



# Portfolio of Services for the Manager Assistance Network Healthcare in Chile

Zanga R\*

School of Public Health, University of Chile, Chile

**\*Corresponding author:** Rosendo Zanga, Policies and System Health Program, School of Public Health, Faculty of Medicine, University of Chile, Santiago, Chile, Tel: +56 9 48926289; Email: rzanga@uchile.cl

Short communication

Volume 7 Issue 2

Received Date: October 17, 2023

Published Date: November 09, 2023

DOI: 10.23880/phoa-16000258

## Abstract

**Objective:** Identify the difficulties that Health Services administrators face when defining their clinical and administrative environments and identifying specific activities of Network Managers.

**Method:** An exploratory qualitative study was carried out involving 32 health services managers and four former post-reform undersecretaries in Chile, where a legal reform was implemented that redefined their role in a new context. The category "Health Network Administrator" was created to evaluate the impact of the reform on the Development of healthcare services, considering five key categories: Health Network Management, Clinical-care coordination of providers, Economic management of the health network, Development of human resources for the health network and Investment management in the health network.

**Results:** They indicate that eighteen differentiated services are the responsibility of the Network Manager. Some of these services require flexibility in the exchange, redistribution, and transaction of resources between members of the networks, which may require review in the current legal framework, especially in the financial and human resources areas.

**Conclusion:** It postpones the discussion on the administrative reform of providers in Chile, emphasising the need to define specific objectives for managers that distinguish them from other actors in the health productive chain.

**Keywords:** Service Portfolio; Health Services; Health System; Network Manager

## Introduction

The 2005 Health Reform in Chile meant progress in separating the functions of stewardship, insurance, and service provision. A care model was defined as the provision function that organises public care providers into care networks in an assigned territory [1]. The Care Network of each Health Service is made up of a set of public health facilities, which must be coordinated and articulated. This coordination and territorial articulation function rests on

the Health Services Head, who, with this mission and specific functions, assumes the character of Network Managers with their products [2].

The service portfolios of the health facility that comprise the healthcare network comprise the services provided by clinical processes and clinical and administrative support. The service portfolio corresponds to a unit's products to its end users, which come from its production chain or process. The service portfolio characterises the organisation and

reflects its mission. The operation of Health Services in Chile is empowered by Supreme Decree 140, which determines the regulatory framework of its operation and powers. Since the implementation of the reform, the evaluation of the implementation of the new institutions created by Law 19.937 has needed more evaluation of impact and operation [3].

The limits of the operation between the Network Manager and the health facility that make up the network have been the subject of extensive discussion in formal spaces of the health system. However, literature on the phenomenon in the country has yet to be available. The parallel Development of hospital self-management and a municipal administrative unit for primary health added to the heterogeneity of actual decentralisation criteria of providers and deepened the overlapping of functions and products [4]. This promoted confusion and overlap regarding the scope, powers and functioning at the healthcare network's articulation, decision, and operational development levels. Added to this is the formal lack of a "service portfolio" of the Service Head, which cannot be extracted or deduced from the current standard. After exploring experiences – successes and failures – with actors who led processes in network healthcare, the question arises: What is the Network Manager's portfolio of services or products? The article aims to identify the difficulties that Health Services administrators face when defining their clinical and administrative environments and identifying specific activities of Network Managers.

## Methodology

The study was based on a qualitative exploratory approach due to the nature of the phenomenon investigated and the need to understand the perception and experience of the actors involved.

An intentional sample of relevant actors who are or have been linked to the decisions of the Integrated Health Services Networks was used, distinguishing three levels of contribution:

- Twenty-four professionals who are or have been managers of the twenty-nine Health Services Directorates in the areas of care processes, human, financial and physical resources selected by a temporality criterion of at least three years in the position since the enactment of the law, these professionals will be identified through the MINSAL Human Resources Information System (SIRH) provided by the MINSAL People Management and Development Division.
- Eight professionals who have served as Network Managers and.
- Four Undersecretaries of Health Care Networks since promulgating the Health Authority Law.

The interviews focused on topics related to the specific services and products the Health Network Administrator is expected to provide. The importance of critical informants was considered, and interviews were recorded to ensure accuracy in data collection.

To observe the impact of the health reform on the Development of the service portfolio of the "Medical Care Network Administrator", the following categories were established:

- Management of the Health Network,
- Clinical-care coordination of providers
- Economic management of the health network
- Development of human resources for the health network
- Management of investments in the network of health

Data analysis involved coding, presentation, reduction, and interpretation of the information collected. The study focused on understanding the actors' perception and the Network Manager's specific functions in the context of health reform [5,6].

## Results

It is proposed that the coordination and articulation function of the Network Manager be translated into the level of specific and differentiated functions of the health facility. This function needs to be clarified today. The Health Services Directorates incorporate actions that should be located only in hospitals, producing a duplication of or substituting functions. In the management evaluation systems, goals and indicators overlap, showing that the Network Manager assumes goals specific to the health facility and does not incorporate goals that account for its functions.

The results indicate that the definition of the Network Manager's service portfolio must be built by consensus among the agents (Health Services, Hospitals, Primary Health Care, and the Ministry) and never unilaterally. Without prejudice to the above, it is possible to point out, based on the findings of the fieldwork, that at least the following categories should be considered.

