

# Human-Centered Design

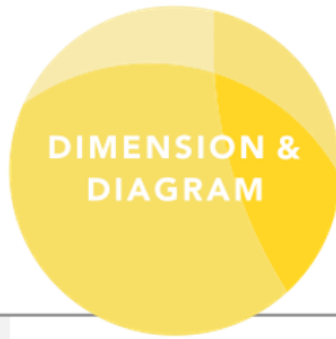
## A Journey of Understanding

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# Human-Centered Design



# Catalyst Innovation + Design Thinking Framework




## GOALS

What will you do?

**Learn about your challenge through immersive experiences and listening to first-hand perspectives.**

**Make sense of what you documented and learned from your research.**

**Refine and focus the scope of your challenge based on key insights from your research.**

**Dream up many ideas to address the challenge. Draft a plan for how you'll test key features of your best ideas with users and stakeholders.**

**Make quick, rough drafts of your ideas. Get the examples in front of people and incorporate their feedback -- repeat!**

**Communicate with people outside of your core team about your project and why it's worth doing.**



## METHODS

How will you do it?

Observation  
Shadowing  
Show + Tell Interviews

Collaborative Cycle  
Empathy Mapping  
Journey Mapping

"How Might We..."  
Statements  
Analogous Examples

Brainstorming  
Voting  
2x2 Matrix  
Solution Mapping

Paper Prototypes  
Storyboarding + Scenes  
Role Play

7-Part Pitch Structure  
Calculating Value  
Video Storytelling  
"I Like I Wish, I Wonder"



## ACTIVITIES

What will it involve?

Collect quotes, photos, and video from observational, shadowing, and interview research.


Analyze qualitative research and convey patterns using visual frameworks.

Articulate your challenge in a concise, focused, and optimistic way.

Encourage people with diverse perspectives to contribute ideas. Prioritize which ideas to try first and which specific elements to test.

Create and test at least three variations on your best idea(s) using sketches, scripts, mock-ups, and other tangible formats.

Present a compelling story about your challenge to organizational leadership and propose next steps.

