Greater Good Studio

# Prototyping Plan: Priorities Conversation

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# Project introduction

In early 2015, HCMC received a grant from United Health Group. The goal was to create new models of care for serving complex patients. Complex patients are defined by three diagnoses: a chronic condition, mental health, and substance abuse challenges.

Planning session

## Research & Synthesis

In summer 2015, Greater Good Studio conducted human-centered research with complex patients in order to better understand their needs and assets.

One of the most foundational opportunities identified was **the need to honor patients' existing priorities,** rather than assuming health is their primary concern.

In-context research

## Prototype Planning

In late 2015, HCMC recruited teams of prototyping partners from across HCMC and the Minneapolis community, and Greater Good Studio put together prototype plans for each of the final concepts (including this document).

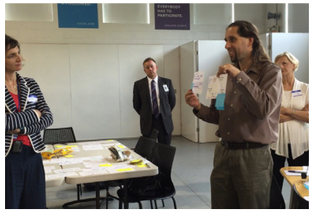
## Pilots

Begin mid-2016

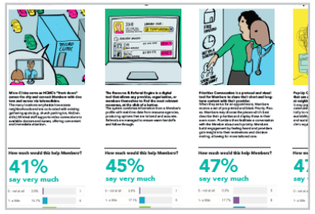
## Concept Development

In fall 2015, HCMC convened the steering committee, project stakeholders and community partners to brainstorm ideas in response to the research.

Over 200 ideas were generated, then narrowed down based on feedback from stakeholders, partners and patients.



Brainstorming workshop




Concept feedback analysis

## Prototype Testing

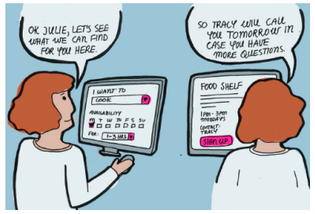
In January 2016, the partners will begin testing their concepts out in small, low-risk pilots called prototypes.

Prototypes can take multiple forms:

**Visual prototypes**
are shared out of context; feedback is based on the user's opinions.

**Usable prototypes**
are also shared out of context, but feedback is based on actual use.

**Behavioral prototypes**
are shared in context, and feedback is based on behavior over time.




# Concept overview

We heard from patients...

*"My doctor tells me things I should do, but he doesn't understand what else I've got going on."*

We heard from providers...

*"Patients don't always take my recommendations, and it's hard to figure out why."*

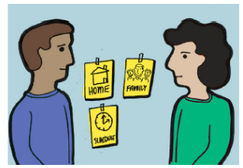

Complex patients often have pressing needs that prevent them from taking care of their health - everything from housing and transportation to employment and food security.

**Priorities Conversation** is a protocol that helps the care team to uncover and address these needs, allowing both patients and providers to refocus their attention on improved health.

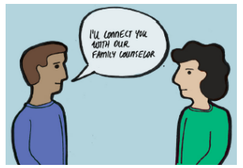
Through prototyping, we will learn about the following components of this idea:


Conversation protocol


"Menu" of prompts




Info capture




Referral protocols

## Initial Concept Assumptions

Priorities Conversation happens at, or before, every appointment a patient has at HCMC.
The conversation includes both a "menu" of priorities and time for open-ended sharing.
The conversation may motivate a patient to attend their appointment.
All priorities will be surfaced during the conversation; however, priorities related to social determinants of health will be addressed before an appointment, with a medical assistant or social worker. Priorities related to health will be addressed at the appointment, with the provider.
Referrals to resources will initially be determined by a social worker.
We can provide enough types of resources to address the social determinants of health, across HCMC and the community.
Visual prompts may increase patient interest in keeping and acting on provided resources.



## Short-Term Goals

During prototype testing, we will demonstrate the following improvements in patient experience:

**1. Increased trust**
We anticipate that by having a Priorities Conversation, patients will feel more trust in their extended care team (including the person with whom they have the conversation), because they will feel known by them.

