



CCI
CENTER FOR CARE
INNOVATIONS

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.

4

Hear an example of how co-design has been used for improving MAT services.

2

Learn how to use human-centered design to engage patients.

5

Experience one design activity that can be used in a future co-design session.

3

Understand the basic steps to co-designing and examples of how to begin co-designing with patients.

6

Take away practical resources and techniques to use immediately!



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



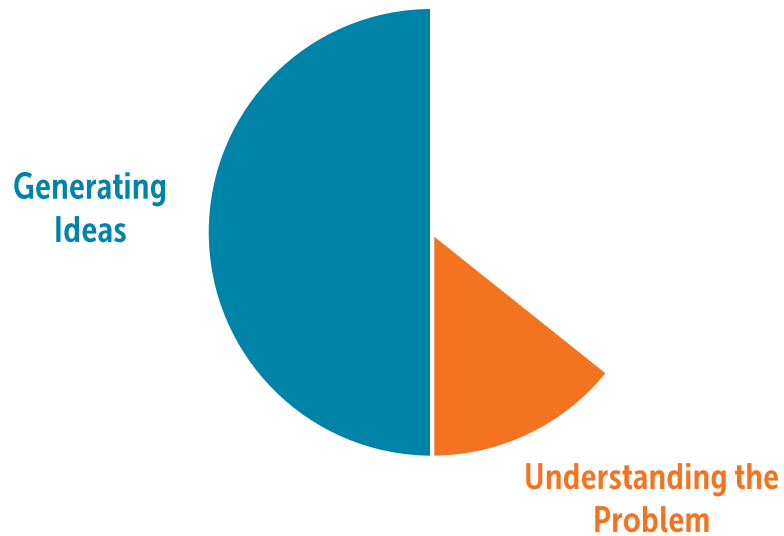
How we've traditionally worked (more or less)



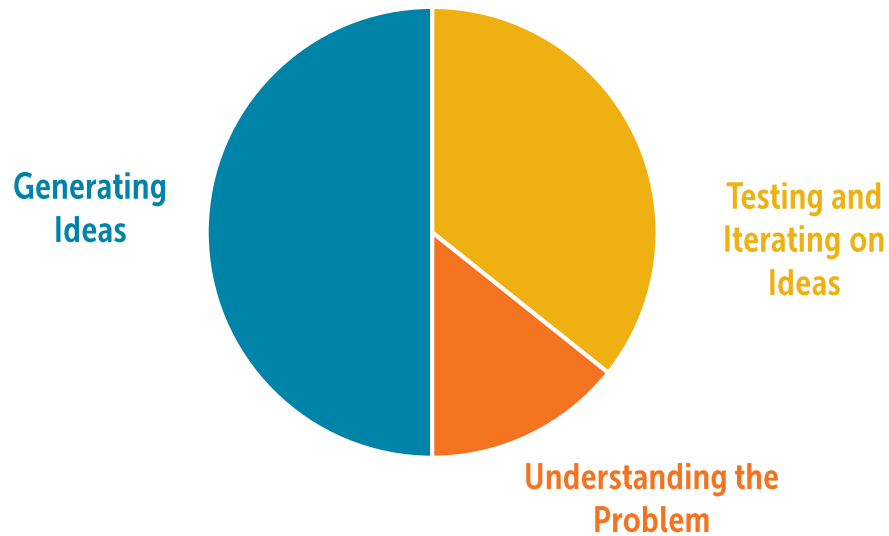
Understanding the
Problem



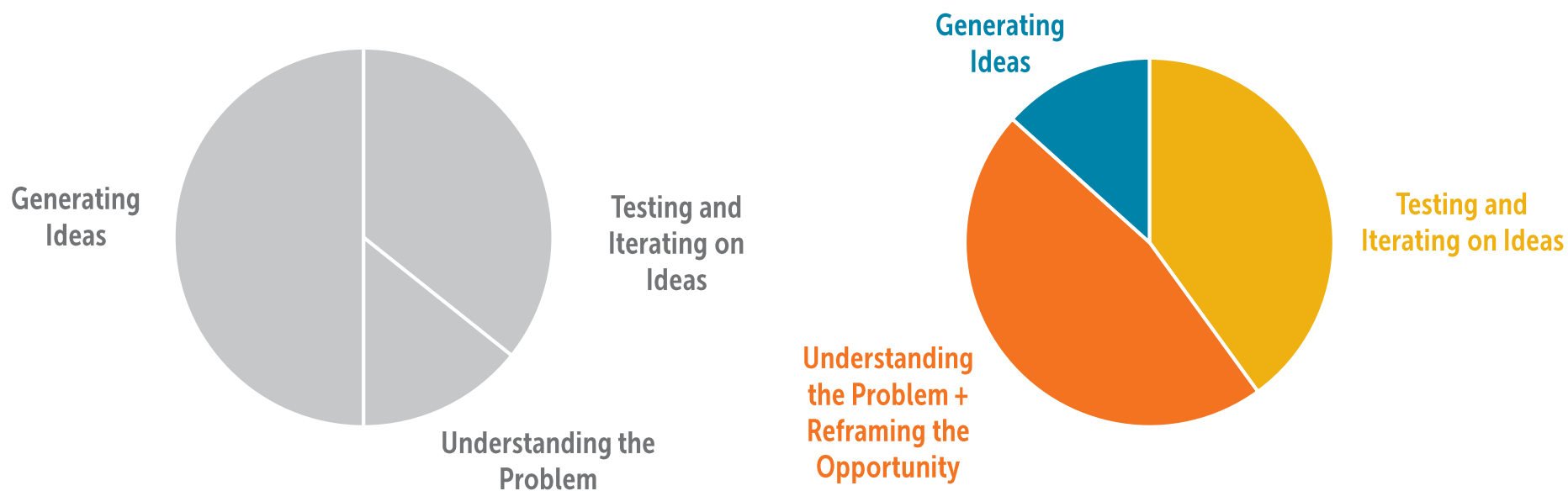
How we've traditionally worked (more or less)



How we've traditionally worked (more or less)



In HCD, we spend more time exploring the problem...



