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# Reevaluating the value of Primary Care using Design Thinking

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# REEVALUATING

## THE VALUE OF PRIMARY CARE USING DESIGN THINKING



### **Mayo Clinic Center for Innovation**

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Marc Matthews

Allison Matthews

Primary Care in the United States  
is at a **critical crossroads.**

The health care system is shifting from  
**Fee for Service** to **Total Cost of Care**

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paid for sick care

paid for health

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paid for sick care

measured on volumes

paid for health

measured on outcomes and  
patient experience

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paid for sick care

measured on volumes

difficult to bill for  
non-physician services

paid for health

measured on outcomes and  
patient experience

embraces team models

Moving from a system that was  
**never designed** to one that is  
more **thoughtful** presents us with  
a **unique opportunity**.



**The new system must:**  
attract and retain patients

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have highly satisfying services

## **The new system must:**

attract and retain patients

provide high value care

have highly satisfying services

better meet consumer needs

**We must design to optimize:**  
coordinated care

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management of populations

**We must design to optimize:**

coordinated care

management of populations

management of chronic conditions

This shift is **not simple**.



We **can't** just **keep**  
**things as they are.**

**28%** of patients could **list their medications**

**37%** could state the **purpose of their medication**

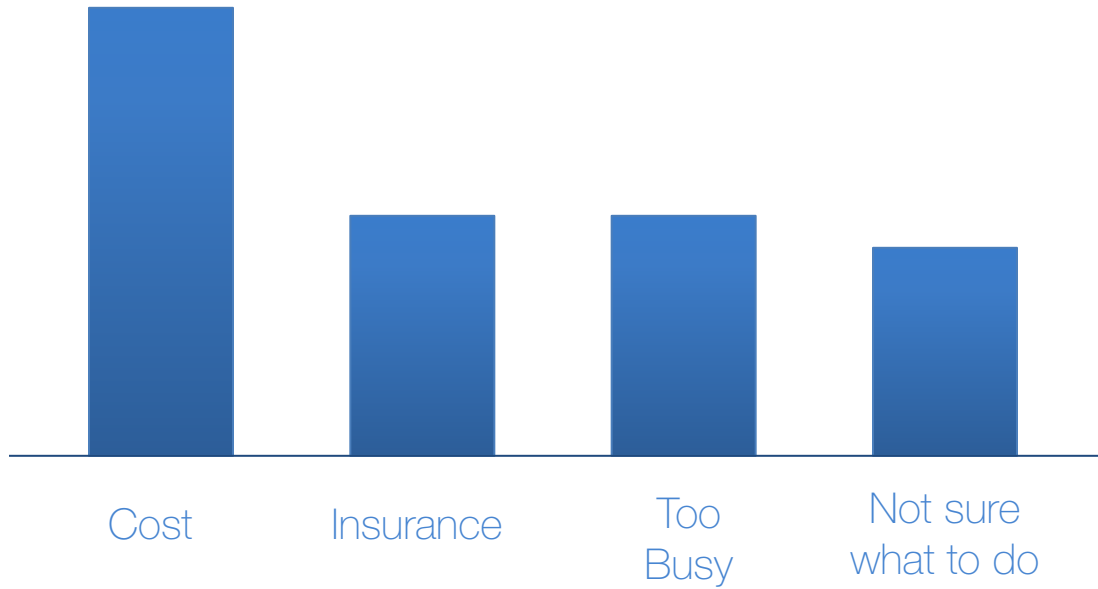
**14%** could state **common side effects**

**42%** could state their **diagnosis**

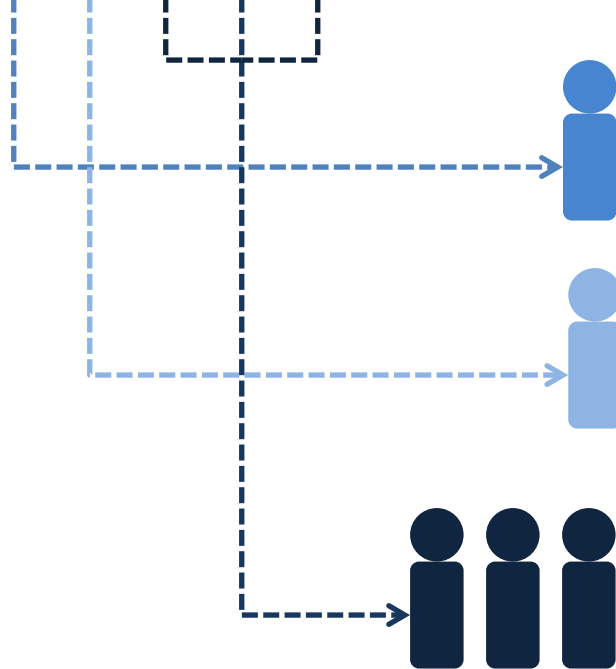
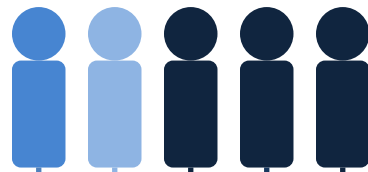
**50%** of all **prescriptions went unfilled**

