

INCITE ARTIFACTS: DESIGN FOR THE CULTURE OF "CARE DELIVERY"

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William Blake, Moses Erecting the Brazen Serpent, 1802

THE PROBLEM

- *Health care is undergoing a seismic shift in “care delivery” from episodic, fee for service models to value based models that focus on enhanced outcomes, prevention and population health.*
- *This epistemic shift requires a cultural transformation in the way health care leaders think about “care,” and the way experiences of care unfold within a therapeutic relationship between patient, provider and local community.*
- *How might human-centered research become an agent of cultural transformation for health care stakeholders who are caught in the inertia of habit, risk aversion and hierarchy?*



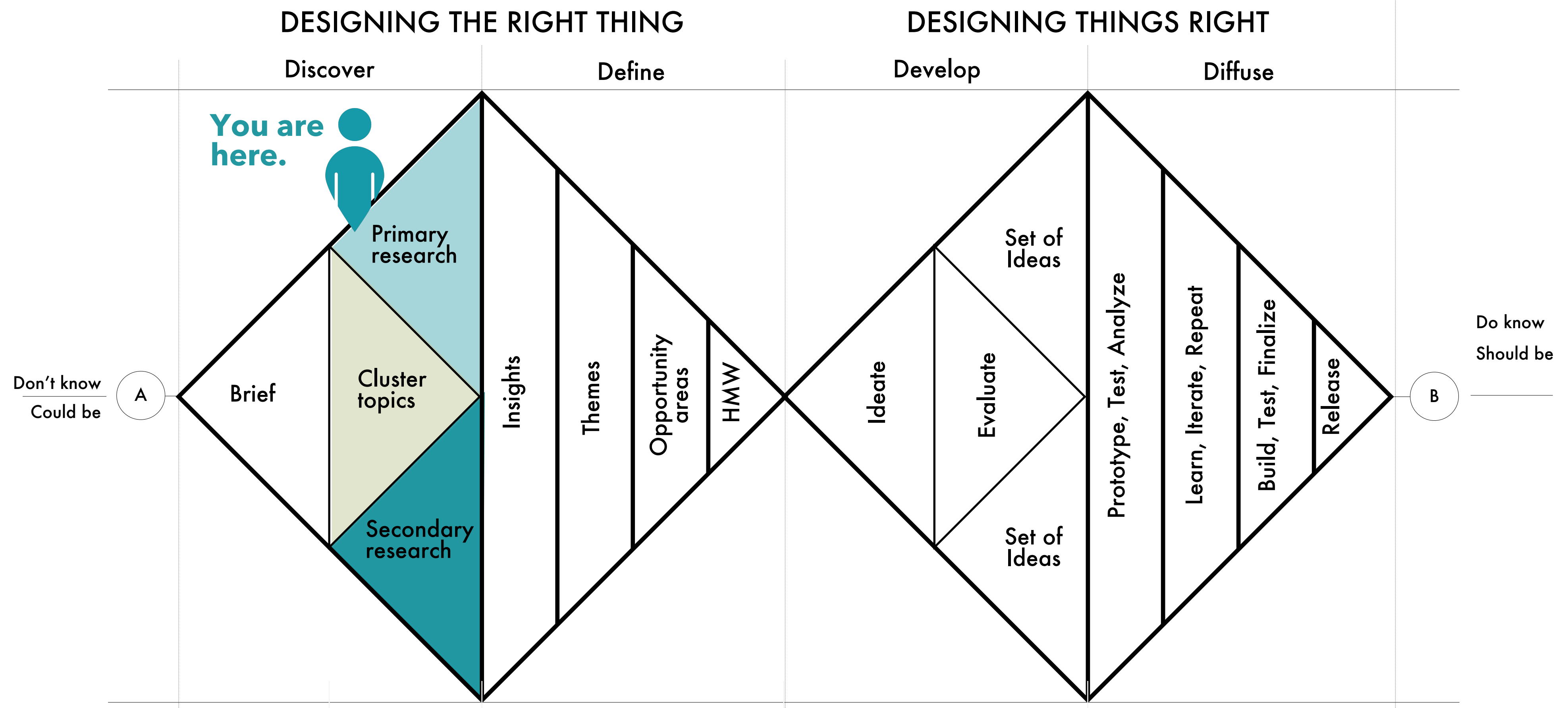
CARE AS THING



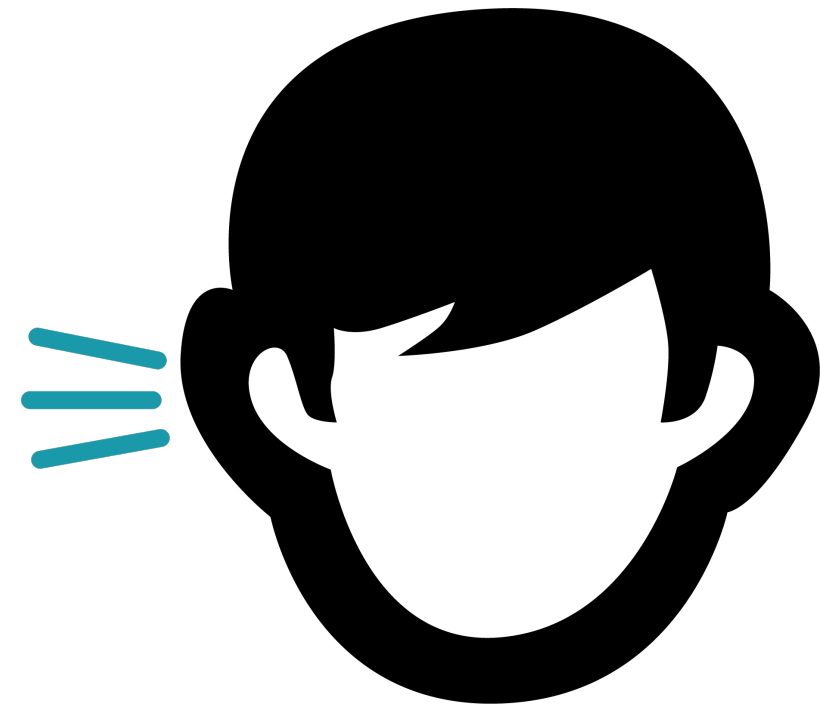
CARE AS EMERGENCE



DESIGN THINKING HEART & VASCULAR SERVICE LINE



DESIGN RESEARCH METHODS



Social Listening



Document Analysis



In-Depth Interviews

DOCUMENT ANALYSIS

Discharge Call Transcripts (4,000 lines of patient dialogue)

