

Health Systems Design Hackathon



Zoom Meeting

Valeria Pannunzio

Anja Maier

Nicholas Ciccone

Professor P John Clarkson

Timoleon Kipouros

Michael Deininger

Göran Gustafsson

Alix Feldman

Jiwon Jung

Aylin Karadeniz Küçük

Claudia Eckert

Sabah Farshad

1_2021.08.16.Maier-ICED21 Health Systems Design SIG Hackathon.pptx - PowerPoint

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Anja Maier Share

Animation Pane

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Advanced Animation

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the **Design Society**
a worldwide community

<https://healthsystems.designsociety.org/>

Health Systems Design Hackathon

Timeline

START

9:00-9:05: SIG and Hackathon introduction

9:05-9:20: Ignite talks: Systems ways of seeing (DTU, Cambridge and TU Delft)

9:20-9:30: Astra Zeneca: Challenge framing, narrative stories

9:30-9:45: BREAK

9:45-10:25: Zoom breakout groups and Miro canvas creation

10:25-10:40: BREAK

10:40- 11:20: Canvas presentations (5 min each) and discussion.

11:20-11:30: Popular vote, jury vote with Astra Zeneca, and prize

11:30-11:45: Feedback and reflections

11:45-11:50: Closing remarks

END

12:15–12:45: Health Systems Design SIG Steering Committee meeting

Special Interest Group

Health Systems Design

HEALTH
SYSTEMS
DESIGN

sig





| | | |
|-------------------|----------------------|-----------------------|
| Valeria Pannunzio | Anja Maier | John Clarkson |
| Michael Deininger | Göran Gustafsson | Aylin Karadeniz Küçük |
| Claudia Eckert | Alexander Komashie | Nicholas Ciccone |
| Alix Feldman | Jiwon Jung | Jos Kraal |
| Timoleon Kipouros | Sabah Farshad | Niklas Magnell |
| | Sabah Farshad | Niklas Magnell |

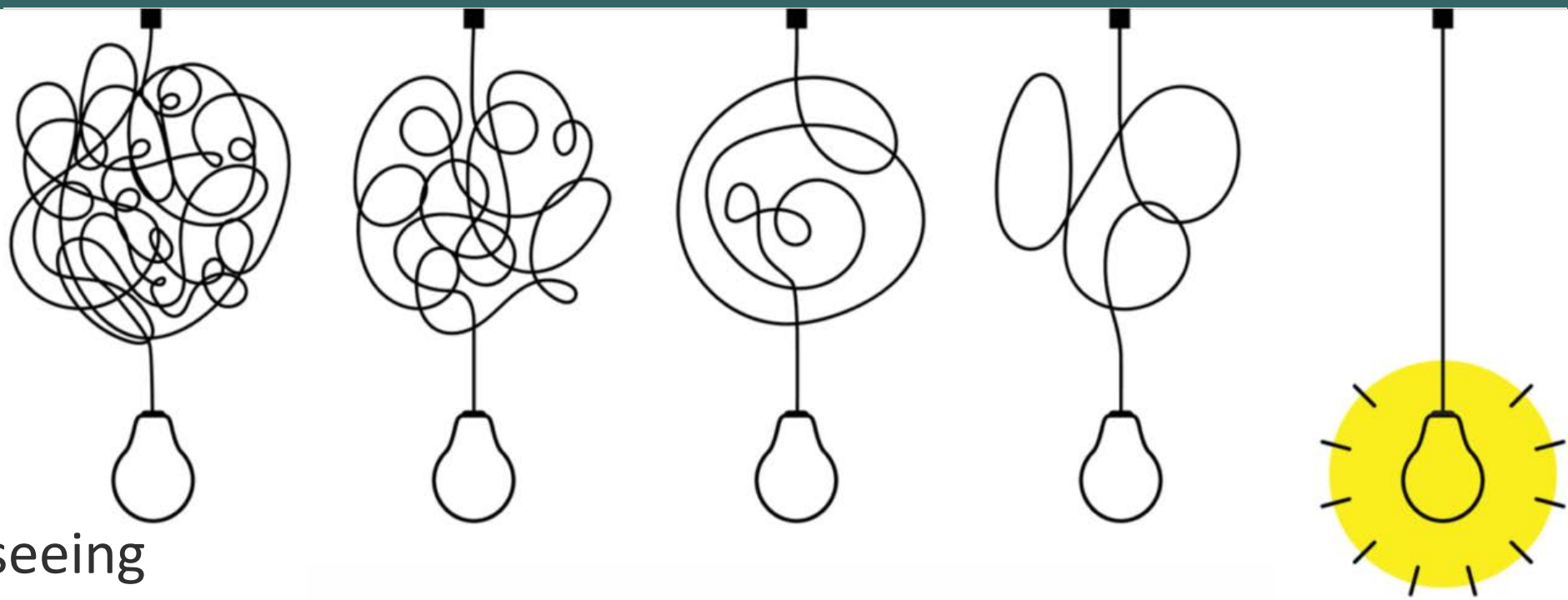
Participants (15)

Find a participant

- Anja Maier (Co-host, me)
- VP** Valeria Pannunzio (Host)
- Nicholas Ciccone (Co-host)
- AK** Alexander Komashie (Co-host)
- AF** Alix Feldman (Co-host)
- AK** Aylin Karadeniz Küçük (Co-host)
- CE** Claudia Eckert (Co-host)
- Göran Gustafsson (Co-host)
- JJ** Jiwon Jung (Co-host)
- John Clarkson (Co-host)
- Jos Kraal (Co-host)
- Michael Deininger (Co-host)
- NM** Niklas Magnell (Co-host)
- SF** Sabah Farshad (Co-host)
- Timoleon Kipouros (Co-host)

Invite Mute All

Unmute Stop Video Security Participants 15 Polls Chat 1 Share Screen Record Breakout Rooms Reactions Apps Leave