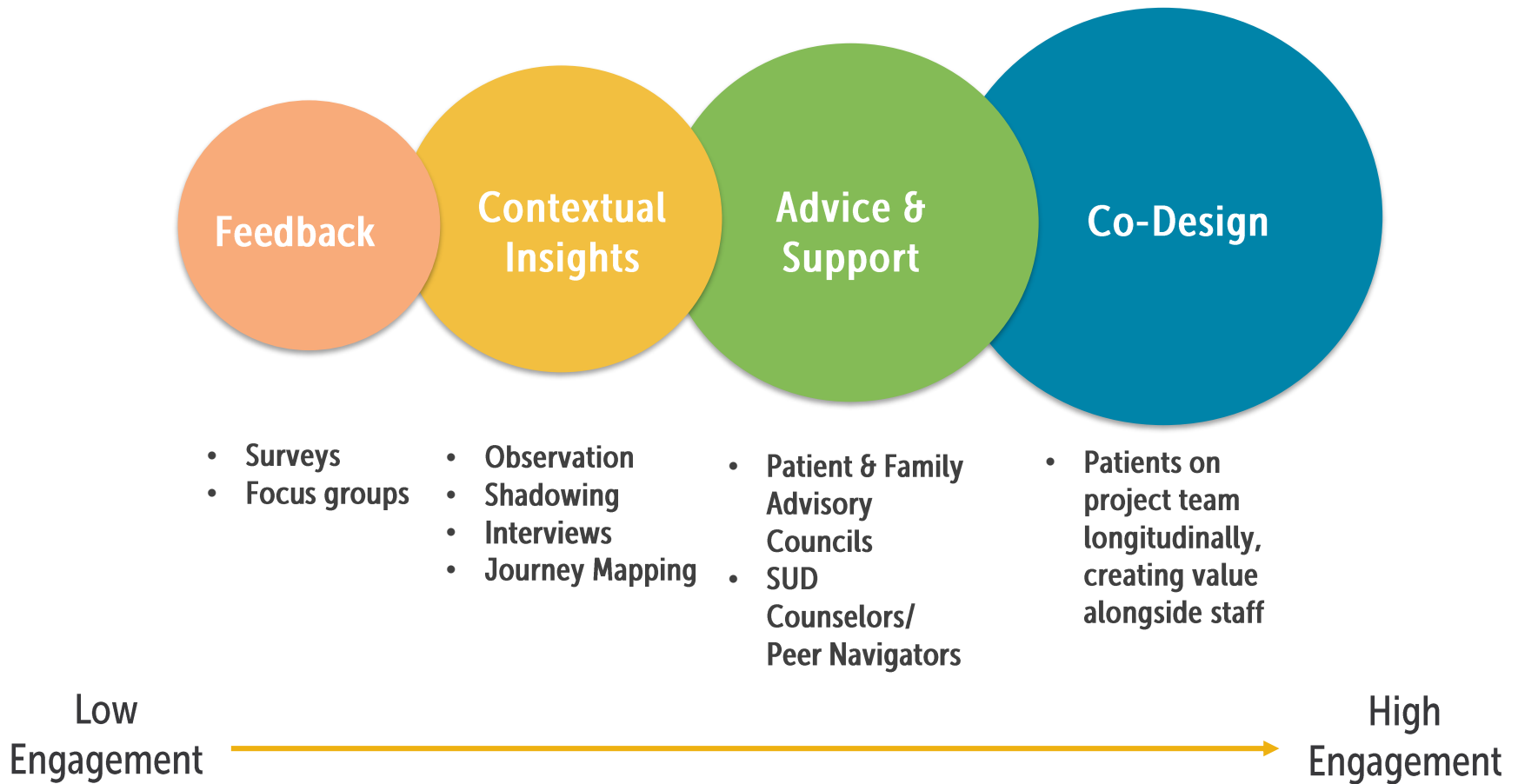
"I learned that human-centered innovation is more than a tool or 'solution', it is a way of thinking about and approaching a problem, a way of framing solutions... then trying them to learn with **real end-users in their real environment.**"

– CCI Program Participant





Leveraging Patient Voice



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

2 Generate Ideas

3 Test Ideas

4 Iterate on Ideas

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



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!





CCI

CENTER FOR CARE
INNOVATIONS

Questions?

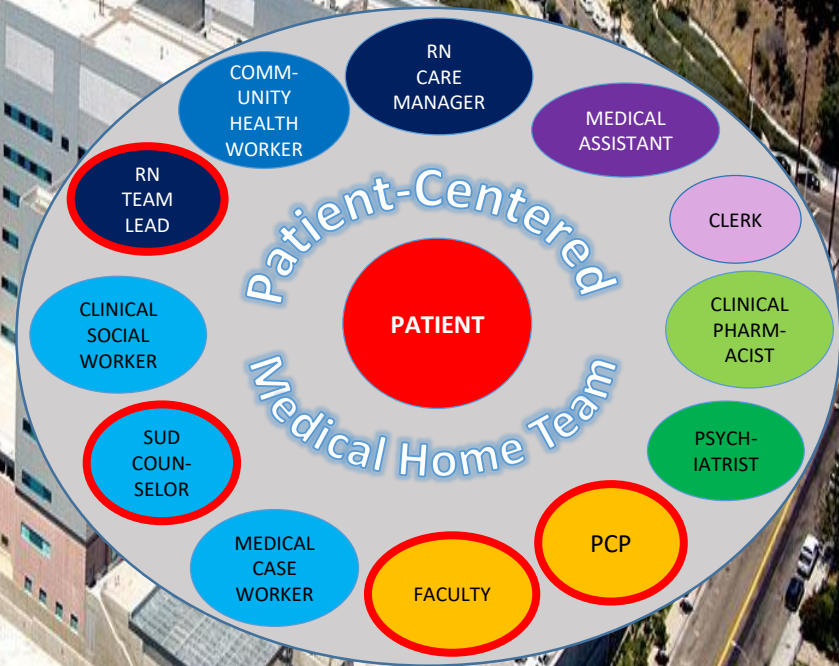


Large academic center
Safety Net
Immigrant
Urban underserved
Diverse
Homeless

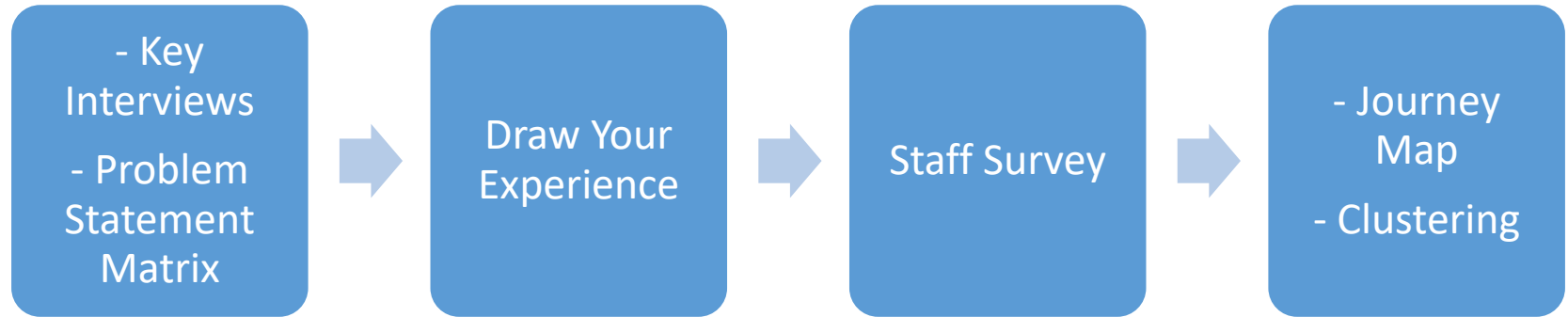
LAC+USC

Adult Primary Care Clinics:

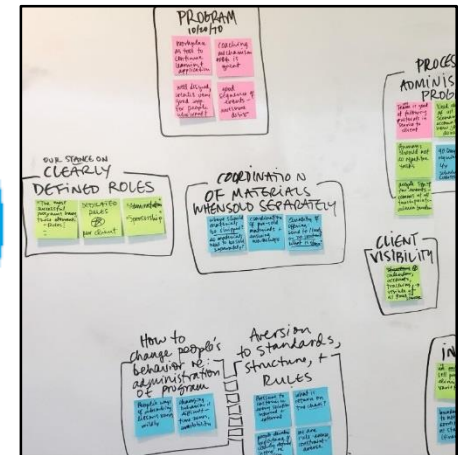
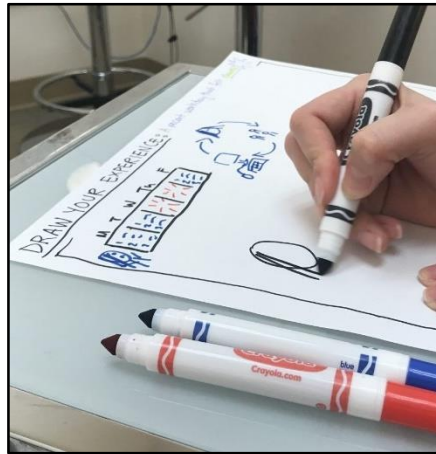
- 2 clinics (Residents/ Attendings)
- ~35,000 empaneled patients
- 60-80% MediCal
- Team-based integrated primary care model
- Pre-ATSH: 9 X-waivered PCP
- Pre-ATSH: 7 MAT patients



Human Centered Design Timeline



I AM	TRYING TO	BUT	BECAUSE	WHICH MAKES ME FEEL
PROVIDER (RESIDENT)	address questions for my patients	can't always identify address on morning or available resources	ONLY 2-3 hours with them	frustrated (embarrassed) in clinic?
PROVIDER (PA/NP)	get feedback	patient complaint	16 hours (not 2-3 hours)	?
PROVIDER (S. WARD)	street out opportunity	not sure what to do	I need more training (?)	not confident
CHA/LVN	identify patients with OUP	patients want to be in the best way (not sure if it's important)	language barrier	uncomfortable
RN (S. WARD)	keep track of patients' OUP	where do they go? not in paper	some come from other hospitals	?
PATIENT	improve my health	don't like being asked	don't know how to use the system	frustrated



Journey Map: Patient with OUD



Whose Journey?

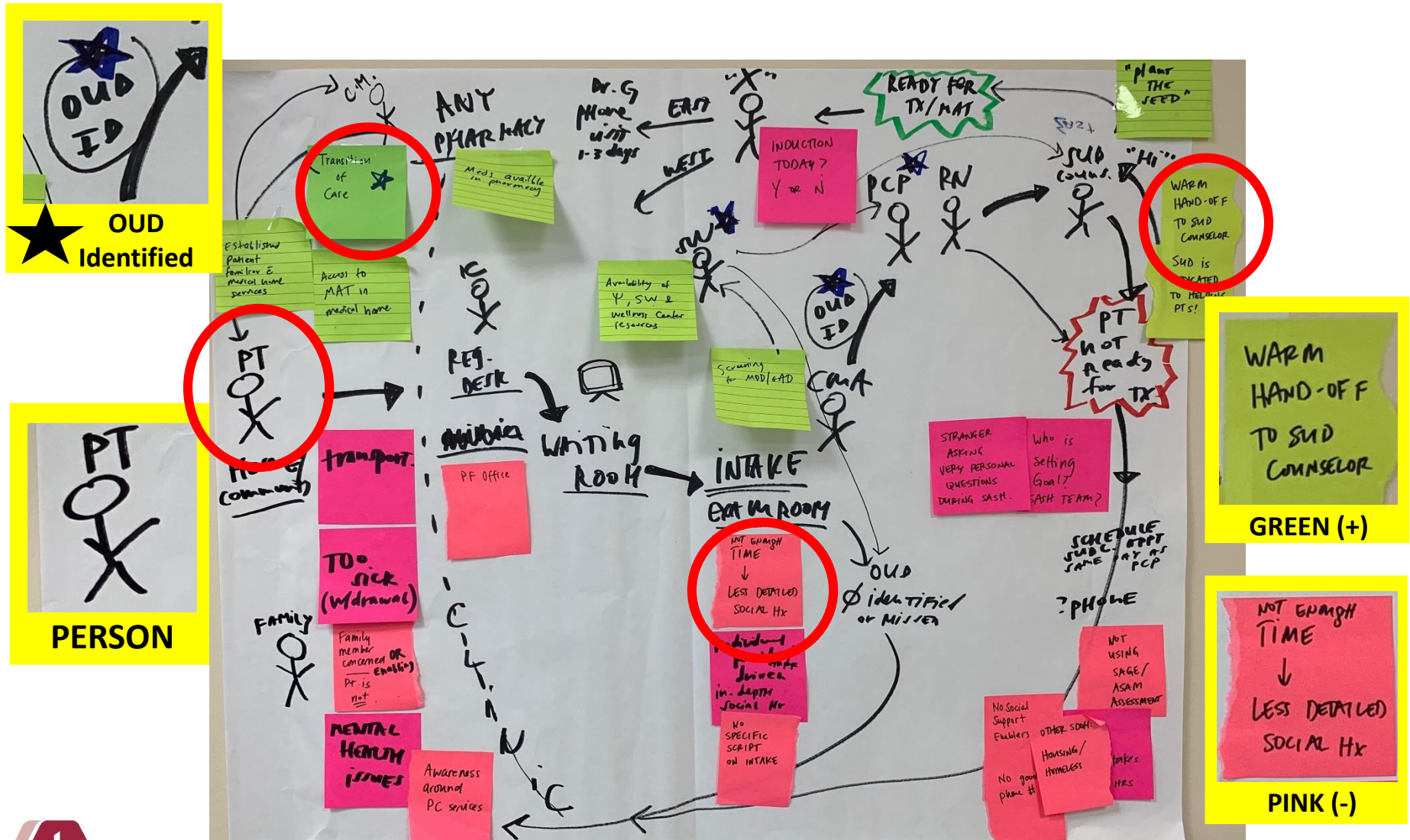
An aggregate of patient stories gathered via key interviews and drawn experiences

Whose Input?

Key MAT Team Members:

- SUD-C
- Social Workers
- PCPs
- Nurses

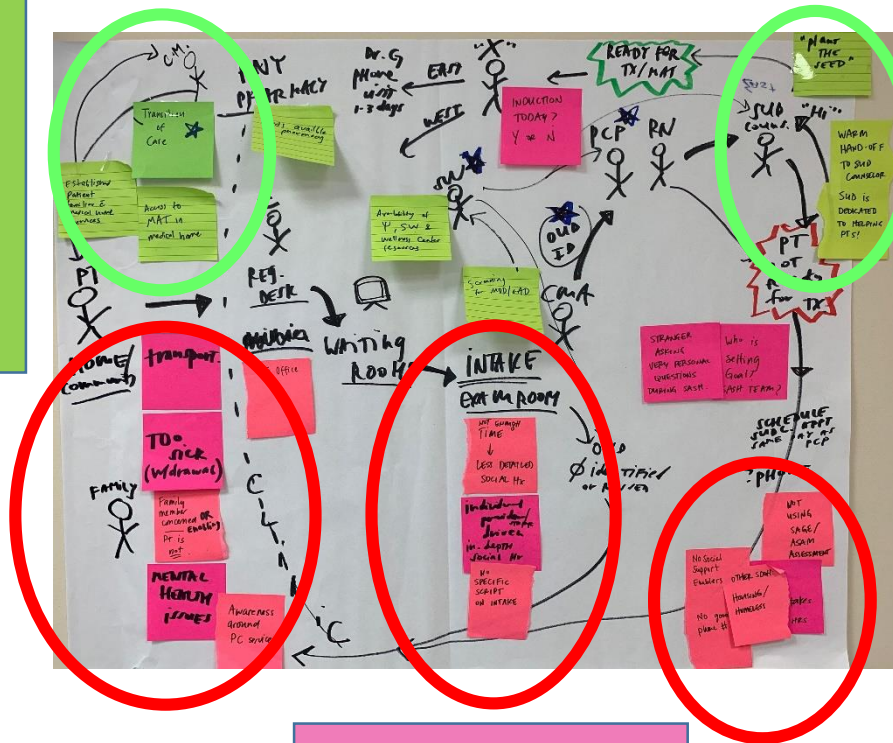
Journey Map: Patient with OUD



Journey Map: Key Insights

STRENGTH

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



STRENGTH

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

CHALLENGE

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

OPPORTUNITY

- Improve screening and identification of OUD

OPPORTUNITY

- Meet patient where they are
- Keep patient engaged

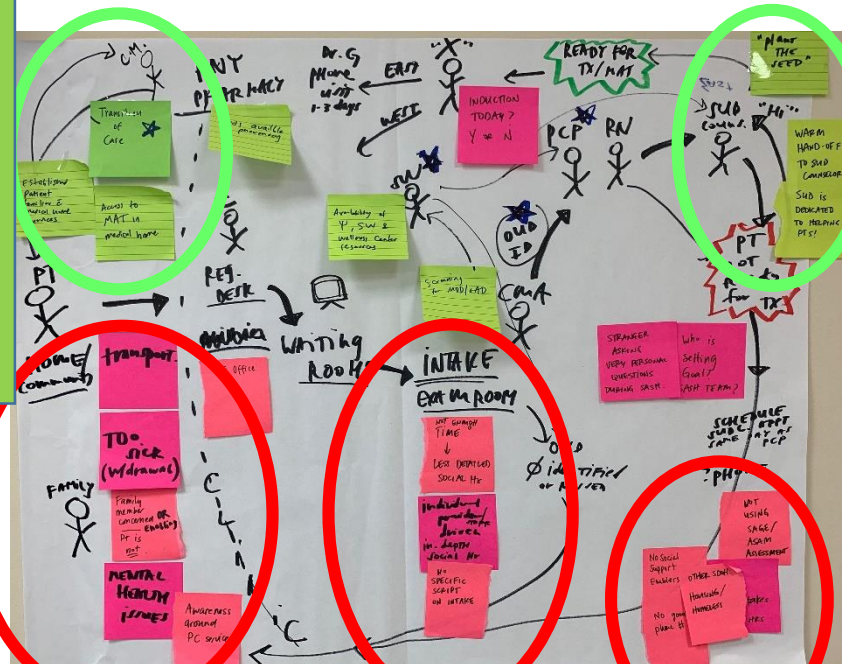
Journey Map: How Might We...

HMW...

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

CHALLENGE

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



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?

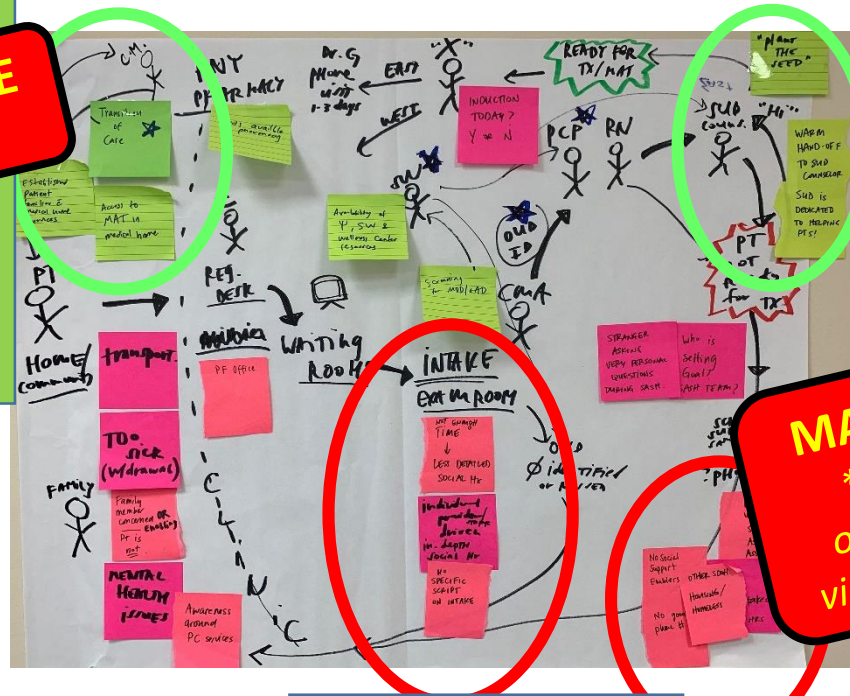
Journey Map: Next Steps for Patient Co-Design

HMW...

- Improv

TRANSITIONS OF CARE

* Hospital, ED, UC, WPC
OUD/ MAT
patients?



HMW...

- Build capacity for MAT among all staff?
- Match current resources to

MAINTENANCE MODELS

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

HMW...

MAINTENANCE

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

HMW...

HMW...

- Catch missed opportunities?
- Meet the patient where they are?

HMW...

- Better identification

PATIENT ID

PATIENT ID
* Screening, advertisement,
Catalyst Project



CCI

CENTER FOR CARE
INNOVATIONS

Questions?





Let's Try An Activity!

