OPCA
Oregon Primary Care Association

Human-Centered Design
A Journey of Understanding

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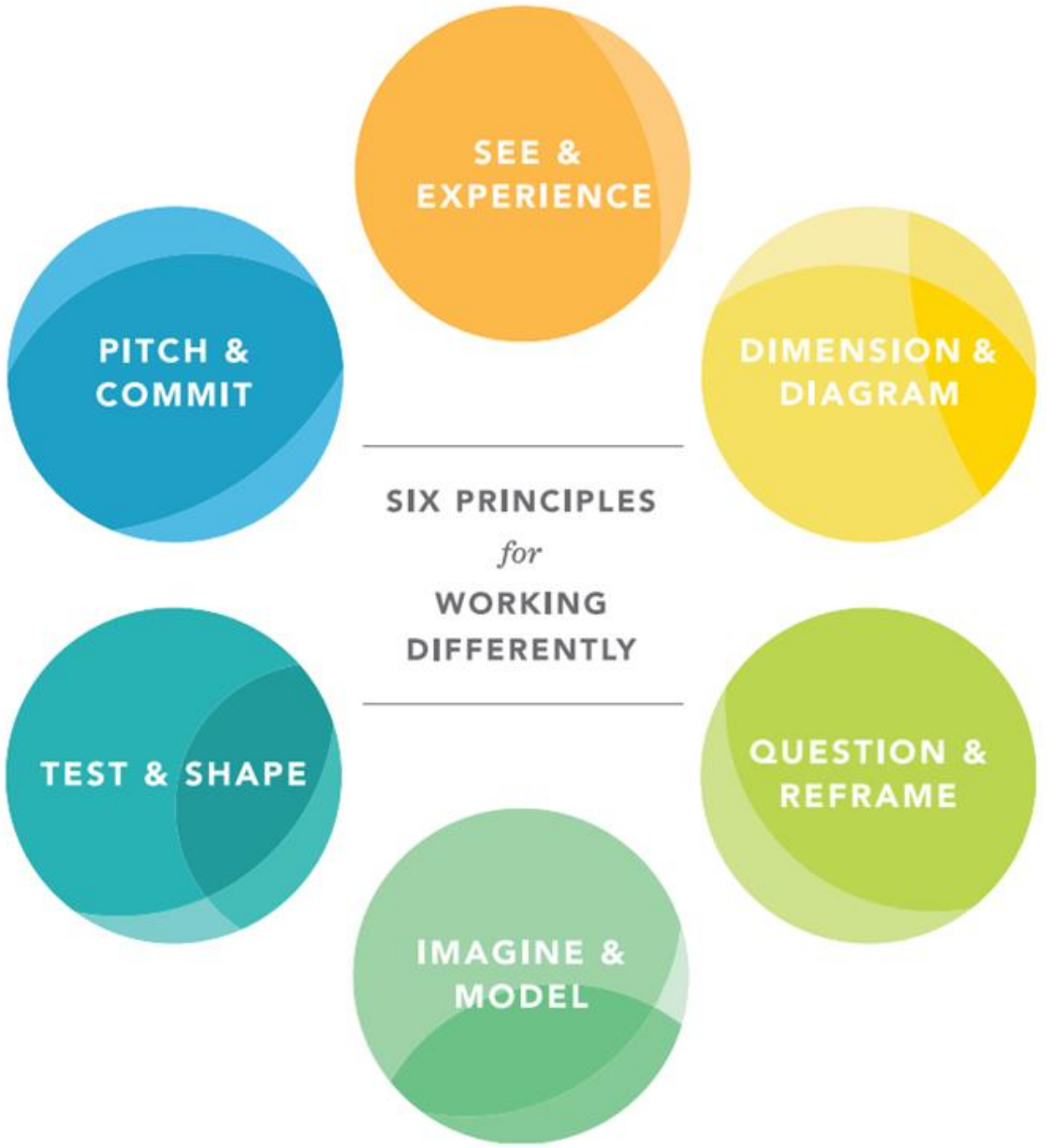
Human-Centered Design



Catalyst Innovation + Design Thinking Framework

	SEE & EXPERIENCE	DIMENSION & DIAGRAM	QUESTION & REFRAME	IMAGINE & MODEL	TEST & SHAPE	PITCH & COMMIT
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**					

