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SPEAKERS Madge Kaplan, Paul Batalden, Christian von Plessen, Tina Foster

Madge Kaplan 00:00
Welcome to “The Power of Coproduction,” a podcast series that explores the lived experiences of patients and professionals who are redesigning healthcare service to achieve better health through mutual respect, collaboration and science informed practices. Your host and guide is Paul Batalden, Professor Emeritus of the Dartmouth Institute for Health Policy and Clinical Practice and a guest Professor at Jönköping Academy. The Power of Coproduction is produced in partnership with the International Coproduction of Health Network (ICoHN), the Dartmouth Institute, Jönköping Academy and the Health Assessment Lab. On Episode 14, “Coproduction in the Real World,” Paul recaps the entire podcast series and imagines the possibilities that lie ahead, with the help of Tina Foster and Christian von Plessen. Here's Paul.

Paul Batalden
Welcome. Today we explore an overview of where we've been and where it might be useful to go next. I'm joined by Tina Foster and Christian von Plessen. Tina is a practicing obstetrics gynecology professor and a faculty member, teaching about the improvement of health care at the Dartmouth Institute for Health Policy and Clinical Practice in the Geisel Medical School at Dartmouth. Christian is a Senior Advisor for quality and safety to the Canton of Vaud in Lausanne, Switzerland, and an associate professor at the University of Southern Denmark, after working as a clinician in pulmonology and in teaching and research appointments in both Denmark and Norway. Welcome Tina and Christian.

Tina Foster
Thanks.

Christian von Plessen
Thank you, Paul.

Paul Batalden 1:48
I thought I'd start with a brief recap and then open our conversations together. We started these podcasts in The Power of Coproduction series, on the idea that making a service is different from making a product, and that the stories of guests would help us link the underlying theory of the coproduction of healthcare service with the daily lives of the guests.

Through them, we were invited to notice that memorable good service is often coproduced even though we may not stop to notice that or even comment on it. Our guests then explored the development of the deeper knowledge of the lived reality of the people we sometimes call

“patients.” These patient persons help us understand what the “as is” system actually is like. It's the “as is” system, the way the system works every day, that must be navigated.

The guests opened the challenges of useful communication between professional persons and patient persons, including how these insights can help design services for those who are inequitably served.

With the help of the guests, we opened illustrative content of “science-informed practice.” We use knowledge or science in multiple different ways. We use it in the ways in which biologic knowledge informs our understanding of the diseases or conditions, we use knowledge in the ways in which the experience of having a condition is actually understood, developed and used.

And we explored the ways in which services are constructed, the design knowledge, and the knowledge that's used in constructing tools that might help in the development of that knowledge. And, that knowledge about service design and service effectiveness includes the assessment and the improvement of the service in its actual day to day life.

We saw how stories helped integrate these different systems of knowledge, these different ways of knowing in the real world. And with the help of our guests we explored the way that a context or a setting influenced the lived reality and practice patterns of professional persons.

After these more basic episodes or foundational underpinnings of coproducing healthcare service, we explored the pedagogy that was involved, focusing on the need to move from theory to practice. We explored what happens when coproducing becomes the driving force for an entire system of health care and after an indigenous population became the governing board and the customer-owners of their system of healthcare.

With guests, we explored how healthcare might become safer by working together with patient persons, and family persons and professional persons. And now, in the last of these series, we look back and forward as we try to imagine what might be ahead. We've had intermittent opportunities to explore these themes in many different ways. And I'm so grateful, Christian and Tina, for your willingness to join me in this capstone session. Do either of you wish to add to my quick overview of where we've been?

Christian von Plessen 06:06
Well, yes, thank you, Paul. Well, first of all, thank you so much for putting this together. As you said, I mean, you summarize this very shortly, but it's very broad and very deep work. So when I listen to the podcasts, in these intimate listening experiences, I had the impression that I was walking down a corridor, and there were doors in this corridor, and they would open one door and peeking in, seeing Oh, well, this is about what's actually happening in healthcare, another door would show well, this is how we can learn about it. This is about what stories tell us. So it was kind of opening all these doors and they gave me a very rich, profound and digestible idea of an element of this.