**2. Reduced no-shows**
We anticipate that after having a Priorities Conversation, patients will be more likely to attend their appointment, not only because it reminds them to come but because it motivates them to access resources and resolve their unmet needs.

**3. Increased relevance of recommendations**
We anticipate that after having a Priorities Conversation, patients will perceive that their providers are giving them recommendations that are more realistic and specific to their context.

**4. Increased access to resources**
We anticipate that patients who have a Priorities Conversation will not only experience a greater ability to access resources, but that they will actually connect with resources that they hadn't previously accessed.

## Long-Term Goals

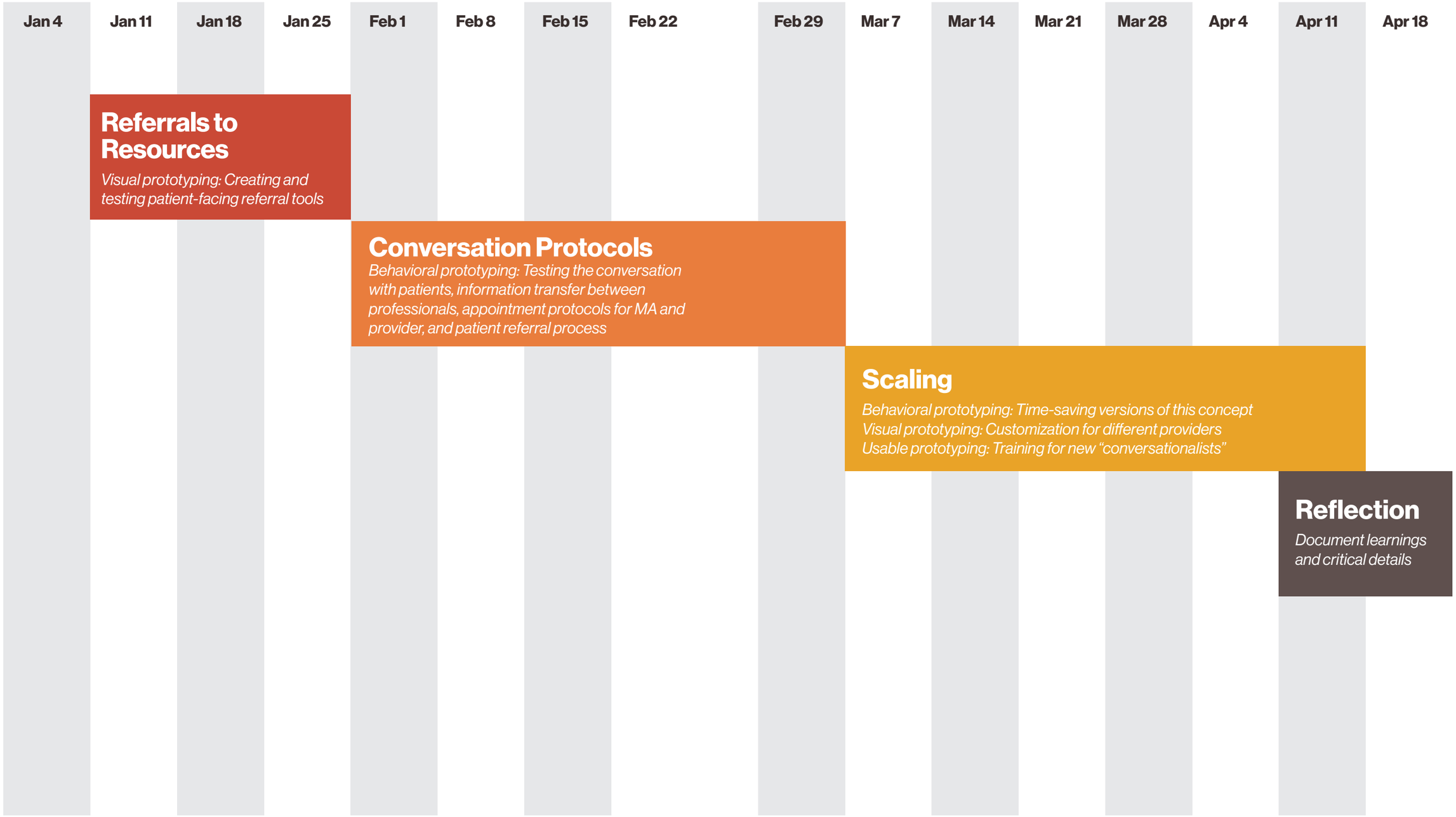
In addition to achieving the short-term goals, once this concept is fully implemented, we anticipate the following improvements in patient care:

**1. Increased efficiency**
We anticipate that by having a Priorities Conversation in advance, patients will have a better understanding of what priorities their doctor can help with, and what priorities can be supported by outside resources. This will make appointments with providers more focused and efficient.

**2. Improvements in clinical conditions**
We anticipate that by addressing patients' social determinants of health through connections to relevant resources, their overall health indicators (e.g. hypertension, diabetes and depression) will improve, as well as a reduction in ED visits.

**3. Higher patient satisfaction**
We anticipate that by having a Priorities Conversation, patients will feel more satisfied with the holistic level of care provided for them at HCMC, and that by better understanding the link between health and the social determinants of health, they will feel more engaged in addressing those social factors.

# Plan at-a-glance



# Phase 1: Referrals to Resources

In this phase, we'll work closely with the experts on our team to understand current, effective processes, and brainstorm and test more scalable versions of those processes.

| Questions to answer | How we'll answer them | Decision metrics* |
|---|---|---|
| How can we get patients the "right" referral? | Discuss what information is needed by social workers, and create a conversation protocol | Social worker confidence |
| How do we support patients in acting on the referrals they are given? | Brainstorm patient-facing referral tools, and share visual prototypes with team and partners (behavioral prototyping with patients to follow in Phase 2) | Team & partner confidence |
| How do resource partners want to receive referrals? | Same as above: brainstorm patient-facing referral tools, and share visual prototypes with team and partners | Team & partner preference |

***Decision metrics for this phase:**
Social worker confidence: Can the social worker make a referral based on the information provided, and do they feel confident in their recommendation?
Team & partner confidence: Which referral tools do the team and resource partners think will truly help patients follow through?
Team & partner preference: Which processes are the most desirable to the team and resource partners?

## Phase 1 Calendar

| | | | | |
|---|---|---|---|---|
| Jan 11 | Jan 12 | Jan 13<br>Group session (GGS in person) | Jan 14 | Jan 15 |
| Jan 18 | Jan 19 | Jan 20<br>Group session (GGS on video chat) | Jan 21 | Jan 22 |
| Jan 25 | Jan 26 | Jan 27 | Jan 28 | Jan 29<br>Group session (GGS in person) |

Foundational tasks | Making prototypes | Gathering feedback | Group session

# Phase 1: Referrals to Resources cont'd

*Jan 13*

## Full Team: Review plan & share stories

*Notes*

Meet as a team to review the prototyping plan and share stories in response to the following questions:

- What information do social workers need in order to make a confident referral?
- What do they do to ensure a connection is made? How do they know it's been made?

## Annemarie & Emily: Recruit resource partners

Reach out to up to 8 resource partners for individual, 1-hour feedback sessions the week of Jan 25.

## Sara A & Susan B: Make the conversation protocol

Building on existing knowledge from organizations such as Health Leads, and HCMC projects such as Resource Engine, draft a conversation protocol that gathers patients' medical and non-medical priorities, asks relevant follow-up questions about each, and sets expectations for resource sharing at the appointment.

## Sara A, Annemarie & Bill: Brainstorm referral tools

Envision and sketch all the different ways that we might interest, empower and motivate complex patients to participate in their referrals, as well as solve problems for resource partners.



## Sara A & Annemarie: Create prototypes of referral tools

*Notes*

Create visual or usable prototypes of 5-10 different patient-facing referral tools. Create corresponding feedback protocol and data collection tool.

