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## Coordination in Danish health care: Implications for inter-organizational management

**Janne Seemann**, PhD, Professor, Department of Sociology and Social Work, Aalborg University, Kroghstraede 7, DK-9220 Aalborg, Denmark, E-mail: [seemann@socsci.aau.dk](mailto:seemann@socsci.aau.dk) (contactperson)

**Jeppe Gustafsson**, PhD, Associate Professor, Department of Business Studies, Aalborg University, Fibigerstraede 4, DK-9220 Aalborg, Denmark, E-mail: [jg@business.aau.dk](mailto:jg@business.aau.dk)

**Abstract**

The Danish health care system can primarily be characterized as well organized within its two main sectors: Primary and secondary health care. However, the relation between them lacks coordination and other mediating structures. Like in many other European countries promoting coordination between primary and secondary health care has been a great challenge and at the core of Danish health policy for decades. The latest and most comprehensive Danish administrative reform (2007) trying to address grey zones, silo-style-thinking and unclear division of responsibility can hardly be labeled as any sort of resounding success in terms of improving the coherence in the health system. It has turned out that coordination problems in health care cannot be solved simply by administrative restructuring.

Hence, the patient pathways through the Danish health care system can sometimes be problematic. The elderly and the chronically ill are particularly vulnerable groups. For these groups, lack of coordination can harm the delivery of coordinated care, causing unnecessary delays in treatment, health complications, and potentially sub-optimal clinical outcome. In a Danish setting, a positive and coherent patient process requires efficient, stable cooperation between the hospitals run by the regional level, the self-employed general practitioners and the municipally-run health services.

Our health organisations are constructed upon models of machine- and professional bureaucracies that are more than 100 years old. We are now well aware that these models have serious learning and silo problems. We have perfected these more than century-old forms of organisation and management, enhancing them up with a wide range of management concepts in order to keep up with modern developments.

In the opinion of many, we in Denmark and in the other Nordic countries have created some of the world’s most advanced and developed welfare states. But precisely for this reason, we are perhaps among those who first experience the limits of the welfare state model, where the dysfunctions take the form of:

Complexity, opacity, silo barriers, underutilization of the working and learning environments for knowledge workers, and low total performance.

It has become increasingly difficult for the individual health organisation, the individual sector and the individual political level to meet these challenges alone. The challenges are complicated and maintain themselves across organisational boundaries. We see this everywhere, for example, in connection with chronic patient care, health prevention, care of the elderly, psychiatry and in the development of complex IT systems and welfare technologies. The challenges are reinforced by at least four major trends: 1.The ageing population, 2.The increase of ‘multi-chronic’ patients, 3. ‘Accelerated’ forms of treatment, 4. The increase of patient demands.

However, the confrontation with traditional ways of organising and associated management forms is still emerging. We are still relegated to confronting transformation problems and exploring new possibilities and innovations.

At the same time, we realize that organisational development has created health care systems which look entirely different than the kind of classical, traditional hierarchies or pyramid-shaped systems that we have been accustomed to think about.

As a result we need a massive strengthening of the development of cross-cutting organisation and management in health care. In short it means some important implications for interorganizational management, which among others emphasize:

* The absence of positional power and management of many dilemmas
* The managing of horizontal processes
* The creation of trust and appropriate formalization

This implies a boundary-transgressing organisational logic that can contribute to second order development of existing hybrid organisational and management forms and that have the potential to become the cornerstone of the organisations of tomorrow. The paper will further explore these interorganizational implications for managing health care cross sectors, professions and political levels.