A systems ways of seeing

Ignite talks



<https://healthsystems.designsociety.org/>

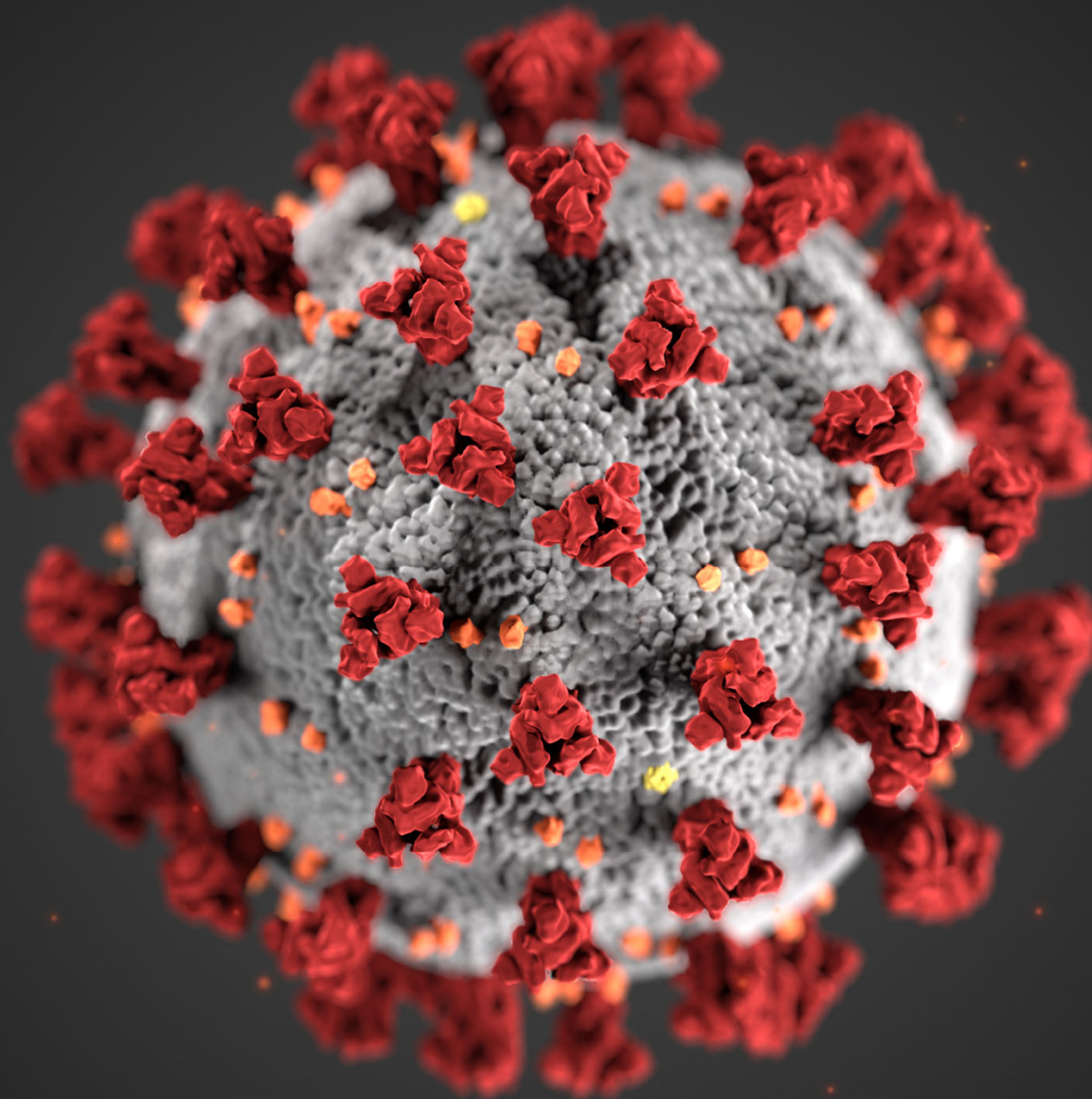
Health Systems Design Hackathon





Balancing and connecting Technology, Human behaviour, Health delivery system

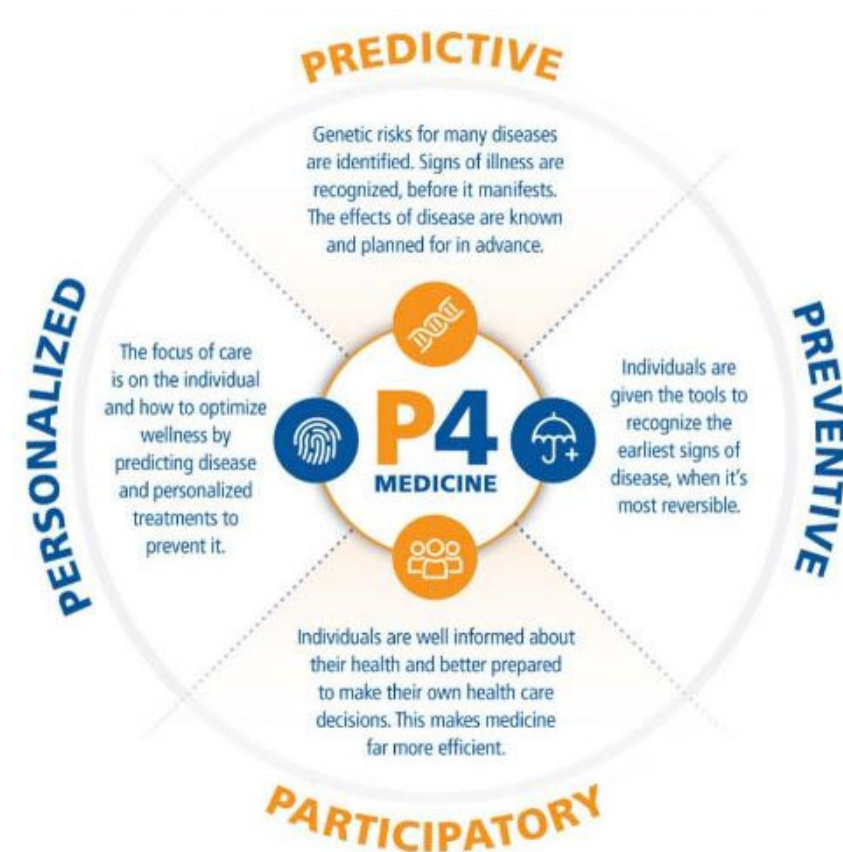
Professor Anja Maier





Transformative healthcare delivery model

*“[P4 ...] arises from the confluence of a **systems** approach to medicine and from the digitalisation of medicine that creates the large **data** sets necessary to deal with the complexities of disease.”*
(Hood et al, 2012)



Hood, L., Balling, R., & Auffray, C. (2012). Revolutionizing medicine in the 21st century through systems approaches. *Biotechnology Journal*, 7(8), 992–1001.

Taylor & Francis Online Access provided by DTU Library

Home ▶ All Journals ▶ Journal of Engineering Design ▶ List of Issues ▶ Volume 31, Issue 7 ▶ Designing P4 healthcare interventions fo ...

Journal of Engineering Design
Volume 31, 2020 - Issue 7

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Articles

Designing P4 healthcare interventions for managing cognitive decline and dementia: where are we at?

François Patou , Nicholas Ciccone , Julia Thorpe  & Anja Maier 

Pages 379-398 | Received 27 May 2019, Accepted 28 Apr 2020, Published online: 15 May 2020

Download citation <https://doi.org/10.1080/09544828.2020.1763272> 

Full Article      

In this article

ABSTRACT

1. Introduction

2. Background

3. Methods

4. Results

5. Discussion

6. Limitations

7. Conclusions

Acknowledgements

Disclosure statement

References

Appendixes

ABSTRACT

This paper presents a systematic literature review aimed at assessing how well current technology-based interventions that focus on dementia and other cognitive impairments align with the principles of the P4 vision for healthcare: *Predictive, Preventive, Personalised and Participative*. A search of the SCOPUS database yielded 887 articles, of which 48 were ultimately selected for analysis. Looking at whether and how each intervention implements each 'P'-principle, our results suggest a partial and non-systemic embrace of the P4 vision. Reasoning on possible explanations for this state-of-the-art, we propose that our findings represent an opportunity for the engineering design community to engage with P4-based healthcare delivery models through the development of design frameworks, new indicators for assessing the success of such healthcare delivery models, as well as tools and methods.

KEYWORDS: Engineering design, healthcare design, healthcare improvement, P4 healthcare, dementia

< Previous article

View issue table of contents

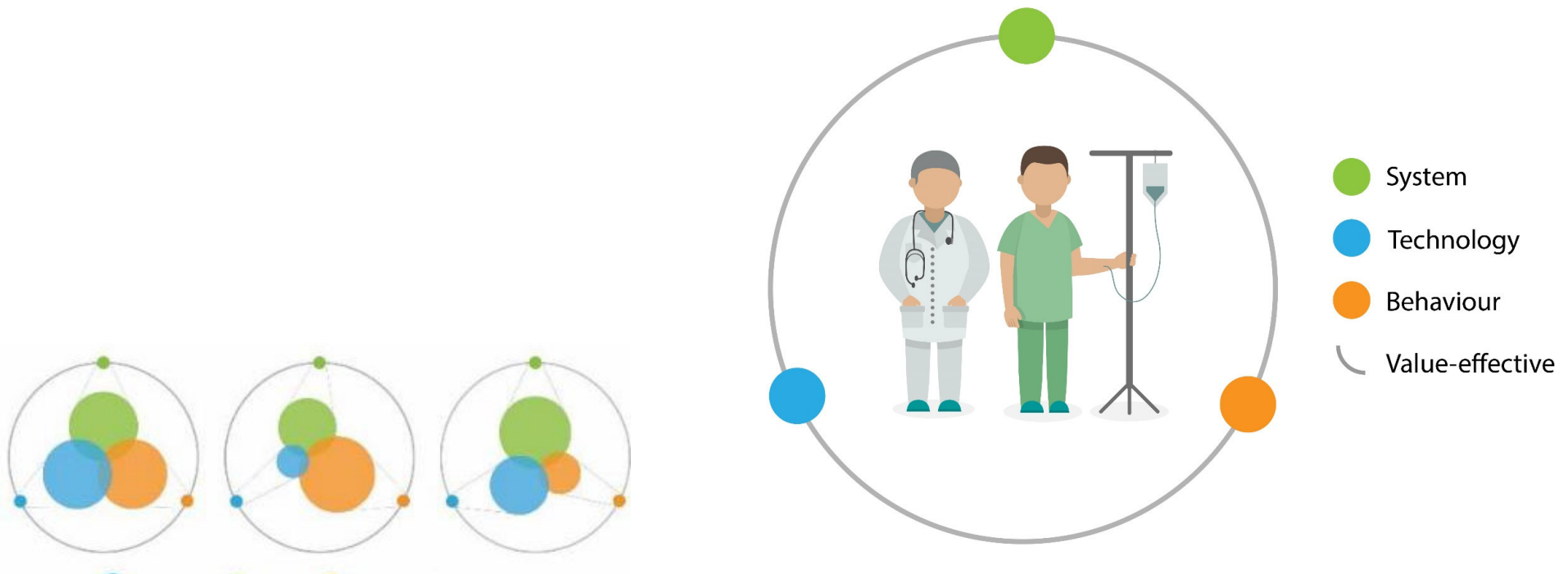
Next article >

1. Introduction

Design for health is gaining attention. More specifically, design thinking and engineering methods generate growing enthusiasm as means to improve our healthcare services and systems (Clarkson et al. 2004; Craig and Chamberlain 2017; Doss 2014; Kim, Myers, and Allen 2017; Komashie and Clarkson 2018; Clarkson 2018; Ku and Rosen 2016; Lamé 2018; Patou and Maier 2017). This relatively recent realisation comes as process inefficiencies, budget limitations, increasing technology-adoption costs, rising prevalence of chronic diseases, and the scarcity – and work overload of care personnel continue to challenge the performance of our healthcare systems (Cutler, Rosen, and Vijan 2006; Spillman and Lubitz 2000). Only recently promoted by leading voices in healthcare organisational management and clinical practice, a call for design thinking and the adoption of engineering methods in healthcare have emerged from large systematic investigations of healthcare systems at both the national and international levels (Christensen, Hasman, and Hunter 2010; WHO 2009; Clarkson et al. 2017). These studies have revealed the potential of design thinking frameworks

François Patou, Nicholas Ciccone, Julia Thorpe & Anja Maier (2020)
**Designing P4 healthcare interventions
 for managing cognitive decline and dementia: where are we at?**
Journal of Engineering Design, 31:7, 379-398,
 DOI: 10.1080/09544828.2020.1763272

