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Healthcare networks in structurally weak regions

Multi-case study on dealing with gaps in care

Demographic change poses serious challenges for medical and nursing care in Germany. As the population ages, the need for healthcare and nursing services is increasing, while at the same time the number of people in employment, including medical and nursing staff, is decreasing (Busse et al. 2010). Forecasts show that around 35 per cent of GPs and 25 per cent of specialists will retire by 2030 (Kassenärztliche Bundesvereinigung 2023). At the same time, there is a shortfall of around 180,000 nursing staff (Rothgang & Müller 2021). Structurally weak rural regions in particular are already feeling the consequences of this trend, and it is foreseeable that this situation will worsen in the future (Robert Bosch Stiftung 2023). The consequences are serious - from limited medical care to an increase in preventable diseases that cannot be treated in time due to a lack of prevention and early detection (Tiemann & Mohokum 2021). Regional healthcare networks and integrated care are becoming increasingly important to ensure healthcare provision in areas with growing gaps in care (Hujala et al. 2017; Minkman 2012; Robert Bosch Stiftung 2023).

Summary

Introduction: Demographic change poses major challenges for medical care in Germany. Structurally weak regions in particular are already suffering from gaps in care, which are being exacerbated by the increasing demand for healthcare services and the simultaneous shortage of specialised medical staff. Regional healthcare networks, which follow the integrated care approach, offer a promising solution by improving care and making it more efficient through greater cooperation between healthcare stakeholders. However, networking is often context- and region-specific, meaning that existing approaches often represent isolated solutions. In order to promote the transferability of possible solutions, the question of which factors contribute to the success of healthcare networks and which obstacles stand in the way of their development will be answered.

Methodology: A multi-case interview study was conducted to analyse the success factors and obstacles of regional healthcare networks. The data was collected through semi-structured expert interviews with those responsible for seven exemplary healthcare networks in Germany. The structured interview guideline included questions on the motivation for founding, financing, success factors and barriers, operation and successful network elements. In addition, a comprehensive literature review was carried out in order to place the empirical findings in a theoretical context.

Results: Healthcare networks have the potential to significantly stabilise medical care in structurally weak regions, especially if coordination is carried out by a management company, there is close cooperation with non-physician healthcare professionals and a well-functioning digital infrastructure is in place. Nevertheless, it is clear that existing legal and financial framework conditions are hampering the further development of the networks. The healthcare networks are often heavily dependent on the personal commitment of the founders, which can lead to instability in the long term if no sustainable refinancing models are established for core and cross-sectional functions. The transition from initial project-related financing to a regularly financed operating structure proves to be particularly challenging. In addition, interpersonal factors, such as reservations about network work and mistrust among stakeholders, can cause resistance and make cooperation within the network more difficult.

Conclusions: Regional health networks have the potential to sustainably improve medical care in structurally weak regions. However, to ensure their long-term success, political measures are needed to overcome legal and financial obstacles and to promote preventive measures, the nursing professions and the integration of civil society initiatives.

Key words

Health networks, care networks, success factors, integrated care, practical examples

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>> There are various definitions of the term integrated care. In summary, integrated care is understood as patient-centred, coordinated healthcare that encompasses all aspects of prevention, diagnosis, treatment, disease management, rehabilitation and palliative care across sector boundaries. It involves both professional and informal service providers, such as carers and social service providers. The aim is to improve the quality, access, patient satisfaction and efficiency of healthcare by providing suitable methods, infrastructures and organisational models that enable better networking in the healthcare system (Amelung et al. 2015; L. Kodner & Spreeuwenberg 2002; Strandberg-Larsen n.d.; World Health Organization and others 2016). Healthcare networks that pursue the integrated care approach aim to organise healthcare more efficiently and in line with demand through greater cooperation and coordination of care services.

The relevance of the topic is demonstrated, for example, by the first call for proposals for the topic area 'Success and failure factors of healthcare networks' in the funding announcement of the Innovation Fund (Federal Joint Committee 2024). In Germany, there are over 350 healthcare networks in a wide variety of forms. At the same time, they are not given much importance either in the political discourse or in SGB V. With a view to a broader anchoring of health networks in standard care, the central question therefore arises: What factors contribute to the success of health networks and what obstacles stand in the way of their development?

Methodology

A multi-case interview study was conducted to analyse the factors that influence the successful development and implementation of regional health networks. After defining the selection criteria, data was collected through semi-structured expert interviews with net-

work management personnel from the health networks analysed. This was supplemented by a literature review. The procedure is described in detail below.