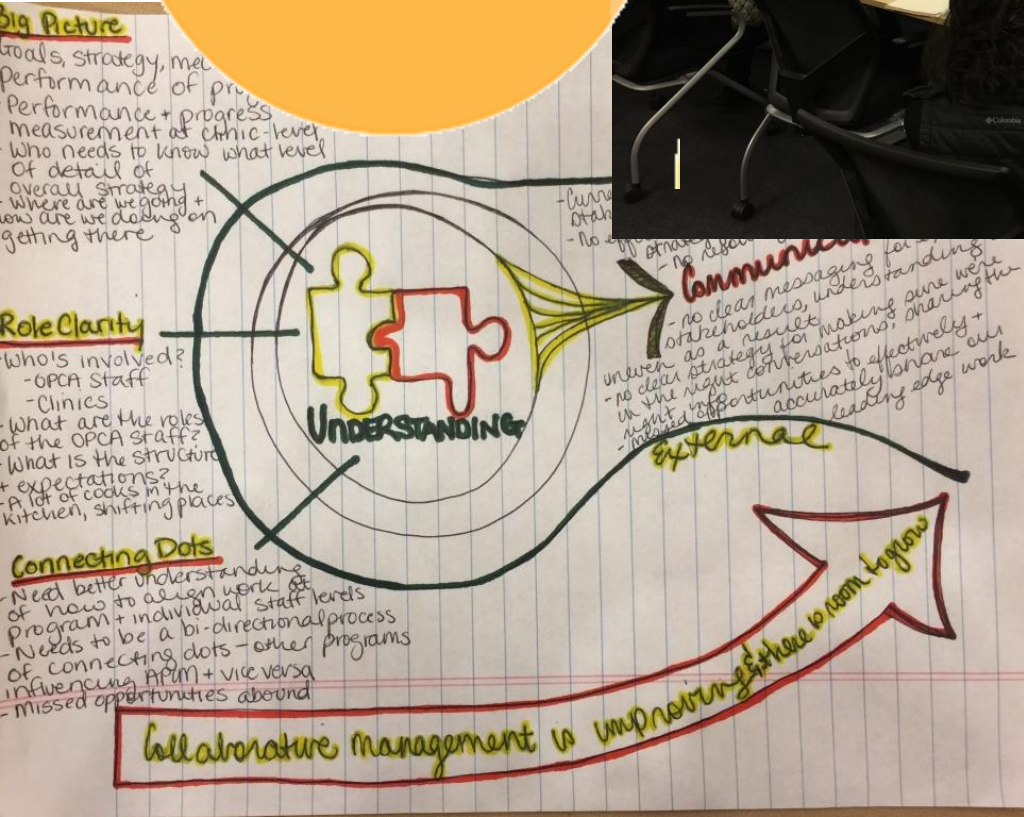


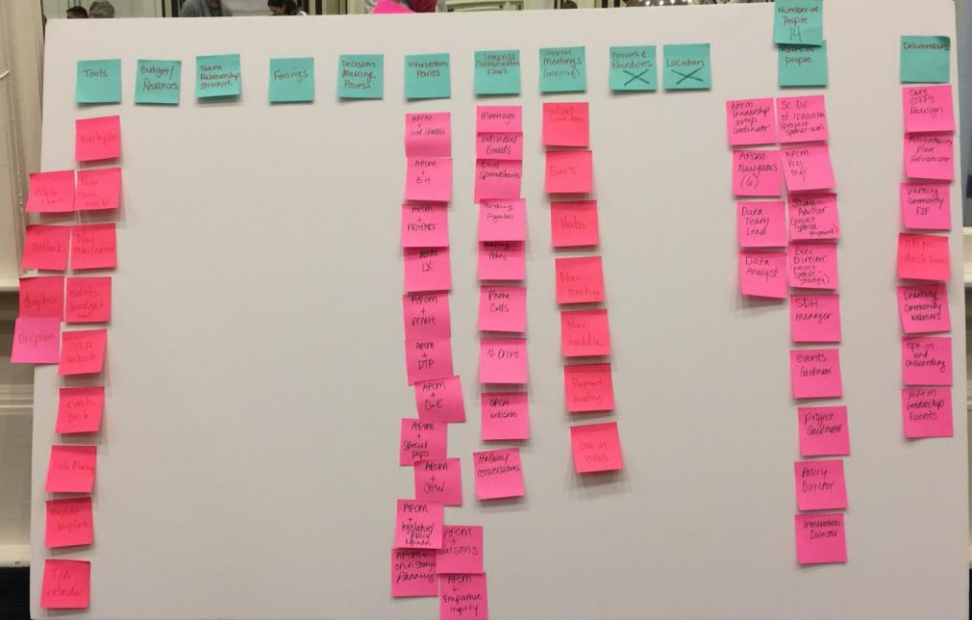
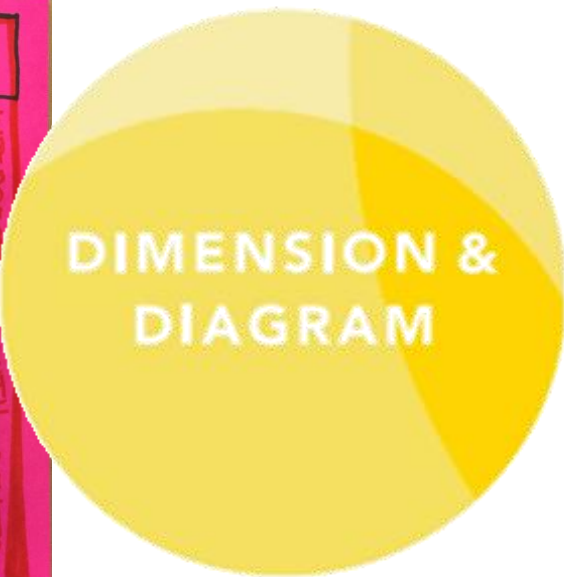
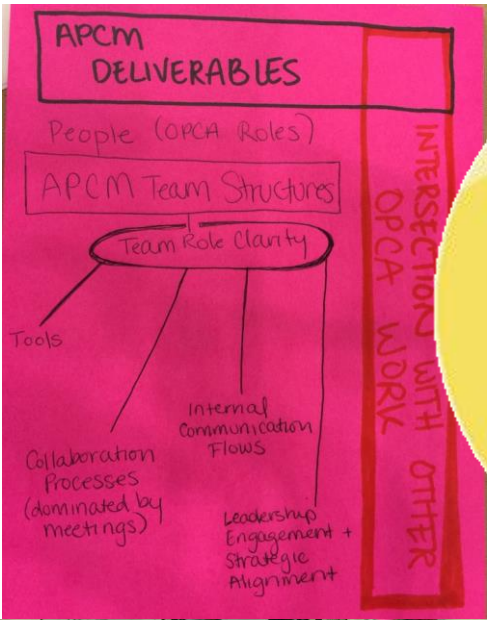
## MINDSETS

What will ensure your success?