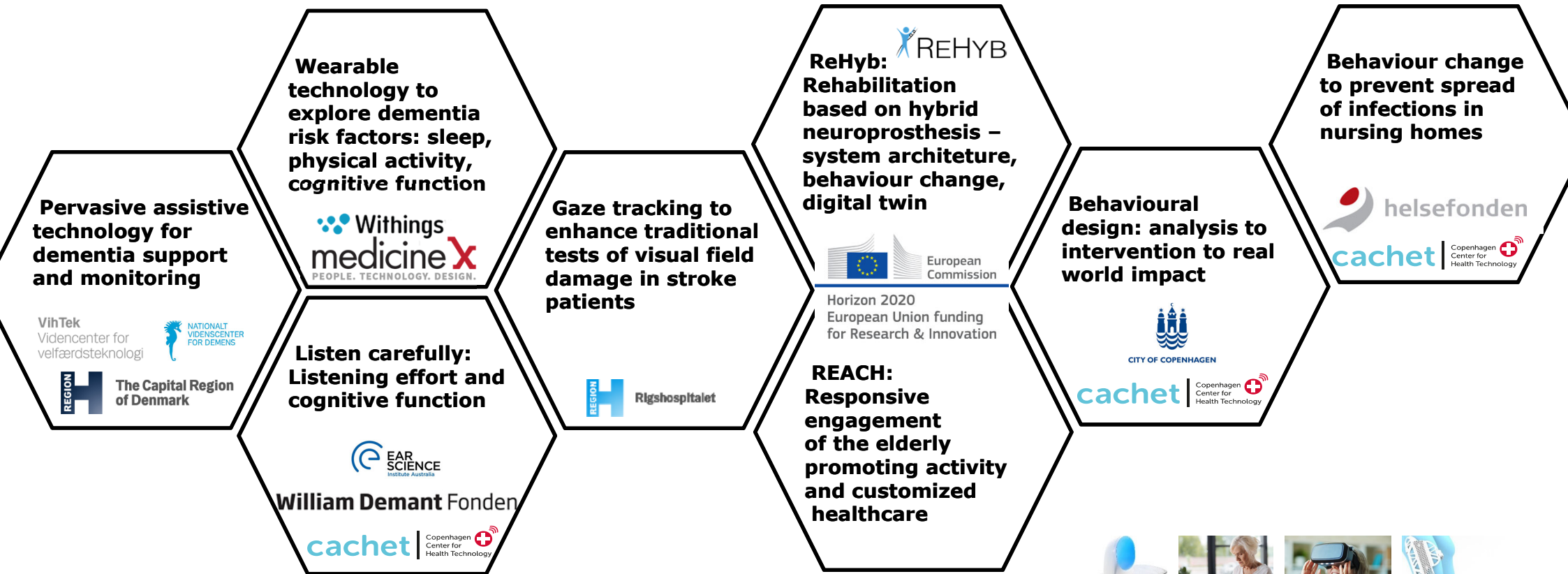
Balancing and connecting technology, behaviour, and the health delivery system



Ciccone, N., Patou, F., & Maier, A. (2019).
Designing for better healthcare: A systemic approach utilising behavioural theory, technology and an understanding of healthcare delivery systems.
22nd International Conference on Engineering Design (ICED19), Design Society.

Designing health futures, research project examples

www.es.man.dtu.dk





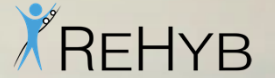
ReHyb@DTU: New technologies for supporting recovering stroke pat...



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<https://rehyb.eu/>



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Contact

Anja M Maier

Professor, PhD
Engineering Systems Design
DTU-Technical University of Denmark
Department of Technology, Management and Economics
Building 358, Office 187
Akademivej
DK-2800 Kgs. Lyngby

amai@dtu.dk
Tel.: +45 4525 6045
<http://tinyurl.com/AnjaMaier-DTU>
<http://www.es.man.dtu.dk>
[Designing Engineering Systems](#)



<https://healthsystems.designsociety.org/>

Health Systems Design Hackathon



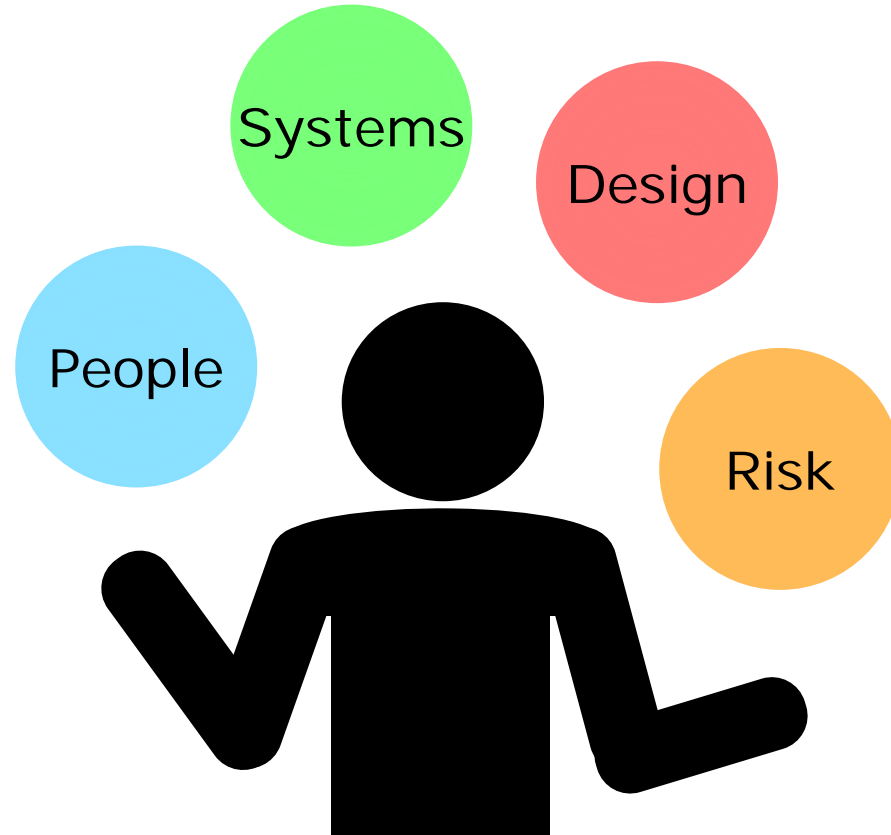
Systems Approach to Healthcare Improvement

