

Using Innovative Design to Identify **Patients' Needs** and Address Health Disparities

Health Equity, Chronic Disease, and the Populations We Care For

The Hour

Agenda

Hello 11:30

Stuck 11:40

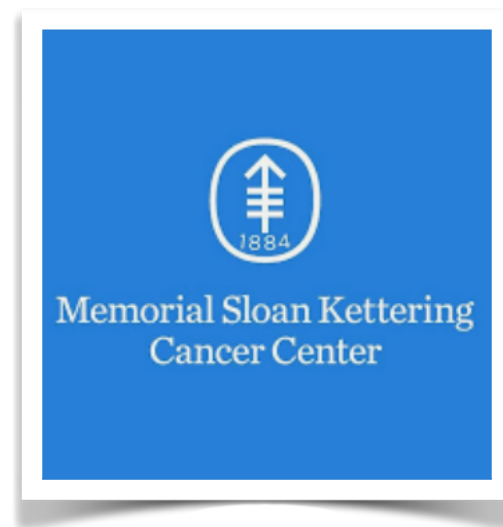
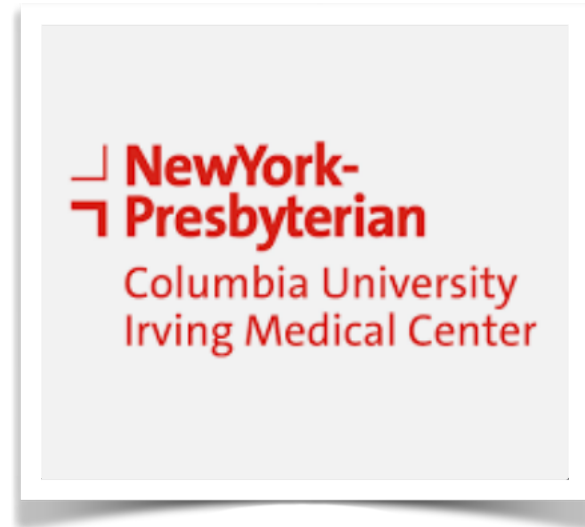
Unstuck 11:50

Questions 12:20

Goodbye 12:30

Experience

18 Years



Feeling Stuck

We're Stuck

CHC Challenges

Expanding telehealth visit volume

Improving staff satisfaction and retention

Reducing appointment no-shows

Patients with DM/HTN/CHF adopting lifestyle change

Encouraging patients and staff vaccinated

Eliminating health disparities in clinical outcomes



**“The people closest to the problem (pain)
should be closest to the solution.”**

Civil Rights Slogan

“Data by itself is not actionable, so how do we find or create the **right kind of data** to answer our core questions and generate **valuable insights?**”

Bo Peng, IDEO

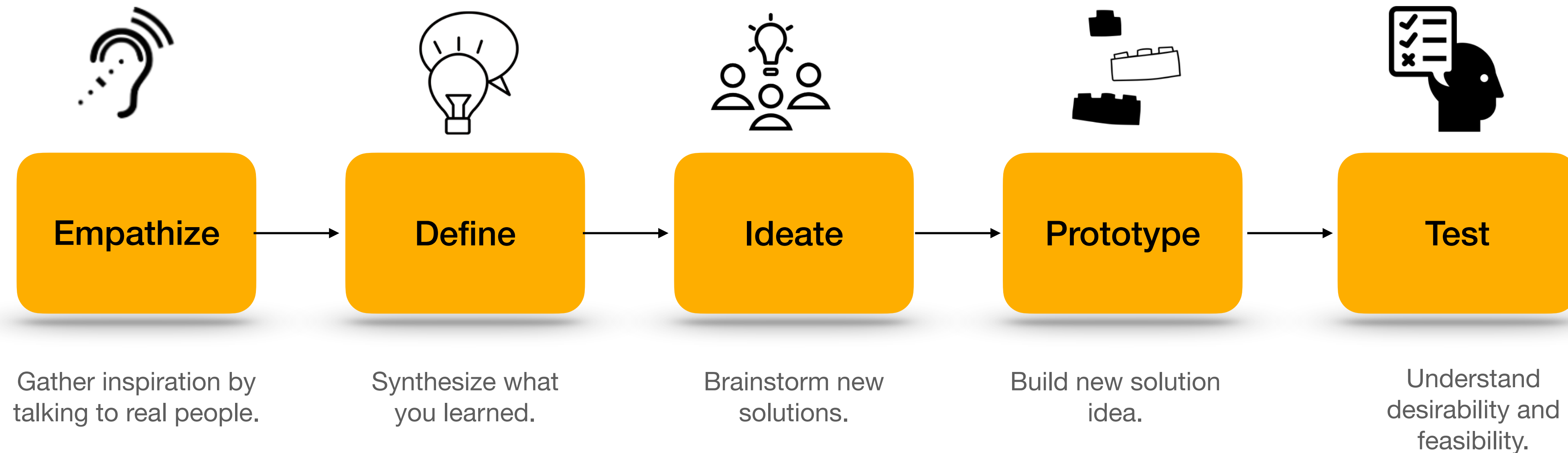
Human Centered Design (HCD)

**“Design is not just what it looks like
and feels like. Design is how it works.”**

Steve Jobs

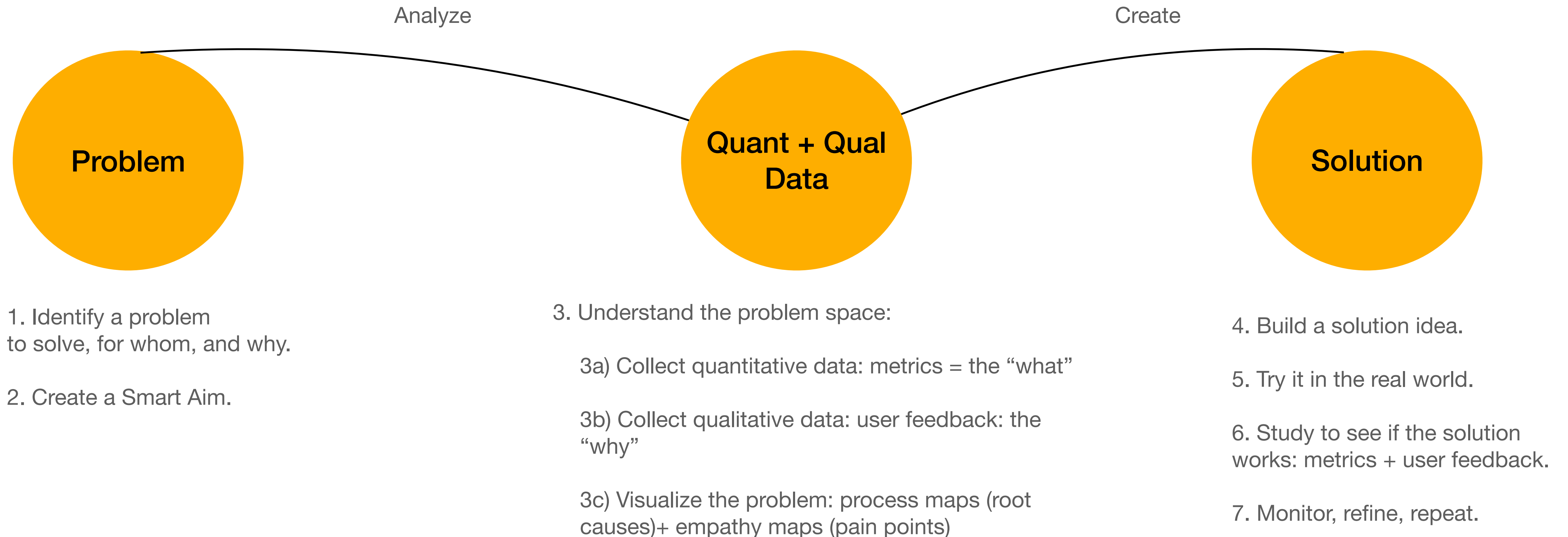
Human Centered Design

Problem Solving with Patients



QI + HCD

Aim is the same. Method is different. Both offers better results.



Getting Unstuck

Humble inquiry is the fine art of drawing someone out, of asking questions to which you do not already know the answer, of building a **relationship** based on **curiosity** and **interest** in the other person.

Edgar Schein, Author of Humble Inquiry: The Gentle Art of Asking Instead of Telling

Art of Asking

Open Ended Questions

- ✓ Embrace ambiguity. Start from a place of not knowing the answer.
- ✓ Respect the user as an the expert in their life.
- ✓ Be curious about how they user sees the world.
- ✓ Try to discover the unobvious.
- ✓ Open-ended questions will produce more insights and surprises.

What would help?

Help me understand...

I'm curious about...

Yes, and...

What happened the last time you...

Show me...

I'm wondering...

Tell me why this does (or doesn't) work for you...

Walk me through...

Tell me more...



Let's Get Curious

Lead with Empathy

Scenario: You've been running monthly data on telehealth (TH) video visits. In efforts to identify health disparities, you looked at visit volume by race and ethnicity. You notice that the highest frequency of video visits are by White patients ages 18-45 years. Yet, you serve a large Asian immigrant population, many of whom stopped receiving care during the anti-Asian hate crime peak and the pandemic. It seems like video visits would provide better access, especially for those with chronic diseases. Why aren't Asian patients utilizing video visits?

Discussion Guide: Patients

Design Research Strategy

Research Question: Why aren't Asian patients with a chronic illness doing video visits?

How do I need to talk to?

- 5 patients identifying as Asian with a DM/HTN diagnosis

How long do I need per patient?

- 15 min

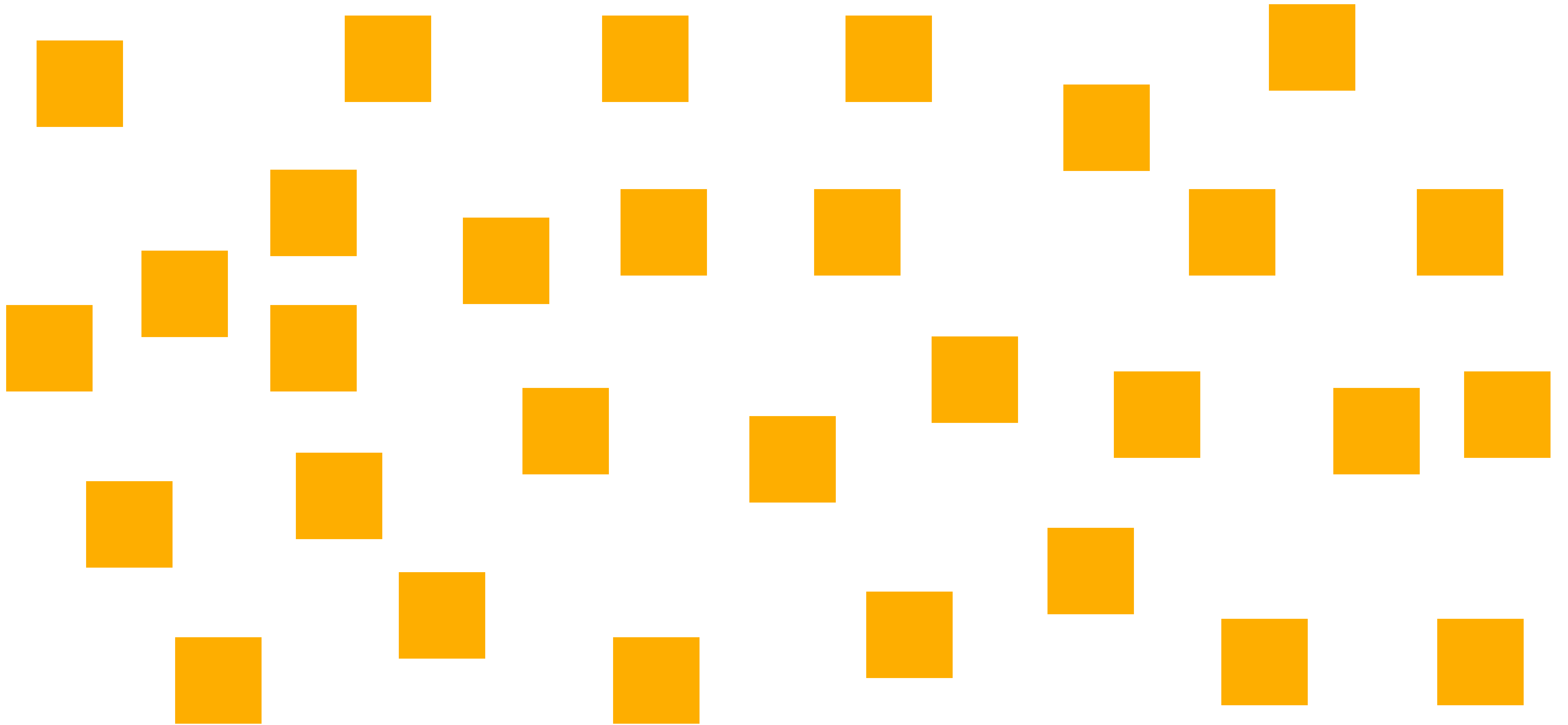
How and where do I talk to them?

- Observe a visit and ask questions after
- Ask patients in waiting room in-person

Discussion Questions:

1. Were you offered a video visit?
2. If you were offered one, did you try it?
 - Yes, why and how was the experience? What would have made it easier?
 - If not, what went into your decision?
3. If you were not offered one, would you have wanted one? If yes, can you explain why? If no, what were some of the reasons?

If your patients speak a language that you are not able to speak, leverage language concordant community supports or CHWs.



Real Life Findings

What Patients Said

If I'm not being examined the doctor will miss something

The devices to take BP are more accurate than the one I have at home

Video visits aren't thorough—the doctors aren't reviewing my chart

I want to be in person if receiving life changing info

I feel more comfortable asking my doctor questions in-person

I don't have a private space at home to do the visit

I don't have a smartphone

I don't have wifi

I didn't realize TH was an option

I tried it once but the doctor's audio wasn't clear

I like going into Chinatown where my doctor is and after my visit I can see friends, shop, etc.

I was told video was an option, but no one showed me how to do it

No one offered me TH

I thought the video link was spam

Instructions weren't in a language I understand

Discussion Guide: Providers

Design Research Strategy

Research Question: Why aren't providers offering telehealth visits to Asian patients with DM/HTN?

Who do I talk to?

- 5 PCPs who treat DM/HTN

How long do I need per PCP?

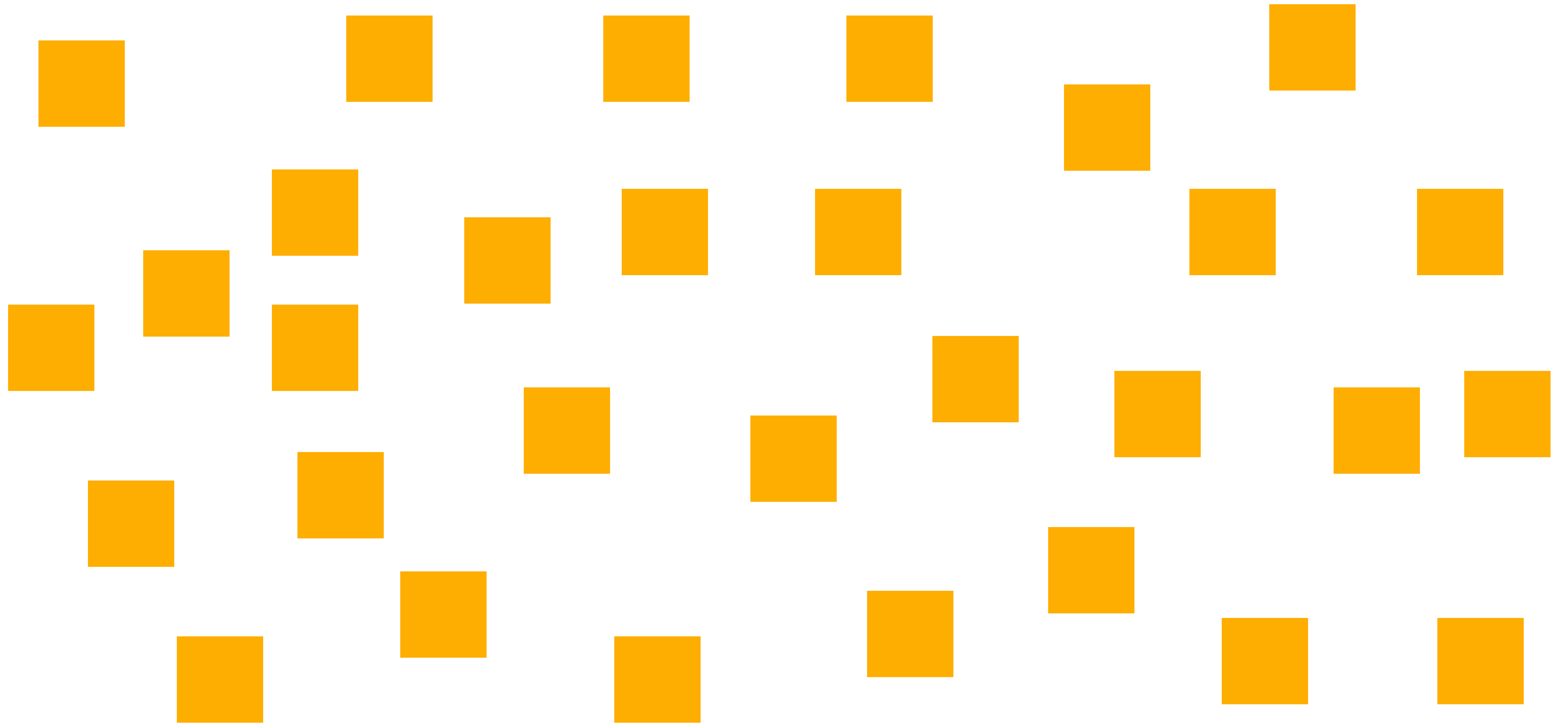
- 15 min

How and where do I talk to them?

- Observe a video visit and ask questions after
- Ask in the provider room
- Ask in provider meeting

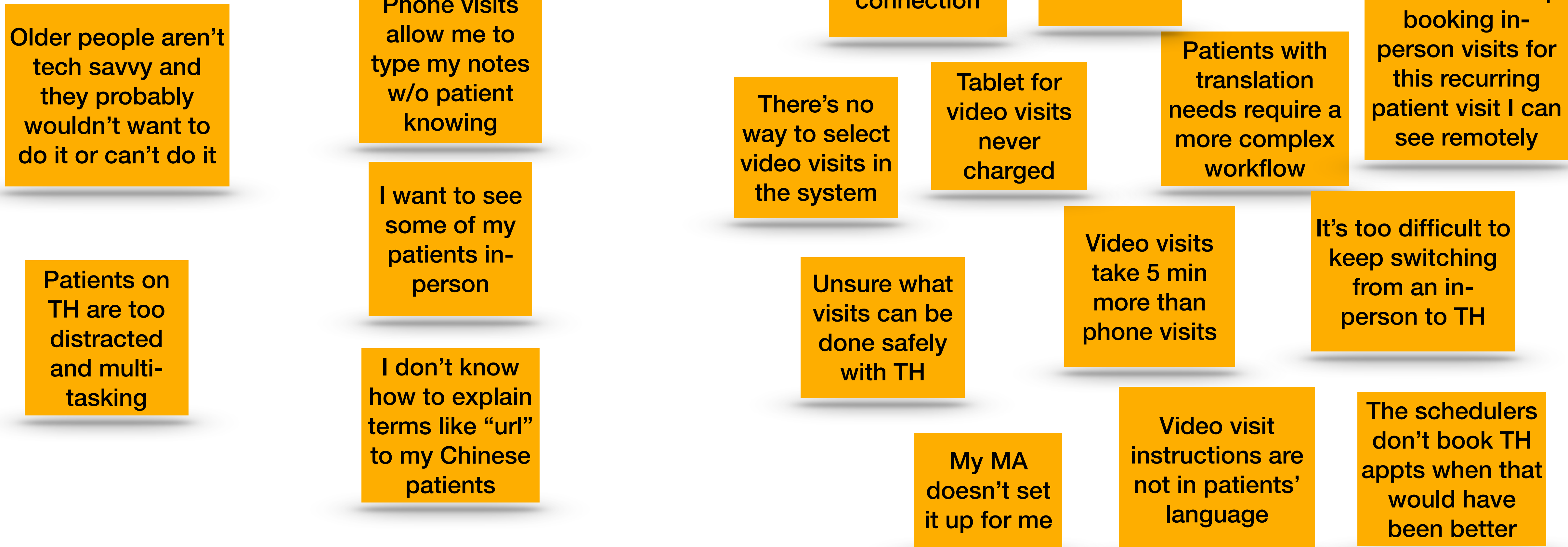
Discussion Questions:

1. Describe the last few video visits you conducted, what was that experience like? What happened?
2. What would have made the experience easier or better?



Real Life Findings

What Providers Said



What Next

Acting on Data

Visualize the problem to leaders balancing process steps with what people are thinking and feeling in each step.

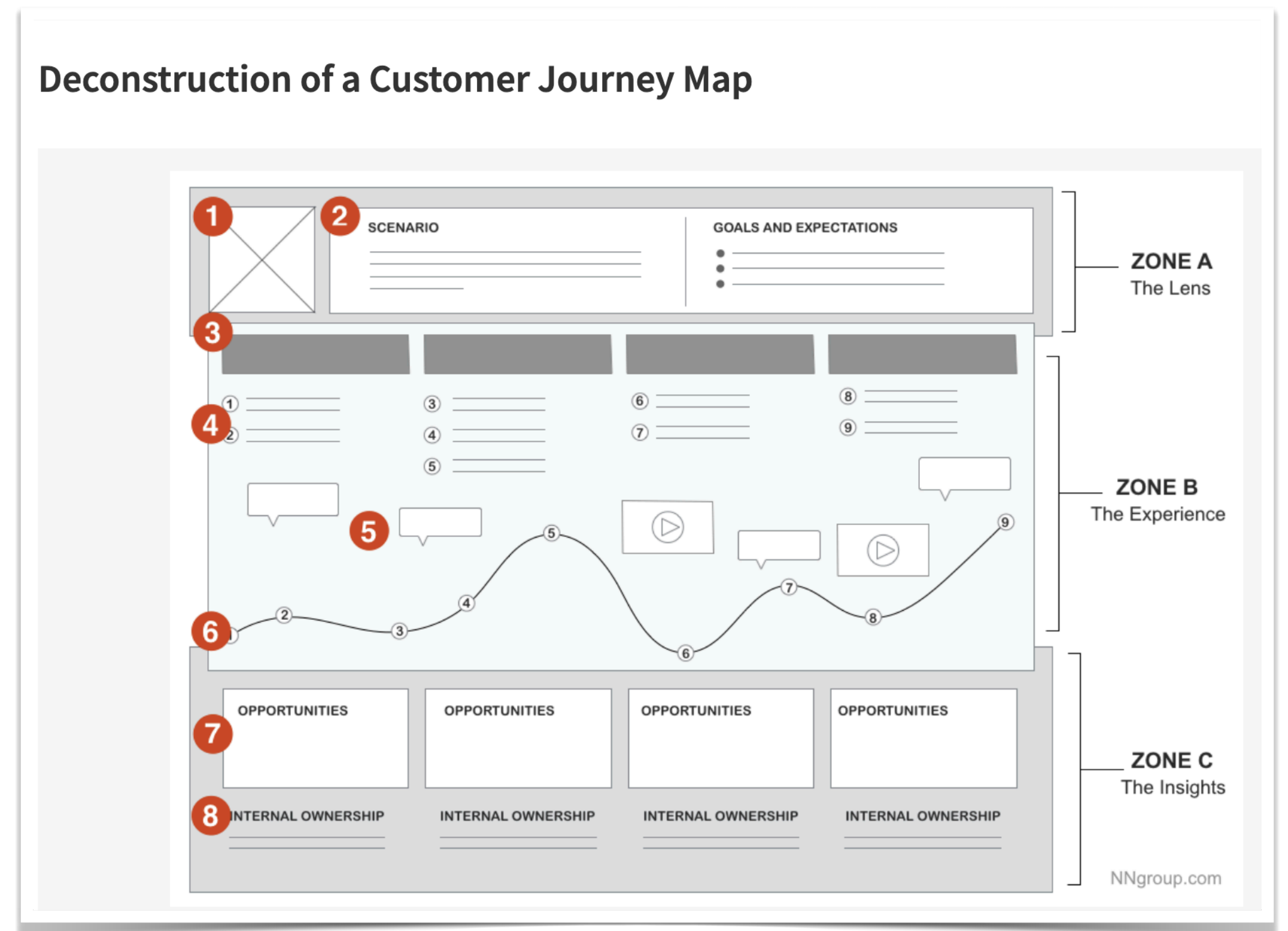
Identify the major pain points on map to address (RCA + qual data).

Vote on top theme and reframe problem as a How Might We...

Brainstorm 3-5 solutions ideas and select one to move forward (e.g. impact matrix).

Build a quick and rough prototype of the chosen solution.

Test solution with user, get feedback, and modify if needed.



<https://www.nngroup.com/articles/customer-journey-mapping/>

The Difference

Outcome of Using QI + HCD

Care Teams

- Implemented more “elbow support” for staff
- Integrated interpretation services into TH platforms
- Created TH scheduling guidelines around clinical appropriateness
- Created TH scheduling guidelines around workflow
- Made a dedicated TH hotline within tech support
- Collected routine feedback from providers on experience with TH
- Included TH refreshers in provider meetings
- Ran internet connection tests for providers to assess technical ability to do video visits

Patients

- Created educational videos in different languages
- Modified educational materials and trainings to address specific confusion for patients (e.g. they’ll receive a link 15 min before visit that’s not spam)
- Partnered with university students to serve as TH coordinators for patients
- Implemented a TH eligibility screener to assess patients digital literacy specific to video visits
- Added video visits as an option in patient portal scheduling function
- Collected routine feedback from patients on experience with TH

““Everyone is welcome” is drastically different than “we built this with you in mind.” People don’t want to go where they are merely tolerated, they want to go where they are included.”

Terence Lester, Community Activist, Writer, Storyteller, Public Scholar, Author, Founder and Executive Director of Love Beyond Walls

Your Questions

Thank you