Online Supplement

Appendix 1. Search string conducted in the databases Medline, EMBASE/Global Health/SciSearch, and Scopus

Search string for the database Medline

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1   *health services/ or *adolescent health services/ or *community health services/ or *child health services/ or *community health nursing/ or *community mental health services/ or *community pharmacy services/ or *home care services/ or *maternal health services/ or *occupational health services/ or *preventive health services/ or *dental health services/ or *emergency medical services/ or *health services for the aged/ or *mental health services/ or *nursing services/ or *personal health services/ or *pharmaceutical services/ or *rehabilitation/ or *reproductive health services/ or *rural health services/ or *suburban health services/ or *women's health services/ (186626)

2   *primary health care/ or *general practice/ or *family practice/ or *professional practice/ or *comprehensive health care/ or *managed care programs/ or *delivery of health care/ or *delivery of health care, integrated/ or *patient care management/ or *nursing process/ or *telemedicine/ or *health services administration/ or *health services research/ or *translational medical research/ or *health facility administration/ or *health facilities/ or *health maintenance organizations/ or *health planning/ or *regional health planning/ or *community health planning/ or *regional medical programs/ or *health policy/ or *national health programs/ or *social work/ or *social welfare/ or *child welfare/ or *infant welfare/ or *maternal welfare/ or *government regulation/ or *government programs/ or *multi-institutional systems/ (285290)

3   (1 or 2) and (og.fs. or organizat*.hw.) (139356)

4   (health system* or healthcare or health care or health service* or primary care or patient care or care organizations or (health and services) or health planning or health policy or health reform or social care or welfare or preventive service*).ti. and (organizat* or organisat*).tw. (15344)

5   3 or 4 (149176)

6   health transition/ or organizational innovation/ or *efficiency, organizational/ or organizational policy/ or organizational case studies/ or total quality management/og or accountable care organizations/ (53371)

7   evidence-based practice/mt or evidence-based practice/og (823)

8   (healthcare reform* or care reform* or health reform* or system reform* or organizing care or organizational reform* or current reform* or large system transformation* or practice change).tw. or *health care reform/ (26114)

9   (system* adj4 (transform* or transition* or innovation or change* or reform*)).tw. (40799)

10   (organizat* adj4 (transform* or transition* or innovation or change* or reform*)).tw. (7324)

11   (process* adj4 (transform* or transition* or innovation or change* or reform*)).tw. (28866)

12   (practice adj4 (transform* or transition* or innovation or change* or reform*)).tw. (11579)

13   ((large scale or whole scale or whole system*) and (transform* or transition* or innovation or change* or reform*)).tw. (12409)

14   (phase transition* or system redesign* or " more effective organization" or policy level change*).tw. (18569)

15   6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 (186508)

16   5 and 15 (20570)

17   *systems theory/ or *systems analysis/ or *systems integration/ or *diffusion of innovation/ or *models, theoretical/ or *models, organizational/ (59592)

18   *forecasting/ or *program evaluation/ or *"evaluation studies as topic"/ or *"outcome and process assessment (health care)"/ (27724)

19   (factor* or determinant* or mechanism* or theor* or concept* or contextual or principles or sustainability or acceptability or evidence*).ti. (1131896)

20   (predictor* or predictive or preconditions or (factors adj5 (new practice or change)) or (factors adj4 facilitating) or key factor* or key aspect* or key issues or key components or key elements or key lessons or lessons learned or key strategies or key determinants or added value).tw. (446061)

21   (contextual factors or underlying mechanisms or "mechanisms of change" or mechanisms or theories or context-mechanism* or systems perspective or systems thinking or complex adaptive system*).tw. (847786)

22   (((successful or unsuccessful or less successful) adj4 transformat*) or (enhanc* adj4 success*) or maintain* success or lasting changes or sustainability or acceptability or fidelity or (employee* adj4 perception*) or participating practices or (level* adj4 participation)).tw. (50883)

23   (engage or engagement or (includ* adj4 stakeholders) or integrating services across providers or "range of services" or using evidence or using evidence or supporting self care).tw. (52766)

24   (community networks/ or *consumer participation/ or *cooperative behavior/ or *interdisciplinary communication/ or *inter-professional relations/ or *group processes/ or *physician's practice patterns/ or *professional role/ or *attitude of health personnel/ or *organizational culture/ or *communication/ or *motivation/ or *trust/) and (health care reform/ or organizational innovation/ or multi-institutional systems/og or accountable care organizations/) (3436)

25   17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 (2355591)

26   16 and 25 (4579)

27   (commissioning group* or commissioning network* or clinical commissioning or commissioning cycle* or commissioning structure*).tw. or commissioning.kw. (176)

28   accountabilit*.tw. (8525)

29   27 and (5 or 15) and (25 or 28) (26)

30   governance.ti. or clinical governance/ or (health governance or shared governance or governance arrangements).tw. (2926)

