



Governed or self-governed public hospitals?

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30.05.2014

I. Structure

- Background
- Research questions
- Country cases
- Conceptual framework
- Theoretical approach
- Methods
- Questions for discussion



I. Background

- Trend in European hospital systems towards improving management, organizational structures and systems
- Expectation is that “management matters” (research line), therefore hospitals need management => quality, patient satisfaction and improved outcomes
- Granting more autonomy to hospital management – key area of reform (e.g. Saltman, Durán and Dubois, 2011)
- Hospital autonomy related to structural reform and changes in hospital ownership (e.g. 2002 reform in Norway, 2010 reform in Romania, etc)
- These changes can alter the governance and coordination of public hospitals: a trade-off between decentralized management and centralized governance => supposedly problems of central, systemic coordination



II. Research questions (1)

Step 1

- RQ1: Has hospital autonomy affected national coordination of the system of publicly-owned hospitals in Estonia, Norway and Romania?
- RQ2: Has decentralization affected national coordination of the system of publicly-owned hospitals in Estonia and Romania?
- RQ3: Has recentralization affected national coordination of the system of publicly-owned hospitals in Norway?



II. Research questions (2)

Step 2

- RQ4: What have been the effects of alleged coordination problems in the three hospital systems?

Step 3

- RQ5: What explains the similarities and differences in coordination problems and their effects across the selected national hospital systems?

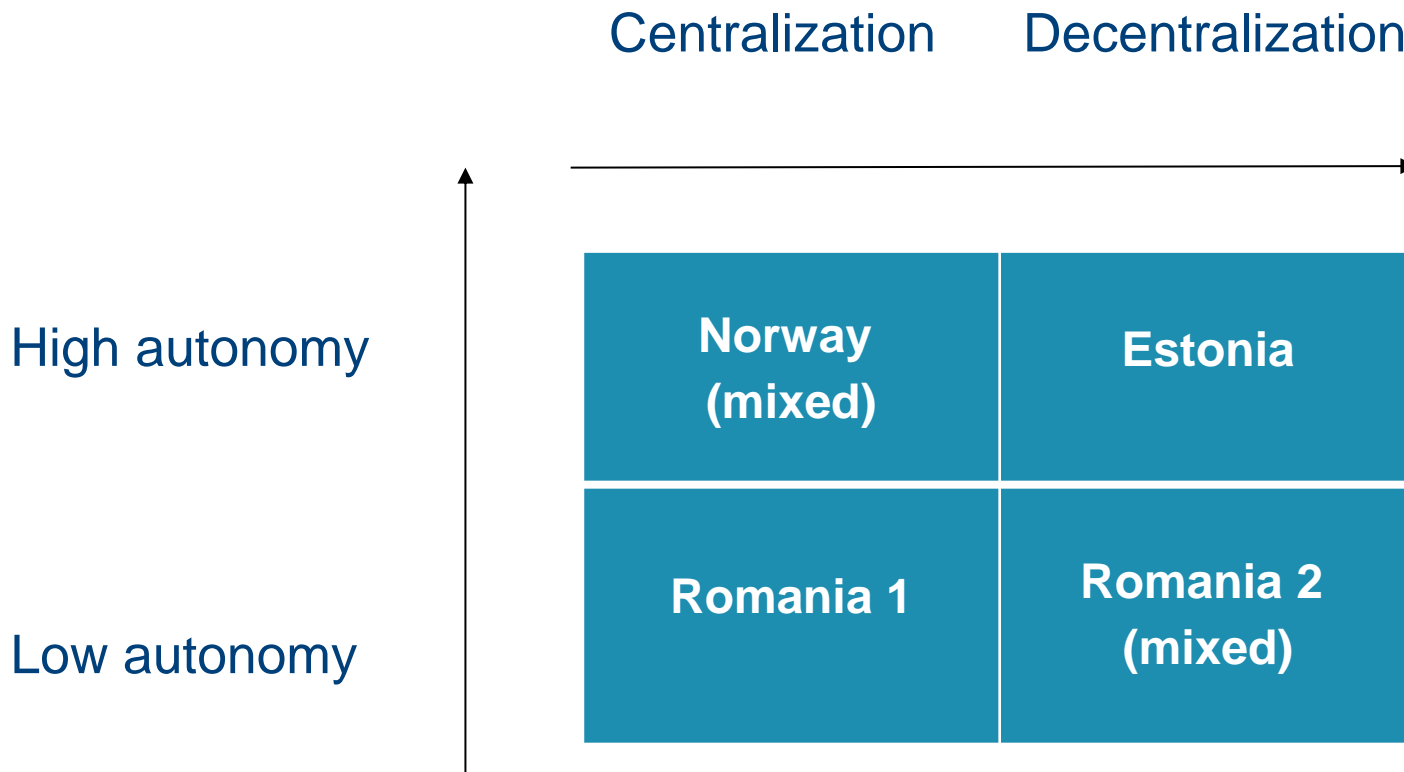


III. Country cases (1)

- Three countries: Estonia, Norway and Romania implementing similar types of reforms
- Different characteristics but similar reform ideas, though with different intensities and variation in the centralization-decentralization continuum



III. Country cases (2)



IV. Conceptual framework (1)

- The concept of coordination

The activity taken by national policy institutions such as ministries of health to ensure that public hospitals work as a whole system.

- Coordination problems: 4 types

- 1) Redundancy (or duplication)
- 2) Omission (or lacunae)
- 3) Contradiction
- 4) Divergence



IV. Conceptual framework (2)

1) Redundancy (or duplication)

- *When for example two different hospitals perform the same task that could be performed more efficiently and effectively in one place only*

2) Omission (or lacunae)

- *Gaps in performing a needed task so that a task ultimately ends up not being performed by any hospital*

3) Contradiction

- *Differences in policy, legislation or regulations governing hospitals that contradict one another*

4) Divergence

- *Self-interested action by a particular hospital that affects the system of hospitals as a whole.*

IV. Conceptual framework (3)

Central coordination (planning) of:

- Human resources
- Financial resources
- Hospital service organization
- Hospital service provision



V. Theoretical approach (1)

- Sociological institutionalism and principal-agent theory to explain coordination and coordination problems

1) Sociological institutionalism

- *Hospital system culture* as a key factor: norms, values and standard operating procedures
- Specific propositions to confront with empirical evidence about the role of the hospital system culture in explaining coordination problems and differences between countries in coordination problems



V. Theoretical approach (2)

2) Principal-agent theory

- Positive incentives and sanctions
- Conflicting interests and goals
- Information asymmetry and imperfect monitoring
- Specific propositions about the influence of these factors



VI. Methods

- Program of semi-structured interviews in all three countries with selected interviewees in central institutions and hospital management
- Statistical data, official policy documents and legislation, existing research both academic and policy-oriented
- Completed in Estonia and Romania, Norway is on-going



VII. Questions for discussion

- *How to find data on central coordination of hospitals in Norway concerning:*
 - Human resources
 - Financial resources
 - Hospital service organization
 - Hospital service provision
- *How to identify, if they exist, coordination problems in Norway's public hospital system using the four types:*
 - Redundancy (duplication)
 - Omission (lacunae)
 - Contradiction
 - Divergence

