. In doing so, such evaluations help to open up to new problem spaces and directions of learning (Zuiderent-Jerak et al. 2009). It goes without saying that social scientists should not claim neutral ground for such work (Flyvbjerg 2001; n.d.). Instead, the robustness of their evaluative contribution is acquired through the careful formulation and reformulation of insights over time and in interaction with others engaged (Marres 2018).

In this light, some scholars have emphasized the importance of organizing dialogue between participants, with their first order observations, and social scientists, with their second order observations (e.g. Van Assche and Verschraegen 2008; cf. Luhmann 1997). First order observations then refer to the observation of things (e.g. participants in policy experiments observing and working on new governance principles) and second order observations refer to the observation of such observations (e.g. social scientists observing how participants approach such governance principles). In this line of thought, scientists and practitioners indeed interact with one another, but the boundaries between science and practice are well preserved. Others have instead started to break down such boundaries, emphasizing the importance of partial connections (Zuiderent-Jerak 2015). These scholars reimagine the relationship between engaged social scientists and scientific others as an integrated configuration, but, importantly, not as a single unit (cf. Strathern 2004; Harraway 1985). I emphasize the latter because it allows for such connections and configurations to differ in time and space. As such, it allows social scientists to relate to those they study in different ways. In case of policy experimentation, social scientists can for instance help to open-up new problem spaces together with others who participate in such experiments. They can also collect data and write evaluations reports for those who fund such experiments, and they can publish scientific articles based on the data collected and with peer scientists in mind. Such partial connections, however, also deserve critical scrutiny. For instance, how does one influence others and how should such influence be interpreted and valued? Of course, answering such questions starts with a careful reflection on *how* evaluation reports and scientific output are partially shaped by the scientist's own engagement in the policy experiment and the other way around (please note that I write how and not whether). In the last paragraphs of this dissertation, I intend to do so for my own work.

Some reflexive notes on my own dissertation

In the different chapters included in this dissertation, I have related to those I studied in different ways. In the previous subsection, I already discussed the different sociological principles used and their consequences. But beyond that, I also had a different relationship with each case I studied. For instance, in the case of the design thinking experiment and the evidence-based medicine discussion, I was very much engaged and implicated. The primary output of these engagements was policy advice (cf. Felder and Meerding 2017; RVenS 2017) and designed solutions for the experienced problems of a health insurer, a homecare organization and the Dutch Healthcare Inspectorate (chapter 3). My role in these projects entailed conducting background studies, asking questions, identifying differences between others participating – and once in a while – successfully bringing such difference under the attention of participating others, influencing the experimental process along the way. Although I have used the data gathered during these engagements for scientific papers, I also observe that I stay rather close to the empirical intricacies of these cases and

in these papers (chapters 2 and 3). Likewise, the targeted journals for these papers profile themselves as platforms for science-practitioner engagement.

In contrast, whilst studying the dental care experiment (chapter 4) and Primary Focus program (chapters 5 and 6), I was separated in time and space from those that participated in these experiments. Such removal allowed me to rigorously and retrospectively examine historical and secondary data. I could do so in my own time (of which I had plenty as a PhD student) and undisturbed by any new developments that could suddenly place things in a different light or push me to shift my attention elsewhere. I used such removal and time to explore how the historical and secondary data resonated with the scientific literature. Consequently, the papers based on these analyses primarily engage with institutional and experimentalist literature. The insights produced however did not really feed back into experimental and professional practice. At least not directly and beyond the confines of a member check. How could it, given the fact that the dust stirred by these experiments had long settled? For me, such removal was both a limitation and a blessing. It limited my social impact, but I also felt more freedom to study these policy experiments critically. Of course, the latter is a rather strange confession; particularly so given the fact that critical sociological engagement is often associated with attempts to have social impact (e.g. Box 2004).

Because of the above, I am left wondering whether some of my rather removed and belated sociological observations made in chapters 4, 5, and 6 could make a difference in future policy experiments and their *ex durante* evaluation. Particularly there where participants struggle to move beyond contemporary professional boundaries and develop new and more collaborative organizational formats for the provision of healthcare. In this light, I particularly want to refer to the two-dimensional model used in chapter 5 and the analysis of professional mapmaking presented in chapter 6. Both methodological approaches were retrospectively applied to secondary data. But I think that they could very well be used during the *ex durante* evaluation of policy experiments as well. The two-dimensional approach could for instance sensitize social scientists (engaging in *ex durante* evaluation) to the different institutional arrangements already in place and interacting with a policy experiment introduced. The mapmaking approach could sensitize them to the differentiations made by the participants involved and critically examine why these differentiations are made and what these differentiations could lead to in terms of (preliminary) experimental outcomes (cf. chapter 6, in which we identified more and less productive forms of differentiation). In this light, such methodological approaches could help to bring into light experimental objects and actor relations in formation (either within or beyond contemporary professional and institutional boundaries).

What remains to be seen, of course, is whether and how such interpretations make a difference during a policy experiment's unfolding. Moreover, I continue to wonder what making such a difference means for the participating social scientist; particularly for those that engage in the *ex durante* evaluation of policy experiments. In other words, how can the partial connections celebrated above (e.g. the scientists as participant, evaluator and scholar), be cultivated without one undoing the others? These questions have already been asked and are being explored by other scholars (e.g. Zuiderent-Jerak 2015; Haraway 2016). In the years to come, I take it upon myself to join these scholars and explore such questions further in the context of healthcare policy experimentation. In this dissertation, I have laid the groundwork for such a research agenda; particularly so by exploring different theoretical frameworks, methodological approaches and forms of scientific engagement, whilst trying to come to terms with their consequences.

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