

Networked reports: Commissioning and production of expert reports on Swedish health care governance

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Abstract

The article analyzes the commissioning and production of expert reports about Swedish health care management and governance. We show that these reports are rarely solitary stand-alone products, but tend to form clusters in an evolving discourse centered around specific policy solutions. We also show that the most important producers of such reports tend to come from a small circle of informally recruited academics and policy experts representing a narrow segment of academic disciplines. We point to some of the risks involved in this structure of knowledge production and argue that reports: (a) may form their own environment rather than address real problems; (b) may reproduce certain taken-for-granted assumptions and critical lacunae; (c) may have their impact decided by their network connections rather than by their intellectual content; and (d) represent a structure that provides opportunities for special interests to enter the process.

KEYWORDS

Academic Flexian, coalition magnets, governance, health care management, health policy, instrument constituency, network, policy experts, policy networks, policy solutions, Sweden

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Informes en red: puesta en marcha y producción de informes de expertos sobre la gobernanza de la asistencia sanitaria en Suecia

El artículo analiza el encargo y la producción de informes de expertos sobre la gestión y la gobernanza de la atención sanitaria sueca. Mostramos que estos informes rara vez son productos independientes y solitarios, sino que tienden a formar grupos en un discurso en evolución centrado en soluciones de políticas específicas. También mostramos que los productores más importantes de tales informes tienden a provenir de un pequeño círculo de académicos y expertos en políticas reclutados informalmente que representan un segmento reducido de disciplinas académicas. Señalamos algunos de los riesgos involucrados en esta estructura de producción de conocimiento y argumentamos que los informes: (a) pueden formar su propio entorno en lugar de abordar problemas reales; (b) puede reproducir ciertos supuestos que se dan por sentados y lagunas críticas; (c) pueden tener su impacto decidido por sus conexiones de red en lugar de por su contenido intelectual; y (d) representan una estructura que proporciona oportunidades para que intereses especiales entren en el proceso.



Palabras Clave

Cuidado de la Salud, Política de Salud, Gobernanza, Expertos, Unidad Constitutiva del Instrumento, Magnetos de Coalición, Red, Flexian Académico y Suecia

由人际关系网决定的报告:关于瑞典医疗治理专家报告的委托与生产

本文分析了有关瑞典医疗管理和治理的专家报告的委托与生产。我们表明,这些报告大多数都不是单个的独立报告,而是往往成群聚集,朝着具体的政策解决方案发展话语。我们还表明,这类报告最重要的生产者往往来自一小部分非正式雇用的学者和政策专家,代表了少部分学术领域的观点。我们指出了这种知识生产结构中的部分风险,并论证认为,这些报告(a)可能形成其特有环境,而不是应对真正的问题;(b)可能再生产一些理所应当的假设和关键的研究空白;(c)可能让其人际网络关系决定其报告影响,而不是由其学术内容所决定;(d)代表了一个结构,后者为特殊利益进入该过程一事提供机遇。

关键词

医疗, 卫生政策, 治理, 专家, 工具支持者(Instrument Constituency), 促进联盟建构的观念(Coalition Magnets), 网络, 学术弹性派(Academic Flexian), 瑞典

In order to support governance of the health care sector, agencies regularly commission expert reports that are supposed to form the basis for later decisions regarding the organization of the health care system and their implementation. The task of producing such reports is assigned to individuals or organizations that are judged by the commissioning organization to have specialized knowledge that is of relevance for the problem at hand. The producers of such reports, therefore, take on the role as experts in relation to the health care organizations—and their reports may have substantial consequences for later reforms of governance practices.

In this article, we analyze the commissioning and production of such expert reports. The intention is to probe the embedded nature of the production of expert reports by analyzing the networked character of these reports and their producers. First, we ask to what extent the reports themselves form networks. We show that reports in this field are rarely solitary stand-alone products but tend to form clusters in an evolving discourse centered around specific policy solutions. Second, we ask how the producers of the reports, defined as authors and members of reference/advisory groups, are linked. We show that the producers of such reports tend to come from a fairly small circle of academics and policy experts representing a narrow segment of academic disciplines. Some of the producers are shown to be “super-producers” in that they are involved in many expert reports.

Our analyses contribute to an emerging literature on “instrument constituencies”—which are focused on policy solutions rather than policy problems, as presented in the following section—as one particular form of policy network, and the role of expertise in such networks. It also addresses problems and concerns with the acquisition of expert knowledge in health care governance, which may decrease the potential practical use of such expert advice.



Our study contributes to the literature on instrument constituencies in two ways. First, we apply the concept in a Swedish setting, which has so far not been attempted. Sweden is traditionally conceived of as a highly expert-driven polity, in which politically neutral expert advice plays an important role in politics and policy making (Steinmo, 2012). It is, therefore, of interest to analyze the structure and content of expert advice in a major public policy field in this particular country. Second, we address the specific governance problems of the health care sector. Health care constitutes a substantial part of public expenditure and investment in all rich countries and is a major concern for their populations (Immergut et al., 2021). Difficult governance problems beset health care systems in virtually all these countries, and the expert reports that we analyze are an attempt by the government to address these problems. Hence, we contribute to the literature and our knowledge about how instrument constituencies work in policy fields as well as institutional settings in which the concept was not originally conceived.

The article starts with a discussion of our analytical starting points, followed by a presentation of our data and methods. The study is based on an extensive mapping of reports and their producers, including both documentary analyses and interviews. This is followed by two empirical sections, dealing first with the network of reports and then the network of producers. A separate section discusses aspects and risks of the networked structure before we conclude with some general observations in which we discuss the implications of our findings in relation to public sector governance.