**50%** of filled **prescriptions were taken improperly**

## REASONS FOR NOT SEEKING CARE



Of every 5 patients seen in the clinic today



1 needs to see a provider

1 could be served with non-visit care

3 could be served by a care team

The current healthcare system is in the business of **doing things to patients.**

(in fact, it overtly rewards providers for this)

The health care system cannot respond to the needs of the patient without **talking to them first.**

Consumers define health not as the  
absence of disease but as the  
**ability to function in their  
daily lives.**

Consumers are looking for services that **support their health** rather than systems that rid them of disease.



We developed a system that helped patients get **what they needed, when they needed it, how they wanted it.**



CONVEYOR BELT CARE



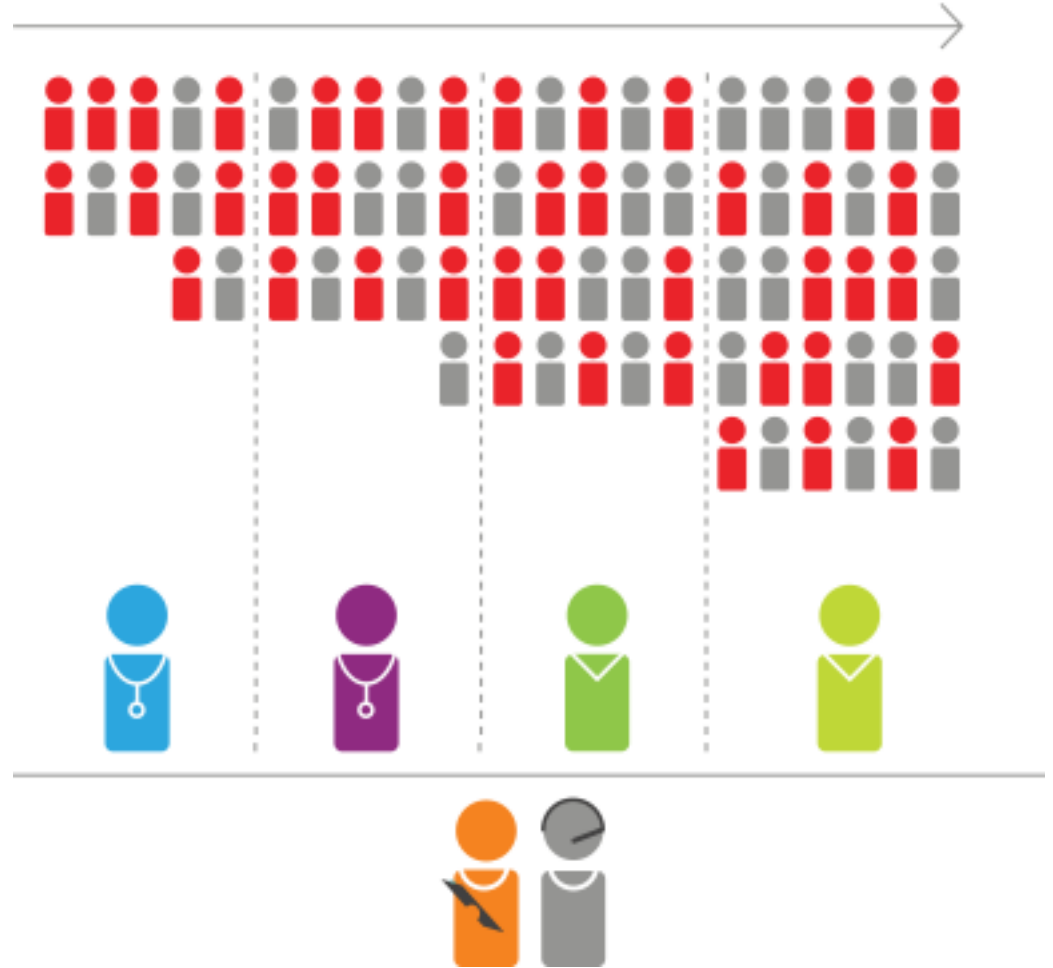
WRAP AROUND CARE



## Sharing care responsibilities across the team means:

- Increasing nurse-only visits
- Improving the integration of allied staff members providing specialized services.
- Daily communication and coordination of patient care across the team.
- Increasing non-visit care options.

