

Design Thinking for Patient-Centered Care

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SANFORD[®]
HEALTH

DESIGN THINKING IN HEALTH CARE



RETAIL / CONSUMER
ORIENTED



PROCESS



DEVICE

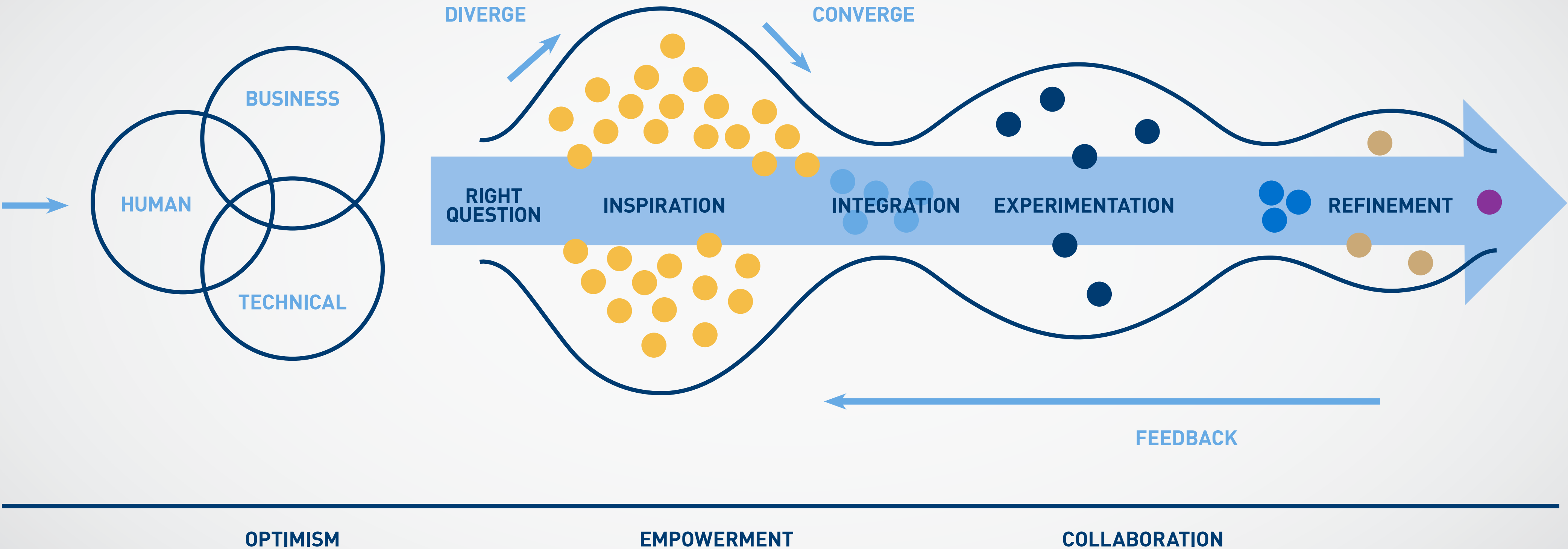
RIGHT QUESTION

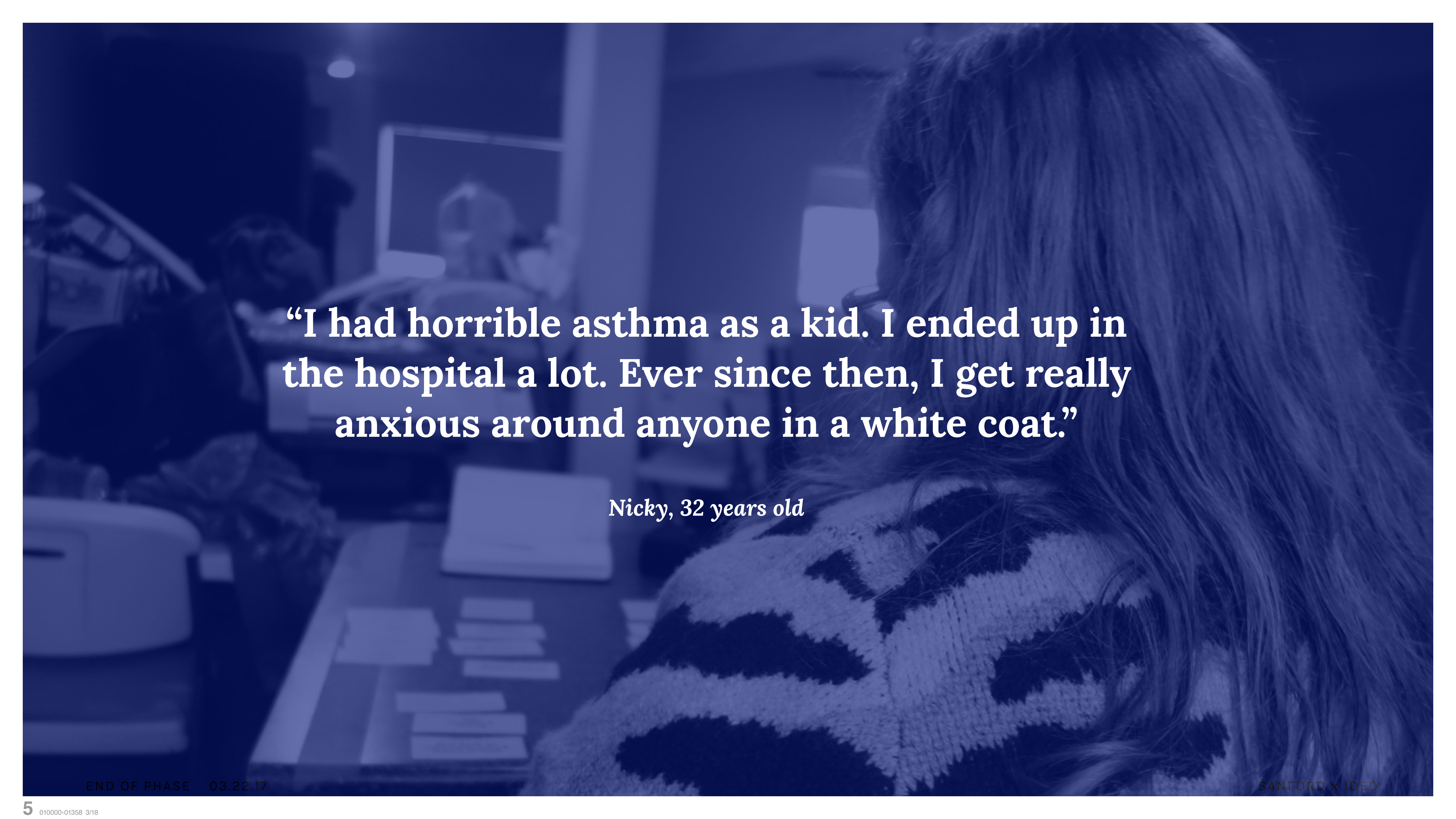
How might we provide wrap-around and high-touch care to those patients who need it most?

PROJECT OBJECTIVES:

- Generate insights about the people, behaviors, attitudes, and circumstances associated with inappropriate utilization.
- Identify opportunity areas and early concepts for impacting the challenge of inappropriate utilization.

