Development of hospital pharmaceutic services: between search for efficiency and preservation of autonomy of professionnals

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Plan

- Context
- Method
- Results
- Perspectives
Context

- Swiss Global Health context: decentralization and autonomy
  - « The most American of European Health Systems » DC Lambert
  - Private insurances
  - Public hospitals depend on towns
- Wallis specific context:
  - 6 public hospitals
  - Population of 320,000 persons, in rural and relative poor country
  - Mountain & urgency

Question & hypothesis

- In which measure centralization of pharmaceutical services is more cost-effective than specific small units in each hospital? (Scale effects) - Politically correct question
- Why people cannot renounce for their autonomy, even for quality & costs saving? (Implicit question)
Method

- Analysis of Swiss & Wallis Health laws, analysis of Health Regulation
- Visit of each hospital:
  - Evaluation of implementation and organization of hospitals' pharmaceutic services
  - 24 semi directed interviews with physicians, nurses, and managers
  - Analysis of discours and practices of pharmacists

Results

- Expectation for supplementary pharmaceutical services in the sense or a better quality of the process of care.
- … but with no costs of coordination!
- Paradoxal injunction (Watzlawick 1986):
  - The supplementary costs that the application of the law represent for each hospital if they want to change by themselves without cooperating with the other hospitals
  - The risk for the practitioners to be questioned in their freedom of prescription of drugs.
Analysis

- A problem similar to networks organisation problems, specially concerning:
  - Financing of the network,
  - repartition of responsibility,
  - respect for the autonomy of the actors,
  - fear of the fusion of the culturally different structures,
  - problems of integration and coordination between structures and actors …,
- Quality of care vs quality of professionnals? The lack of pyramidal structures, but the unefficiency of transverse coordinations
- When coordination needs to meet contractualisation!

Perspectives

- Solve the problem relative to the concept of a shared decision
- Evidence of incapacies of a regional sanitary economic planning…
- Bulding a specific methodology to analize the nature of the relationship between integration and coordination
Proposals for a Methodology

- Aim of the coordination/integration
- Actors of coordination/integration
- Space of coordination/integration
- Resources for the coordination/integration
- Tools for the evaluation of the coordination/integration

*But was is the question?*

Conclusion

- What is the field of this research? Health economics, sociology, pharmaceutics, health management?
- Can we answer with pertinency to question of coordination if we analyze it with « specialists eyes »?
- What should we do as researchers in such a situation:
  - Answer the official question, knowing it will be in coherence between common laws of research?
  - Test new solutions, which seem to be peripheral to the central question, but which could be able to rethink the system in place?
- Shall we be wrong with precision, or shall we be vaguely right?