



Coordinating health care pathway.  
**Sociology of collective action in the field of physical  
activity for health**

**Nathan Ramos, EHESP PhD student, Laboratory Arènes**



# Physical activity and coordination

Promotion of  
coordination and care  
pathway in French health  
policies

Promotion of physical  
activity in French health  
policies

A new form of coordination  
mechanism: the *Maison  
sport-santé*

# Method



Longitudinal study of six *Maison sport-santé* operating under different legal structures, organisational environments and geographic territories



Analysing interactions: the contribution of a qualitative sociological perspective



60 semi-structured interviews and 70 hours of meeting observations

# GUIDING QUESTION

How does the *Maison sport-santé*, as a coordination mechanism for care pathways centered on physical activity, succeed (or fail) in articulating the various forms of knowledge, practices, and professional actors within a local context shaped by power dynamics, professional resistance, and territorial inequalities?

# Main results

## Professional resistance

- Different ways of defining physical activity for health
- Different cultures and different work routines
- Reducing professional conflicts: a tough challenge for the *Maison sport-santé*

## The need for institutional support

- The challenge of financial sustainability
- Inequalities between urban and rural areas: the importance of local authorities
- A previous implementation of coordination mechanisms may either support or complicate the work of the *Maison Sport-Santé*



# THANK YOU



**Nathan Ramos, EHESP PhD student, Laboratory Arènes**



**nathan.ramos@ehesp.fr**



# Patient Journey Disruptions as an Approach to Manage Complex Healthcare Operations

Märt Vesinurm, D.Sc. (Tech.)  
Aalto University, Dept. of Industrial Engineering and Management



# How can one manage complex patient journeys?



# Constraints faced by healthcare operations management (HOM)...

- Large variability in demand volume, location, and type
- Policy and financial constraints
- Non-deterministic production functions
- Information asymmetry and moral hazard
- Value co-creation and open systems

# ... can be dealt with the HOM toolbox

- Capacity management, resource allocation, and flexibility
- Trade-off between allocation of specialized and general resources
- Patient segmentation, referrals, gatekeeping
- No outcome guarantees
- Standardization, customization, preparation

# However...

**There has been a lack of a concept to properly identify development points and problems of patient journeys (i.e. quality management)**

- **Example:**

- What is the appropriate time to wait for a doctor's appointment? 1 day? 1 week? 1 month? 1 year?
- Should you expect follow-up scheduling to be handled by the provider? Or the patient?
- What is the appropriate level of bedside manner? Or is there such a thing?

# Patient journey disruption

*is a harmful and agency- or system-based deviation from what could reasonably be expected in a given circumstance.*

- **An agent:** someone (system or individual) does (or doesn't do) something that results in patient journey disruption.
- **A reason:** the action or inaction resulting in a patient journey disruption has a cause.
- **An outcome:** the patient journey disruption has a negative health or resource outcome (or negative experience!)
- Deviates from **reasonable expectation**.

*Vesinurm, M., Sylgren, I., Bengts, A., Torkki, P., & Lillrank, P. (2024). Concept analysis of patient journey disruptions: the obstacle of integrated care. Journal of Integrated Care, 32(5), 37-58.*

# Reasonable expectation

- Highly contextual and somewhat subjective, which makes it difficult to pinpoint precisely.
- Hierarchy of reasonable expectations could include:
  1. International standards (i.e. WHO declarations)
  2. National laws
  3. Insurance contracts (in insurance-based systems)
  4. Standards by professional collegiums (clinical guidelines)
  5. Local organization-level pathways and other documents

*Vesinurm, M., Sylgren, I., Bengts, A., Torkki, P., & Lillrank, P. (2024). Concept analysis of patient journey disruptions: the obstacle of integrated care. Journal of Integrated Care, 32(5), 37-58.*

# Back to the examples

*Is it a harmful and agency- or system-based deviation from what could reasonably be expected the given circumstance?*

1. What is the appropriate time to wait for a doctor's appointment? 1 day? 1 week? 1 month? 1 year?
2. Should you expect follow-up scheduling to be handled by the provider? Or the patient?
3. What is the appropriate level of bedside manner? Or is there such a thing?

# THANK YOU

## Contact

Dr. Märt Vesinurm  
mart.veisnurm@aalto.fi



Märt Vesinurm

D.Sc. (Tech.) | Health Policy | Health Systems  
| Operations Management | Digitalization | R...



## Funders



Suomen MS-säätiö

