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Management of Health Programmes: Professional Integration (SLP) Sathya

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Abstract

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Traditionally a physician is a petty individual businessman. Due to the market

pressures of changed times the physicians are forced to integrate. In this session long

project (SLP), one such successful attempt is highlighted. The changes brought about

and the method adopted is narrated.

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Management of Health Programmes: Professional Integration (SLP)

Traditionally a physician is a petty businessman, world wide. But the individual

practice in its classical nature is being replaced everywhere by various kinds of

alliances due to market pressures, to increase the efficiency etc. In this session long

project (SLP), one such example where a particular kind of alliance is successfully

implemented is highlighted.

The example which is narrated here is implemented in one of the metro city. When

the corporate sector entered in large scale in to health care delivery the professional

autonomy of the physician was threatened. The physician also has become one more

commodity in the hands of market forces. But, it is difficult to withstand corporate

giants individually. In such context, a group of child specialists, around 10-15 in

number joined hands. They decided not to compete each other but to collaborate and

thrive.

When the child specialists of the city came under one roof they had two intentions.

One, to maintain their professional autonomy and to protect themselves from the

exploiting influence of corporate sector, two, in the long run to make the children's

hospital technologically advanced so that health care delivery becomes competitive

and efficient.

In the team there were 10 child specialists and one each from pediatric subspecialties, i. e., hemato-oncology, neurology, cardiology, nephrology, neonatology, and gastro-enterology. They together borrowed loan from bank and established a 100 bedded pediatric hospital with requisite infrastructure and advanced technology. All the pediatric physicians had independent unit in the hospital and the patients had the choice to choose the doctor. As shown by Zuckerman, Kaluzny, and

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Ricketts (1996) an alliance was achieved among physicians (Zuckerman, Kaluzny &

Ricketts, 1996).

A management board was chosen among themselves but for all practical

purpose it

had its own independent entity. The physician was entitled for the consultation fee of

both outpatients and inpatients. The profit which came from inpatients from various

sources like investigations, pharmacy etc. went into routine running and development

of the hospital. The loan amount also was paid from the profit. Hence, an alliance, a

closed physician hospital organization, was established between physicians and

management.

A decade later hospital became 200 bedded, with all facilities, even a nuclear scan.

It became one of the finest pediatric hospitals in the region. The physicians were able

to maintain their clinical autonomy by this professional integration. Contrary to the

findings of Cuellar and Gertler (2006), the physician hospital organization improved

efficiency (Cuellar & Gertler, 2006).

The success story of the pediatric hospital showed, during the time of corporate

monopolization it is possible to maintain clinical autonomy by professional

integration and it is also possible to build an alternative to the corporatization of the

health care by physician hospital organization. The present example also showed that

the professional integration and physician hospital organization helped to deliver

more efficient service.

Highly skilled professionals like physicians can challenge the might of the

capital

if they co-operate and collaborate among themselves. This will serve a long way in

maintaining the professional autonomy as well as the sanctity of the profession until

the physicians live up to the oath of Hippocrates.

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