### Scope Management of the Healthcare Network

- Address the demand for health care in an assigned territory (this implies the need to generate mechanisms to understand this demand, characterise it and operationalise it).
- Develop products to articulate healthcare offerings.
- Plan services and benefits.
- Evaluate and control the results of the health facility.
- Provide governance to care provision (guarantee Public

Ownership, defence of patients' interests, and balance the interests of involved actors).

### Scope of Clinical-Care Coordination of the Network

- Organise the service portfolios of the health facility.
- Model the coordination and relationship between the actors in the clinical field.
- Articulate clinical-care activity in a network for continuity of care.
- Define and supervise the referral-counter referral flow and establish the appropriateness criteria for referral between health facilities.

### Scope of Economic Management of the Healthcare Network

- Take care of determining the cost of production of the healthcare network (you must study its production costs, which also allows you to study the cost-benefit of healthcare actions).
- Distribute and mobilise the budget to the health facility (must generate mechanisms to evaluate and project the budget based on the production structure of the healthcare network and health objectives).

### Scope of Human Resource Development for the Healthcare Network

- Determine the need for human resources to respond to demand.
- Determine the performance of human resources as a productive factor.
- Develop skills to respond to the demand for care.
- Design and implement professional retention strategies.
- Design recruitment strategies for required professionals.

### Scope of Investment Management of the Healthcare Network:

- Determine the budget for replacing medical and industrial equipment or expanding benefits (the network has a replacement program with budgetary support managed autonomously by the health facility).
- Determine the investment in a new health facility (Network Manager according to a strategic development plan for the healthcare network, thus responding to demand).

A portfolio of eighteen differentiated services is configured, typical of the Network Manager. Some products require instruments or flexibility mechanisms for the exchanges, redistribution, or transaction of resources

between the members of the networks, which need to be revised or revised to the current legal framework, particularly in the financial and human resources fields. There is insufficient Development of the scope of services related to the governance of healthcare networks, partly because the legal framework of the reform places the Network Manager in a subordinate position to the Ministry of Health, who is a judge and part of the management of healthcare networks. Finally, they suggest that there is a pending discussion on the reform of the country's clinical providers.

### Conclusions

There is consensus that it is necessary to develop a portfolio of services specific to the Network Manager, which contributes to strengthening the institutionality of this figure of the health system, allowing clarification of the limits of its functions with those attributed to self-managed hospitals and those of the Ministry of Health. The results of the interviews carried out in this study allow us to propose a portfolio of services with 18 defined products. This result emerges from categorising individuals' responses in the health network management process. Despite a broad consensus on the need to strengthen the institutionality of the care network manager, political decisions have been contrary to the original idea of deconcentrating the strong influence of guiding Chilean care networks in a model of Integrated Health Networks. Health (RISS) needs to be more efficient in generating methodologies, mechanisms, or instruments for the operational management of efficient healthcare networks, as well as in skills development and training, which has already begun to be evident in previous studies [7-10].

It is proposed that the discussion of the administrative reform of suppliers remains pending, highlighting that any political decision that seeks to reform the current organisation of suppliers in Chile, whether with a focus on corporate governance, deconcentrated services, or integrated networks, must be able to establish objectives of the manager, who are differentiated from the other members of the production chain.

### References

1. Artaza O, Lastra J (2018) The new reform that Chile needs: the reform of the providers. *Inicio* 58(1).
2. Minsal (2005) Reglamento Organico De Los Servicios De Salud.
3. Bcn (2004) Modifica El D.L. N° 2.763, De 1979, Con La Finalidad De Establecer Una Nueva Concepcion De La Autoridad Sanitaria, Distintas Modalidades De Gestion Y Fortalecer La Participacion Ciudadana. *Portada Ley*

- 19937.
4. Minsal (2005) Reglamento Organico De Los Establecimientos De Salud De Menor Complejidad Y De Los Establecimientos De Autogestion En Red.
  5. Poth NC, John CW (2017) Qualitative Inquiry and Research Design: Choosing Among Five Approaches. In: 4 th (Edn,). Educational Research pp: 488.
  6. Lévano ACS (2007) Qualitative research: designs, evaluation of methodological rigor and challenges. *Bast* 13(13).
  7. Bazzoli GJ, Shortell SM, Dubbs N, Chan C, Kralovec P (1999) A taxonomy of health networks and systems: bringing order out of chaos. *Health Serv Res* 33(6): 1683-1717.
  8. Alexander JA, Vaughn T, Burns LR, Zuckerman HS, Andersen RM, et al. (1996) Organizational approaches to integrated health care delivery: A taxonomic analysis of physician-organization arrangements. *Medical Care Research and Review* 53(1): 71-93.
  9. Artaza O (2017) Transforming health services towards integrated networks: essential elements to strengthen a care model towards universal access to quality services in Argentina 71.
  10. Dubbs NL, Bazzoli GJ, Shortell SM, Kralovec PD (2004) Reexamining Organizational Configurations: An Update, Validation, and Expansion of the Taxonomy of Health Networks and Systems. *Health Serv Res* 39(1): 207-220.