31   (accountabilit* or supervision or superintend* or oversight or inspection or control).tw. or stakeholder*.ti. (1874397)

32   30 and 31 (360)

33   governance.ab. and (accountab* or supervision or superintend* or oversight or inspection or control).ti. (154)

34   32 or 33 (477)

35   (health system* or healthcare or health care or health service* or primary care or patient care or care organizations or (health and services) or health planning or health policy or health reform or social care or welfare or preventive service*).ti. (182284)

36   34 and (5 or 15 or 35) (195)

37   (*leadership/ or leadership*.ti.) and accountabilit*.tw. and 5 (34)

38   26 or 29 or 36 or 37 (4788)

39   (English or Dutch or German).lg. (20488350)

40   38 and 39 (4645)

41   limit 40 to yr=2010-2016 (2756)

42   (system* or whole-system* or institutional or organizat* or regorganizat* or organiz* or reorganiz* or transform* or change* or health reform* or care or healthcare or public health or health policy or practitioner* or health service* or preventive service* or practice or partnership* or medication or welfare or improvement or engagement or implement* or commissioning or governance).ti. (1674957)

43   41 and 42 (2039)

44   exp Africa/ or exp Latin America/ or exp Asia/ or burnout, professional/ or job satisfaction/ or health status disparities/ or healthcare disparities/ or severity of illness index/ or patient admission/ or remission induction/ or "time-to-treatment"/ or (health inequities or health disparities).ti. (971442)

45   (news or letter or editorial or comment).pt. (1530831)

46   43 not (44 or 45) (1754)

47   remove duplicates from 46 (1744)

48   36 or 37 (221)

49   48 and 39 (217)

50   limit 49 to yr=2010-2015 (145)

51   50 and 42 (122)

52   51 not (44 or 45) (101)

53   remove duplicates from 52 (100)

54   26 or 29 (4596)

55   54 and 39 (4457)

56   limit 55 to yr=2010-2015 (2633)

57   56 and 42 (1938)

58   57 not (44 or 45) (1670)

59   remove duplicates from 58 (1661)

Search string for the database EMBASE/Global Health/SciSearch

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	no	hits	search expression

c=   1   56120475   me90; em90; az72; is74

s=   2   127663   ct=(health services; adolescent health services; community health services; child health services; community health nursing; community mental health services; community pharmacy services; home care services; maternal health services; occupational health services; preventive health services; dental health services; emergency medical services; "health services for the aged"; mental health services; nursing services; personal health services; pharmaceutical services; rehabilitation; reproductive health services; rural health services; suburban health services; "women's health services")/w=1

    3   90044   ct=(health service; community care; child health care; home care; maternal care; maternal welfare; mental health service; community mental health center; occupational health nursing; occupational health service; preventive health service; preventive medicine; dental care; dental practice; emergency health service; nursing care; nursing practice; nurse practitioner; pharmaceutical care; rural health care)/w=1

    4   192595   ct=(primary health care; general practice; family practice; professional practice; comprehensive health care; managed care programs; delivery of health care; delivery of health care, integrated; patient care management; nursing process; telemedicine; health services administration; health services research; translational medical research; health facility administration; health facilities; health maintenance organizations; health planning; regional health planning; community health planning; regional medical programs; health policy; national health programs; social work; social welfare; child welfare; infant welfare; maternal welfare; government regulation; government programs; multi-institutional systems)/w=1

    5   67290   ct=(primary medical care; managed care organization; family service; family medicine; family centered care; health care delivery; "health care delivery and services"; health care facility; health care practice; health care maintenance organization; long term care; managed care; newborn screening; prenatal screening; national health organization; national health service; social care)/w=1

    6   80134   (2 or 3 or 4 or 5) and (qf=og or ft=organizat*/ct)

    7   16445   (ft=(health system*; healthcare; health care; health service*; primary care; patient care; care organizations; health planning; health policy; health reform; social care; welfare; preventive service*)/ti or (ft=health/ti and ft=services/ti)) and ft=(organizat*; organisat*)/(ti; ab)

    8   92736   6 or 7

    9   106276   ct=(health transition; organizational innovation; organizational policy; organizational case studies; accountable care organizations) or ct=total quality management/qf=og or ct=efficiency, organizational/w=1

    10   2547   ct=evidence-based practice/qf=mt or ct=evidence-based practice/qf=og or ct=evidence-based medicine/qf=mt

    11   35145   ft=(healthcare reform*; care reform*; health reform*; system reform*; organizing care; organizational reform*; current reform*; large system transformation*; practice change)/(ti; ab) or ct=health care reform/w=1

    12   35219   ft=(system* # # # # (transform*; transition*; innovation; change*; reform*))/(ti; ab)

    13   4407   ft=(organizat* # # # # (transform*; transition*;

innovation; change*; reform*))/(ti; ab)

