

Organizational processes in health care networks

Summary:

The formation of health care networks is an essential building block for the development of cross-sectoral, continuous care models in the German healthcare system. First medical networks formed in the 1990s under the first selective contracts of statutory health insurance for integrated care.

The emergence of networks and their stabilization depends on a variety of factors and resources. In the long term, professional networks have prevailed to this day or exist quite homogeneously alongside other forms such as physicians' quality circles. Such networks often address certain regional care situations. Some networks reached the recognition by the Regional Associations of Social Health Insurance-accredited Physicians. Other networks lost their importance again when the contractual partnership ended in selective contracts. In recent years, no valid, independent, Germany-wide surveys have been carried out, which also include networks without practice network status. Thus, it remains uncertain whether and how the number of networks has changed since 2009. Also, a quantitative overview of their design and goals remains scientifically systematically undersigned.

The aim of the project is to examine quantitatively and qualitatively the development of health networks from the 1990s until today. In doing so, factors such as goals, regionality, personal and financial resources, contract activity and composition of the nets are to be surveyed and typing carried out.

A qualitative research approach examines the role of financing (often perceived as inadequate) network infrastructures for the development of health networks in Germany. In a process-oriented perspective, it is discussed how certain developments over time (such as start-up financing, practice network support, establishment of professional network managers) have had an impact on the practice of interorganizational cooperation in health care.

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