BETWEEN POLICY AND MANAGEMENT: PATHWAYS AND DRIVERS TO MOBILIZE STAKEHOLDERS FOR SHARED VALUE CREATION IN HEALTHCARE

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Competitive paper

We report the findings of an embedded case study in Belgian healthcare, building on rich data from 28 in-depth interviews and 2 focus groups, which describes the introduction of personalized medicine. The study elaborates a value systems perspective on stakeholder management emerging in stakeholder theory, relationship marketing and recent work in the IMP approach. Guided by these streams of theory, we develop coordination principles for the design of a shared-value-creation system and a roadmap for stakeholder mobilization. The case revealed the importance of higher-order shared values, vision closeness and stakeholder maturity in mobilizing network stakeholders into a value-creating system. Our findings illustrate the business case of creating value for stakeholders. They contribute to recent streams on 'institutional entrepreneurship' and intentional 'strategic business nets' in industrial network literature by exploring how stakeholders' dominant logic can be transitioned.

1. INTRODUCTION

Competition is ever more a game playedbetween strategic networks.In pharmaceuticals, once the epitome of in-house innovation, R&D alliancesbetween ‘big pharma’ companies and small biotechs are now the common unit of value creation(Garnier, 2008). In the telecommunications and consumer electronics industries, races for standards have often been all-or-nothing games between technological alliances. Even in the rigid steel industry, SME’s in the midstream are recently seeing application-based networks more and more as the relevant unit of innovation and differentiation.

Accordingly,scholars adopted a‘collective action’view in social capital(Gulati et al., 2000), in relationship marketing (Payne & Holt, 2001) and in interorganizational learning (Powell et al., 1996; Kraatz, 1998) literature. In different research traditions, these collaborative networks have been labeled ‘ecosystems’(Adner, 2006), embedded networks(Uzzi, 1997), value systems(Priem, 2007; Rowley, 1997), value-creating systems (Kothandaraman & Wilson, 2001; Normann & Ramirez, 1993), strategic networks (Gulati et al., 2000)and strategic business nets (Möller et al., 2005). They are seen as voluntary systems for knowledgeandresource acquisition(Gulati et al., 2000),risk minimization(Shrivastava, 1995) and shared value creation(Porter & Kramer, 2011).

However, with the added benefits of adopting such a system-centered network view, added challenges come as well. It clarifies how interdependencies within and between systems severely increase the complexity of strategizing. Creating shared value (Porter & Kramer, 2011)causes additional coordinationand governance problems. Strategic change on an ecosystem level requires stakeholder collaboration (Heuer, 2011), brings about several dependency risks (Adner, 2006)and places higher requirements on performance (Shrivastava, 1995). Stakeholder theory (SHT) and relationship marketing theory (RMT), most prolific on shared value creation,scantly address these challenges.

Emanating most prolifically from the field of business ethics, SHT is predominantly approached from a normative perspective (Phillips, 2003) on how business should be done. It has spent less effort on how it *could* be done in a way that aligns the interests of business and society (Porter & Kramer, 2006). The perspective of the firm and that of stakeholdersare strictly separated in SHT, resulting in an inevitable stalemate whenstakeholder interests are assumed untouchable without really explicating themor trying to find common ground.

RMT instead focuses onco-creative firm-stakeholder interaction based on the needs of both (Ballantyne et al., 2011; Payne et al., 2008; Bhattacharya et al., 2009)and on the joint pursuit of opportunities instead of obligations(Bhattacharya et al., 2011). Still, RMT barely touches the interdependencies or agency problems in shared value creation. A growing system-centered perspective within RMT nonetheless acknowledgesthe need to view stakeholders as interdependent willful entities (Bhattacharya et al., 2011; Bhattacharya, 2010; Frow & Payne, 2011).Given the nascent state of this stream, as well as the ontological limitations of RMT, however, little guidance is offered on the design and realization of shared value creation (SVC) systems to date.

Markets-as-networks (IMP) research begins to provide insight into the challenges in the initial phases of spawning collective action systems (Hargrave & Van de Ven, 2006)by addressing the issue of stakeholder mobilization.When business actors pursue institutional entrepreneurship (Battilana et al., 2009), seeking to recreate institutional arrangements, they mobilize issue-based networks (Ritvala & Salmi, 2008). This requires network insight, connectedness and political skill (Ritvala & Salmi, 2011; Mouzas & Naudé, 2007) to develop a mobilization strategyandalign values (Ritvala & Salmi, 2010), new social contracts and new value propositions (Mouzas & Naudé, 2007) to motivate stakeholders.

Within IMP, however, this notion of intentional rather than emergent networks is still under debate(Rampersad et al., 2010) and thus rather novel andunderdeveloped. This leaves an exciting void to research the governance and coordination issues of strategic business nets, which takes as assumption that *"the potentiality for intentional ''management of networks'' varies between different types of networks"*(Möller et al., 2005, p.1275).Furthermore, extant cases of mobilization for institutional entrepreneurship in industrial networks areinitiated by non-market actorsand suggest that business firms need to develop capabilities to work with these actors. We report a case from a business actor perspective wishing to replace extant dominant logic with a new mutually beneficial oneand describe how business actors can take a more proactive role.

Limiting our scope to the creation of SVC systems, make a further thrust in actionable theory on the mobilization of stakeholders and address the lack of a unifying roadmap for stakeholder analysis and mobilization in extant theory.This study is motivated by the issue of how change-enablingshared-value-creating systemscan be created and it is further divided into following research questions:

RQ1: What are the formative principles of a shared value creating system?

RQ2: What are the challenges for institutional entrepreneurs in mobilizing stakeholders in a shared value creating system.

RQ3: What does such a mobilization process consist of?

With an embedded case-studycovering28expert interviews and 2 focus groups, we illustrate the importance of stakeholders' personal values, their closeness and relative maturity as essential concerns in motivating stakeholders for mobilization in SVC systems. We stress the moral component of stakeholder value propositions as a key success factor in attaining cooperationfrom stakeholders. This case offers insights from the introduction of a personalized health care system in Belgium and the challenge of mobilizing stakeholder for this end. It identifies barriers to co-creative stakeholder mobilization and probesprominent opinions on ways outfrom different stakeholder categories.

The case illustrates four connected conceptual principles of an ideal SVC system (RQ1). Combined with additional theory on regenerating dominant logic, it also inspires (Siggelkow, 2007) the formulation of a roadmap for stakeholder mobilization forSVC systemcreation, (RQ3). This roadmap contains tactical guidelines explicitly addressing the specific challenges of mobilization (RQ2) in a networked healthcare environment. It is a further attempt to offer actionable guidance on aligning and forming value creating ecosystems with all relevant stakeholders towards a shared goal.

We first review the stakeholder management literature, more specificallythe stakeholder approach to strategic management, relationship marketing and a new agenda in the markets-as-networks approach. We then summarize actions and frameworks proposed in these strands for the development of a stakeholder roadmap and delineate gaps in the state-of-the-art on stakeholder management. Our case study illustrates the gaps in current stakeholder mobilization theory and extends it with additional

factors. As such, we aim to stimulate this promising line of research on an issue that will increasingly figure in future debate in IMP theory and beyond.

2. THEORETICAL FOUNDATIONS

SHT hassuccessfully put stakeholders on the corporate agenda, yet by taking an outsider perspective it fails to offer practical guidance(Jensen, 2001)or to fundamentally impact strategy formulation.By centering the debate on what firms should do and what stakeholders can claim, underscoring the potential risk ofstakeholder perceptions(Van der Laan et al., 2008), stakeholder management has been construed more in the sense of a hygiene factor (Herzberg, 1968).

Network theory, however, shows that networks can be a driver of superior value creation (Gulati et al., 2000). Accordingly, there is a newer body of literature that looks at stakeholder relationships as a driver of mutual benefits. In the remainder of this section, we portray the evolution towards this newer, value-oriented, thinking in three streams of literature and consider its promise to overcome the limitations of each stream. This provides a basis for the development of our conceptual model and the exploration of our research questions in the subsequent section.

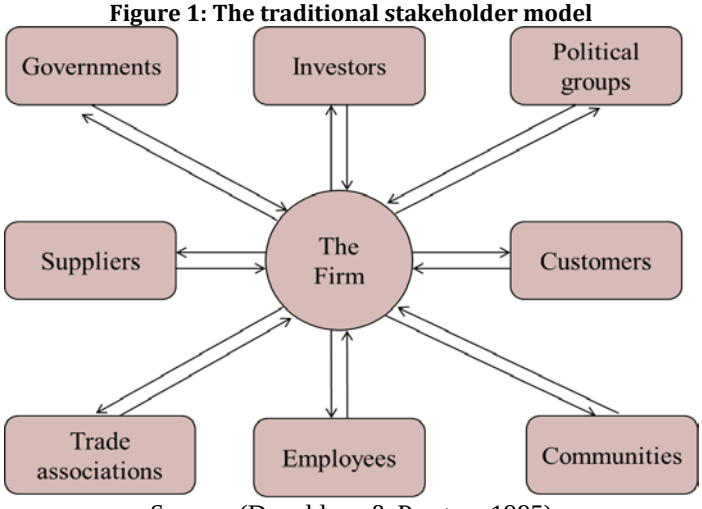
2.1. STAKEHOLDER THEORY: TOWARD A CONVERGENCE OF PERSPECTIVES

2.1.1. *Contributions and limitations of stakeholder theory*

When Freeman (1984) introduced stakeholders to strategic management to address the legitimate societal role and obligations of businesses, he opposed the exclusive focus onatomistic firms' profit maximization in mainstream theories. Stakeholder theory provides an alternative normative basis that does pay attention to the interactions of business with all stakeholders that affect or are affected by the organization (Freeman, 1994). Normative SHTilluminates the overlooked impact of externalities on a firm's environment and extensively debates the role of stakeholders' rights(Freeman, 1994). However, it lacks consideration of stakeholders' obligations or the potential contribution stakeholders might impart to the value created by a firm.

Whereas normative SHT offers little managerial relevance by itself (Jones & Wicks, 1999), its instrumental counterpart(Donaldson & Preston, 1995)attempts to make the business case for investing in stakeholder management (Campbell, 1997)by investigatingits influence on firm performance (Hillman & Keim, 2001; Choi & Wang, 2009). Although in combination they cover respectively the stakeholders' and the firm's perspective, normative and instrumental SHT remain 'unidirectional' (Figure 1). Both are studied separately and posited as competing ends (Goodpaster, 1991). Normative theory remains morally prescriptive with the interests of stakeholders in mind and instrumental SHT has a manipulative finality, serving the interests of the firm. The discussion on the role of firms and the claims of different sets of stakeholders has, therefore, inevitably lead to a polarized stalemate (Porter & Kramer, 2006).