14   28537   ft=(process* # # # # (transform*; transition*; innovation; change*; reform*))/(ti; ab)

15   7032   ft=(practice # # # # (transform*; transition*; innovation; change*; reform*))/(ti; ab)

16   32628   ft=(large scale; whole scale; whole system*)/(ti; ab) and ft=(transform*; transition*; innovation; change*; reform*)/(ti; ab)

17   46415   ft=(phase transition*; system redesign*; " more effective organization"; policy level change*)/(ti; ab)

18   284785   9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17

19   23475   8 and 18

20   37147   ct=(systems theory; systems analysis; systems integration; diffusion of innovation; models, theoretical; models, organizational)/w=1

21   14267   ct=(forecasting; program evaluation; "evaluation studies as topic"; "outcome and process assessment (health care)")/w=1

22   1262386   ft=(factor*; determinant*; mechanism*; theor*; concept*; contextual; principles; sustainability; acceptability; evidence*)/ti

23   846293   ft=(predictor*; predictive; preconditions; key factor*; key aspect*; key issues; key components; key elements; key lessons; lessons learned; key strategies; key determinants; added value)/(ti; ab) or ft=(factors # # # # (change; facilitating))/(ti; ab) or ft=(factors # # # # # new practice)/(ti; ab)

24   1229586   ft=(contextual factors; underlying mechanisms; "mechanisms of change"; mechanisms; theories; context-mechanism*; systems perspective; systems thinking; complex adaptive system*)/(ti; ab)

25   109327   (ft=(successful; unsuccessful; less successful)/(ti; ab) and transformat*/(ti; ab)) or ft=(enhanc* # # # # success*; maintain* success; lasting changes; sustainability; acceptability; fidelity; employee* # # # # perception*; level* # # # # participation; participating practices)/(ti; ab)

26   101073   ft=(engage; engagement; includ* # # # # stakeholders; "integrating services across providers"; "range of services"; using evidence; supporting self care)/(ti; ab)

27   25283   (ct=community networks or ct=(consumer participation; cooperative behavior; interdisciplinary communication; inter-professional relations; group processes; physician's practice patterns; professional role; "attitude of health personnel"; organizational culture; communication; motivation; trust)/w=1) and (ct=(health care reform; organizational innovation; accountable care organizations) or ct=multi-institutional systems/qf=og)

28   3249394   20 or 21 or 22 or 23 or 24 or 25 or 26 or 27

29   6949   19 and 28

30   672   ft=(commissioning group*; commissioning network*; clinical commissioning; commissioning cycle*; commissioning structure*)/(ti; ab) or ft=commissioning/(ct; ut)

31   10105   ft=accountabilit*/(ti; ab)

32   61   30 and (8 or 18) and (28 or 31)

33   72387   ft=governance/ti or ct=clinical governance or ft=(health governance; shared governance; governance arrangements)/(ti; ab)

34   2554727   ft=(accountabilit*; supervision; superintend*; oversight; inspection; control)/(ti; ab) or ft=stakeholder*/ti

35   7598   33 and 34

36   348   ft=governance/ab and ft=(accountab*; supervision; superintend*; oversight; inspection; control)/ti

