Today's Presentation

NORTHERN NEW ENGLAND CLINICAL & TRANSLATIONAL RESEARCH NETWORK

Coproduction in Health Care and Research

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Project ECHO®

MaineHealth

Coproduction in Health Care and Research

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Objectives

- Understand Coproduction as a tool for community involvement
- Appreciate how to use Coproduction when building community programs in a healthcare system
- Recognize opportunities for engagement clinically and in research

Disclaimer

No conflicts of interest to disclose

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Coproduction In Health Care

- Coproduction includes collaborating on design, implementation, analysis *and* review with end users
  - All four stages: Coproduction
  - One stage: Collaboration

The Process (the action of collaboration) is emphasized in coproduction over the outcome

- *Co-creation* is another term gaining popularity. It does not include all that coproduction embodies

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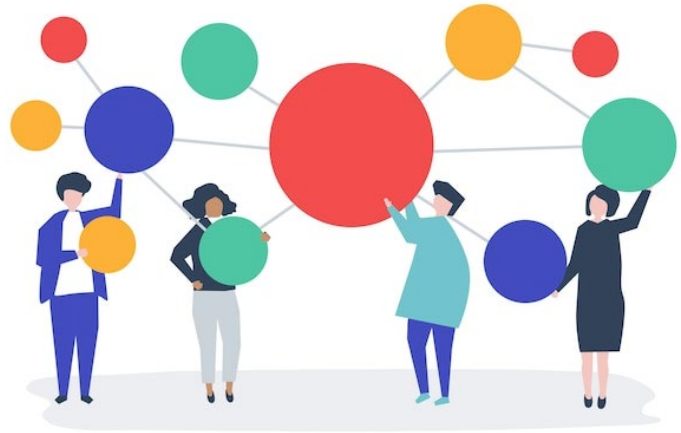
Widening the Lens

- **Process over outcome**:
  - Bidirectional communication as a goal
    - Manages expectations
    - Allows safer space for sharing ideas
  - ITERATIVE: a dynamic process reduces power imbalance

- In coproduction, the work is moving from fear to acceptance, **from threat to curiosity**
- Curiosity drives cultural humility

Why Coproduce?



- To redefine ‘we’
- To extend - self, knowledge, and opportunity
- To reframe problem/solution identification
- To mobilize knowledge and expertise
- To create opportunities for meaningful engagement and knowledge expansion
- To address the ‘knowledge to practice’ gap
- To honor experience and relational context

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Who Are "We"?

- Who do you want on your team?
- Wide range of perspectives
- Community experience
- Clinical knowledge
- Be intentional about balance
- Part of the gift of coproduction is allowing people to rethink what 'we' they belong to
- Actions that promote the 'we' of the group participating

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The Preventive Medicine Enhancement for Maine Community Informed Care Initiative

Guiding Principles:

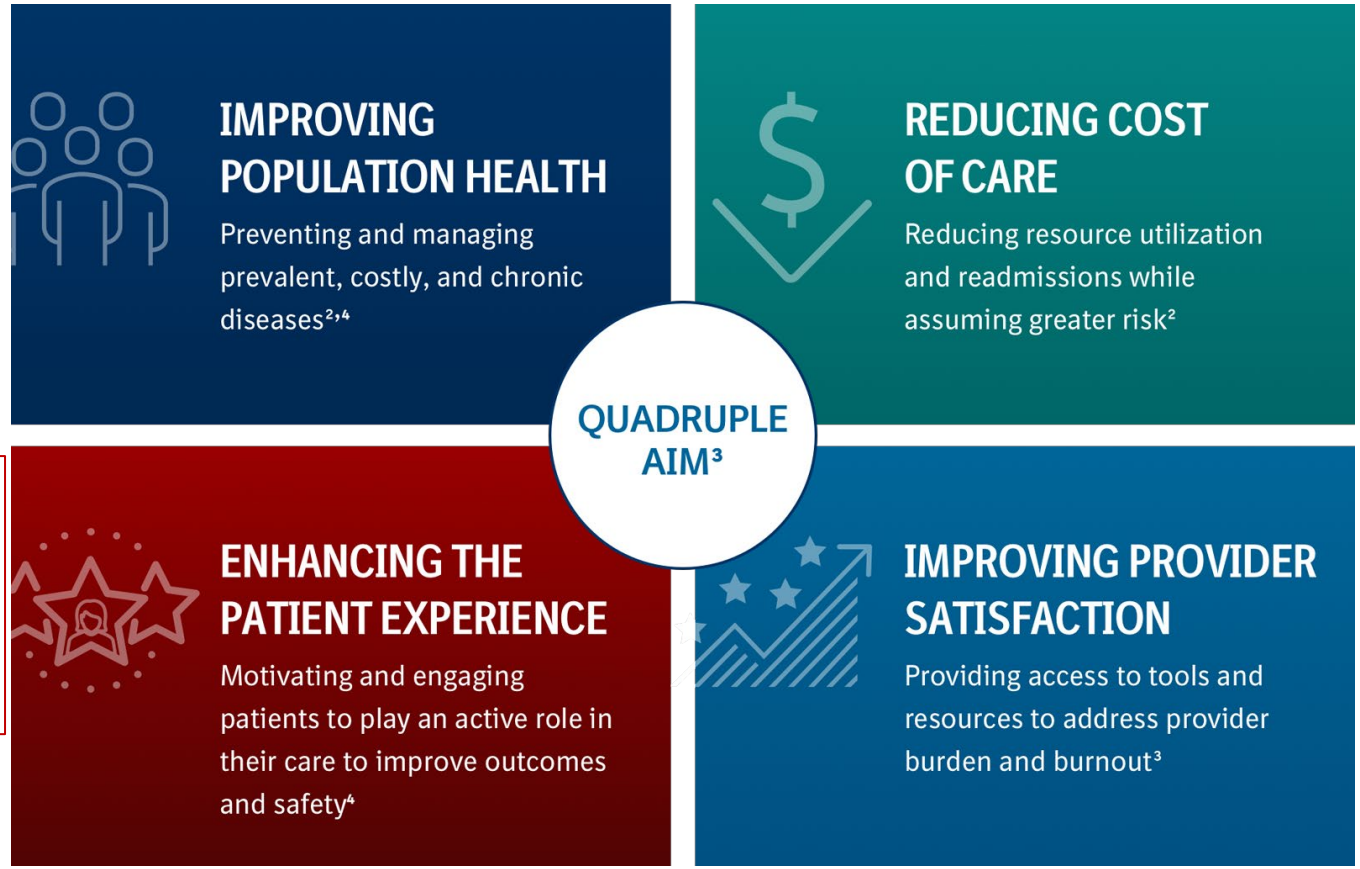
1. That the work be located in the community, where people eat, work, live, and play
2. That it be co-produced
3. That the work be sustainable, generative and meaningful
4. That the work is evidence based

The Preventive Medicine Enhancement for Maine Community Informed Care Initiative

- The PrevME CICI addresses gaps in health care delivery, access and care plan implementation experienced by non-English speaking and other disenfranchised communities in the greater Portland area.
- Our core team CHWs, Coordinators, Managers, Fellows, and Attending Physicians
- Advisory group of community members and leadership of various Community Based Organizations

Quality Improvement: Innovative approach to address SDoH that aligns with the Quadruple Aim

Engaging Community Members as Experts in their own population health needs



Expanding roles of CHW and care team members work to top of their license, and improving outcomes

Improving communication with diverse community members and streamlining care processes

Clinical care teams understand the lived experience of their patients and how to address issues.

3. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12:573-76.

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Coproducing Research

What we have

- A network and a pipeline
- Diverse perspectives and a rich pool of expertise
- Work aligned with mission statement, patient goals, provider goals.
- Cost effectiveness
- Relevance, real time impact

- Formulating the research questions
  - Advisory Board
  - Co-design Workshops
  - Focus Groups
- Study Design and Planning
  - Sampling Strategies and Criteria
  - Purposive of criterion, verification
  - Add researchers to team
- Data Collection
  - Methods determination
  - Methods verification (respect, cult comp)
- Data Analysis
  - Themes, contextual insights
  - Participatory Data analysis
- Interpretation and synthesis
  - Meaningful application
  - Process review

“TRUST IS THE KEY DETERMINANT OF HEALTH”

Tom Bollyky

Chair Global Health at Council on Foreign Relations
Director Global Health Program

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Questions?

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Data, Coproduction in Health Care

1. **Improved Patient Outcomes**:
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    1. Institute of Medicine. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: The National Academies Press.
3. **Tailored Services**:
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4. **Innovation and Creativity**:
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6. **Empowerment and Ownership**:
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7. **Cost-Effectiveness**:
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