

# Managing preventive health and social service networks

A case study of elderly care in Finland and Japan

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Timo Järvensivu, D.Sc., Helsinki School of Economics

Katri Nykänen, M.Sc., Helsinki School of Economics

Hiroo Hagino, Associate professor, Tohoku Fukushi University

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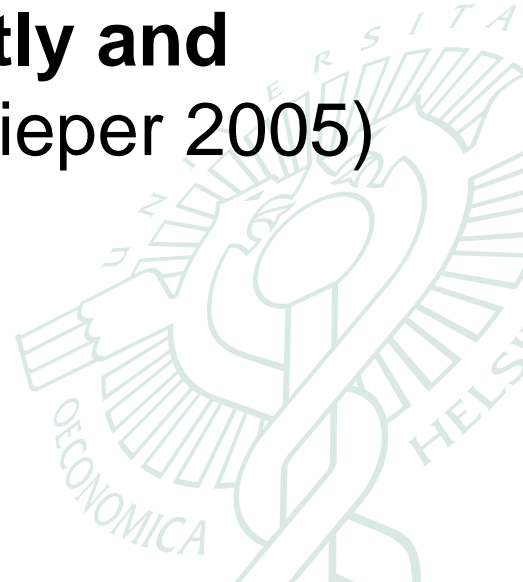
# Presentation contents

1. **Integration** as the goal of health and social service systems
2. What are **networks** and how they make care integration possible?
3. What are the **typical challenges** of health and social service networks?
4. How to **manage these service networks**?



# Integrated care

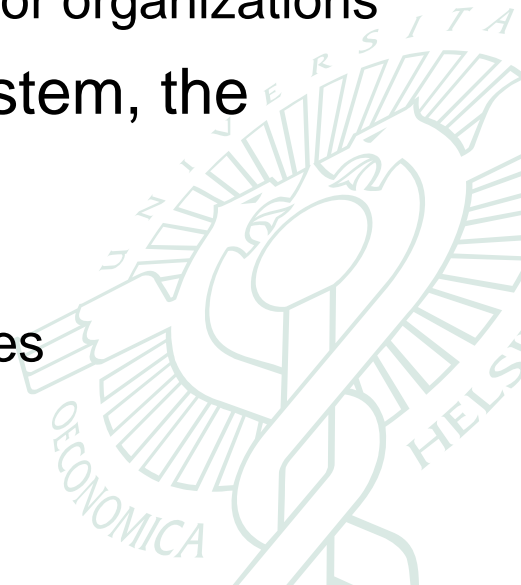
- ◆ Care integration is a philosophy, not a clear-cut concept with specific managerial prescriptions
- ◆ As a philosophy, integrated care can be defined as **coordinated and seamless care that answers to the needs of the patient (in this case elderly) cost-efficiently and effectively** (e.g. Vaarama and Pieper 2005)



