

Useful Cases for Co-Producing Health: Patient Generated Data in the Clinical Encounter

Opportunity for innovation teams to help patients and their health professionals find compelling uses of patient generated data.

Purpose of this initiative

People generate large amounts of data about their health with a wide range of technology. These data create new opportunities and challenges for health care delivery in general, and for the clinical encounter specifically. In spite of all the new data and its promise, few have been able to turn the data into useful, compelling information that makes the human interaction between patient and health professional better, richer, safer or more efficient. Many would like to find ways to help patients and health professionals use this patient generated data (PGD) so that it improves the time patients and health professionals spend together and improves care.

The Robert Wood Johnson Foundation engaged Reos Partners to help mobilize innovation within this emerging space of health care. In the first phase of the work Reos interviewed thought leaders from across the field – patients, health care providers, academics, technologists, human centered and service designers, and representatives of government institutions – in order to understand the challenges, opportunities, trends, and required areas of activity to optimize the use of PGD to improve health outcomes for patients. Accompanying this invitation is the report with the findings from those interviews.

As the next phase of this work begins, the Robert Wood Johnson Foundation is inviting innovation teams to design solutions to priority focus areas through the process of creating use cases. Over the course of a 3-month innovation process, each team will produce one use case that will *articulate* a specific goal for how PGD can be used to improve the experience of the clinical encounter, *describe* who needs to be involved, and *document* the sequence of steps to achieve that goal.

The result will be a set of 4 to 5 use cases that collectively will serve the purpose of transforming and optimizing the use of PGD in the clinical encounter.

Focus areas for this project

The three focus areas are described below, along with illustrative design questions:

1. **Shift Toward Trust:** PGD is viewed as a trusted, valid, and reliable input to the clinical encounter and enables collaborative decision making between patients and their care team.
 - How might we increase clinicians' receptivity to using PGD in the clinical encounter?
 - How might we find the balance between clinically and patient generated data?
 - How might we establish rigor within the context of patient generated data?
2. **Mechanisms for Meaningful Collaboration Between Patient and Provider:** Patient health and well-being is co-produced with providers through meaningful communication and collaboration.
 - How might we translate and present large amounts of data into comprehensible and relevant information that can be used by patients and providers?

- How might we improve the quality of data-driven conversations between patients and their care team?
 - How might we use PGD to meaningfully include patients' experiences into decisions about care and treatment plans?
3. **Bring Patient Stories into the Clinical Encounter:** The day-to-day lived experience of patients is understood to be important and reliable data that should inform their health care options.
- How might we track moments of wellness and well-being?
 - How might we track and synthesize qualitative data that enables patients to tell their whole story?
 - How can the burden of recording large amounts of data be reduced?

How the innovation teams will produce use cases

Four to five innovation teams will be selected to participate in a 3-month innovation process, culminating in each team producing one use case. Teams should include a diverse mix of people that bring a range of perspectives on the challenge and potential solution.

Full participation of the entire team is required throughout the innovation process. The first workshop will be April 3-5, followed by 8 weeks of experimentation and iteration in the innovation team's health care setting (approximately 5-10 hours a week) and supported virtually by innovation coaches. The final workshop will be June 6-7. Both workshops will be held at the same venue in a convenient location in the geographic center of the country. Travel and accommodation expenses will be covered within the budget of this initiative.

The use cases will be owned by the teams that produce them, subject to the requirement that the use cases will be made available publicly (by the teams and/or by Reos Partners and RWJF) pursuant to Creative Commons license form Attribution 4.0 International (CC By 4.0).

Submitting an Expression of Interest

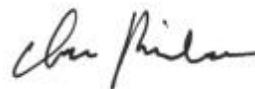
If you are energized by and actively looking to address one of the focus areas described above, can bring together a diverse team of four to five people who can fully commit to the required time for the innovation process, and if you are interested in learning a new approach for designing solutions to health care challenges please complete the [Expression of Interest](#) by February 27, 2017.

Reos Partners will host an optional webinar on Thursday, February 16 from 1:00 – 2:00pm ET for all interested innovation teams to provide an overview of this initiative and to answer questions. Please RSVP (prinsloo@reospartners.com) by Tuesday, February 14 at 4pm ET.

Sincerely yours,



Brenna Atnikov
Senior Consultant
Reos Partners



Ian Prinsloo
Senior Consultant
Reos Partners