*Jan 20*

## Full Team: Review protocol and referral tools

Video chat with Greater Good Studio to share feedback on the protocol, as well as the referral tools.

## Sara A & Bill/Susan J/Emily: Test referral processes

This test is to connect with resource partners and learn more about how referrals should work. While the partners engaged represent a small percentage of the overall community of support, by gathering feedback from a range of different partners we can identify common needs that inform a standard solution.

**Test**

During the week of Jan 25, conduct one-hour in-person feedback sessions with resource providers. (Suggest each field team includes Sara A + one other person)

**Stimulus**

Share referral tool prototypes visually (e.g. printed storyboards) or usably (e.g. act out a phone call)

**Audience**

Up to 8 resource providers: program leads within HCMC or community partners, ideally from a range of services

Foundational tasks | Making prototypes | Gathering feedback | Group session

# Phase 1: Referrals to Resources cont'd

## Test referral processes (cont'd)

**Feedback collection**
Take notes on each end user's reactions and responses on Post-Its, and stick to each prototype

**Decision metrics**
Confidence in patient, desired processes

## Full Team: Review test and decide

*Jan 29*

In-person session with Greater Good Studio to review the feedback sessions and make decisions.

What happened during this test?

How can we get patients the "right" referral?

What do we know so far about how to support patients in acting on the referrals they are given?

How do resource partners want to receive referrals?

# Phase 2: Conversation Protocols

In this phase, we'll prototype each step of the Priorities Conversation with patients and providers, in order to determine the most effective protocols.

| Questions to answer | How we'll answer them | Decision metrics* |
|---|---|---|
| How should we introduce the Priorities Conversation to patients? | Create the conversation protocol and test with patients | Patient participation |
| How should we share non-medical resources with patients? | Create behavioral prototypes for referral tools and test them with patients | Patient confidence, staff comfort |
| How can we help providers address patients' medical priorities? | Create tangible prompts for medical priorities, and test sharing with providers pre-appt | Staff comfort, patient engagement |
| How should we follow up to ensure patients get their priorities addressed? | Use behavioral prototyping to refer patients and follow up with partners | Follow through |

***Decision metrics for this phase:**
Patient participation: Did patients share their priorities?
Patient confidence: Did patients express confidence in the referrals they were given, and their ability to execute next steps?
Staff comfort: Did clinic staff (MA, PCP, others) feel comfortable using the prototypes to share resources and discuss priorities?
Patient engagement: Did providers observe additional patient engagement in their appointment with the use of tangible prompts?
Follow through: Did patients actually connect with referred resources?



## Phase 2 Calendar

| | | | | |
|---|---|---|---|---|
| Feb 1<br>Small group: protocol practice (Sara A on video chat) | Feb 2 | Feb 3 | Feb 4 | Feb 5<br>Group session (GGS on video chat) |
| Feb 8 | Feb 9 | Feb 10 | Feb 11 | Feb 12<br>Group session (GGS on video chat) |
| Feb 15 | Feb 16 | Feb 17 | Feb 18 | Feb 19<br>Group session (GGS in person) |
| Feb 22 | Feb 23 | Feb 24 | Feb 25 | Feb 26 |
| Feb 29 | Mar 1 | Mar 2 | Mar 3 | Mar 4<br>Group session (GGS on video chat) |

# Phase 2: Conversation Protocols cont'd

*Feb 1*

## Susan B, Laura & Sara A: Practice the conversation protocol

We suggest a role-playing session where Susan B acts as a variety of types of patients, and coaches Laura through how to respond to their comments and questions. Capture any changes to the protocol made during this session. Sara A joins via video chat.

## Sara A & Susan B: Update the conversation protocol

Based on learnings from Phase 1, make relevant updates to the conversation protocol and data collection tool.

## Laura & Susan B: Test protocol with patients

This test is to begin having the Priorities Conversation with patients and uncover any challenges in the protocol or data collection tool.

