E00-Paul-on-Coproduction

Mon, 5/30 8:02PM • 11:38

Tuesday, 6/21 10:13 AM

SUMMARY KEYWORDS

coproduction, work, service, invites, professionals, podcast, health, qi, contribute, health care, matter, actions, party, produced, efforts, social determinants, ideas, attention, healthcare, quality improvement

SPEAKERS

Paul Batalden

Paul Batalden 00:05
Hi, I'm Paul Batalden. And with the help of a good team, I've been hard at work on something that I'm really excited to share with you. I believe it can lead to health care becoming the reliable good value service that everyone all over the world needs and deserves. There are many ideas and many people that I want you to meet in a new podcast series that we've created to explore the coproduction of healthcare service. “The Power of Coproduction” is a series of 30 minute episodes.

I hope you'll join me on this learning journey. We will appreciate what makes everyday experiences in healthcare go right or go wrong and the stories that accompany them. They will offer us insights into the way forward as we move from one podcast episode to the next. It's our hope that in this series we will make coproduction better understood, more widely embraced, and more useful in daily healthcare work.

In order for you to get the most out of the programs, my team and I realized that a little introductory history and context would be helpful, and it would allow everyone to get up to speed. I often begin these conversations by inviting people to recognize that healthcare is a service. To make a service two parties need to work together. That's different from making a product where one party makes the product, and then sells it to another party who's buying it. Service-making is work done together with each party, bringing something to the job. Service-making is also not just a matter of being nice or getting the patient involved or saying this is patient-centered; it actually involves two parties working together to make the service. In this series, we'll explore the logic of service-making and what it might mean in practice.

There are several knots that we're trying to untangle here. And one of those is that we've often used our product-making logic to make and improve a healthcare service. And then we struggle to somehow say that we've got the right people involved or even to get them involved. That's why using the term and applying coproduction at the outset really matters. At its most basic level, the definition of coproduction

is two parties working together to create and make something: each party is respected and trusted. By that I mean that each party brings something to the table.

The good news is that good healthcare services are already coproduced in some way. That's why many people can remember a time when healthcare worked well for them or for one of their family members. If you pose a question and you ask what happened, you usually discover that real coproduction occurred in some way. But these instances are often memorable exceptions to the usual way that things unfold. That's the hard part, consistently,coproducing. What are the underlying knowledge, skills and habits that contribute to consistently coproduced healthcare service? We'll explore them in the new podcast series.

As we gradually understand more about coproduction, we'll start to see the benefits of an even more comprehensive working definition, something like the interdependent work of users and professionals in the design, creation, development, delivery, assessment and improvement of the relationships and actions that contribute to the health of individuals and populations. This work is done through mutual respect and partnership that both notices and invites each participant's unique strengths and expertise.

Just a little about me that's directly relevant to this podcast series on coproduction. If you want more, there's more background on the website.(https://ICoHN.org/podcasts) But as some of you may know, I helped conceive of and found the Institute for Healthcare Improvement (IHI) along with my good friend and colleague, Don Berwick, and our colleagues back in 1991. I had the privilege of serving on the IHI board for 25 years and for the longest time was certain that the Quality Improvement or QI movement in healthcare could be and would be transformative. I still think, and there's plenty of evidence to support this, QI efforts are crucial to reducing preventable deaths, infections, errors, and so on. And the methods for designing and testing change for improvement are powerful and widely applicable. But I and many, many others have gradually expanded our view beyond the management of disease and illness to include work toward the goal of achieving optimal health. Now, this is impossible without directing attention to people's daily lives, the social determinants of health, and the resources and supports that each person brings to their own health. This invites efforts by Quality Improvement beyond the usual boundaries of acute care in clinics and hospitals. A focus on population health has become one all-encompassing way that this broader lens is described and made operational. And it must be said, focusing on institutional systemic racism and working to realize true equity invites understanding and attention to the particular person and his or her particular needs and circumstances. All of this awareness is at the heart of coproduction.

The interesting twist is that none of this expansion beyond our hospitals' or clinics' four walls lets the bedrock healthcare facilities off the hook, quite the opposite. They're tasked now to reinvent themselves so that treatment for any condition, say hypertension, doesn't happen in a vacuum divorced from daily life and the social determinants that contribute to health. The way we create our services, so that they contribute even more to better health itself must also be transformed. So must our efforts to change and improve the quality of those services as we continue to do with our efforts in QI. The interdependent work of coproduction is an admission. It's an admission that actions taken by professionals, even if driven by improvement principles and evidence-based best practices, typically haven't paid enough attention to the mutual respect, partnership or unique insights of the patient and family.

The humility and vulnerability that are necessary to form the authentic relationships necessary for this shared work has often been assumed and has been actually missing or overlooked. Coproduction invites and demands attention to these things, and in the process offers a better way. They are the ingredients of trusted, respectful relationships. Coproduction acknowledges that health belongs to the person whose health it is and should not be outsourced to another person, even a professional. Our jobs as professionals involve working within what makes sense to the person whose health it is. Only then can we understand how science can add and contribute to the treatment.

In some ways, the COVID pandemic has been a great coproduction teacher;we've seen that professionals alone can't fix the problem. We've learned that we need knowledge building systems that work in situations of complexity and the enormous problem of racism and inequity have been made starkly visible. We've seen the benefits and limits of information transfer technology, and sometimes the misinformation that gets transferred. We've seen that leaders' actions matter. And with these lessons, we've begun to sense the urgency of becoming better coproducers.

I'm eager to get ideas and words off the theoretical drawing board and into practice. I want you to think of these podcasts as my invitation to you and others to start building new and better services based on relationships and actions that people who we sometimes call patients and people who we sometimes call professionals actually make together. Our focus on the roles has sometimes hidden the fact that both parties are people working together. We want to build on this shared sense of kinship as we reimagine and ignite coproduced services. This is the opportunity and the energy and timeliness that I hope the podcast series can capture. Each podcast will marry a coproduction concept with a powerful example and story, followed by a discussion of the implications and the actions possible. We'll see that it's not just a matter of putting the letters C and O in front of a familiar activity. It actually involves the shared work of the people and the participants who are necessary to make the service. The ideas that comprise coproduction become real when they properly connect with the lived experience of the people involved. This will be where the "rubber meets the road" as I hope you will learn with the help of these podcasts. The implications of coproduction are enormous for the ways we measure processes and results, for the ways we create value, for the approaches that we take to professional formation, for the methods of payment, and for so much more. Let's together design and build safer, more reliable healthcare service as a good value contribution for the better health of all. I look forward to our conversation. Thank you. I'm Paul Batalden.