CENTER FOR CARE INNOVATIONS

28

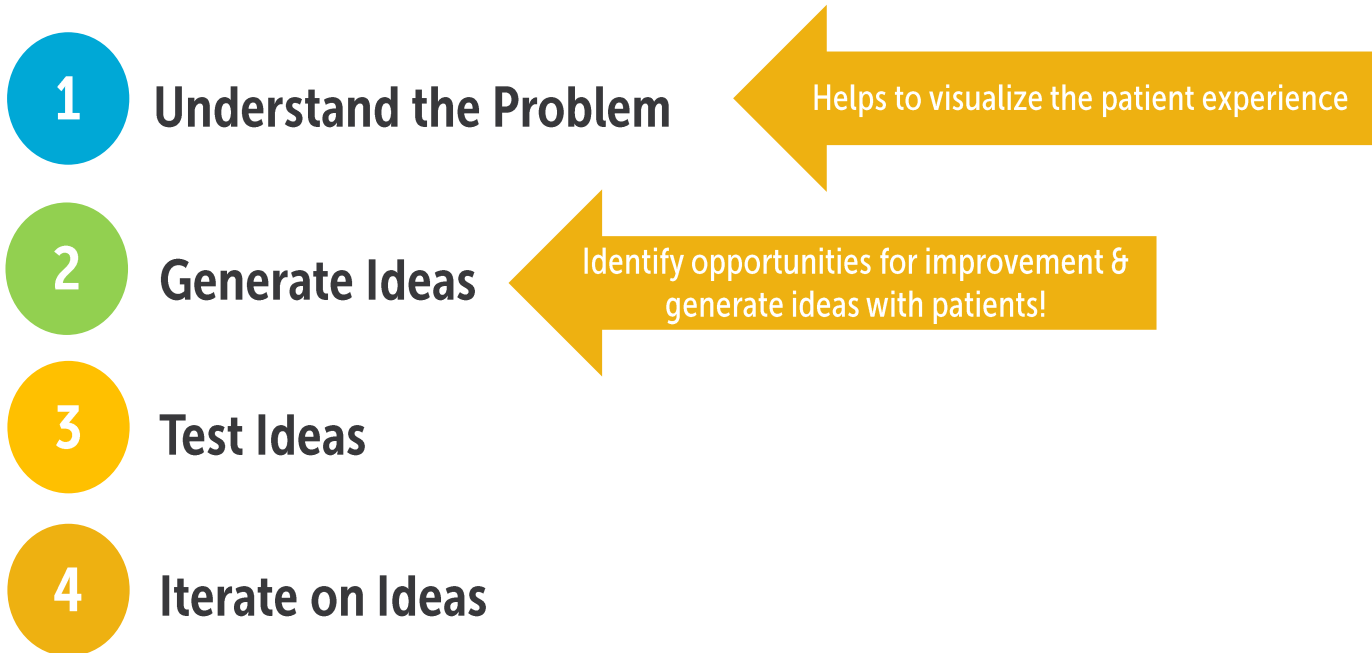
Journey Mapping

A group of four people are gathered around a large blackboard, engaged in a collaborative activity. A woman with long brown hair, wearing a black top, is pointing at a series of yellow sticky notes arranged horizontally across the board. Two men, one in a blue and white plaid shirt and another in a brown and gold patterned shirt, are looking at the notes. A fourth person, wearing a white striped shirt, is partially visible on the right. The blackboard is covered with various sticky notes in yellow, pink, and light blue, some of which contain text and small images. The scene is set in a room with a white wall and a blackboard.

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

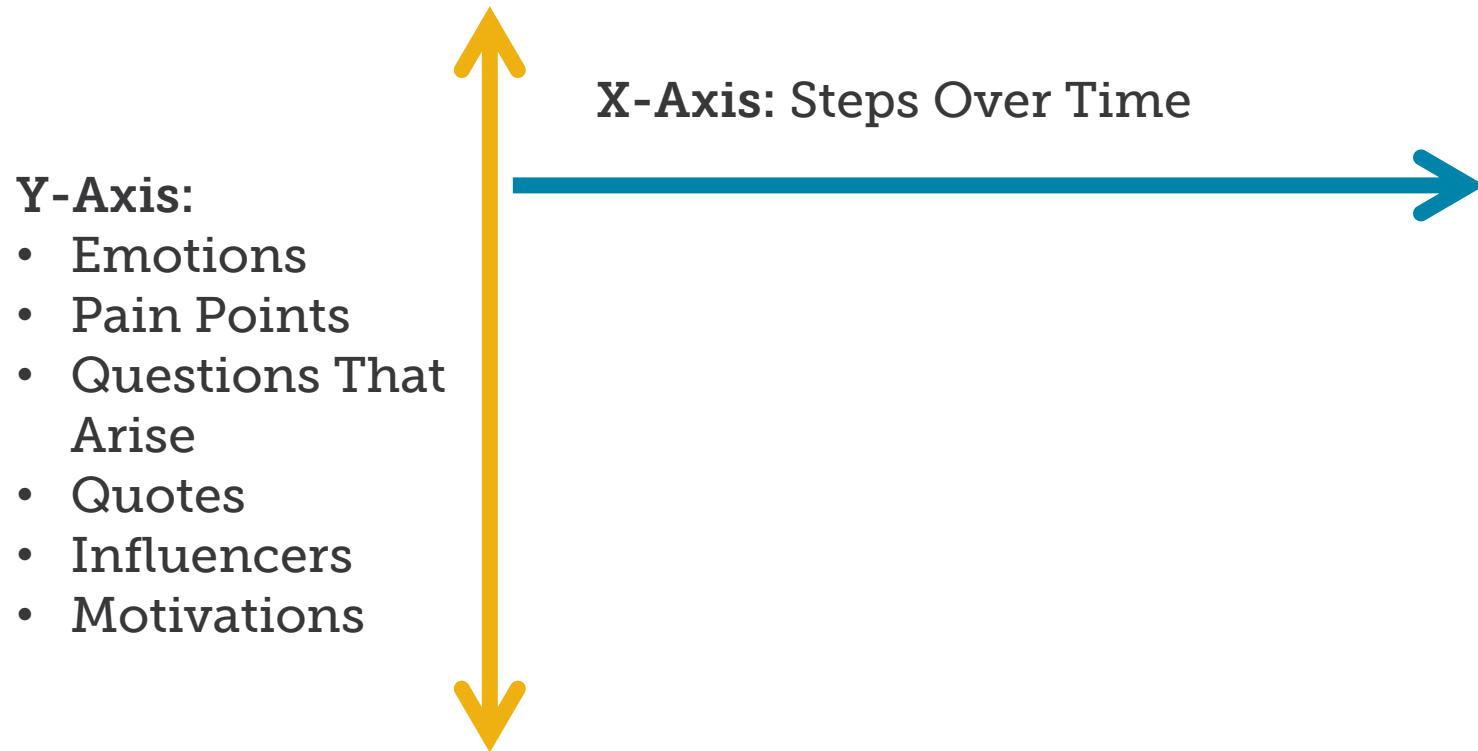
When to Use Journey Mapping?



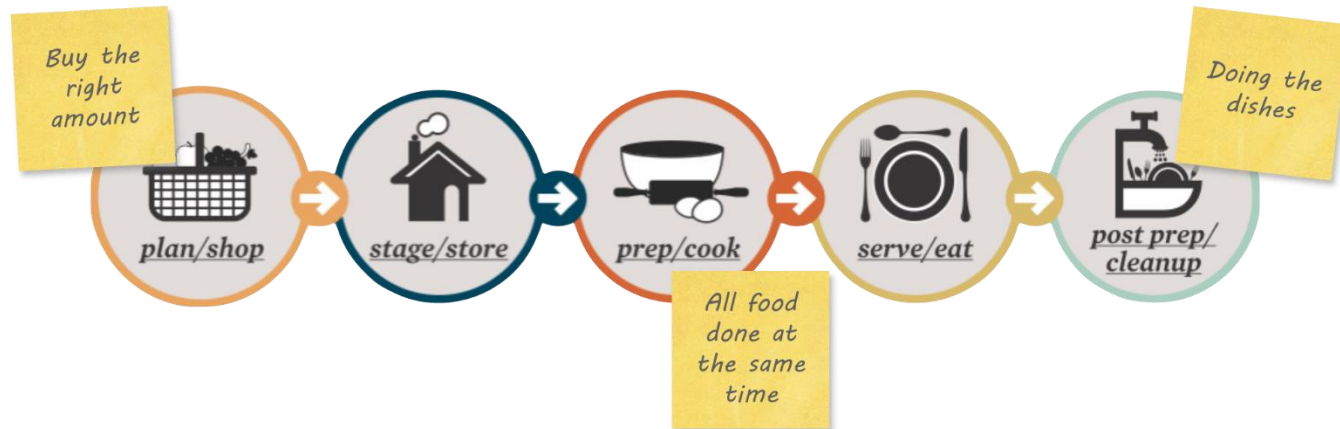
Why Use A Journey Map?

