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### The Need for an Integrative Approach of the Healthcare System

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## The Need for an Integrative Approach of the Healthcare System

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### *Abstract*

*The healthcare system, as an organised action system, with its own organised action sub-systems, cannot carry out its tasks without the integration of healthcare services, which is a potential solution to counteract any dysfunctions that may occur when the system components act independently of each other.*

### **Keywords:**

*healthcare system; integration; organised action system; restructuring; efficiency.*

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## 1. Introduction

The dynamics of the healthcare system is emphasised by analysing the components of the **organised action system**, a concept that **Contandriopoulos** et al. [1] took over into their studies from the works of **Parsons** [2], **Freidberg** [3], **Rocher** [4], **Bourdieu** and **Wacquant**[5]. Like any organised action system, **the healthcare system is characterised by:**

- **concrete context** (country, region) at a certain point in time;
- **interaction of a certain physical structure** (building, architecture, technical platform, budget) **with an organisation structure** (all the laws, regulations, conventions, management rules that define the distribution and exchanging of resources) **and a specific symbolic structure** (representation, value, collective rule);
- **delimitation of a social space** where **four large players groups** (professionals, managers, business and political environment) **interact** in a constant display of cooperation and competition, targeted towards the purposes of the system for the purpose of obtaining or controlling the resources.

## 2. Theoretical Background

The healthcare system as an organised action system consists of various organised sub-systems, which are interdependent and have a certain level of autonomy. Figure 1.illustrates a diagram of the healthcare system structure perceived as an organised action system.

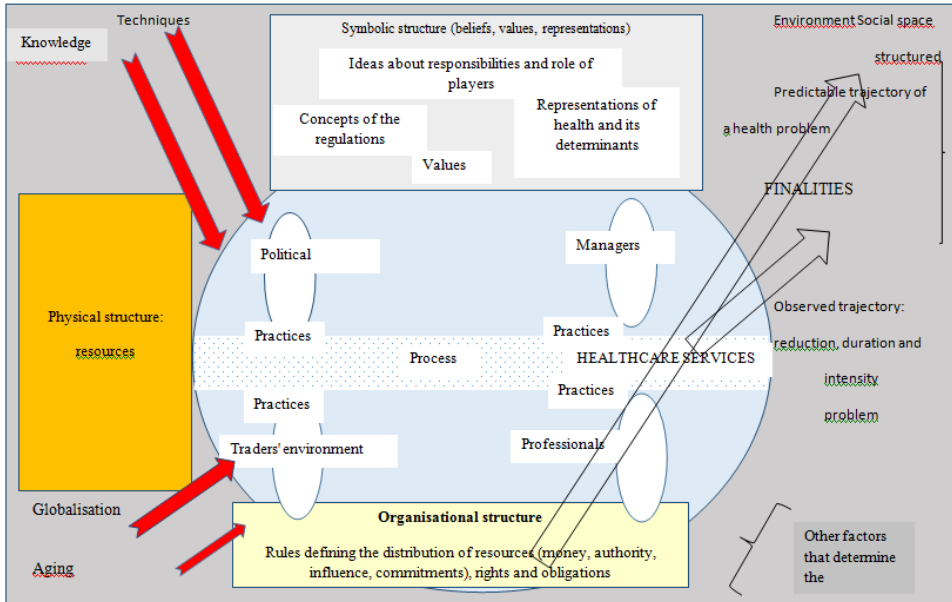


Figure 1. Organised action system [6]

The purposes of the healthcare system are to transform the predictable trajectory of evolution of one or several phenomena by acting over time on a certain number of determinants thereof (specific objectives of the intervention) in order to correct a problematic issue, namely to reduce the duration and intensity of the health problems of the population, to meet its expectations and to favour the principle of social equity.

### 3. Argument of the paper

Any healthcare system, like any organised action system, should carry out four major functions [7] in order to be efficient. Thus, the healthcare system must:

- **adapt**, find the necessary resources in its environment and provide services;
- **pursue goals** that are valorised (prevention, diagnosis and treatment of health issues, reduction of inequalities in care and health);
- **work in an integrated manner**, organise player coordination, ensure quality, be productive;
- **preserve and produce values.**

The healthcare system, as an organised action system, with its own organised action sub-systems, cannot carry out its tasks without the **integration of health services**, which is a potential solution to counteract any dysfunctions that may occur when the system components act independently of each other.

#### 4. Arguments to support the thesis

In essence, integration is a process consisting in the creation and preservation, over time, of a joint leadership of autonomous players (and organisations) with a view to coordinating their interdependencies to allow cooperation in implementing a collective project. In economy, integration does not have a systemic connotation, as it aims to increase productivity or scale economies. First of all, an economic enterprise considers integration of its production cycles by coordinating with a number of activities that are upstream or downstream its own activities (or outside the enterprise in question). This is an example of vertical integration. When similar enterprises form a group, among others to achieve scale economies, it is a case of horizontal integration.