Selection criteria for analysing regional healthcare networks

The decisive factor for the selection of the networks was that they had approaches that were geared towards better utilisation of medical resources. Practical approaches were analysed whose feasibility was proven by their concrete implementation. The selection focussed on a broad spectrum of different approaches that were implemented in both population-based and indication-specific networks. This diversity enables a differentiated view of different perspectives and approaches. Both established networks and more recent initiatives were analysed, enabling a differentiated examination of challenges and success factors at different stages of development. Analysing challenges in particular provides valuable insights into potential hurdles and how to overcome them. Using these criteria, seven healthcare networks were selected to be analysed and interviewed by experts.

Data collection

Data was collected through semi-structured expert interviews with network management personnel (board members or other network managers) from the healthcare networks analysed. In addition, documents and publications on the networks were analysed. The structured interview guidelines were developed on the basis of the scientific literature on networks and healthcare and covered the following topics:

Übersicht der in den Experteninterviews erfassten Netz-Charakteristika

Praxisbeispiele	Gesundheitszentrum Büsum (N1)	Ärztenetz Eutin-Malente (N2)	HaffNet, das Ärztenetz am Stettiner Haff (N3)	prosper/proGesund Modell der KNAPPSCHAFT (N4)	ParkinsonNetzwerk Ostsachsen (N5)	Unternehmung Gesundheit Hochfranken (N6)	Das Gesunde Kinzigtal (N7)
Gründung	2015	2003	2001	1999	2017	2009	1999
Rechtsform	Ärztezentrum Büsum gGmbH	ÄNEM e.V	HaffNet GbR & HaffNet Management GmbH	Grundlage und Betrieb der Netze durch die KNAPPSCHAFT	Projektkonsortium (drittmittelgefördert)	GmbH & Co. KG (aus e. V. hervorgegangen)	GmbH
Status	Verstetigt	Einzelne Elemente verstetigt	Verstetigt, tragfähiges Geschäftsmodell	Verstetigt, acht Netze bundesweit	Initiierung	Verstetigt, tragfähiges Geschäftsmodell	Verstetigt, tragfähiges Geschäftsmodell
Schwerpunkt	Ambulante, hausärztliche Versorgung	Ambulante medizinische Versorgung	Ambulante medizinische Versorgung	Populationsbezogene integrierte Versorgung	Integrierte medizinische Versorgung	Ambulante medizinische Versorgung	Populationsorientierte integrierte Vollversorgung
Gründungs-motiv	Altersstruktur der niedergelassenen Hausärzte; prognostizierte Versorgungsmangel in der Region	Verbesserung der ambulanten Versorgung und stärkeren Kooperation zwischen Hausärzten, Fachärzten und Kliniken	Verbesserung der Effizienz in der medizinischen Versorgung ländlicher Regionen	Verbesserung der Versorgung von Versicherten mit hoher Morbidität und altersbedingter Pflegebedürftigkeit	Lücken in der Versorgung von Parkinson-Patienten schließen, Fokus strukturschwache Regionen	Bewältigung des Ärztemangels und Sicherstellung der ambulanten medizinischen Versorgung	Unzufriedenheit mit Arbeitsbedingungen; gesundheitspolitischen Zwängen; Ziel Steigerung der Qualität und Effizienz der Versorgung
Typ	Medizinisches Versorgungszentrum, Patientenorientiertes Zentrum zur Primär- und Langzeitversorgung	Anerkanntes Praxisnetz	anerkanntes Praxisnetz gem. § 87 SGB V, Vollversorgungsnetz	Modellnetz nach §140a-d SGB V	Indikationsspezifisches Netzwerk zur integrierten Parkinson-Versorgung	Vollversorgungsnetz-werk, basierend auf § 140a SGB V	Anerkanntes Praxisnetz
Abdeckung	6 Ärzte, 12 medizinische Fachangestellte, 21.500 Patienten	42 Praxen und 64 Mitglieder	64 Haus- und Fachärzte, Kooperation mit Pflegeeinrichtungen	Jeweils circa 1.000 Ärzte, 20 Netzkrankenhäuser	3 Parkinson-Zentren, 12 Hausärzte, 23 Neurologen	33 Hausärzte, 38 Fachärzte	48 ärztliche und physiotherapeutische Partner, ca. 8.000 AOK-Versicherte
Rolle der Netzwerk-organisation	Regionale Infrastrukturentwicklung, Gebäudemanagement, Patientenschulungen	Interessenvertretung der Ärzteschaft in der Region	Koordinierung der Verbundleistungen, Strukturierung der Zusammenarbeit, strategische Weiterentwicklung	Steuerung der sektorenübergreifenden Versorgung, Entwicklung von Anreizsystemen für Leistungserbringer	Koordinierung von Behandlungsprozessen, Implementierung von digitalen Behandlungspfaden und Patientenlotsen	Koordinierung der Verbundleistungen, Vertragsabstimmung mit Kostenträgern, Bereitstellung von Netzwerkleistungen für Mitglieder	Verwaltung des Budgets und Vergütung von Leistungen, Qualitätsmanagement, Netzwerkkoordination, Schulungen
Prozesse	Zentrales Management der begleitenden Infrastruktur und Qualitätssicherung. Fokus auf langfristige Sicherung der Versorgung durch Nachfolgelösungen	Gemeinsam abgestimmte Behandlungspfade für Depression und Wundversorgung	Strukturierung der Versorgung im Netzwerk über Behandlungspfade für häufige, insbesondere chronische Krankheitsbilder	Disease-Management-Programme, klare Rollen und Zuständigkeiten der Akteure im Netz	Strukturierung der Versorgung im Netzwerk über gemeinsamen Behandlungspfad, Einsatz von Lotsen zur Steuerung der Patienten entlang des Behandlungspfades	Etablierung von standardisierten Behandlungspfaden und Delegation ärztlicher Aufgaben	Gemeinsam abgestimmte Behandlungspfade, interdisziplinäre Fallkonferenzen, Qualitätszirkel, vereinbarte Informationsstandards
IT-Strategie	Einheitliches und zentral betreutes Praxisverwaltungssystem im MVZ	Digitale Behandlungspfade und Dokumentensteuerung umgesetzt	keine einheitliche IT-Infrastruktur, einzelne Digitalisierungs-Pilotprojekte	Keine netzweite IT-Strategie, keine sektorenübergreifende digitale Vernetzung	Digitale Behandlungspfade und Dokumentensteuerung	Einheitliches Praxisverwaltungs-system, Unterstützung von Prozessen und Kommunikation	Einheitliche IT-Systeme, zentrale digitale Patientenakten