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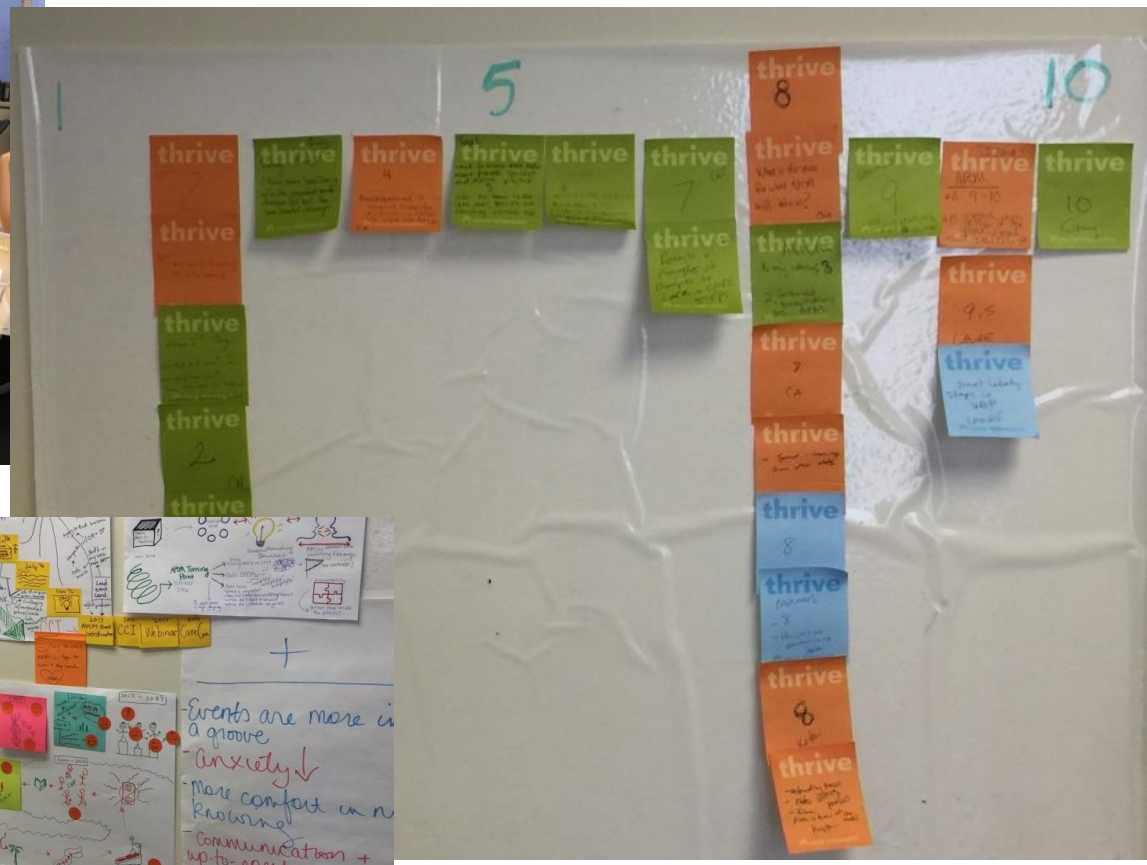
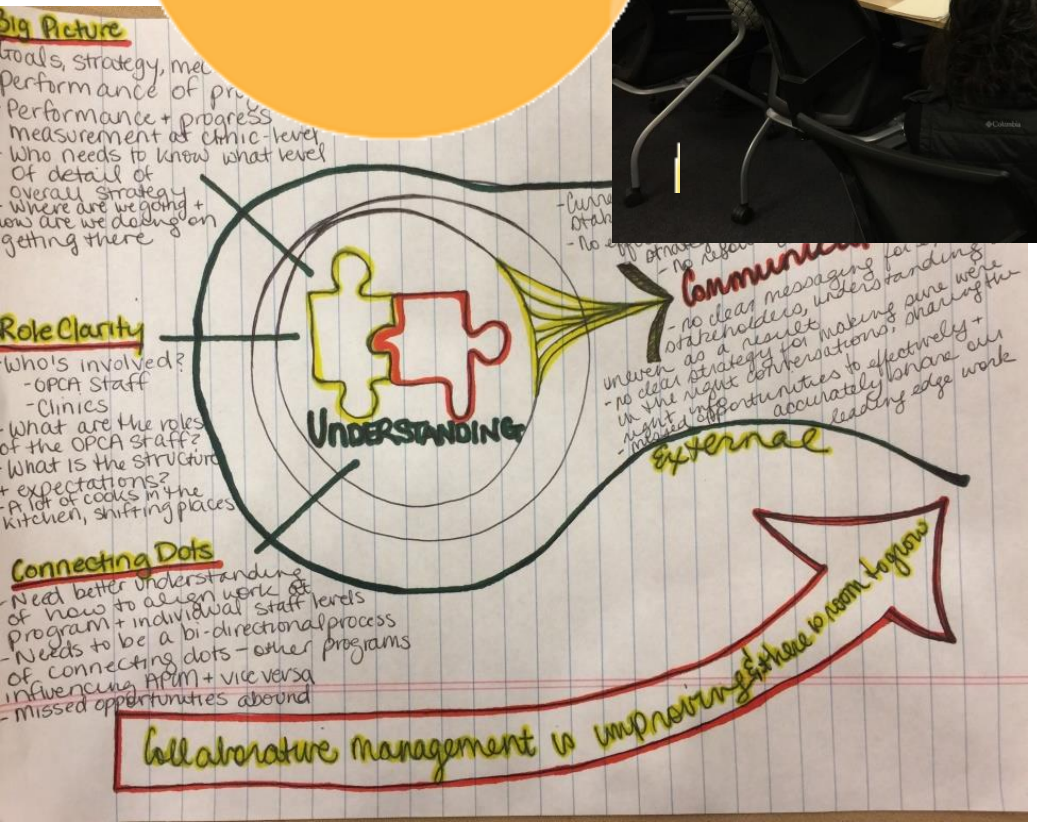