Figure 1: The traditional stakeholder model



Source: (Donaldson & Preston, 1995)

2.1.2. *Toward value systems in stakeholder theory*

SHT scholars nonetheless recognize the need to converge both perspectives (Jones & Wicks, 1999), hence new publications try to illustrate howdoing right by stakeholders contributes to competitive advantage(Harrison et al., 2010). This newer 'managing-for-stakeholders' literature has shifted the basis for its arguments from stakeholder rights to the potential value of sustainable stakeholder management and avoids a defensive discussion concerning rights and obligations. A more fundamental contribution in this respect, is the introduction of system-centered stakeholder management (Mitchell et al., 1997): *"managers might want an exhaustive list of all stakeholders in order to participate in a fair balancing of various claims and interests within the firm's social system"*.

Unlike the 'managing-for-stakeholders' view, this system-centered approach to stakeholder management,pays attention to trade-offs between stakeholder and organizational goals and does not consider them fundamentally distinct when trying to reconcile them. The system-centered approach instead states that the goals of the firm and stakeholders should be aligned, that they can operate toward one common goal,as one system (Post et al., 2002a).

Contrary to instrumental SHT,it has the potential to answer why organizations and stakeholders should collaborate to create value. Simply put,actors should demonstrate cooperative behavior in interactions with each other, as individual maximization always leads to suboptimal system-wide performance (Freeman & McVea, 2001). Hence, value creation should not be confounded with value capture(Priem, 2007). By clarifying the difference between the system optimum and individual maximization, systems theory offers a frame to invalidate opportunistic, self-serving economic arguments and to converge firms' and stakeholders' perspectives.

2.2. THE RELATIONSHIP MARKETING APPROACH TO STAKEHOLDERS

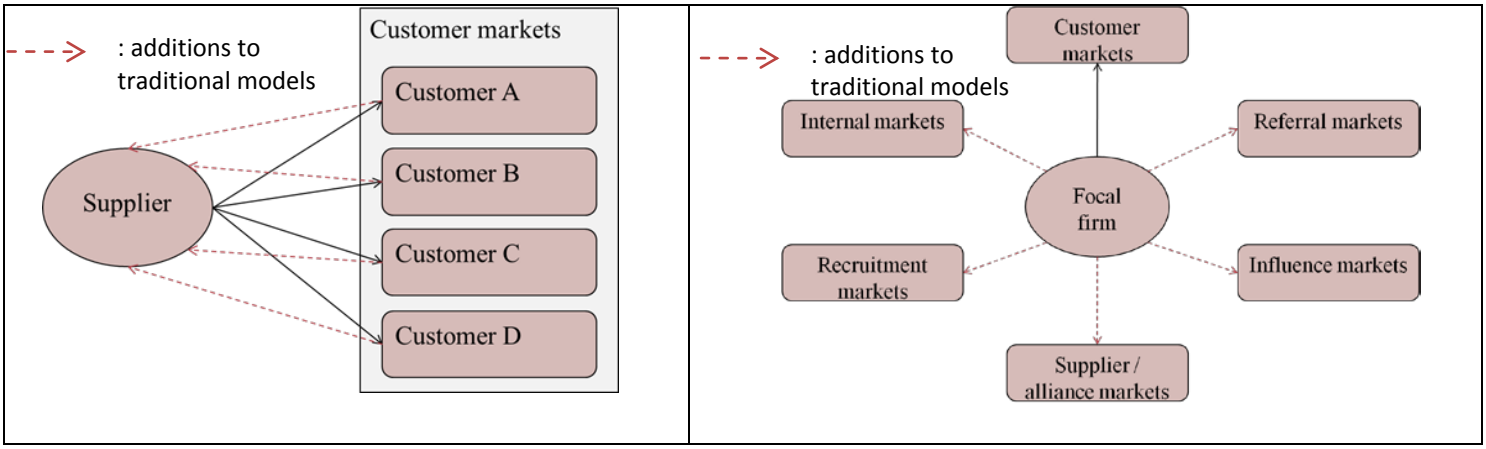
2.2.1. ***Contributions and limitations of relationship marketing theory***

In the relational approach to marketing there is a newer agenda that espouses the stakeholder or similar concepts (Payne & Holt, 2001).It evolves toward value propositionbased on holistic solutions through co-creative relationships(Spring & Dalrymple, 2000; Ballantyne & Varey, 2008). In this service-dominant logic(Vargo & Lusch, 2004; 2008; Matthyssens & Vandenbempt, 2010), marketing's focus is on what defines value in a sustainable relationship rather than new customer acquisition (Dyer & Singh, 1998; Cova & Salle, 2008; Barry & Terry, 2008). Shiftingtoward*"fewer relationships with greater outcomes"*(Westerlund & Svahn, 2008, p.492), marketing becomes a discipline of co-creation (Payne et al., 2008), rather than unidirectional transaction (Dwyer et al., 1987). Viewingsupplier-buyer relationships with knowledge and even goods flowing in two directions (Figure 2), it isempowered and based on reciprocal goodwill, rather than manipulative.

A moredifferentiated conception of potential co-creators is introduced with the six markets model (Christopher et al., 1991), extending the focus on customerswith factor markets (Figure 2). Out of this expansion of potential co-creators, emerges a direction for RMT that focuses on the strategic value of co-creative relationships with diverse publics (Payne et al., 2008; Frow & Payne, 2011).Theinterface of these multiple market andco-creative relationship marketing viewsexplicitly include stakeholders(Payne & Holt, 2001)in *value-creating systems*(Normann & Ramirez, 1993) that maximize collective value.

Figure 2: Additions from new marketing concepts toward a holistic stakeholder paradigm

ADDITIONS FROM CO-CREATION LITERATURE	ADDITIONS FROM THE SIX-MARKETS MARKETING MODEL



In this new line of *'stakeholder marketing'* (Bhattacharya & Korschun, 2008), value propositions are the crucial platforms to facilitate co-creative interaction (Ballantyne et al., 2011), which in turn strengthens stakeholder relationships (Bhattacharya et al., 2009).This and the co-creative perspective constitute significant thrusts towards a more holistic marketing paradigm that comprehensively includes stakeholder interests.

Largely lacking in this *stakeholder marketing* approach is detailed consideration of externalities and the social structure of managing stakeholders. Trade-offs are poorly explained by focusing exclusively on the customer value proposition (Ballantyne et al., 2011). Hence, its explanation of stakeholder co-creation is contingent on a prioriinterest alignment with the value proposition and – as stakeholders are poorly motivated by broader social issues (Hillman & Keim, 2001) – restricted to very rare contexts. Even if such a context is found, co-creation occurs in interaction (Grönroos, 2011) rather than in a one-shot transaction. The duration of this process, as well as the partial self-interest that remains, likely cause potential agency problems as stakeholder relationships are issue- and time-specific (Post et al., 2002b). An additional focus on social-structural elements, e.g. incentive and coordination mechanisms,is required for sustained collaboration (Greer & Lei, 2012).

2.2.2. *The emergence of valuesystems in relationship marketing*

In response to existing models' inability to explain the interdependencies of individual stakeholder behavior, a systems perspective has been proposed to advance stakeholder marketing (Bhattacharya & Korschun, 2008). In fact, recent work in the S-D approach is also adopting a system-centered stakeholder perspective (Frow & Payne, 2011). This stakeholder-inclusive model acknowledges that the organization plays a role in a greater whole and is mindful of the implications thereof.

By further integrating the interactive systems perspective in the multiple markets model, stakeholders are not merely managed, but really included and motivated to collaborate. A further move toward full stakeholder integration would entail viewing the firm not as the center of this network, but rather a cog in the holistic wheel of value creation. Suggestions in this direction have been made (Normann & Ramirez, 1993), but this level of abstraction is criticized of being *"too simplistic to allow for theoretical development orpractical decision making in any meaningful way"*(Grönroos, 2011, p.280). Hence, this paper attempts to make a first thrust in the development of less abstract conceptualization of a holistic value-creating system which has a complex, yet distinguishable finality and some connected principles for goal-oriented coordination.

2.3. STAKEHOLDER VALUE CREATION AND THE MARKETS-AS-NETWORKS APPROACH

2.3.1. *Contributions and limitations of the markets-as-networks approach*

The IMP approach compensates a central limitation of traditional stakeholder theory, in which *"relationships are dyadic, independent of one another, viewed largely from the firm's vantage point, and defined in terms of actor attributes"* (Frooman, 1999, p.191). Emphasizing interaction in environments construed as networks, IMP frames the agency of individual firms within the dynamics of distributed agency (Azimont & Araujo, 2007) and it complements the bonds between actors with resource ties and activity links (Håkansson & Snehota, 1995).

Although *stakeholder marketing* (Bhattacharya & Korschun, 2008)has developed most in RMT,IMP provides a more fertile ontological basis. Although stakeholder marketingshould be involved with the relationships between stakeholders as well as those of the firm with its stakeholders (Bhattacharya, 2010), RMT leaves the former untouched. IMP's interaction approach(Håkansson, 1982), based on the assumption of interdependence (Ford et al., 2011) better fits with the systems perspective on stakeholder value creation as that requires an ontological basis that helps *"thorough understanding of the interaction concept"*(Grönroos, 2011, p.279). There is a range of social aspects involved with stakeholder management, such as agency problems (Hill & Jones, 1992) and stakeholder power (Freeman & Reed, 1983), which are beyond the repertory of relationship marketing.

Despite its potential for integrating the stakeholder concept, this literature is nascent.The potentiality of intentional network development and coordination is only recently the subject of debate in IMP. The question of manageability of networks(Rampersad et al., 2010)seems to divideIMP theorists. A newer stream claims that networks are to differing degrees manageable, (Heikkinen et al., 2007; Möller et al., 2002; 2005). Change through social movement and collective institutional entrepreneurship(Ritvala & Salmi, 2010; 2011), the subject of this study, pertains to this stream.

2.3.2. *Value-creating systems and markets-as-networks*

Despite sparse attention to the stakeholder perspective in earlier IMP literature, the markets-as-networks perspective is quite fitting with the newer systems perspective on stakeholder theory. The stakeholder perspective is hence increasingly employed in recent work by the IMP group(Salmi et al., 2011; Ritvala & Salmi, 2011; Klapalová, 2008; Nguyen, 2009; Lindfelt & Törnroos, 2006).

