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Supervisor Expression of Interest MSCA - Marie Skłodowska Curie Action - (PF) Postdoctoral Fellowship 2024

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https://aunicalogin.polimi.it/aunicalogin/getservizio.xml?id_servizio=500&k_doc=103208&lang=IT

Department Name: Department of Management, Economic and Industrial Engineering

Research topic:

MSCA-PF Research Area Panels:

- ECO_Economic Sciences
- ENG_Information Science and Engineering
- ENV_Environmental and Geosciences
- LIF_Life Sciences
- MAT_Mathematics
- PHY_Physics
- SOC_Social Sciences and Humanities
- CHE_Chemistry

Brief description of the Department and Research Group (including URL if applicable):

The Department of Management, Economics, and Industrial Engineering (DIG) of Politecnico di Milano was established in 1990. Its mission is to contribute to the common good and individual well-being through a critical understanding of the opportunities and challenges posed by technology to business and society. The Department pursues its mission with an international reach by creating and sharing knowledge through high-quality education, the quest for scientific excellence, and active community engagement.

We aim at:

- Educating responsible individuals who will shape the future of relevant corporations and institutions to serve society.
- Promoting original, rigorous, and relevant research at the intersection of engineering, management, and economics, focusing on a deep understanding of technology and its ecosystem.
- Contributing to a sustainable and inclusive society by inspiring virtuous business practices and transformational policy measures



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With approximately 160 professors, DIG is one of the largest departments of Politecnico di Milano. More information can be found at: <https://www.som.polimi.it/en/>

DIG HumanTech project has been selected and funded by the Ministry of University and Research (MUR) for the period 2023-2027 within “Dipartimenti di Eccellenza” (Law 232/2016), the ministerial initiative aimed at rewarding the departments that stand out for the quality of their research and at financing specific development projects. In particular, the objective of HumanTech is to redefine the relationship between technology and human beings to enable a sustainable digital transition of industrial systems. The project aims to propose new models and processes for the development and adoption of technologies, capable of accelerating the transition towards sustainable, inclusive industrial systems that make individual and collective well-being a priority.

Within the Department, Professor Cristina Masella coordinate the Health and Social Care research group, specialized in healthcare management, innovation and governance.

<https://www.som.polimi.it/en/labs-centers/>

TITLE of the project: Co-assessment in healthcare setting: insights from Italy and UK

Brief project description:

Patient and public involvement is one of the central factors for making healthcare services more inclusive and democratic (Ocloo et al., 2021). Its adoption has been widely studied and applied for designing and delivering new or existing health and social care services. However, there are few studies that have investigated the patient and public involvement when assessing services (Loeffler, 2020).

Co-assessment was defined by Nabatchi et al. (2017) as the collaboration between state actors and lay actors in “*monitoring and evaluating public services*” (Nabatchi et al., 2017). This approach, different from the traditional one, gives the public a voice in assessing the outputs of public services and in identifying possible viable improvements (Bovaird & Loeffler, 2012). Digital technologies have facilitated the involvement of citizens in participatory decision-making and, thus, the adoption of the co-assessment (Cho & Melisa, 2021). In particular, it has been used by local governments for assessing public transportation (Clark & Brudney, 2022), public education (Sicilia et al., 2016), neighborhood safety (Brown et al., 2016), social services (Gheduzzi et al., 2021) and social houses (Bovaird & Loeffler, 2012). Interestingly, the adoption of co-assessment in the healthcare sector is still limited. One possible explanation is the complexity of assessing healthcare services, being a highly professionalized area (Crompton, 2019). Patients involved in the co-assessment might not have the needed competencies and skills to understand the technical economic and medical issues discussed by the team of experts, who usually have a long experience and deep knowledge of the topic under discussion (Alonso et al., 2019). Surprisingly, a few interesting cases make some exceptions.

In 2006, UK developed Clinical Audits for assessing the quality of healthcare services and identifying improvements. An Audit is usually led by clinical staff but it can include also non-clinical staff as well as patients and the public (Bullivant & Corbett-Nolan, 2010). It has to define



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worthwhile, set measurable standards, collect data, assess data and, if the standards are not fully met, identify possible corrective actions (National Healthcare System, 2021; Rose & Pang, 2021). Whilst Clinical Audits have been identified as a feasible way for comparing the current healthcare practice with guidelines for good practice (UK National Government, 2020), their effectiveness is still debated (Esposito, 2014).

In 2022, the Italian National Governance has allowed patients and other third sector organizations to join decision making processes. In particular, it provides forms and programs of participatory evaluation and monitoring of the implementation of national healthcare policies. In doing so, the Italian National Governance is willing to provide wide public evidence of health policies' results, also through the communication channels that third sector organizations can offer. This communication must be based on the transparency of results in case of both positive and negative evaluations, which should be understood as "areas for improvement" (Ministero della Salute, 2022). Being a very new legislation, there is still scant evidence about its effectiveness and mechanism.