POLICY NETWORKS AND INSTRUMENT CONSTITUENCIES

Rather than focusing on single reports, our analysis here engages in mapping a networked structure and discourse. In the literature on policy formation and change, such structures have often been denoted as “policy networks,” in which actors that take an interest in particular policies form networks of allies and adversaries (Rhodes, 1990; Rhodes & Marsh, 1992). Such networks go by different names, and they differ in the extent to which they are characterized by formalized and hierarchical relations (Rhodes, 1990, pp. 304–305). At one end of the spectrum we find “policy communities,” that are close to formal organizations in being highly structured, characterized by hierarchical relations, and fairly closed to outsiders (Walker, 1981). At the other end, we find “issue networks,” which are loosely coupled and have open network relations among horizontally located actors (Hecl, 1978).

A particularly interesting form of issue network is the “instrument constituency” (Béland et al., 2018; Béland & Howlett, 2016; Simons & Voß, 2018; Voß & Simons, 2014). Instrument constituencies are networks that are bound together by an interest in particular policy *solutions* rather than by policy problems. While “epistemic communities” are oriented toward policy problems and a joint intellectual stance (Haas, 1992), and “advocacy coalitions” are formed based on certain political values and interests (Sabatier, 1988), instrument constituencies form around particular policy instruments (Béland et al., 2018; Voß & Simons, 2014). The inventors of the concept of “instrument constituencies” take emissions trading as their prime example of an instrument around which constituents with partly overlapping and partly conflicting interests form (Voß & Simons, 2014). As we will find, the networks that form around Swedish health care governance are also primarily instrument constituencies that are focused on concrete solutions to problems in health care governance.

A number of significant aspects of instruments and their constituencies should be noted (Simons & Voß, 2018). One is that instruments are similar to institutions in that they constitute systems of rules and standard practices and convey certain morality tales about how social arrangements ought to be ordered (Lascoumes & Le Gales, 2007). A second is that instrument constituencies contain divergent values and interests. They are not united by a



common frame of reference but by a common interest in the instrument. In this regard, it is important to make a distinction between functional and structural promises of instruments. The functional promise is that the instrument will reach or contribute to reaching the goal it is aimed at. The structural promise is that the instrument will provide its constituency with opportunities, in the form of positions and resources. As argued by Simons and Voß (2018, pp. 20–21), the functional promises are important for legitimizing the instrument in the face of the wider public and policy makers, while the structural promises are more important when it comes to holding the constituencies together and sustaining their long-term interest in the instrument.

The third characteristic of instrument constituencies is that they primarily produce text documents of various kinds. These documents form a discourse, in which individual documents can be seen as statements that refer to other statements and derive their meaning from their interrelations with other documents (Simons, 2015, 2016). In such discourses, certain concepts and ideas tend to work as “coalition magnets” that serve to glue the constituencies together by appealing to actors and joining them in coalitions (Béland & Cox, 2016). These “coalition magnets” can be used strategically by policy actors to forge alliances between actors whose perceived interests had previously put them in opposition. They are, therefore, most effective when they are ambiguous and polysemic, allowing actors with different interests to fill seemingly vacuous concepts and ideas with varying content.

Such polysemic coalition magnets are therefore very similar to the “floating (or ‘empty’) signifiers” stemming from the anthropologist Claude Levi-Strauss and often applied in post-structuralist discourse analyses (e.g., Laclau & Mouffe, 1985). They are often examples of “glittering generalities:” “emotionally appealing words so closely associated with highly-valued concepts and beliefs that they carry conviction without supporting information or reason.”¹ Examples from our set of reports are “value-based,” “utility,” “person-centered,” or “evidence-based” concepts the content of which is unclear but that carry an immediate emotional appeal.

In the empirical analysis, we will therefore look for how documents (the expert reports) and producers (the experts and their support staff) are linked to one another. We also illustrate what content is found among highly networked reports, and which ideas and concepts function as coalition magnets in the formation of instrument constituencies. In this way, we see the text documents, their links, and the networks among producers, as indicative of instrument constituencies centered on particular policy solutions in this specific policy field and national setting. Links among texts and among authors are, thus, the manifest traces of the latent instrument constituencies, which are in themselves not possible to directly observe.

One last aspect of the focus on instrument constituencies is that it highlights certain ethical and normative dimensions, which we focus on in our analyses (see also Simons & Voß, 2018, pp. 29–30). To what extent do the instruments that are applied or proposed contribute to ethically grounded and normatively justified decisions and outcomes—including for those who are affected by them but who have not been involved in making them? Have all relevant concerns been considered in the process, or has somebody or something been excluded? We highlight several concerns with the highly networked structure of expert reports that we have uncovered.

DATA AND METHODS

The present study builds on several types of data. The base is a mapping of 106 expert reports on Swedish health care governance, covering three decades from the early 1990s until the

¹For more information on “glittering generalities,” see https://en.wikipedia.org/wiki/Glittering_generality



present. The inclusion criteria for reports are that: (a) they deal with health care governance—steering and organizing; and (b) they were commissioned by the health care system in the broad sense (including the Ministry of Social Affairs, the Ministry of Finance, the National Board of Health and Welfare, the Swedish Agency for Health and Care Services Analysis, the Swedish Agency for Health Technology Assessment and Assessment of Social Services, the Swedish Association of Local Authorities and Regions [SALAR]), or by key regional authorities (Region Stockholm or Region Norrbotten, as representing the most and the least marketized regional health care systems). We have included all reports that we were able to find that fall under the inclusion criteria, but there is no reason to assume that we have located every report. However, we are confident that the bulk of reports are included and that all important and influential reports are present in the sample.