Going from door to door, actually, I realized that this was not a straight corridor. It was actually doors leading to the same space, as you have in a theater. Right, so when you enter the different seats, the rows you can come in from different doors, and you will always have different perspectives on the stage. But it's still the same stage, but it gives you something a little higher, little lower, from the right, from the left, closer, further away. It's still the same stage. And on this stage, you have people embodying roles, playing roles, as we do in healthcare. So from this kind of walking and opening doors, I can realize how all this is connected. So that's my first point I want to make.

Then, looking at the stage, I see the people playing the roles. So that could be patient, or a person sometimes a patient, could be a healthcare professional, or could be family. There's some infrastructure, so you can get a system view if you want to view on the play of this. And it brings you always back to what the people are doing, and what is happening between these people on this stage. And they do that in certain moments. And in the play they do it in a role as we do in healthcare. So I'm a doctor, but I can also be a patient. But when I then see a patient in the hospital, I'm playing the role of the doctor. But I'm still also a person with other roles, just as is any person who comes and asks for help as a patient. So I think that's the main point I want to make in putting this together.

Paul Batalden
What that does is it triggers for me the importance of this distinction between role and identity. The whole series is about people. And it's about people who, in fact, are working together on health. And health is not something that is easy to outsource. I mean, we can't outsource our health to a professional, it's our health.

And so part of the challenge in coming to grips with this construction of a service, in contrast to making a product, is to recognize that there are at least two parties that are involved in this work of making a service and we give those parties or people, names. Sometimes we give them the name of the role, and sometimes we refer to them as persons. And I think that this confusion between role and personhood has been not so helpful for us as we try to understand this service-making logic. So thank you very much for those reflections. Christian.

Tina Foster Christian, I want to thank you as well. Listening to you, the metaphor that I realized has been sort of in the back of my mind through a lot of this is a forest, and walking through the forest and sort of meeting these different trees and hearing their stories. And I think also, as we've learned so much more about how the trees and all the living things in the forest are connected and communicating and influencing each other in ways that we can't see. I think that's a really important lesson for us. And the trees actually don't worry about what their role is, but they work together. And they work together in ways that are overt and also invisible, and support this whole community around us. And I think that sort of “situating” of the work in a society, in a community, in the actual world is so important. And I think that's what for me, many of these podcasts have really done, they've opened up real voices of real people in real places working in very different,but ultimately similar ways to explore and improve this coproduction of healthcare service.

Paul Batalden
Another beautiful metaphor, because my sense is that what you've opened with that, Tina, is this sense of the dynamic or living relationship amongst all of these parts. We've pursued them as individual podcasts, but as you point out, they are all in active interaction with one another.

Christian von Plessen
As you say, Tina. So the trees are connected. So what I really like about the metaphor is also this, that you can see the trees and you can see the forest. So you can see the trees and the forest, it is important to see both. It reminds me of this picture of Christin Lind with her mind map, with the network she tends. So a forest in reality is a very closely knit ecological network.

Paul Batalden
Her discussion of it as a web, and then people sort of recognizing that usually a web has one spider. And so she realized that this was her web, as the spider for this web that she was working on, as she dealt with multiple streams of knowledge that had to be engaged as she was trying to help her son navigate his needs.

Christian von Plessen
Now it came back to me, the German saying, “So you don't see the forest for all the trees?” You can say that in English? Yes, it's really a very common phenomenon in healthcare, you don't see the whole thing with the whole system, we only see what I'm doing, pulmonology. I'm doing this, I'm doing that–this fragmentation that users of healthcare, but also professionals are so confused about.

Paul Batalden
This opens up this very interesting notion about whether we're thinking of coproduction as a noun, or an object, or whether we're thinking about co-producing as a verb or an action. And my sense is that the temptation to want to think “about” coproduction, rather than engage “how” to coproduce, is the tension we've been trying to manage… as we've been sort of opening these ideas, but hopefully not making objects out of them, or static constructions, but things that in fact are in relationship for a purpose.