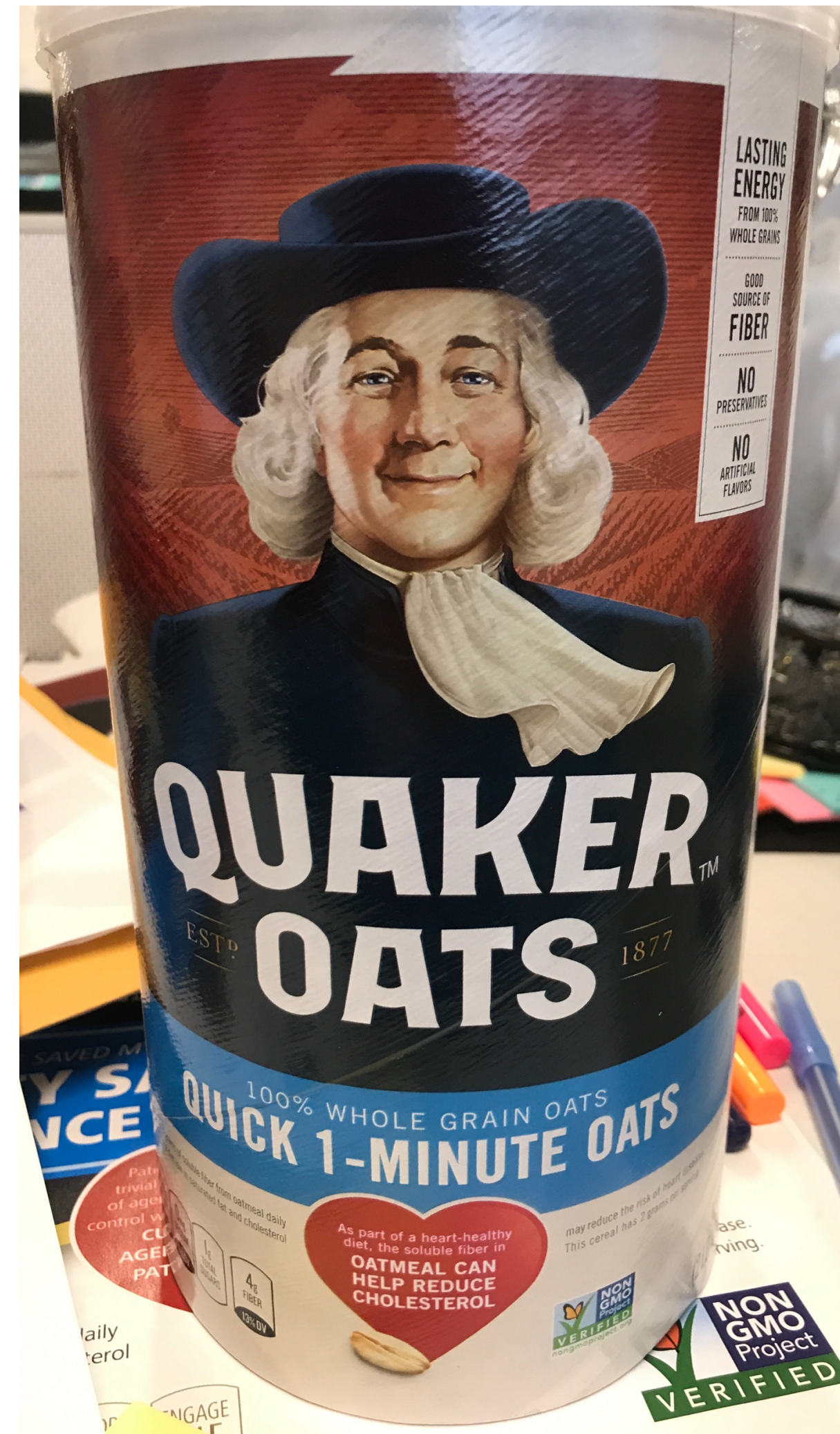
Facility	Dept.	Other Depts.	Patient	MRN	Complaint Details
AP	3A AP	ICU AP			The patient stated, "When I first arrived on 3rd floor i was in the room for a while without seeing anyone. I kept calling the nurse but they would never come and i had an accident and had to lay there for quite some time because I cannot get up on my own. It was pretty long before they came in to clean me up. It was the only bad experience I had in the 14 days I was there. "
AP	ICU AP	ED AP			The patient stated, "When I was in the ED on the 4th the doctor made me feel very very uncomfortable. He acted like I was not being truthful about my pain and was very condescending. I was not going to come back to Annie Penn after that but I decided to try it again with the support of my doctor and i was glad I did."
MC	3E CHF 3700				"I had to wait 5 hours to be seen in the ED."
MC	3E CHF 3700				"It took a while to get a room once I was seen in the ER. I waited 13 hours."
MC	3E CHF 3700				"Vivi-NT had a bad attitude and did not provide good service. She did not introduce herself or say hello when she came into the room. She never explained what she was doing or why. I asked for a urinal and at first she didn't bring one at all so we had to call again. When she did finally bring one, she left it in the bathroom which made it hard for me to access it again."
MC	3E CHF 3700				"My discharge nurse went over the medications I am supposed to take upon returning home. However, I did not receive my heart medicine. I have had to contact my Cardiologist to get it."

REVEALING LATENT PATTERNS IN THE DATA

How do you
communicate an insight
that is deeply
counterintuitive?



LAUGHTER BREAKS THROUGH THE INERTIA OF HABIT,
FEAR AND HIERARCHY IN THE CULTURE OF CARE DELIVERY.





LASTING
ACTIVATION
FROM 100%
HUMAN-CENTERED
DESIGN

GOOD
SOURCE OF
INSIGHT

NO
DEHUMANIZATION

NO
ARTIFICIAL
SOLUTIONS

"YOU SAVED MY LIFE, BUT MY OATMEAL IS COLD!"

**QUALITY SAVES
AND
EXPERIENCE DIFFERENTIATES**

When patients lose control,
they focus on seemingly trivial
details to reclaim a sense of agency.

**NOURISH AUTONOMY
CULTIVATE AGENCY**

An analysis of over 4,000 lines of Heart & Vascular discharge call transcripts revealed themes around the experience of lost agency and strategies to support patient autonomy (see back panel for more details).

