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Key Note Presentation

Organising integration – between fragmentation and mergers

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Abstract

Background: In Sweden, as in many other countries, there has been a succession of trends in the organisation of health care and other welfare services. These trends have had different implications for the integration of services in the health and welfare system.

Aims: One aim is to discuss the implications of different organisational trends for the integration of health and welfare services. Another aim is to introduce a Swedish model of financial coordination as a flexible way to organise integration.

Organisational trends: In the 1960's there was an expansion of health and welfare services leading to large-scale bureaucratic structures of centralised control. In the 1980's there was a period of decentralisation to smaller organisational units, which was followed in the 1990's by an introduction of market mechanisms in accordance with the New Public Management. During this period, there has been an increasing lack of integration in the health and welfare system. In the 2000's, there has been a re-centralisation through mergers of hospitals, regions and state agencies. It has become clear, however, that mergers do not promote integration but rather increase the bureaucratisation of the system.

Model of integration: In the 1990's there were a number of experiments in Sweden with different models to integrate health and welfare services. As a result, a model of financial coordination has been developed, which makes it possible for organisations to pool their budgets and form associations for integration of different services. This is a flexible way to deal with fragmentation without merging the different organisations involved.

Keywords

centralisation, decentralisation, market mechanisms, fragmentation, mergers, financial coordination

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