

Summary

The aim of this study was to survey the workings of the coordination agreements/contracts between local municipalities and regional health agencies. Compliance to the intentions and obligations of the agreements by the contracting parts has been evaluated by the use of a qualitative approach. In addition, criteria to secure compliance has been identified and specified.

The coordination contracts are one of the tools, implemented to reach the goals of the Coordination Reform. The purpose of the contracts is, by emphasizing division of tasks and responsibility of the contracting parts, to promote interaction between local municipalities and regional health agencies. Establishing well-functioning procedures in central areas of interaction is also one of the main aims of the contracts.

Results from the survey indicate that the contracts are considered to be valid and highly needed instruments to increase interaction and clarify division of tasks and responsibility. In addition, the contracts has improved the quality of interaction, as the contracting parts has met and gotten acquainted. The main challenge is considered to be the scope of the agreements, both the need of detailed information in each agreement and the number of statutory agreements. That the scope of the contracts is considered to be extensive is inhibitory for compliance and increasing the use of resources by the contracting parts.

Whether the content of the agreements are known by members in the organizations seems to vary. In general, the contracts are known by leaders and employees at a higher level of the organization, and less known in lower levels of the service chain. At the same time, opinions are conflicting on whether full knowledge of the agreement is needed at lower levels. Most attention by the contracting parts is given to the contracts describing areas that are regulated by the use of economic incentives. Contracts regulating areas considered more vague and uncertain in terms of division of tasks and responsibility, like rehabilitation, treatment of intoxication and psychiatry are less known.

Specific and precise use of words in formulations is considered a success criterion when designing the contracts. However, in areas where division of tasks and responsibility are pending there can be a need for wider formulations. Another success criterion is to secure a limited scope of the specific contracts, and that the details featured are at a minimum.

In terms of structural and procedural conditions, success criterion includes; joint agreements between groups of local municipalities in connection to the same regional health agency, internal agreement in the group of municipalities and coordination committees that consist of persons with diversified professional knowledge, authorization to commit on behalf of the contracting part and negotiation skills. In addition there should be frequent meetings, support and understanding at the highest level of the organization, awareness of the importance of equality between contracting parts, a designated person with responsibility for the cooperation contracts in each organization, presence by the municipality at the hospitals when discharging patients, mutual exchange of expertise and involvement of general practitioners.

The contracts are necessary, but not fully sufficient to ensure compliance to the intentions and obligations of the agreements. As mentioned, compliance will also depend on structural and procedural conditions. There are registered differences between local municipalities and regional health agencies with respect to the organization of services, which will affect the content, use and design of the specific contracts in addition to the form of interaction between the contracting parts.

Mainly, the respondents of the survey are positive to the concept of coordination contracts. However, there are findings that indicate that to ensure compliance, the formulations need to be precise. If formulations are considered to be vague or inadequate, compliance can be inhibited.

Recommendations related to the coordination contracts to promote better quality in health services are as follows:

Recommendations to the contract design:

- Specific and precise use of words in formulations
- Binding words in specific limited areas, or areas clearly defined in legal regulations
- Simplification of the contracts
- Distinguish between contracts and descriptions of procedures
- Precise description of aim and purpose of each contract
- Specify consequences of violations of the contracts

Recommendations to procedural and structural conditions related to the contracts:

- Revision of contracts every second year
- Joint agreements between groups of local municipalities in connection to the same regional health agency and internal agreement in the group of municipalities
- Greater involvement of regular GPs
- Active involvement of home care
- Well-functioning electronic systems
- Coordination committees that consist of persons with diversified professional knowledge, authorization to commit on behalf of the contracting part and negotiation skills
- Frequent, physical meetings between the cooperation parties
- A designated person with responsibility for the cooperation contracts in each organization
- Presence by the municipality at the hospitals when discharging patients
- Specification of requirements to both parties in relation to discharging patients
- Specification of requirements to both parties in relation to rehabilitation, mental health and alcohol/drug addiction

