



# Design Thinking for Proactive Care

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# Two Patient Journeys: Helen & Rose

**Reactive &  
Transactional**

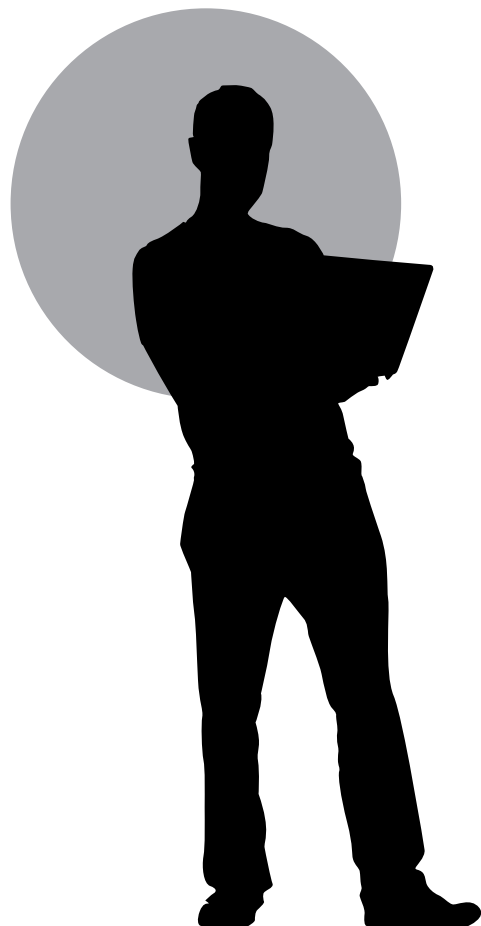


**Proactive &  
Relational**



# Two Caregiver Experiences

**Siloed &  
Myopic**



**Integrated &  
Holistic**





How might we ...

Make care more **proactive & relational?**

Make caring more **integrated & holistic?**

## Process Improvement

Prioritizes evaluation of limited set of possible solutions

Well suited to address problems that have predictable solutions

Promotes consensus building (convergent)

Aims to uncover what is important to consumers within a particular experience

Empathy research focuses on what people *think* to reveal improved outcomes

## Design Thinking

Prioritizes comprehensive understanding of underlying problems

Well suited to address problems that have unpredictable solutions (wicked problems)

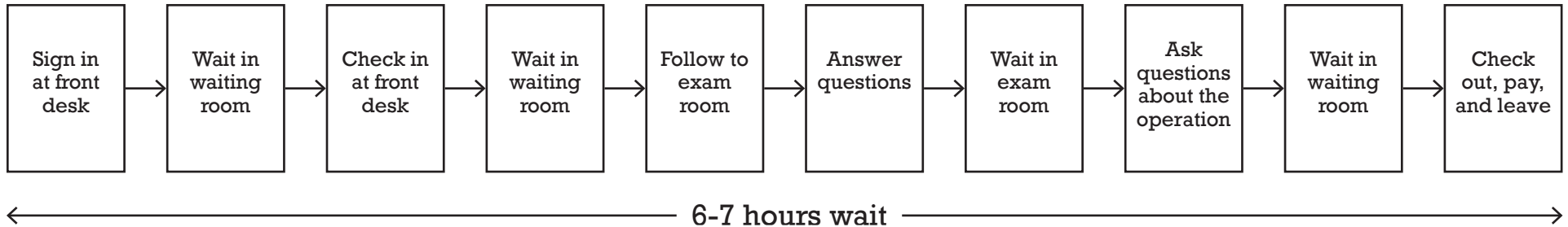
Promotes opposing ideas and debate (divergent)

Aims to uncover what is important to consumers in their everyday lives

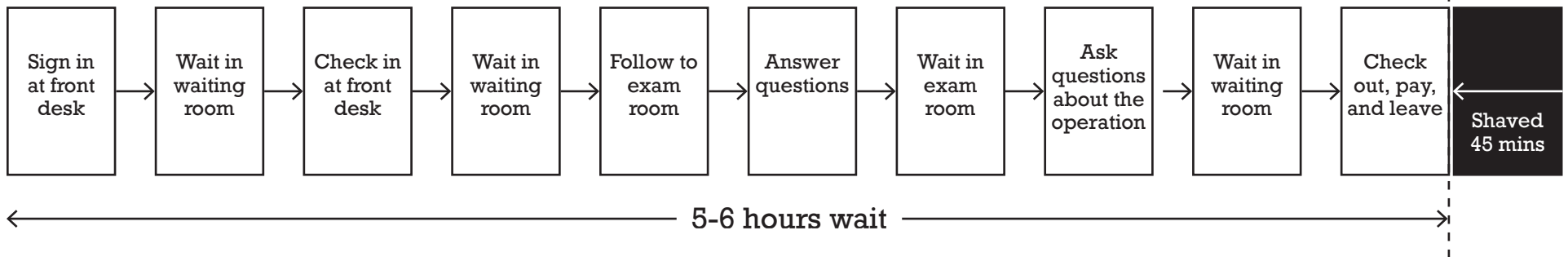
Empathy research focuses on what people *feel* to reveal new/disruptive outcomes

