Chapter 3
The Patient Added-Value to Healthcare Delivery

ABSTRACT

Patients are not considered passive recipients of the healthcare offer anymore. They can play an active role in the process of health service provision. This chapter has the scope to address the possible facets of such contribution, identifying the main areas of activity. The chapter starts with background information about service co-creation, a social and scientific paradigm born within service industry and marketing theory, recently adapted to the healthcare sector. Then the analysis continues with the description of two key spheres of patients' activities and contributions to healthcare delivery: education and research and development. It ends with conclusions and future research directions.

BACKGROUND

In the last years, advancements in service industry and in marketing theory have led to the affirmation of the value co-creation paradigm (Grönroos, 2008; Prahalad & Ramaswamy, 2000, 2004; Vargo & Lusch, 2004, 2012). The concept of value co-creation is based on the assumption that value is created by a joint effort of user/consumer and producer of a certain product or service. Such vision inverts the traditional one, based on the predominance of suppliers as value creators (Makadok & Coff, 2002; Priem, 2007). Co-creation is not limited to consumers' consultation, but it postulates the

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pervasive integration of customers into processes of products and services' innovation (Galvagno & Dalli, 2014). In general terms, value co-creation requires a multi-stakeholder and participatory process of resource integration (Aquilani *et al*., 2016). Yi and Gong (2013, as cited by Russo *et al*., 2019) identify two possible co-creative behaviors: participation behaviors (search for information, information-exchange); and citizenship behaviors (provision of feedback, service promotion to other people).

A similar perspective has been recently assumed regarding the healthcare sector, aimed at overcoming the passive role of patients toward their involvement in co-creative healthcare processes (Carrubbo *et al*., 2015). The concept of patient participation in health is not new in literature, health practice and policy making. The 1978 Alma Ata declaration of World Health Organization (WHO, 1978) stated that people's participation in the planning and implementation of their own healthcare is at the same time a right and a duty. By then, the Eighties' neoliberal policies and the *democratic deficit* observed in the 1990s, triggered all over the world a social demand for greater public accountability and the inclusion of citizens in decision-making processes (Fung & Wright, 2003, as reported by De Freitas, 2017, p. 31).

The value co-creation offers a broad paradigm in which to comprehend the key relationships between the most relevant actors of the healthcare system (e.g. doctors, nurses, patients, caregivers, administrators). On the one hand, it is well known that stakeholders within healthcare have often conflicting goals, e.g. access to services, profitability, high quality, cost containment (Porter, 2010). However, achieving high value for patients should be the overarching goal of healthcare delivery (Porter & Teisberg, 2006). Patients (like customers) can participate in the creation of health value by sharing their information, competencies and resources between each other and with health professionals (McColl-Kennedy *et al*., 2012).

Thus, *patient becomes the most important actor in the network of value co-creation and his participation in the form of health literacy, shared decision-making, treatment control and communication with the health professionals may have several positive effects on the healthcare quality improvement* (Polese *et al*., 2016). Despite the recognition of the importance of patients in healthcare services' co-creation, people's perception to be effectively involved is often scarce (Coulter & Jenkinson, 2005). If the program Health 2020 of the World Health Organization's (WHO, 2012) includes patient-centeredness and patients' empowerment within the priority areas for policy action, the effective adoption of co-creation in healthcare has been slow (Makhni, 2017)