CUSTOMIZE SERVICES

0.5¢ SUPPORT FAMILY

USE EVERYDAY LANGUAGE

PROVIDE EDUCATION

'PERFORM' THE SERVICE

ENGAGE THE SENSES

**NET WT 42 OZ
(2 LB 100Z) 1.19 kg**

SOCIALIZATION

Design Thinking Kickoff



IMPACT

- Organizational Discourse
- Communication and Marketing Strategies
- Trademarks (Class 44)

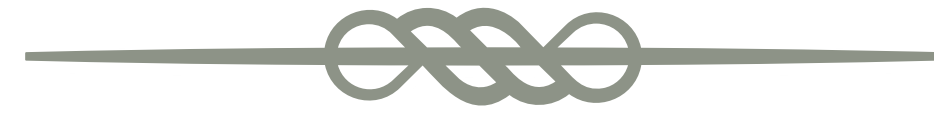
1. QUALITY SAVES. EXPERIENCE DIFFERENTIATES.

2. QUALITY SAVES AND EXPERIENCE DIFFERENTIATES.

3. QUALITY SAVES LIVES AND EXPERIENCE DIFFERENTIATES.

DESCRIBING THE OATMEAL PHENOMENON

(A MESSAGE TO SENIOR LEADERSHIP)



Within the context of health care, the Oatmeal Phenomenon research document marks a fundamental tension between the aspirations of the system and the desires of the patient. This tension was revealed through a close analysis of a year of discharge call transcripts from the Heart and Vascular Service Line (over 4,000 lines of transcribed patient dialogue). The pattern that emerged from this document analysis demonstrated that on a basic human level, the patient longs for an experience that restores agency and preserves a sense of control in circumstances when autonomy is diminished. This drive to reclaim agency leads to the paradoxical phrase that is highlighted by the Oatmeal Phenomenon: “You saved my life, but my oatmeal is cold!” The system is preoccupied with the delivery of quality, yet the patient is driven by a desire to reclaim agency and lost control. As health care systems begin to design services and forms of access around Patient Value, the Oatmeal Phenomenon charts a strategic path forward in terms of the experiences we create and ways we communicate. The paradox of the oatmeal is not a false dichotomy between “quality” and “experience,” but a reminder that the art of medicine requires a skillful pairing of the two interrelated elements of care. In the end, the Oatmeal Phenomenon suggests that artful pairing of quality with experience will ultimately enhance outcomes through the activation of an empowered patient. The key phrase “Quality Saves and Experience Differentiates” not only evokes the competitive market advantage that is created when health care attends to experience, but represents a return to the art of medicine that enhances outcomes and supports human flourishing. Health care organizations across the country highlight quality ratings in an attempt to differentiate their system within a rapidly expanding competitive market. Health care organizations that ground their strategy in the basic human insight of the Oatmeal Phenomenon will distinguish themselves within the market and ensure a robust future.

A PERSISTENT PRESENCE IN THE WORKPLACE



DESIGN PRINCIPLES FOR THE INCITE ARTIFACT

CRITICAL *Exhibits a critical self-reflexivity*

PROFANE *Transgresses a deeply sedimented cultural assumption*

DIALECTICAL *Reveals a mutually-sustaining relation between practices of production and consumption*

AFFECTIVE *Performs and evokes deep emotional resonances*

ETYMOLOGY

incite (v.)

mid-15c., from Old French *inciter, enciter* "stir up, excite, instigate" (14c.), from Latin *incitare* "to put into rapid motion," figuratively "rouse, urge, encourage, stimulate," from *in-* "into, in, on, upon" (from PIE root ***en** "in") + *citare* "move, excite" (see **cite**). Related: *Incited*; *inciting*.

artifact (n.)

1821, *artefact*, "artificial production, anything made or modified by human art," from Italian *artefatto*, from Latin *arte* "by skill" (ablative of *ars* "art;" see **art** (n.)) + *factum* "thing made," from *facere* "to make, do" (from PIE root ***dhe-** "to set, put"). The word is attested in German from 1791. The English spelling with *-i-* is attested by 1884, by influence of the Latin stem (as in *artifice*). Originally a word in anatomy to denote artificial conditions caused by operation, etc.; archaeological application in English dates from 1885 (in German from 1875).

