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**Towards a New Management Organization: The Patient’s Team and extended role of Doctors as responsible for patient flows**

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**Abstract**

**Relevance and significance**

Horizontal clinical management of integrated patient flows in health care has been put on the reform agenda globally to ensure better continuity of patient care services, increased patient safety and enhancement of the professional quality of treatment.

Since 2013 the North Region of Denmark has sought to improve the coordination of patient flows through their hospitals and also between the hospitals and the primary sector. A sort of matrix structure is combining a vertical integration of clinical departments with a horizontal integration of patient flows. Trailing research of these initiatives has been conducted by the authors since 2012 and is still going on.

In 2015 further improvements to ensure efficient and coherent patient course were brought forward through:

1. The regional concept of the “Patient’s Team”which means a group of specialists or a multidisciplinary team who interact with the patient.

2. A national concept of “The doctor responsible for patient flows”.

The Patient's Team is among others namely characterized by: a. The treatment responsible doctor. b. An interdisciplinary patient responsible doctor (at complex patient flows).

Both of the concepts are (in combination) expected to improve the continuity of the treatment and the patient flow. How this is done is, however, not quite clear.

**Research questions**

The central theme of the ongoing research is to identify and analyze the development of these initiatives at the Region’s largest Aalborg University Hospital, who are national frontrunners.

The research is guided by the research question:

• How can the vision of the process-based management organization be redeemed through the development and implementation of models for the Patient's Team and ”The doctor responsible for patient flows”?

* How are the two concepts constructed?
* How do continuity and responsibilities in patient flows develop?

**Methodology and theory**

Documents have emphasized that models for the two concepts must be made through pilot projects/local development work. Therefore, research is not a top-down driven implementation study but is primarily focused on processes. Including how change processes are handled in order to develop models in which a bottom-up perspective can be accommodated. – This is in line with well-known research that shows major problems when implementing (pre)planned models top down in professional organizations.

The study is conducted as a qualitative case study using documentary materials, observations and interviews with professionals and (top)managers involved in the construction of the two concepts. Development and implementation of ten different pilot projects concerning different groups of patients have been followed at the university hospital.

The analysis is guided by a broad theoretical framework, focusing on the development of horizontal processes in (and across) a professional organization. There are strong elements of research concerning Integrated Care Models and inter-professional, inter-departmental and inter-organizational theory of coordination and integration.

**Results**

Identification of drivers for change towards integrated patient flows.

Critical challenges and tendencies towards:

* Poorly defined responsibilities for the doctors responsible for patient flows
* Lack of (cultural) change in the occupational professional medical group
* Lack of focus and dialogue with the general practitioners
* Over-organizing (co-ocracy).