Tab. 1: *Overview of the network characteristics of the seven practical examples analysed in the expert interviews (data status: 2023).*

Overview of the network characteristics recorded in the expert interviews

- Motivation for founding: Background and impetus for founding the network and the specific context in the respective region.
- Financing: Strategies for financing the network, including external funding, own funds and long-term financing models.
- Success factors: structural, organisational and technological elements that significantly influenced the development of the network.
- Hurdles: Problems and obstacles encountered in the establishment and further development of the network.
- Operation and cooperation: analysis of organisational processes, cooperation between actors and integration of digital infrastructure.
- Network elements: special initiatives or projects within the networks that contribute to improving care.

The interviews were recorded, transcribed and then analysed qualitatively. Table 1 provides an overview of the network characteristics of the seven practical examples analysed in the expert interviews.



Fig. 1: *Identification of success factors and hurdles for the development and stabilisation of health networks.*

Data analysis

The practical examples and expert interviews were analysed using a qualitative approach. The collected data was coded and organised thematically in order to identify recurring patterns as well as key challenges and success factors.

Supplementary literature research

The results of the interviews were complemented by a comprehensive literature review that included academic papers and reports on regional health networks, network theory and collaborative care models. This research served to place the empirical findings in a theoretical context and to check the generalisability of the results. This method makes it possible to compare different healthcare networks in terms of their success factors and obstacles and to gain detailed insights into how they function.

Results

The analysis of the seven regional healthcare networks examined shows that there are structural as well as organisational and technological factors that influence the success of the networks. These factors can be categorised into success factors and barriers that are crucial in the development and implementation of health networks. An illustration of the process for identifying success factors and hurdles as well as the identified aspects can be seen in Figure 1.