**Test**
During the week of Feb 1, call patients to confirm their appointments next week, and conduct the Priorities Conversation using the protocol. Record their responses using the data collection tool. We'd suggest that Susan makes the first few calls and Laura observes on the line, in order to build comfort with the protocol.

**Stimulus**
The protocol is shared verbally over the phone.

**Audience**
We'd suggest that Susan B and Laura call a full week of Sara C's patients, which is an estimated 30 people. These are patients with appointments the week of Feb 8.

*Notes*





**Feedback collection**
Type up the patient's answers in data collection tool

**Decision metrics**
Patient participation

*Feb 5*

## Full team: Review test & decide

Video chat with Greater Good Studio to review the conversations and make decisions.

What happened during this test?

How should we introduce the Priorities Conversation to patients?

*Notes*

# Phase 2: Conversation Protocols cont'd

## Laura & Susan B: Gather referrals

For each patient who mentions a non-medical priority, Laura shares their responses with Susan B. Susan B identifies 1-2 resources for each, and shares that information back with Laura.

*Notes*

## Laura & Sara A: Prepare patient tools

For every priority a patient shared, Sara A makes a patient tool (e.g. a card or other 2D communication). Sara A shares these with Laura, and Laura prepares both the medical and non-medical ones for each patient. This includes adding Susan B's referral recommendations.

## Laura: Share non-medical referrals with patients

This test is to uncover any challenges in the patient-facing, non-medical referral tools.

**Test**
During the week of Feb 8, each time Laura is rooming a patient who has had a Priorities Conversation, share their non-medical referrals with them (as a leave-behind).

**Stimulus**
The referral tools (e.g. cards) are shared in person.

**Audience**
Up to 30 patients with appointments the week of Feb 8.

**Feedback collection**
Ask about patient confidence, and observe own comfort. Type up both responses in data collection tool after each interaction.



**Decision metrics**
Patient confidence, staff comfort

*Notes*

## Sara C: Discuss medical priorities with patients

This test is to uncover any challenges in using prompts to discuss medical priorities with patients.

**Test**
During the week of Feb 8, each time Sara C has an appointment with a patient who has had a Priorities Conversation, Laura gives Sara their medical-focused priorities on cards. Sara uses the cards to prompt conversation, write notes and recommendations, and gives them to the patient at the end of the appt.

**Stimulus**
The priority tools (e.g. cards) are shared in person.

**Audience**
Up to 30 patients with appointments the week of Feb 8.

**Feedback collection**
Observe own comfort. Type up observations in data collection tool immediately after each interaction.

**Decision metrics**
Staff comfort

# Phase 2: Conversation Protocols cont'd

## Full team: Review test & decide

*Feb 12*

Video chat with Greater Good Studio to review the tests and make decisions.

What happened during the first test? (Laura sharing non-medical priority referrals)

What happened during the second test? (Sara C discussing medical priorities)

How should we share non-medical resources with patients?

How can we help providers address patients' medical priorities?

## Annemarie & Susan B: Follow up with partners and patients

This test is to determine whether and how patients connected with referred resources.

**Test**
Susan B shares the referrals that were made, and Annemarie calls each partner and patient after one week to determine if any patients have followed up.

**Audience**
Every resource partner who was referred to that week, and every patient who was given a referral that week.

**Feedback collection**
Type answers in data capture tool

**Decision metrics**
Follow through

# Phase 2: Conversation Protocols cont'd

## Full team: Review test & decide

*Feb 19*

Video chat with Greater Good Studio to review the test and make decisions.

What happened during this test?

What do we know now about how to support patients in acting on the referrals they are given?

How should we follow up to ensure patients get their priorities addressed?

***Second round (two weeks)***

Laura: Test protocol with patients

Laura & Susan B: Gather referrals

Laura & Sara A: Prepare patient tools

Laura: Share non-medical referrals with patients

Sara C: Discuss medical priorities with patients

Annemarie & Susan B: Follow up with partners and patients

## Full team: Review tests & decide

*Mar 4*

Video chat with Greater Good Studio to review the second round and make decisions.

