BUILDING A COMPREHENSIVE GERIATRIC HEALTH CARE SYSTEM:
A CASE STUDY

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ABSTRACT: This case study focuses on the efforts of three urban medical care institutions—a Health Maintenance Organization, a nursing home, and a university hospital—to form an interorganizational relationship. The purpose of the relationship was to utilize the services of the three organizations in order to respond to the comprehensive health needs of an urban geriatric population. Movements in this triadic organizational relationship are described and analyzed in terms of four conceptual stages—exploration, negotiation, interaction and performance, and termination. Problems arising during these stages were not resolved and the relationship was terminated after approximately two years of existence.

A sociological discussion of the case focuses on why the relationship failed. The organizational relationship was disrupted by three stresses that occurred during the four stages of the relationship. Stresses emerged for each organization in the areas of organizational integration, professional coordination, and environmental adaptation, making it difficult for the three to become integrated into an organizational system. As a result, the HMO, the nursing home, and the hospital did not benefit from relationships that could have enabled them to develop the multi-organizational system necessary to sustain an innovative, comprehensive geriatric health project.

If, as Whitehead said, the greatest invention of the nineteenth century was the invention of the method of invention, the task of the succeeding century has been to organize inventiveness. The difference is not in the nature of invention or of inventors, but in the manner in which the context of social institutions is organized for their support.

The problem facing the delivery of health care today is the organization of inventiveness. Fragmented and diffuse discoveries in the field of health need to be organized into a comprehensive operational system that is responsive to the diverse needs of varied populations. One of the populations that encounters serious difficulties in seeking health care is the urban aged. Frequently afflicted by a constellation of interrelated problems that include low income, social isolation, poor nutrition, and inadequate housing, the aged find it difficult to secure needed primary care, emergency services, hospitalization, home care, or extended care. Medical care organizations providing these types of care have encountered obstacles in attempting to develop, implement, and maintain the services needed by the aged.

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institutions, a university-affiliated Health Maintenance Organization (HMO), a university hospital, and an extended care facility, to form an interorganizational relationship. The purpose of the relationship was to utilize the services of the three organizations in order to respond to the comprehensive health needs of an urban geriatric population.

BACKGROUND

A model comprehensive health care program, a Health Maintenance Organization, was established by a private eastern university in July 1972 as part of a long-range program for improving the delivery of health services to an urban population. The development of the HMO has followed four principles: (1) the facets of a comprehensive health services system include primary care, hospital back-up, emergency services, home care, and extended care; (2) the disciplines needed to provide family-oriented health care are adult medicine, pediatrics, obstetrics-gynecology, mental health, and dental health; (3) the necessary characteristics of a health system are comprehensiveness, accessibility, accountability, and continuity; and (4) the functions of a university health system are to provide a service system as the base upon which education and research operate.

In order to develop these principles, the HMO took several steps. It was established as an integral component of the 330-bed hospital of the university, thereby insuring necessary support in emergency services, hospital care, and ancillary services such as radiology and laboratories. As one of seven provider points of a city-wide health plan, the HMO became eligible to deliver care to subscribers drawn from a residential population of 275,000. The HMO's multispecialty, interdisciplinary group practice was designed to accommodate 25,000 consumers by providing comprehensive care directed toward prevention, early treatment, and rehabilitation. To attain its wide range of goals, the HMO formed relationships with numerous medical, philanthropic, educational, social, and governmental organizations. One of these was a center city nursing home.

The nursing home was chartered by the state in 1957 as a skilled nursing facility. The home was under a proprietary form of ownership. At the time of the relationship with the HMO it was certified by Medicare but was not accredited by the Joint Commission on Accreditation of Hospitals. The nursing home rendered 24-hour comprehensive nursing care under the direction of licensed practical nurses to patients occupying 138 licensed beds.

THE CASE STUDY

The relationship involving the HMO, the university hospital, and the nursing home lasted from July 1975 to March 1975. The formal, contractual