IMP and SHT illuminate complementary aspects of a systems perspective. Stakeholder theory, with stakeholder networks as unit of analysis and relationships, relationship benefits, firm-specific linkages and implicit agreements as primary sources of firms' wealth creation (Post et al., 2002a), is congruent with the IMP perspective. Both share underlying systems-dynamic assumptions (Morecroft et al., 2002) of interdependence (Freeman & Reed, 1983; Ford et al., 2011; Håkansson & Snehota, 1990; Post et al., 2002b) and permeable boundaries to differentiate between direct and further removed levels of influence. Both SHT and IMP contend that legitimation and value creation resources lie outside the firm, inrespectively the extended enterprise / resource base (Post et al., 2002b) and strategic business nets (Möller & Rajala, 2007).

3. SHARED-VALUE-CREATING SYSTEMS AND STAKEHOLDER MOBILIZATION

In this section, we summarize the suggestions made in the different streams of literature concerning the coordination and the creation of SVC systems. As such, we theoretically explore respectively the first and second research question of this paper. Due to the lack of unifying frameworks for either research question in extant literature, these theoretical summarizations are then empirically explored with a case-study.

3.1. FORMATIVE PRINCIPLES OF VALUE-CREATING SYSTEMS

Although a systems approach underlies recent theorizing on stakeholder value, in depth consideration of what such a system would look like, is still lacking. In this section, we explore the first research question and outline the formative principles of an SVC system, which will be illustrated in our case study in the Belgian health care context.

3.1.1. *Value maximization of the system*

Alternative to the traditional hub-and-spokes model of stakeholder theory, considering of a firm's environment as a network of interconnected stakeholders is more consistent with the systems perspective underlying recent work in stakeholder literature (Frow & Payne, 2011). Value creation occurs interdependently in systems, hence it needs to be maximized collectively (Post, Preston & Sachs, 2002). Optimal output performance in a system can only be attained by optimizing it for the system as a whole, rather than by focusing on efficiency on subordinate levels (Todd & Nash, 1997), as *"individual strategies would simply result in suboptimal network solutions"* (Freeman & McVea, 2001, p.191). Focusing on performance of the entire system furthermore implies a fundamental shift in the traditional hub-and-spokes model of stakeholder theory. Rather than placing any single firm in the center, we argue that the performance of the entire system should be considered. In a system aimed at

value creation, this performance is judged by the ultimate valuator of the system's output and price, the end consumer[1](Priem, 2007). The hub-and-spokes model of dyadic relations with the firm hence gets replaced with a network model operating as a single system towards the end-customer.

3.1.2. *Accountability for all costs*

A weakness of most current systems, organizations and public systems alike, is their failure to account for and compensate externalities on all stakeholders affected by them. In an economics-based, approach to stakeholder theory, Jensen (2001) argues that stakeholder interests are most likely served by maximizing value in 1 dimension. Yetexternalities of strategic decisions should be dealt with, as*"a firm cannot maximise value if it ignores the interest of its stakeholders"* (Jensen, 2001, p.298). These assertions have unlocked a host of reactions in stakeholder literature by authors who claim that maximization in 1 dimension is per definition in conflict with other norms. Hence, increasing value is suggested as an alternative for profit maximization (Abela & Murphy, 2008). However, focusing on increasing value rather than maximizing it, leads to suboptimal outcomes and hence decreases the value created. Getting the most out of shared value creation calls for an approach that is integral to profit maximization (Porter & Kramer, 2011).

Although they appear mutually exclusive, both of Jensen's assertions can be maintained, if they are qualified by replacing the firm's profits with the added value created by the entire system. Then, these tensions can be solved without leading to suboptimal outcomes. Calculations of the system optimum always entail feedback loops (Morecroft et al., 2002), which implies that externalities are expected to come back to the firm anyway. Considering the value added by the entire system, implies that all relevant stakeholder costs[2] should be accounted for. This clarifies that unidimensional maximization and consideration of stakeholder interests can be reconciledif externalities of strategic decisions are dealt with by accounting for multiple bottom lines(Post et al., 2002a). If the system's bottom line is construed as the sum of all stakeholders' bottom lines and all these bottom lines are assumed tractable, combining output maximization with the goal of minimizing externalities in ecosystems (Shrivastava, 1995) is feasible. However, taking a systems approach increases the dependency risks (Adner, 2006) and complexity of the maximization problem, adding unknown interaction effects (Adner & Kapoor, 2010).

3.1.3. *Value addition as the basis of redistribution:*

If total system value maximization is the overarching goal of all parts of the system, this might create incentive problems in a social system. Motivating stakeholders is required because *"if benefits don't exceed costs at every adoption step, intermediaries will not move your offering down the line"*(Adner, 2006, p.104). The primary goal of the redistribution system must therefore be to maintain productivity of all value creating parties, to make all stakeholders contribute optimally to total performance of the system (Todd & Nash, 1997). In the absence of deficit spending, the total value to be distributed theoretically equals the difference between the price paid by the end-payer and the cumulated costs of all contributing stakeholders. Assuming that the final price covers all these costs, the surplus value should be redistributed among contributing stakeholders as a variable compensation in function of their share in the value-added.

3.1.4. *Accountability of all stakeholders*

Satisfying stakeholder interests is not necessarily a zero-sum game (Porter & Kramer, 2011). Viewing it like that implies a focus on value capturing. If the focus is instead shifted toward value creation, it becomes clear that the value to be redistributed is in the first place a function of total value created(Priem, 2007). Hence, if stakeholders can be convinced to collaborate in an optimal way, they increase the value that is redistributed. For optimal system performance, all participants in the value creation process need to be motivated and made accountable for fulfilling certain roles in certain ways (Todd & Nash, 1997). However, this should not result in strict role prescriptions. Emphasis should

[1]Health care is a special case in this respect, as the end consumer is not necessarily the same as the end-payer. As such, we have placed the dual entity of the patient – citizen at the center of the framework.

[2] This also includes significant costs that cannot clearly be attributed, such as externalities to society or the environment. Such interests can be defended by either governments or action groups.

rather be put on effectiveness indicators, as outcomes in systems theory can be achieved equifinally(Drazin & Van de Ven, 1985). Hence, for an SVC system to be implementable, stakeholders need to be made accountable for their good as well as their bad performance.

3.2. STAKEHOLDER MOBILIZATION

As mentioned above, value-creating systems accord with a collective action view(Hargrave & Van de Ven, 2006), which explains change through processes of framing and mobilization(Benford & Snow, 2000), the intentional involvement of resources andactors in the move towards shared value creation.

In this section we investigate which factors should be taken into consideration when integrating stakeholders toward a common goal (Table 1). We specifically take the stance of a business actor functioning as institutional entrepreneur. The challenges to stakeholder mobilization into collective action systemsfor such an actor are divided into those related to stakeholder analysis as in traditional SHT and subsequently motivating stakeholders to participate, following the newer insights from RMT and IMP. To answer our second research question, we summarize the suggestions made regarding the mobilization of stakeholdersin the three streams of literature discussed above.These are to be extended with insights from our case study.

Table 1: Extant literature on stakeholder analysis and mobilization

Challenge	SHT	RMT	IMP
Identification *'With whom are we interdependent?'*	• Who affects us & vice versa (Freeman, 1984) • Stakeholder attributes (Frooman, 1999)	• Stakeholder identification (Frow & Payne, 2011)	• Network insight (Mouzas & Naudé, 2007) • Mobilizers & mediating actors (Ritvala & Salmi, 2011; 2010)
Salience *'How powerful are they?'*	• Potential threat (Freeman & Reed, 1983) • Coalitions (Frederick et al., 1992) • Legitimacy, power & urgency (Mitchell, Agle& Woods, 1997) • Centrality (Rowley, 1997) • Necessarity (Friedman & Miles, 2002) • Stakeholder influence (Ackermann & Eden, 2011)	• Network centrality (Frow& Payne, 2011)	
Interests *'What do they want?'*	• Interest (Rowley &Moldeovanu, 2003) • Ends (Frooman, 1999) • Consumer benefit experienced (Priem, 2007)	• Functional, psychosocial & value benefits (Bhattacharya, Korschun&Sen, 2009) • Core values (Frow& Payne, 2011)	• Business propositions (Mouzas & Naudé, 2007) • Values (Ritvala & Salmi, 2010)
Closeness *'How well are they aligned?'*	• Compatibility (Friedman & Miles, 2002) • Identity (Rowley &Moldeovanu, 2003) • Stakeholder dispositions (Ackermann & Eden, 2011)	• Dialogue (Frow& Payne, 2011) • Communicating value propositions (Ballantyne et al., 2011)	• Shared values (Ritvala & Salmi, 2008) • Alignment (Corsaro & Snehota, 2011)
Mobilization action capacity *'What resources are required to mobilize actors?'*		• Authenticity (Bhattacharya &Korschun, 2008) • Opportunity identification (Frow & Payne, 2011)	• Mobilizers & mediating actors (Ritvala & Salmi, 2011; 2010) • Political skill & will (Ritvala & Salmi, 2008) • Recognizing stakeholder motivations (Wilson et al., 2010) • Social contract (Mouzas & Naudé, 2007) • Relationship sediment (Ritvala & Salmi, 2010)

3.2.1.***Stakeholder analysis: identifying key players and their salience***

Stakeholder analysis concerns the charting of stakeholders that are relevant to the firm and calculating their relative importance (Freeman & Reed, 1983). It basically implies establishing *'who matters'*. The identification of stakeholders has been a central challenge since the earliest research on stakeholders.

The traditional sorting criteria for stakeholder relevance were related to the existence of a certain legitimate claim, relationship, influence or dependency in one or both directions between the firm and the stakeholder (Freeman, 1984; Freeman, 1994; Freeman & Reed, 1983; Hill & Jones, 1992; Clarkson, 1995). With system-wide optimization in mind, legitimacy becomes tied to the functional role an actor fulfills or whether he or she has a claim due to interdependency with the system.

Mitchell, Agle and Wood (1997) add power and urgency as criteria for the identification of stakeholders that are significant to the firm. They consider stakeholder salience the more fitting determinant of their relevance to the firm's strategy. This view is echoed by Ackermann an Eden(2011), who assert that identification of the relevant stakeholders specific to the firm is a crucial, yet often poorly executed step in stakeholder management. They propose that stakeholders with a high interest in and a high amount of power over the firm are the 'players' to be considered.