The analysis first included a descriptive mapping of the contents and the producers of the reports. The sample includes various types of reports, such as public commissions, research reports, consultancy reports, and reports produced by government officials. They deal with various topics, ranging from broad overviews to more targeted and specific governance issues. They include various sorts of data, such as statistics from primary and secondary sources, interview data, and observation studies. The authors come from various academic disciplines and are located in different organizations (Höglund et al., 2021).

A subsample of the reports was subject to a more intensive content analysis. Strategically selected in order to represent maximum variation across time and among types of reports, 36 reports were analyzed to probe their argumentation, asking on what they base their arguments, how arguments are framed, whether ethical considerations are made, to what extent the working conditions for professional groups are considered, etc.² Based on these guiding questions, texts were coded to highlight pertinent themes in the reports.

We also conducted two network visualizations, one on the reports themselves and one on the producers of the reports. The network of reports was produced by linking the reports based on whether they referred to other reports in the sample in their directives, summaries, or lists of references. The network of producers was constructed based on how persons appeared as authors of the reports, or in any expert or reference group linked to the reports (as displayed on front pages or in prefaces/introductions of the reports). The network visualizations include 94 reports published between 2005 and 2020.³ The network graphs were produced using the online software Kumu.⁴ Since no calculations on network connections were conducted, we refrained from using more technically advanced network programs. Instead, we chose a software that maximizes legibility, user-friendliness, and the ability to share graphs online.⁵

Our data also includes a set of interviews with commissioners and producers of the reports in the subsample. The interview sample was strategically selected to cover different types of reports and time periods, and we strove to include only reports where both commissioners and producers could be located and were available for an interview. The interviews covered the background and commissioning of the report, the process in which it was produced, how it was received, and what consequences—if any—the report may have had. In the final part of the interview, interviewees were asked about their general perception of the production and usage of reports in this field. Twenty-seven interviews were conducted, transcribed, and coded

²A list of all these reports is provided in Höglund and others (2021, tab. 1).

³Publications produced before 2005 are too sparse to be meaningfully included. A few reports among the 106 are also merged since they are sub-reports from the same commission.

⁴The online software Kumu can be accessed on <https://kumu.io/>

⁵Our interactive graphs are found at <https://kumu.io/NetworkedReports/network-of-producers> and <https://kumu.io/NetworkedReports/networked-reports>, allowing readers to examine and explore the data themselves.

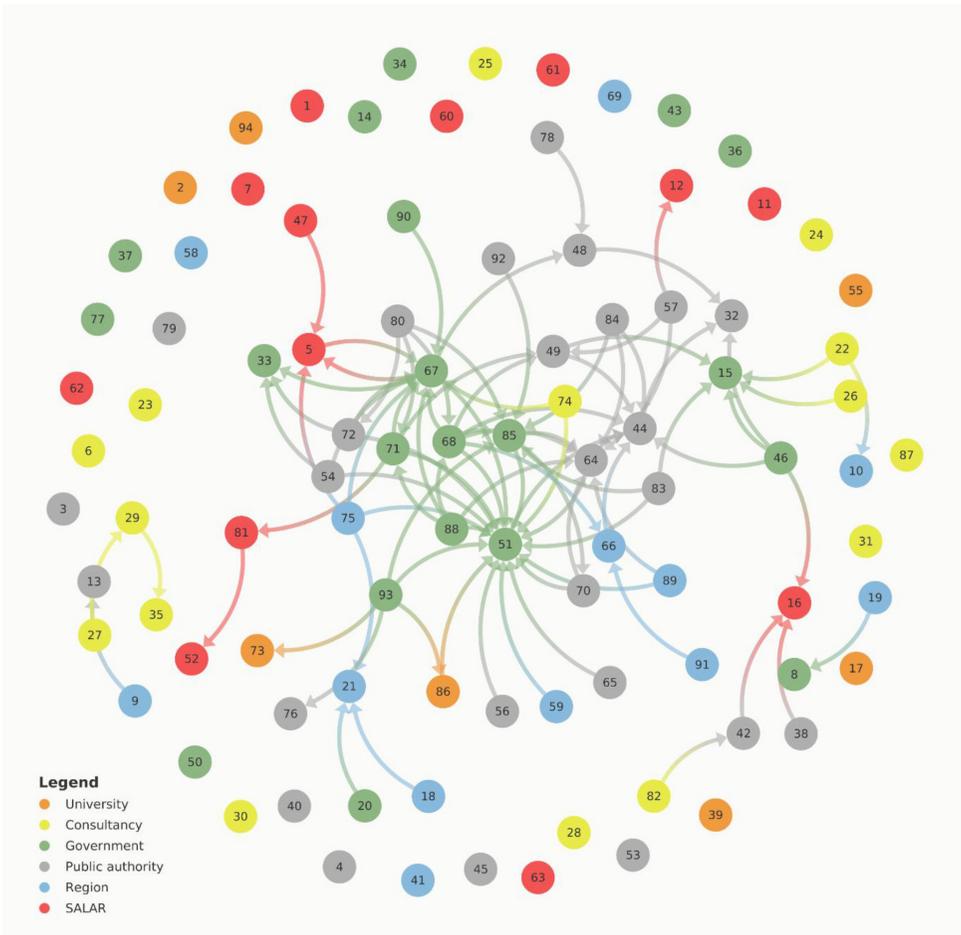


FIGURE 1 Network of reports

for pertinent themes. We use quotes from these interviews to highlight aspects of the networks of reports and authors.