37   7844   35 or 36

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        38      185192          ft=(health system*; healthcare; health care; health
service*; primary care; patient care; care organizations; health planning;
health policy; health reform; social care; welfare; preventive service*)/ti
or (ft=health/ti and ft=services/ti)
        39      1772    37 and (8 or 18 or 38)
        40      39      (ct=leadership/w=1 or ft=leadership*/ti) and
ft=accountabilit*/(ti; ab) and 8
        41      8678    29 or 32 or 39 or 40
        42      23182474        la=(english; dutch; german)
        43      8375    41 and 42
        44      7261    43 and py> 2009
        45      1900942         ft=(system*; whole-system*; institutional;
organizat*; regorganizat*; organiz*; reorganiz*; transform*; change*;
health reform*; care; healthcare; public health; health policy;
practitioner*; health service*; preventive service*; practice; partnership*;
medication; welfare; improvement; engagement; implement*; commissioning;
governance)/ti
        46      4700    44 and 45
        47      909835          ct d (Africa; Latin America; Asia) or ct=(burnout,
professional; job satisfaction; health status disparities; healthcare
disparities; severity of illness index; patient admission; remission
induction; "time-to-treatment") or ft=(health inequities; health
disparities)/ti
        48      1116846         dt=(news; letter; editorial; comment)
        49      3929    46 not (47 or 48)
        50      3163    check duplicates: unique in s=49
        51      1004    50 and base=me90
        52      2159    50 not 51
        53      1798    39 or 40
        54      1715    53 and 42
        55      1457    54 and py> 2009
        56      1024    55 and 45
        57      795     56 not (47 or 48)
        58      724     check duplicates: unique in s=57
        59      58      58 and base=me90
        60      666     58 not 59
        61      6993    29 OR 32
        62      6773    61 AND 42
        63      5894    62 AND PY> 2009
        64      3744    63 AND 45
        65      3184    64 NOT (47 OR 48)
        66      2496    check duplicates: unique in s=65
        67      952     66 AND BASE=ME90
        68      1544    66 NOT 67
        69      642     60 NOT 68
        70      1536    52 NOT 69
```

Search string for the database Scopus

#1   only
TITLE((integrate-care) OR (integrated-care) OR (integrating-care)) OR **KEY**((integrate-care) OR (integrated-care) OR (integrating-care))   1.870

#2
TITLE(integrate OR integrated OR integration OR integrating OR integrative OR governance OR commissioning) OR **KEY**(integrate OR integrated OR integration OR integrating OR integrative)

797.570

#3
TITLE((public-participation) OR (patient participation)) OR **KEY**((public-participation) OR (patient participation))   34.262

#4
(**TITLE**(accountability OR accountable OR governance OR leadership OR commissioning OR (health-system*) OR (organizational-networks) OR transforming OR transformation* OR transition* OR reform*) OR **KEY**(accountability OR accountable OR governance OR leadership OR commissioning OR (health-system*) OR (organizational-networks) OR transforming OR transformation* OR transition* OR reform*)) **AND** (**TITLE**(health OR care OR carers OR healthcare OR (health-care) OR (public-health) OR (health-policy) OR social OR patient* OR culture OR attitudes OR relations OR relationship* OR stakeholder* OR (medical-groups) OR practice OR network* OR chain OR communit* OR integrat* OR collaboration OR multidisciplinary OR inter-professional OR management OR alignment OR regulatory OR supervision OR model OR models OR framework* OR concept* OR lessons OR (decision-making) OR organization* OR organizations) OR **KEY**(health OR care OR carers OR healthcare OR (health-care) OR (public-health) OR (health-policy) OR social OR patient* OR culture OR attitudes OR relations OR relationship* OR stakeholder* OR (medical-groups) OR practice OR network* OR chain OR communit* OR integrat* OR collaboration OR multidisciplinary OR inter-professional OR management OR alignment OR regulatory OR supervision OR model OR models OR framework* OR concept* OR lessons OR (decision-making) OR organization* OR organizations))   560.505

#5
#2 OR #3 OR #4   1.331.116

#6
TITLE(care OR healthcare OR health OR hospital* OR social or welfare) OR **KEY**(care OR healthcare OR health OR hospital* OR social OR welfare)   4.777.520

#7
#5 AND #6   211.996

#8
ISSN(0033-3298 OR 0033-3352 OR 1053-1858 OR 1548-0518 OR 2324-7649)   4.056

        Public Administration   ISSN: 0033-3298
        Public Administration Review   ISSN: 0033-3352
        Journal of Public Administration Research and Theory   ISSN: 1053-1858
        Journal of Leadership and Organizational Studies   ISSN: 1548-0518
                (extra as a substitute for Journal of Organization Studies)