- 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

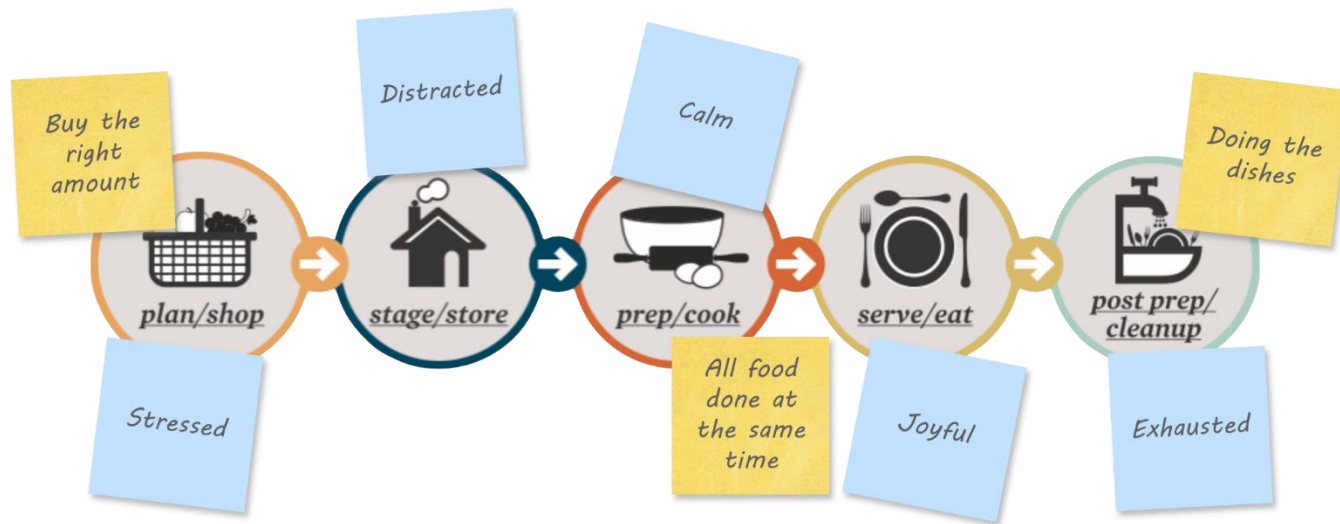
Journey Map Elements



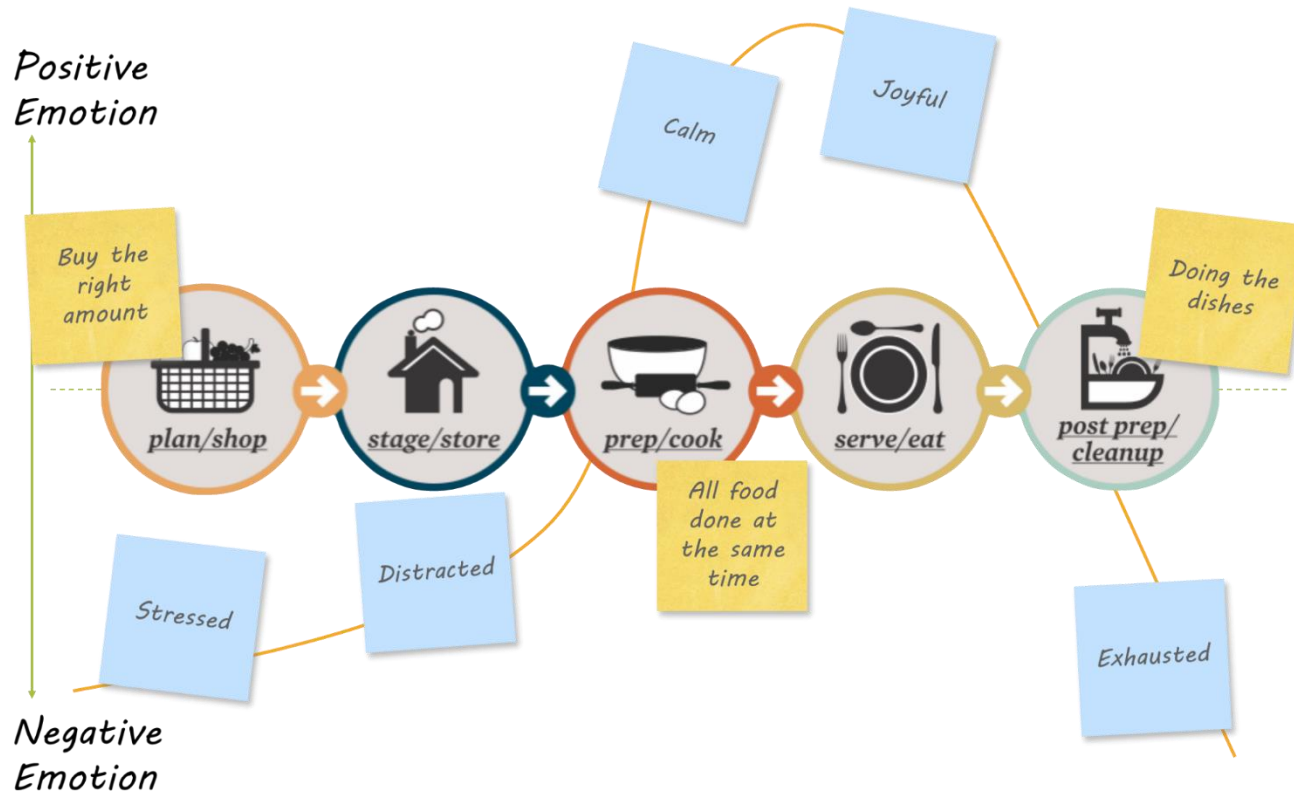
Journey Map Example: Cooking Dinner



Journey Map Example: Cooking Dinner



Journey Map Example: Cooking Dinner



Pre Visit (Prep)

HV#2-5 Goals

to bring 1) 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) CH. topic

4) Program Topic

Smart
Goals

Post (multiple)