NETWORKED REPORTS

Rather than constituting single stand-alone products, many reports in our sample are part of clusters of reports. This is shown, first, in that many of the reports refer to each other, and commissioned reports are sometimes even instructed to incorporate and build on previous reports. In Figure 1, we show a graphical representation of the links between reports in our sample. The various report types included in the figure are government commission reports, public authority reports, reports published by SALAR,⁶ research reports from universities, private consultancy reports, and reports from regional authorities. The figure shows how

⁶SALAR is a peculiar organization, which is why it is being singled out in the figure. It is in fact an interest organization owned by the local authorities and regions but is nevertheless often treated as a sort of government agency. Hence, it represents the national and not the regional level of governance in the health care context, although it is not a public authority.



reports make direct references to previous reports in their summaries, directives, or lists of references. The nodes in the network are thus the reports, while the edges represent cross-references. The numbering of the reports represents a rough time order, by year but without temporal ordering within years.⁷

As shown in [Figure 1](#), there are certainly highly linked reports in our sample, but we also find many reports with no clear linkage to other reports. We find that some of the reports are tightly interwoven and constitute coalescence points in the discursive structure. It is also clear that reports from government commissions or public authorities are more tightly networked than reports from university researchers or private consultancies. Reports from SALAR and the regions are more tightly integrated than the ones from academia or consultancies, but less so than those from government commissions and public authorities. One could add that the extent to which reports are linked is in all likelihood underestimated in [Figure 1](#), since many reports implicitly build on other reports—and sometimes even refer to them in passing in the text without including them in their lists of references.

We find at the center of [Figure 1](#) a set of highly linked reports, most of which are from large government commissions and public authorities—in particular, the designated public authority, Swedish Agency for Health and Care Services Analysis. Government commissions are often instructed to build on previous commission reports, and public authorities often find their mission in following up previous commission reports, hence it is no wonder they are tightly linked. In addition, we find considerable personnel overlap among government commissions as well as among public authority reports, which makes the explicit linking of reports even stronger.

What actual content do we find in the most tightly coupled reports? The most highly linked report in the whole sample (51) is a report from a government commission entitled “Efficient Care,” and the second-most highly linked report 67 is from another government commission on “Knowledge-Based and Equal Care.” These major government commission reports are linked to each other but also to a large number of other reports dealing with various aspects of governance from above and the organization of primary care, including consumer choice and its effects.

We find several smaller linked sets of reports outside the main cluster, for example, the one centered on report 15 (2 o'clock in the figure) dealing with “compensation models,” or the one centered on report 16 (4 o'clock in the figure) dealing with the use and possible marketization of patient outcome data. Report 46 on private health care bridges these two “mini-clusters” while also linking them to the main cluster of reports.

There are a few overarching themes that the most tightly linked reports have in common. One is a focus on the need to apply the best available knowledge in each individual case, which should result in similar cases receiving identical treatment across clinics and hospitals in the whole country. A second is an articulated need to give medical treatment that is well adjusted to individuals' unique circumstances. A third theme points to the need to involve and trust the professions in governance systems and control models. A fourth is a focus on reallocating health care resources from the large hospitals to the local health care clinics in order to increase access and decrease costs.

Even a superficial look at these overarching themes reveals the tensions or outright contradictions involved. While the first points toward standardized treatments and an increased role of expert systems in the form of decision support structures, the second points toward individual adjustment and the role of consumer demand, and the third theme asks to increase the leeway for contextualized professional judgment and action. Such tensions and contradictions are rarely fully articulated in the reports; instead, they focus on policy solutions, that is, on

⁷This explains the seemingly odd fact that lower numbers occasionally refer to higher numbers in the figure.



instruments such as the emerging “national system for knowledge management” or a somewhat paradoxical decentralization of health care through intervention from above.

The whole discourse is rife with empty signifiers such as “knowledge-based,” “trust-based,” “value-based,” “person-centered,” “efficient,” and “utility,” forming “glittering generalities” that presumably no one would argue against in principle, but the exact content of which is most often left unspecified. These empty signifiers serve as coalition magnets for the instrument constituencies forming around suggested policy solutions. Their ambiguity and vacuousness serve a purpose in that all involved can fill them with the content that seems most appealing to them.

At the same time, we should not forget that many reports have no links to any other report in the sample, and that this goes for most of the academic and consultancy reports.⁸ The extent to which academics and consultants become immersed in dominant currents in the discourse is not through their independent reports but through involvement in government commissions and public authority reports. This does not necessarily imply, however, that their own reports are completely detached from a common discourse. In addition to what is shown in [Figure 1](#), reports are linked in that many of them have common references outside our sample of reports, such as standard references in organizational theory and practice without any specific link to the Swedish health care governance context (e.g., Meyer & Rowan, 1977; Modig & Åhlström, 2011). Still, many academic reports that articulate perspectives and arguments that fall far outside the current mainstream are truly disconnected from the discourse and receive little attention from other expert reports.

The fact that reports are linked and become parts of emerging and evolving discourses is clearly recognized by many of our interviewees. They note that, to have some effect, reports need to tap into prevailing discourses and “movements” related to health care governance, and they need to be well-timed in relation to emerging and ongoing issues. One of the report authors claims that the most important factor behind the impact of a report is that “it comes in the right moment. Sometimes it is like there is a debate and then a report comes right at the time when that debate explodes, that report will have a completely different impact than if it had come like six months later” (I4, 14).