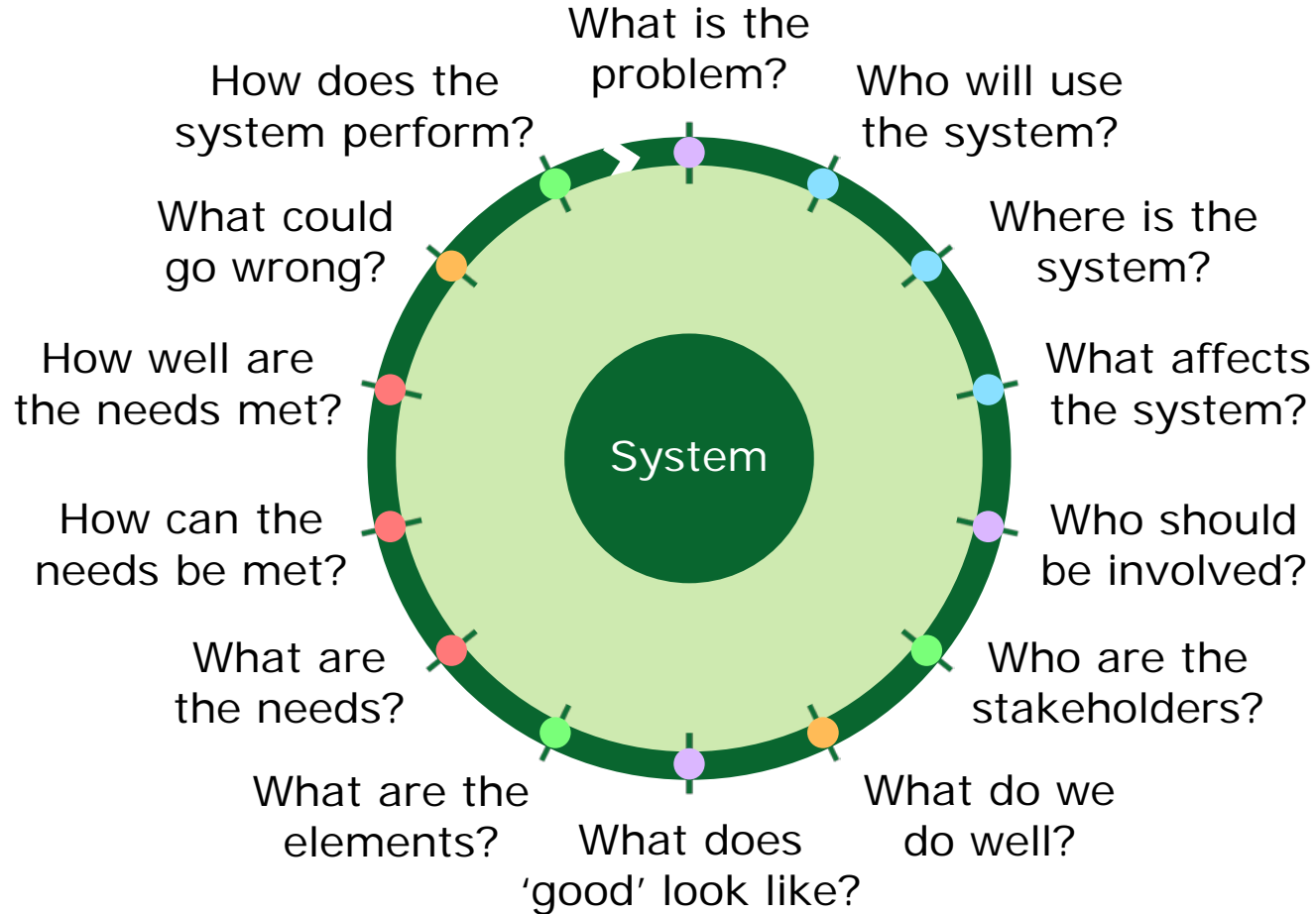
John Clarkson

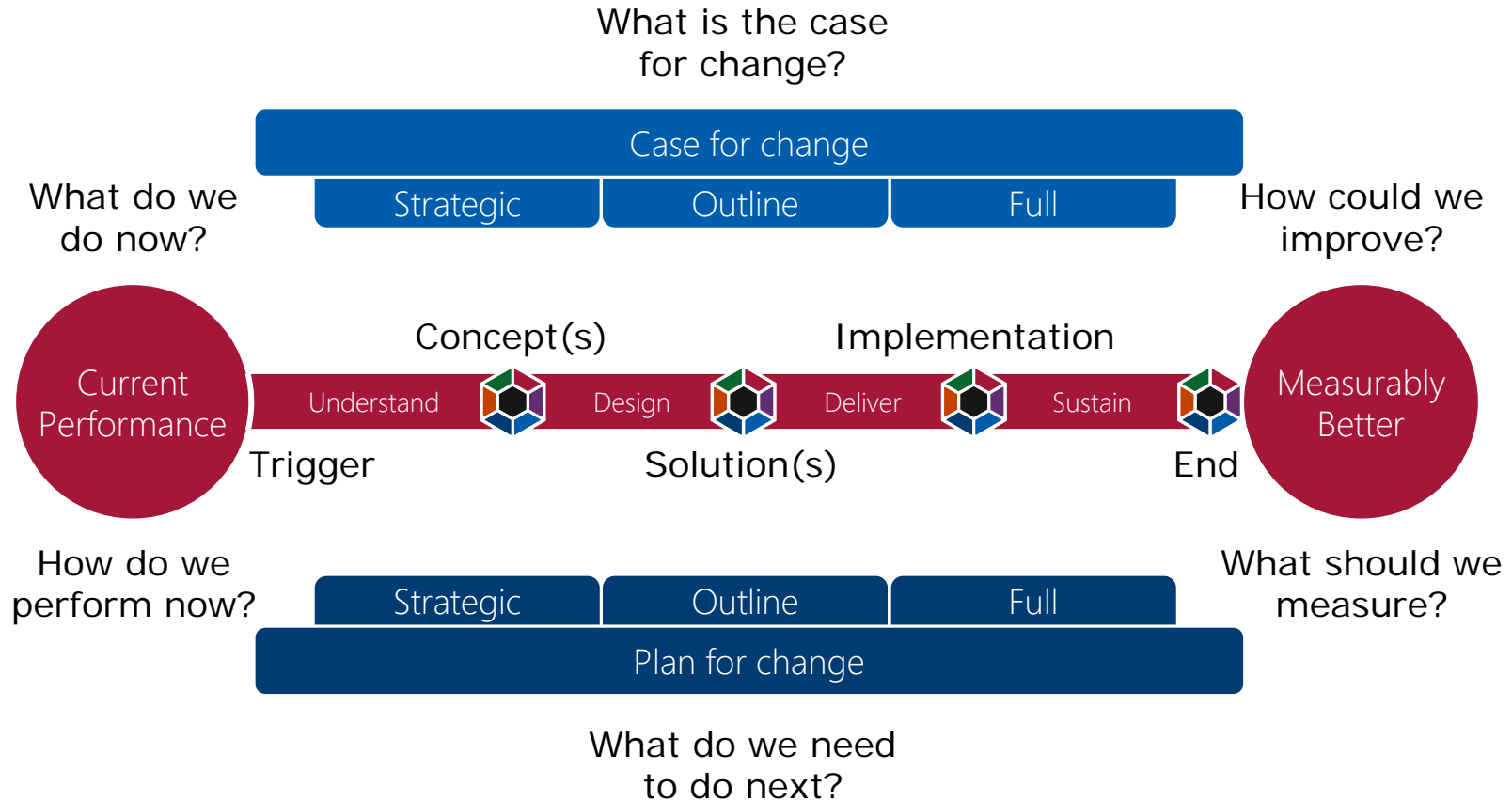
Professor of Engineering Design, University of Cambridge
Professor of Healthcare Systems, Delft University of Technology

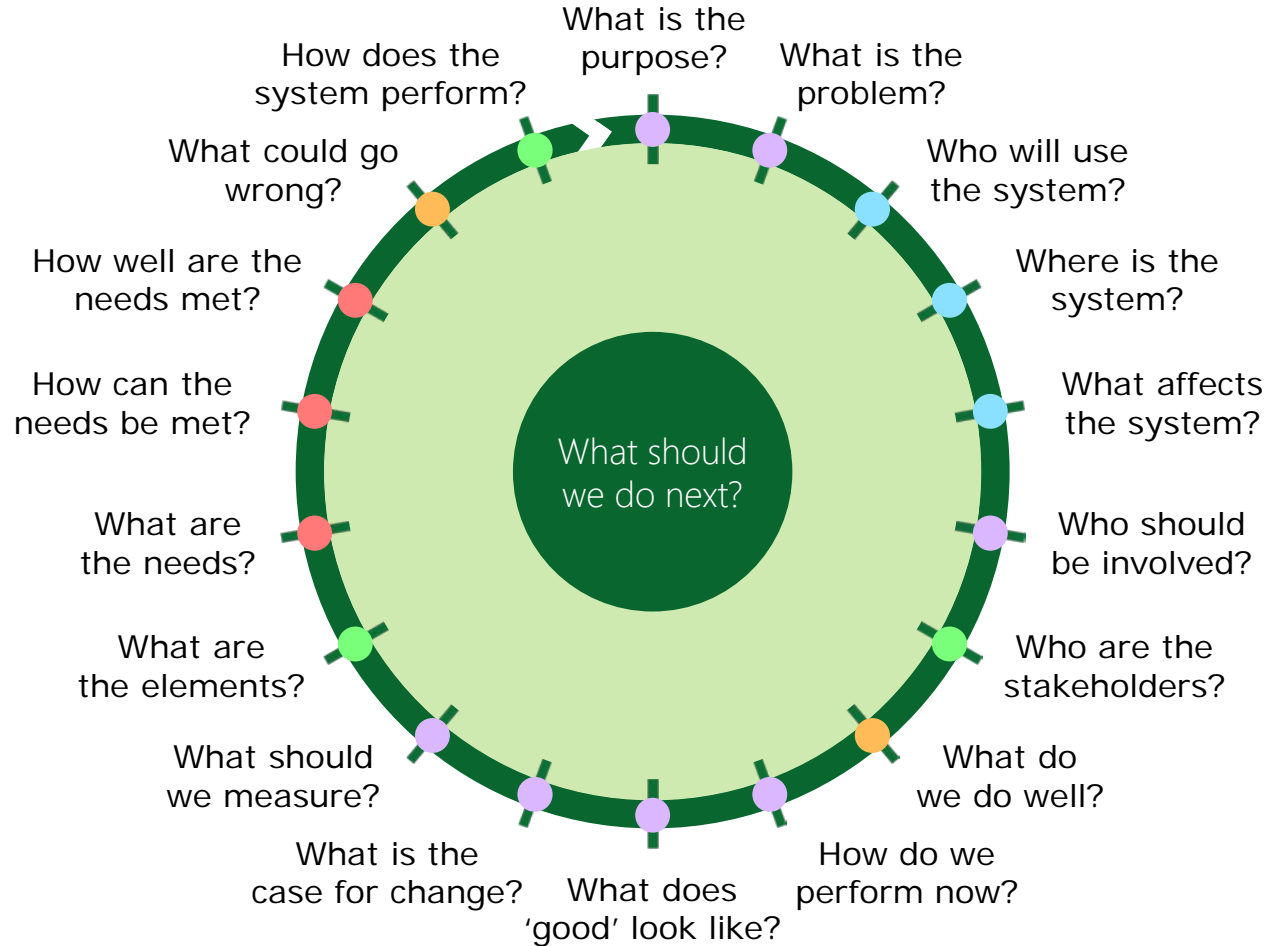
Healthcare Systems Design SIG Co-Director

To work with the health and care professions
to explore how engineers can add to current
understanding and practice of systems
engineering in quality improvement and
healthcare design