DURABLE INSIGHTS

CURATING KNOWLEDGE ARCHIVES TO BUILD ORGANIZATIONAL WISDOM



Oatmeal Phenomenon



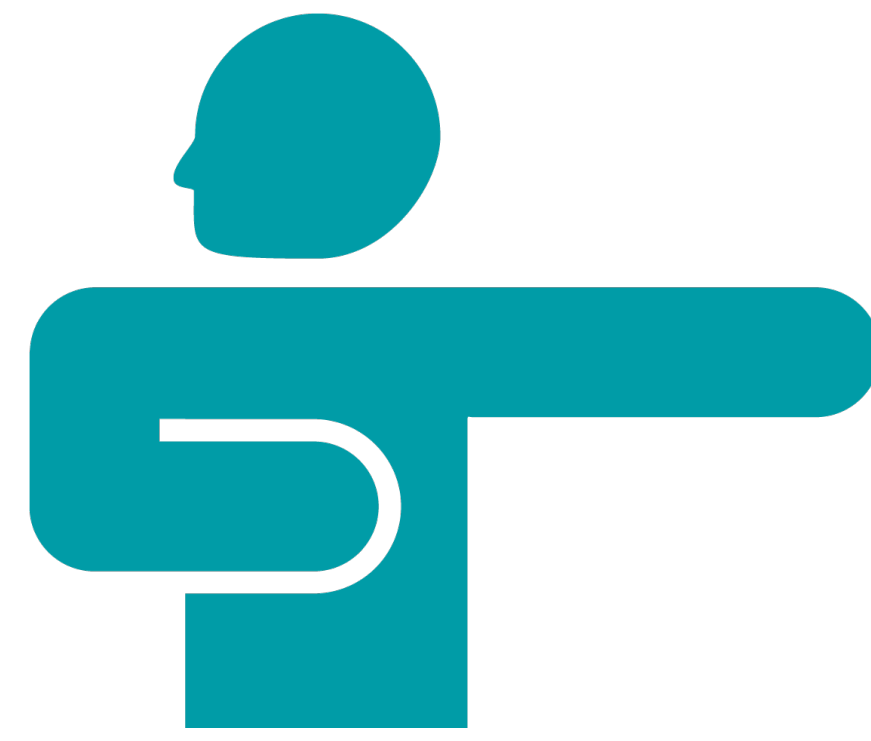
Ecology of Care



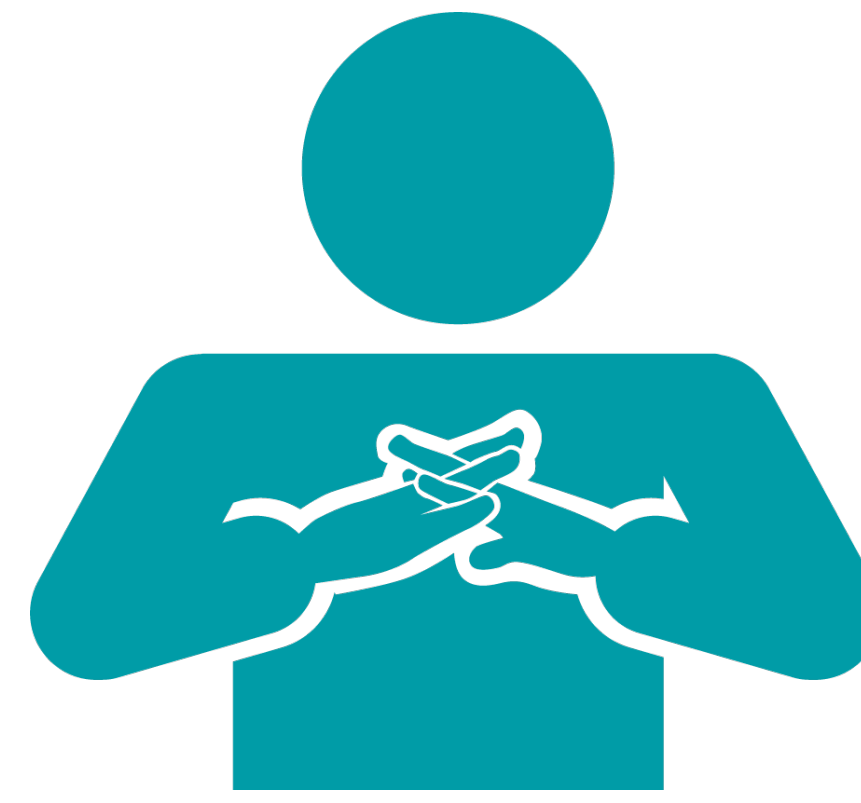
Soma and Sentiment



Environment
as Agent



Experiential
Displacement

