

Enhancing care coordination in Italy

An experimental approach



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Coordination saves lives, and that's a fact: hospital team members who work together like a single well-oiled machine, deliver greater quality and promptness of care. It's no rocket science: like with any other organization, coordination makes the wheels go round (Webb, 1991). Adequate sharing of codes of conduct and standard procedures has been shown to reduce postoperative pain and improve postoperative functioning (Argote 1982). Isn't that enough reason to optimize coordination between health professionals?

Enhancing relational coordination - when an entire team shares and follows the common procedures, all working together to achieve the same goal - is becoming a central issue in healthcare policies around the world, including in Italy (Romoren et al., 2011). However, despite various attempts to encourage care coordination, the Italian health sector continues to be marked by fragmentation. Because the National Health Service is regionally based, different regions adopt different rules and regulations, in order to deal with the endemic factor, giving rise to different medical outcomes (Tedeschi, 2010). The problem is pressing: in 2017, fragmentation led to a waste of 2,58 million euro (Cartebellotta et al., 2019).

But how low exactly are the levels of coordination in the Italian health sector? In 2017, the country developed a set of indicators to measure its current situation, but information infrastructure is not being taken advantage of to its full extent. A link is missing between various hospital data (like treatments and drugs provided) and patients' medical records (European Union Report, 2017). There must be a better way to measure coordination levels inside hospitals.

The coordination game: a framed field experiment

Inspired by cutting-edge research in behavioural economics, I myself wanted to analyse the problem of lack of information and miscoordination amongst Italian health professionals. Designing a simple, incentive-compatible tool called 'the coordination game' (Barr et al. 2018; Burks and Krupka 2012), I attempt to find out whether physicians in the Province of Reggio Calabria act according to national guidelines.

To detect whether a group of people share a common understanding of the practices and rules that apply to specific decision situations, Krupka and Weber (2008) adopted a coordination game in which people were incentivized to "coordinate" with others - being paid if and only if they had matched their partners' answer. They were asked to evaluate what, for them, constituted "appropriate behaviour" in a given situation. I did something similar to investigate how well physicians coordinate when facing the same scenario, and to find out whether they share the same protocols or guidelines. By identifying areas where relational coordination plays an important part, I chose to focus on orthopaedics, paediatrics and oncology.

For each of these departments, I wrote up four specific hypothetical scenarios, each describing a situation which physicians may face when on duty. I wrote each scenario from the perspective of a physician facing a patient. I made sure to set one of the four scenarios according to national guidelines. In this framed field experiment, physicians were asked to indicate whether they considered each of the four possible actions to be 'very inappropriate', 'somehow inappropriate', 'somehow appropriate' or 'very appropriate'.

Team work works

My study shows that only 35% of all physicians pick the same medical treatment as their colleagues, when presented with the same scenario. Such a coordination average isn't surprising, given the theoretical premises. Secondly, men are more likely to coordinate than women: men declared to be more willing to share results of diagnostic tests or outcomes of surgical procedures with their colleagues. Thirdly, in the final questionnaire, they stated they frequently joined brainstorming and training sessions, which could facilitate coordination. Fourthly, members working in a team, led by a team leader, are more likely to coordinate well, especially if they feel satisfied with their job. And finally, my findings show that physicians who rigidly follow national guidelines, coordinate less. Why? Perhaps because some guidelines are impractical at times, hard to apply to individual patients, and limiting the physicians' autonomy (Farquhar et al., 2012).

These findings show that coordination in the Italian health sector could indeed be missing, which makes the need for action all the more acute. In recent years, Italy has been promoting integrated care by creating various networks and cooperatives between different health professionals - for example in Emilia Romagna, Lombardy and Piemonte (European Union Report, 2017). But the lack of coordination is still alarming, and collaborations between general practitioners and specialists should be stimulated, together with more formal integrated paths through the creation of networks and cooperatives among professionals from different levels of care organizations along the continuum of care.

Since working in a team will increase the level of coordination, teamwork could be incentivized through brainstorming and planning sessions. In this regard, leaders should be trained to manage their team, facilitating collaboration and communication between different members. Moreover, since actions prescribed by national guidelines are judged as very appropriate in almost half of the cases, training courses specifically addressed to the dissemination of guidelines could be introduced more often.

I encourage other researchers to replicate and further develop my experiment design. To measure coordination between people in the same medical team - or in different teams - and people who are at the same - or at different - organizational levels, a scenario could be designed in which physicians and nurses have to make a decision together.

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