Using Human-Centered Design to Bring Patient Voice to MAT Services
Workshop Agenda

1. What Is Human-Centered Design and Why Co-Design with Patients?

2. Co-Design in Action: LAC+USC’s Experience

3. Q&A

4. Co-Design Activity: Journey Mapping

5. Reflection & Resources
Learning Objectives

1. Learn what human-centered design is.
2. Learn how to use human-centered design to engage patients.
3. Understand the basic steps to co-designing and examples of how to begin co-designing with patients.
4. Hear an example of how co-design has been used for improving MAT services.
5. Experience one design activity that can be used in a future co-design session.
6. Take away practical resources and techniques to use immediately!
What Is Human-Centered Design and Why Co-Design with Patients?
How we’ve traditionally worked (more or less)
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In HCD, we spend more time exploring the problem...
“I learned that human-centered innovation is more than a tool or ‘solution’, it is a way of thinking about and approaching a problem, a way of framing solutions... then trying them to learn with real end-users in their real environment.”

– CCI Program Participant
Leveraging Patient Voice

Feedback
- Surveys
- Focus groups

Contextual Insights
- Observation
- Shadowing
- Interviews
- Journey Mapping

Advice & Support
- Patient & Family Advisory Councils
- SUD Counselors/Peer Navigators

Co-Design
- Patients on project team longitudinally, creating value alongside staff

Low Engagement  High Engagement
Why Co-Design with Patients?

Build stronger relationships with patients.

• Transform care in a way that truly matters to patients.

• Build a deeper relationship and trust with patients.

• Patients appreciate sharing their stories and ideas.

Better problem solving.

• Reduces risk and waste of resources.

• Help prioritize what problems to address

• Challenge what you “know” and assume to be true

• Encourages radical thinking and creativity.
Anyone can do this... be creative. listen. have humility.

• You don’t need to be an expert to do this work!
• Be curious, ask questions & learn.
• Start small with the resources you have.
• Be visual and make things tangible.
• Show your work to peers early and often. Be open to feedback.
• Consider how relatable you are.
Basic Approach to Co-Design

1. Understand the Problem
2. Generate Ideas
3. Test Ideas
4. Iterate on Ideas
Basic Approach to Co-Design

1. Understand the Problem

Examples include:
- Interview patients and health center staff to learn about their experience
- Shadow patients during their clinic visit
- Home visit to better understand the patient’s at-home environment
- Review data from patient surveys, patient advisory councils and patient portals

2. Generate Ideas

3. Test Ideas

4. Iterate on Ideas
Basic Approach to Co-Design

1. Understand the Problem
2. Generate Ideas
3. Test Ideas
4. Iterate on Ideas

Examples include:
- Recruit a diverse group of patients to participate with living and/or lived experience of health concern
- Host a co-design session with patients to brainstorm and prioritize ideas
Basic Approach to Co-Design

1. Understand the Problem
2. Generate Ideas
3. Test Ideas
4. Iterate on Ideas

Examples include:
- Have patients engage with & experience the idea(s)
- Gather feedback on the idea(s): what went well and what could be better?
Basic Approach to Co-Design

1. Understand the Problem
2. Generate Ideas
3. Test Ideas
4. Iterate on Ideas

Examples include:
• Go back to designing the solution idea so that it addresses patients’ feedback
• Share updates with the patients you engaged during Step 1 & 2 to let them know they were a vital part of making this happen!
LAC+USC

Adult Primary Care Clinics:
• 2 clinics (Residents/ Attendings)
• ~35,000 empaneled patients
• 60-80% MediCal
• Team-based integrated primary care model
• Pre-ATSH: 9 X-waivered PCP
• Pre-ATSH: 7 MAT patients
Human Centered Design Timeline

- Key Interviews
- Problem Statement Matrix

Draw Your Experience

Staff Survey

- Journey Map
- Clustering
Journey Map: Patient with OUD

Whose Journey?
An aggregate of patient stories gathered via key interviews and drawn experiences

Whose Input?
Key MAT Team Members:
- SUD-C
- Social Workers
- PCPs
- Nurses
Journey Map: Patient with OUD
Journey Map: Key Insights

**STRENGTH**
- Build on current transitions of care processes
- Improve access
- Proactively reach out to patients

**OPPORTUNITY**
- Improve screening and identification of OUD

**CHALLENGE**
- Less control over external factors, maybe not best place to start – prioritize!

**STRENGTH**
- Build ALL staff capacity
- Connect SUDC to patient earlier in journey

**OPPORTUNITY**
- Meet patient where they are
- Keep patient engaged
Journey Map: How Might We...

**HMW...**
- Improve TOC from acute settings to primary care for OUD/MAT patients?

**HMW...**
- Build capacity for MAT among all staff?
- Match current resources to patient needs?

**HMW...**
- Better identify patients who might benefit from MAT without causing more chaos?

**HMW...**
- Catch missed opportunities?
- Meet the patient where they are?

**CHALLENGE**
- Less control over external factors, maybe not best place to start – prioritize!
Journey Map: Next Steps for Patient Co-Design