#9
(#1 OR #7) AND #8   108

#10
PUBYEAR AFT 2009   14.284.043
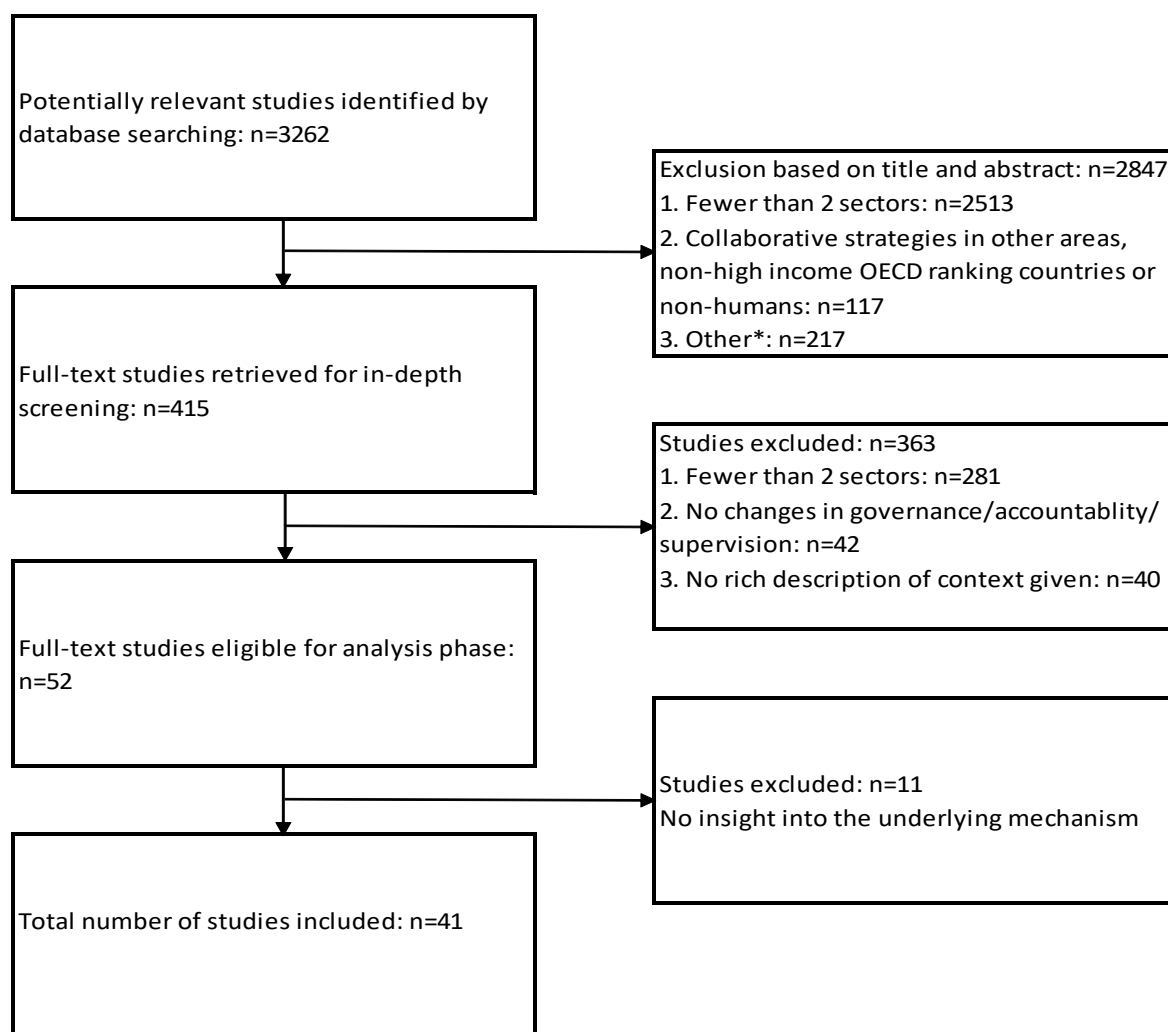
#11
#9 AND #10   65

Appendix 2. Description of the inclusion and exclusion criteria

Inclusion criteria
1. Studies containing strategies* aiming to reorganise and integrate services across (divisions of) one or more organisations and at least two or more of the following sectors**: public health, health care, social care, and wider public services.
2. Studies containing strategies aiming to improve collaboration that involved changes in governance, accountability or supervision structures or processes, that occur due to cross-sector collaboration to reorganise and integrate services in order to achieve improvements in the Triple Aim. [20, 21]
3. Studies containing strategies with regard to the reorganisation and integration of services across two or more sectors to fulfil the Triple Aim.
4. Studies containing rich descriptions of the contextual factors* in which strategies have being implemented, i.e. the aspects of the contexts that changed due to the implemented strategies.
5. Studies containing strategies that involve rich descriptions of outcomes* with regard to the reorganisation and integration of services across two or more sectors.
6. Studies in which underlying mechanisms* can be identified (preferably using a theory-driven approach).

Exclusion criteria
7. Studies that did not meet the methodological rigor requirements of Wallace et al. [23]
8. Studies containing strategies organizing collaboration in other areas than public health, health care, social care and wider public services.
9. Studies containing collaborative place-based initiatives in countries that are not classified within the high income-Organization for Economic Cooperation and Development (OECD) ranking countries by the World Bank list of economies[22].
10. Studies containing strategies regarding non-humans.

*For definitions see Table 1.
** Sector is defined as a sub-system of the health system. Because the demarcation between the different sectors within health systems around the world vary from country to country, the research team has interpreted the different sectors based on the sector descriptions stated in the studies.

Appendix 3. Flow chart of searches

Potentially relevant studies identified by database searching: n=3262

Exclusion based on title and abstract: n=2847
1. Fewer than 2 sectors: n=2513
2. Collaborative strategies in other areas, non-high income OECD ranking countries or non-humans: n=117
3. Other*: n=217

Full-text studies retrieved for in-depth screening: n=415

Studies excluded: n=363
1. Fewer than 2 sectors: n=281
2. No changes in governance/accountablity/supervision: n=42
3. No rich description of context given: n=40

Full-text studies eligible for analysis phase: n=52

Studies excluded: n=11
No insight into the underlying mechanism

Total number of studies included: n=41

*Other topics in health care such as research in protocols, health education

Appendix 4. Table 2 References

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Appendix 5. The Collaborative Adaptive Health Network's (sub)components, their definitions, underlying theories and references

Components and subcomponents*	Definition	Underlying theories (T), models (M), reviews (R) or literature (L) referred to in included studies
1. Social forces [1-20]	Social forces anchored at the institutional level consist of three broad types of forces that supply guidelines for the behaviour of people: cultural-cognitive (what generally does happen), normative (what should happen) and regulative (what must happen).	T: Neo-institutional theory[21]
1a. Cultural cognitive social force [1-3, 5, 7-16, 18-20]	Culturally supported scripts about what usually happens, and contains 4 elements: sensemaking, rhetorical use of language, mental models and symbolic constructions.	T: Neo-institutional theory[21]
1.1a. Sensemaking [2, 5, 7, 9, 11, 12, 14-16, 18, 20]	Becoming aware of new, uncertain or ambiguous situations.	T: System dynamic perspective[22]; Social Identity theory[23]; Boundary object theory[24]; R: [25]; L: [25-28]
1.1b. Rhetorical use of language [10, 12, 13]	The deliberate use of (persuasive) language to influence the creation or maintenance of cultural-cognitive elements.	T: Rhetorical theory[29]
1.1c. Mental models [1, 8, 10, 11, 15-19]	Culturally supported believe and behavioural patterns that people construct and use to understand and interpret phenomena.	T: Boundary object theory[24] L: [28, 30-35]
1.1d. Symbolic constructions [3, 8, 12, 14, 16, 18]	Objects or acts having cultural significance and having the capacity to guide the reasoning and behaviour of people or institutional practices.	T: Neo-institutional theory[21]; Social identity theory[23]
