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Poster Abstract

Interaction or self-support? Norwegian municipalities' adaptation to the Coordination Reform

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Abstract

Introduction: The Coordination Reform was introduced in Norway in 2012 with one of the primary objectives to improve care pathways for patients in need for coordinated services. Furthermore, the reform aims to strengthen primary care through distribution of more responsibility from the specialist health care to the municipalities. Future health and care services depend on municipalities to play a larger part in meeting the expected demand for health services and fulfil the goal of health promotion and early intervention while addressing the needs of patients with chronic diseases. Vertical and horizontal coordination and interaction within health care services is expected to be met by integrated care pathways. Traditionally, such care pathways have served as an institutional standard in specialist health care, and it is currently unknown how suitable they are to primary health care services and municipality organisation. How are these new standards of practice challenged by the existing institutional standards in primary health care, and the history and organizations of the municipalities?

Aim: The aim of the study was to identify how the expectations of integrated care pathways is introduced and implemented as an institutional standard in municipalities, and how it effects both vertical and horizontal coordination and interaction.
Methods: Data were collected by semi structured qualitative interview with chief municipal executive, head of municipal health and social services or head of municipal semi-autonomous performance units in all the 36 municipalities in Møre and Romsdal County, Norway. The municipalities vary in size, from approximately 1000 inhabitants in the smallest to approximately 24000 to 45000 in the three largest municipalities. The data was analysed according to systematic text condensation.
Results and discussion: We wanted to explore whether integrated care pathways may be considered an institutional standard in municipalities' adaptation to the Coordination Reform. In Møre and Romsdal 9 out of 36 municipalities had developed or implemented integrated care pathways in 2013. These integrated care pathways were developed in cooperation with other municipalities and/or the regional health authorities, and were mainly disease-based. Many municipalities were sceptical to the disease-based pathways, describing them as to comprehensive, impractical and difficult to use. Furthermore, the results indicate that interaction and coordination becomes more complicated in larger municipalities and municipalities that are organised with semi-autonomous performance units. Municipalities value learning from each other, but self-support have been the main focus in adaptation to the reform so far. However, municipalities acknowledge that coordination and interaction between municipalities is important in

planning and constructions of various health services, and is needed to address health challenges in the future.

Conclusions: The concept of integrated care pathways was not an institutionalized part of the municipalities at the time of investigation. Interaction and coordination is complicated in large municipalities and semi-autonomous performance unit organizations. Hence, municipalities prioritize self-support a head of interaction so far into the Norwegian Coordination Reform.

Keywords

integrated care pathway, primary health care, collaboration, Norway

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Powerpoint presentation:

http://www.integratedcarefoundation.org/content/posters-oral-presentations-session-1
