

# Paul Batalden

**Vad krävs av mikrosystemet för att möta  
hälso- och sjukvården 3.0?**

**What knowledge & skill might help the “coproduction of  
primary healthcare service?”**

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# What knowledge & skill might help the “coproduction of primary healthcare service?”

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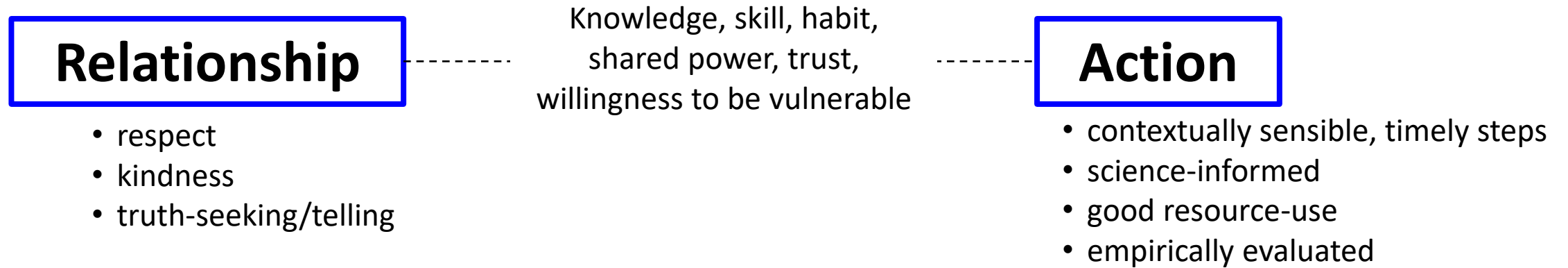
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# Primary Healthcare Service

Primary healthcare service is what happens when someone who is ill (or who thinks he or she is ill or who wants to avoid getting ill) consults a health professional-person in a community setting for advice, tests, treatment, or referral to specialist services. Such service should be holistic, balanced, personalized, scientifically informed, equitable, and coproduced by reflexive practitioner-persons who recognize their own limitations and draw appropriately on the strengths of others, particularly the person sometimes known as a patient and that person's support system.

Adapted from Greenhalgh T. *Primary Health Care: Theory and Practice*. 2007

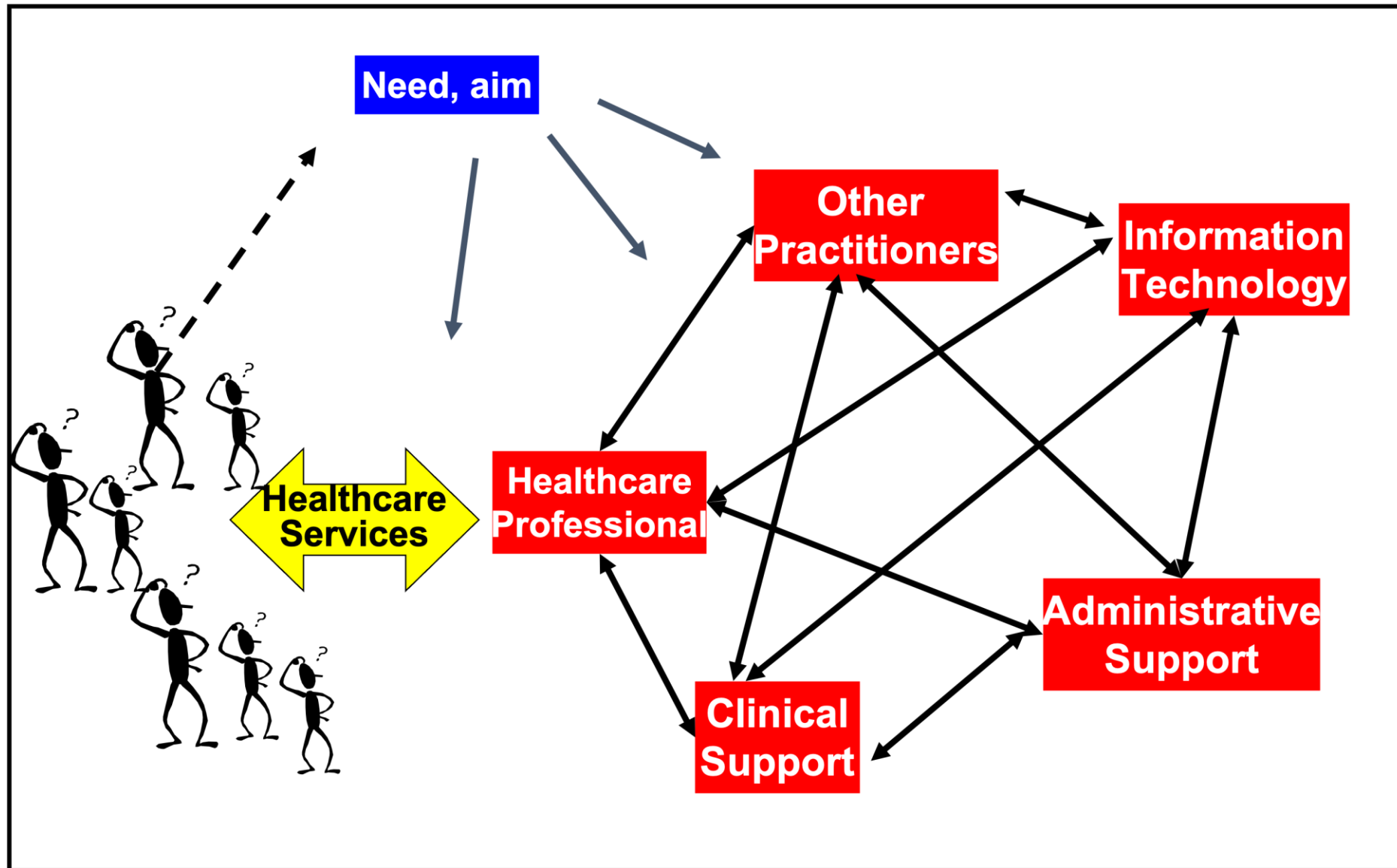
# What is a healthcare service?