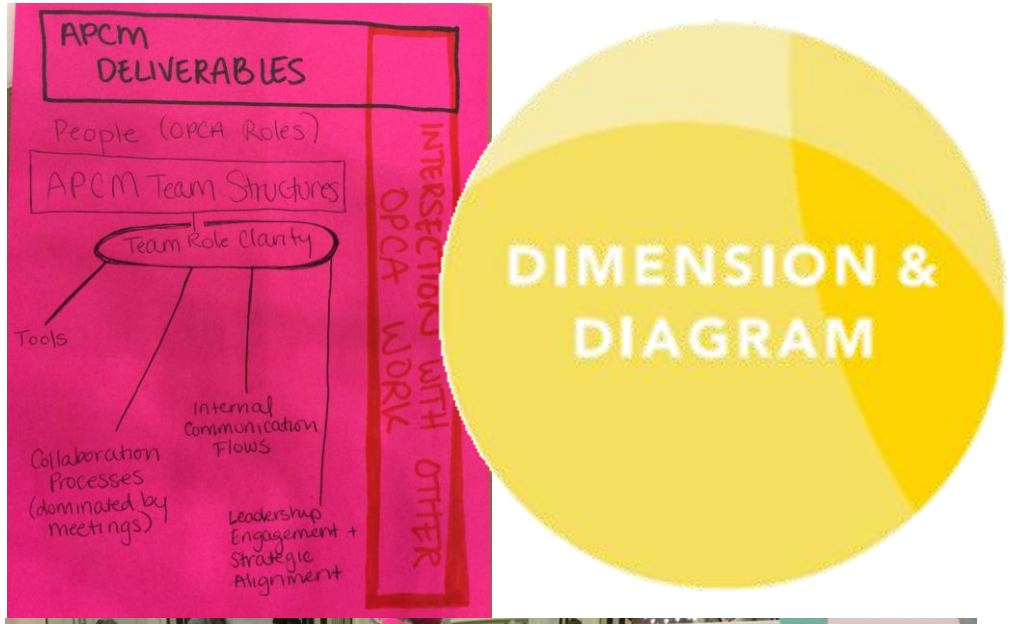
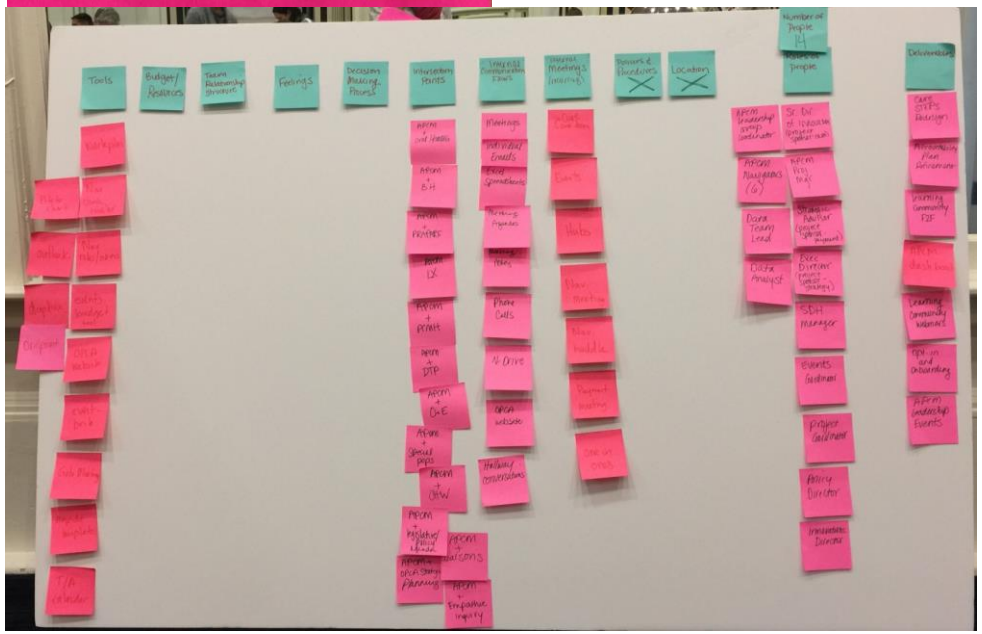
SEE & EXPERIENCE



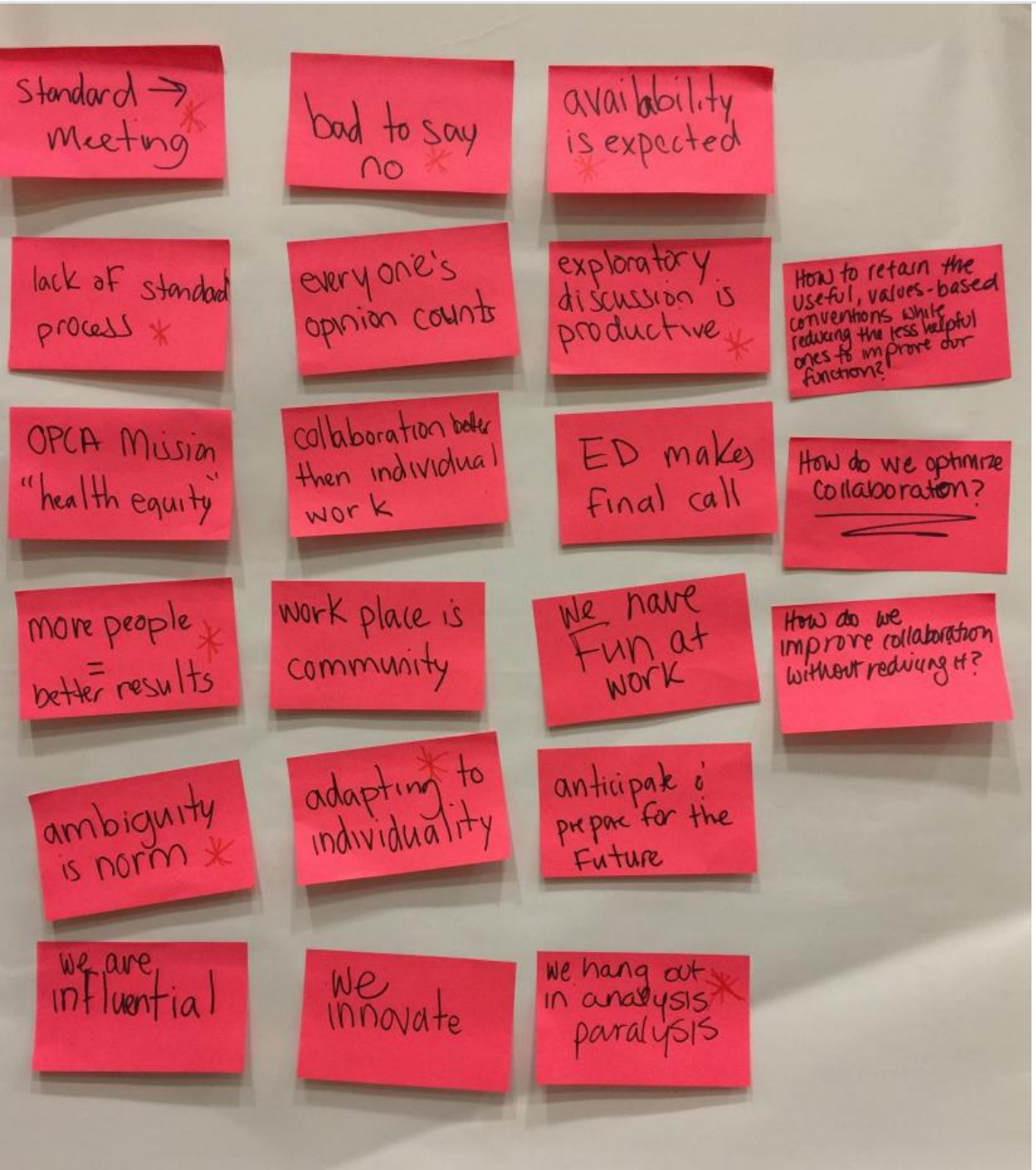






Some of the key things that we realized:

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

IMAGINE & MODEL

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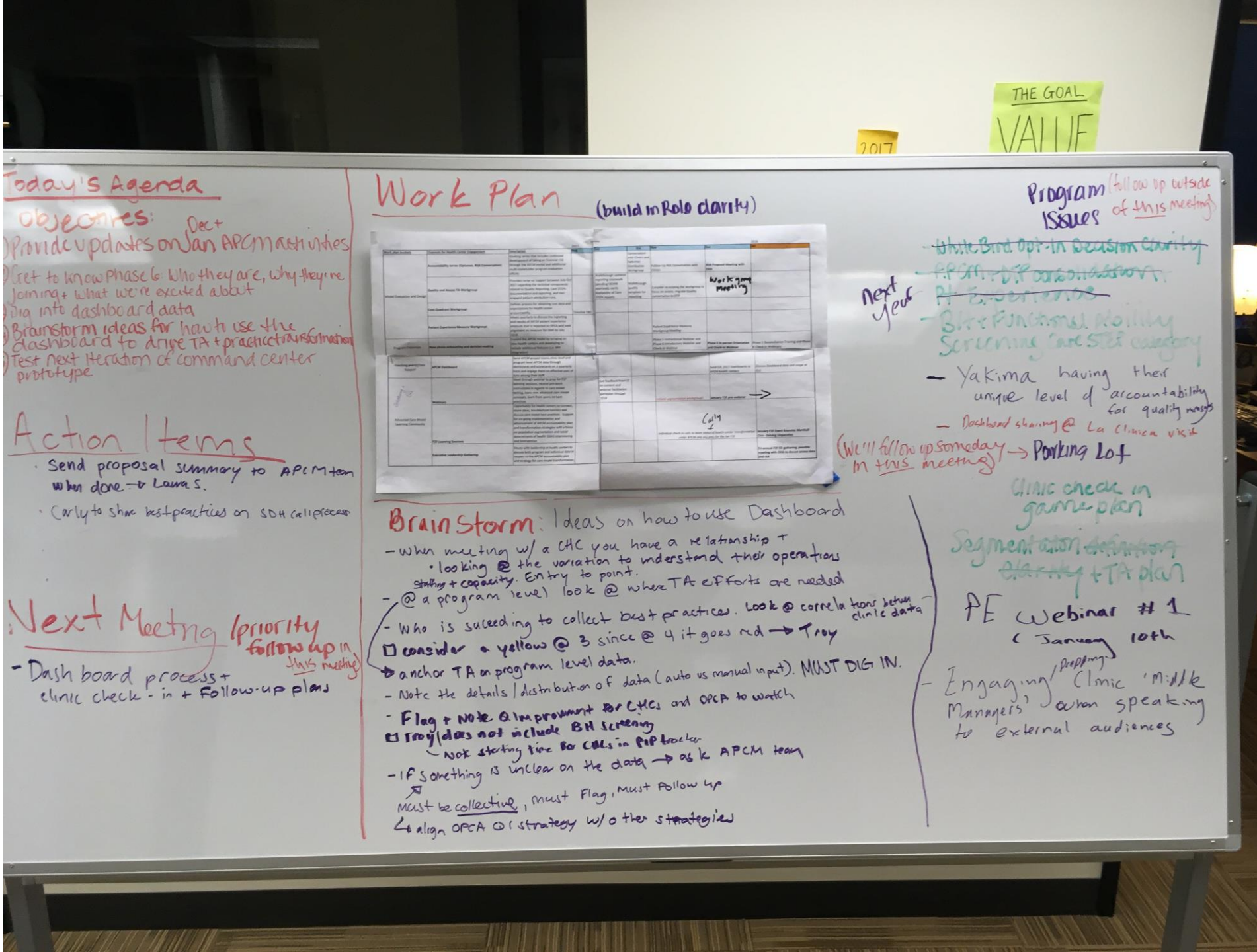
TEST & SHAPE



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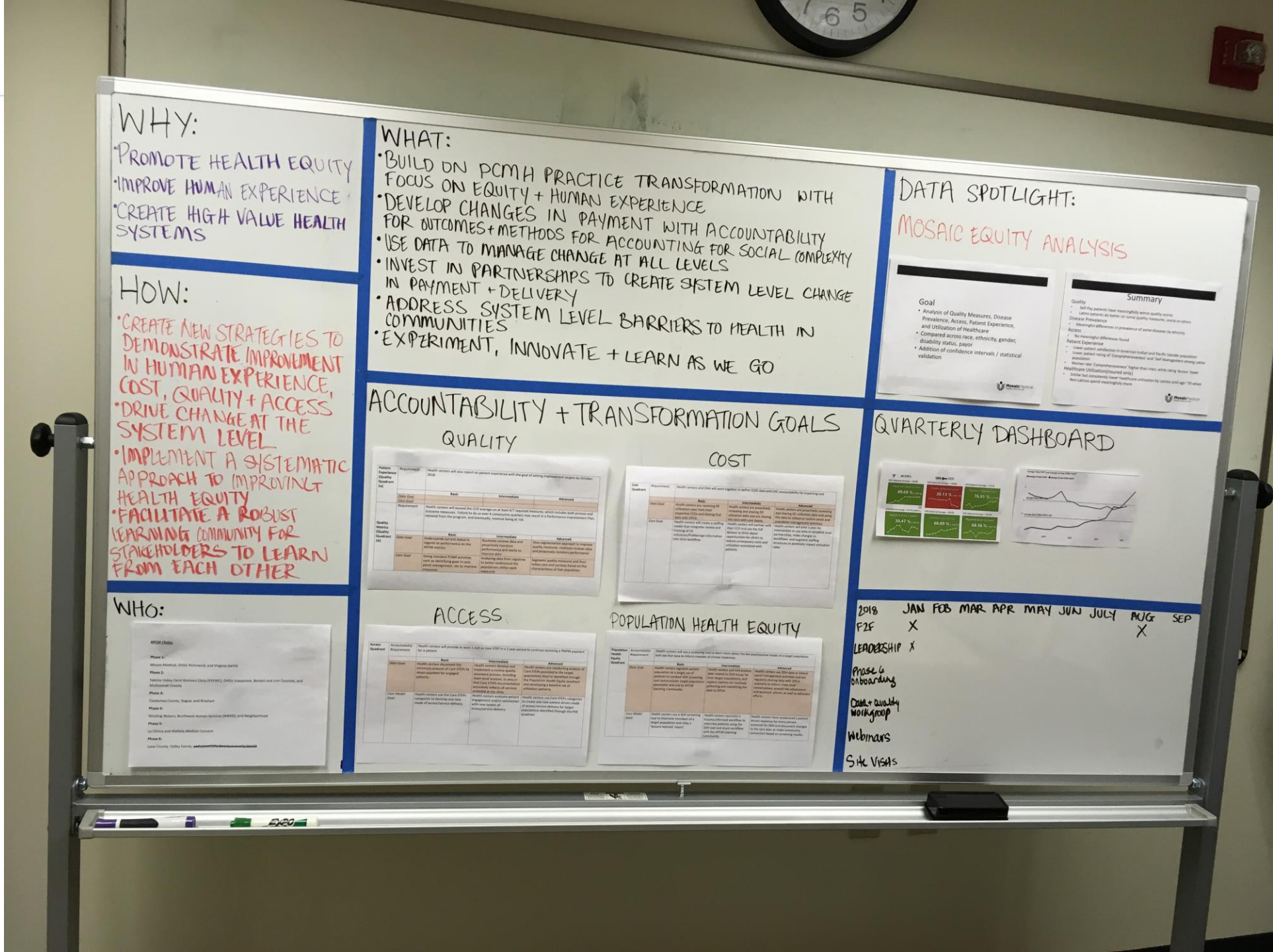

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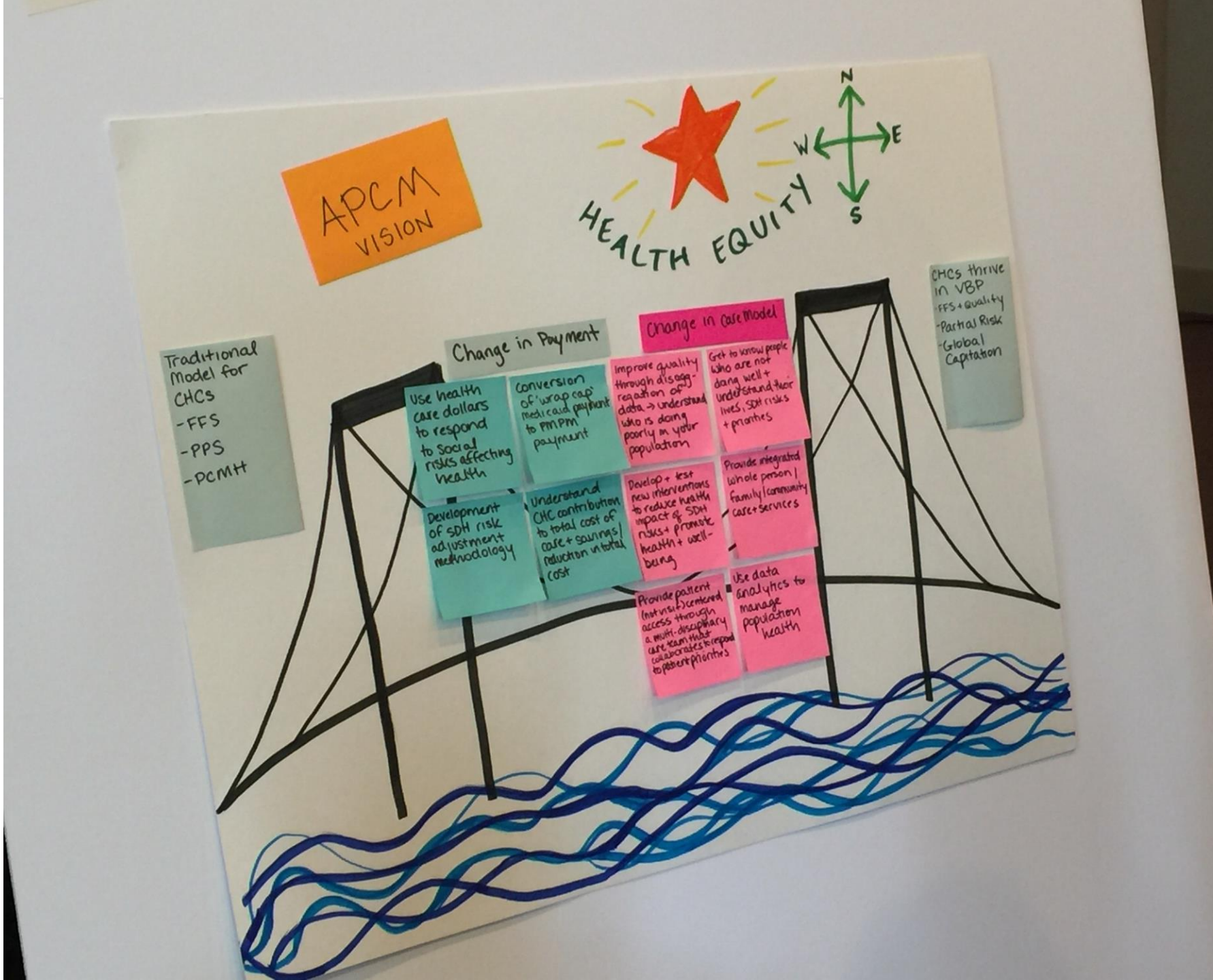

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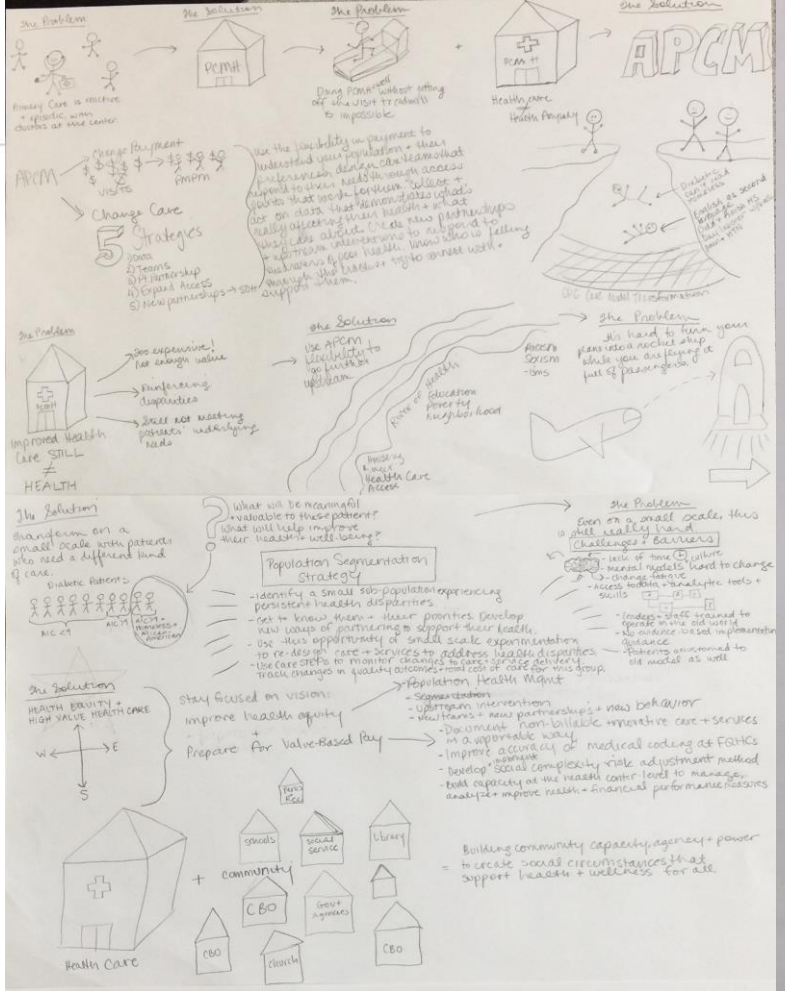

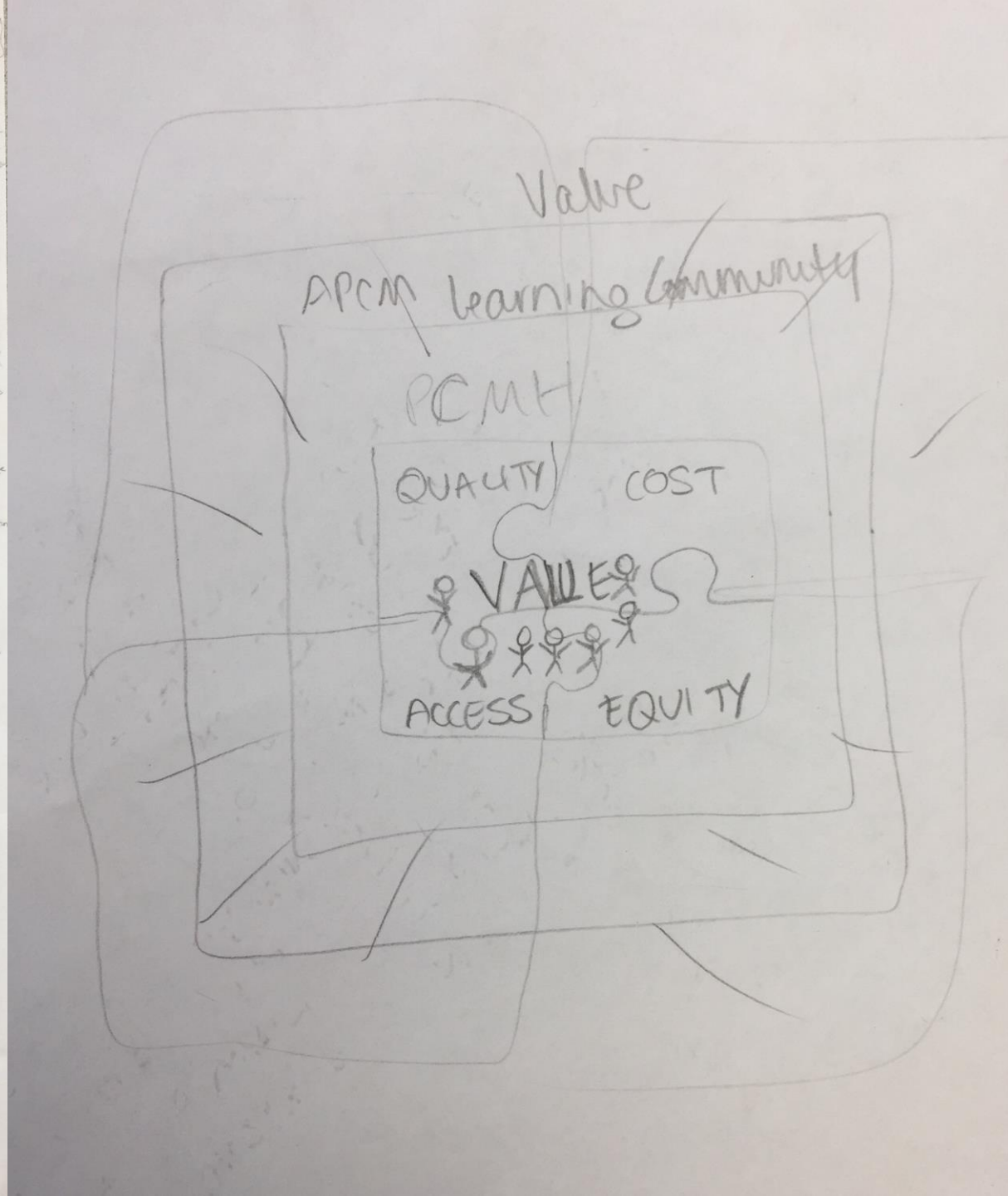

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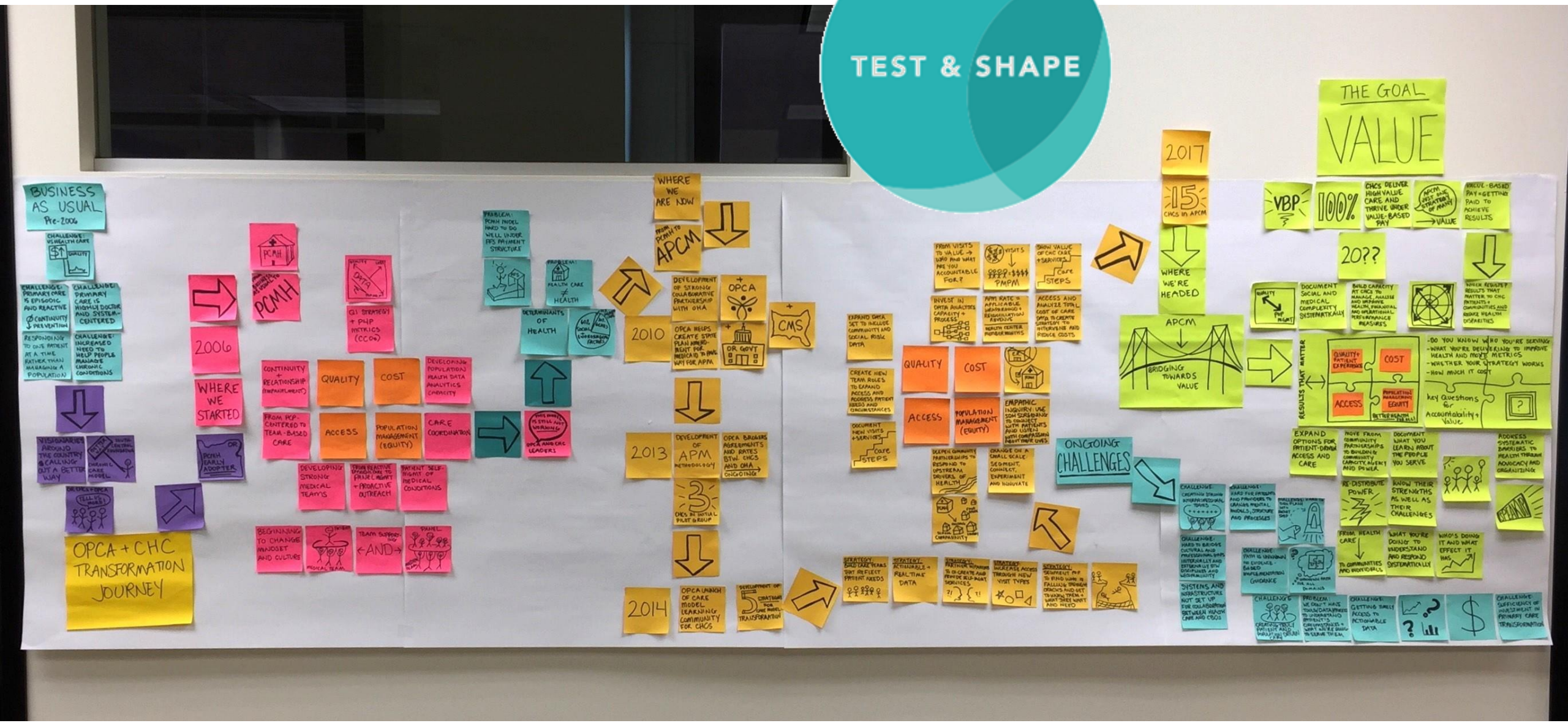
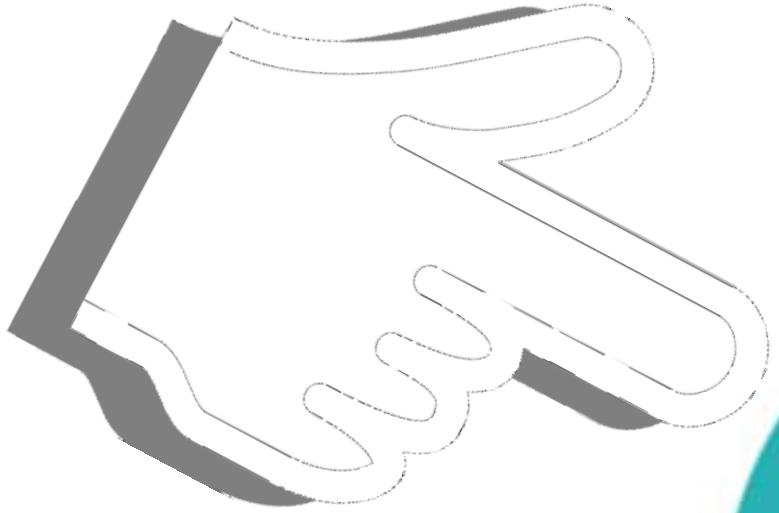
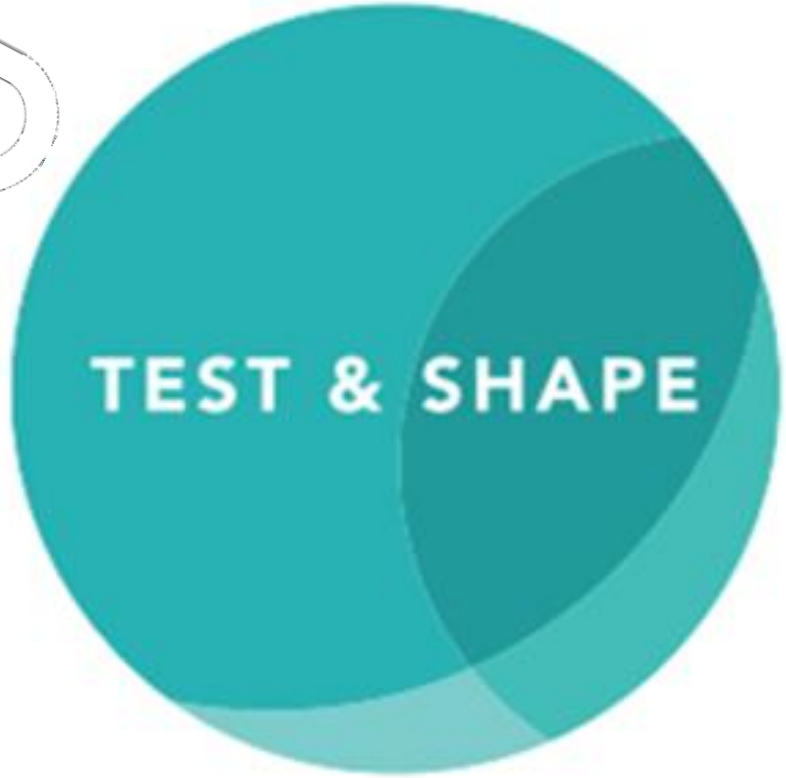

BUSINESS AS USUAL
Pre-2006
2006
WHERE WE STARTED
PCMH
PCMH EARLY ADOPTER
OPCA + CHC TRANSFORMATION JOURNEY
2010
WHERE WE ARE NOW
FROM PCMH TO APCM
OPCA
CMS
OR GOVT
2013
DEVELOPMENT OF APM METHODOLOGY
3 CHCs IN INITIAL PILOT GROUP
2014
OPCA LAUNCH OF CARE MODEL LEARNING COMMUNITY FOR CHCs
5 STRATEGIES FOR CARE MODEL TRANSFORMATION
QUALITY
COST
ACCESS
POPULATION MANAGEMENT (EQUITY)
CARE COORDINATION
2017
15 CHCs in APCM
WHERE WE'RE HEADED
APCM
BRIDGING TOWARDS VALUE
ONGOING CHALLENGES
THE GOAL
VALUE
VBP
100%
20??
CHCs DELIVER HIGH VALUE CARE AND THRIVE UNDER VALUE-BASED PAY
RESULTS THAT MATTER
QUALITY + PATIENT EXPERIENCE
COST
ACCESS
POPULATION MANAGEMENT EQUITY
key Questions for Accountability + Value
EXPAND OPTIONS FOR PATIENT-DRIVEN ACCESS AND CARE
RE-DISTRIBUTE POWER
KNOW THEIR STRENGTHS AS WELL AS THEIR CHALLENGES
PLANNING

What are we going to do together today?