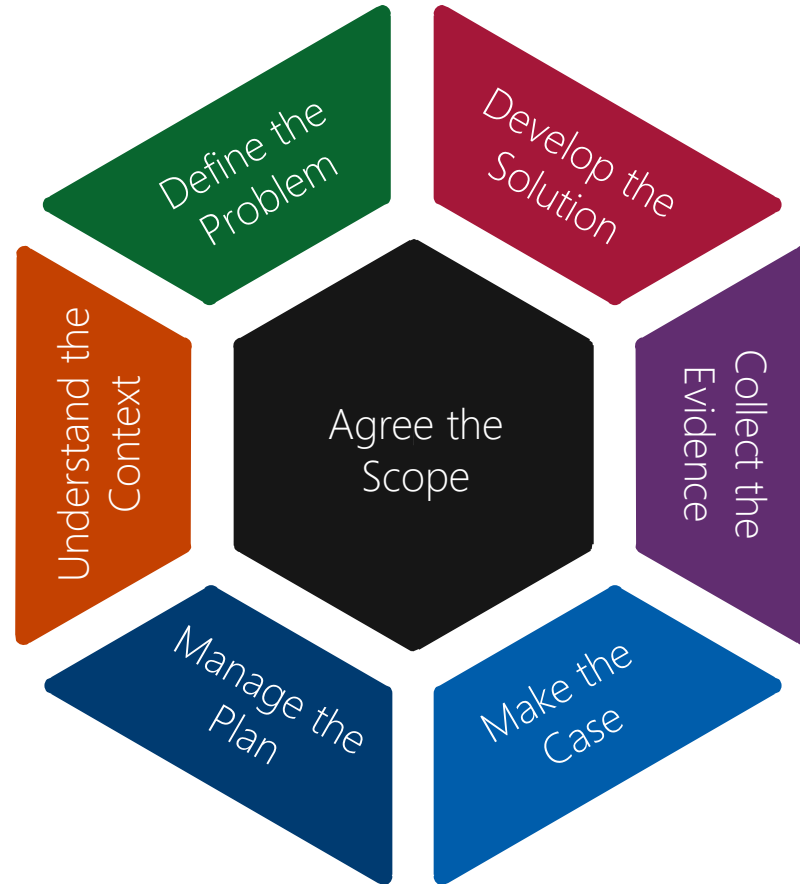


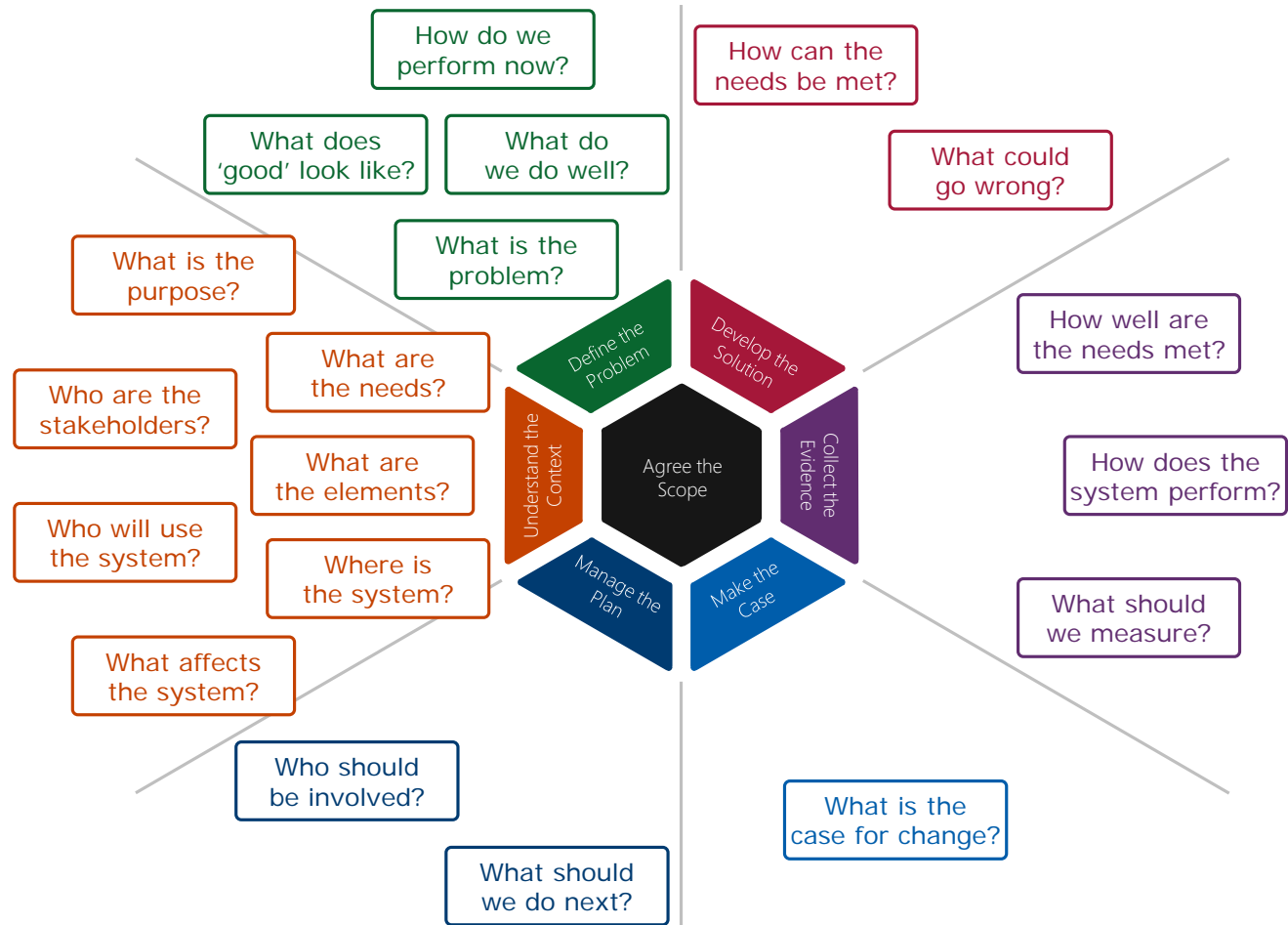






UNIVERSITY OF
CAMBRIDGE







Improvement Canvas

Agree the Scope

Understand the Context

What is the purpose?

What are the needs?

What affects the system?

Where is the system?

What are the elements?

Define the Problem

How do we perform now?

What do we do well?

What is the problem?

What does 'good' look like?

Identify the Stakeholders

Who are the stakeholders?

Who will use the system?

Develop the Solution

How can the needs be met?

What could go wrong?

Collect the Evidence

What should we measure?

How does the system perform?

How well are the needs met?

Build the Team

Who should be involved?

Make the Case

What is the case for change?

Manage the Plan

What should we do next?



Improvement Canvas

Agree the Scope

Describe the ambition for change and the boundary of the system of interest

Understand the Context

Describe the circumstances and setting of the system of interest and the factors that could influence the improvement/redesign of the system

Define the Problem

Describe the details of a particular challenge(s) within the system and the requirements for change necessary to improve/redesign the system

Identify the Stakeholders

Identify the people who have an interest in any aspect of the system and their needs

Develop the Solution

Describe the idea(s) that will resolve the challenge(s) within the system and the risk(s) associated with changes needed to improve/redesign the system

Collect the Evidence

Describe the information and the measures required to show the effect(s) of the changes proposed to improve/redesign the system