Interviewees also highlight the importance of networking the reports while they are produced, to embed them in prevailing discourses:

It depends very much on how skilled this commissioner has been at establishing their proposals. I mean, have they just sat in their chamber and thought for themselves and it's like a very bureaucratic proposal, then perhaps it's not that easy and then there is a great risk that consultation bodies will trash the proposal. But if you've been very outward looking and had a lot of contacts with reference groups and contacts with different organizations and so on, then there is a much greater likelihood that the proposal will pass. (I22, 11)

What is being pushed in this networking of reports are instruments, particular policy solutions—such as “knowledge management” or “person-centered care”—while *problems* are often ill-defined backgrounds to the real issues in the reports. Problem descriptions often consist of no more than vague references to the importance of being efficient and getting more value for taxpayers' money, concerns about variations across the country in terms of treatments and outcomes, or repeated mentions of long-standing problems of access to health care.

⁸The placement of reports in the figure is arbitrary and maximized for legibility. Hence, no conclusion can be drawn from the fact that, for example, reports 45 and 63 are close and remote from reports 25 and 61. Similarly, the length of edges has no interpretable meaning; only their connecting of reports have.

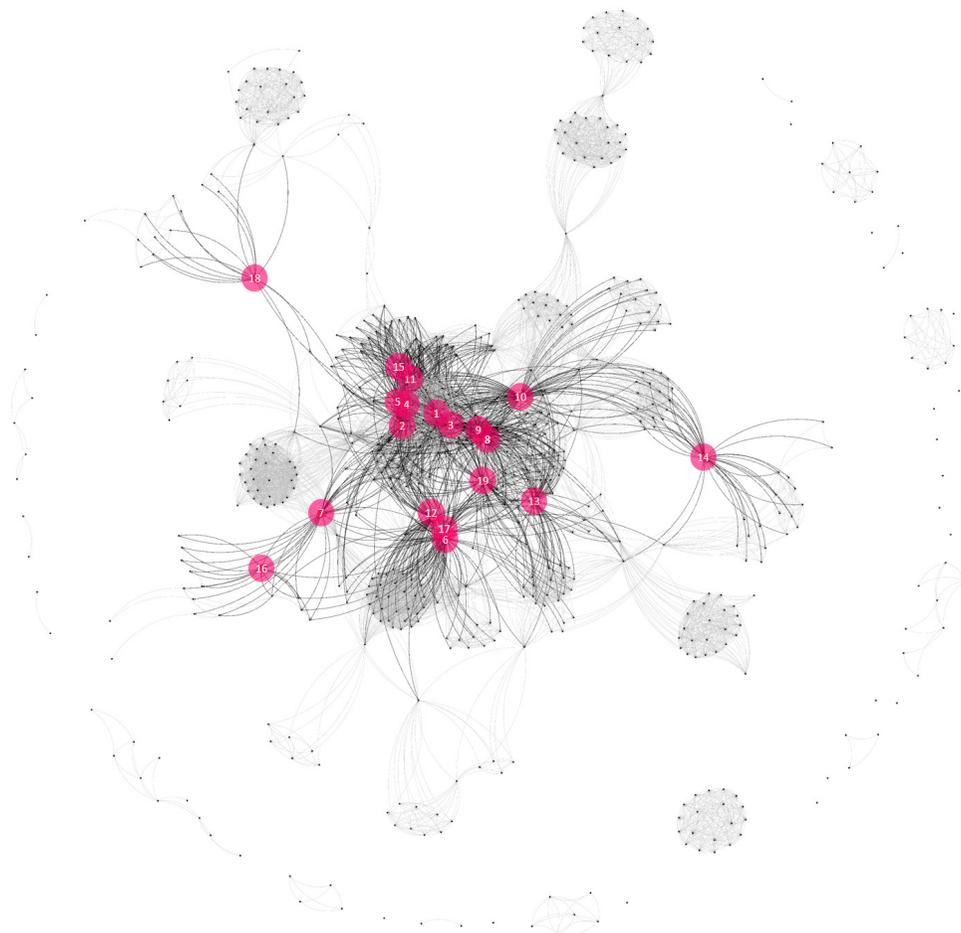


FIGURE 2 Network of producers

Hence, it should be obvious that linked reports do not center on specific actors or problem definitions, but on specific instruments—or perhaps meta-instruments⁹—such as different control models and choice architectures. The reports in clusters do not always agree on what exactly the problems are or which normative perspectives are relevant; they are linked based on a common interest in the instruments in question.

NETWORKED PRODUCERS

The last section showed the network and networking of reports. Here, we focus on the network of producers. In [Figure 2](#), we show how authors and members of the reference/expert/advisory groups for each report interlock. In the figure, links are highlighted for the 19 individuals that are involved in at least five individual reports.¹⁰

⁹The line of division between what should be regarded as a specific instrument and what should be seen as a meta-instrument—an approach including an assembly and framing of specific instruments—is blurry and need not concern us here (Simons & Schniedermann, 2021).

¹⁰As in [Figure 1](#), placement of nodes and lengths of edges have no interpretable meaning.



As shown, there are many links to or between the most active report producers. They are sometimes the (co-)authors of reports, and sometimes they are part of the reference/advisory/expert groups linked to reports. There are few reports where contributors have no link to contributors to other reports in the sample.