**Inclusion + Empathy | Collaboration | Starting small + learning fast | Making things tangible | Sharing unfinished work early + often**

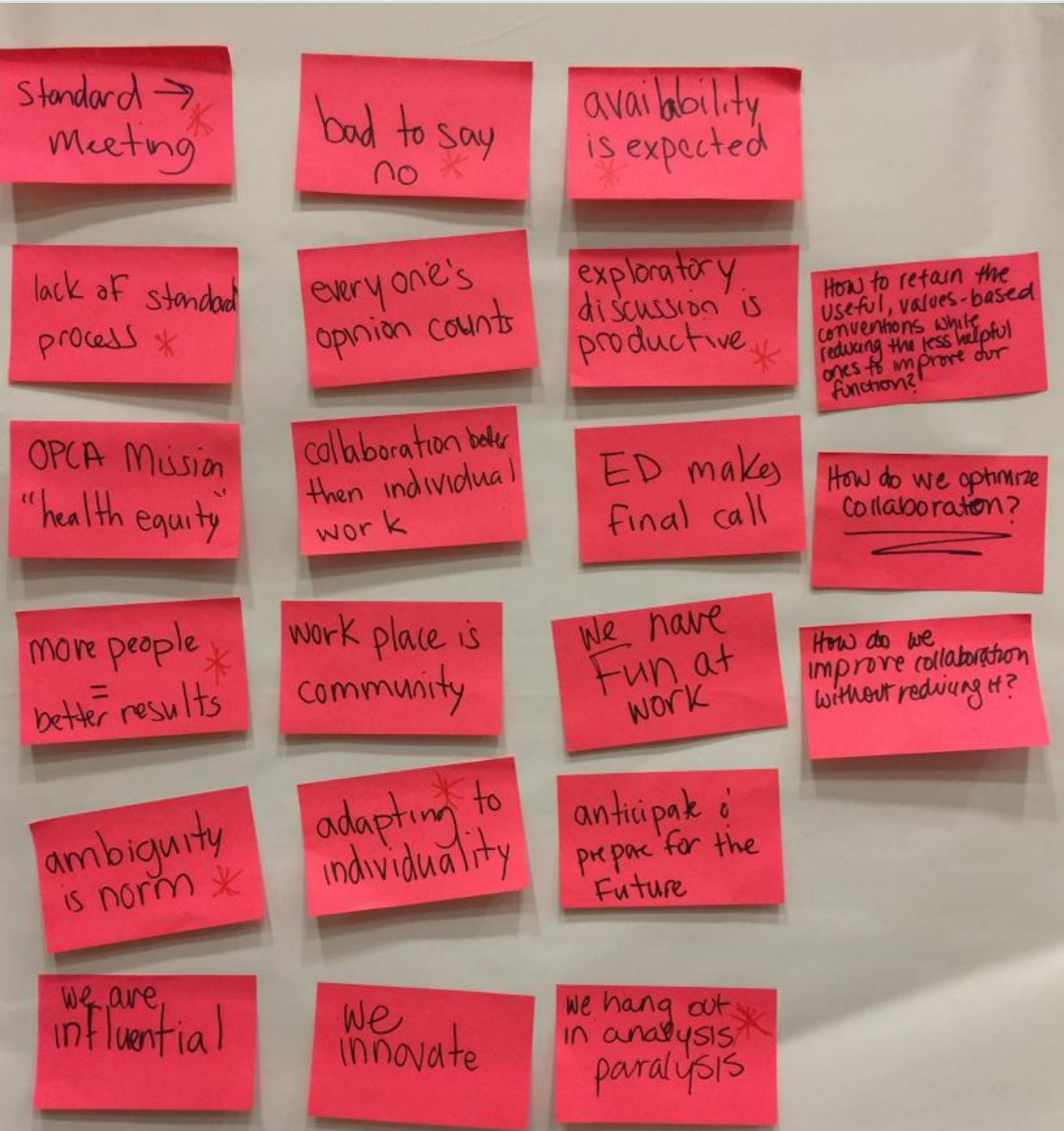
**SEE &  
EXPERIENCE**





Some of the key things that we realized:

- 1) There is a education gap at OPCA relating to APCM. Engaging with APCM requires significant investment in climbing the learning curve.
- 2) The project is very complex and feels complex both for our staff and for the health centers. There is probably a lot to be gained from simplification.
- 3) There is a kitchen sink effect with APCM. We throw a lot of things and people in the mix with it.
- 4) There is some tension between being expansive and inclusive, and trying not to increase the complexity and breadth of the project.