1) Persimmony

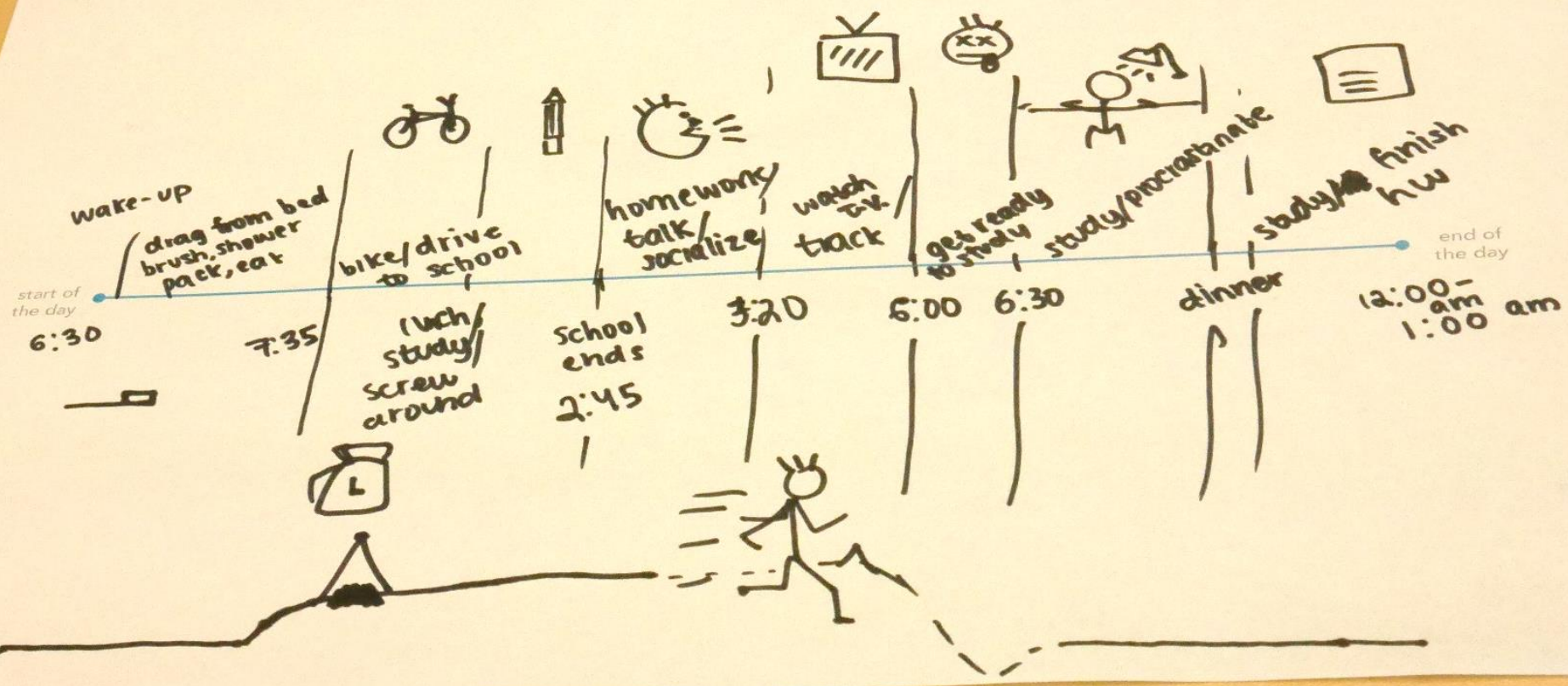
a) Document

2) Other (long prep)

3) ETO forms → Lanett

White copy HV form → Paper
Chart

Gr.V.



persona aspects:

- No kids
- Live nearby
- Coordinating
- 20-something
- Pod member

- Unbothered by movement/activity
- Early arriver (before 9:30/10)

feel great when making shared affirmation

TUESDAY

High noise levels are distracting (multiple ways)

Movement to other space (two) dictated by project and/or team

Preference of desk setup (dual screens)

feel distracted by phone

feel charged up

Feel good (or not) at end of day based on how much accomplished

"Feel grateful for the way things went when walk home"

"happy & excited when leave work and hit a wall"

"Feel heavy weight on evening when leave work"

"Feel super checked out by this time"

Feel need space with no distractions in a room to get work

Feel tired at end of day "hit a wall"

Feel nice to connect with pod neighbor

"like meetings in morning" 10-1pm

Go Go Go!

Feel okay & reactions caused by movement in pod

Feel awkward for lunch "Hungry"

Feel positive/collecting stuff mtg.

Feel like lost momentum after stuff mtg

Feel good hearing about others - not too long

Feel good having prep time

Feel neutral

Feel overjoyed

Wake up [7am]

Work out 7:30-8

Getting Ready [8:30]

Commute [15min bus 20min walk]

Arrive in Office [9:15]

Email, prep Calendar, breakfast no meetings

CCI Huddle 10am

Project Team Meetings 10:15-11:00pm often B2B

CCI Team Mtg 1-2:30pm

Break [people watch in comm room - collab room]

Finishing other tasks, sometimes mtg 2:30-4pm

"Check-in/Working Meeting" w/ Laura 4pm

Tasks, etc. 4:30-5/5:30

Head Home 5/5:30

Commute (bus) walk if sun's out

Evenings Make Food, Study, Not doing CCI work (not small schedule)

Prep for Day

At desk all day → People Arrive 9:10am

LUNCH? Movement + activity in pod and throughout office

Have to request quick breaks

Will move to separate space

People are leaving office

Leave laptop at work

Study is falling to the back burner

Tied to computer (& walking mtg)

I like the different colors to show the life cycle

I wish that feelings could be visualized or emojis for simplicity

I like organization & different colors & the privacy of a person

Like color categories

Categorized color central emotions

Like the personal touch

Wonder and as day feelings same for others Wonder How would structured Planned layout affect?

