

PREFACE

There are significant variations in the quality of health care management practices both within and across local, regional, and international health systems (Clancy & Cronin, 2005). With increasing globalization of health services, both quality and efficiency of care can benefit from shared learning on a regional or global basis, rendering countries, regions, and continents to become increasingly interdependent. Indeed, comparative international management research in the health sector is not only achievable, but more importantly is becoming increasingly necessary as several factors, or rather pressures, are driving globalization of health, health care, and health care management. Amongst the top challenges for health systems worldwide are the demands of changing demographics notably the economic, social, and chronic multimorbidity burden of aging populations; high costs of care that challenge governments to curtail the rising health care expenditure; and the more knowledgeable, empowered but also litigious patients demanding higher quality and safety. Additionally, disease patterns have become increasingly globalized primarily as a result of air travel that has shrunk the world into a global village, but also because the global burden of diseases affects countries worldwide. Indeed, there are lessons to be learnt from the different health systems' approaches to address rather similar challenges that health care management research needs to examine in depth. The optimal way to achieve this is by international comparative health systems research and international pursuit of best practice models. Best practices in health care management organize clinical and administrative processes in ways that achieve better results as compared to normal standards in industry, potentially earning brand status. Although systems and quality of health care delivery differ across the world, empirical research has found that human beings involved in health care, whether in the role of patients or health care providers, have similar wants and needs. Identifying and documenting best practices within and across countries are more important than ever.

The focus of this volume of the *Advances in Health Care Management* is the management of health systems and health care organizations, not the treatment of disease. It is with the aim of pursuing international

comparative health system research that the editors have sought to frame this volume. The volume is divided into two main sections, namely commentaries and scholarly exemplary research that address and help to shape emerging thinking about what constitutes international best practices in health care management.

Section I provides a series of three chapters. The first chapter by Buttigieg, Rathert, D'Aunno, and Savage introduces the subject of methodological challenges, ethical issues, and pitfalls inherent in international research that scholars are more likely to encounter when venturing beyond the comfort zone of domestic studies. Additionally, this chapter also provides solutions and practicalities of how to achieve meaningful results and conclusions from cross-national and cross-cultural research. The second chapter by Garman and Johnson defines world-class care in academic medical centers emphasizing the interest and reasons for motivation to create international benchmarks of process and outcomes data. Furthermore and in concordance with the first chapter, Garman and Johnson invite readers to explore the various challenges in identifying international best practices in particular because of the diversity in health care delivery standards and regulatory procedures across countries. The third chapter by Goes, Savage, and Friedman provides a challenging account on the roles of context and innovation when defining international best practice in health care. The authors argue that defining best practices in health care is complex, dynamic, and more context-specific rather than universal.

Section II has six outstanding chapters with contributions from across the world and providing challenging accounts of international comparative research. The chapters deal with a wide array of subject areas that irrespective of the level of analysis employed are inter-linked (Friedman, Savage, & Goes, 2012) in terms of their impact on performance of health systems, efficiency, and effectiveness of health care management and ultimately on the quality of care delivery.

The first chapter by Schnarr and colleagues explores the link between health governance models and global health innovation by employing a cross-country comparison of eight OECD nations, namely Australia, Britain, Canada, France, Germany, the Netherlands, Switzerland, and the United States. In so doing, this chapter improves our understanding toward identifying enablers and barriers of innovation, which is slow to disseminate across health systems. Therefore by the same reasoning, best care practice examples may not so easily transfer internationally simply because of conditions set by the different health governance models.

The second chapter by Longo provides a compelling example of best practice management models emerging as a result of international collaboration between hospitals in Italy and the United States in the challenging areas of transplantation and advanced specialized therapies. Additionally, these models are best practice examples of public–private integrative partnership (PPPs) and therefore, within a public governance system mixed with a private management approach, a patient-centric orientation, and a shared financial risk.

The third chapter by Dong is very opportune in that it focuses on health care costs and financial sustainability of health care providers amidst increasing global interest on government regulation and market competition, as well as frequent discourse of financial crises. Dong examines a comprehensive dataset of accounting data from 43 countries and analyzes rising labor costs, earnings management, and financial performance of health care providers around the world.

The fourth chapter by McCaughey, DelliFraine, and Erwin explores best practices in hospitals that promote occupational safety and satisfaction for their employees, by comparing three North American hospitals in two diverse health systems (the United States and Canada). What is of great interest in the study by McCaughey and colleagues is that they examine safety perceptions, occupational injury rates, job satisfaction, and turnover intent among health care workers, who are managed by the same organization that provides similar occupational safety training, but who are based in two different countries, raising the question of health system's impact on hospitals' *modus operandi*.

The last two chapters, and therefore the fifth and sixth chapters, focus on international best practices in health care management at the process level with the aims of improving outcomes and reducing costs. Through a systematic literature review, Kash and colleagues provide an international comparison of the costly preoperative testing and assessment protocols in search for best practices to reduce surgical care costs in the United States, United Kingdom, and Canada. The final chapter by Buttigieg and colleagues aims for process optimization in two emergency departments in Germany and Malta through the use of Point-of-Care-Testing (POCT) in two life-threatening conditions, namely acute coronary syndrome and blunt abdominal trauma. This comparative study raises awareness of the importance of having faster turnaround time in the emergency room to not only save lives, but also to reduce morbidity, which is a critical cost driver for hospitals. Finally, this volume also provides a practical account by von Eiff

of what is meant by benchmarking and best practice management, in search of health care and hospital excellence. von Eiff identifies benchmarking and best practice management as a powerful decision-making tool for health care managers in order to master the challenge of the paradigm shift all developed health care systems are faced with, namely to improve medical quality and patient outcomes, while simultaneously containing and/or reducing costs to ensure sustainability in health service provision. Furthermore, it is pointed out that by comparing international best practices between best-in-class hospitals or health care systems, as well as best-of-breed solutions from other industries, we can generate leapfrog results in clinical quality, patient satisfaction, and cost management.

This volume of *Advances in Health Care Management* provides the reader with a set of chapters that extend or test existing theories or approaches to globalization of health services or clinical performance management compared across two or more different political, social, and regulatory contexts. The chapters offer various approaches to explore health systems, organizational and structural questions facing health care managers and policy makers, across the world. This volume should stimulate key stakeholders to think internationally in search of innovative best practices in health care and health care management so as to ensure stability and sustainability in the health sector.

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