

Manuela Aguirre Ulloa

Book review

Design for Care: Innovating Healthcare Experience



Peter Jones. (2013). *Design for Care: Innovating Healthcare Experience*. New York, N.Y.: Rosenfeld

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Peter Jones' recently published book represents a timely and comprehensive view of the value design brings to healthcare innovation. The book uses an empathic user story that conveys emotions and life to a structure that embraces the different meanings of Design for Care: Spanning from caring at the personal level to large-scale caring systems. The author has a main objective for each of its three main target audiences: Designers, companies and healthcare teams. Firstly, it allows designers to understand healthcare in a holistic and patient-centered way, breaking down specialized silos. Secondly, it shows how to design better care experiences across care continuums. Consequently, for companies serving the healthcare sector, the book presents how to humanize information technology (IT) and services and meet the needs of health seekers. Finally, the book aims to inform healthcare teams (clinical practitioners and administrators) the value design brings in research, co-creation and implementation of user and organizational experiences. It also proposes that healthcare teams learn and adopt design and systems thinking techniques so their innovation processes can be more participatory, holistic and user-centered.

The author proposes to rethink our current care models and find better ways to leverage the role of the community that can facilitate wellness experiences in populations. Everything is connected; transformations in policy are considered to fundamentally challenge the economic systems of healthcare that may, in turn, influence how care is reimbursed. This can affect how care is delivered, which may ultimately create the right environments for positive health care experiences. The author

represents this as a funnel, suggesting that designers should become more adept at spanning within the levels of this funnel. From the macro view (policy innovation) to the micro level (care experiences), *Design for Care* demonstrates design interventions at each scale and considers the interdependencies that arise from connecting across these different scales (Aguirre, 2014). One of the key contributions is the introduction of a new language for design within the larger realm of health care. Here, designers may actively engage in new kinds of caring partnerships, which challenge the pre-existing institutionalized power dynamics that have historically characterized the relationships between patients and doctors (Aguirre, 2014).

One of the main arguments of Design for Care is that in order to ensure sustainable health transformations, design solutions need to address the root causes of problems. For example, there are ‘visible’ challenges in health care — like waiting times, or fragmented care; a shortage of doctors and rising costs. Such visible problems are merely symptoms of deeper interrelated causes. Design should avoid such design opportunities that reinforce the current ‘sick-care’ system, by making it more efficient or disguising initiatives with a patient-centric rhetoric. The author proposes that Service Design tools should be complemented with Systemic Design approaches in order to understand the complexity that characterizes health care (Aguirre, 2014).

The central references are drawn mainly from systems thinking and design theoretical frameworks. Ulrich (1987; 2003), Özbekhan (1967; 1970), Churchman (1971), Meadows (1972; 1999), Forrester (1994) and Gharajedaghi (2011) are key lines of thought from the systems world. Buchanan (1992), Jones and VanPatter (2009), Raijmakers (2006), Evenson and Dubberly (2010), and Brown (2009) are illustrative from design thinking and practice. Finally there is a vast majority of positions that represent the intersection of both fields aforementioned: Rittel & Weber (1973), Simon (1957; 1969), Dubberly *et al.* (2010), Ackoff (1974; 1996; 2004), Christakis (2006; 2013), Warfield (1990), Thackara (2011) and Sevaldson (2011) among others.

Jones beautifully lays out landscapes of care, from the health information we look up to stay healthy, to how we co-create our care when we are ill, to how we think of service caring systems across a whole spectrum of touchpoints. These touchpoints are orchestrated across service continuums: From our home, to the hospital and back to our communities, as well as all the IT and organizations that make all this work, to rethinking whole systems. This includes consideration of politics, accountabilities, incentives, power, economics, decisions, and information systems. In all of these landscapes, Jones gives us tools, methods and approaches that are tailored to the different audiences, and which he has been developing and applying during years of teaching and consultancy. Besides exploring the most common design tools like patient journeys, scenarios, storyboards and personas, the author suggests new methodological potentials for systemic design. These include Dervin’s Sense-Making Methodology (chapter 4), Simplexity (chapter 6), Abstraction Hierarchies (chapter 7), Structured Dialogic Design (chapter 8), Influence Maps (chapter 8), and Giga-Mapping (chapter 9). These methods may allow designers to understand and intervene in new spaces, like health policy and business models. The book also balances the user-system continuum by presenting empathic approaches (capturing individual human needs, for instance) and coupling them with participatory tools to map out larger systemic challenges (Aguirre, 2014).