# Example: Process Improvement versus Design

## Patient journey during the diagnosis/first visit

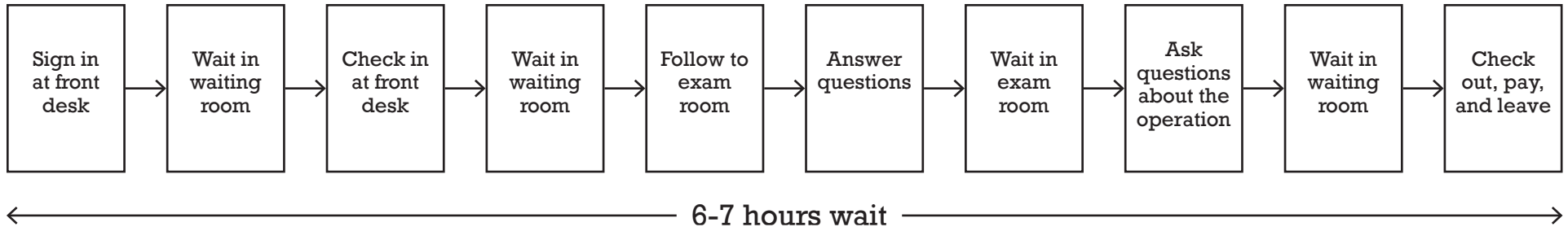


## Process improvement approach

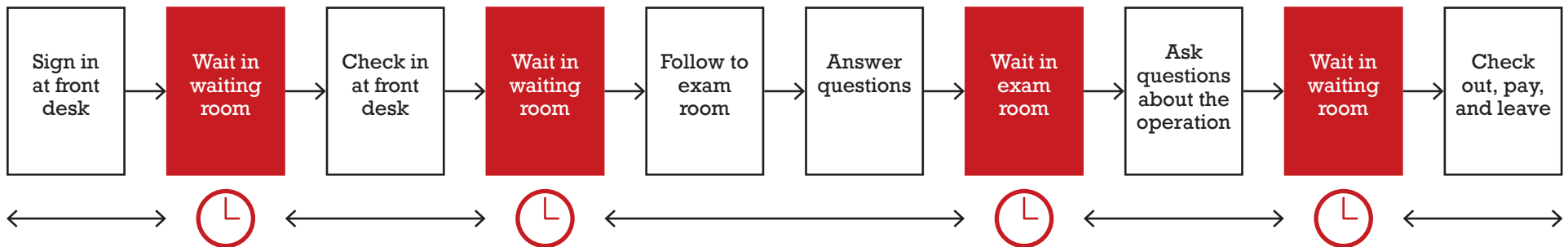


# Example: Process Improvement versus Design

## Patient journey during the diagnosis/first visit



## Design thinking approach



# Example: Process Improvement versus Design

Problem:

**However way you slice the visit, it barely moves the needle.**

Proposal:

**Embrace the waiting with positive micro-interactions.**





## Design thinking is ...

**“... a systematic innovation process that prioritizes deep empathy for end-user desires, needs and challenges to fully understand a problem in hopes of developing more comprehensive and effective solutions.”<sup>1</sup>**

**“... the logics and practices associated with designers.”<sup>2</sup>**

<sup>1</sup> J.P. Roberts, et al. 2016. “A Design Thinking Framework for Healthcare Management and Innovation.” *Healthcare*.

<sup>2</sup> M.B. Beverland, et al. 2015. “Reconciling the Tension Between Consistency and Relevance.” *Journal of the Academy of Marketing Science*.

## HBR.ORG Harvard Business Review

SEPTEMBER 2015

44 **The Big Idea**  
The Organizational  
“I’m Sorry”  
Maurice E. Schweitzer et al.

86 **Risk Management**  
Cybersecurity: Lessons  
from the Pentagon  
James A. “Sandy” Winnefeld Jr. et al.

108 **Managing Yourself**  
How to Embrace  
Complex Change  
Linda Brimm

## THE EVOLUTION OF DESIGN THINKING

IT'S NO LONGER JUST FOR  
PRODUCTS. EXECUTIVES ARE  
USING THIS APPROACH  
TO DEVISE STRATEGY  
AND MANAGE  
CHANGE.