1b. Normative social forces [4, 6, 8, 9, 11-15, 17, 18]	Expectations of what is right and reasonable and what should happen, challenging the crossing of professional and organizational norms and expectations with or without the use of power and reputation.	T: Neo-institutional theory[21]; Social identity theory[23]; Actor network theory[36] M: Model of radical change[37]
1c. Regulative social force [9, 12]	Rules that shape the actions of people.	T: Neo-institutional theory[21]
2. Resources [1-3, 7-9, 12, 14-20, 38-54]	The demand and supply side of resources and the technologies available to organizations, In order for organizations to produce services.	T: Neo-institutional theory[21]
2a. Demand side [12, 42, 49]	Structures and factors affecting the demand for services such as the socio demographic characteristics.	T: Neo-institutional theory[21]
2b. Supply side [1-3, 7-10, 12, 16, 18, 20, 38-54]	Structures and factors affecting the supply side of services such as organizational and human capacity, time and funds.	T: Neo-institutional theory[21]
2c. Technologies [1, 3, 7-10, 12, 14, 15, 17-20, 38, 41, 42, 44, 48, 50-52]	The 'software', such as skills and knowledge of users of technology, and the hardware of technology.	T: Neo-institutional theory[21]
3. Finance [1-3, 6, 17, 18, 38-43, 45, 48, 49, 52, 55]	The management of financial arrangements, which contains 3 elements: financial strategies, contractual relationships and contractual scope and requirements.	T: Economic theory[56-58]; Social-legal contract theory[59]
3a. Financial strategy [1-3, 6, 17, 18, 38-43, 45, 55]	Strategies in light of (re-) alignment of interests, financial motivations, goals, and agreed upon measures and financial incentives across stakeholders.	T: Economic/Social-legal contract theory[59] M: Logic Model of Fisher et al.[60]; R: [61, 62]; L: [63-66]
3b. Contractual relationships [6, 40, 45, 48, 49, 52]	The relational and discrete aspects surrounding contractual exchanges.	T: Economic/Social-legal contract theory[59] R: [67-69]; L: [59, 70-72]
3c. Contractual scope and requirements [38, 40-42, 48]	The involved payers and providers, their commitment (e.g. timeliness) and the proportion of participating providers' patients that are covered by contracts (scope) and structures and processes required to be eligible to participate in the contract (requirements).	M: Logic Model of Fisher et al.[60] L: [70]

Components and subcomponents*	Definition	Underlying theories (T), models (M), reviews (R) or literature (L) referred to in included studies
4. Relations [4-6, 8-12, 17, 18, 40-45, 48-50, 54]	How (a new) culture is enacted at the interpersonal level and comprises seven constructs: trust, mindfulness, heedfulness, respectful interaction, group diversity, social and task relatedness, and communication effectiveness.	M: Relationship model of Lanham et al. [73]
4a. Trust [4, 12, 18, 44]	The willingness of an individual to be vulnerable to another individual.	M: Relationship model of Lanham et al. [73]
4b. Mindfulness [9, 12, 18]	Openness to new ideas and different perspectives, fully engaged presence, awareness, and seeking novelty (even in routine situations).	M: Relationship model of Lanham et al. [73]
4c. Heedfulness [11, 12, 42]	Interaction where individuals are sensitive to the task at hand (the job they are doing) and are paying attention to the way their roles and actions fit into (affect) the roles and actions of the entire group. Both descriptions must be true for heedful interrelating to be present.	M: Relationship model of Lanham et al. [73]
4d. Respectful interaction [12, 17]	Honest, self-confident, and appreciative interaction among individuals, often creating new meaning.	M: Relationship model of Lanham et al. [73]
4e. Group diversity [9, 10, 12]	Differences in individual perspectives, thoughts, and views of the world that enhance group problem solving and creativity.	M: Relationship model of Lanham et al. [73]
4f. Social & task relatedness [12, 48-50]	Interaction that is characterized by non-work-related conversations and activities (social relatedness) and work-related conversations and activities (task relatedness).	M: Relationship model of Lanham et al. [73]
4g. Communication [5, 8, 9, 18, 41, 45]	Face-to-face conversation that is most effective when messages are highly uncertain or ambiguous, and to impersonal documents that is most effective when messages are clear and non-threatening.	M: Relationship model of Lanham et al. [73]
4h. History [6, 8, 11, 40, 43, 54]	Relationships and reciprocities based on earlier experiences.	
5. Regulations [8, 12, 13, 17, 20, 41, 45, 47, 48, 50, 52]	Regulations refers to the national (federal) - state (provincial) and/or county (municipal) health policy and accompanying laws and regulations and to political influence, problem streams and the political agenda.	M: Multiple streams model [74]
