Sustainable Interface Management in Integrated Care

Daniel Lüdecke

7th March 2008, Göteborg
Contents

I. Short Description of German Health Care and Social System
II. Problems Resulting from Certain Characteristics of the German Health Care and Social System
III. Short Introduction into a Systems Theoretical Organisational Theory
IV. Co-Operation as a Social System
V. Conceptions of Sustainability
VI. Empirical Approach and Discussion
The German Health Care and Social System

- Fragmentation of Support Services and Supply Sectors
  - In-patient care, part in-patient care and ambulatory / home care
  - Many specialised support services

- Many different Interfaces and Transitions within a Patient's Career
  - This is true for the transition from one sector to another (e.g. the discharge from hospital to the home environment)
  - As well as for the co-operation of different services involved in the care process (e.g. GP's, home care services, therapists etc.)
Occuring Problems within the Continuity of Care

- This leads to Discontinuity within the Care Process
  - Information about the needs and health status of the patient are not properly transmitted from one service provider to the next, or are not properly exchanged among themselves
  - Lack of co-operation of the involved service providers due to several reasons:
    - Distribution of tasks means separated work and information flow
    - Figuration of transition process mainly done by medical professions, missing the adequate participation of care professions
    - Missing or deficient discharge planning leads to re-hospitalization or problems in the following home care
    - Implementation of co-operation turns out to be more difficult in practice than anticipated
Theoretical Approach: Organisation understood as System

- Organisations in the Health and Social Care Sector can be seen as complex systems, which are operationally closed (Luhmann 1984). There's no direct access to the environment, where other organisations are „located“.

- There are no same binding rules for all organisations which are involved in the integrated care and interface management process.

- Decisions and routines made in one organisation are not automatically applied or accepted by other organisations. Different organisational structures have to be taken into account.

- This is called „irrational organisation“ (Brunson 1995) or „bounded rationality“ (Luhmann 2000).
Co-Operation as a Special Interaction System

- If an organisation (system) cannot directly control the other organisations (environment), how is co-operation possible? What are the difficulties with co-operation or interface management?

- Structural coupling between systems
  - Usually applies to psychic and social systems
  - In this case, the co-operation of organisations (social systems) lead to the emergence of another, special social system (which I call for the time being “co-operation system”).
    - Members of the different organisations which are involved in the integrated care process represent their organisations as “psychic” environment.
Sustainability I: From a Systems Theoretical Perspective

- Sustainability as strategy for higher reflection of consequences
  - Due to operational closure of systems there's no pivotal control instance (self logic of systems), which takes over the lead for planning processes.
  - Self logic and self control of systems (and thus: organisations) makes it less likely that organisations deal similar with same problems. This makes integrated care planning difficult.
  - The difference between self-perception and how one organisation is perceived by others can only be handled after an organisation's own internal structures. This difference may lead to reflection and learning effects.
  - Future decisions can take this into account and try to better „control“ planning processes within the interface management by anticipating other organisations' reactions.

- This conception focuses on the sustainability
  - of the care course of the patient
  - and of the co-operation network.
Sustainability II: From a Network Theoretical Perspective

- Sustainability and resource management
    - Underlying question: How do the members of the organisations which are involved in the co-operation system act and react?
  - Increasing costs and decreasing hospital staying time require network-like co-operations.
    - Which time- and money-consuming tasks can be shoved on to someone else?

- This conception focuses on the self-interest and own resources of an organisation or an organisation's member, including career planning.
Why Network Theory?

- According to Luhmann (1999), the modern society can be seen as *functional differentiated*, thus society divides into different functional systems (e.g. science, economics, religion, politics...).

- These systems characterise particular semantics or contextualisations of a communication.

- For theoretical reasons, these „types“ of communication are separated, but in interaction systems, each of these contexts can be chosen as subject of the communication.

- Thus, organisations serve as „meeting point“ of the different functional systems.
Why Network Theory?

- For empirical data analysis and interpretation, questions are:
  - How do the involved persons choose their context and why did they choose *this* particular topic and not another one?
    - E.g., why talking about *financial* benefits instead of *medical* benefits?
  - Why do they „control“ the communication into a certain direction?
  - Which are the contextualisations of the co-operation system's (i.e. the involved persons of the networking organisations) communication?

- The theoretical element of *structural coupling* explains the role of the persons belonging to the co-operation system in a very vague way, which is less useful for interpreting and analysing *empirical* data.

- A network theoretical approach closes this gap and allows the systems theory to be better used for *empirical* research (Vogd 2007).
Final Remarks and Discussion

- Empirical data collection: Qualitative expert interviews will be conducted
  - How do the actors involved in the co-operation form their identity and try to control the others?
  - Are my conceptions of sustainability useful or do the experts have other associations with this term?

- When focusing on the co-operation network as a system, does this lead to other / new findings and how will this influence recommendations for an optimised interface management and integrated care?

- Discussion and questions...
Thank you for your attention!

Contact:
Daniel Lüdecke
Email mail@danielluedecke.de
Web www.danielluedecke.de

University of Bremen
Institute of Public Health and Nursing Research (IPP)
Department of Research on Interdisciplinary Ageing and Nursing
Grazer Str. 4
D-28359 Bremen
Germany
References