Tina Foster
I think all these activities are very alive. And I think it's important to remember that and particularly, I think some of our approaches in the past have been so sort of mechanistic or focused on sort of the divisions, the definitions, the kind of tools that we can use. (We now have) this ability to begin to think a little bit more about the kind of organic nature of what we're doing, and how there is sort of energy and abundance and the ability to grow and evolve that's beneath all of this. And again, I think that's where the sort of real, very different, but ultimately connected stories are so helpful.

Paul Batalden
And one of the themes that comes through for me in reflecting on these stories, has to do with listening. Listening to the other, or listening to the others, or listening to the community or listening to those African American women who have not had the same access to prenatal care. And so my sense is that there's a very dynamic interactive process that's at work here. And listening becomes one of the critical things to help us understand how coproducing healthcare service works. But I'm curious to know what you guys think about the future? How do we think about what isn't in this series, as fully developed as it might be, and that might in fact be something that others could explore?

Christian, let me put you on the spot and sort of ask you what's not in this or what might be in a future kind of activity around coproducing healthcare service?

Christian von Plessen So coming back to the two metaphors, I think there are more doors to open, more trees to be found, more connections between trees to be identified. There is also still a lot of possibility to go deeper to the roots, for example. I could go to the foundations of the play or the stage. And there are also possibilities and need to go further up, looking at the whole system from a coproduction perspective that is the story from Alaska that does touch on that.

But there's obviously also a health reform, a health policy element in this. So one example I want to bring in is coproduction of quality improvement. So we don't talk health reform, healthcare reform, but with our quality improvement, so coproducing quality improvement. So improving healthcare together with patients not only making a better service for one patient, but improving the service we can make, we can offer or create with patients. I think that is a topic that needs more and will certainly get more attention. And it's already happening. So co-design of services, for example. So that's one approach, but there are others and in the podcasts, discussion about patient safety improvement, safety of patients together.

I mean, when you start thinking about it, there's so many possibilities, it brings me back to a very short anecdote from my time as an thoracic oncologist, when an outpatient chemotherapy patient asked me, “Christian, why don't you do the lab tests before the Radiography because it's always the lab test results that we wait for to dose chemotherapy.” And I didn't quite get what he meant. And it's a couple years ago, so I really didn't understand the processes of care too well. And this made me walk the system. And I found out that actually, we always took a radiography before the lab test, because the x-ray machine was next to the reception room. So it was just that. So just by changing the sequence of this, we could save 10 minutes each time or even more. So very logical. And I hadn't seen this and the patient saw it right away, because he did this once a week. So, a tiny anecdote. I mean, there's lots of this–goes from hand hygiene to improving processes, designing tools, and there's so many things. That's one area.

Another one that requires more attention and that will certainly benefit from this is obviously public health. So if you look at where coproduction comes from, it comes from coproducing public service between citizens and public authorities, right. So it's at a municipal level, you work together to improve services for the population. So public health is about producing public

health together with populations. So it's very surprising that this has not really reached public health, although it's actually quite logical that it should be there. So it's much closer to the origins of coproduction actually, like clinical care. There's lots of things to do. You can think of COVID pandemic, I mean, any response to the pandemic is always coproduced with citizens. They meet, or they don't meet, they wear a mask, or they don't mask and the public health authorities, many can say, it's gonna make sense to wear a mask, and they can even try to enforce it, but as we know, it doesn't work that way. It's really a coproduced effort.

So I think that's another area that's important and I have a third. It goes more to the roots, perhaps. I think we should further explore what you just mentioned, this kind of existential dimension of role and being, of doing and naming, of understanding about and knowing how. It's in all these stories, but I think we can even go deeper there, perhaps there is even an artistic perspective. So that kind of triggered my metaphors of the theater, but this notion of person and role has been very important obviously, in art. I mean, painters paint themselves and others when they paint a face portrait. In German, one differentiates "Antlitz" and "Gesicht." These are two words for the face of a person, the appearance. They're not the same. The "Antlitz" is (the visage of the) person that shows itself in the person's face and "Gesicht" is the (actual) front surface (of the person's head.) So that will be important, certainly interesting, and pertinent to go into this kind of depth of the exploration.