A closer look at the most active contributors reveals two main types. One is what might be called the “Academic Flexian.”¹¹ They have their main base at a university, but straddle the borders between academia, public administration, and consultancy. The most active producer in the whole set (1) is a clear-cut example. A professor in business studies with a degree in health economics, this person currently also heads the board of a public agency and is the author of commissioned reports for various think-tanks. A true flexian, the professor in the same time frame appears sometimes as an academic, sometimes as a representative of a public agency, and sometimes as an independent consultant. Further clear-cut examples of the Academic Flexian among the top 20 are persons no. 5–7, 11, 16, 17, and 19, all of whom divide(d) their time between academic research, public agency membership, and some form of part-time consultancy.

The Academic Flexians, like the more strictly academically based producers, come from a limited set of academic disciplines. More than 50% of academics involved in the production of the expert reports specialize in business studies or economics (including the subdiscipline health economics). Around 10% come from political science (including public administration), 25% have their academic background in medicine, while major social science disciplines, such as psychology and sociology, constitute less than 5% of the academic experts in our sample (Höglund et al., 2021, fig. 2).

The second main type among the top producers is the “Public Agent.” Public Agents work in government or at a (semi-)public agency/organization; their careers go between government offices, public agencies, SALAR, and regional administrative offices. They typically have a BA or MA as their highest education degree, and very few of them hold a PhD degree. The second-most active producer in our sample (2) is a clear-cut example, the current director of a department at SALAR, who started their career from a position at a minor public agency, then took off into the Government Offices, making an internal career there that lasted for close to a decade, moving to Director General for a public agency, then off to a short stint as head of a major division at a large regional administrative office before going to their current position. The person holds an MBA from the prestigious Stockholm School of Economics but has never entered academia. Persons no. 3, 4, 8, 10, 12–15, and 18 are also clear-cut examples of the Public Agent.

There is only one person on the top list with a more mixed background and career (no. 9), and perhaps tellingly, this is the only person we can find among the top producers who has any substantial experience of practical clinical work in health care—although it is, by now, quite dated. All other top producers belong to a specialized stratum of managers and researchers with little or no hands-on experience from the practice on which they advise. It is interesting to note that although a large proportion of academic experts in the field have a background in medical sciences, these are virtually absent from the set of most active producers.

A key to the composition of producers is, of course, how experts are recruited as authors or members of advisory/expert groups for the commissioned reports. Our interviews reveal that such recruitment almost exclusively takes place in personal networks, the principles behind specific recruitments are often unclear even to those directly involved, and there is rarely any

¹¹The term “flexian” was introduced by social anthropologist Janine Wedel (2009, pp. 5–19) to denote elite actors that further their interest through—sometimes undisclosed—multiple, diffuse, and overlapping organizational commitments and loyalties.



systematic canvassing of relevant expertise. An example could be provided from the recruitment and composition of the team behind a major government commission report:

Then I had this person in my mind and I later managed to get her in. I had seen how well she handled [previous similar issues] and this was to be very similar, to be this coordinator and the spider in the web between on the one hand research and researchers, on the other hand practitioners. So it was important I got her, a super-project-leader. Then I tried to think, what kinds of competences do we need, and I felt we needed someone who knew the local authority level from the inside and then the choice was for someone I knew a little, not closely but still an acquaintance, where I had signals that she might be interested in doing something like this and then I needed someone who really knew this thing—an economist was what I had in mind—about compensation models, and then I knew someone I had worked with before, a former PhD colleague, although younger, from [my] university that now works in the Government Offices. (I21, 3–4)

Similar or even more personalized and less explicit and structured recruitment processes are reported in many other cases; hence it is no wonder that experts tend to be highly linked. We could metaphorically think of such a recruitment process as based on an “implicit Rolodex,” a mental map in which relevant experts are included and from which commissioners draw when thinking about how to staff the projects. This “implicit Rolodex” seems to be used even in the highly structured setting of the government offices. Judging from our interviews, appointments as heads for government commissions are in practice often guided by personal trust and networks, although the process of appointing a public commissioner is, in theory, a highly formalized process involving all departments in the government offices.

In other cases, experts largely recruit themselves, because they approach commissioning organizations with ideas for which they need financial and organizational support. In such self-recruitment, of course, access to relevant personal networks becomes even more important. In combination, self-recruitment and the implicit Rolodex make for a highly selected and overlapping group of experts, experts that are highly linked to one another and represent a narrow segment of intellectual expertise.

ASPECTS AND RISKS OF NETWORKED REPORTS

How should we evaluate the double network structure we have identified, from the point of view of how to provide relevant and high-quality reports for health care governance that are ethically and normatively justified? On one hand, a networked structure for producing these reports offers some clear positive opportunities. Since reports refer to and build on each other, cumulative knowledge growth could be expected. Rather than presenting individual findings that are loosely connected, the commissioned reports taken as a whole could produce a focused and more comprehensive knowledge base for health care governance. When it comes to finding suitable authors and reference groups for the reports, a networked structure is often highly flexible and efficient. Personal networks can be used to mobilize appropriate cognitive resources for the endeavor.

Against this should be set several risk factors. Some of these are observed by our interviewees, others are some that we have identified in our analyses. The extent to which these risks thwart the development of a relevant knowledge base for health care management must remain an open question; our only claim is to indicate them.