When viewing stakeholders as operating in networks or systems, interdependencies between stakeholders need to be assessed as well. Coalitions (Frederick et al., 1992) and power dependencies (Mitchell et al., 1997) are therefore intrinsic foci of the identification process of institutional entrepreneurs who aim to set up an SVC system.These interdependencies make the initial identification process more complex and require comprehensive *network insight* regarding the present power dependencies, concerns, options and resources (Mouzas & Naudé, 2007).

However, interdependencies can leverage the institutional entrepreneurship attempt as well. Identifying and mobilizing the right kind of players can extend the institutional entrepreneur's influence to stakeholders which otherwise might not be attainable or receptive. Ritvala and Salmi(2008) employ a network perspective to the stakeholder mobilization process and emphasize the role of network mobilizers and mediating actors. The former are the initial project champions who unite relevant actors in newly designed issue-based networks. Mediating actors are those with the capacity to mass market the idea and attract large crowds to the project.

3.2.2. ***Stakeholder motivation***

3.2.2.1. Stakeholder interestsand closeness

Rather than treating stakeholder interests as a monolithic concept with little practical operationalization, recent work calls for the use of a conception of value that is wider, including emotional, evaluative and moral aspects (Frow & Payne, 2011) or better classified (Bhattacharya et al., 2009). When seeking stakeholders' cooperation it does make more sense to motivate them rather than keeping in mind their interests. As such, it becomes fruitful to borrow concepts from means-ends chains and to add psychosocial and value benefits to stakeholders' direct functional interests (Bhattacharya et al., 2009). Considering only the latter automatically triggers a bargaining mode.

A second challenge concerns assessing how aligned stakeholders are to the system's objective. Depending on how close or distant they are from it, it will take more or less energy to mobilize them. Higher-order values in this respect are found to be potent stakeholder attraction and coordination mechanism (Ritvala & Salmi, 2010). RMT scholars mention the establishment of relationships as platforms for value co-creation and value propositions as communication practices (Frow & Payne, 2011; Ballantyne et al., 2011). Mouzas and Naudé (2007) point to the establishment of persistent interaction by paying attention to the preconditions for sustained mobilization, such as coming to jointly beneficial agreements and aligning expectations.

3.2.2.2. Mobilization action capacity

Once stakeholders' interests and alignment are established, the institutional entrepreneur knows what his mobilization targets need and how much effort will be needed to align them. It then becomes an issue to apply this knowledge and to actively mobilize stakeholders. Ackermann and Eden (2011) make a substantial advance towards translating the conceptual principles of stakeholder interest and power into managerial guidance as they operationalize them into*stakeholder influence maps* and *stakeholder management webs*. Both are canvases for the formulation of stakeholder management strategies. Mobilization goes further, however, as it also requires stakeholders to collaborate toward a common end and the institutional entrepreneur thus needs certain resources and capabilities to acquire stakeholders' cooperation. It is here that especially the nascent stream on stakeholder management in

IMP is of particular relevance, as it adopts the stance of the institutional entrepreneur, the actor with the ambition to enact change.

Institutional entrepreneurship requires the formation of new issue networks (Ritvala & Salmi, 2008),IMP researchers examine the challenges and drivers involved with mobilizing stakeholders. Besides known institutional entrepreneurship resources such as social position (Battilana, 2011; Greenwood & Suddaby, 2006) and skill (Gustafsson & Autio, 2006; Fligstein, 1997), relationship sediment and common values (Ritvala & Salmi, 2010) appear to be crucial resources for transitioning (Matthyssens et al., 2009) stakeholders toward a new collective business model. They also refine the role of the institutional entrepreneur and distinguish between network mobilizers and mediating actors as key players(Ritvala & Salmi, 2010; 2011; Mouzas & Naudé, 2007). Wilson, Bunn and Savage (2010), analyze in depth the motivational factors and power-related barriers for stakeholder mobilization.

4. METHODS

4.1. RESEARCH CONTEXT

Healthcare, where producers are not allowed to communicate commercially with their customers and access to products is regulated and influenced by gatekeepers, is an environment where stakeholder interests are particularly salient (Reidenbach & McClung, 1999) and stakeholder structure is extraordinarily complex. As such, it offers an excellent arena to assess stakeholderdynamics and might be considered the forefront of stakeholder management. As the study reveals, healthcare is in dire need of a new strategic paradigm (Bohmer, 2010; Garnier, 2008) and stakeholder mobilization might constitute a hailsome technique.

This study centers around an initiative to make healthcare more geared toward personalized medicine and chronic care, which constitutes over 60%[3] of global mortality and health care costs and is not managed in a coordinated manner in the acute model. Value creation in healthcare is furthermore equivocal as a standard definition of 'value' does not exist and is perceived differently by different actors (Porter, 2010). Hence, the dominant interpretation is always a negotiated one, a resultant of the interests of physicians and payors as they are the two policy-setting groups in the Belgian healthcare system. Porter (2010) translates how value should be centered around the patient, the end-customer, as it is in any other industry and he remarks how this is far from the reality in health care. As patients are not represented in the Belgian policy-setting bodies, patient-centered criteria are scarce in the implementation of health policy.

The study is conducted in two focal therapeutic fields: heart failure and cancer. Both are the leading pathologies in Belgium, causing respectively 32.9% and 28.5% of annual mortality in 2008. Moreover, in both fields recent product innovations allowed for advances toward personalized medicine.

4.2. RESEARCH DESIGN

Our final stakeholder mobilization roadmap follows from the combination of guidelines from the literature with insights from a single embeddedcase-study(Yin, 1984) in Belgian health care. A single case-study approach fits with our aim of using it for 'inspiration' to articulate missing constructs in extant literature(Siggelkow, 2007). Siggelkow cautions thatthe use of a single case studyrequires ample justification when its uniqueness is anything short of a 'talking pig'.

We argue that the case is still quite unique as the study's initiator, the Belgian subsidiary of the global market leader in in-vitro diagnostics and personalized medicine,itself had no knowledge of a completely implemented personalized health care system. Although personalized medicine is an upcoming trend in many countries and despite successful cases of personalized reimbursement models and health care information systems in for example Sweden, Germany and France, no implemented model exists to date that integrates all stakeholders into a comprehensive value-creating system.

Moreover, health care is an exceptional environment and a likely suspect for the implementation of an integrated value-creating system. It is a public service which is of vital importance to many

[3]WHO (2006), Prévention des maladies chroniques: un investissement vital

stakeholders and its highly regulated and subsidized character make it more feasible to integrate stakeholders as functional role fulfillers in such a system. Furthermore, in line with the extended case method (Burawoy, 1998), the study's contribution is aimed at reconstructing theory, thus representativeness is not the main issue. An embedded case study design is particularly fitting withthe focus on discrete actor categories of our stakeholder approach to the implementation problem (Yin, 1984).

For triangulation purposes (Eisenhardt, 1989), data collection occurred through a variety of methods and sources (Table 2). As new issues emerged at several stages of the research, data and theory were systematically combined throughout the duration of the study (Dubois & Gadde, 2002). In-depth interviews of one to two hours with a wide variety of stakeholder category representatives were conducted to the point of data saturation (Eisenhardt, 1989). Focus groups were conducted following the guidelines of Morgan and Krueger (1998).

Table 2: Sample & data collection methods

1. Desk research
    - Statistical databases (Eurostat, OECD, WHO, World Bank, NIHDI)
    - Freely available public reports
    - Consulting reports
    - Roche in-house documentation
2. 28 Semi-structured open-ended interviews with all 'players' in therapeutic cycle
    - Focus: attributes of medical value; desirability &feasability of personalized medicine; stakeholder relations & influence
    - Interview protocol in appendix 1
    - Purpose: 360° stakeholder perceptions
    - 'Players': significant power & interest (Ackermann & Eden, 2011)
    - 1-2 respondents per organization; 3 or more organizations per stakeholder category
    - Indicated as 'highly knowledgeable' by a panel of industry experts
3. 2 Focus groups with patient representatives
    - Focus: attributes of medical value; current inefficiencies & nuisances; desirability of personalized medicine; behavior of deliverers,
    - Purpose: patient perceptions in oncology and cardiovascular care
    - Sponsored by a patient organization in each therapeutic field

4.3. INTERPRETATION OF THE DATA

The inference of mobilization challenges was guided by the conceptual structure presented in Table 1 and was initiated in line with the prescriptions suggested by the sources listed. Identifying stakeholders implies registering those actors who in some way affect or are affected by the system (Freeman, 1994). To identify stakeholders relevant to health care's value creation process, furthermore requires finding actors who are interested in the specific issue addressed (Post et al., 2002b; Ackermann & Eden, 2011) and who have a legitimate stake in, power over or an urgent claim on the outcome of a system (Mitchell et al., 1997). Based on these criteria, eight relevant stakeholder categories were identified (Figure 3). Below these categories are presented and their ideal-typical role in the health care system is explained.

To establish stakeholders' salience, we drew *influence maps*(Ackermann & Eden, 2011) in which the net influence stakeholders had on other stakeholders was represented by an arrow. These evaluations were based on iterative validation with expert stakeholders, who were often presented summarized evaluations from other experts.

Stakeholder interests were gauged by delineatingranked factors that contribute to stakeholders' assessment of value in health care and the perceived benefits of a personalized medicine approach. These attributes ranged from operational matters in the logistical or pecuniary sphere over items such as reputation and professional standing to abstract values and were classified consistent with a means-ends approach (Bhattacharya et al., 2009) as respectively functional, psychosocial or personal value

benefits. In line with the formulation of value word equations (Anderson et al., 2006), these attributes and their ranks resulted in qualitative stakeholder utility functions (Table 4).

Stakeholders' closeness was determined through second order interpretation of the utility functions, which lead to the inference of a *value orientation*, aimed at either quality or cost-effectiveness and of a *strategic focus*, aimed at either process or outcome indicators (Figure 4). These dimensions were presented to and validated by several experts as being the main dimensionsdividing stakeholder groups.

The case especially extended our knowledge of stakeholder mobilization concerning the motivating factors and it led to the introduction of stakeholder maturity as a determinant of stakeholders' susceptibility to mobilization. Likewise, relative maturity was introduced as an issue-based measure of centrality. Hence, some additional theory is discussed that supports the development of these constructs. The analysis furthermore learned that mobilizing stakeholders involves a multi-stage process of changing collective dominant logic and thus requires multilevel absorptive capacity(Matthyssens et al., 2006). Accordingly, development of the roadmap was enriched with additional literature justifying the stages of the process.