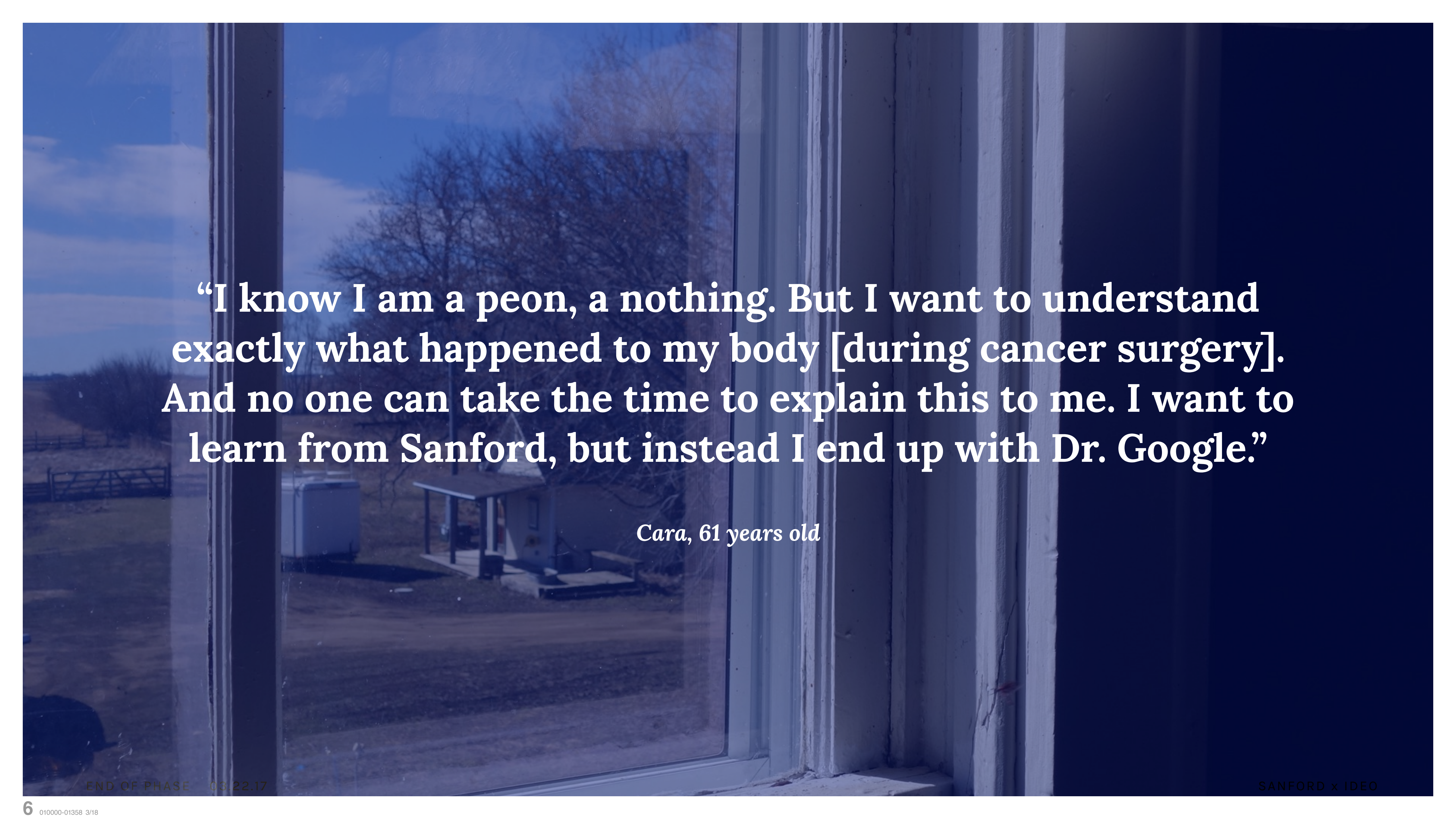
HUMAN CENTERED DESIGN PROCESS





“I had horrible asthma as a kid. I ended up in the hospital a lot. Ever since then, I get really anxious around anyone in a white coat.”

Nicky, 32 years old



“I know I am a peon, a nothing. But I want to understand exactly what happened to my body [during cancer surgery]. And no one can take the time to explain this to me. I want to learn from Sanford, but instead I end up with Dr. Google.”

Cara, 61 years old



“Every time I go, the next doctor just hands me another pill. I have 18 of them now. I am trying to get off these things.”

Craig, 48 years old

A hand is shown holding two blue cards against a dark blue background. The top card has the text "— I WANT TO —" followed by "have less pain". The bottom card has "— I WANT TO —" followed by "feel healthy & strong". A quote is overlaid on the cards.

“I just want a day with no pain. But I am also recovering. Taking all those pills makes my mind confused.”

May, 64 years old

RESULTING DESIGN PRINCIPLES



CRAFT CARE AS
AN ONGOING
JOURNEY



HELP PATIENTS
OVERCOME
SHAME



USE DATA TO
INFORM HIGH-
TOUCH CARE



BUILD TRUSTING
RELATIONSHIPS
TO IMPROVE
CLINICAL
OUTCOMES



PROVIDE
SUPPORT
ANYWHERE,
ANY TIME

SANFORD'S VIRTUAL HIGH RISK CLINIC—HEALTH GUIDES

- Trustworthy insider serving as a liaison, providing outreach, advocacy, support and education
- Bridging gaps between patient, health care system and community
- Empowering patients to take more ownership of their health and wellness
- Building trust and relationships
- Successful navigation of a complex health care system



Megan Phillips
Health Guide



Amy Radke
Health Guide

A DAY-IN-THE-LIFE OF A HEALTH GUIDE

- Collaborating and coordination care strategies with referral sources and care teams
- Making outreach to patients per phone or in-person both on or off campus'
