**Mid-Term Conference of the Research Network of Sociology of Health & Illness**

**European Sociological Association**

**Health and health care in Europe: between inequalities and new opportunities**

**17-19 June 2020, Jagiellonian University, Poland**

**ABSTRACT**

i) Session 11 or 18

ii) Oral presentation

iii)

**“General practitioners and Hospital Doctors Collaborating on Fast-Track Cancer Diagnosis - Interactions and Conflicts in an Organizational Interface”**

iv) Aims and objectives

Collaboration across organizational boundaries and professions remains a great challenge in health care systems. This also applies to the present Danish study of interactions and conflicts in the organizational interface between Diagnostic Centers (hospital-specialists in secondary sector) and the referring general practitioners (family doctors in primary care and gatekeepers of specialist care).

Danish patients with non-specific cancer symptoms can be referred by their general practitioner (GP) to fast-track diagnosis in one of 20 newly established Diagnostic Centers (DC).

Research question: What are the challenges and possibilities in the organizational interface between a Diagnostic Center and the referring General Practitioners?

Research methods

Qualitative case study using documentary materials, single interviews, focus-group-interviews, and telephone-interviews. The analysis is guided by theories of interorganizational collaboration, coordination and integration.

Findings

The behavior of the DC-doctors and the GPs seems characterized by mutual understanding and mobilization of resources.

However, the abilities to work together happen at the expense of the DC, since the GPs (the satisfied part) are not aware that their referrals are often inadequate and/or irrelevant which threatens to overstrain the DC and limit their autonomy.

The DC acts as the adaptable and flexible part in the organizational interface. This adaptive role can be extremely difficult to maintain, since DC must also adapt to central fast-track guidelines, which are more rigid and difficult to align with GPs´ behavior.

The interface is primarily dependent on the mind-set of the involved professionals. Focus should be on cultural rather than structural changes to balance the organizational interface.

 v)

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