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Information asymmetry and co-creation in health care services

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A B S T R A C T

With the aim of addressing a gap in service research on co-creation in health care, this study discusses the problem of information asymmetry in the service provider–user relationship by adopting the Viable Systems Approach. We develop a three-step interpretative framework to support the understanding of the health service relationship by going beyond the traditional information asymmetry view towards a framework capable of examining the human side of service interaction. Using the case of the Italian Health System, we discuss whether and how the problem of information asymmetry affects the health care provider–user co-creation relationship. Our findings open up a wider view of information asymmetry, suggesting a shift in focus from information sharing to interpretation schemes sharing, all the way up to values sharing, offering new insights for co-creation in health care.
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C H I N E S E A B S T R A C T

为了弥补医疗护理业中医患协作服务研究方面的空缺，本文采用可行性系统方法，探讨了医疗服务提供商与医疗用户之间信息不对称的问题。 我们制定了分三个步骤的诠释性框架，以助了解医疗服务的关系，本文超越了传统的信息不对称的观点，进一步提出了一个可供研究医疗服务互动中人性方面的框架。 本文以意大利医疗系统为研究案例，探讨信息不对称问题是否会影响医疗护理提供商和用户之间的协作关系，以及有哪些具体的影响。 本文拓宽了对信息不对称的认识，从信息共享转移到了诠释方法共享以及价值共享等方面，为医疗护理的医患协作提供全新的见解。
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1. Introduction

This paper extends the work of McColl-Kennedy et al. (2012) by re-interpreting co-creation in health care service using the information variety model developed within the research stream of the Viable Systems Approach (Barile, 2009; Barile et al., 2012; Golinelli, 2010), hereafter *v*SA. Specifically, the study aims to extend the scope by broadening the interpretation of the notion of information asymmetry, thereby offering new insights into Service-Dominant Logic theory (Lusch et al., 2007; Vargo and Lusch, 2008), and improving the understanding of co-creation in health care service.

In their 2012 study, McColl-Kennedy et al. address the call by Arnould et al. (2006) and Payne et al. (2008) "to understand what customers actually do when they co-create value" (McColl-Kennedy et al., 2012, p. 3), by developing an empirical study based on in-depth interviews, field observation, and focus groups. Findings from this study led the authors to the definition of a health care Customer Value Co-creation Practice Styles (CVCPS) typology that identifies five co-creation styles; team management, insular controlling, partnering, pragmatic adapting, and passive compliance.

In most of the activities characterising the co-creation styles identified by the authors, information plays a key role (McColl-Kennedy et al., 2012, p. 9). In fact, service and co-creation literature generally affirms that information sharing is a key process in interaction and co-creation (Lusch et al., 2010). We strongly agree with this view and speculate on whether, and how, interaction and co-creation are affected by the information asymmetry that has traditionally characterised health care service, particularly the doctor–patient relationship (Blomqvist, 1991; Mishra et al., 1998; Rochaix, 1989, 1997). In general, service industries are known for being faced with more asymmetric information (which is more difficult to overcome) than manufacturing industries (Clark, 1993; Nayyar, 1993; Skaggs and Snow, 2004). Nevertheless, economic actors and policy makers still appear indifferent to the information asymmetry problem (Tachiciu et al., 2010).

Several studies focus on the problem of information asymmetry in health care. Bloom et al. (2008), for example, recognise that "asymmetries are seen to pervade health care markets, which are characterized by high levels of uncertainty. For instance, patients may be able to describe their symptoms, but they have inadequate

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information to relate their condition to a particular type of treatment or course of medication. This creates an unequal power relationship between experts and clients which the former may exploit in their own interest" (p. 2077). When proposing strategies to reduce the asymmetry, however, the authors take on a health policy view that builds on the works of Arrow (1963) and Haas-Wilson (2001) and focuses on "market" solutions, such as "institutional arrangements for making the benefits of expert medical knowledge widely available" (Bloom et al., 2008, p. 2076).

Although evidence indicates that due to the health information asymmetry the progress of service co-creation in health industry is slow (Tung, 2009) and contributions on co-creation in health care recognise the relevance of information (Engström, 2012), the literature appears to lack in-depth analysis of the information asymmetry problem and its impact on customer satisfaction and value co-creation. Thus, with the aim of addressing this gap and providing new insights for co-creation, we re-conceptualise the notion of information asymmetry in the context of health care in this study. By taking a marketing perspective, we focus on the dyadic level of the health care provider–user relationship, deepening the analysis of the condition of information asymmetry through the interpretative lens of the *vSA*.