Success factors

Committed and active players are a key success factor for health networks. In particular, the long-term personal commitment of the network founders and service providers proved to be a key driver for the success of the network in the analysis. This was particularly evident in four of the seven practical examples analysed. One example of this is the healthcare network 'HaffNet' (N3), whose managing directors drove the network forward in the first few years with only minimal financial compensation. The 'Parkinson's Network East Saxony' (N5), the 'Unternehmung Gesundheit Hochfranken' (N6) and the network 'Das Gesunde Kinzigtal' (N7) are similar examples. As impressive as the development of the initiatives presented is, they nevertheless emphasise the high dependency of network success on the voluntary and additional commitment of individuals and the inadequacies of the environment to promote the early establishment and stabilisation of network initiatives.

For a network to be successful in the long term, members must recognise tangible added value. More efficient processes, a reduced documentation burden or monetary incentives can increase the willingness to actively participate and increase both the individual and collective benefits of network activities. In three of the seven healthcare networks analysed, this tangible added value for members was a decisive success factor. The health network 'prosper/proGesund - Modell der Knappschaft' (N4), for example, was able to establish a successful monetary incentive system for doctors' network work. In health network N6, the network services (training, recruitment of junior staff, administrative support) were gradually expanded, creating considerable added value for care and making membership of the network more attractive. In healthcare network N3, too, the added value generated by the network services led to increased attractiveness of the network and at the same time contributed to increasing the attractiveness of the entire region. The interviews showed that in addition to the monetary incentives generated, for example, by the distribution of network flat rates or special care contracts, the additional time gained and the reduction in non-medical services are also key factors in the attractiveness of a network. This is exemplified by the network 'Unternehmung Gesundheit Hochfranken' (N6). Significant added value was created there by the network management company taking on tasks such as the coordination and implementation of routine GP checks, the organisation of qualifications and further training and the provision of a central IT contact person.

Proof and documentation of the impact and performance of network activities are of central importance for the further development and long-term financing of the networks. By creating evidence, tar-

geted solutions can be developed and their funding can be justified and secured. This is particularly evident in the 'Eutin-Malente Doctors' Network' (N2) and the N5 network. In the N2 healthcare network, for example, an indicator system is used to ensure the quality of outpatient care, which has led to very good quality results.

Strong partners can provide valuable support for implementation and continuity and are therefore an important success factor. External support, for example from professional organisations or the Association of Statutory Health Insurance Physicians, strengthens acceptance of the networks and helps to overcome bureaucratic hurdles. This was observed in three of the networks studied, for example in the 'Health Centre Büsum' network (N1) and the health networks N2 and N7. Strong partners were particularly helpful in overcoming bureaucratic and administrative hurdles [N1] and in professionalising the network [N7]. Another important aspect is a well-coordinated spatial and technological infrastructure as well as cooperation between the stakeholders. Standardised practice management systems or central registration processes facilitate communication and cooperation between the network partners and promote efficient and smooth network work. In four of the networks analysed [N1, N2, N3, N4], interdisciplinary networking and a well-functioning infrastructure played a central role.

Obstacles

The development and implementation of regional healthcare networks is associated with a number of challenges that can affect the long-term stability and functionality of the networks. The legal and financial framework conditions represent a central hurdle. Many networks have difficulties finding sustainable financing solutions, especially for central tasks such as management and infrastructure. The transition from initial, mostly project-related funding to permanent regular funding is proving to be a major challenge, as there is often a lack of stable and long-term funding models. This uncertainty in funding makes it difficult for networks to stabilise their structures and establish themselves in the long term. In addition to basic funding, the refinancing of cross-cutting tasks, such as supply management or investments in digital infrastructures, poses a further difficulty. These cross-cutting functions are essential for the operation and further development of a network, but are often not adequately funded. As a result, many networks are hindered in their further development and are unable to implement necessary measures to improve the infrastructure or implement new digital systems. Without sustainable refinancing of these tasks, there is a risk that networks will stagnate or have to restrict their activities. Five of the seven networks analysed [N1, N2, N3, N5, N6] have encountered legal or financial challenges, which illustrates the relevance of this hurdle and underlines the need to establish stable funding solutions to ensure sustainable network work.

Another hurdle is the lack of acceptance and cooperation between the actors involved. This includes interpersonal barriers that manifest themselves in the form of prejudice and mistrust. Particularly in the initial phases of the networks, there is often resistance from doctors, carers and other service providers. These stakeholders are often sceptical about the collaboration or question the need for more intensive cooperation. These tensions can lead to conflicts that impair the efficiency of network work and result in low participation and a lack of commitment within the network. This was also evident in many of the practical examples analysed [N2, N4, N5, N6]. For example, the digital treatment pathways in healthcare network N2 met with reservations, as many doctors rejected the additional work and did not implement processes consistently. This ultimately led to cuts in funding.