5. CASE DESCRIPTION

5.1. RATIONALE

The case study was borne from a marketing challenge encountered by RocheDiagnostics Belgium (further referred to as Roche). As a growing body of research supports the cost-effectiveness of targeted treatment and as a pioneer in the field, Roche seeks to introduce the underlying system of personalized medicine in the market.

Moreover, personalized medicine shows promise to overcome major weaknesses of Belgian health care. In short, there is an abundance in efficacy, but a growing lack in effectiveness. Money and energy is being spent in further optimizing curative routines, while the number of obese and diabetics keeps on rising due to unhealthy lifestyles. One patient organization chairman referred to it as *"mopping with the faucet open"*. While all stakeholders acknowledge that healthcare in Belgium is of a high standard and delivered by highly qualified personnel and organizations, its unbalanced focus on acute care leaves the currently gravest causes of both morbidities and expenses unchecked. Despite very well educated personnel and sophisticated medical infrastructure, overall outcomes for the costs made are disappointing (Björnberg et al., 2009). With Belgium facing one of the most severe burdens of ageing and other demographic and socio-economic costs[4], its healthcare model might soon prove unsupportable.

Among other advantages, personalized medicine allows detection of diseases before they manifest and tailoring therapies to specific patient groups, based on their genomic profile. Advances in genome sequencing, medical information management, diagnostics and drug development are combined for a more fine-grained approach to health care. They allow for more customized, evidence-based health care which has the potential to dramatically improve patient outcomes for targeted patient groups and to significantly reduce health care costs by focusing therapies only on patients that are susceptible to them and by avoiding the advanced stages of a disease that cause the vast majority of the financial burden. For instance, Herceptin, the breast cancer therapy that put target treatment on the map, is only effective in the 20% of patients with a deficiency in the HER2 receptor. Personalized medicine in this case prevents the administration of costly drugs to large shares of non-responsive patients.

Despite convincing results, the promise of personalized medicine remains largely unrealized, however. Over the years, Roche learned that despite demonstrated benefits for patients, care deliverers and payers alike, the concept was not readily adopted. Roche senior management came to understand that personalized medicine requires a fundamentally new business model for health care. This new model would require substantial adaptations not only from the company's direct customers, but from most other stakeholders as well. Besides constraints stemming from the organization of Belgian health care, they also face a lukewarm response and institutionalized logics from their target audience.

[4]According to IMF and OECD data, Belgium's health expenditures will top 30% of GDP in 2050.

Hence Rocherecognized a need to adapt their own routines and capabilities as well and were looking for insight into how this new model would impact specific stakeholder groups. Because of the novel and holistic nature of the challenge they were facing, they found no best practices on how to deal with this challenge through their existing network. Hence, they commissioned an applied research into stakeholder perceptions of what constitutes medical value for them and of the desirability, feasibility and design parameters for a personalized healthcare system.

5.2. BARRIERS TO THE ADOPTION OF PERSONALIZED MEDICINE

As we set out to study the feasibility and desirability of personalized medicine, several barriers hindering its adoption were soon discovered (Table 3). International best practice and program evaluation reports revealed that personalized medicine's potential for cost reductions and better patient outcomes was highly dependent on the actions of several actors in multiple phases of the therapeutic cycle. Only in case of a concerted effort from all related players, with various roles in different stages of the therapeutic cycle, can the effectiveness and efficiency gains of personalized medicine be fully reaped. Bundled payments[5], in which the entire group of care providers is paid according to the patient's outcomes, were hence recommended by many experts as they make providers accountable for the outcomes of their actions.

Experts and patients furthermore often expressed frustration with regulations and reimbursement schemes preventing the arrangements necessary for an integrated approach. Belgian health care is organized in a fragmented way, where budgets are allocated to functional groups and product categories, rather than to complete treatment cycles. In many cases this prevented cost savings over the entire therapeutic cycle.

The debate on personalized medicine adoption is furthermore constrained by the 'fuzziness' of the concept. Personalized medicine has numerous definitions, ranging from the strict coupling of diagnostics with pharmaceutical treatment to a more general notion of integral customized health care in which the efforts of all parties involved in the value creation process are integrated to optimally treat a patient's specific pathology within an appropriate budget. The lack of a unifying definition thwarted the development of a broad debate according to policy makers and among payers, it had created distrust toward the overly optimistic promises of the industry. This 'fuzziness' made it hard for most stakeholders to recognize the benefits of personalized medicine. We identified 4 components of the definition that were variably adopted by stakeholders. This leads to the introduction of the maturity concept further on in §6.2.2.2.

The main cause of unproductive behavior, however, was the lack of institutionalized organizing rules, which left ample room for agency problems. Physicians, for instance, are often allowed certain liberties even though they are detrimental for health care costs and patient outcomes. Although Belgian physicians are considered very well educated, they continue to insist on having the exclusive right to perform routine tasks which elsewhere are permitted to less qualified personnel as well. The cost impact of the freedom of the practitioner is furthermore exacerbated by the quasi absolute freedom of the patient. Although the accessibility of health care is generally lauded as one of its major strengths, patients do not have to pick up the tab for irresponsible behavior or non-compliance either. Patient compliance is, however, a crucial determinant for health outcomes and cost-effectiveness. Despite significant advances in cardiovascular treatment, for instance, mortality and morbidity rates are increasing due to the deteriorating lifestyle habits and risky behaviors.

Table 3: Barriers to personalized medicine adoption

Barrier	Illustrative stakeholder opinion
Interdependencies	*"Innovations are sometimes not reimbursed because they exceed a budgetary envelope. It doesn't matter that they lead to a tenfold cost reduction elsewhere."* *"Specialists are often oblivious to the interactions of drugs they prescribe with other drugs the patient has to take for a different condition"*

[5]Such a system has been applied in Dutch treatment of diabetes mellitus, COPD and vascular diseases and in ProvenCare programs in the US. Cost-effectiveness results are consistently positive.

Structural rigidities	*"KCE[6] and NIHDI are only concerned with costs"* *"It's almost impossible to systematically tackle prevention in Belgium, because of the fragmented authorities between federal and regional level"* *"Those procedures are completely illogical and humiliating. Even if you are registered as a chronic cancer patient, you still have to get approval for every step and get new subscriptions every couple of weeks"* *"The entire system is focused on nomenclature numbers which often makes it impossible to select a superior and cheaper option, just because it will not be reimbursed. On the other hand, it is possible to get reimbursed for procedures such as an earlobe coagulation test, which has been outdated since decades"*
Conceptual 'fuzziness'	*"Personalized medicine is an often misused term. Stratified medicine would be more correct"* *"We define it as customized and integrated care. The second aspect is mostly forgotten in the [health care] sector"* *"If you read ten different books on personalized medicine, you will likely find ten different definitions."*
Agency problems	*"The NIHDI is actually an empty box. It serves as a platform for negotiations between doctors and public insurance"* *"Doctors often remain stuck in a conservative logic and are reluctant to refer their patients through"* *"The ECG is unnecessary in half of the cases and there is a cheap rule-out test available. Still, doctors keep on using unnecessary ECG's because those are much better reimbursed"* *"Instead of taking the healthy option, patients rather indulge and take a pill afterwards. Statin consumption, for instance, is through the roof. That's pure waste"*

5.3. STAKEHOLDER MOBILIZATIONCHALLENGES

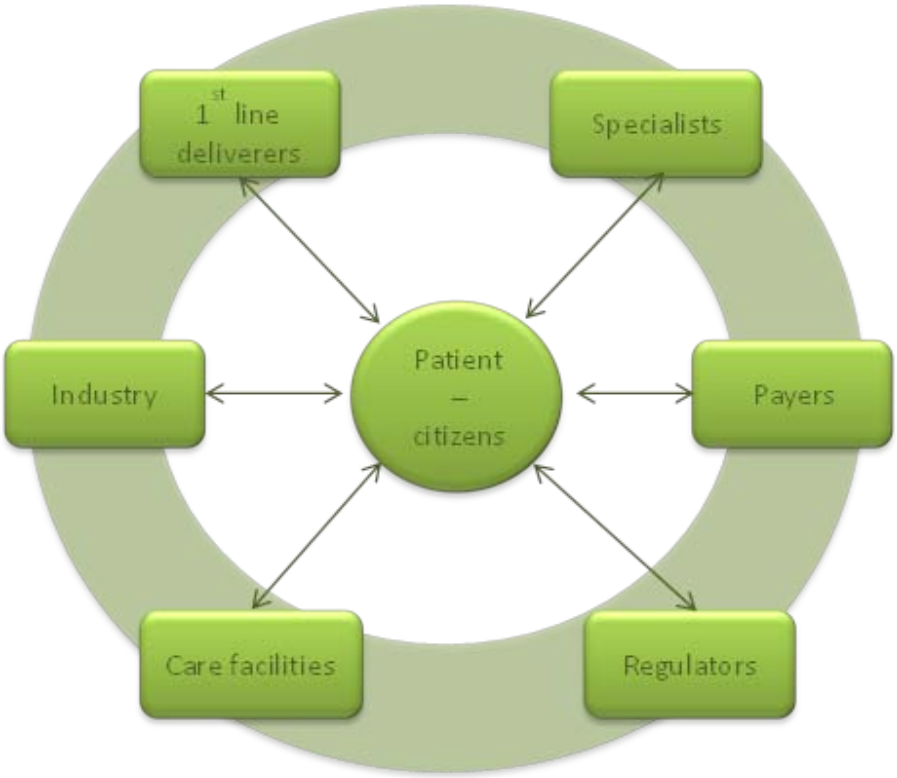
After the main adoption barriers surfaced, it became clear that the cooperation of all stakeholders was required to have any chance at successfully implementing a personalized medicine system. Focusing on potential solutions to these barriers, a stakeholder analysis was commenced that was initially inspired by the practical guidelines of Ackermann and Eden (2011). The exploration, in line with research question 2, of the relevant stakeholder field with respect to the introduction of a personalized medicine system, adhered to the structure outlined in Table 1. However, certain steps were fused together as their execution and some of the outcomes were intrinsically interwoven. Moreover, the analysis revealed additional challenges, which were thus added to the structure. The resulting stakeholder mobilization roadmap is presented in Table 5.

5.3.1. ***Identification and salience***

Health care providers were divided into two categories. First line deliverersare those care providers who are the first contact for patients with health-related questions. These actors have to refer patients to the most fitting care provider, or when it is clearly within their field and level of expertise, to administer the remedy. Due to their longstanding relationship with the patient, the relatively high frequency of interaction and their generalist background, these providers could also play a crucial role in lifestyle and health education and in managing patient care. The category predominantly consists of general practitioners (GP's). However, the category of first line deliverers, also includeshome nurses and even pharmacists, which are often asked for first advice by patients. Pharmacists can also be crucial in managing patients' medication schemes, as physicians are often not entirely informed about drug interactions. Of course, medical decisions could only be taken by GP's, butoptimal outcomes can only be attained when these players operate as a team and systematically share information.