I like all the emotions & colors & how they feel like a team

I wonder how the person would feel about the layout

Wish we had more specific feedback

How others feel about the layout

Like started mapping from EE's feedback before meeting to work

wonder if this will be consistent with others

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

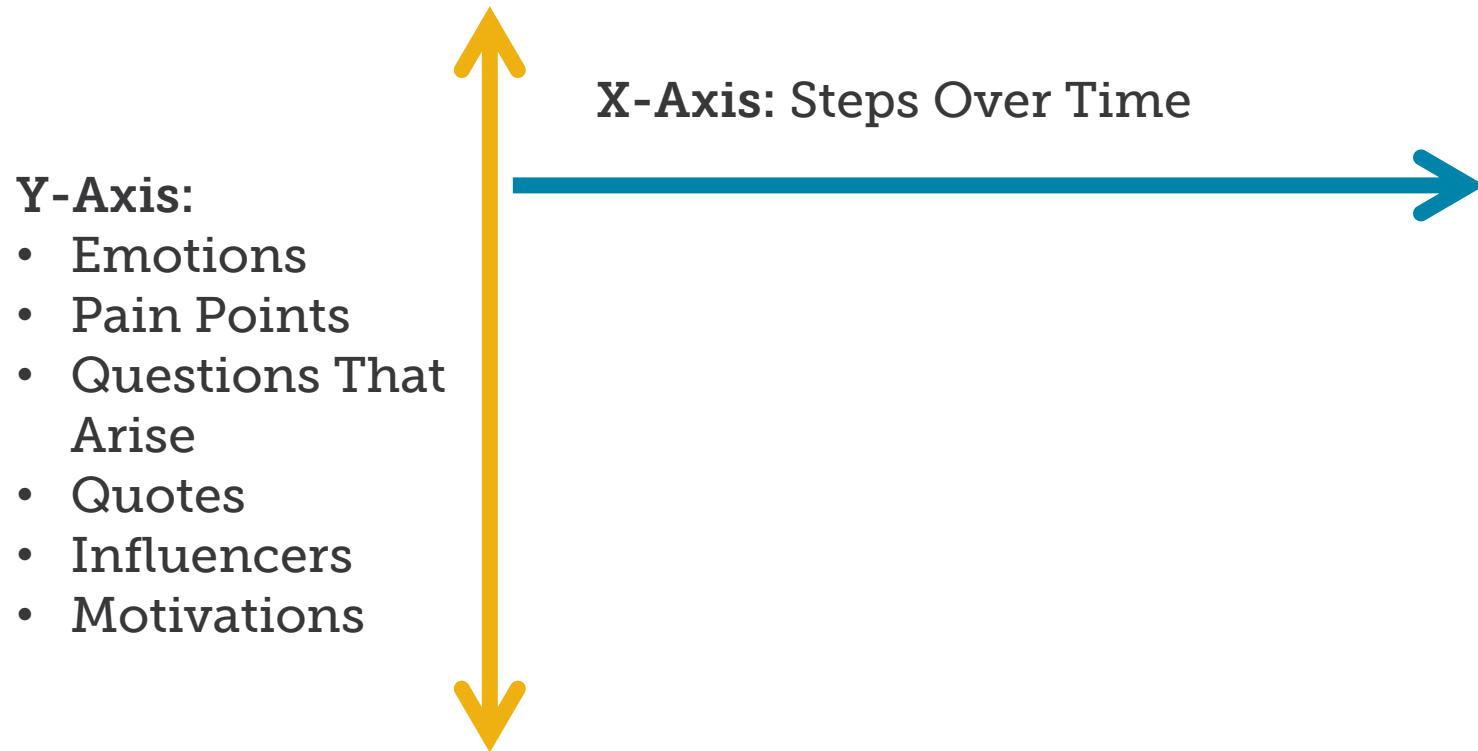
Activity - Journey Map



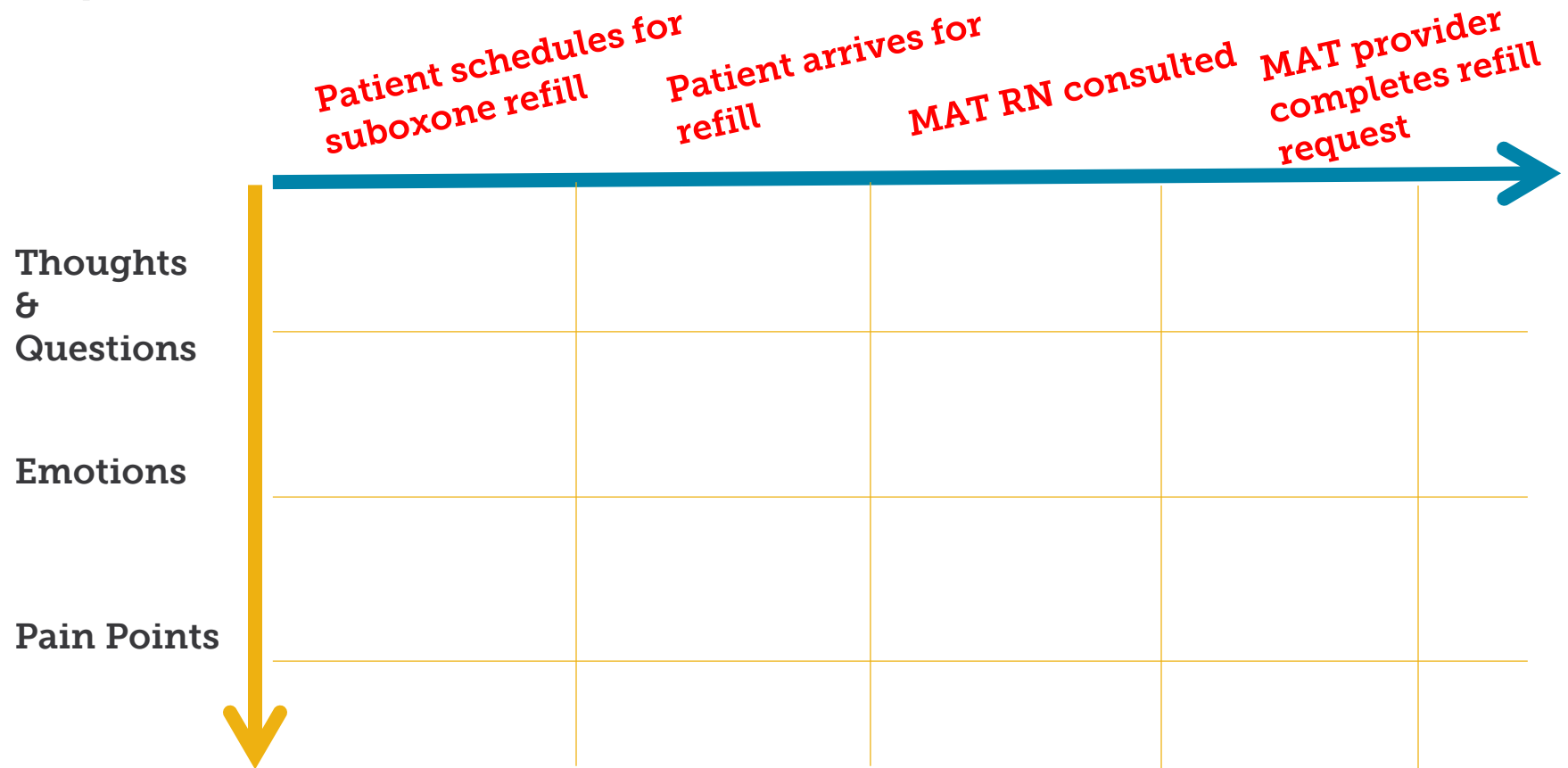
20 minutes

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



Sample: Suboxone Refill Process



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

Visualize the patient experience

2

Generate Ideas

Identify opportunities for improvement & generate ideas with patients!

3

Test Ideas

4

Iterate on Ideas

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!



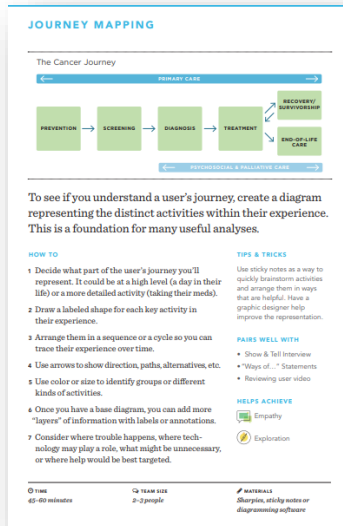
Include fun, tactical activities that would spark creativity and help break the ice.



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

Stay Connected!

Diana Nguyen
Senior Program Coordinator
Center for Care Innovations
diana@careinnovations.org

Joanne Suh
Clinic Medical Director
LAC+USC Medical Center
jsuh@dhs.lacounty.gov

Manuel Campa
Clinic Medical Director
LAC+USC Medical Center
mcampa@dhs.lacounty.gov