Paul Batalden
What an interesting kind of collection of possibilities, it seems to me. What kind of possibilities do you see, Tina?

Tina Foster
Oh, there are so many. And I want to say, Christian, your comments about the coproduction of public health: I agree that's incredibly important, and it is happening, we often don't recognize it, and I think that some of that has to do with our attachment to our roles, and also to the challenges of really understanding how we in a helpful way can sort of share power. I think that when we get into those areas that question around, how do we actually make this happen? How do we invite others in? And, then, actually work with them and share the power that all of us have individually, is a really important area to explore, and tricky I think, really tricky, but very important.

As an educator, I spend a lot of my time with health professional students of all different varieties and sort of all different levels of learning and if you will, acculturation, into our healthcare system. And so I think there's more to do around how you develop that actual curriculum, how you actually coproduce that education. And we get then, the challenge of not only thinking about how do we teach people about coproduction, but if we're going to talk about coproducing services, we have to really engage with the challenge of how we actually coproduce that curriculum with our students. So, how do we invite them and give that experience of actually helping to develop educational content, while also inviting patients and families and service users into that process?

So I think there's a lot to learn there, and a lot of potential as we bring these voices that I think we often haven't listened to well enough into that whole process. So I think there's a lot that can happen there. I also find that one of the comments I'll hear sometimes when talking with people about coproduction and kind of bring up the idea, there's sometimes a tendency to go immediately to the well, when can't this happen? Well, you can't coproduce in certain circumstances.

And the thing that comes to mind for me is that oftentimes, we have thought in the past that we weren't capable of doing certain things because of our vision of what that was. And I think that really exploring what the limits of coproduction are, and really understanding what an individual might bring, despite some kind of perceived impairment or difference is really important, as well as the opposite side, which is when is it so important for the public health say, to actually put some limits on coproduction?

What are the challenges around understanding the science that we need to honor in our coproductive activities, and how we bring that into this conversation? So I think, again, that's another place that's very ripe for exploration, and that exploration will best be done in conjunction with those voices that are raising those questions. So I think that's another huge place.

And the challenges in any area often are, as you're working on something, people will ask you to demonstrate how you've measured it. How can you show me what you're doing differently? Can you count it in some way? And to some degree, it's sometimes helpful to resist those temptations right off the bat. But I think we also need to really think about how we measure kind of shared work. And we're not really used to doing that.

Really, in most areas we're very sort of pinned on those individual roles, or those individual silos that we talked about earlier. And sort of thinking about how we understand differently, the collective work of different agents together will be really important in terms of being able to really adequately assess what we're doing, and then build on that.

Paul Batalden
That's a, I think, a provocative invitation. It's a way of opening up the possibilities for so many further contributions to this idea.

Christian von Plessen Tina, coming back to the educational part. So when I think about teaching healthcare colleagues mostly postgraduate training, but then pregraduate training of students, medical or nursing, mainly so when I look at the curricula, it's really not easy to find space or to prioritize space. I mean, I think you brought that in in your introduction, Paul, the differentiation between action and relation. So most of what's being taught is about action. Right? So it's about analysis, understanding the basics, and so on. But it's a lot about action. And then, the space, time allocated to relation, relationship is actually very limited. And that will have to change. I mean, a lot of that is learned bedside, I would say, experiential learning. So in there, I think your point about how do we know that is actually really happening is extremely important. Because I

mean, there is a risk that people say, “Well, we're coproducing this,” (but) it's tokenism, which is a real risk; that term is becoming quite popular. Many people use it.

Paul Batalden
It's easy to put C and O in front of anything.

Christian von Plessen
Right

Paul Batalden
And suddenly, you’re co-making it.