- Joining patient visits or just taking a walk with a patient to partner in goal-setting
- Engaging with multiple community resources to remove patient barriers
- Reality is each day is a new day... and a daily routine would not be the norm

SUCCESS—RIGOROUS EVALUATION

- Key metrics aligned with guiding principles
- Remembering our foundational design work
– what is success for these patients?
- EMR data: PHQ-9 trends, number of address change, health care utilization
- Success metrics outside of EMR: trust in health care questionnaire, goal setting & attainment

OVERCOMING OBSTACLES

- Awareness of the role
- Establishing trust takes time
- Role clarity amongst all partners in the patient's care
- Additional medical terminology training to be able to better identify clinical needs



EARLY INSIGHTS

Finding the right patients, building an algorithm

- Human decision-making as foundation
- Data to learn who the patients are
- Training the algorithm to identify patients
- Early successes: we are finding the right patients

DESIGN THINKING FOR PATIENT-CENTERED CARE

Achieving 100% Mammography Screening

Historic Mammography Rate
60%

Initiative
Improvement
+20%

Immovable
Remainder
20%

What barriers exist for women can't or won't get their annual mammogram?

1. Data analytics for population identification.
2. Direct engagement with population sample to understand their needs and wants.
3. Service evolution to remove barriers and respond to preferences.

MAMMOGRAPHY INSIGHTS—LAST 20%



Key drivers:

- **Distance to PCP:** rates drop from 79.5% to 70% when the patient has to travel 200 miles, and down to 60% at 400 miles travel distance.
- **E-visits/Online Portal Usage:** 90% of patients who had used an E-visit also had a mammogram on file
- **Tobacco Use:** Patients who are active smokers are nearly half as likely to get a mammogram as those who are currently not smokers (former or never been).

Questions?