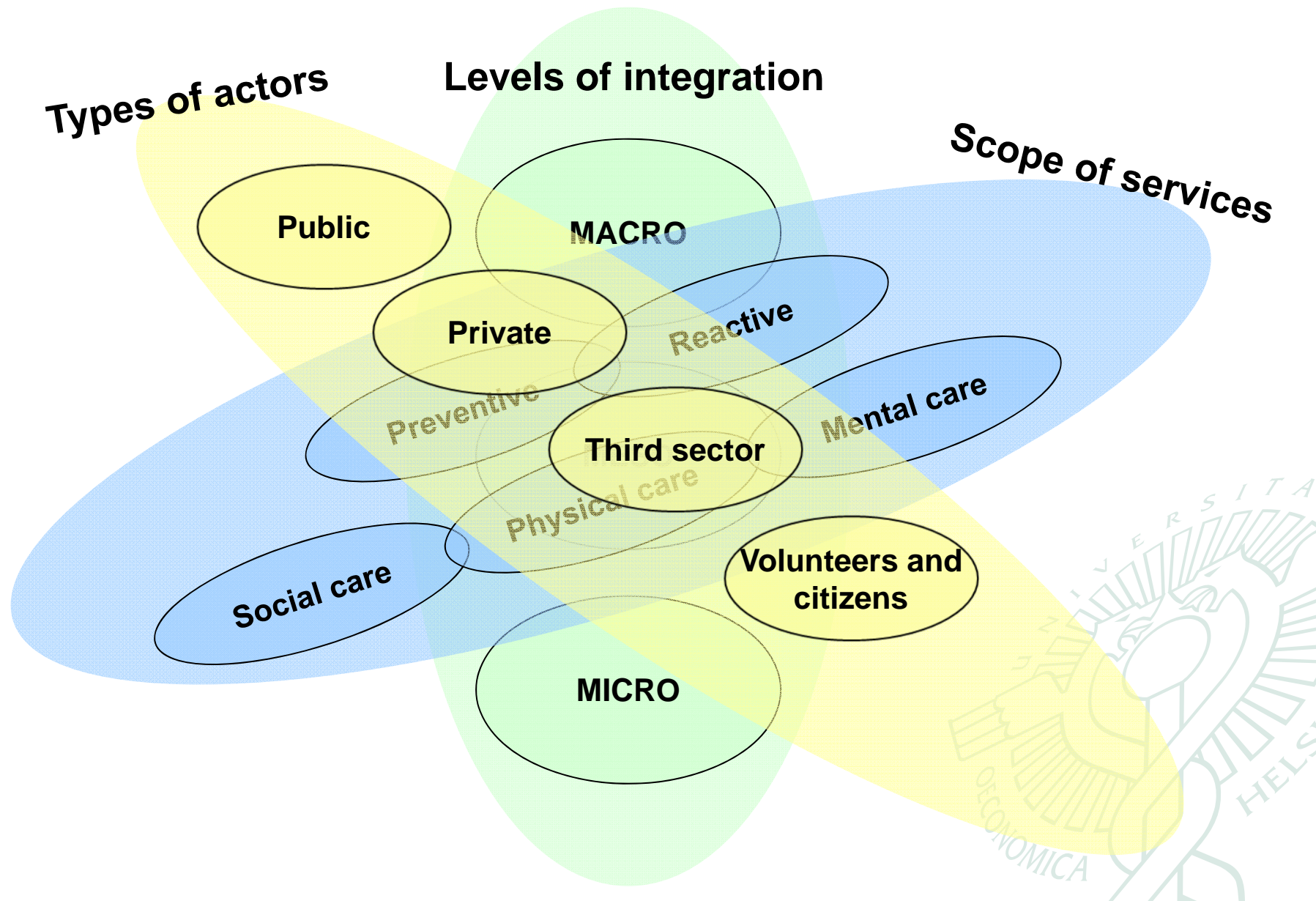
# Three levels of care integration

(Vaarama and Pieper 2005, 33)

1. **MICRO LEVEL: Client- or patient-centered care process**
  - Health and social workers
  - Relatives
  - Neighborhood, social contacts
2. **MESO LEVEL: Care organizations, relations between organizations, and networks**
  - Cooperation between public, private & third sector organizations
3. **MACRO LEVEL: Social and health care system, the general policy framework**
  - Legislation
  - Municipal and national level norms and guidelines
  - Culture & attitudes



# Completely integrated wellbeing system: A utopia or current reality?



# Integration of a care service system can be achieved through different governance modes: markets, hierarchies and networks

- ◆ **Service system** = the complete arrangement of actors, resources and activities needed to produce a service
  - All markets, networks and hierarchies are service systems
- ◆ **Market** = a service system based on short term exchange contracts and price-based competition between independent actors
- ◆ **Hierarchy** = a service system based on superior-subordinate relations among relatively non-independent actors
- ◆ **Network** = a service system based on (long term) trust-based relations among independent actors
- ◆ Note: the optimum governance mode depends on the context

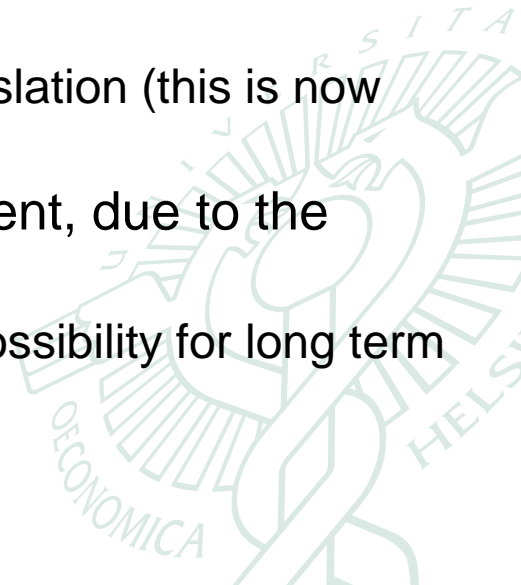
# Why networks are good in care contexts requiring flexibility and wide-scale integration?