# A working definition of “microsystem”

- A healthcare services microsystem can be defined as the combination of a *small group* of people who work together in a defined setting on a regular basis—or as needed—to create healthcare service. They include people we sometimes call ‘professionals’ and those we sometimes call ‘patients’ who receive the benefit of those services. The “patient-members” can also be recognized as part of a discrete *subpopulation of* people, sometimes known as a population of *patients*.
- As a functioning unit, it has a variety of *aims*, *processes*, a shared *information* and *technology* environment. The services are intended to serve the health of the person whose health it is. Their effect can be measured as *outcomes* in the C/P-persons. These systems evolve over time and are (often) *embedded* in larger systems/organizations.
- As any living adaptive system, the microsystem must: (1) do the work, (2) meet member needs, (3) maintain themselves as a functioning unit.

# A Healthcare Services Microsystem



## Coproduction is:

*“the interdependent work of patients (and families) and health care professionals to design, create, develop, deliver, assess, and improve relationships and actions that contribute to the health of individuals and populations.”*

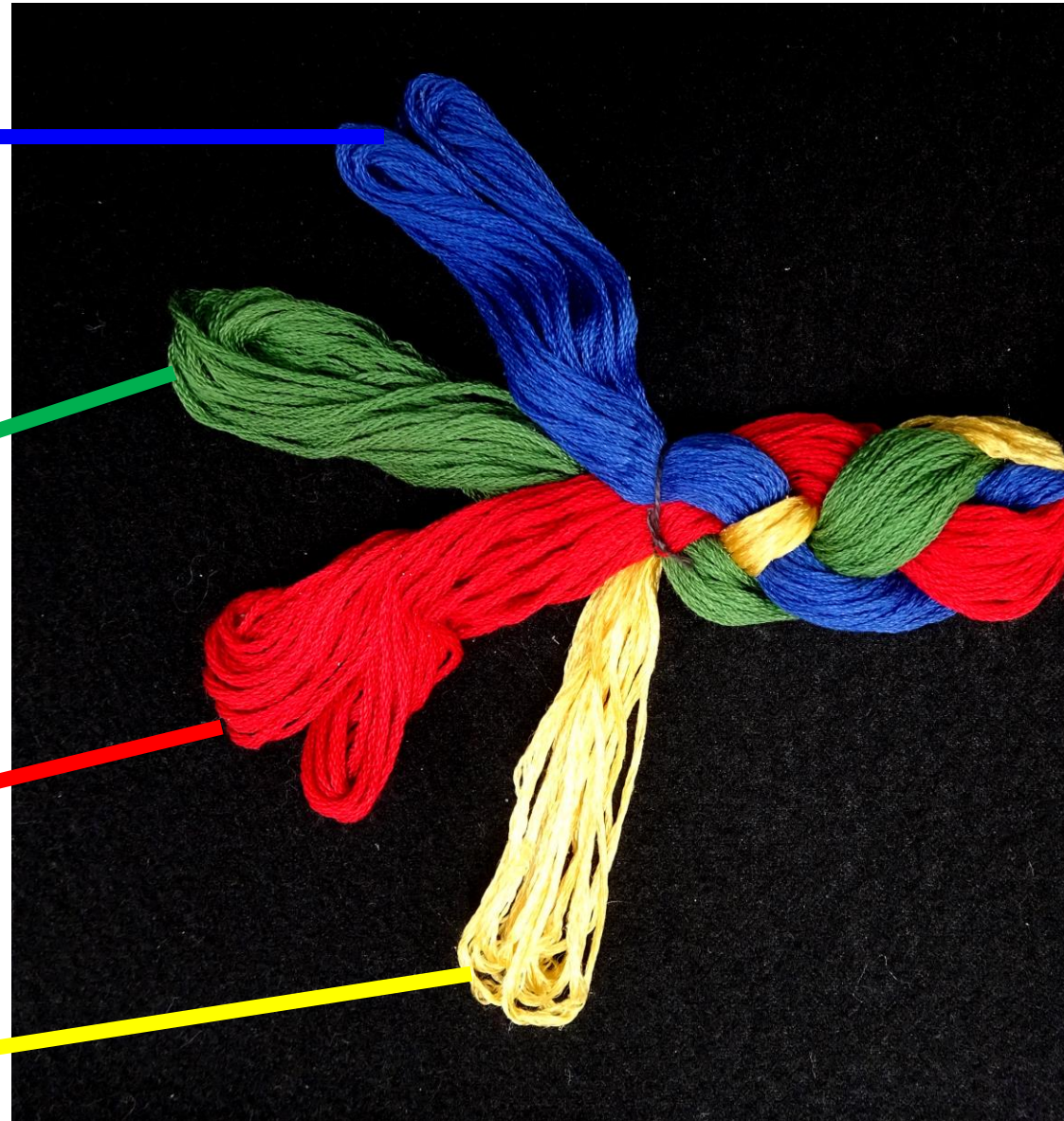


**“Patient-person”:** aim, lived reality, social support, resources

**As is system:** journey, emotions, working/not-working

**Science-informed practices:** disease, illness, services

**“Professional-person”:** lived reality, support, resources



**Coproducing  
healthcare  