# QUESTION & REFRAME

Questions lead to solution ideas:

- 1) Reduce the complexity in the project, where appropriate and possible
- 2) Move from siloes of knowledge to a shared pool
- 3) Clarify the right level of detail for staff to understand about APCM and support staff to feel confident in their ability to understand and connect dots to OPCA's flagship program





**ISSUES:**

- F/U on opt-in decision clarity w/White Bird
- Clinic check-in game plan
  - strategy
  - who does it
  - documentation
  - coordination/project mgmt
- Segmentation definition
  - what are our criteria that defines segmentation?
  - who's really doing it
  - what's our TAPlan
- Collective data review process
  - APCM + DTP consolidation - no consensus yet
  - future integration - assess after 2 quarters of data collection

**Next Mtg:**

- Opt-in update re who's in/out
- Coaching opps using dashboard data.

**Today's Agenda**

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### WHY:

- PROMOTE HEALTH EQUITY
- IMPROVE HUMAN EXPERIENCE
- CREATE HIGH VALUE HEALTH SYSTEMS

### HOW:

- CREATE NEW STRATEGIES TO DEMONSTRATE IMPROVEMENT IN HUMAN EXPERIENCE, COST, QUALITY + ACCESS
- DRIVE CHANGE AT THE SYSTEM LEVEL
- IMPLEMENT A SYSTEMATIC APPROACH TO IMPROVING HEALTH EQUITY
- FACILITATE A ROBUST LEARNING COMMUNITY FOR STAKEHOLDERS TO LEARN FROM EACH OTHER

### WHO:

Phase	Leadership
Phase 1	Albion Medical, OHSU, Rockwood, and Virginia Smith
Phase 2	Nelson Valley Family Wellness Clinic (FVWC), OHSU, Seaside, Astoria and Long Beach, and Multnomah County
Phase 3	Clatsop County, Regis, and Warrenton
Phase 4	Wesley Medical, Multnomah Hospital Services (MHS), and Neighborhood
Phase 5	Clatsop and Multnomah Medical Centers
Phase 6	Lane County, Valley Family, and <a href="http://www.pacifichealthcare.com">www.pacifichealthcare.com</a>

### WHAT:

- BUILD ON PCMH PRACTICE TRANSFORMATION WITH FOCUS ON EQUITY + HUMAN EXPERIENCE
- DEVELOP CHANGES IN PAYMENT WITH ACCOUNTABILITY FOR OUTCOMES + METHODS FOR ACCOUNTING FOR SOCIAL COMPLEXITY
- USE DATA TO MANAGE CHANGE AT ALL LEVELS
- INVEST IN PARTNERSHIPS TO CREATE SYSTEM LEVEL CHANGE IN PAYMENT + DELIVERY
- ADDRESS SYSTEM LEVEL BARRIERS TO HEALTH IN COMMUNITIES
- EXPERIMENT, INNOVATE + LEARN AS WE GO

### ACCOUNTABILITY + TRANSFORMATION GOALS

Quality	Requirement	Health services will report on patient experience with the goal of improving experience by October 2024.
Goal	Health services will report on patient experience with the goal of improving experience by October 2024.	Health services will report on patient experience with the goal of improving experience by October 2024.
Baseline	Health services will report on patient experience with the goal of improving experience by October 2024.	Health services will report on patient experience with the goal of improving experience by October 2024.
Intermediate	Health services will report on patient experience with the goal of improving experience by October 2024.	Health services will report on patient experience with the goal of improving experience by October 2024.
Advanced	Health services will report on patient experience with the goal of improving experience by October 2024.	Health services will report on patient experience with the goal of improving experience by October 2024.

Cost	Requirement	Health services will work together to reduce LOS, days and OI, accountability for reporting cost.
Goal	Health services will work together to reduce LOS, days and OI, accountability for reporting cost.	Health services will work together to reduce LOS, days and OI, accountability for reporting cost.
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Advanced	Health services will work together to reduce LOS, days and OI, accountability for reporting cost.	Health services will work together to reduce LOS, days and OI, accountability for reporting cost.