What happened during these tests?

What changes, if any, should we make to our protocols?

# Phase 3: Scaling

In this phase, we'll prototype ways to mitigate the various barriers to scale, in order to ensure that this concept works for all providers and clinics across HCMC.

| Questions to answer | How we'll answer them | Decision metrics* |
|---|---|---|
| How might we minimize staff time associated with the Priorities Conversation? | Brainstorm time-saving concept changes, then test them with patients | Timing, feasibility, follow through, patient engagement, provider comfort |
| What parts of this concept do providers want to customize? | Create visual prototypes of the full concept and share them with multiple types of providers | Provider interest |
| What training does a new "conversationalist" (i.e. person who has the conversation) need? | Create a training session and test it with multiple types of potential "conversationalists" | Perceived efficacy, participant comfort |

***Decision metrics for this phase:**

Timing: How long does each step of the process take for staff?
Feasibility: Is it possible for patients, available staff or technology to conduct some steps in the process?
Follow through: Do patients actually connect with referred resources?
Patient engagement: Are patients as engaged as they were in previous rounds?
Provider comfort: Are providers as comfortable as they were in previous rounds?
Provider interest: Are other types of providers interested in customizing this concept to their own practices?
Perceived efficacy: Does the trainer feel that the training was effective?
Participant comfort: Do other potential "conversationalists" feel ready to conduct a Priorities Conversation with patients?



## Phase 3 Calendar

| | | | | |
|---|---|---|---|---|
| Mar 7 Group session (GGS on video chat) | Mar 8 | Mar 9 | Mar 10 | Mar 11 |
| Mar 14 | Mar 15 | Mar 16 | Mar 17 | Mar 18 |
| Mar 21 | Mar 22 | Mar 23 | Mar 24 | Mar 25 Group session (GGS on video chat) |
| Mar 28 | Mar 29 | Mar 30 | Mar 31 | Apr 1 Group session (GGS on video chat) |
| Apr 4 | Apr 5 | Apr 6 | Apr 7 | Apr 8 |
| Apr 11 | Apr 12 | Apr 13 | Apr 14 | Apr 15 Group session (GGS in person) |

# Phase 3: Scaling cont'd

## Full team: Brainstorm time-savers

*Mar 7*

Video chat with Greater Good Studio to map out the steps in the overall concept, document time ranges for each step, and brainstorm possible time-saving solutions for each step. For example:

- Could patients do any steps independently? What prompts or visual tools would they need?
- Would a new role at the clinic save staff time?
- How might technology support this process?

*Notes*

## Sara A & Annemarie: Make usable and/or behavioral prototypes

Based on the team's time-saving ideas, create tangible tools that will support trying out these new ideas. Adjust data collection tool again based on the ideas.

## Laura, Susan B & Sara C: Test time-savers with patients

This test is to determine how little staff time can be spent on this concept, while making equivalent impact.

**Test**
Just like the previous tests, Laura and Susan B conduct a Priorities Conversation with every patient that week, using the new time-saving tools and/or protocols. Also just like the previous tests, Sara C observes appointments for behavioral changes.

**Stimulus**
The visual and/or behavioral prototypes.

**Audience**
A full week of Sara C's patients, estimated at 30 people.



**Feedback collection**
Type up the patient's answers using data collection tool.

**Decision metrics**
Timing, feasibility, patient engagement, provider comfort

*Notes*

## Annemarie & Susan B: Follow up with partners

This test is to determine whether and how patients connected with referred resources when a time-saving version of the Priorities Conversation was used.

**Test**
Laura shares the referrals that were made, and Sara A calls each partner after one week to determine if any HCMC patients have followed up.