PAGE 55

The New York Times | <https://nyti.ms/2hpHJhp>

WELL | LIVE

## Design Thinking for Doctors and Nurses

By AMITHA KALAICHANDRAN AUG. 3, 2017

The trauma area at my hospital is similar to thousands of others. When a patient with a gunshot wound or a motor vehicle accident arrives, a bed is prepped, the right supplies are on hand, and up to 20 people are ready to spring into action.

There is one difference: The trauma team is not wearing a vest.

The easy-to-spot garment, called a trauma vest, clearly identifies who's in charge. It's worn by the nurse after a hectic gunshot trauma. In the emergency room staff members serve different roles. In particular, no one knew what to do. It became routine part of emergency care. The trauma team reports it has helped improve communication among members.

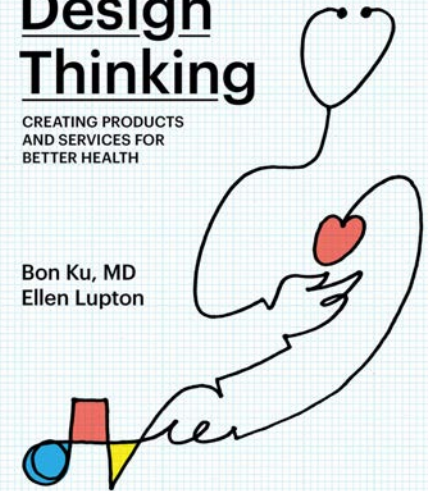
The innovation also illustrates how design thinking positioned members of the health care team to come up with fresh ideas.

In recent years, a growing number of hospitals have begun to create innovations by applying design thinking, an innovation that was originally developed by

## Health Design Thinking

CREATING PRODUCTS  
AND SERVICES FOR  
BETTER HEALTH

Bon Ku, MD  
Ellen Lupton



“The great ... corporations should include in their activities the work of craftsmen and designers.”

- Alfred N. Whitehead, 1933, *Harvard Business Review*

IN DEPTH

## Designing for Value in Specialty Referrals: A New Framework for Eliminating Defects and Wicked Problems



Patrick Runnels, MD, MBA, Heather Wobbe, DO, MBA, Kipum Lee, MDes, Randy Jernejcic, MD, MMM, Peter Pronovost, MD, PhD

Vol. 2 No. 6 | June 2021

DOI: 10.1056/CAT.21.0062

Defects in care, including errors, oversights, and inefficiencies, cost more than \$1 trillion annually in the United States. While health systems are increasingly focused on eliminating defects, traditional approaches to quality improvement may not be sufficient. Particularly stubborn are aggregated defects. Each one arises as a solution to a specific problem, and they accumulate to create barriers that are remarkably complex and challenging to dismantle. Here, the authors propose a new framework, Designing for Value, that applies design-based thinking to prevent these complex, “wicked” defects. This framework seeks to move beyond simply eliminating defects and instead reimagine processes and care pathways for providers and patients alike that offer exceptional user experiences. The authors apply this paradigm to a specific “wicked” problem in our health system: primary care referrals to psychiatry. The authors share their initial results, consider future directions and implications, and explore how this paradigm could be applied to other disciplines for specialty referral.

No one sets out to design defects. Rather, defects typically appear as byproducts of well-intentioned solutions to other problems that optimize the part while compromising the whole. For example, waiting rooms, one of the least loved areas in health care, largely remain unquestioned as a necessary evil that helps feed a ready supply of patients to providers like staging materials in a factory production line.<sup>1</sup> Although they theoretically help caregivers be more efficient, they make the patient feel like a cog, rather than like the center of a holistic care experience.

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COMMENTARY

## Guided Care: What Patients and Employees Actually Want from an Access Strategy

Adrienne Renee Boissy, MD, MA, Julie M. Rish, PhD

DOI: 10.1056/CAT.21.0315

The Covid-19 pandemic accelerated the adoption of tools like telehealth and has invigorated innovative and comprehensive approaches to health care access. At Cleveland Clinic, the Office of Patient Experience led an enterprise-wide, multidisciplinary, human-centered design project to imagine what access could be; here, the authors describe Cleveland Clinic’s efforts and share early results so that it might help others as they embark on this journey. Times and tools change, but what matters to patients and to care team members (clinical and otherwise) is consistent and enduring: access to the kind of care they want (and need), by the kind of providers they want, at the time and place they want it.