Figure 3: A system-centered stakeholder model of health care

[6]A governmental cost-effectiveness research institute



Specialists refers to the second- and third-line care providers to which patients are referred to by GP's when the problem a patient presented with requires specialized care. Due to the high level of expertise, these care providers can handle very specific and often complicated problems. At the same time, it makes them an expensive option. Due to the deep but narrow scope of expertise, these care providers often need to work in multidisciplinary teams depending on the scope of the patient's problem. The category consists mainly of highly educated and specialized physicians, and to a minor extent of paramedic personnel such as physiotherapists or osteopaths as well.

The payers category is reduced to public payers, as commercial payers represent less than 5% of reimbursement in Belgium. Regulators entail both federal and regional governments who have partial authority. Care facilities have a facilitating role in the health care process. They provide the infrastructure, administrative services and personnel in support of the curative and rehabilitative phases of the therapeutic cycle. The life sciences industry mainly refers to the biopharmaceutical and medical device industries. Their role consists of providing health care deliverers with high quality products and, together with universities, to ensure product innovation that allows advanced medical care. Patients-citizens finally entail the public that is respectively the end-user and end-payer of health care services. As public and commercial insurance regimes spread the financial burden of medical treatment over the tax- and insurance fee-paying citizens as well as the patient, we argue that in this dual capacity the public both enjoys and pays for health care services. As patients do not cover the full cost of health care, they also have a number of obligations concerning compliance and lifestyle to the end-payers.

All these stakeholders are considered salient to the delivery of optimal health care as several cases were found where their actions lead to significant negative results in terms of quality or cost-effectiveness. Citizens are salient as they have an urgent financial claim on the health care system.

With the aim of mobilizing stakeholders,we furthermore differentiated between stakeholders' salience based on their net influence on the mobilizing stakeholder. The stakeholder *influence maps* allowed us to identify 3 stakeholder categories that had a net influence over Roche and were not susceptible to the company's arguments due to opposing interests and the lack of a constructive relationship. One of these dominant stakeholders were the care facilities, which are oriented toward reducing the cost of the industry's offering in direct negotiations.The collective insurances and the National Institute for Health and Disability Insurance (NIHDI), the main representatives of the public payer in Belgium,

have a regulative power over the industry and are interested in reducing all pharmaceutical and medical cost on, the population level. We were also able to draw paths toward influencing these stakeholders through allied stakeholders who had influence over or at least a relationship with these dominant stakeholders.

5.3.1. *Interests and closeness*

Mobilizing stakeholders implied not only analyzing who they are and what power they have, but also motivating them to participate. When attempting to introduce a completely new business model such as personalized medicine, some resistance was demonstrated by stakeholder groups as incentives shifted. Due to poor knowledge of the entire scope of benefits of the personalized medicine model and sometimes just because stakeholders rigidly held on to their old incentive schemes, time-pressed care deliverers negatively perceived personalized medicine. Many, for instance, showed resistance against new regulatory schemes that made them lose autonomy or share information, which they considered proprietary. Payers are likewise reluctant to condone new business models which are beneficial to both industry and health care budgets due to a skepticism regarding the intentions of the life sciences industry players.

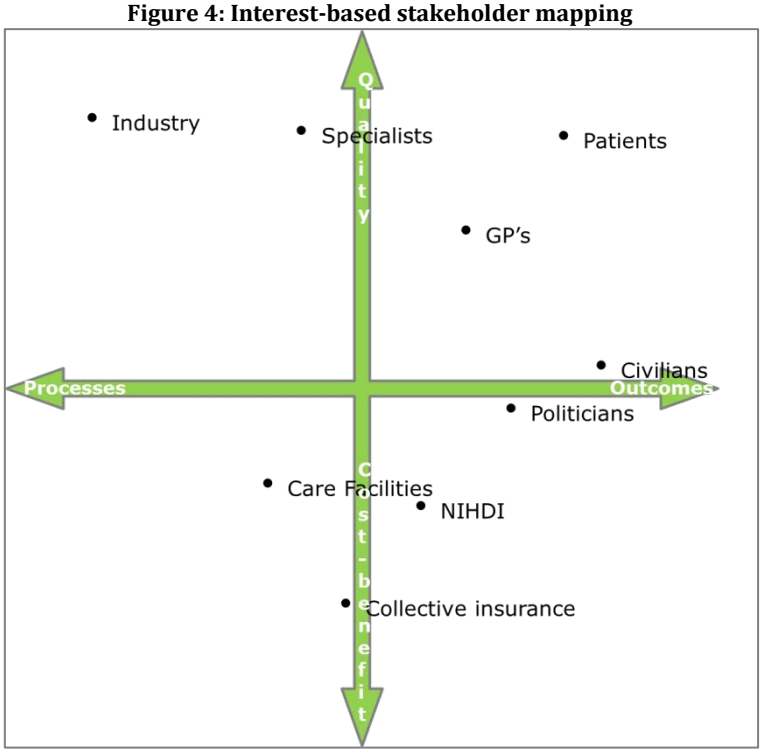
A first step in motivating stakeholders thus consists of gauging their interests. After explicating the entire definition and the related implications of personalized medicine and after comparing it to these stakeholders' utility functions, their resistance turned out to be rationally unfounded. Personalized medicine in each case provided benefits which clearly outweigh the envisioned added burden or loss. Stakeholders were, however, often not aware of the advantages or too occupied with the plainly visible, functional changes personalized medicine would entail. This was despite extensive communication campaigns by Roche and other players. This communication often focused on the wrong aspects to really appeal to stakeholders, given their utility functions (Table 4). This especially revealed to be the case when the distance of stakeholders with Roche was high on one or both of the two separating dimensions identified based on the utility functions and validated by the experts. These two dimensions were stakeholders' *value orientation* and their *strategic focus* (Figure 4).

Table 4: General stakeholder utility functions

Patients	$VALUE = Access + Quality\ of\ Care - Quality\ of\ Life\ impact - Risks - Administrative\ \&\ logistic\ burden$
Physicians	$VALUE = Professional\ honor + Quality\ of\ Care + Professional\ autonomy - Risks - administrative\ burden$
Care centers	$VALUE = Profitable\ activities + Reputation + Quality\ of\ Care + Patient\ quantity\&\ patient\ satisfaction - Process\ inefficiencies$
NIHDI (Public payor)	$VALUE = Access + Affordability + Quality\ of\ Care - Cost\ of\ care + Overall\ population\ health - Health\ \&\ safety\ risk\ factors$

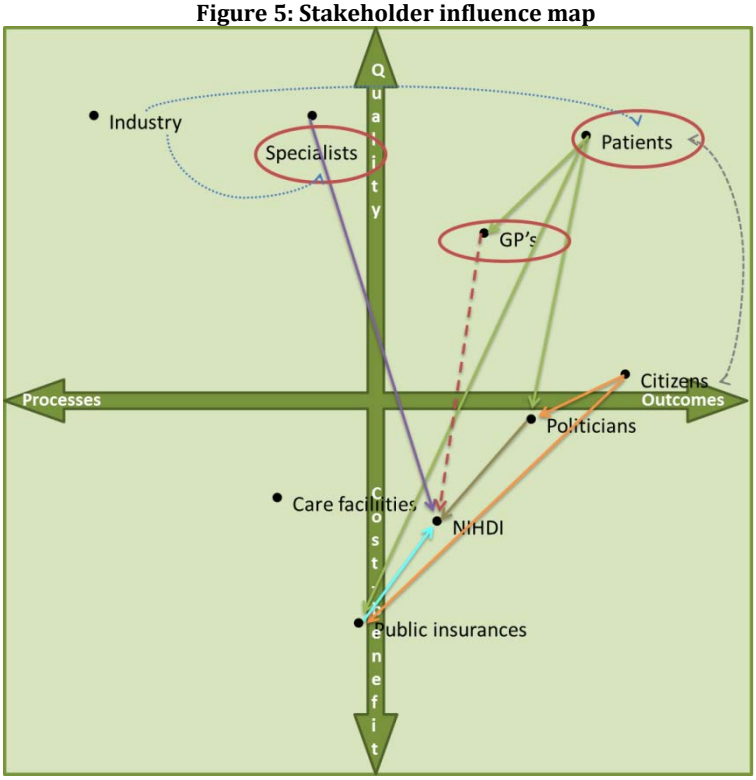
Especiallyoverall *value orientations*appear to be indicative of an essential divide between groups of stakeholders. Where certain groups ultimately strived for maximal quality of care, while others' values were more aligned with cost-effectiveness. Specialists and GP's for instance, regularly commented that public payers were overly cost-oriented while respondents from different collective insurance organizations displayed a shared wariness of the industry's continuing focus on selling ever more advanced solutions, without regard for the impact on health care budgets. On a similarly aggregated level, stakeholder value attributes could be classified as either process or outcome oriented, labeled *strategic focus*. Strategic focus was indicative of how much translation was necessary to make the personalized medicine value proposition appeal to stakeholders.

Figure 4: Interest-based stakeholder mapping



Based on stakeholder mapping on these overarching orientations, we could then ascertain which stakeholders were close to Roche. Actors on different sides of the vertical axis adhered to opposing values. Hence the aforementioned use of indirect influencing links to mobilize these players (see Figure 5 for an example of an influence path towards the NIHDI). Distance along the horizontal axis, on the other hand, was mainly a matter of operationalization and vocabulary. This, in part, explained why **Roche's traditional marketing approach**, emphasizing process attributes such as diagnostic sensitivity and specificity which appealed to the specialists and laboratory or hospital buyers they normally dealt with, had little effect on the other stakeholders they now needed to address as well.

Figure 5: Stakeholder influence map



5.3.2. *Additional barriers*

For a business actor to function as an institutional entrepreneur, there appeared to bean additional barrier as they are not easily considered credible by all stakeholders. Some stakeholders questioned the credibility of industrial firms as initiators of collective change as they are perceived to only be aware of the technical and commercial aspects of health care and personalized medicine. The reason they lacked credibility was somewhat surprisingly due to a knowledge gap, even though the industry is the most important driver of innovation in health care and consequently has a high concentration of technical expertise.