#### 5. Arguments to argue the thesis

In the health area, **health services integration** is the way in which developed companies worldwide expect to master the tension and the contradictions that generate healthcare system malfunctions, among others the fragmentation of healthcare, inappropriate use of competence, unequal access to certain services [8]. **Integration of healthcare services is required under the pressure of four major factors of influence [8]:**

- 1) **The expectations of the population from the healthcare system are considerable and contradictory.** Researches show that a high majority of the population would like a system that can guarantee free and equal access to quality healthcare to everyone, at the same time refusing to pay higher taxes or social contributions. The survey results in many countries reveal **three major values to be considered in the organisation of modern democratic companies: equity, individual freedom and efficiency.** The aim of any society is indeed to seek the best organisation of its resources, particularly in the field of healthcare, in order to respect these values in consideration of its wealth, history, traditions and culture [9]. **Therefore, integration of healthcare is the process that enables finding solutions when reaching a standstill, by enhancing the**

**efficiency of resources and making it possible to maintain equality and to respect individual freedoms.**

- 2) **The tensions between, on the one hand, the growth dynamics of the healthcare system and, on the other hand, the economic pressure exercised by the state on the healthcare system in order to balance its budget.** The growth dynamics is created by the extension of the legitimate field of intervention of the healthcare system, generated, on the one hand, by the expansion of the medical intervention capacity as a result of development of the medical knowledge and techniques and, on the other hand, by the expansion of the field of application of medicine triggered by the ageing of the population and occurrence of new diseases. The state's need to control the increase in healthcare expenses results from the pressure exerted by the globalisation of financial markets on public finance and, consequently, on funding the healthcare system. Faced with these constraints, in order not to hinder the healthcare system in meeting the expectations of the population, as a means to reinvigorate the healthcare system and to mobilise innovations that will make it possible to meet the expectations of society in terms of access to healthcare and quality of services.
- 3) **The difficulties experienced by the healthcare system in organising itself in order to meet consistently and efficiently the expectations of the population partly result from the incapacity to rethink the fundamentals of their regulatory context.** Indeed, the simultaneous existence of 4 different regulatory logics – a professional, a technocratic, a business and a democratic logic – makes it hard to shape up a systemic vision. As a result, the role and functions of each regulatory logic need to be rethought and, consequently, the role and function of the different players in the healthcare system: medical staff; managers and planners; political environment in representative and democratic terms; commercial environment [10].
- 4) Recent scientific research concerning health determinants shows that **the various elements, situations and contexts generating health are not of the same nature as the mechanisms that are applied to diagnosing, treating and preventing specific diseases [11].** If diseases and health are not independent, they are not so just because they exclude one another [12]. Explanatory patterns of health differ from those of the disease, which requires a reconsideration of the role and responsibility of the society and government in respect of health. Health Ministries need to re-channel their efforts on prevention, diagnosis, treatment and palliative interventions of specific diseases.

## **Integration of health services favours a new focus of the healthcare system on diseases.**

### **6. Dismantling the arguments against**

In conclusion, the idea is that governments have no other choice in continuing to provide quality and equitable health services than to undertake **a major restructuring of the healthcare system**. This undertaking should focus, in very general terms, on encouraging the players to cooperate more closely in better using the resources and skills available in order to reduce the fragmentation of the range of healthcare services and to increase the efficiency of the healthcare system.

The dimensions of integrating healthcare services address **the establishment of a consistency between the clinical system** (consisting of patient care and good practice rules, thus ensuring the best integration of healthcare over time, in space and among health professionals), **the management** (consisting of a management system, a financing system and an information system) and **the collective system of interpretations and values** (set of beliefs, values and interpretative patterns that enable the players to communicate, coordinate their actions and cooperate), which shape up the space in which the players (organisations) interact.

### **7. Conclusions**

The various forms of the integration process address, to various degrees, **the institutionalisation of the cooperation of all the players involved in the interdependence of one or several joint projects**. The **five dimensions of the integration process** must be implemented in a sustainable manner over time: integration of healthcare; integration of the clinical team (medical integration); integration in terms of functionality, regulatory and system.

The first 4 types of integration deal with the interactions of the players (organisations) in the case of interdependence around a collective project, while systemic integration refers to the relation between the system of interdependent players at local level and their environment. Please note that integration requires a specification of the concerned level of analysis. **Integration of healthcare services** is a process that takes place at the level of inter-individual relations (micro); **clinical team integration** and **functional integration** include processes that occur at the analysis level of interest (territory, organisation, region ...); **normative integration** plays a

role in shaping up the relations between levels; **systemic integration** has the purpose of ensuring consistency between the analysis level of interest and the environment (macro).

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