Build the Team

Identify the team who will deliver the project

Make the Case

Prepare an argument(s) to justify the improvement/redesign of the system

Manage the Plan

Create a plan to facilitate the improvement/redesign of the system

Resources

- Engineering Better Care

<http://reports.raeng.org.uk/engineering-better-care/cover/>

- Improving Improvement

<http://www.iitoolkit.com/>



Improvement Canvas

Agree the Scope

Understand the Context

Define the Problem

Identify the Stakeholders

Develop the Solution

Collect the Evidence

Build the Team

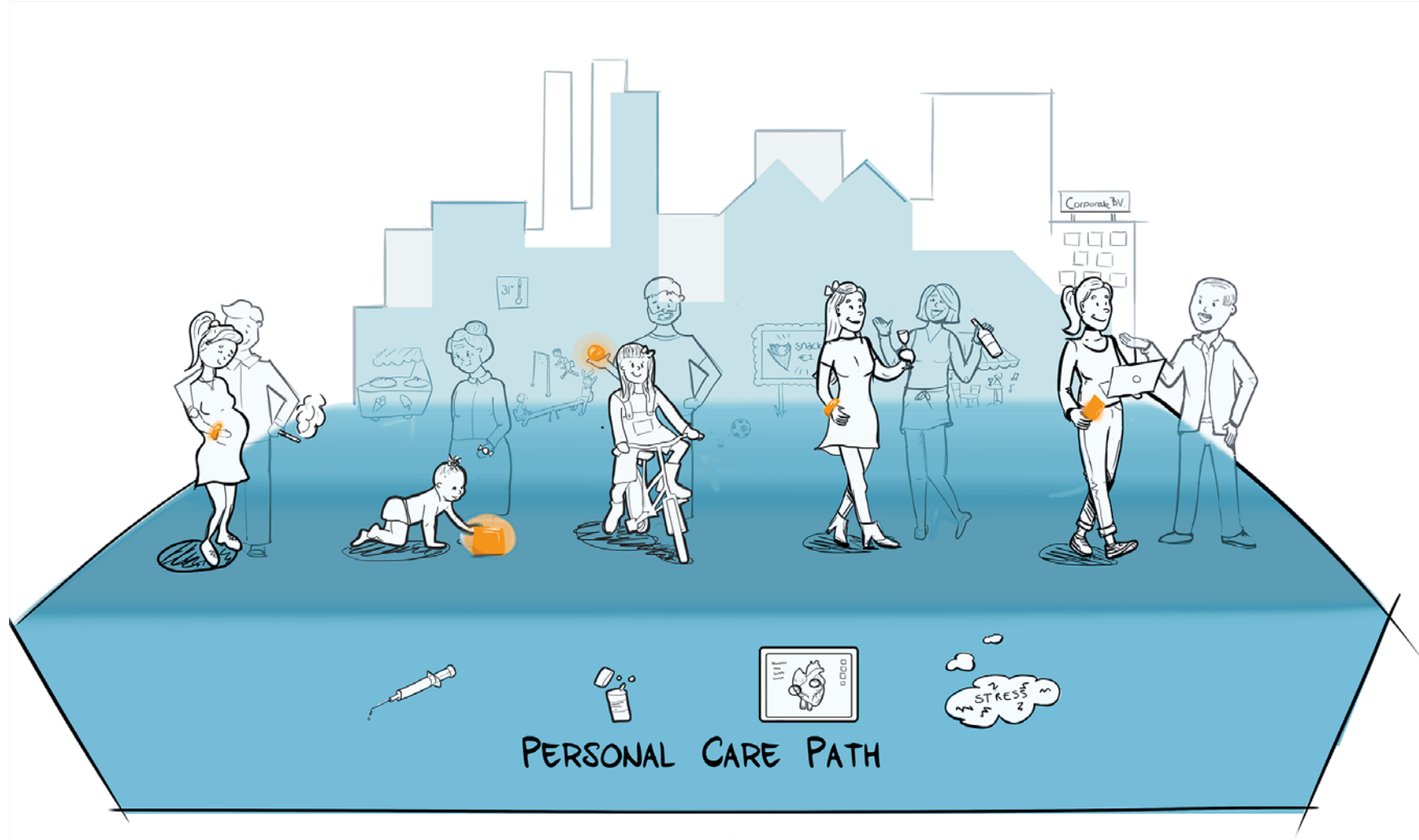
Make the Case

Manage the Plan

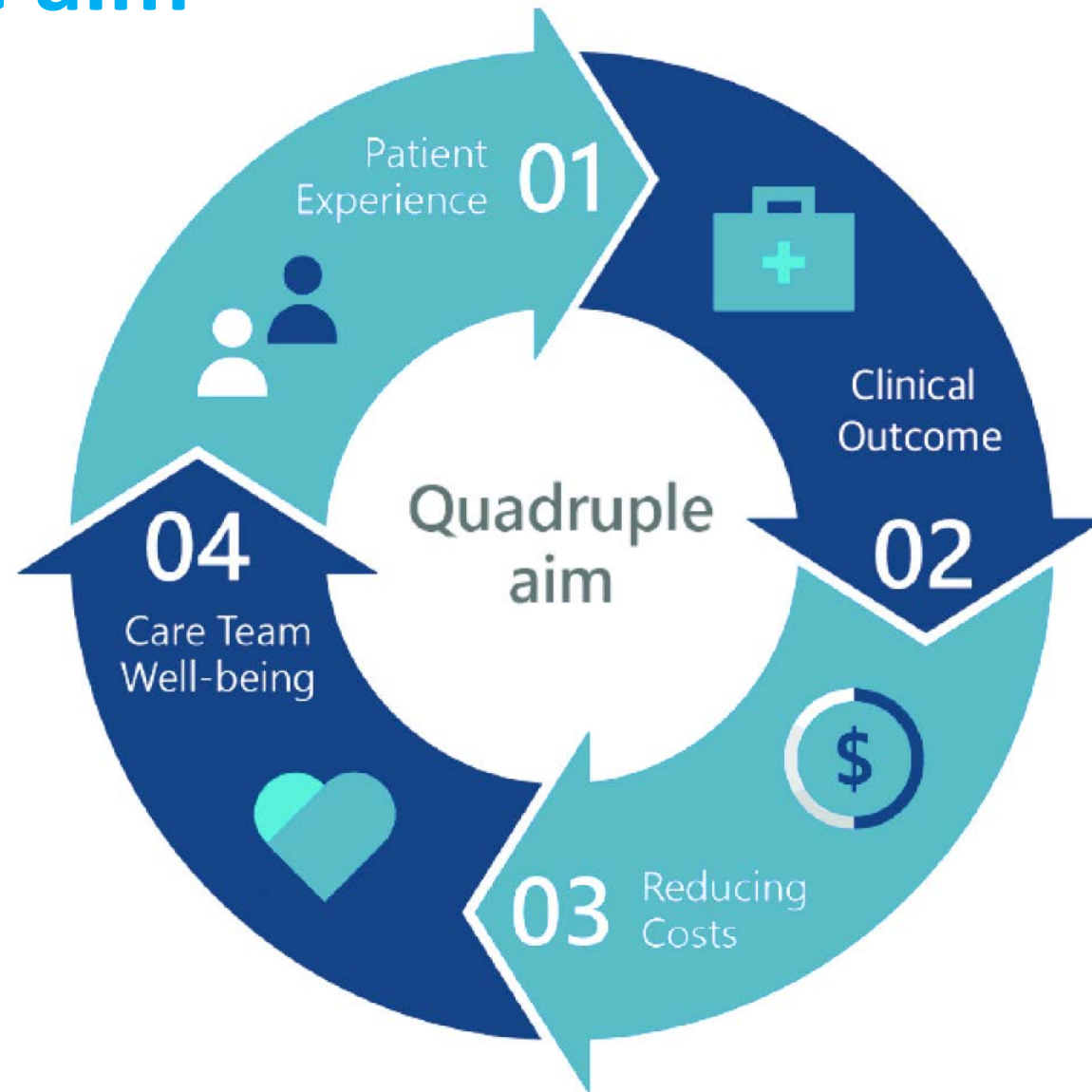
Remote Patient Management Systems as vehicles for system transformation

Maaïke Kleinsmann, Valeria Pannunzio, Jos Kraal

Life course approach



Quadruple aim



The Perioperative Box



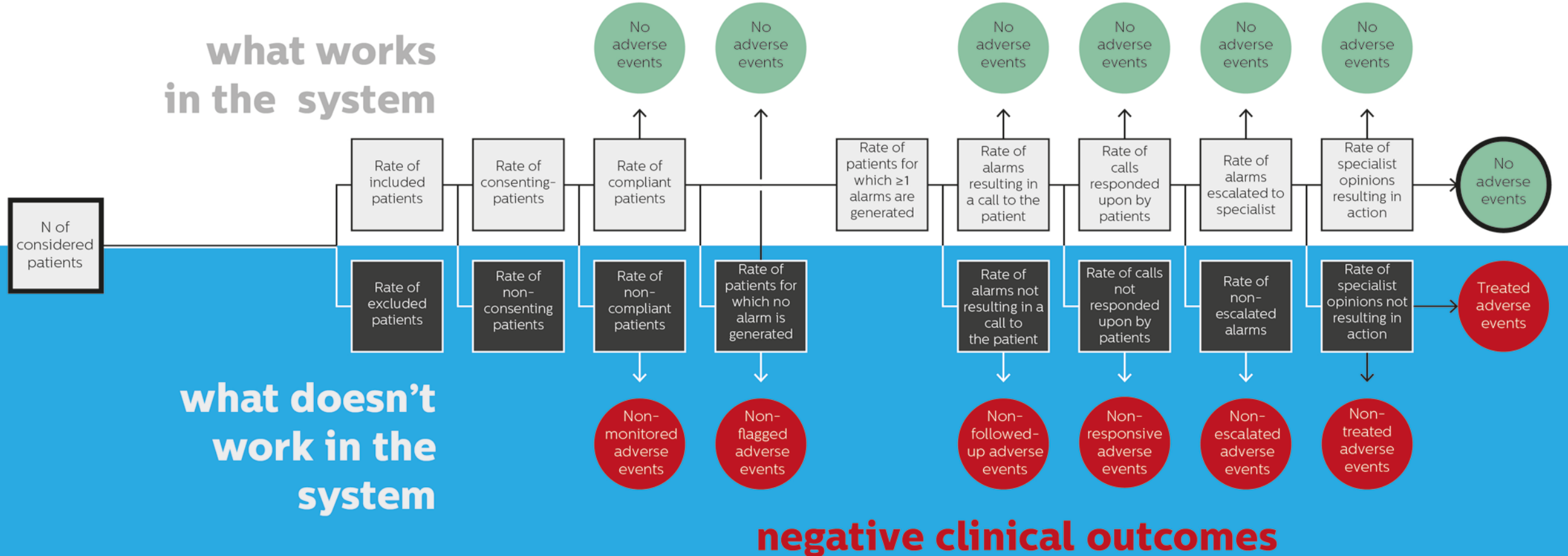
140 patients
55 data points
5 eHealth devices
1.5 years

Overall research objective:
investigating whether the Box system
leads to improved clinical outcomes
(especially in terms of major adverse
events and readmissions).

Data strategy

what works in the system

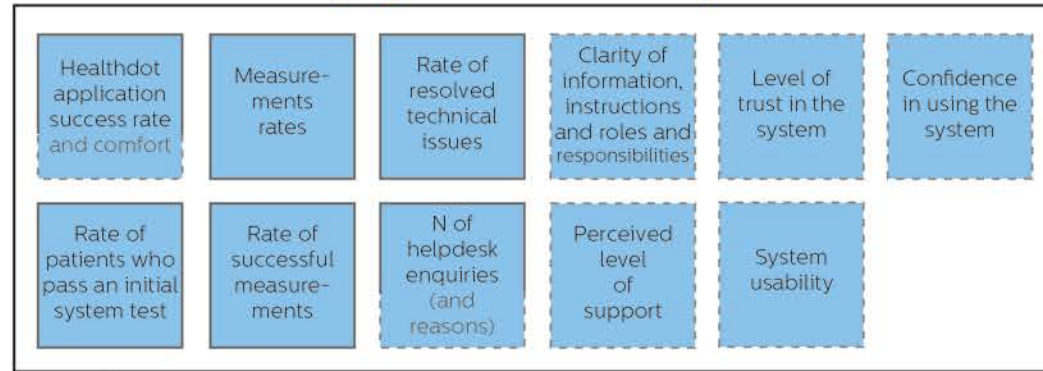
positive clinical outcomes



Data strategy

Compliance to self-monitoring protocol: affected by patient experience

what works in the system



N of considered patients

Rate of included patients

Rate of consenting patients

Rate of compliant patients

Rate of patients for which an alarm is generated

Rate of alarms resulting in a call to the patient

Rate of calls responded upon by patients

Rate of alarms escalated to specialist

Rate of specialist opinions resulting in action

Rate of excluded patients

Rate of non-consenting patients

Rate of non-compliant patients

Rate of patients for which no alarm is generated

Rate of alarms not resulting in a call to the patient

Rate of calls not responded upon by patients

Rate of alarms not escalated

Rate of specialist opinions not resulting in action

what doesn't work in the system

AstraZeneca

Challenge



ICED Challenges for workshop August 2021

Suggestions from AstraZeneca

DRAFT

July 2021

Not to be distributed outside Conference organization committee



Prevent hospitalisation by self monitoring

Background

- Chronic diseases often means episodes of more severe disease state (exacerbation/Adverse event) that calls for hospitalisation
- Hospitalisation for chronic diseases is often traumatic for the patients and represent a major cost for the health care system
- A significant degradation of disease state leading to hospitalisation usually follows after several and increasing minor episodes of exacerbation/adverse event that in them self does not lead to hospitalisation
- Prediction of severe episodes based on minor episodes could enable early intervention and reduction of hospitalisation
- Possibility and acceptance among patients for self monitoring vary.