We develop our analysis using the case of the Italian Health Care System (the National Health Service – NHS) as an example to discuss whether and how the problem of information asymmetry affects the health care provider–user co-creation relationship. The Italian Health Care System provides an excellent setting in which to discuss our new model because Italy is experiencing an evolutionary trend that appears to challenge the opportunity to evolve towards a co-creation logic. Due to a progressive introduction of managed health care in the NHS, the original view of care, inspired by a patronising scheme in which the patient satisfactorily underwent medical care in a passive way, has evolved to the current 'contractualist' scheme of care, in which the patient becomes the customer of a business-like service organisation (Saviano, 2012). Instead of generally increasing satisfaction, this change appears to have affected the relationship between the provider and the user and in particular the doctor–patient relationship, which is becoming problematic (Maino, 2009). In fact, despite the strong reputation of the NHS, which has been recognised worldwide for high standards and affordable health care, and the "will of the Government [...] to maintain and safeguard the public National Health Service" (Ministero della Salute, 2011b, p. 19), evidence shows that patients and families often experience malpractice and dissatisfactory service. In this setting, relevant aspects of the information asymmetry problem become apparent and highlight key factors for co-creation. In particular, we believe that in the former paternalistic scheme, doctors and patients, despite asymmetric information, were generally engaged in a trusting relationship. In the current contractualist scheme instead, providers and clients appear to have embraced a transactional logic of market exchange, which is in contrast to the evolution towards a true service-dominant logic.

Specifically, our research questions are:

(1) What are the key issues that affect the relationship between health care service providers and users?
(2) Is this relationship affected by information asymmetry? If yes, how can this asymmetry be reduced?

Given that the interpretation of a phenomenon generally leads to the identification of deterministic processes and that, from a *vSA* perspective, the law that regulates the type of phenomena under focus – i.e., the health care provider–user relationship – could be represented by the emergence of resonance where there is a manifestation of consonance, it is possible to assume that the existence of a problem of information asymmetry can be associated with a problem of consonance which, in turn, can be due to a problem of relevance. Accordingly, we organise our conceptual reasoning by framing the problem of information asymmetry as a problem of consonance due to a problem of relevance.

This study is organised as follows. After this introduction, we summarise the theoretical background of reference. We then propose a three-step interpretative pathway by first using the *vSA* relevance model (Golinelli, 2010) to analyse the general context of the health care provider–user relationship. We then formulate an interpretative hypothesis with reference to the Italian case and proceed with a discussion through the lens of the Information Variety Model (Barile, 2009), shedding new light on the information asymmetry problem while simultaneously indicating aspects that are relevant for co-creation. Finally, we outline a number of practical implications and future research pathways.

The findings of our interpretative pathway lead to a reconceptualisation of the notion of information asymmetry in health care service in the light of the information variety model, suggesting a shift in focus from information sharing (effective communication) to interpretation schemes sharing (reciprocal understanding) all the way up to values sharing (strong commitment). Through the adoption of this model, it is possible to reframe the problem of information asymmetry, strengthening a human-based perspective of the service process.

2. Theoretical background

According to the above introduced research questions, the theoretical background of this work is in the growing literature on value co-creation within service research, along with contributions offered by the Viable Systems Approach (*vSA*), in order to improve understanding of value co-creation in health care. Despite the importance of the issue, few scholars have addressed co-creation in health care settings; therefore, we attempt to build on the existing research (principally based on the work of McColl-Kennedy et al., 2012) in order to gain a deeper understanding of co-creation in health care through the *vSA* lens.

2.1. The Service-Dominant Logic view of co-creation and information sharing

Service-Dominant Logic (S-DL) is a theoretical framework that views service as a general basis of market exchange (Vargo and Lusch, 2008), implying a paradigm shift from goods to service. S-DL attempts to follow an approach considered to be more appropriate for the current competitive context of the service economy. Ultimately, the growing importance of services and service culture involve a reorganisation of productive visible structures, and the consequent diffusion of innovative technologies and new business logic (Gummesson et al., 2010). In this framework, co-creation is the key driver of effective service exchanges, due to the engagement of actors and their active participation in the process for effective performance of emergent interactions (Lusch et al., 2007; Prahalad and Ramaswamy, 2004; Mele and Polese, 2011).

With regard to health care organisations, service in favour of collective health and its sustainability becomes a true corporate vision when health care organisations and their stakeholders co-create value by integrating resources in order to improve the average level of proposed/perceived quality (Payne and Holt, 1999; Polese and Capunzo, 2013). The NHS aims to provide satisfactory global service to users (as patients) in terms of mutual exchanges in which each actor can contribute to the proposition and fruition of the health care service through resource integration.

In their 2009 work on co-creation in health care, McColl-Kennedy, Vargo, Dagger, and Sweeney operationalise co-creation in the context of the health service provider–patient relationship for

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