

## CONFERENCE ABSTRACT

### "Looking from the other side": Using Design Thinking for Strategic Projects at the Basque Health Service

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**Introduction and description of the practice implemented:** The Basque Country has been implementing integrating care policies since 2010 (1). One of the cornerstones of this strategy has been the launch of 13 Integrated Health Care Organisations (IHOs) to integrate under the same structure Primary and Secondary Care Services (2). Nevertheless, structural integration does not deliver better care by its own; and in 2015 the Basque Health Service (BHS) launched a project called IntegraSarea (Network for Integration in Basque) to facilitate cultural change and to create a shared narrative of what integration means based on a People Centred Care approach (3).

More than 100 people including managers, patients, carers and health professionals across the Basque Country have been part of this network and the rest of the health workforce (30.000 people) is informed via newsletter, fb and twitter in order to have the maximum amount of people onboard.

In this context Design Thinking was chosen to be the method used to help health professionals think "out of the box" and analyse the challenges the health system faces from a user/patient perspective. To reach this goal, four different workshops involving more than 100 people were conducted.

**Methodology:** (Theory of change) Design Thinking (DT) is a methodology that originates from Service Design and was first used in urban planning in 1987 (4). Nowadays the shift to the customer-in-the-center of the process is one factor that has motivated companies and other institutions to use Design Thinking as a method to improve and re-design processes from a user perspective.

Although the term has changed across time (5) it is widely accepted that DT is a methodology for problem-solving and has five basic steps (see figure 1): empathize, define, ideate, prototype and test.

Its use in the health sector is still to be developed and has a huge potential since there is often a gap between patient experience & expectations and the care provided. The latter can be outstanding following traditional indicators of efficacy and efficiency (ie: hip replacement with no complications) and the former could still be bad (ie: despite replacement patient cannot walk due to pain).

In the Basque context DT has been fully applicable since the challenges the health sector faces demand multidisciplinary teams and consensus to be successfully implemented, and these are two aspects that DT helps to build.

**Discussion:** Four workshops were designed based on three key areas (Person Centered Care, care pathways and community networks). After an introductory session on DT, each participant had to carry out fieldwork using different qualitative and ethnographic techniques to identify improvement areas from a patient perspective.

This has allowed each Organisation in the BHS to have several of its professionals trained on this methodology, which will have a snowball effect in the future. Moreover, it should be emphasized the importance of inviting patients/users into internal strategic and training projects, which brings in different views and also challenges the status quo of "everything for the patient without the patient".

**Conclusion:** The methodology has been strongly accepted by the participants of the workshops like a valid instrument to identify the gaps between patient experience & expectations and the care provided.

The Final Report of the workshops details all 52 actions that are proposed to tackle the improvement areas identified and will be presented at the Conference.

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**Keywords:** design thinking; change theory; participation

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