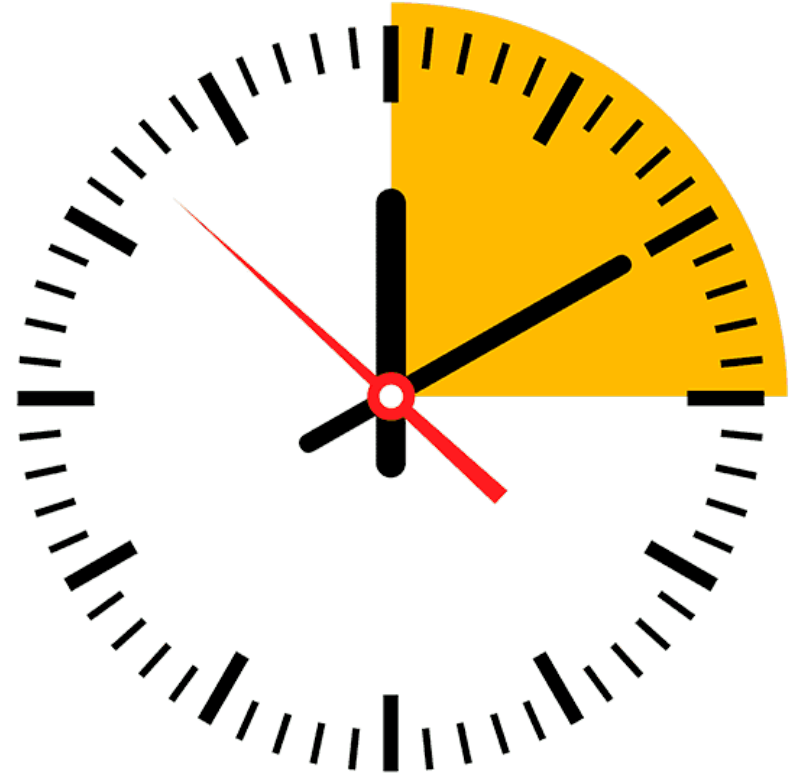
Challenge

- How should a patient monitor be created that flags risks for severe episode?
- How to gain acceptance for monitoring system? Select suitable sub population?
- Narrow: Single disease (Heart failure or COPD)
- Options: Stand alone solution or integrated with health care?



15 Minutes

Break

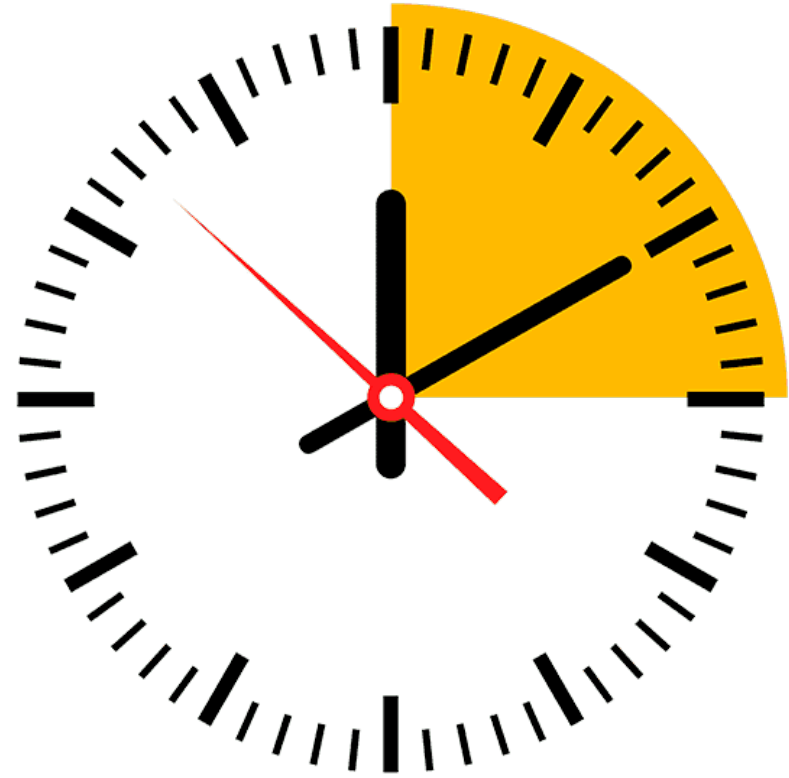


40 Minutes

Breakout groups & Miro

15 Minutes

Break

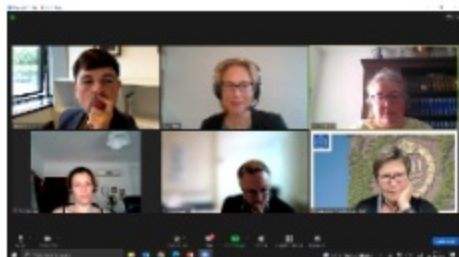


Team #Yellow Canvas

Who are you?

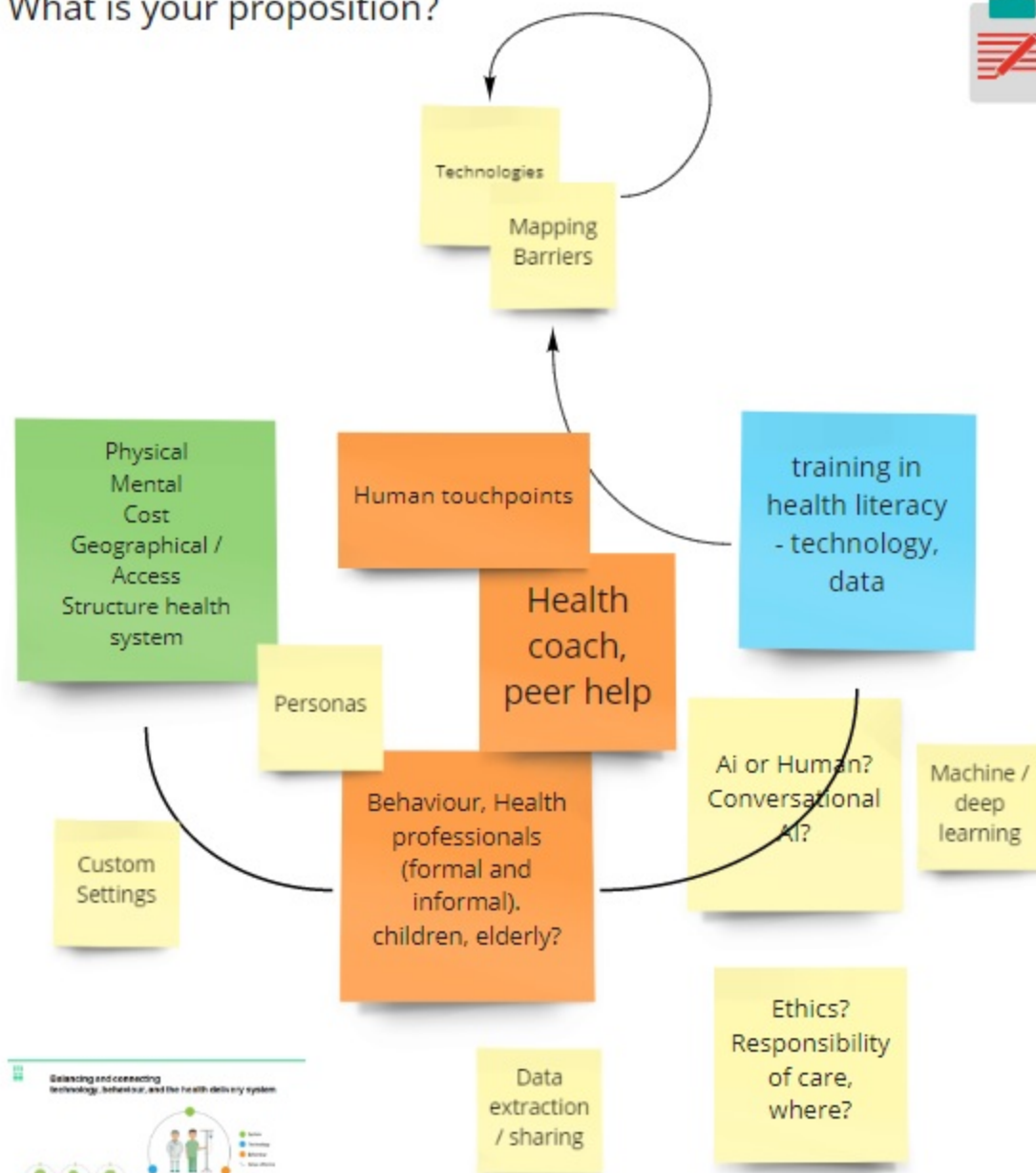


Augmenting and
empowering health



Nicholas Ciccone
Claudia Eckert
Andreas Dagman
Ana Amado
Margareta Norell
Anja Maier