COMPLEXITY HIGH TO LOW →



## **How is this Different from Previous Care Team Models?**

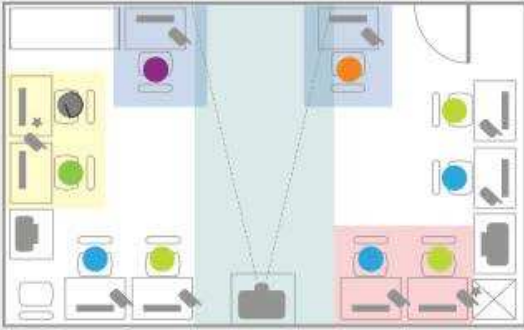
We are not simply emphasizing physician efficiency and maximizing individual physician productivity.

The Optimized Care Team:

- Establishes how each member of the team can add the most value to direct patient care.
- Emphasizes the delegation of care across disciplines.
- Diversifies the relationships patient's have with their clinic.
- Diversifies the access points patients have with their clinic.

# 7 weeks of experimentation

## 1300 patients seen



1. COLLOCATE IN A TEAM ROOM



2. TEAM HUDDLES



### Visit Goals

What would you like to accomplish in your visit today?

We want to make your visit as productive as possible - please let us know what you want to get out of your visit - what tasks, conditions or concerns you would like addressed.

Is there anything else you would like to bring up or take care of when you complete your visit and see your doctor together in a future visit.

care team use    scoring     inside     visit mark

3. VISIT GOALS "HALF-SHEET"



4. NON-TRADITIONAL VISITS



5. WARM HAND-OFFS

BALDWIN TEAM MEASURES										
	1	2	3	4	5	6	7	8	9	10
1. Patient Satisfaction by Rating of Satisfaction										
2. Patient Satisfaction by Rating of Satisfaction										
3. Patient Satisfaction by Rating of Satisfaction										
4. Patient Satisfaction by Rating of Satisfaction										
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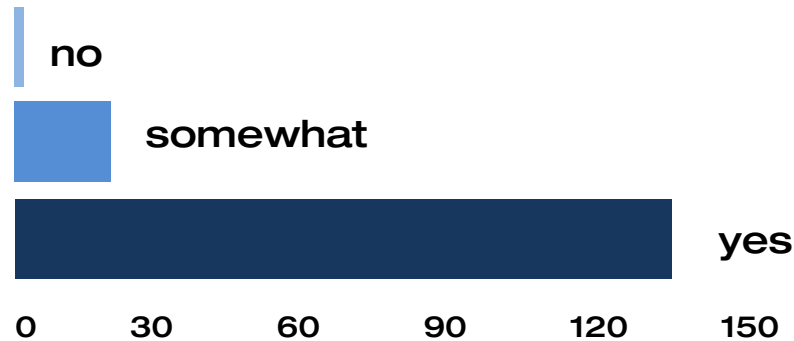
6. PROCESS MEASURES

**“I’d rather come in for one very thorough 45min appointment where I see the whole team, than come back 3 times in 3 months.”**

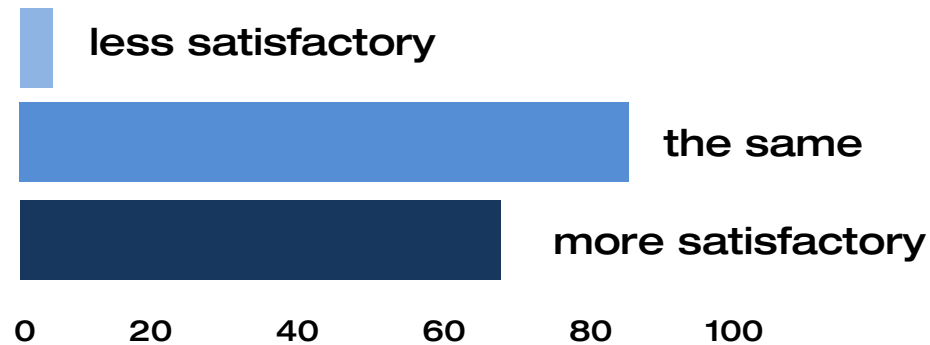
**“Seeing the pharmacist was great. I pick up the meds for the family and I got to ask questions I otherwise would have forgotten.”**

