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Co-production in health organizations: a state of play on the transformation of the role of the patient

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Plan of the presentation

1. Context
2. Theoretical framework: review of theoretical models of patient participation
3. Critical Elements and Research Proposals

Plan of the presentation

1. Context

Purpose of this communication

To focus on the emergence of the phenomenon of patient participation in the hospital universe where he/she, in a traditional & fragile position, presents a strong passive attitude.

What are the origins of this phenomenon?

What do the theorized models bring about patient engagement?

What research questions can emerge?

1. Context

Premises of a new research program around new public management and its dissemination in public hospital

Mutations in public hospitals
 ↳ Mutations in the carers role
 ↳ Mutations of the role of the patient

Physician-centered system



Patient-centered system



New trajectories of care



Theoretical Empowerment

1. Context



Towards the clear emergence of patient participation in the hospital universe: a paradigm shift in the doctor-carer/patient relationship

- "Patient partner": a phenomenon which is widespread in North America
- Many hospitals have "committees" of patient partners.

=> Revealing an evolution of the patient's status: from passive and dominated patient to an active patient.

A favorable context to this cultural evolution and questions

- Access of the general public to medical knowledge,
- Competition of health establishments (activity pricing),
- Need for a greater autonomy of patients, ...

Political issues (empowerment of the patient, legitimization of public action), economic issues (make savings), societal issues (response to patients' desire to take part in the action).

But also ethical questions: can one shift some of the responsibility on to the patient?

An evolution of the approaches: from the clinical aspect to a more organizational and strategic one

Acts initiated on the clinical side to improve the quality of care and management (train the patient to a certain autonomy of care (dangerous))

Service design

- Towards an **organizational component** based on the recognition of the patients' experience: rethinking this experience to increase satisfaction and comfort.
- Also a **strategic component**: rethinking the sphere of services for patients and the links they have with the hospital by adding medical links to extra-medical links (patient designers, patient trainers)

Plan of the presentation

2. Theoretical framework: review of theoretical models of patient participation

Towards model development around patient participation/ involvement ?

Carman & al. (2013, 2016) propose a **continuum of engagement around 3 stages in 2016 (removing the information / 2013):**

- 1 ° consultation of the patient (feedback of their opinion)
- 2 ° implication
- 3 ° partnership and sharing of leadership

and **3 factors influencing engagement:**

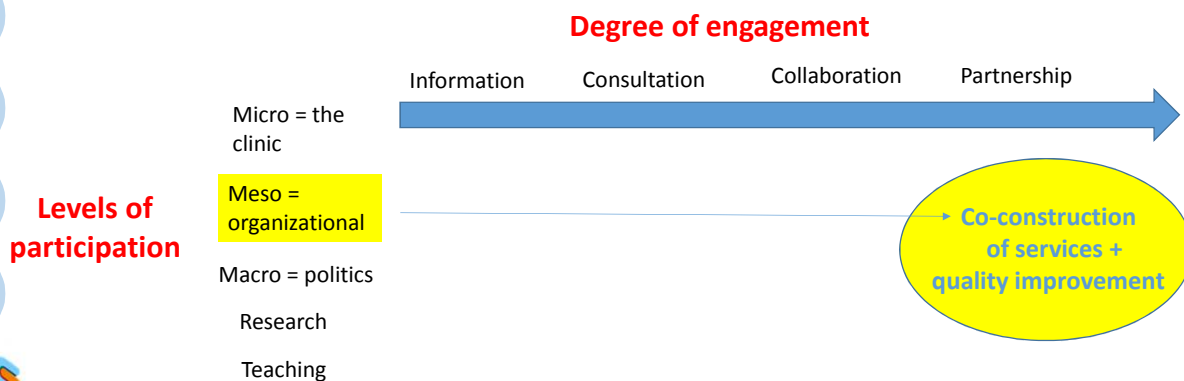
- The patient (belief about his role, education)
- Organization (policies, practices and culture)
- Society (social norms, regulations and politics)