Based on these premises, the objective of this project is to explore the involvement of patients and the public in assessing healthcare services and policies by investigating these two cases. Some examples of research questions are: *How co-assessment co-create and co-destroy public value? What is the role of digital technologies in the process? How to measure the effects of co-assessment on participants and the overall health service system? How to foster the adoption of co-assessment in other public organizations?*

By addressing these questions, the project will also provide a relevant contribution to the HumanTech – Humans and Technology project. More precisely, by studying the role of digital technologies in the process value co-creation, the project will help to unveil the complex relationship between people and digital technologies, which coincides with the research goal of HumanTech project.

References

- Alonso, J. M., Andrews, R., Clifton, J., & Diaz-Fuentes, D. (2019). Factors influencing citizens' co-production of environmental outcomes: a multi-level analysis. *Public Management Review*, 21(11), 1620–1645. <https://doi.org/10.1080/14719037.2019.1619806>
- Bovaird, T., & Loeffler, E. (2012). From Engagement to Co-production: The Contribution of Users and Communities to Outcomes and Public Value. *Voluntas*, 23(4), 1119–1138. <https://doi.org/10.1007/s11266-012-9309-6>
- BROWN, P., LOEFFLER, E., & CHRISTIE, J. (2016). *co-producing improved wellbeing with people living with dementia in East Dunbartonshire*.
- Bullivant, A., & Corbett-Nolan, J. (2010). *Clinical audit: a simple guide for NHS boards and partners*. <http://www.hqip.org.uk/assets/Dev-Team-and-NJR-Uploads/HQIP-NHS-Boards-Clinical-Audit-Simple-Guide-online1.pdf>
- Cho, W., & Melisa, W. D. (2021). Citizen coproduction and social media communication: Delivering a municipal government's urban services through digital participation. *Administrative Sciences*, 11(2). <https://doi.org/10.3390/ADMSCI11020059>
- Clark, B. Y., & Brudney, J. L. (2022). Transportation and Coproduction: Looking for Vulnerabilities



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to Boost and Enhance Co-Assessment. *Public Money and Management*, 43(8), 1–26. <https://doi.org/10.1080/09540962.2022.2080358>
Crompton, A. (2019). Inside co-production: Stakeholder meaning and situated practice. *Social Policy and Administration*, 53(2), 219–232.

<https://doi.org/10.1111/spol.12466>

Esposito, P. (2014). Clinical audit, a valuable tool to improve quality of care: General methodology and applications in nephrology. *World Journal of Nephrology*, 3(4), 249.

<https://doi.org/10.5527/wjn.v3.i4.249>

Gheduzzi, E., Masella, C., Morelli, N., & Graffigna, G. (2021). How to prevent and avoid barriers in co-production with family carers living in rural and remote area: an Italian case study. *Research Involvement and Engagement*, 7(1), 1–13. <https://doi.org/10.1186/s40900-021-00259-0>

Loeffler, E. (2020). *Co-Production of Public Services and Outcomes*. Palgrave Macmillan.

Ministero della Salute. (2022). ATTO DI INDIRIZZO RIGUARDANTE LE MODALITA' DI PARTECIPAZIONE AI PROCESSI DECISIONALI DEL MINISTERO DELLA SALUTE DA PARTE DELLE ASSOCIAZIONI O ORGANIZZAZIONI DEI CITTADINI E DEI PAZIENTI IMPEGNATE SU TEMATICHE SANITARIE. In *Ministero della Salute* (Vol. 1).

Nabatchi, T., Sancino, A., & Sicilia, M. (2017). Varieties of Participation in Public Services: The Who, When, and What of Coproduction. *Public Administration Review*, 77(5), 766–776. <https://doi.org/10.1111/puar.12765>

National Healthcare System. (2021). *Getting involved in clinical audits*. The NHS Contitutions. <https://www.healthcareers.nhs.uk/explore-roles/doctors/medical-school/getting-involved-clinical-audits>

Ocloo, J., Garfield, S., Franklin, B. D., & Dawson, S. (2021). Exploring the theory, barriers and enablers for patient and public involvement across health, social care and patient safety: a systematic review of reviews. *Health Research Policy and Systems*, 19(1), 1–21. <https://doi.org/10.1186/s12961-020-00644-3>

Rose, N., & Pang, D. S. J. (2021). Review Article Compte rendu A practical guide to implementing clinical audit. *Canadian Veterinary Journal*, 62(5), 145.

Sicilia, M., Guarini, E., Sancino, A., Andreani, M., & Ruffini, R. (2016). Public services management and co-production in multi-level governance settings. *International Review of Administrative Sciences*, 82(1), 8–27. <https://doi.org/10.1177/0020852314566008>

UK National Government. (2020). *Clinical audit: descriptive studies*. Office for Health Improvement and Disparities. <https://www.gov.uk/guidance/clinical-audit-descriptive-studies>