**“I liked that everyone seemed to know about me.”**

## Did your care providers know your story and reason for visit?



## Visit Satisfaction Comparison



## Capacity Gained Actual Recorded vs. Potential



Utilization of Integrated Team



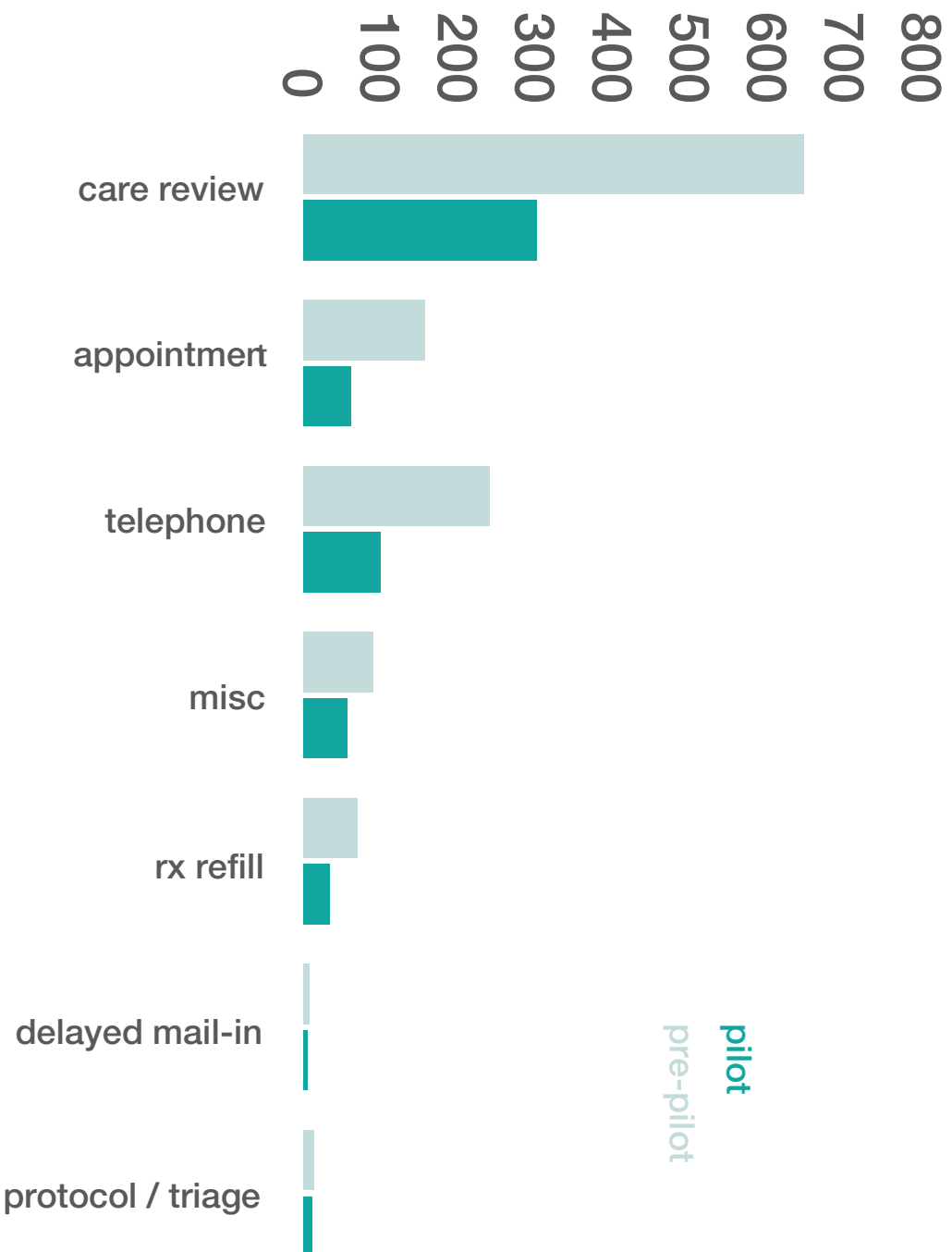
Nurse Visits



Non-Visit Care



# Inbox Data: Pilot vs. Pre-pilot



It worked.

It worked.

Everyone agreed it was better.

It worked.

Everyone agreed it was better.  
So why isn't it operationalized?

# **Culture**

Physician Attitudes

# **Culture**

Physician Attitudes

Allied Health Staff Confidence

# Culture Tools

**Culture  
Tools  
Compensation**





## Mayo Clinic Center for Innovation

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