Another significant hurdle is the limitation of services to certain groups of insured persons, which is often defined by the requirements of the funding organisations. This fragmentation of care provision is an obstacle for the networks. Focusing on narrowly defined groups of insured persons, as in networks N4, N6 and N7, restricts the networks' room for manoeuvre and makes it difficult to implement integrated care models that target the needs of the entire regional population. These restrictions prevent networks from realising their full potential, as a broader care base would be required to ensure sustainability and benefits for all patients.

The results of the interview study show that regional healthcare networks have the potential to significantly improve care in structurally weak regions. Their success depends largely on professional management, close cooperation with non-physician healthcare professionals and a functioning digital infrastructure. These factors promote the efficient utilisation of limited resources and enable coordinated care. At the same time, legal and financial obstacles as well as interpersonal challenges, such as prejudices and mistrust between the stakeholders, can make it difficult to sustainably develop the networks.

Discussion

Based on the success factors and challenges mentioned in the practical examples, a number of principles can be identified that have a positive influence on the development of health networks. These principles are aimed at the actors in the health networks and provide a framework for the successful development and implementation of such networks. An overview of the identified principles is shown in Figure 2.

1. integration of non-physician resources into medical care

The effective integration of non-physician professionals into healthcare practice can help to relieve the burden on medical resources and at the same time ensure the quality of care. In particular, the delegation of tasks to qualified personnel, such as non-physician practice assistants (NäPas), has proven successful in several networks. NäPas can provide support during home visits, carry out simple examinations and treatments and adapt prescriptions in consultation with the doctor. The systematic delegation of such tasks in conjunction with telemedical support from doctors optimises the use of resources and enables a targeted focus on core medical tasks. Examples of this are the N1, N2 and N7 networks, which were able to improve the availability of medical services by utilising non-physician resources.

2. Utilisation of digital infrastructures and telemedicine

The implementation of digital technologies and telemedicine offers considerable potential to increase the efficiency and quality of regional healthcare. Digital platforms that enable the exchange of

information and data between service providers support better collaboration and coordination. In four out of seven practical examples [N2, N3, N5, N6], it was observed that the integration of telemedicine can ensure continuous patient care in the home environment,



Fig. 2: *Iddentification of network principles and recommendations for action.*

especially in rural areas. In addition, digital solutions can help to organise the distribution of tasks and delegation more efficiently by coordinating the workflows of non-physician specialists. Networks such as N2 and N6 have achieved a significant improvement in the quality of care through the use of digital infrastructures.

3. collaboration on the basis of standardised treatment pathways

Successful collaboration between different healthcare stakeholders requires standardised processes and treatment pathways. These structure collaboration across specialist disciplines and care levels and contribute to better patient management. Standardised pathways have proven to be particularly successful for chronic diseases, such as coronary heart disease or diabetes, in order to ensure the quality of care and reduce unnecessary inpatient admissions. Treatment pathways not only promote efficient collaboration, but also strengthen the shared identity and trust within the network. Examples of this include the N4 and N7 networks, which were able to significantly improve both networking and patient care by implementing such pathways.

4. professionalisation of the networks through management companies

A central management company contributes significantly to the professionalisation and long-term stability of a healthcare network. It is responsible for the coordination of network work, the administration of financial resources and the organisation of further training and prevention programmes. The involvement of both medical and commercial staff in the management promotes acceptance of the network and enables targeted realisation of the network objectives. In successful networks, management companies have also been able to create interfaces between outpatient and inpatient care as well as care facilities and voluntary structures. Networks such as N1, N3, N6 and N7 have shown that professional management structures help to relieve the burden on medical resources and secure network work.

5. direct involvement of patients in their care

Involving patients in the design and management of care has proven to be an effective means of ensuring needs-based and patient-centred care. Patient involvement can be achieved through various measures, such as the integration of case managers, the organisation of patient training or regular patient surveys. Such measures not only help to increase patient satisfaction, but also promote adherence to medical recommendations and preventive measures. Networks such as N7 and N2 have created a close link between care and patients' needs by actively involving patient representatives and utilising voluntary resources.