Access	Requirement	Health services will provide at least 1 walk-in care (WIC) in a 2 year period to continue receiving a PCMH payment for a patient.
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Population Health Equity	Requirement	Health services will work to reduce disparities in health outcomes for underserved populations.
Goal	Health services will work to reduce disparities in health outcomes for underserved populations.	Health services will work to reduce disparities in health outcomes for underserved populations.
Baseline	Health services will work to reduce disparities in health outcomes for underserved populations.	Health services will work to reduce disparities in health outcomes for underserved populations.
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### DATA SPOTLIGHT:

#### MOSAIC EQUITY ANALYSIS

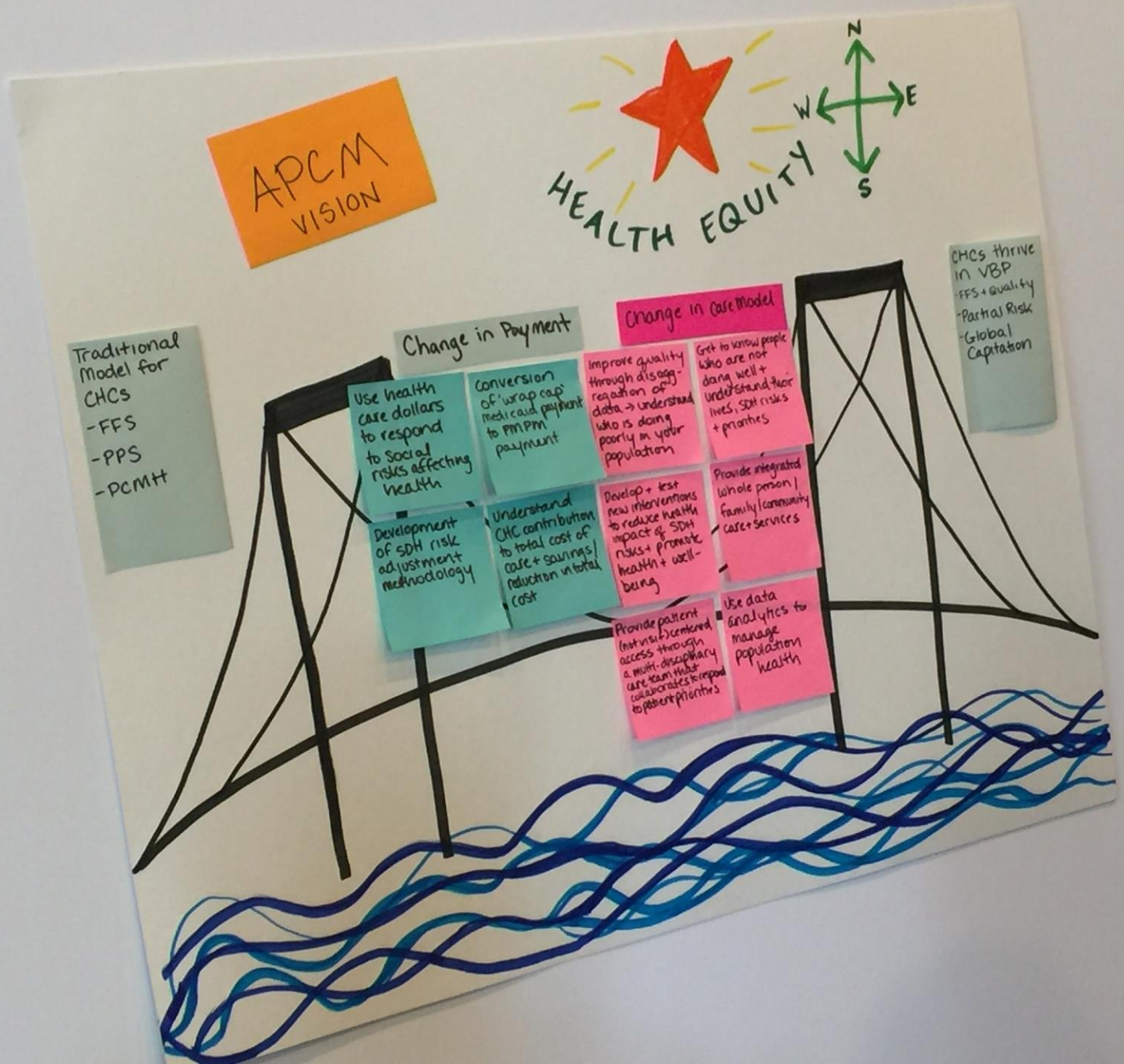
Goal	Summary
<ul style="list-style-type: none"> <li>Analysis of Quality Measures, Disease Prevalence, Access, Patient Experience, and Utilization of Healthcare</li> <li>Compared across race, ethnicity, gender, disability status, payer</li> <li>Addition of confidence intervals / statistical validation</li> </ul>	<ul style="list-style-type: none"> <li>Quality</li> <li>Identify patterns from meaningful metrics quality system</li> <li>Lower patient satisfaction on some quality measures, worse on others</li> <li>Disparity Prevalence</li> <li>Meaningful differences in prevalence of some diseases by ethnicity</li> <li>Access</li> <li>Meaningful differences found</li> <li>Lower patient satisfaction in American Indian and Pacific Islander population</li> <li>Lower patient rating of Communication and Self-Management among Latino population</li> <li>Women use "Comprehensiveness" higher than men, while using "Access" Healthcare Utilization (Unmet needs)</li> <li>Service had consistently lower healthcare utilization by Latino until age "12" when healthcare spend meaningfully rises</li> </ul>