**STRENGTHS**

- Build ALL staff capacity
- Connect SUD to patient earlier in journey

**OPPORTUNITIES**

- Improve screening and identification of OUD
- Build on current transitions of care processes
- Improve access
- Proactively reach out to patients
- Meet patient where they are
- Keep patient engaged

HMW…

- Improve TOC from acute settings to primary care for OUD/MAT patients?
- Better identify patients who might benefit from MAT without causing more chaos?
- Catch missed opportunities?
- Meet the patient where they are?
- Build capacity for MAT among all staff?
- Match current resources to patient needs?

**TRANSITIONS OF CARE**

- Hospital, ED, UC, WPC

**MAINTENANCE MODELS**

- RN-led interventions, co-occurring chronic pain, group visits, contingency management

**PATIENT ID**

- Screening, advertisement, Catalyst Project
Let’s Try An Activity!
Journey Mapping
What’s a Journey Map?

• A flow chart of a user’s experience

• Made up of core activities

• Layered with important information like feelings, interactions, and pain points
When to Use Journey Mapping?

1. Understand the Problem
   - Helps to visualize the patient experience

2. Generate Ideas
   - Identify opportunities for improvement & generate ideas with patients!

3. Test Ideas

4. Iterate on Ideas
Why Use A Journey Map?

- Infuses *process* with *human stories*
- Makes user experience *tangible* and easy to share
- Weaves different kinds of information into *one diagram*
- Offers *spring board* for solutions and strategy
Journey Map Elements

X-Axis: Steps Over Time

Y-Axis:
- Emotions
- Pain Points
- Questions That Arise
- Quotes
- Influencers
- Motivations
Journey Map Example: Cooking Dinner

Buy the right amount

All food done at the same time

 Doing the dishes
Journey Map Example: Cooking Dinner

- **Plan/Shop**: Buy the right amount, Stressed
- **Stage/Store**: Distracted
- **Prep/Cook**: Calm, All food done at the same time
- **Serve/Eat**: Joyful
- **Post Prep/Cleanup**: Doing the dishes, Exhausted
Journey Map Example: Cooking Dinner
Pre Visit (Prep)

HV#2-S Goals
To bring:
Life Calendar: Facilitator
  a) Colored pencils
Computer Prep
  - pull up "Activity"
  - mark facilitator in Persimmony
Mini folder
  pull visit materials from drawers

During
1) Health Assessment
   a) Vitals
   b) Update appts
   c) ER visits
2) Review
   a) Triplicate form
3) 14. Topic
4) Program Topic
   Smart Goals

Post (multiple)
1) Persimmony
   a) Document
2) Other (Long Prep)
3) ETO forms \rightarrow Warren
   White copy HV form \rightarrow Paper Chart
Tips & Tricks

• Interviews and observations are your foundation
• Start simply, then add on and remake the map as you learn
• Display relevant information thoughtfully and creatively
• Show users your map to get feedback
Activity - Journey Map

1. Break into a group of 4-5 new friends.
2. Pick an individual to act as the MAT patient.
3. Think about their journey of getting a suboxone refill FOR THE FIRST TIME. List key activities that the patient would do.
4. Order them from left to right.
5. Label “stages” of related activities.
6. Add in “layers” of information:
   • Emotions, pain points, quotes, etc.
Journey Map Elements

Y-Axis:
• Emotions
• Pain Points
• Questions That Arise
• Quotes
• Influencers
• Motivations

X-Axis: Steps Over Time
Sample: Suboxone Refill Process

- Patient schedules for suboxone refill
- Patient arrives for refill
- MAT RN consulted
- MAT provider completes refill request

Thoughts & Questions
Emotions
Pain Points
Review Your Journey Map

- What was one surprising thing you gathered from this activity?
- Which step includes the most pain points or negative emotions?
- Which step includes the most questions?

Answering these questions will help you identify your opportunities for improvement, where you can begin idea generation!
What’s After Journey Mapping?

1. Understand the Problem
2. Generate Ideas
3. Test Ideas
4. Iterate on Ideas

Visualize the patient experience
Identify opportunities for improvement & generate ideas with patients!
Tips for Your Next Co-Design Session

Consider accessibility & logistics of session: timing, food, day-care, incentives?

Acknowledge that this is your first time doing this and it’s a learning process for everyone!

Include fun, tactical activities that would spark creativity and help break the ice.

Seek feedback from participants on how the session could go better next time.
Resources

Human-Centered Design
Method Cards

Journey Mapping Webinar
You can now **sign up** to receive human-centered design tips in your inbox!

[www.careinnovations.org/catalyst-online](http://www.careinnovations.org/catalyst-online)
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