5a. Influences of policy [8, 12, 13, 20, 45, 47, 50, 52]	National (federal)/state/provincial health policy and accompanying laws and regulations, which influence the interests, rationales and activities of professionals.	M: Multiple streams model [74] L: [75, 76]
5b. Political influence [13, 41, 50]	Exchanges between representatives of politics, professionals and the public, which influences the policymaking cycle and the behaviour of professionals and the public.	M: Multiple streams model [74]
5c. Problem stream [12, 13, 17, 48]	Issues that are perceived as (solutions to) problems and deserve the attention of the government.	M: Multiple streams model [74] L: [77]
5d. Political agenda [13]	Processes that influence the political agenda and support.	M: Multiple streams model [74]
6. Market [1, 2, 4-6, 8, 9, 11, 13-15, 17-20, 38, 40-45, 47-50, 52-55, 78]	The local market refers to 4 elements that influence the working relationships between organizations within a local health care market (trust-reciprocity-respect; agreement on purpose and needs; engagement; history of the local market), and to the structures and dynamics of this local market.	T: Organizational theory [79] ; Theory of sense of community [80] M: Logic Model of Fisher et al. [60]; R: [81]
6a. Trust-reciprocity-respect [1, 2, 4, 9, 14, 17, 18, 41, 49, 52]	The extent of levels of trusts, reciprocity and respect between partners, which influences the establishment, and continuation of partnership relations.	T: Organizational theory [79] R: [81]
6b. Agreement on purpose and need to joint working arrangements [2, 5, 6, 8, 9, 12, 14, 15, 18-20, 38, 41, 43-45, 49, 53]	The way and extent organizations agree about the purpose of, and need for joint working arrangements, which influences the establishment, and continuation of partnership relations.	R: [81]
6c. Engagement in joint working arrangements [2, 4-6, 8, 13-15, 17-20, 38, 40, 43-45, 47-50, 52, 53, 78]	The way and level of engagement and commitment to joint working arrangements between organizations, which influences the establishment, and continuation of partnership relations.	R: [81]

Components and subcomponents*	Definition	Underlying theories (T), models (M), reviews (R) or literature (L) referred to in included studies
6d. History of the local market [4, 6, 8, 11, 14, 40, 43, 45, 53, 54]	Earlier organizational working relationships, which influences current working relationships.	T: Organizational theory[79] L: [79, 82]
6e. The local market structure and dynamics [4, 40, 42, 43, 45, 53]	The degree of market concentration in relation to dynamics in collaboration efficiencies and market power.	M: Logic Model of Fisher et al. L: [63]
7. Leadership [2-8, 10, 12-14, 18, 19, 40-42, 44-47, 49-53, 78, 83]	Leadership structures, processes and styles that provide support and direction for the development of PHM across organizations and sectors	L: [72, 84-87]
7a. Motivation [2, 3, 5, 7, 8, 10, 40, 42, 44, 45, 47, 49, 52, 53, 83, 88]	The process of how perceptions of leaders are shaped towards what goals to consider important.	L: [89]
7b. Representation [4, 19, 40, 47, 50, 83]	The amount and/or inclusiveness of stakeholders in governance structures in view of communication, cooperation and legitimacy of outcomes and decisions.	L: [67, 84, 90]
7c. Relationship [7, 40, 47, 52]	The process of relationship building between leaders of organizations in light of sharing collaborative responsibilities for process and outcomes.	L: [67]
7d. Decision-making [4, 19, 46, 47]	The process of how decisions are made and by whom.	L: [67, 84, 91]
7e. Distributed leadership [6, 10, 18, 19, 47, 51, 78, 83]	Leadership as a collective enterprise, involving a variety of actors from different (occupational) groups and (power) levels.	L: [67, 92-97]
7f. Visionary leadership [6, 12, 13, 41]	Leadership behaviour characterized by change orientation: framing of problems, advocating and envisioning change, creating opportunities and facilitating collective learning.	L: [98]
7g. Strategic leadership [47, 49]	Leadership behaviour characterized by clarifying and creating direction and alignment around priorities, objectives and strategies.	L: [72]
7h. Committed leadership [2, 4, 41]	Leadership behaviour characterized by relational and external network orientation: motivating staff and the local community and establishing partnerships through sustained and responsive engagement.	L: [98]
8. Accountability [2, 3, 7, 20, 38, 40, 46, 47, 55, 83]	Processes by which one party reports to another on its actions or performance either with or without consequences, i.e. who, what and how.	L: [99]
8a. The loci of accountability [7, 47, 83]	The parties that can be held accountable or hold others accountable within collaborative initiatives.	R: [100] L: [99, 101, 102]
8b. Incentive design [2, 40, 46, 55, 83]	The management of financial incentives and linkage to performance and accountability.	L: [65, 70, 99]