Limitations

The multi-case interview study is based on the analysis of seven exemplary health networks, which provide valuable insights into different stages of development and regional characteristics. Further studies should extend the scope of the survey in order to provide a more differentiated analysis of the range of regional healthcare networks in Germany. The networks in this study were selected specifically in order to analyse as diverse a range of structures and approaches as possible. However, the generalisability of the results is limited due to the diversity of the networks and the small number. In addition, the data collection is primarily based on interviews with key people in the networks. These subjective assessments can provide valuable information, but may not always reflect the perspectives of all those involved. A broader, more representative survey that includes more networks and stakeholder groups, in particular patients, payers, medical self-administration and municipal partners, would be desirable in order to be able to make more comprehensive and generalisable statements on the success factors and obstacles of regional healthcare networks.

Conclusion

The study shows that regional healthcare networks represent a promising solution for ensuring medical and nursing care, particularly against the background of the challenges of providing care in structurally weak regions. Success factors such as the division of labour and cooperation with medical and non-medical specialists, the implementation of digital infrastructures and the interlinking of medical and nursing tasks as well as preventive measures contribute significantly to the stability and efficiency of such networks. At the same time, financial and legal hurdles as well as professional traditions and a lack of willingness to change are key challenges

that hinder the long-term success and sustainability of networks. The integration of care and the expansion of prevention within and outside of the care system, the strengthening of voluntary and civil society structures and the increased use of digital technologies offer great potential for closing gaps in care and upgrading entire regions for skilled workers.

However, it is clear that political support is essential in order to create the framework conditions for the sustainable development of the networks. This includes promoting start-up work, facilitating the delegation of medical tasks to non-physician professionals such as NäPas and promoting the recognition of these professions. At the same time, nursing professions should be more closely integrated into integrated care models and strengthened through training and expanded competences. Preventative measures to reduce the need for care and to maintain independence and physical, mental and cognitive skills must also become the standard of care. In addition, it is important to expand proven measures after the onset of a care case - such as outreach care counselling and training for family carers. It is also important to integrate civil society initiatives into healthcare networks in order to relieve the burden on the healthcare system. Finally, a flexible legal and financial framework is needed to promote unconventional, cross-sectoral care models and utilise existing resources efficiently.

To summarise, regional healthcare networks offer an innovative and necessary response to the challenges of demographic change. However, their successful implementation requires further breaking up the structural patterns of SGB V and promoting a coordinated, quality- and not just quantity-orientated interaction between stakeholders and creating the necessary framework conditions for this. <<

Authors' declaration

The authors declare that there are no conflicts of interest.

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Healthcare networks in structurally weak regions - a multi-case study on dealing with gaps in healthcare provision

Introduction: Demographic change poses significant challenges for medical care in Germany. Structurally weak regions are already suffering from gaps in healthcare provision, which are being worsened by the increasing demand for healthcare services and the simultaneous shortage of healthcare professionals. Regional healthcare networks that follow the integrated care approach offer a promising solution by improving care and making it more efficient through greater cooperation between healthcare stakeholders. Healthcare networks are often specific to regional contexts, resulting in solutions that are typically isolated and lack broader applicability. To enhance the transferability of potential solutions, this study aims to identify key factors contributing to the success of healthcare networks and to examine the barriers hindering their development.

Methodology: A multi-case interview study was conducted to analyze regional health networks' success factors and barriers. Data collection involved semi-structured expert interviews with the managers of seven exemplary networks in Germany. The structured interview guidelines included questions on the motivation for founding, financing, success factors and barriers, operation, and successful network elements. In addition, a comprehensive literature review was conducted to contextualise the empirical findings.

Results: Healthcare networks have the potential to significantly stabilise medical care in structurally weak regions, mainly when coordination is managed by a professional management entity, there is close collaboration with non-medical health professionals, and well-functioning digital infrastructure is in place. However, existing legal and financial frameworks hinder the further development of these networks. Many networks rely heavily on the personal commitment of their founders, which can lead to instability if sustainable refinancing models for core and cross-functional activities are not established. The transition from initial project-based funding to regular operational financing proves to be particularly challenging. Furthermore, interpersonal factors, such as prejudices and mistrust among actors, can create resistance and hinder cooperation within the network.

Conclusion: Regional healthcare networks have the potential to sustainably improve medical care in structurally weak regions. However, to ensure their long-term success, political measures are needed to overcome legal and financial barriers, as well as to promote preventive measures, nursing professions, and the integration of civil society initiatives.

Keywords

Health networks, care networks, success factors, integrated care, practical examples

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