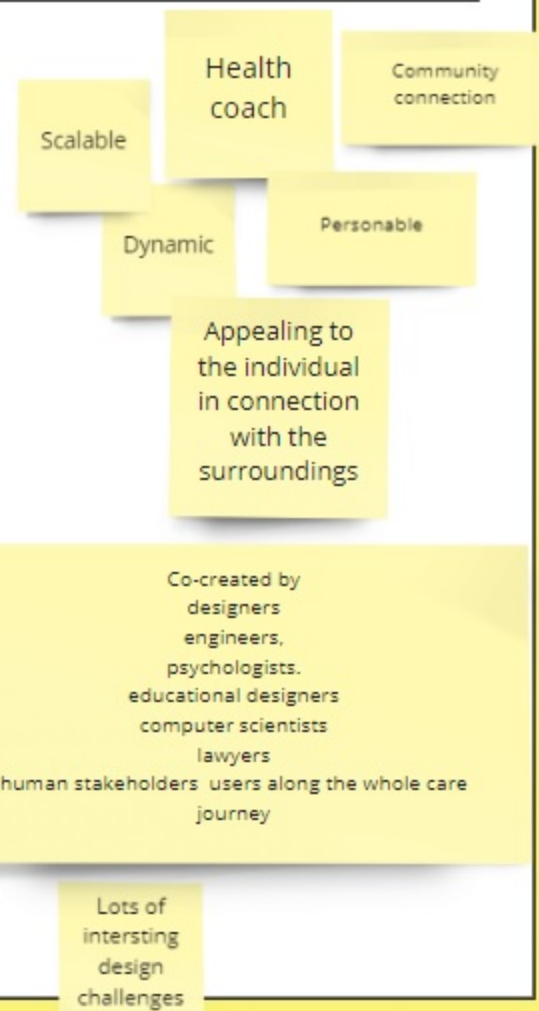
What is your proposition?



Why should your
proposition be
chosen?



Augmented health coach



Team #Green Canvas

Who are you?



Göran

Valeria
Pannunzi
O



What is your proposition?



what is
"normal"?

heterogeneous
data collection -
vital signs + 'soft
data' (symptoms,
PROMs...)

'Take
heart'
campaign

heart
condition

raising
awareness
-education

social
media

younger
audience

focus on the heart,
the circulatory
system and its
characteristics, and
the effect of lifestyle
on cardiovascular
health

different
people telling
their 'heart
stories'

ideal: as
passive data
collection as
possible

what can
you
measure
about heart?

promoting self-
monitoring (and
self-
understanding)

connecting
people to
existing health
system routes
if needed

giving
personalized
insights and
actionable advice
through (simple)
data collection

collecting population-level
data on 'transitions'
(specifically useful for
population health research
and delivery and ways to
have better data to use
of future heart issues)

raise
awareness -
measure
pulse,
measure BP

what is
good for
the heart?

Why should your
proposition be
chosen?



preventive in
nature
opportunity
for large
impact

personalized
advice/insights



Team #Blue Canvas

TRUST (Trust-driven Remote User System for health)

Design of a system that is trusted by its users, and users are/stay committed to use it

Who are you?



Dr A. Komashie
Cambridge

Alex Komashie - Cambridge



Jos Kraal, TU Delft



Jiwon Jung, TU Delft



What is your proposition?

Trust of the system.

Where the data is coming from?

Who provides the service?

Core themes:
1. Trust
2. Confidence
3. Responsibility
4. Security
5. Early warning

Bring people in the black box - transparency

Maintain engagement of patients with the system/proposed solution.

Patients enter lifestyle information to personalise the predictions from the system.

How to present and communicate information back to the patient?

How the patients will be notified and explained the actions to take to prevent hospitalisation?

Have a transition process adapting to remote monitoring.

Simple notification at home, detailed analysis with a specialist.

Communicate - scenarios - effect of their actions on their disease

Why should your proposition be chosen?



Include knowledge about the construct of Trust from psychology / policy / communication science

System provided by several institutions: combination of government, healthcare, associations

Build trust to the system.

Keep trust in the system

Team #Purple Canvas



Who are you?



Meng Li

Alix
Feldman

Michael
Deininger

Maaik
Kleinsma
nn

What is your proposition?



Integrated system that connects the home to the system

monitoring & action too - else the system cannot prevent hospitalization

RPM should connect the patient and clinician side

Integrated patient log file to manage co-morbidities --> one specialist only sees a part

Knowledge transfer is essential; the patient knows him/herself best -->how to get that knowledge into the consultation room in an effective manner?

Think about the amount of tasks of the patient --> being a patient is not a job --> RPM could support the patient to focus on the right things

Standardization of measurements and usage of medicine for a holistic view of the patients, maybe another overarching institution

Why should your proposition be chosen?



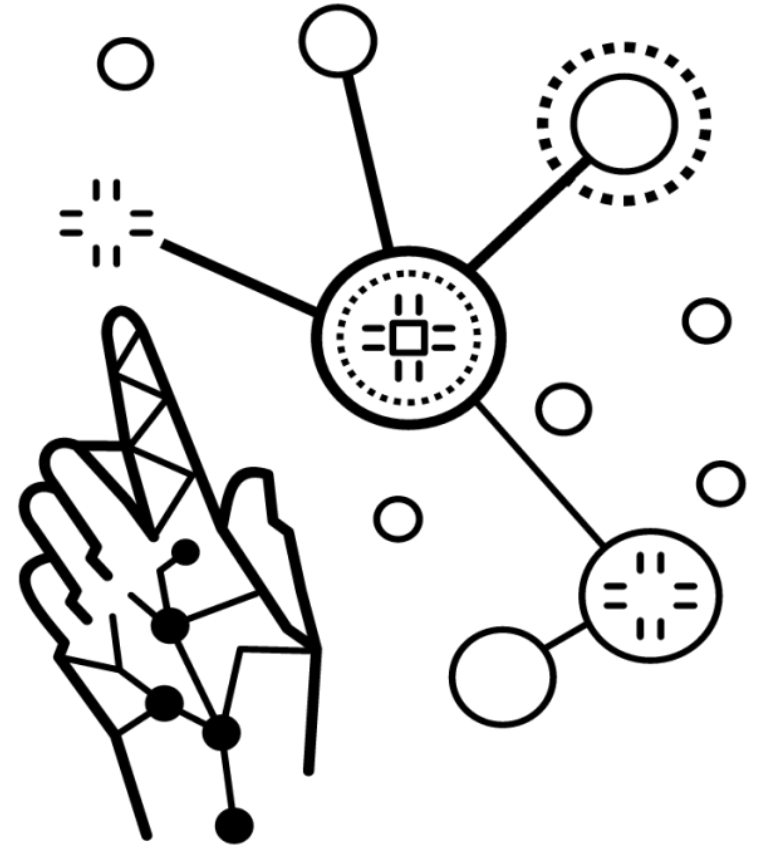
5 Minutes each + Q&A

Canvas presentations



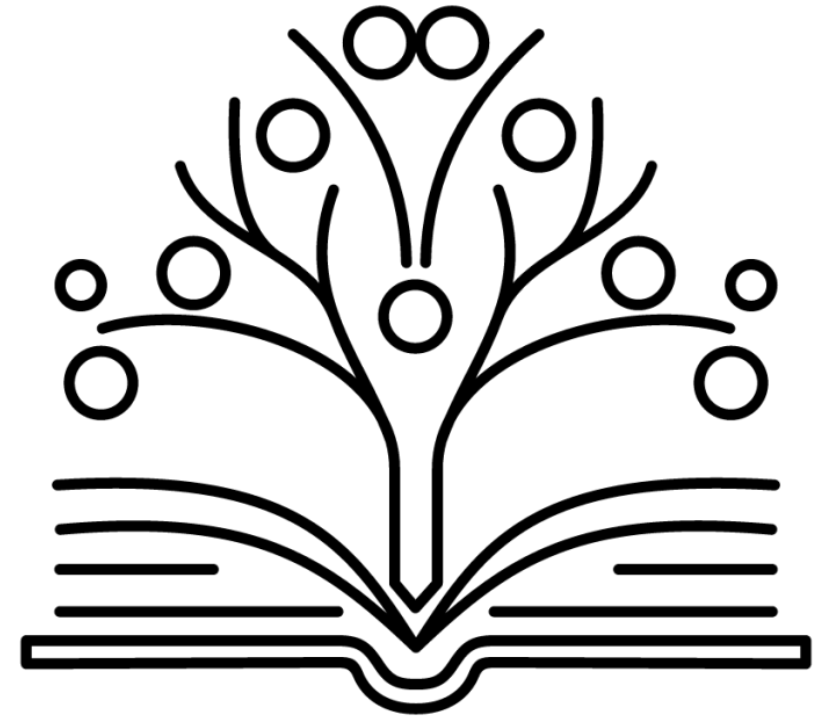
Popular vote, jury vote with Astra Zeneca

Voting



Thoughts of today and forward

Feedback & Next Steps



<https://healthsystems.designsociety.org/>

Thank you