Industry players such as Roche,were perceived to lack the in-depth consideration of the larger societal ramifications of those technical innovations and have not developed the necessary vocabulary and sophistication to really contribute in societal debates. This lack of sophistication implied that Roche was not sufficiently perceived as a thought leader concerning personalized health care. Despite being a pioneer in developing the technology for target treatment, they failed to grasp the intricacies of several non-technical aspects of the personalized medicine definition. Ranking the life sciences industry and all other stakeholders on the level of sophistication – the extent to which all aspects of the definition were considered – revealed that this was mainly a problemtowards stakeholders who ranked higher.

Furthermore, there was also a barrier preventing adoption by stakeholders with a sophisticated conception of personalized medicine, yet whowere not convinced of its plausible contribution to the field. Whereas strong proponents, such as the life sciences industry, are completely convinced of the revolutionary potential of personalized medicine, others are more careful, skeptical even. The combination of high enthusiasm towards personalized medicine and low sophistication created authenticity problems for Roche as an institutional entrepreneur. They were perceived to have less *relative maturity* by actors with a more sophisticated notion of the concept and its implications and more cautious expectations regarding the concept's potential contribution.

To really acquire the collaboration of stakeholders in the development of a new system as allies – mediating actors – their *level of maturity* needed to be raised as well. Stakeholders with high sophistication and enthusiasm regarding personalized medicine, such as policy makers, had a higher likelihood of adopting personalized medicine and to even take effective action in support of the model's implementation. This required efforts to develop stakeholders conception of the model.

6. INTERPRETATION

6.1. THE RELEVANCE OF SHARED VALUE CREATION SYSTEMS

Incentives in the Belgian health care system today are mainly procedure-based and have little relation with system outcomes. Hence, providers are often not made accountable for their contribution to the ultimate health effects on the patients they treat. They are hardly even made accountable for the quality of the specific procedures they perform.

The case described here, illustrates the usefulness of a systems perspective in overcoming coordination problems in the health care system. The best practice cases we studied, in fact, were indicative of the positive effect of holistic schemes such as bundled payments, integrative multidisciplinary care and outcome-oriented pay-for-performance schemes. Personalized medicine in its most narrow sense of targeted treatment, did not yield results unless it was complemented with a system that integrates the interventions of multidisciplinary actors over the entire therapeutic cycle, from prevention over curative care to rehabilitative care, toward an optimal outcome. Specific mechanisms were based on evidence-based guidelines and accompanying reimbursement and approval structures.

With such schemes, compensation becomes more aligned with the final outcome and the stakeholder's total share in it, rather than being based on the execution of procedures or the attainment of a limited set of technical criteria. As such, it also becomes interesting for stakeholders to actively promote prevention and psychosocial support. These are unmeasured, unrewarded and hence often neglected aspects of medical practice with nonetheless a substantial impact on health outcomes. Ensuring accountability of all stakeholders hence proves to be a necessary, yet not an evident task. Highly educated physicians with a strong penchant for autonomy and strongly interdependent and

crossfunctional treatment programs make measurement and evidence-based care management difficult and highly debated. However, if the polity aspires to keep health care spending sustainable even when put under pressure by population ageing, an ever higher and more expensive standard of care and continuously deteriorating lifestyle factors, such change is necessary.

6.2. STAKEHOLDER MOBILIZATION AND ALIGNMENT CHALLENGES

In response to the third research question, we develop a process model of stakeholder mobilization for institutional entrepreneurship based on the specific challenges that need addressing following research question 2 (Table 5). It encompasses both the stakeholder analysis and the motivational challenges. The specific actions presented in this model, were undertaken to address these challenges and consequently are categorized that way. However, many of them build on previous steps, with some of those undertaken within another goal category. Hence they are arranged in different phases.

Institutional entrepreneurship as the introduction of a new business model that goes against the existing institutional templates (Battilana et al., 2009), can be framed as the intentional reinstitutionalization (Oliver, 1992) of a new network theory (Mouzas et al., 2008). Taking the point of view of the industrial actor aiming to mobilize stakeholders for value creation purposes, such institutional entrepreneurship would require a value innovation ability, enabling the *"creation of new and substantiallysuperior customer value by redefining the business model and theroles and (power) relationships in the industry"*(Berghman et al., 2012, p.28).Such an endeavor would require developing transition trajectories for stakeholders (Matthyssens & Vandenbempt, 2010) and deliberate learning routines (Berghman et al., 2012). The latter encompass four phases: recognition, assimilation, transformation and exploitation (Zahra & George, 2002). As we are only interested in the stages of institutional entrepreneurship and the data does not provide insights on issues pertaining to the management of an existing system, we eschew the exploitation phase. Hence, the actions in the process model are divided over the first three phases of developing and institutionalizing a new logic.

Table 5: Process model of stakeholder mobilization for institutional entrepreneurship

	Recognition	Assimilation	Transformation
Identification & Salience	• Identify 'players' • Assess SH power • Identify SH relations	• Prioritize • Identify coalitions • Influence maps	• Mobilize mediating actors • Develop project planning • Integrate resources

Interests & closeness	• Identify value attributes
	• Identify attribute weight
	• Classify objectives
	• Construct objective functions
		• Infer dividing values
		• Assess distance
		• Identify allies & foes
		• Identify common ground
			• Align
			  • Vocabulary
			  • Incentives
			  • Control mechanisms
			• Communicate value

Maturity	• Assess knowledge • Identify interpretations • Assess enthusiasm	• Assess maturity • Identify gaps & barriers	• Broaden perspective • Elevate SH maturity

6.2.1. ***Stakeholder analysis: identifying key players and their salience***

From a systems perspective, identification of legitimate stakeholders is based on the existence of claims that result from interdependencies or on the functional role of a stakeholder in the system. This is consistent with the concepts of interest and power, which allow the identification of the relevant 'players' (Ackermann & Eden, 2011).

Stakeholder salience equally rests on the concept of interdependence and is here construed as direct influence. By mapping these influence relationships for all stakeholders, it becomes possible to account for interdependencies and even to develop paths to indirectly influence other stakeholders. This requires the mobilization of mediating actors, which share vision closeness (Cantù, 2010)with the institutional entrepreneur and which have influence over target stakeholders. For the prioritization of

these target stakeholders, we employed their net influence over the institutional entrepreneur as sorting criteria. Target actors are hence those actors who can significantly affect the firm and over which the firm has no control.

6.2.2. ***Stakeholder interests, closeness and motivation***

Whereas the task of analyzing the stakeholder landscape and designing influencing strategies is rather manipulative in nature, motivating and aligning stakeholders sets the systems perspective to stakeholders apart from the original 'unidirectional' traditions. Extending work on multidimensional conceptions of stakeholder interests (Bhattacharya et al., 2009), we find that higher-order values are powerful mobilization mechanisms that allow the attraction of stakeholders with potentially opposing direct functional interests. We furthermore identify *vision closeness* and *maturity* as crucial additional considerations for stakeholder mobilization by business actors.As such, we further elaborate strategies for the managerial challenge of transitioning stakeholders toward a new dominant logic and aligning them in a new collective business model, which requires multilevel absorptive capacity (Matthyssens et al., 2006).

6.2.2.1. Stakeholder interestsand visioncloseness

Social movement theory suggests that mobilization requires fusing new and old value frames (Davies, 1999) and thus it is necessary to assess what values are currently held by stakeholders. Our case findings support the usefulness of means-ends chains in the assessment of stakeholder interest (Bhattacharya et al., 2009). Developing utility functions encompassing functional, psychosocial and valuebenefits gives the institutional entrepreneur a notion of both barriers and triggers in the dominant logic of stakeholders. It allows the focused attraction of stakeholders and enables the dialogue necessary to co-create value propositions. Especially the importance of higher-order moral and evaluative values for stakeholder attraction and coordination (Ritvala & Salmi, 2010) is emphasized. We find that they allow interaction between stakeholders to surpass the opposing direct interests between them and instead trigger an intrinsic motivation to help reshape the institutional structures that impede optimal collaboration.

Furthermore mapping stakeholders on their orientation towards an ultimate 'end', which we labeled a *value orientation*, allows identification of allies (Figure 4). Mapping stakeholders on whether they had an instrumental or a*strategic focus* as well,indicates how the issues are to be framed toward specific stakeholders and whether the institutional entrepreneur needs to develop a new vocabulary and marketing approach to effectively reach them. Together, these dimensions indicate how close or distant specific stakeholders are. As this distance measure is based on stakeholder values rather than the existence of a relationships between them, it rather fits the description of *vision closeness*(Cantù, 2010). Combined with influence maps, such plotting clarifies pathways to also mobilize dominant stakeholders with opposing interests by mediation of these allies.

6.2.2.2. Stakeholder maturity

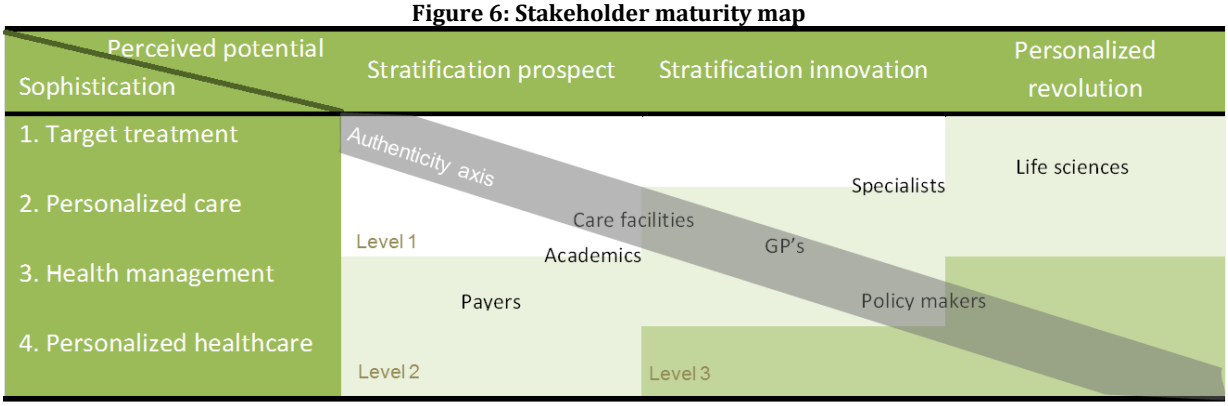
Stakeholder mobilization requires authenticity (Bhattacharya & Korschun, 2008), political skill and connectedness across sectors (Ritvala & Salmi, 2008). Besides the political and relational aspects captured in the stakeholder analysis, our study also reveals that maturity is a factor that enables institutional entrepreneurship for less central actors as well. From different statements by the experts interviewed, we abductivelyascertain that maturity consists of an actor's sophistication concerning the common issue and his or her recognition of the potential of the proposed solution. Again in line with social movement theory (Benford & Snow, 2000), this points to the usefulness of mastering cultural meanings held by stakeholder groups as a key resource in mobilizing them. Yet, our analysis adds a cognitive component, as it is not only a matter of conformity to these cultural norms, but also a form of thought leadership that allows the institutional entrepreneur to attract followers.