Christian von Plessen
You're “co-making” anything and then you wonder what does that mean? And then also, who speaks? So in terms of the power question, is it the person who's spoken before just using different words, or are we actually doing things differently? And it's not easy as you say, Tina, because I mean, it's quite tricky. And sometimes I find myself thinking, well, I should actually not speak because it's me speaking from my role because I'm in that role. So could I rather find ways of speaking together with others and even coproducing that so it can become quite tricky in the reality of promoting this, this approach.

Paul Batalden 25:24
Morten Sodemann, in his newly translated work on immigrant health, has this provocative way of introducing the idea. He says, you know, basically, it's the same human bodies. And it's the same kinds of conditions. What's different is all of the other things around us as we are together trying to facilitate the improvement of another person's health. And he said, we need to have textbooks that actually work to help us open that space. And I love what he's done by way of an example.

One could think of a whole family of textbooks that might be useful, if constructed in such a way on this premise that what we're making here requires two parties to work together and we need to access the resources that are available, and that may be uniquely available in the life of the person whose health it is.

Tina Foster 26:21
Agree. And I think education is the tricky thing, because we get so attached to sort of the facts and the things that we feel that everybody needs to know. I don't think we always know exactly what everyone needs to know, but we have these very strong traditions that can be hard to kind of interrupt, and this idea of the relational component. And I think we have a lot of experiential education in the Health Professions. That's really where we learn a lot, as you said, Christian, at the bedside, but we have yet to develop really good models of how that relational component is introduced and practiced and observed and evaluated, if you will. Or how feedback is gotten from all the interested parties. And again, I think that speaks so importantly to the role of patients and families as we move this effort forward, as well as really listening deeply to our

students about where they have expertise, where they have experience, where they have knowledge and what they can bring to that enterprise.

Paul Batalden
Yeah, I suppose it's important to recognize that learning is a little like health: you can't outsource your learning to a teacher and the student can't outsource his or her learning to a person who's there as a faculty.

Christian von Plessen
It takes courage. When we interviewed health professionals and patients with a migrant background, so, this notion of having the courage to try out things in the relationship was one of the results of one of the studies we did. And there's so much in healthcare practice that tells you what to do, what the right things are, what the rules are, the guidelines, and so on, and so on. And even quality improvement measuring all kinds of effect of what you're doing and behavior, that there is actually need for quite a lot of courage in that relationship. But on the other hand, it's also accepting that there is not only the healthcare person who has to have that courage, it's also the patient.

Paul Batalden Well, I think you've given us a signal that this isn't over. That this idea, this discovery, this exploration of whether it's the Stage or the Forest offers us many, many possibilities. So thank you very much.

Madge Kaplan 28:35
Thank you for listening to Episode 14 of the podcast series, “The Power of Coproduction” with Paul Batalden. Everything in this series, the podcasts themselves, supplementary materials, guest bios, and brief profiles of the production team can be found at ICoHN.org/podcasts. You can subscribe to the podcast series on Apple, Spotify, Amazon, Google, or wherever you get your podcasts. Episode 14 concludes “The Power of Coproduction” for now. Host Paul Batalden leaves you with these thoughts:

Paul Batalden Against today's backdrop of multiple complex and interlocking societal challenges, which some have called a modern “syndemic,” we created this podcast series to invite attention to the basics of the interdependent work of coproducing healthcare service. With this podcast series, I hope you have some groundwork for creating and making much, much better healthcare service. The most important next step is to take a next step and apply the ideas. This is not an abstract endeavor.

Now's your opportunity to build on the illustrative examples and stories of coproduction that the roster of talented guests shared throughout the series. As Hippocrates observed nearly 3000 years ago, the human work of helping other persons with their health is a long art, and our lives are relatively short. So while much more remains to be explored and considered about coproduction’s potential to transform healthcare service, it's time to begin.

I welcome the creative community of people who will carry the generative explorations even further. Thanks for listening and thinking with us throughout this series. And by us, I mean myself, all the guests and the production team who made these podcasts available. I'm grateful to you all. Thank you. This is Paul Batalden.