Design and Dash
Addressing Problems

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Goals

Introduce design and its methods
Give participants some experience in using them
Answer questions and offer advice

We want you to go back to your practice feeling empowered to try using these methods.
Introductions - Participants

What brings you here?
What are you hoping to get from this workshop?
Design development in context

Image: https://aims.uw.edu/collaborative-care-experiences-primary-care-providers-perspective
Maggie Breslin

WHAT IS BEST FOR ME AND MY FAMILY?
A DISCUSSION OF BREAST CANCER RISK AND MAMMOGRAPHY SCREENING FOR WOMEN IN THEIR 40S
Overview of 2 Days

Design for problems (Mon)
Reframing problems (Mon)
Understanding problems: Observational methods (Mon)
Addressing problems: Prototyping methods (Tues)
Reflection (Tues)
Problems

What kinds of problems do you see in your practices?
Three hours ago you took your otherwise healthy 8 year old daughter to the doctor because you suspected she might have the flu. You are now at the hospital and she has been diagnosed with type 1 diabetes.
What is the situation that demands action?

What is the action the situation demands?
Working with problems

Do you actually have a problem? — a knowledge gap is *not* a problem

Is your framing of the problem the most helpful for addressing it?
Problem framing

1. Who is experiencing the problem?
2. What is their experience of the problem?
Problem framing

1. Who is experiencing the problem?
2. What is their experience of the problem?
3. Underline any medical or technical terms in the problem that you described previously
Problem framing

1. Who is experiencing the problem?
2. What is their experience of the problem?
3. Underline any medical or technical terms in the problem that you described previously
4. Does your problem formulation address the experience of the people experiencing the problem? (1. above)
5. How else could we think about your problem?
**diagnose**  What is the situation that demands action?

*This is the answer!!*

**treat**  What is the action the situation demands?
**observation**  What is the situation that demands action?

**prototyping**  What is the action the situation demands?
observation

What is the situation that demands action?
Methods: Observation

Observation helps us understand an issue or problem in a different way
Rooted in real experiences and stories
example: waiting room layout

Massachusetts Avenue

- Double door to clinic
- Chair
- Chair
- Table
- Chair
- Chair
- Chair
- Table
- Chair
- Chair
- Chair

- Sign: staff
- Glass
- Bulletin board
- Purell
- Staff
- Staff (check in)
- Chair
- Door to clinic

- Sign: wait here
what staff could(n’t) see
how patients experienced it
Example: diabetes group

CHA Revere:
12% Brazilian/Portuguese speakers

Sample label for Macaroni & Cheese

<table>
<thead>
<tr>
<th>Nutrition Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serving Size 1 cup (228g)</td>
</tr>
<tr>
<td>Servings Per Container 2</td>
</tr>
</tbody>
</table>

- Calories 250 | Calories from Fat 110 |
- % Daily Value* 18% |
- Total Fat 12g 18% |
- Saturated Fat 3g 15% |
- Trans Fat 3g |
- Cholesterol 30mg 10% |
- Sodium 470mg 20% |
- Total Carbohydrate 31g 10% |
- Dietary Fiber 0g 0% |
- Sugars 5g |
- Protein 5g |

- Vitamin A 4%
- Vitamin C 2%
- Calcium 20%
- Iron 4%

* Percent Daily Values are based on a 2000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

<table>
<thead>
<tr>
<th>Calories</th>
<th>2,000</th>
<th>2,500</th>
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</thead>
<tbody>
<tr>
<td>Total Fat</td>
<td>Less than 65g</td>
<td>80g</td>
</tr>
<tr>
<td>Sat Fat</td>
<td>Less than 20g</td>
<td>25g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Less than 300mg</td>
<td>300mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>Less than 2,400mg</td>
<td>2,400mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>300g</td>
<td>375g</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>25g</td>
<td>30g</td>
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</tbody>
</table>
Methods: Observation

Discussion:

How could observation help you understand some of your problems and challenges differently?

Share Field Notebook
Wrap Up Monday

Reflect on Monday

Plan for Tuesday
Tuesday Overview

Design for problems (Mon)
Reframing problems (Mon)
Understanding problems: Observational methods (Mon)
Addressing problems: Prototyping methods (Tues)
Reflection (Tues)
Design & Dash supplement
## Strategies

<table>
<thead>
<tr>
<th>depth of learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>surveys (general, real time feedback, brief focused, PDSA feedback)</td>
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<tr>
<td>demographics</td>
</tr>
<tr>
<td>registries</td>
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<tr>
<td>shadowing</td>
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<tr>
<td>observations</td>
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<tr>
<td>mapping space</td>
</tr>
<tr>
<td>focused interviews</td>
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<tr>
<td>focus groups</td>
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<tr>
<td>experience, journey maps</td>
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<tr>
<td>advisory council</td>
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<tr>
<td>small project groups</td>
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<tr>
<td>combined shadowing &amp; discussion/interview</td>
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<tr>
<td>co-design: shared project design, problem definition, study of problem, solution design &amp; testing</td>
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</tbody>
</table>
Revere: paperwork workflow

MA prepares paperwork a day before and drops it off at the front basket.

PMR distributes prepared paperwork into provider's mail slots.

When patients arrive for appointment, paperwork is handed to patient to fill out if necessary.

MA brings patients into the room and ensures that paperwork is completely filled out.

MA reports back to the provider.

Provider goes into the room and completes visit with patients.

Patient arrives at clinic, checks in with front desk.

Sitting in waiting room.

Vitals.

In room.

Provider.
(functional) care plans

The challenge:
Patients weren’t engaged in care planning. Providers said process took too long.

Patient partners: need lower literacy levels, more respectful questions, appealing format

PIT did multiple PDSAs, got feedback from patients and staff
Balancing processes: care plans

Did it work?

“Patients are more engaged.”

“People can focus more on what’s important to them, and in their life.”

“It’s more collaborative: patient and PCP share the work of putting it together, and the patient leads the process.”

“When I sit with a patient to do a care plan, I stop and listen.”

Staff was energized: 100 care plans done in 1 month
what good looks like
Tuesday

Addressing problems: Prototyping methods

• Introduction
• Hands on use of real prototypes
• Reflection
observation
What is the situation that demands action?

prototyping
What is the action the situation demands?
Methods: Prototyping

We make in order to learn.

Stories and examples
My Life My Healthcare
How does your healthcare fit with your life?

This discussion aid will help you and your clinician talk about how your healthcare fits with your life.
Multiple Chronic Conditions & Primary Care
15 observations of clinical encounters
9 prototypes tried out in 59 encounters

Image: https://aims.uw.edu/collaborative-care-experiences-primary-care-providers-perspective
Discouraged—”What Can I do for you today?”
Goes against learned behaviors
Fragmented
WHAT MAKES YOU FAMOUS?

HEALTH?
- Good cholesterol
- Good blood pressure
- Healthy weight
- Good state of mind

WHAT MAKES YOU HAPPY?

EATING HEALTHY

FINANCIAL
- Cars paid off
- Daycare will be able to afford

ADJUSTMENT TO FAMILY OF THREE

WORKOUT

PHYSICAL

SOCIAL

PERSONAL

EMOTIONAL

RESULTS

PROBLEM SOLVING

ENVIRONMENTAL

routine
Methods: Prototyping

Discussion:

How could prototyping help you understand some of your problems and challenges differently?
Wrap up Tuesday
More about MDM:
http://minimallydisruptivemedicine.org