For many years patients have been telling us that health care access is broken. Cleveland Clinic’s former president and CEO, Toby Cosgrove, MD, recognized this many years ago and asked the organization to offer same-day appointments. He had heard a story wherein a gentleman had called several times regarding pelvic discomfort and got shuffled around several times by phone, ultimately creating an unnecessary delay of several days. The problem? Acute urinary retention, which requires immediate attention and could have been easily managed with appropriate care. Cleveland Clinic created same-day access and more than 1 million patients take advantage of these appointments annually. But then we heard from patients that same-day timing wasn’t enough — they wanted to see *their* physician or be seen *in their* community. We knew there was more work to be done.

### The Recent State

At the Cleveland Clinic, 14% of our grievances — direct complaints from patients — are about access. In addition, 33% of our patients report that they are not completely satisfied with the

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INTERACTION DESIGN  
FOUNDATION



**Empathize**



**Define**



**Ideate**



**Prototype**



**Test**

## Proactive design by ...

Developing  
empathy



**Empathize**

Radical  
collaboration



**Define**



**Ideate**

Rapid  
prototyping



**Prototype**



**Test**


## Proactive Looking

Developing empathy




**Empathize**

Radical collaboration



**Define**      **Ideate**

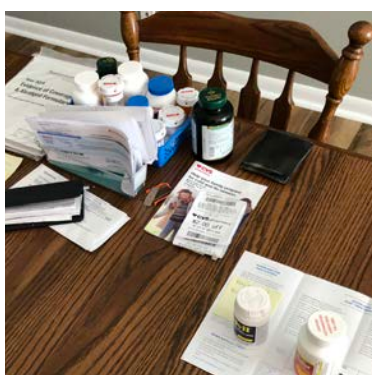
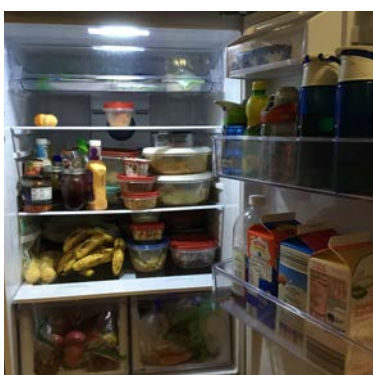
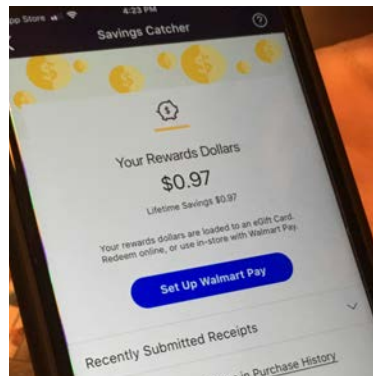
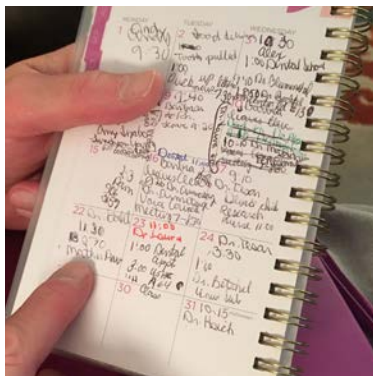
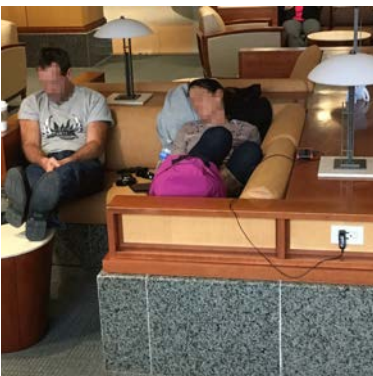
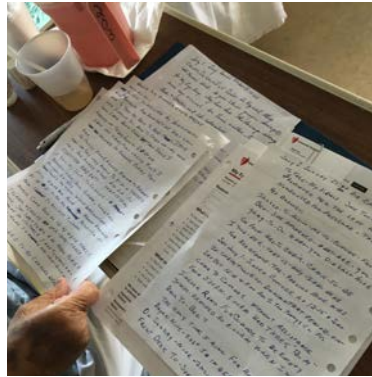
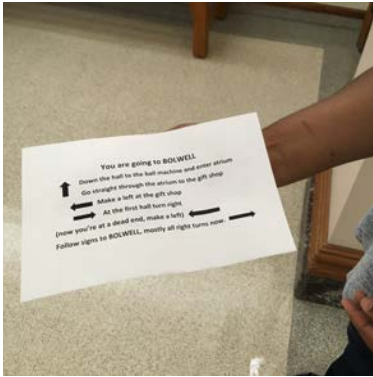
Rapid prototyping



