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Improving the value of the contribution that social and healthcare services make to health

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The big improvement challenge

1980’s

What might be required for “enterprise-wide” approaches to the improvement of quality in social and healthcare services?

Today

What might be required to improve the value of the contribution that social and healthcare services make to health?
All service...at some level...is produced by professionals and those who receive the benefit. Making a service is fundamentally different from making goods, products.
Harvey Garn, et al; Elinor & Victor Ostrom, others:

The co-production of public services is an economical way of providing service, solving community challenges.
Co-production of social and healthcare service

- 1980’s—Alvin Toffler, “Prosumer.”

All service is co-produced. Making a service is different than making goods, products. Consider “service” as “input.” “Service logic” as “enabling,” “relieving.”
A social/healthcare service:

Relationship......(Knowledge, Skill).......Activity
When I think of human service as a “product” I am tempted to...

- Limit my focus on the person needing services to the “person-as-disease (or problem) holder”
- Judge, pay professionals by the co-created “outcomes” that actually “live” in the individual with the need
- Focus on standards as if local situations were all the same
- Think that “care” = “service”
The interdependent work of users and professionals to design, create, develop, deliver, assess and improve the relationships and actions that contribute to the health of individuals and populations.

Definition: The co-creation, co-production of social & healthcare services
Co-creating & Co-producing good services

System(s)

Patient/Client

Professional

Co-execution

Co-planning

Civil discourse

What might professionals do, contribute, invite, offer?

What might systems do, contribute, invite, offer?

What might patients/clients do, contribute, invite, offer?

What might this mean?
If we’re serious about co-production...

**Implications**
- Education
- System design
- Outside/edges
- Measurement

**Challenges**
- Diversity of people
- Invitation vs. demand
- Context & standardization
- “Sturdy” professional culture(s)
Value “chain”—standardized sequential processes to meet a commonly occurring need.

Value “shop”—customized response to particular need.

Value “network”—flexibly configured roles, resources to adapt to present & emerging needs.
Will a social/healthcare service system of these attributes offer a contribution of better value to health?

1. Customized responses to particular individual needs
2. Standardized responses to commonly occurring/recurring needs
3. Flexible, adaptive responses to emerging needs
4. Collaborative communities of people who share the aim of decreasing the burden(s) of illness and of promoting the capacity to flourish
5. Information that enables the work, the facilitation of services built on relationships + actions and the development of new knowledge
6. New knowledge development—for example, genetic clues to the molecular basis of disease, resilience; more effective strategies that address the lived realities of people with disease(s); multiple epistemologies’ contribution to new knowledge
7. Assessment/evaluation/reflection on the current lived realities of those who are ill and the unintended consequences of the various approaches to the treatment and the failures to treat
What has to be true so that higher value, explicitly coproduced social and healthcare services are successful?

After Roger Martin