Design for Care uses vivid case studies that contextualize the theoretical lens in the practical realm. Some showcase the information technology, decision making, and health seeking side of consumers of care, like WebMD, Healthwise and the electronic medical record of the Veterans Health Administration. Others point out the value of

embedded designers within health environments like the Health Design Lab of St. Michael's Hospital and Center for Innovation in Complex Care, both in Toronto and the Mayo Clinic Center for Innovation in Minnesota. Partnering models are illustrated with design consultancy IDEO working side-by-side with Kaiser Permanente in California. These models enhance how each partner brings their own expertise to work on continuity of care, facilitated by new "caring" technology.

International cases apart from US and Canada are unfortunately not illustrated in the book. Since the designing for health field is growing at an accelerated pace, such comprehensive study would be almost impossible. Recently, the Experienced Based Design approach emerged as a model to organize healthcare teams that resulted out of the partnership between the design agency ThinkPublic and the National Health System of the UK. The Australian Center for Social Innovation has employed designers to transform health in families and communities, with some remarkable co-production and peer-to-peer models. Again in the UK, the National Endowment for Science, Technology and the Arts, has created THE LAB, where models of people powered health have challenged the underlying principles of caring relationships. In Sweden, Experio Lab is a new national center for human-centered health innovation supported by the Swedish Council of Co-Produced Health and Social Care. Designers play an active role both in the lab and in the government council.

Moreover, there are a number of health programs emerging in design schools, in particular around Service Design. Carnegie Mellon was one of the pioneers. In 2007, their Design School partnered with UPMC Presbyterian Neurosurgery Clinic, and now Parsons New School and Rhode Island School of Design have incorporated similar courses into their curriculum. The UK has recently launched HELIX, a partnership between the Royal College of Arts and the Institute for Global Health Innovation, which is Europe's first dedicated center for healthcare design. In Chile, the PUC School of Design created a lab for public innovation together with the school of sociology and engineer, where they have been working mainly with elderly care and municipalities. In Canada, there is the Health Design Lab at Emily Carr's Design School in Vancouver, and in Toronto, OCAD's Strategic Innovation Lab (sLab) has worked a lot around health, where the author is Associate Professor. In Norway, the Oslo School of Architecture and Design launched DOT, a research initiative to design for health. In the last two programs mentioned, sLab and DOT, Service Design approaches are coupled with Systems Oriented Design, following similar lines of thoughts as the ones expressed in Design for Care.

Of the intended audiences for this book, due to my background, I can best speak for the design audience. From the reviewer's point of view, I highly recommend this book for design education. It is an easy to read, yet extremely insightful book that uses a health journey to walk the reader through incredible theories, case studies, methods and approaches. The book includes space for self-reflection and critical thinking, while broadening our practical spectrum of tools and techniques. Design for Care is also well suited for both design researchers and practitioners before starting any project. The entry gives you the systemic mindset to identify well-rooted design opportunities and the tools for gathering insights, co-creating possibilities, and testing and designing service experiences. The book is also appropriate for those interested in exploring design in a healthcare environment as means for innovation, or for those who want to understand the socio-cultural determinants of health outside hospital walls and in peoples' lives – and hopefully connect these two environments.

New centers, labs, groups, endowments, councils, schools and programs, evidence the demand for prototyping design approaches into healthcare. This means

that Design for Care comes at a critical time to learn and reflect. Service Design shouldn't be next big thing to that attempts to "fix" the care sector, but it should gain credibility and respect by showing its impact. Design wants to find a role that may address the fundamental issues that have fragmented the health system and have made it so expensive and inaccessible for so many. It is an emotional landscape to work in, where fuzzy, ill-defined, invisible and often chaotic human relationships shape many of the interactions. As designers entering new fields we need to stay humble, curious and adaptive, and Jones is showing a perspective to do that through his book. Design for Care attempts to understand health as a connected system of relationships, which are in constant flux, where no parameter can be taken for granted. From the words of the author: "Human health is not the result of a service transition; rather, it flourishes in the context of care, drawing on personal, familial, professional, and community resources" (Jones, 2013, p. 14). There is no easy task ahead, but a promising start is already written.

Manuela Aguirre Ulloa

PhD Candidate in Design for Public Services, and lecturer in Systems Oriented Design
The Oslo School of Architecture and Design
Email address: Manuela.Aguirre@aho.no

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