**Prototype**      **Test**



# Empathy: Proactive Looking





# Empathy: What People Say versus Why They Do





## Proactive Looking

## Proactive Linking


Developing empathy

Radical collaboration

Rapid prototyping



Empathize



Define Ideate



Prototype Test

# Collaboration: Proactive Linking





# Collaboration: Narrow versus Diverse Perspectives



"Care at Home" project 2022

## Proactive Looking

Developing empathy



Empathize

## Proactive Linking

Radical collaboration



Define



Ideate

## Proactive Learning

Rapid prototyping



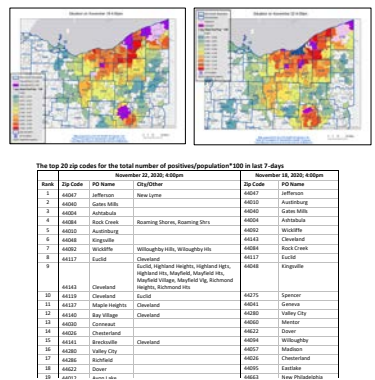
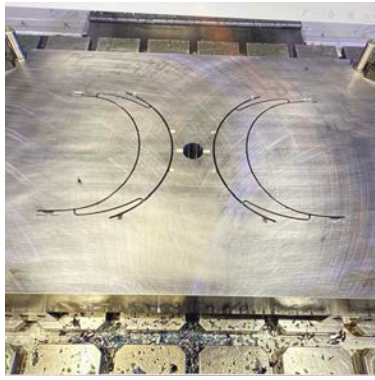
Prototype



Test



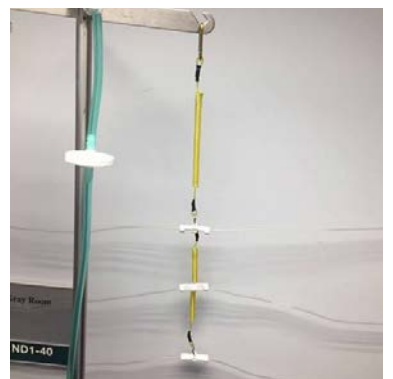
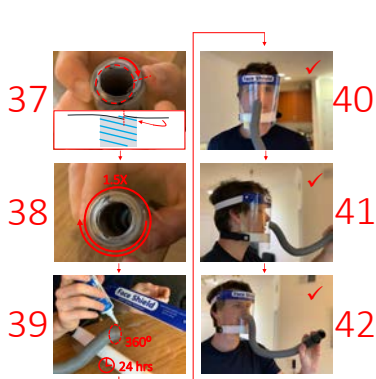
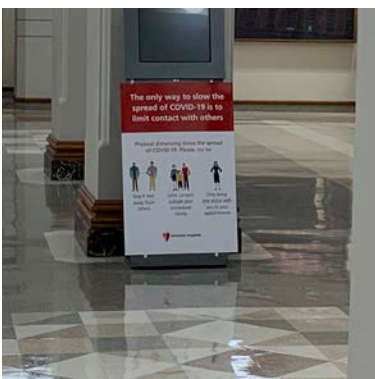
# Prototyping: Proactive Learning



Aggregate Chain of Custody Form - PPE Decontamination Treatment  
Battelle Workflow  
Delivery to Battelle from UH Site:

Location	Number of boxes
CLE Medical Center (main)	CMC 1
Rainbow Babies & Children	RBC 1
MacDonald Women's	MAC 1
Sedman Cancer Center	SCC 1
University Circle Police Dept	UCI 1
St John	SEJ 1
Plains	PLA 1
Ellettsville	ELY 1
Albion	ELB 2
Portage	POR 3
Gaugaiga	GEA 3
Richmond	RIC 1
Bedford	BED 1
Geneva	GEN 1
Commaux	CON 1
SAM	SAM 1
TOTAL # OF BOXES WITH TAGS	12

Site Release Signature: *Collin Anderson* Date/Time: *4/16/2020 10:11am/10:05am*  
Courier Pickup: *Sam*





# Prototyping: **Doing-to-think** versus **Thinking-to-do**



## How might you use design thinking to ensure residents ...

### Proactively Look

- Go directly to observe problems and discover insights, i.e., learn by going
  - Consider *why* people do what they do
- 

### Proactively Link

- Ask *whose* perspective is missing
  - Invite collaborators from unlikely industries and domains
- 

### Proactively Learn

- Build and test prototypes, even if knowledge is partial
- Engage “end users” in the process



Thank you.

<https://ventures.uhhospitals.org>

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