8c. Procedures of accountability [3, 38, 47, 50, 83]	The structures and processes to motivate, sanction, and incentivize adherence to goals and performance thresholds for the control and continuous improvement of collaborative processes and products.	R: [100] L: [99, 102-105]

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Appendix 6. RAMESES Checklist

TITLE ARTICLE: **Reorganising and integrating public health, health care, social care and community services: a theory-based framework for Collaborative Adaptive Health Networks to achieve the Triple Aim**			Page Number
1		In the title, identify the document as a realist synthesis or review	-
ABSTRACT			
2		While acknowledging publication requirements and house style, abstracts should ideally contain brief details of: the study's background, review question or objectives; search strategy; methods of selection, appraisal, analysis and synthesis of sources; main results; and implications for practice.	1
INTRODUCTION			
3	Rationale for review	Explain why the review is needed and what it is likely to contribute to existing understanding of the topic area.	2-3
4	Objectives and focus of review	State the objective(s) of the review and/or the review question(s). Define and provide a rationale for the focus of the review.	2-3
METHODS			
5	Changes in the review process	Any changes made to the review process that was initially planned should be briefly described and justified.	4-5
6	Rationale for using realist synthesis	Explain why realist synthesis was considered the most appropriate method to use.	3
7	Scoping the literature	Describe and justify the initial process of exploratory scoping of the literature.	3-4

	TITLE ARTICLE: **Reorganising and integrating public health, health care, social care and community services: a theory-based framework for Collaborative Adaptive Health Networks to achieve the Triple Aim**		Page Number
8	Searching processes	While considering specific requirements of the journal or other publication outlet, state and provide a rationale for how the iterative searching was done. Provide details on all the sources accessed for information in the review. Where searching in electronic databases has taken place, the details should include, for example, name of database, search terms, dates of coverage and date last searched. If individuals familiar with the relevant literature and/or topic area were contacted, indicate how they were identified and selected.	3-4 Appendix 1
9	Selection and appraisal of documents	Explain how judgements were made about including and excluding data from documents and justify these.	3-4 Appendix 2
10	Data extraction	Describe and explain which data or information were extracted from the included documents and justify this selection.	4
11	Analysis and synthesis processes	Describe the analysis and synthesis processes in detail. This section should include information on the constructs analysed and describe the analytic process.	4
RESULTS			
12	Document flow diagram	Provide details on the number of documents assessed for eligibility and included in the review with reasons for exclusion at each stage as well as an indication of their source of origin (for example, from searching databases, reference lists and so on). You may consider using the example templates (which are likely to need modification to suit the data) that are provided.	5 Fig 1
13	Document characteristics	Provide information on the characteristics of the documents included in the review.	5 Table 2

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		Appendix 3
14	Main findings	Present the key findings with a specific focus on theory building and testing.	5-10
DISCUSSION		
15	Summary of findings	Summarize the main findings, taking into account the review's objective(s), research question(s), focus and intended audience(s).	10-11
16	Strengths, limitations and future research directions	Discuss both the strengths of the review and its limitations. These should include (but need not be restricted to) (a) consideration of all the steps in the review process and (b) comment on the overall strength of evidence supporting the explanatory insights which emerged. The limitations identified may point to areas where further work is needed.	11-13
17	Comparison with existing literature	Where applicable, compare and contrast the review's findings with the existing literature (for example, other reviews) on the same topic.	11
18	Conclusion and recommendations	List the main implications of the findings and place these in the context of other relevant literature. If appropriate, offer recommendations for policy and practice.	11, 13-14
19	Funding	Provide details of funding source (if any) for the review, the role played by the funder (if any) and any conflicts of interests of the reviewers.	Provided