One of the most remarkable things about introducing new management models into the health care industry is their devastating failure rate. According to a study of Business Project Reengineering projects by Patwardhan & Patwardhan, the failure rate was as high as 70%. According to the same authors, the reason for all these letdowns was that the continuation of old cultural values, attitudes, individual interests and organisational policies eventually defeat the efforts to effect change. In spite of the poor prospects, new models do arise that have an influence over a period of time. Some of them are fresh and quite topical, the destiny of others is to rest in the graveyard of outdated management models. But surprisingly, quite a lot of them do nevertheless persist, some of them in new and refreshed forms, or barely existing as remnants of past ideas.

In "Management Innovations for Healthcare Organizations: Adopt, Abandon or Adapt?" Örtenblad et.al. have made an odyssey of such models that still have a great impact on the health care industry. As emphasized by Gary E. Day in the foreword, the book does “encourage critical reflection on change and innovation” and furthermore, it brings together “health care issues, leadership theories, strategies and concerns” (Leslie King in the foreword).

Over 18 chapters the book brings together researchers and experts on Accreditation, Balanced Scorecard, Empowerment, Kaizen, Lean, Learning Organisations, Value-Based Healthcare, Teamwork, Six Sigma etc. Every chapter has a Health Care focus based on international reviews and the expertise of the author. The authors are from different parts of the world and the book reflects a broad understanding of implementation and the effects of new thinking in health care.

It is widely known that differences in resource allocation, such as the Beveridge system (tax financed systems), the Bismarck system (social insurance contributions), and private and out of pocket systems have major impacts on the practice of management models. Furthermore, management models interact with not-for profit, for-profit and corrupt systems. Such models of resource allocation interactions can explain the hybridisation of the models in different contexts. The first chapter of the book does address the health care settings, e.g. countries and types of organisations. Another very informative angle is presented in the last chapter of the book. The management models are distributed over the perspectives of stakeholders, professionals, leaders, patients, organisations and
society. It would have been of greater significance if the impact of management models was more closely elaborated from a resource allocation perspective such as that of the Beveridge, Bismarck and Private systems.

It is obvious that the editor’s process of selecting management models has been difficult. There are probably more models than the pages of one book can contain. However, the models chosen seem to be quite representative of the modern health care industry. It would have been beneficial if the choice of management models had been given subheadings such as “Japanese inspired models”, “Leadership models”, “Socialising models” and “Integrative border-crossing models”. Such subheadings could have been an important step in the construction of a simple ontology, i.e. a way of sorting out the world of management models in health care.

Even though I consider the management models to be highly relevant, I do feel that a number of fairly invasive models that have had a major impact, and will continue to do so in the next few years, are missing. These are patient centered care, person centered care and individualised medicine. Along with value-based health care (chapter 24), these models have become the design of modern organisations and are widely-spread buzzwords when managing health care. Giving the individual a stronger position in what was formerly hierarchical and authoritative health care promotes patient- and person-centered care models. Nowadays, high-tech health care can provide individualised medicine based on the uniqueness of the individual, a model that raises difficult questions of equality and access. Furthermore, as elaborated in chapter 24, the value of health care has been questioned by Porter who contrasts traditional financial value systems with the incentives of actors.

A critical reader of the book might be confused by the range of ambitions exhibited in the different chapters. Some of the chapters are optimistic and rather uncritically oriented towards success in presenting a few steps to focus on implementation of the model, while other chapters scrutinize the model and report on setbacks and adverse effects. I think it is beneficial to integrate practitioners with researchers, but it is also a strength to concomitantly display a broad set of results from earlier studies. It would have been of great value if there was an account of both sides of the management models, i.e. if there was a more explicit account of a linear view of change management in implementing innovations versus an unpredictable, unprogrammed and spontaneous view. The models’ pros and cons from the perspective of enthusiasts and visionaries versus conservatives and sceptics could have been very useful in order to understand utility as well as risks when selecting a management model for potential implementation.

Another interesting aspect is the failure rate mentioned at the beginning of this review. Some of the models represented have been heavily criticised and have already been abandoned in most health care contexts, others are relatively new and have only recently been adopted. One challenge, and a development of the book, could be to review the survival of the models represented, for example using Rogers’ S-shaped curves. Such a presentation would be very useful as a
description of goods, and serve as a critical reflection on the viability of management innovations for Healthcare Organisations.

The book is very useful to researchers, senior managers, stakeholders and students studying health management. It provides wide-ranging analyses of a comprehensive set of popular management models frequently used in health care. As Gay Day underlines in the foreword, it should be a part of every health manager’s library. Furthermore, the book is an important contribution to academics practicing health management research as well as an obvious reference or required reading on second and third cycle syllabuses.