First, sophistication relates to the mastery of all aspects of the subject as well as its implications. Through desk research and content analysis of the interviews, we were able to discern four aspects embedded in the definitions formulated by the experts (on the vertical axis of Figure 6). The extent to which each of these dimensions were mentioned in stakeholders' definitions was then an indicator of the level of sophistication in stakeholders' definitions of personalized medicine.

Sophistication, related to the level of needs on a means-ends hierarchy (Bhattacharya et al., 2009), not only plays a role in providing the institutional entrepreneur with authenticity, it is also to be developed in target stakeholders, as it increases their likelihood of participating. Stakeholder maturity involves being able to envision the full potential of creating shared value in a certain way. The previous section on values as stakeholder 'ends' discusses how values can be powerful motivators for stakeholders. Here we argue that stakeholders' awareness of the potential impact of the SVC system is equally vital, as it indicates how receptive stakeholders are for its value proposition.

This puts an extra requirement on institutional entrepreneurs, as they themselves need to master the entire repertory of value attributes produced by the system, especially those at higher levels of the means-ends chain (Bhattacharya et al., 2009). Institutional entrepreneurs need to be thought leaders concerning the potential societal contribution of a system. They require accurate insight into the dynamics leading to this societal contribution on different levels of abstraction, so they can be perceived as 'authentic' by stakeholders(Bhattacharya & Korschun, 2008).

Figure 6: Stakeholder maturity map



Second, in line with the 5-stage model of sustainability orientation by Nidumolu, Prahalad and Rangaswami(2009), maturity is furthermore considered to be a factor of the potential impact stakeholders expect from adopting the new system. After explicating the broad definition of personalized medicine, covering all four dimensions, respondents were asked what they perceived to be the potential impact of personalized medicine. A content analysis revealed differences along 3 subdimensions, which lead to scoring stakeholders on these as a measure of their enthusiasm toward the model. Combined, they provided a measure of the maturity stakeholders had regarding the new system.

Stakeholders' maturity towards personalized medicine was then rated on a 3-level scale combining the level of sophistication and the perceptions of the innovation's potential. Scoring high on one dimension but not equally so on the other creates authenticity problems. Industrial actors, such as Roche, had such a problem in that they were arduous proponents of personalized medicine, but did not fully master the all the related aspects of such a system, nor understand its implications. They consequently did not possess sufficient relative maturity compared to target stakeholders to mobilize them. The maturity level was furthermore useful as it represented stakeholders' susceptibility were to be mobilized. Based on our rich information concerning the perceptions and intentions of all stakeholder categories, we conjectured that stakeholders ideally needed to be transitioned toward the third level of maturity before being ready for mobilization.

7. DISCUSSION

In response to the first research question, we suggest formative principles for SVC systems which entail (1) the system optimum, (2) accounting for externalities with multiple bottom lines, (3) installing incentive systems that reward the contribution to system outcomes and (4) making all stakeholders accountable for their behavior. We contribute to the stakeholder view by refocusing its theorizing around value creation for the end valuator instead of the focal firm or the stakeholder, which is essentially a value capturing debate. The systems perspective delineated here instills relevance to stakeholder theorizing by offering guidance on dealing with interdependencies and making trade-offs by relating them to the system outcomes.

Traditional SHT literature on stakeholder mobilization assigns central importance to stakeholder interests, but black boxes them at the same time. This study takes the institutional design perspective(Hargrave & Van de Ven, 2006)onthe institutional entrepreneur seeking to mobilize stakeholders in a collective change project. In response to the second and third research question, we hence illustrate the motivational aspect of the mobilization challenge, in lieu of merely identifying actors' direct interest at stake. Network mobilization implies the capability to understand what motivates stakeholders (Ritvala & Salmi, 2008) before framing and resource mobilization can commence. Hence, in line with Ackermann and Eden's (2011) call for research with more practical relevance, we delineate the actual challenges encountered in transitioning and aligning stakeholders. Three key determinants of stakeholder motivation are distinguished: values, vision closeness and maturity. Motivating stakeholders thus consists of developing comprehensive understanding of stakeholders objectives, assessing their alignment with the common goal and identifying their susceptibility to the firm's arguments.

Our findings suggest that there is added value in combining SHT, with its long tradition on stakeholder interest and power, with RMT, which has made significant thrusts in developing a co-creative stakeholder view and IMP, which offers an ontological basis complementary to that of SHT for the development of a systems perspective to stakeholder value creation. The exchange between these largely independently developed literatures potentially has benefits of cross-fertilization for each. Combining marketing with stakeholder theory extends the former by further diversifying 'types of publics' (Murray & Montanari, 1986) beyond the 'six markets' model (Christopher et al., 1991) and by making marketing inherently sustainable. In relation to the 'markets-as-networks' perspective, stakeholder theorizing adds agency problems (Hill & Jones, 1992), stakeholder interest (Rowley & Moldoveanu, 2003), power (Freeman & Reed, 1983) and the social structure of stakeholder mobilization (Goodpaster, 1991).

By extending stakeholder mobilization, we contribute to the nascent stream on institutional entrepreneurship and social movements in IMP literature (Ritvala & Salmi, 2011; Brito, 2001). By furthermore illustrating how an intentional issue-based network can be formed by aligning stakeholders' values, our findings also support the view of business nets as manageable entities(Möller & Rajala, 2007) without touching the individual voluntary nature of participation in such a network. We hence make an attempt to reconcile both stances regarding the manageability question in industrial networks (Rampersad et al., 2010).

7.1. MANAGERIAL IMPLICATIONS

The question addressed in this paper basically comes down to how firms can deal with stakeholder power and how they can motivate stakeholders to co-create. The development of a systems perspective has potential to offer superior managerial guidance concerning the creation and coordination of open innovation ecosystems andon integrating stakeholders into the business model. This is becoming an increasingly relevant issue due to the increasing emancipation and vocality of crowds. As ours and other cases of institutional entrepreneurship in networks demonstrate, such systems might even enable organizations to help reshape their institutional environment when it hinders optimal value creation. Whereas institutional entrepreneurship in previous case studies on stakeholder (network) strategies was predominantly initiated by interest groups, the concepts of maturity and vision closeness are introduced as key considerations for business actors attempting to take initiative in institutional entrepreneurship.

7.2. IMPLICATIONS FOR POLICYMAKERS

The systems perspective on stakeholder value presented here connects individual strategic decisions with societal welfare and other macro level outcomes. Considering reality to consist of interdependent (sub)systems operating within larger (eco)systems, systems theory enables the development of normative theory which is balanced between multiple levels and able to offer guidance on each level. In fact, its ontological assumptions stress the interdependence between systems and their subsystems and the ensuing explanations will therefore incorporate the interactions between different governance levels.

Further development of this stream of research therefore has the potential to result in insights for business that do not overlook the impact on society and for policy that does not forget the individual entrepreneur or business. Institutional entrepreneurship is a promising avenue for relevant literature seeking to inform proactive policy change. If it is seen from a system-centered stakeholder perspective, it illustrates the potential value of business in improving institutional arrangements. Whereas it would benefit managers in these contexts to develop a sense of political acumen, it would be equally beneficial for governments and their policies to be receptive of entrepreneurs' initiatives for social change. With respect to the challenges to the effective development of SVC systems, they should be open to and supply platforms for stakeholder dialogue and be flexible to re-evaluate incentive structures and be outcome-oriented in redesigning them.

Especially the concept of system optimum is useful for policymakers in determining the balance between market- and government-lead schemes, certainly in times when free market capitalism has proven its potentially hazardous limits. To safeguard individual incentives, free market mechanisms should be allowed to run their course, as long as its workings are not skewed by power asymmetries. Hence, measuring the divergence from systemic optimum would be a helpful tool to indicate when intervention is warranted. Besides intervening when needed, safeguarding incentives also implies that added value should be the main criterion for the distribution of earnings. This is obviously more feasible in government-funded sectors, where accountability can and should be demanded to ensure efficient allocation of public resources, but also has significance in private sectors. In these, governments should enact policies that encourage entrepreneurship and reward value creation and spillovers, as it would benefit society as a whole.

We argue that a systems perspective also fosters sustainability in public policy. By striving toward a system optimum, it should become clear that fragmented budgeting regimes destroy substantial value for society and that the effect on the entire system should be calculated. This way it was, for instance, possible that a big pharma company struck a deal with the French government allowing them a premium price for a new form of their leading schizophrenia therapy when they could show the total cost savings this 'expensive' treatment would cause on French health care spending. As we noticed in the stakeholder analysis and mobilization planning, however, governments seem to tend toward direct cost-saving, thereby stifling innovation and blocking more efficient arrangements. Furthermore, a systems perspective offers policymakers guidelines on installing regulation that incorporates accountability for all costs and thus minimizes or compensates externalities on the environment or parts of society.

7.3. LIMITATIONS

This case-study is situated in a very specific context and the findings are therefore applicable to specific contexts only. Especially regarding the first research question, we expect that our contribution is very specific to the health care context, in which the integration of stakeholders and the redistribution of value can be enforced. A further consequence of our case-study approach is that it would require further validation for the operationalization of the constructs and processes suggested.

We build on the insights from the frameworks proposed by all three theories and enrich them with findings from our case study to develop guidelines for stakeholder mobilization. As the case itself did not yet evolve beyond the development of the shared value proposition, the model is limited to the initial process of stakeholder mobilization and eschews sustained mobilization and its preconditions.

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9. APPENDIX 1: INTERVIEW PROTOCOL

1. How would you interpret the concept of personalized medicine?
2. [After we explained which the components were of the broadest definition of personalized medicine]: What advantages do you see in such a system? What are the downsides?
3. Would people in your category [specified for each expert] cooperate to achieve such a system?
4. How does each of the advantages and downsides then weigh in on that decision?
5. How would this system change the way things are done in health care?
6. Which stakeholders' interest would be hurt by such a system?
7. What are current barriers to the implementation of such a system from your point of view?
8. How might these barriers be overcome?
9. What would have to change for personalized medicine to become the model for Belgian health care?