HSE

	<b>Division of work</b>	<b>Service production</b>	<b>Flexibility to changing environment</b>
<b>Hierarchy</b>	The division of work determines who does and what	The boundaries of organizations determine what is produced for the customer	If the service does not meet the customer's needs, the customer can change the provider OR there will be a need to change the division of work
<b>Market</b>	The exchange contract stipulates who does and what	The exchange contract limits service production and what the customer gets	When customer's need changes, it may be difficult, slow, or expensive to make changes to the contract
<b>Network</b>	Ongoing negotiations on who does and what. Organizational boundaries do not determine the "how"	Service content and process is determined through ongoing negotiations	It is possible to react to changes in the environment flexibly and quickly

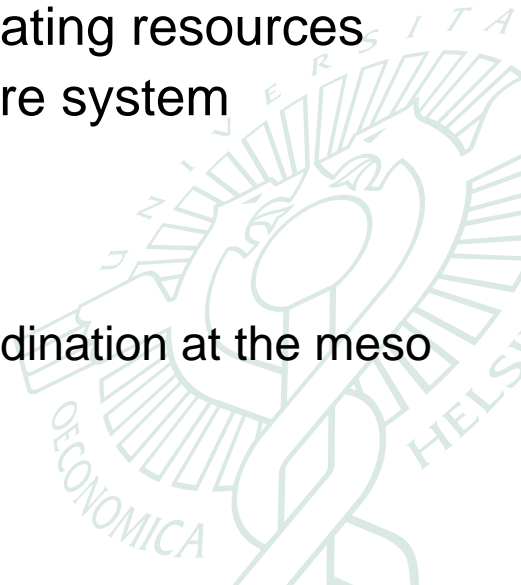
# Typical problems in health and social care networks (1/2)

- ◆ Problems at the micro level community-based support networks
  - Lack of informal community support for the elderly: relatives, neighborhood?
  - Lack of formal community support from the public, private and third sectors?
- ◆ Lack of good *horizontal* relationships at the micro and meso level due to bad organizing, bureaucracy, separate budgeting, legislation, professional cultural boundaries, and regional distance
  - E.g. between doctors and home care in Vantaa and Espoo, due organizational and budgetary boundaries
  - E.g. between primary and tertiary care, due to legislation (this is now under reconstruction by the Finnish government)
- ◆ Public-private relationships are fragile, if non-existent, due to the Finnish public procurement legislation
  - Only short term exchange relations possible, no possibility for long term & strategic joint commitment & development



# Typical problems in health and social care networks (2/2)

- ◆ Problems in information flow between actors
  - E.g. ICT systems are not functioning or not being used properly
- ◆ There are a lot of project networks aimed at research and development → Limited duration, often external funding → Often lack of support for continuation when the external funding ends
- ◆ Regional strategic networks → strategic, but often fairly loose networks → lack of real impact
- ◆ In general: lack of network management & coordinating resources and capabilities in the Finnish health and social care system
  - Lack of care management at the micro level
  - Lack of coordination from the patient's perspective
  - Lack of ownership of cross-boundary process coordination at the meso level



# How to manage these networks?

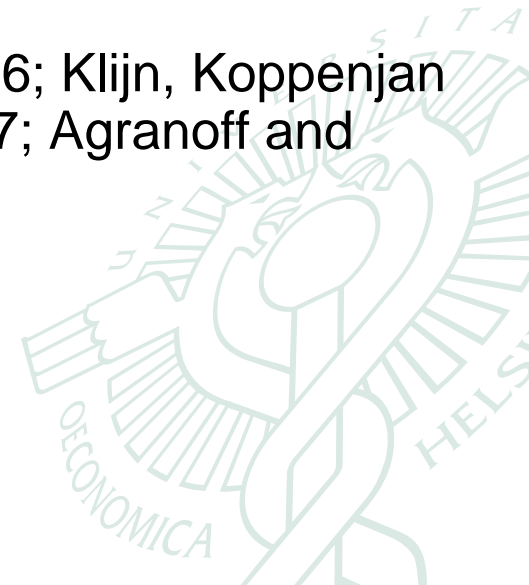
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# Background: Network management has been studied in several, often overlapping fields