One risk is that the reports come to form their own environment; that is, that reference to other reports and empty signifiers become more important than the reference to real health care practices and problems. There are some indications in our material that this may be the case to some extent. For example, only 5% of reports in our sample use direct observation as one of their data sources (Höglund et al., 2021, fig. 3). This does not necessarily mean, of course, that most reports lack empirical reference to the practice on which they advise. Many build on interviews and documentary analyses of one kind or another and include visits to relevant sites. It does mean, however, that the relation between expert reports and practices is mostly mediated and indirect. In contrast, most reports relate to other reports, either through direct reference or through common perspectives and frames. An experienced policy expert concludes:

Reports are often the bases for other reports and for government commissions. They are rarely isolated, these different reports, and especially in this field since both Open Comparisons and the types of reports that started using the term “knowledge management,” they have recently become “modern,” and these are the concepts you use; “trust-based management” is very much related to that. (II, 14)

Hence, expert reports to some extent form self-referential and closed loops, in which relations to other text documents rather than to practical experiences in health care could take the upper hand. There is an obvious risk that these intertextual relations, rather than relations to the practice, could come to decide the framing and, ultimately, the contents of the reports.

A second risk, and one that is identified by interviewees, is that perspectives and ideas that lie outside the current mainstream may become sidelined, and that reports therefore may tend to reproduce certain taken-for-granted assumptions and important lacunae. As shown, most of the academic experts in this field come from a narrow set of disciplines, and furthermore, they are often recruited for their task through personal networks. This seems to be a recipe for reproducing rather than questioning approaches to health care governance, something that is sometimes observed by our interviewees: “It is difficult to allow competing approaches, it very easily turns into too much consensus around a direction, a way to describe the problems. I would like to see more 'devil's advocates,' it is very conformist as it is” (II, 14).

The potential problem of conformism is sometimes aggravated by the setting up of reference groups and advisory bodies linked to the production of reports, in that they are supposed to come up with a report to which all affected parties can agree. A chair of a reference group complains about the frustrating experience of participating in an expert report produced by SALAR: “We are supposed to come to a common basis, where all agree, where all can under-sign and sign off on a report” (II4, 2). No deviant voices are, thus, allowed to enter the final report, which is reduced to the lowest common denominator and implicitly gives a veto to each affected interest as to the contents of the report.

One particularly glaring omission that seems to be produced by the narrowness of perspectives is that the concrete work environment of the health care professionals rarely enters the picture. Although the need to involve these professionals in the design of governance structures is habitually articulated in reports and interviews, little systematic analysis or even structured reflection on the impact of governance on concrete professional practice can be detected. It is as if the involvement, motivation, and practice of health care professionals are decoupled from administrative governance in the minds of the experts.

A third risk is that what ultimately makes reports successful or not is the quality of their content but the way they are networked in relation to political power and channels for dissemination. One author summarizes his position on what makes an expert report successful:



I suppose it is quality and relevance, and perhaps they do not always align. The thing I said before was that you should put quality first, but of course for a report to have an impact it has to strike some chord in the debate or hit some issue that is sort of prioritized in politics. But it's like these two that have to combine, and if you only think in terms of impact you could imagine a fairly shallow report having a large impact, in the short run, because no one has done anything [in this field] and it hits the spot-on what politicians think is the most important right now, then you could have a short-term impact. (I16, 12)

The issue that is raised in this quote could be rephrased as the temptation of immediate impact. By quickly attaching a report to current issues—or simply organizational fashion—and by networking the report successfully within circles of power, it is possible to have a large immediate impact. But unless the report is successfully addressing the underlying issues and problems, the impact will be short-lived and of little use for anyone.¹² In other—possibly short-lived—alternatives, the promise to solve the problems is left behind by previous policy solutions.

The last risk we will highlight is that the networked structure of commissioning and producing expert reports provides plenty of opportunities for special interests to become part of the instrument constituency and thwart the original purpose of the instrument. One such special interest is found among public administrators, and especially the segment among them that deals with strategic planning and communication. The emerging “national system for knowledge management” in Sweden, which originated from the quality registries established by medical doctors but that is now increasingly used for evaluation, communication, and resource allocation, is a case in point. “Well, it's the risk when the administrators highjack certain issues, because then it all started with the professions themselves that of course needed to know, how the hell is it going for our patients?” (I1, 14).

The number of reports in our material that deal with the “national system for knowledge management” is substantial, and it is obvious that forces other than the professions are now driving developments, and not necessarily those with any immediate role in the provision of health care (Falkenström & Svallfors 2022). Another special interest is found among private consultancies that push for certain policy solutions on behalf of customers or offer to sell their services in the processes. One of the expert authors (an “Academic Flexian”) reflects on the experiences:

We were contacted at [my university] by [their] team already in 2006. I was then at our school for further education, and they wanted this kind of “white paper” and successful examples that would speak for [their perspective]. And we said no, because we did not feel it was it wasn't scientifically correct to only look for and write because then it all came down to looking for things that would support a view, and that is not how we work. (I2, 5)

Another Academic Flexian reflects on how his perspective on such special interests has changed while providing expert advice over the years:

There were at this time very strong interests behind pushing for this thing with “value-based care” and so on. And I suppose I knew about this, but I was perhaps

¹²The meteoric rise and dramatic fall of “value-based care” in the Swedish context is a case in point. Within five years the concept went from being touted as the solution to all major governance problems in Swedish health care to being shunned by all serious actors in the field. Although elements of “value-based care” are still present in governance practice, the concept as such is completely dead in the Swedish health care context (Anell, 2020).



a bit naïve at this time when it came to the strength of it and so on, and perhaps that was good. Had I known about it, I would perhaps have been well, [I might have] written in a different manner, I don't know. (I16, 9)

Hence, administrative self-interest (in striving for positions and resources) and interests of profit-seeking companies (in maximizing shareholders' value) constantly threaten to enter the production of expert reports. This is facilitated by the networked and informal mode in which authors are recruited and reports are produced and received.