Pomey et al. (2015) identify **3 levels of partnership:**

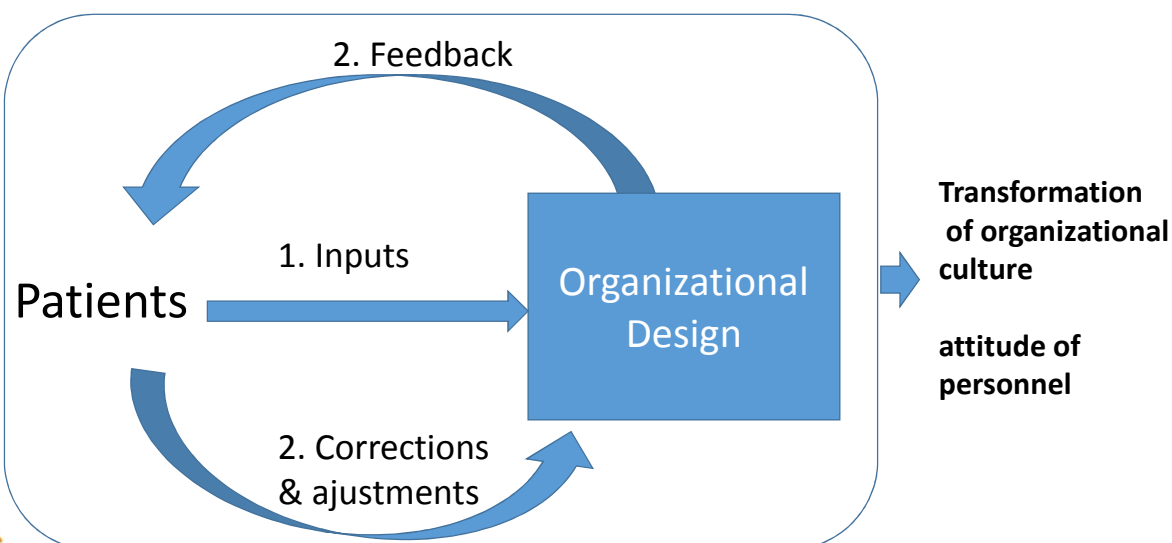
- at the level of care (1),
- at the level of organization of services and governance (2)
- at the level of the health system (3).

These models based on a clinical approach give place to the contribution of patients to the design of services and organizational design.

The example of the Carman et al. Model, 2013



Recognition of patient leadership



Plan

3. Critical Elements and Research Proposals

The limits of these dominant models

1°. They focus exclusively on the patient on the steps and possible areas of his participation. See the following synthesis scheme reinforcing all the different expressions of involvement of the patient.

2°. If they deal with the transformation of the supply of services, but nothing about: the role and place of the staff. **Rethinking the processes of servuction, since this is what it is about, to rethink how to conduct their activities.** Rethinking the place of the patient means questioning both cultural and professional codes of health professionals (doctors, carers) and teams to accompany these evolutions.

- prepare and train them to integrate the perspective of the patient,
- think about the nature of their partnership role for shared leadership.

3°. They do not address the question of the typology of the participating patients and their motivations to participate.

Research proposals

- The proposed models of participation in organizational design remain very theoretical:
- What is the process of developing these organizational designs?
- What place does the staff hold? What attitude?
- How do they transform the patient/health professional relationship?
- Do patients perceive a form of empowerment?

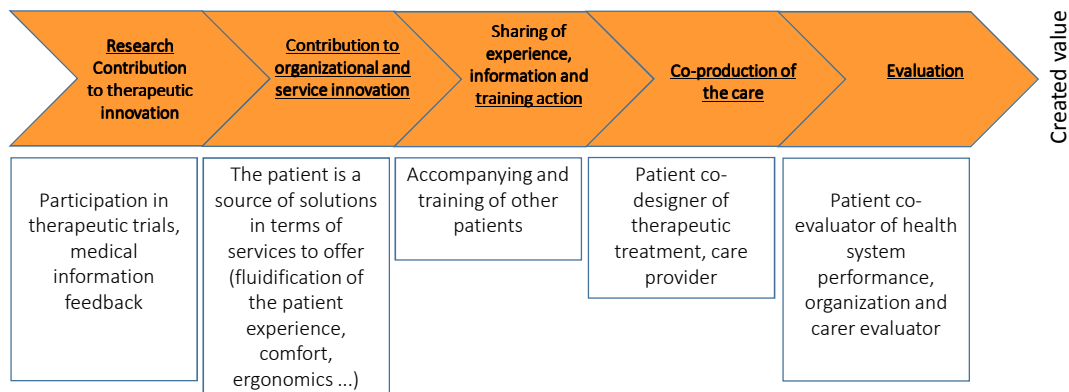


As many questions that a mobilization and adaptation of service management framework can be used to deal with our work in progress.

Schematization of the participation chain of patients in the co-production of care activities

Participation in the governance of the health system (general assembly of health, public debates ...)

Participation in the governance of health organizations: presence on the Board, patient committees ...



As a conclusion

These changes are finally the markers of the acceptance of a certain marketing approach based on the marketing of services and relational in a world which has long remained resistant to marketing.

However the very specific and complex context of the hospital raises a more global question about the transformation of the hospital.

Thank you for your attention