## Examples

- ◆ **Industrial and business networks** (Ford et al., 2003; Ford and Håkansson, 2006; Möller and Halinen, 1999)
- ◆ **Strategic networks** (Jarillo, 1988; Möller, Rajala and Svahn, 2005; Möller and Rajala, 2007; Gulati, Nohria and Zaheer, 2000)
- ◆ **Innovation and development networks** (Dhanaraj and Parkhe, 2006; Heikkinen et al., 2007)
- ◆ **Health care networks** (Provan and Milward, 1995; Provan, Isett and Milward, 2004)
- ◆ **Public policy networks** (Kenis and Provan, 2006; Klijn, Koppenjan and Termeer, 1995; Kickert and Koppenjan, 1997; Agranoff and McGuire, 2003; McGuire, 2006).

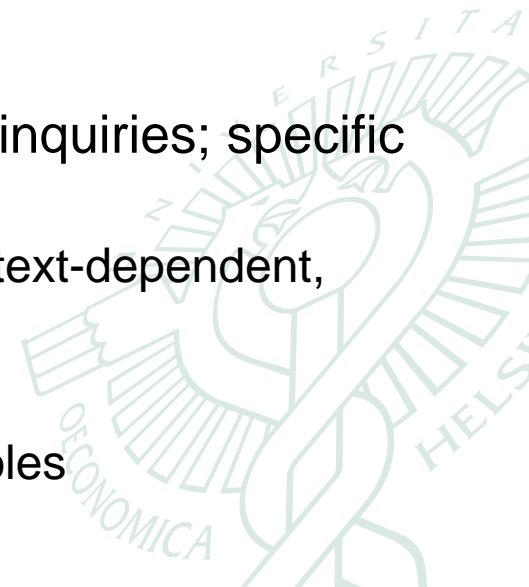


# (Network) management: four perspectives

(Tsoukas 1994; Järvensivu and Möller 2009)

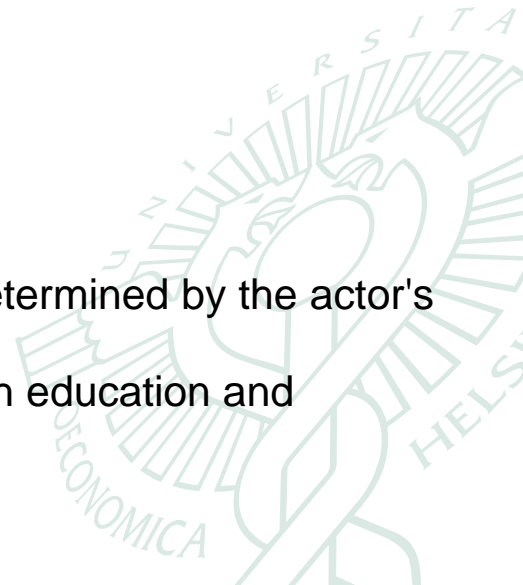
Four layers of (network) management research

- ◆ **Management control perspective:** e.g. neo-Marxist, critical studies, institutional structures research
  - Institutional structures of managers and those that are managed
  - Causal powers of management: ability to control, ability to elicit cooperation, drive towards seeking efficiency and effectiveness
  - The institutionalized socio-economic context of organizing
- ◆ **Management functions:** classical, systems, and historical schools of management research
  - Planning, organizing, leading, controlling
- ◆ **Management task characteristics:** sociological inquiries; specific management tasks and their "nature"
  - Management tasks are fluid, interdependent, context-dependent, relatively unstandardized
- ◆ **Management roles:** E.g. Mintzberg
  - E.g. interpersonal, informational and decisional roles



# Required network management capabilities

- ◆ Management control perspective
  - Capability to make sense of the institutional and cultural context and structure: what are the obstacles and facilitators of good networking in a given context (e.g. Finland, Japan...)?
- ◆ Function-level capabilities
  - Planning & agenda formation: capability to understand and create good framing for networks
  - Organizing: capability to activate and coordinate linkages between actors and resources
  - Leading and mobilizing: capability to foster trust and commitment in the network
  - Controlling: capability to collect feedback from the network and remove possible obstacles according to the feedback
- ◆ Task-level capabilities
  - Tools & skills to adapt to each networking situation
  - E.g. facilitation skills for effective community dialogue
- ◆ Role-level capabilities
  - The potential roles an actor can take are at least partly determined by the actor's skills and resources
  - ... but these skills and resources can be improved through education and investments
  - Capability to adapt roles to specific situations



Thank you  
Our research continues...

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