service**





Jose Ortega y Gasset

Circumstances influence  
expression of ways of knowing

Healthcare Service

*Design, Execution*

Science-  
informed  
Practice

Disease / Condition

*Biology*

Life / Illness Experience

*Social, Psychology, Anthropology*



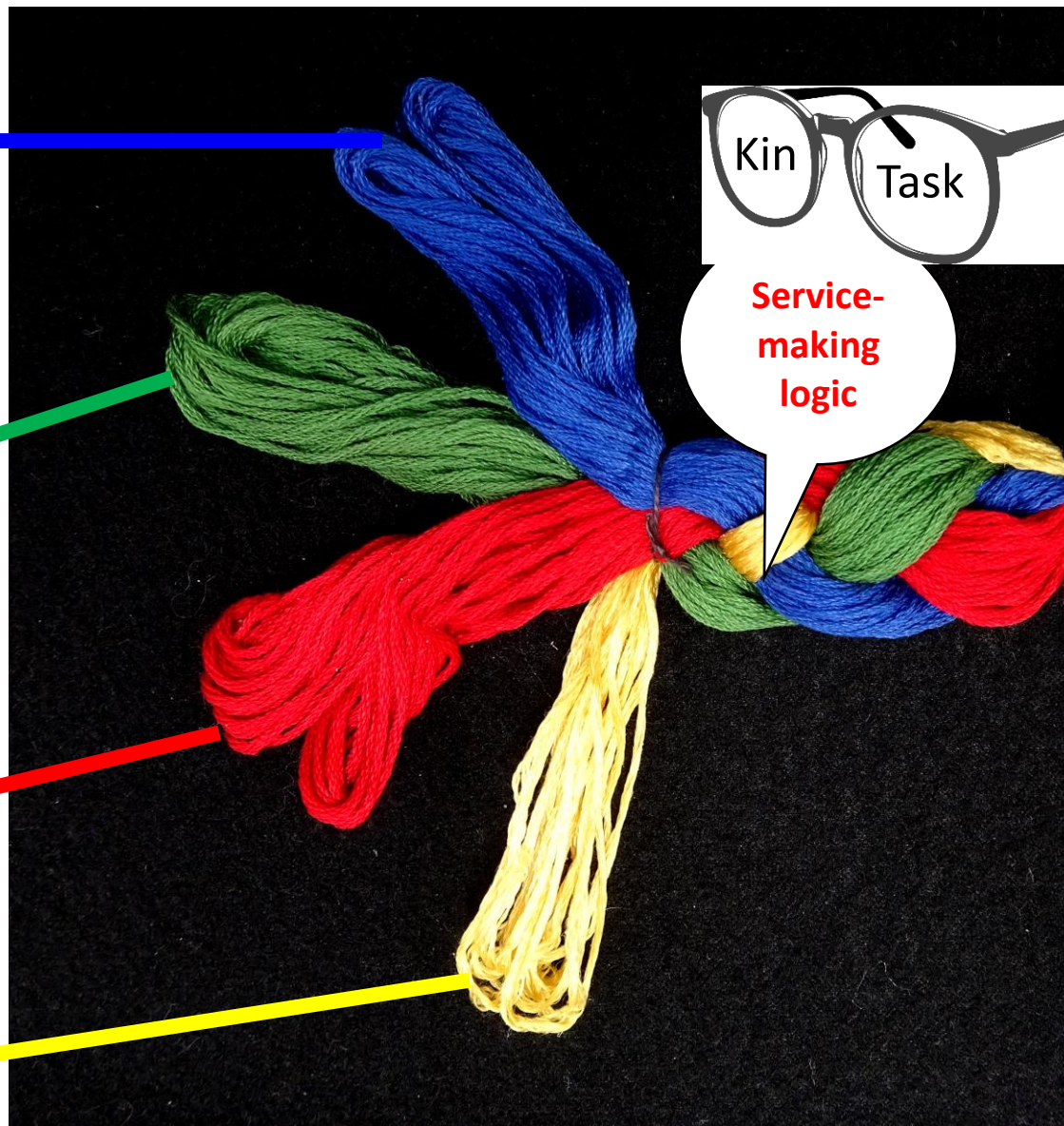
Trish Greenhalgh

**“Patient-person”:** aim, lived reality, social support, resources

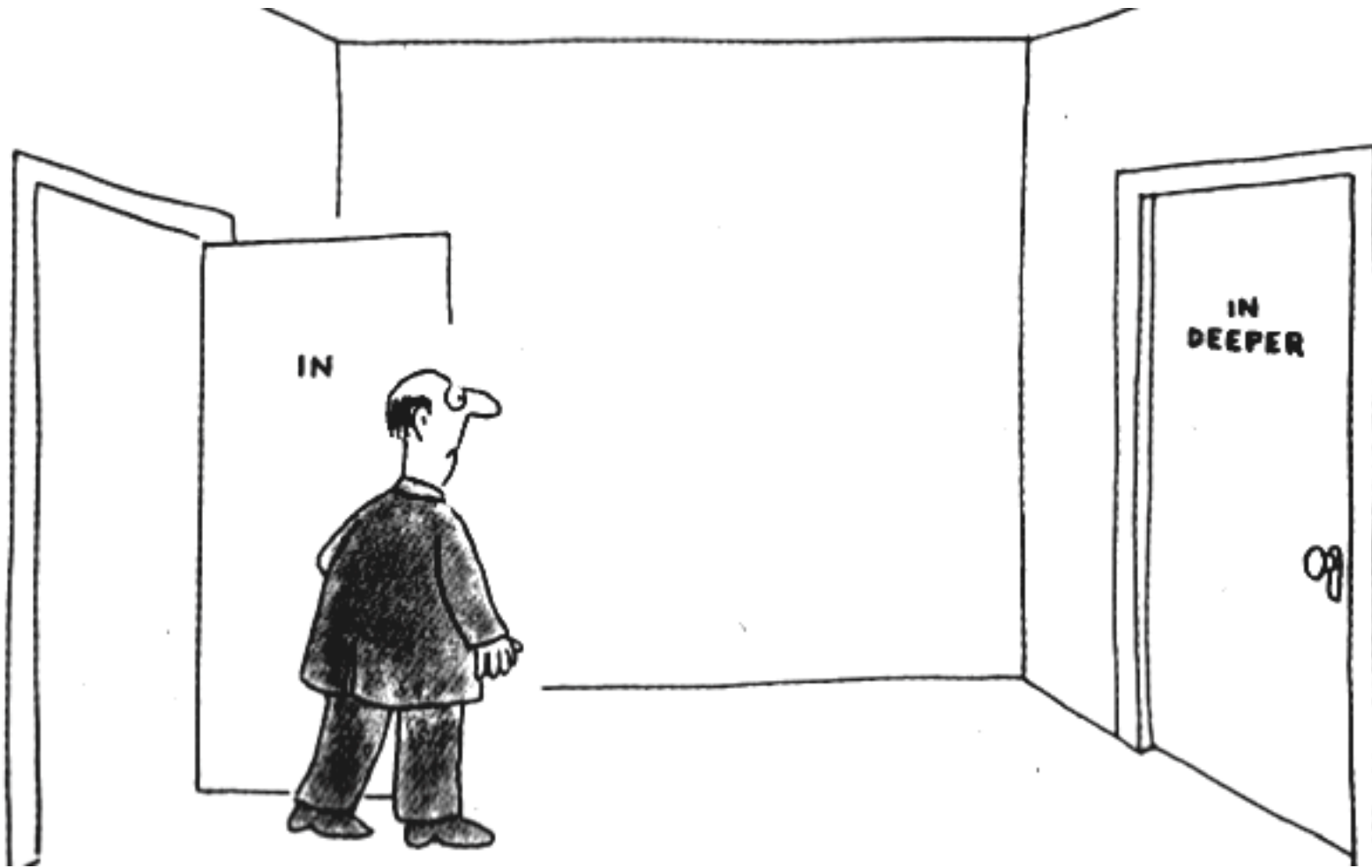
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**Coproducing  
healthcare  
service**



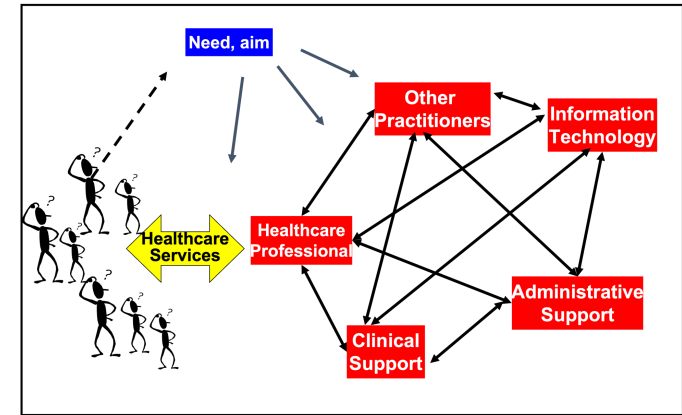
How someone in a healthcare microsystem for primary care service might start...

# Template for developing primary care coproduction knowledge and skill

1. Situation
2. Lived reality for the person sometimes known as “patient”
3. Emotions expressed
4. System barriers/facilitators encountered in navigating the “as is” system
5. The “patient-person’s” condition(s), disease, and implications
6. The experience of being ill or having a family member in an active healthcare service setting
7. The design, improvement of the healthcare services that might help
8. Lived reality of the person sometimes known as “professional”
9. So, reflections, plans, other

# 1. Situation

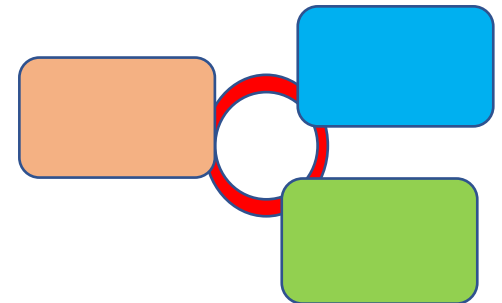
- *What is the setting?*
- *What is the context?*
- *Where are you?*
- *What is your role?*
- *What prompted your involvement in the situation?*



