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Co-production in healthcare services:

the evaluation of economic and organizational impacts

ABSTRACT

In times of increasing population aging, higher incidence of chronic diseases and higher expectations regarding public service provision, healthcare services are under increasing strain to cut costs while keeping quality. In this context, debates on the importance of promoting systems of co-produced health between stakeholders have gained considerable traction both in the literature and in policy debates of the public sector. (Gilardi et al. 2016; European Commission 2010; UK Department of Health 2006) The implementation of co-production in healthcare provision is not only spreading rapidly but also being increasingly appraised as a more sustainable model for the future. Despite this widespread acceptance, minimal consensus exists, however, on the mechanisms for evaluating the actual impacts of the implementation of co-production in healthcare provision. More specifically, little has been produced on how the results of these changing structures, practices and goals in healthcare management and provision can be monitored and evaluated. Aiming at the reduction of this gap, this article proposes a discussion on the challenges and limitations of assessing co-production's impacts going beyond more traditionally used clinical criteria (that currently dominate evaluation activities in the field) towards analyses that take into consideration broader organizational and economic aspects of co-production activities. Finally, the article sketches the initial contours of an original and alternative evaluation model which highlights the importance of organizational and economic aspects for the effective implementation of co-production in healthcare.

References

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