CONCLUSION

We have shown that the expert reports on Swedish health care governance are highly networked, in a double sense. First, the reports themselves form networks. They are parts of emerging and evolving discourses, and they are linked to each other in that they often stem from other reports, refer to other reports, and form clusters of reports rather than constitute solitary stand-alone products. They often use empty signifiers and “glittering generalities”—words that lack inherent meaning but have highly positive connotations and an immediate emotional appeal—as “coalition magnets” that contribute to holding instrument constituencies together. Examples of such coalition magnets in this particular field are “knowledge-based,” “person-centered,” “utility,” and “efficient.”

The second way in which reports are networked is that they are typically produced in a fairly close and closed circle of colleagues and advisors coming from a fairly narrow set of scientific disciplines and organizations. The same set of experts re-emerge in various constellations in several reports, sometimes as commissioners, sometimes as experts, sometimes as “middlemen,” or brokers between commissioners and experts. It seems there is an “implicit Rolodex” in this field of experts which makes it “natural” to call on the same set of experts over and over again. It is also the case that many of these experts appear as “Academic Flexians” with overlapping roles, straddling the borders between research, public administration, and consultancy.

Returning to the conceptual discussion of this article, it should by now be obvious that the kind of policy network we have uncovered is much better captured by the concept “instrument constituency” than by the alternative concepts “advocacy coalition” or “epistemic community.” In spite of the narrow disciplinary base of report producers that we have illustrated, we find neither a shared intellectual understanding of policy problems nor a coherent theoretical framework through which to tackle them. Hence, the requirements to understand these networks as “epistemic communities” seem completely missing. The same goes for “advocacy coalition,” there is nothing like common values or interests that bind these networks, they do not advocate for certain policies based on a struggle for certain values or the interests of certain vulnerable groups. Instead, the networks are bound by their interest in particular policy solutions—such as “knowledge management”—sometimes at the expense of any clear focus on the policy problems. Hence, the concept of “instrument constituency” has traveled quite successfully from the context in which it was first conceived, and further research will reveal how much further it may be extended in terms of national contexts and policy fields.

We have pointed to some of the risks involved in this particular solution-centered structure of knowledge production. One is that these reports tend to form their own environment rather than to address real problems encountered in everyday practices in the health care system. A second is that they may reproduce certain taken-for-granted assumptions and critical lacunae, both because the recruitment of experts tends to be the recruitment of like-minded people and because the reports themselves are parts of a discourse in which certain perspectives are taken for granted and others ignored. A third potential problem is that it may be the networked



connections of reports and their producers rather than the intellectual content that will decide their policy impact. A fourth problem is that the networked structure provides plenty of opportunities for special interests to enter the process in order to profit from the proposed solutions or simply from selling expertise in the process itself.

These risks raise some real ethical problems. One of those concerns has to do with resource allocation, where all the time and money used for producing and receiving expert reports could—in principle—be used for delivering actual health care. It is therefore imperative that the process in which these reports are produced and received is of the highest quality and that the reports actually contribute to solving real administrative problems. It is not clear to us that this is currently the case since such problems persist in the Swedish health care sector (Anell, 2020), and the process in which expert reports are produced shows considerable deficiencies (Svallfors et al., 2022).

A second ethical problem concerns the democratic grounding and cognitive pluralism of the expert reports. If the provision of expert reports is to a large extent based on access through informal networks and an attachment to current discourses, the resulting reports may become deficient both from a democratic point of view (since not all affected interests are voiced) and from the point of view of providing adequate expert advice (since the knowledge base becomes too narrow).

The solution to administrative deficiencies in health care governance is often sought by producing even more expert reports and staging even more complex governance structures, such as the one labeled “the national system for knowledge management” that has now been launched in Sweden (Falkenström & Svallfors 2022). We propose that there is little to indicate that any of this will alleviate the current administrative problems. Instead, we want to suggest that improvement may be found in a much more mundane and practice-related form of framing and producing expert reports. This would include, for example, real canvassing of relevant expertise rather than informal recruitment, a clear focus on defining real problems rather than proposing favored policy solutions, and a stronger intellectual feedback process that may broaden the focus and reduce excessive discursive allegiance.

It would also mean focusing on mundane everyday problems that health care practitioners encounter. In the Swedish case that would include, for example, the problems of establishing a common IT structure across regions to facilitate communication and information exchange and the problem of the many—and in many cases incompatible—reporting requests that are put on clinics and health care centers which distract health care professionals and use scarce time resources. As long as such basic administrative requirements are not met, it seems somewhat irrational to focus on establishing yet another complex governance layer in the form of “a national system for knowledge management” that risks exacerbating administrative burdens and costs.

However, any such up-scaling of the quality and down-scaling of the ambitions and scope of expert reports would encounter substantial resistance. The instrument constituencies formed around expert reports and their proposed policy solutions have been provided with various “structural promises” in the form of prospects for future resources and positions of influence.¹³ A more modest, practice-based, focused form of producing expert reports will necessarily annul such structural promises and also perhaps expose rifts in the current instrument constituencies. Given the strength of the interests involved, it therefore seems likely that the current—less than promising—situation will prevail, at least in the short-to-medium time frame.

¹³A case in point is the strengthened position and increased resources of SALAR that will result from the full implementation of the “national system for knowledge management.”

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