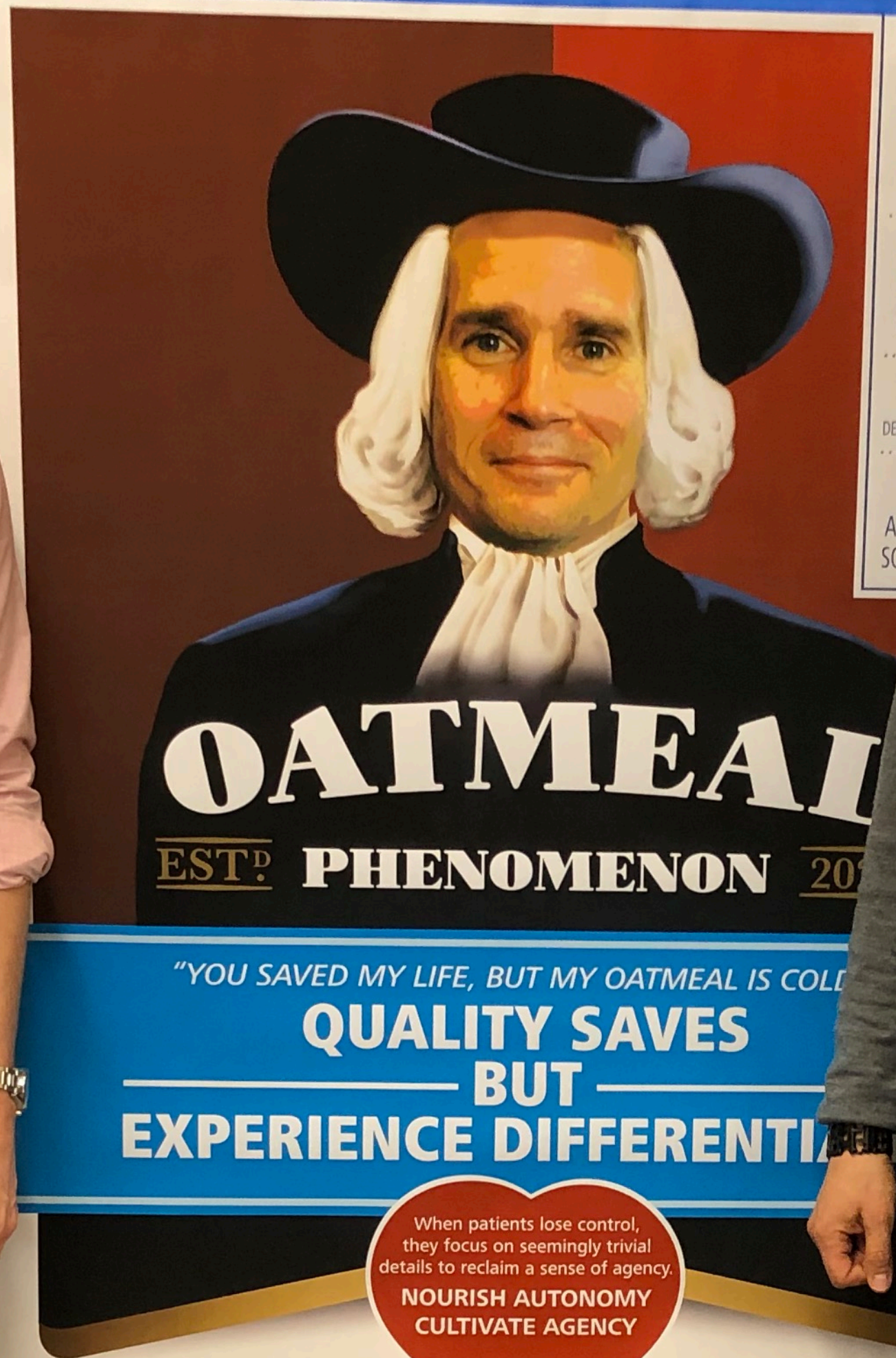


Activation
Assemblage



Transgression

the lab



LASTING
ACTIVATION
FROM 100%
HUMAN-CENTERED
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GOOD
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THANK YOU!
CARDIOLOGIST • ARTIST • ANTHROPOLOGIST