## 2. Lived reality *(patient-person, significant others, extended family)*



- *What is the pattern of life for this person in this family when “sick?” How does that differ from when “not sick?”*
- *What are the assets, resources that are available?*
- *How are those assets, resources accessed?*
- *What types of supports are available when their needs emerge?*







### 3. Emotions Expressed

- *Feelings expressed by patient and patient family?*
- *Feelings associated with changes in development of the condition?*
- *Feelings expressed by professional persons involved?*
- *Effects of those feelings on others?*
- *What helps?*



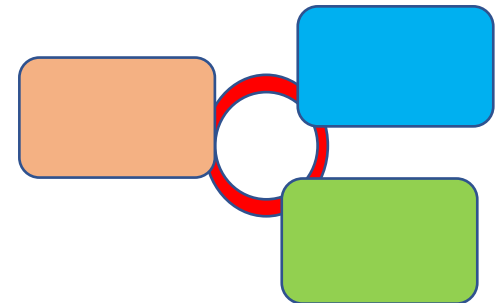
## 4. System navigation barriers/facilitators



- *How do people needing access to the “as is” system get it?*
- *How explicit and how useful are the guides to the journey in the “as is” system?*
- *When is the current system really reliable? When is it not?*
- *What surprises occur in the “as is” system?*
- *What helps with the new “language” of “healthcare service”?*
- *What is “unknown” in the “as is” system? What helps?*
- *How do people form their expectations of the “as is” system?*

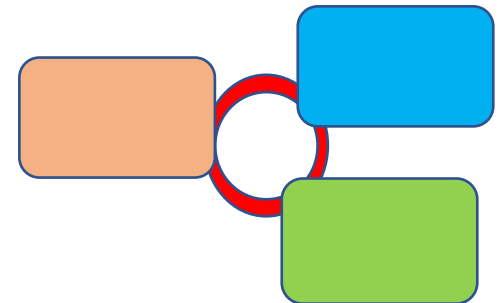
## 5. Knowledge of patient's condition & implications

- *What is known, understood about the basic biology of a person of this chronologic age?*
- *What is normal / abnormal functioning for a person like this?*
- *What is known about the natural history of other persons like this?*
- *What was anticipated before this condition?*
- *What might the future hold?*



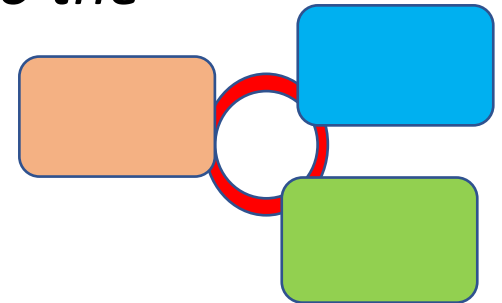
## 6. Knowledge of having the illness *(having a loved one in an active healthcare service setting)*

- *From the studies of others, what is known, expected in the experience that persons, families have when sick? When convalescent or recovering/growing while still in an active healthcare setting?*
- *What adaptations have proven helpful for others in similar situations? in this situation?*
- *What resources have been helpful for others in situations like this? What has helped identify them & access to them?*



## 7. Knowledge of the healthcare service microsystem *(helpful design & improvement)*

- *What is required for good care of persons like this?*
- *What is the reliability of the elements of the services for this person or persons like this one?*
- *What measurements help monitor the services for this person? others like this baby?*
- *What steps were taken by the microsystem to minimize the burdens of both the illness or condition and various treatments or interventions?*
- *What have families of former patient-persons contributed to the services available in this microsystem?*





## 8. Lived reality of person known as “professional”

- *What resources do the “professional-persons” access in their daily work?*
- *Is the access to what they need readily available?*
- *What are the sources of joy in the work?*
- *What do “professional-persons” do to contribute to the process of value-creation in the microsystem?*
- *What support do “professional-persons” need in order to do their work? Under what circumstances is that available?*
- *What “tools” do “professional-persons” need to do their work? Are they available?*

## 9. So, reflections, plans, other

- *So what? Now what?*
- *What matters most? (baby, family, others, nurses, doctors)*
- *This case was helpful for me because...?*
- *This case reminded me to...*
- *This practice...*

# A process for using systematic note-taking to build deeper knowledge:

