

Learning How to Improve Healthcare Quality through a Patient-Driven Collaborative Design Process



Sarah E. Skurla, Laura J. Damschroder, Mandi L. Klamerus, Eve A. Kerr, Timothy P. Hofer, Jordan B. Sparks, & Tanner J. Caverly

De-intensification:

Stopping or scaling back routine clinical care that has negligible or no benefit or may lead to net harm. It will help:

- 1) Improve patient safety
- 2) Minimize waste

BACKGROUND

- De-intensification strategies are likely to be more meaningful, effective, and sustainable if stakeholders (e.g., patients) have a role in the development
 - User-centered design (UCD) is a design approach that grounds the creation of an innovation in information about the user
 - Design thinking, a systematic process that utilizes the desires, needs and challenges of the user to understand the problem and create solutions

STUDY AIM

Engage patients in a collaborative design process to identify “de-intensification strategies” for primary care

STUDY DESIGN

- Participants: Veterans, 65 years and older
- Two 7-hour Collaborative Design Forums
- “All ideas are good ideas”
- Developed De-intensification strategies for 3 high-priority primary care areas:
 - 1) **Diabetes Medication**
 - 2) **Colorectal cancer screening**
 - 3) **Carotid artery ultrasounds**



Stage 1 of Forum (Morning)

Goal:
To help patients understand de-intensification

Design Thinking Activities:

1. Presentations by a doctor and patient
2. Mind Mapping
3. Business Origami (see picture)
4. Empathy Mapping

Stage 2 of Forum (Afternoon)

Goal:
To have patients think about solutions for de-intensification

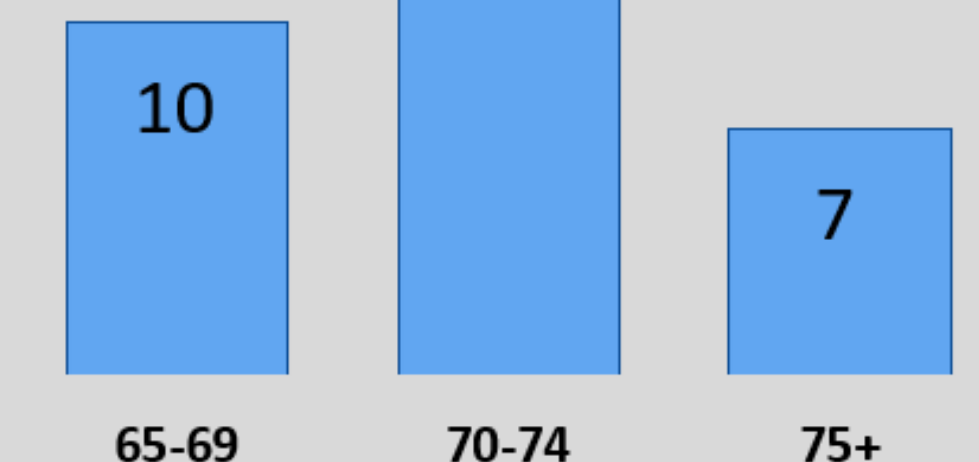
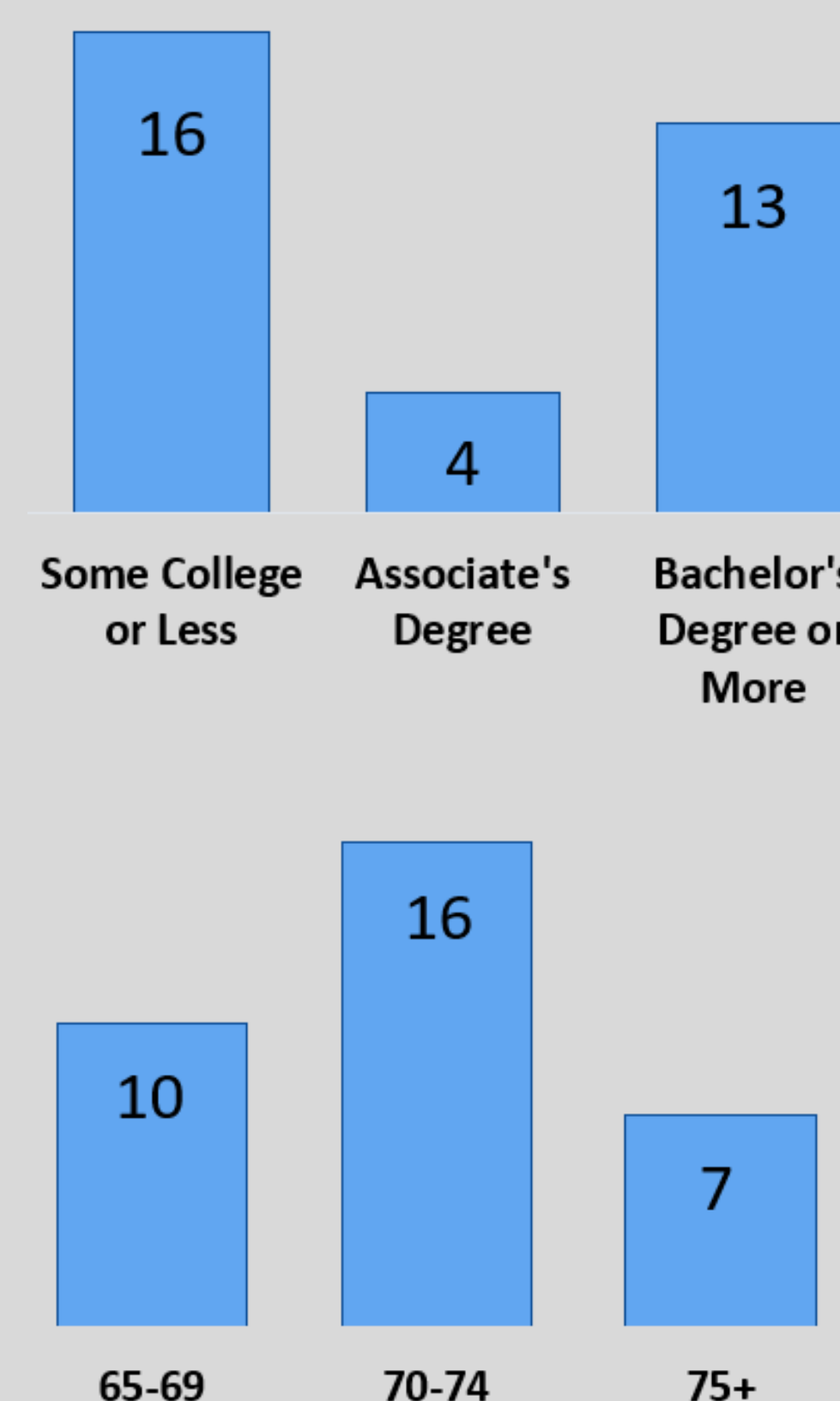
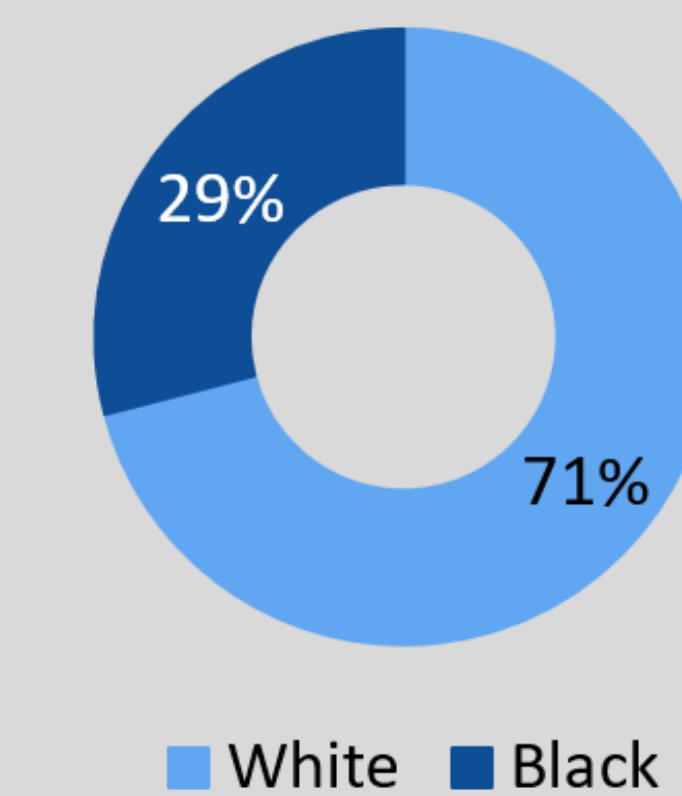
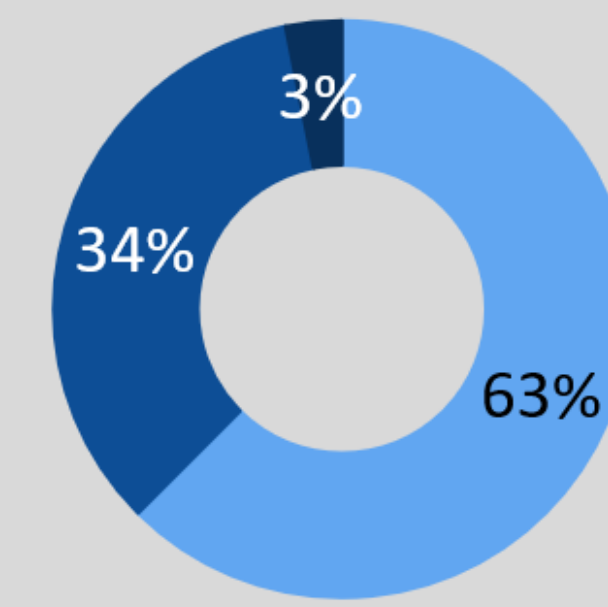
Design Thinking Activities:

1. Brainstorming de-intensification strategies from hypothetical scenarios
2. Ranking the most important de-intensification strategies using dot voting

RESULTS

DEMOGRAPHICS

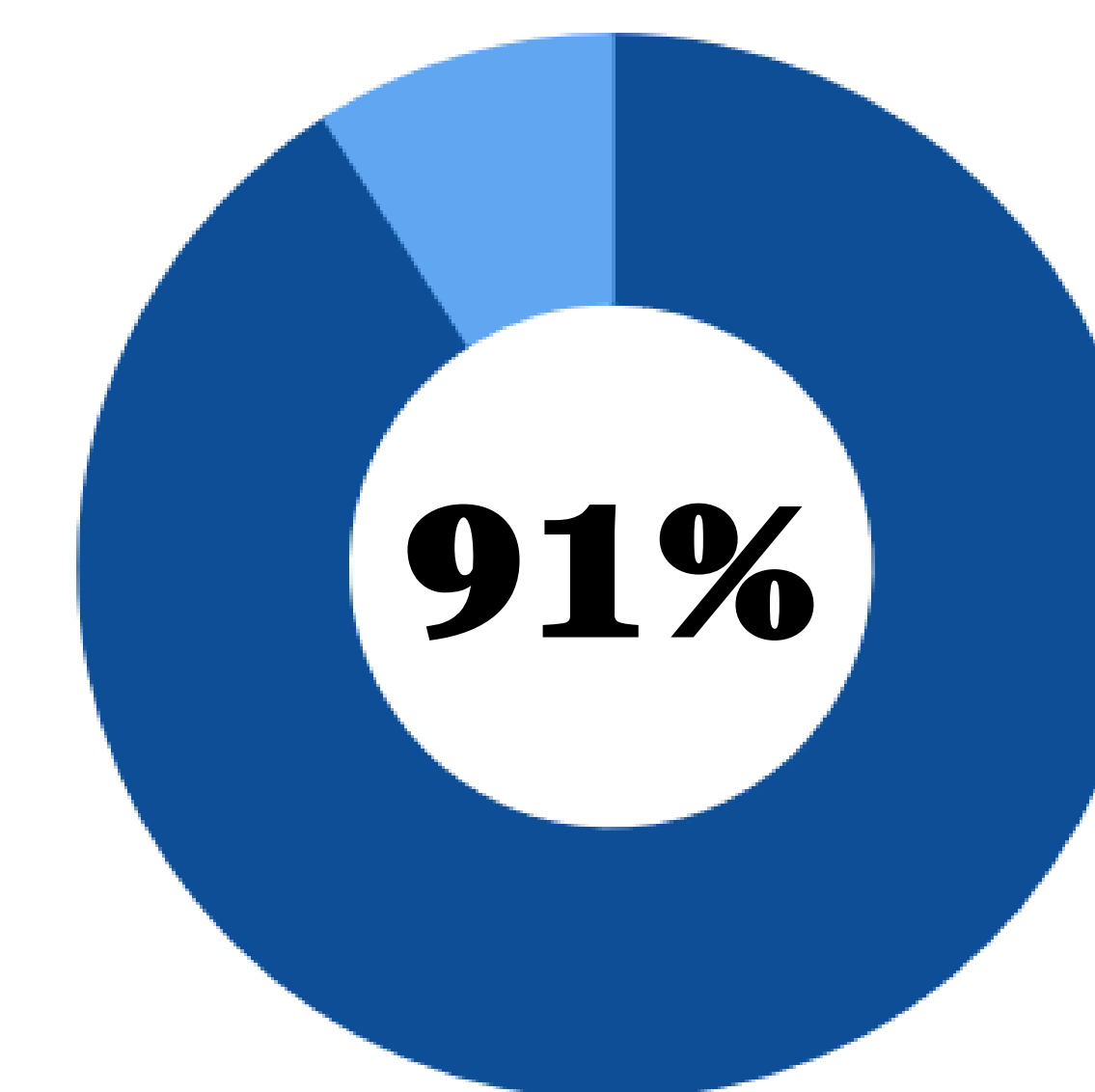
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Participants



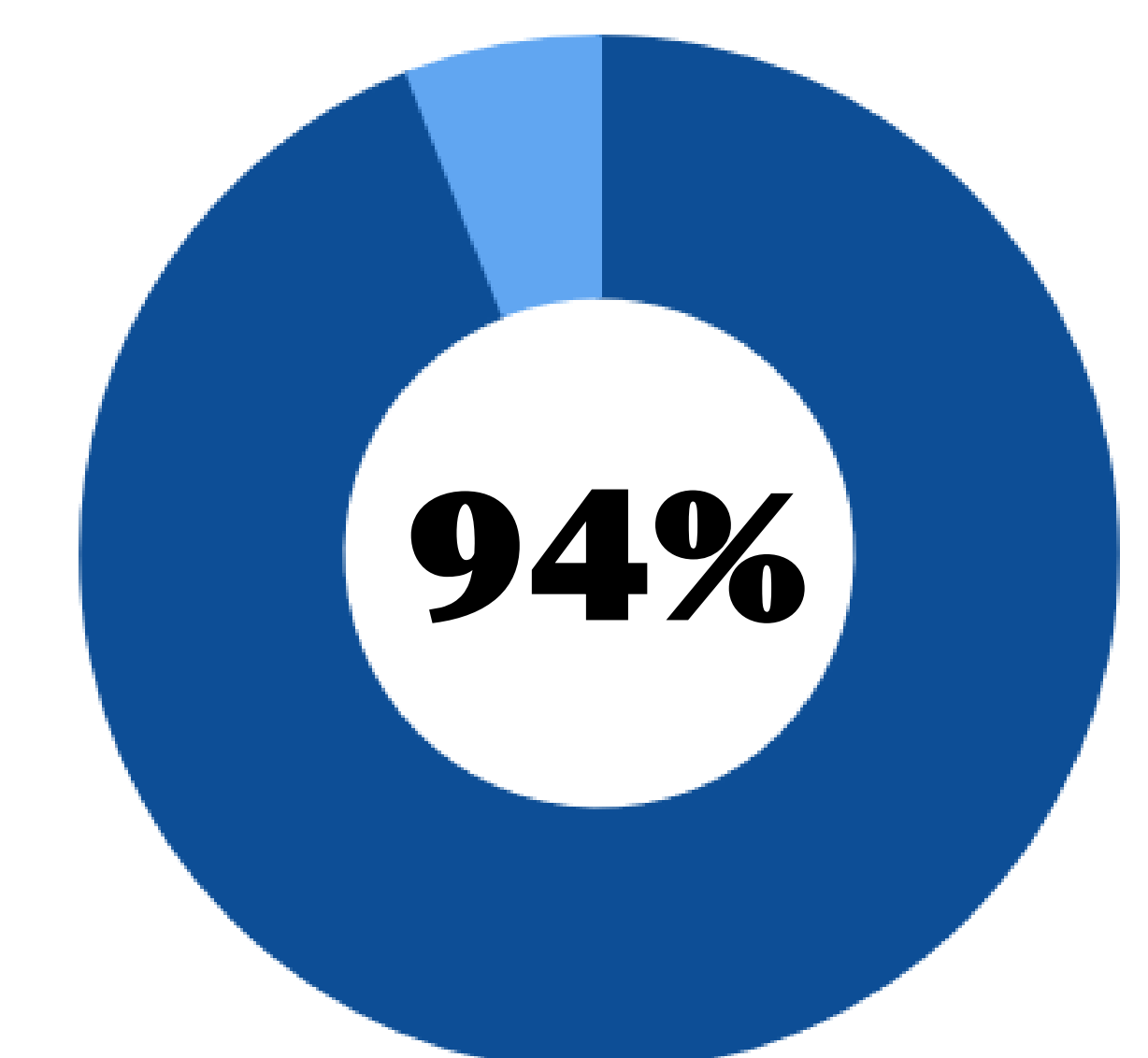
1) Patient Education	2) Provider Education	3) Patient-centered and personalized care	4) Offer alternatives to care
Examples: Educate patients about de-intensification during a group class Inform patients of the harms and risks of screening or treatment using videos, mailed brochures, etc.	Examples: Obtain a signed statement of commitment from providers indicating they will commit to scaling back when appropriate Have mandatory training for clinic staff on newest overuse recommendations	Examples: Train physicians and nurses in motivational interviewing techniques Have clinical staff 'treat the patient as a person and not as a number'	Examples: Have providers consider doing more up front, to build rapport and trust with the patient for future scaling back efforts Have providers offer choices (e.g., suggest lifestyle modifications to reduce stroke risk)

Patient Satisfaction

Forum was a good use of time



Satisfied with ideas generated



CONCLUSIONS & IMPLICATIONS

- ✓ Patients successfully worked together and created multiple strategies to support successful de-intensification
- ✓ Involving patients in this process will help make sure that de-intensification strategies are acceptable to patients
- ✓ Need to involve clinicians and policy makers to further develop these patient-centered strategies to reduce unnecessary services