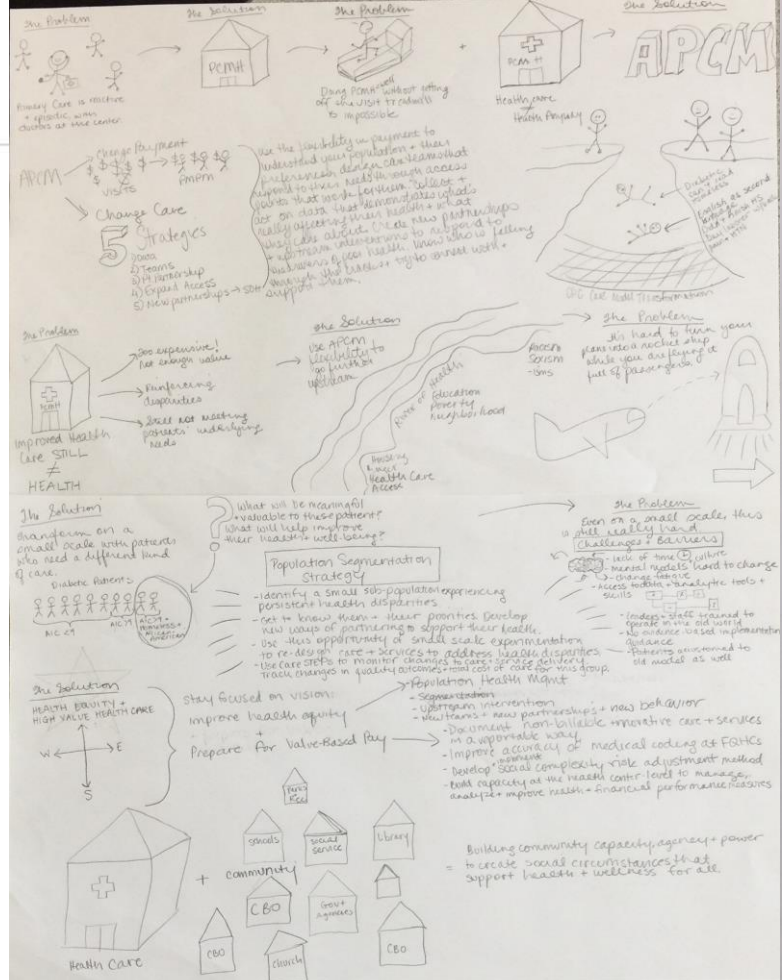
### QUARTERLY DASHBOARD



2018  
 F2F X  
 LEADERSHIP X  
 PHASE 6 ONBOARDING  
 COST + QUALITY WORKGROUP  
 WEBINARS  
 SITE VISITS


**IMAGINE &  
MODEL**





**Wear in advocacy**

Use social power to call out consequences of systemic priorities on health - what's the role of health care

**Define what value means for us**

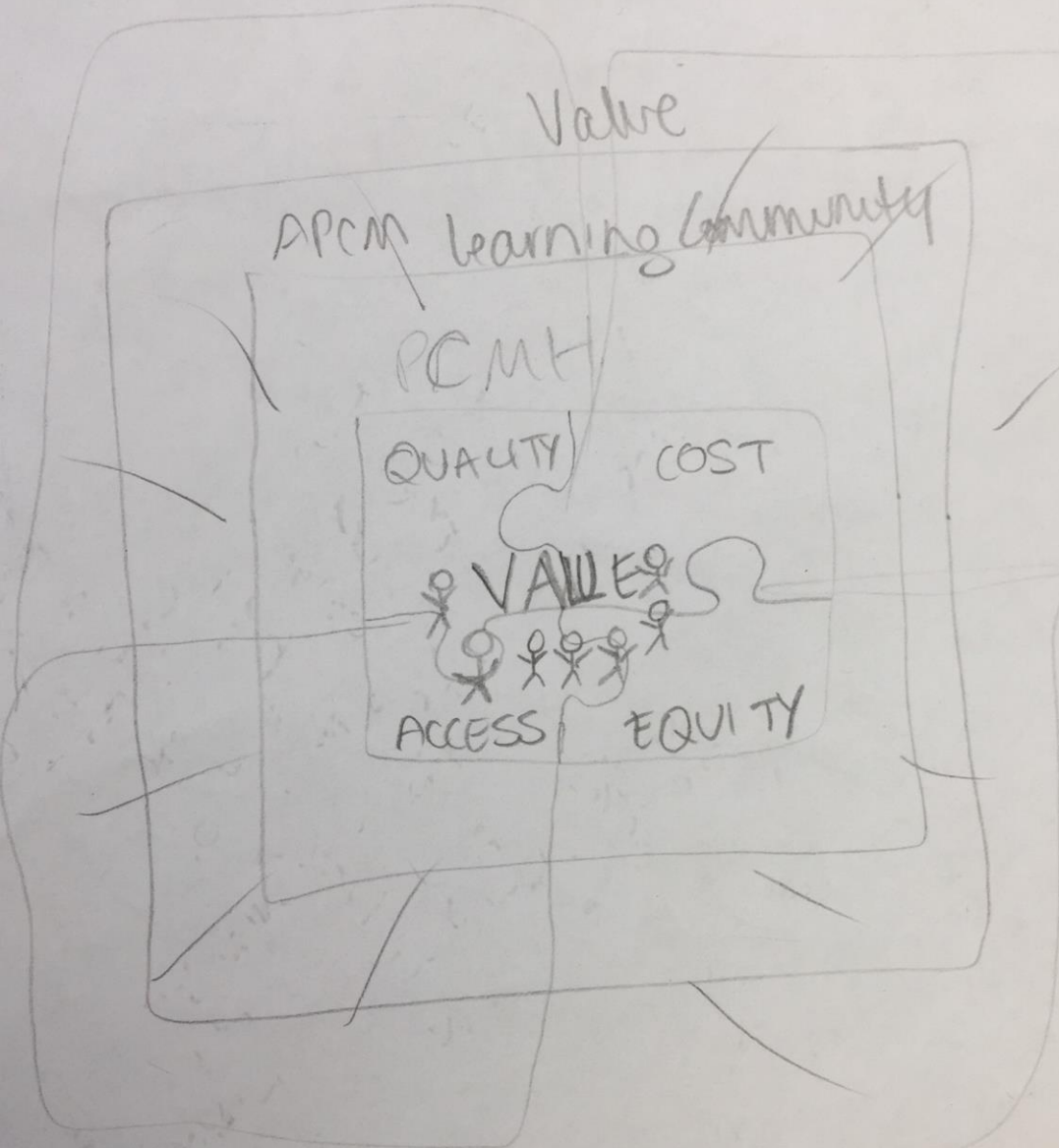
- paying for results
- accountability to care for whole population
- being able to demonstrate value
- asking the right questions
- dimensions of value
  - quality
  - cost
  - access/relationship/patient experience
  - addressing disparities

**Quadruple Aim**

Not a clear answer about what's on the other side of the ledger - it's more about asking the right questions related to accountability + being clear about the role of PAs

**Fundamental tensions + values**

- relationships vs productivity
- human experience → patient + staff engagement
- empowerment + honoring autonomy
- efficacy vs. payment incentives





# What are we going to do together today?