**Audience**
Every resource partner who was referred to that week.

**Feedback collection**
Capture data in data capture tool

**Decision metrics**
Follow through

## Full team: Review tests, decide & brainstorm partners

*Mar 25*

Video chat with Greater Good Studio to review the tests, make decisions and brainstorm new partners for each role (provider & conversationalist)

# Phase 3: Scaling cont'd

*Mar 25*

## Full team: Review, decide & brainstorm (cont'd)

What happened during these tests?

How might we minimize staff time associated with the Priorities Conversation?

Brainstorm ideas in response to the following prompts:

- What other types of providers might benefit from a Priorities Conversation? Who specifically should we engage in the next round of visual prototyping?
- What other types of staff might be willing & able to play the Conversationalist role? Who specifically should we engage in the training prototype?





*Notes*

## Emily & DeAnn: Recruit providers

Reach out to identified potential providers, within the Medicine Clinic or beyond, and recruit them for 1-hour feedback sessions the week of Apr 11.

## Emily & DeAnn: Recruit conversationalists

Reach out to identified potential conversationalists, within the Medicine Clinic or beyond, and recruit them for a 2-hour training session the week of Apr 11.

## Sara A & Annemarie: Make visual prototypes and data collection tool

Capture the concept visually in its most time-optimized form, and prepare protocol and data collection tool for feedback sessions with providers.

## Laura, Susan B, Sara A & Annemarie: Make training session

Plan the format and contents of the training session, and create relevant materials (e.g. slides, handouts, cards, scripts, videos, etc).

*Apr 1*

## Full team: Progress update

Video chat with Greater Good Studio to review the recruiting progress, visual prototypes and plans for the training session.

# Phase 3: Scaling cont'd

## Sara A & Emily: Test with different providers

This test is to determine how the Priorities Conversation might work more universally across specialties.

**Test**
During the week of Apr 11, conduct one-hour in-person feedback sessions with HCMC providers. Introduce the concept and ask about how it would need to change to fit their context, such as what information they receive, how they receive it, and what the priorities "menu" includes.

**Stimulus**
Share the concept visually (e.g. printed storyboards) or usably (e.g. act out a phone call)

**Audience**
Up to 8 HCMC physicians with different specialties

**Feedback collection**
Take notes on each end user's reactions and responses on Post-Its, and stick to each prototype

**Decision metrics**
Provider interest

## Laura & Susan B: Test the training

This test is to determine how people with different backgrounds might learn to conduct the Priorities Conversation.

**Test**
During the week of Apr 11, conduct a single two-hour session with various HCMC staff, in order to better understand their backgrounds and how they relate to the concept.





**Stimulus**
Act out the potential training program, using any created materials (e.g. slides, etc)

**Audience**
Up to 8 potential "conversationalists" from across HCMC

**Feedback collection**
Gather trainers' and participants' feedback via a short survey or debrief session immediately afterwards

**Decision metrics**
Perceived efficacy, participant comfort

*Notes*

*Apr 15*

## Full team: Review tests & decide

In-person session with Greater Good Studio to review the tests and make decisions.

What happened during the first test (feedback sessions)?

# Phase 3: Scaling cont'd

*Mar 25*

## Full team: Review tests & decide (cont'd)

What happened during the second test (training session)?

What parts of this concept do providers want to customize?

What training does a new "conversationalist" (e.g. person who has the conversation) need?

# Phase 4: Reflection

**Phase 4 Calendar** (concurrent with phase 3)

| | | | | |
|---|---|---|---|---|
| Apr 11 | Apr 12 | Apr 13 | Apr 14 | Apr 15<br>Group session (GGS in person) |
| Apr 18 | Apr 19 | Apr 20 | Apr 21 | Apr 22<br>Group session (GGS on video chat) |

## Sara & Annemarie: Draft design recommendations document

Over the last two weeks, pull together learnings and write detailed recommendations for Priorities Conversation, including answers to all open questions.

*Apr 22*

## Full team: Review & approve design recommendations document

VIdeo chat with Greater Good Studio to discuss overall learnings about process and content, and to share feedback on the document.

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