

# Application of Design Thinking to Care giving (for Thalassemia and Cancer)

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# Case 1 : A small story

Mary - a mother of 2\* - was unwell, needed regular medical attention, she got calls/letters from hospital  
She missed her appointments

What is her journey?

WHO DO WE BLAME?

No, certainly not Mary

# C1. What is her 'Journey' like?

Mary needs support to reach HC vs. family needs her support



Health Centre does appeal to the masses



Health Centre has empathic care givers



Health Center could have reached out to Mary, at her place, be empathic & understand her, along with her context



Mary has come to the HC before, now its a tough journey



Health Centre has good doctors

# C1. What are her concerns?

- 3.6 million patients miss their medical appts. per year\*
- (Kim, Myers & Allen, “Health care providers can use DT to improve patient experience”; HBR, Aug 2017)

## Reaching the Health Centre

- Daunting journey
- Painful health condition
- Where to keep the 2+2 kids
- Needs door-to-door special assistance, transport
- HC needs to understand this

## While at the Health Centre

- Large center, multiple entrances and blocks, difficult to remember
- Go from one block to another
- ? push her wheel-chair
- ? if she gets lost, kids & family will panic at home, she will panic

# C1. Get the perspective right - the Insight

Mary needs family support to reach HC

Health Centre has appeal to the masses

Health Centre has empathic care givers

**Think with Mary**

**Think for Mary**

Health Center could have reached out to Mary, at her place, be empathic & understand her, along with her

Mary has come to the HC before, now its a tough journey

Health Centre has good doctors

# C1 ..a few Insights

Mary needs family support to reach HC



Health Centre has  
masses



Health Centre  
has empathic  
care givers

an Insight  
can  
SAVE a LIFE!!



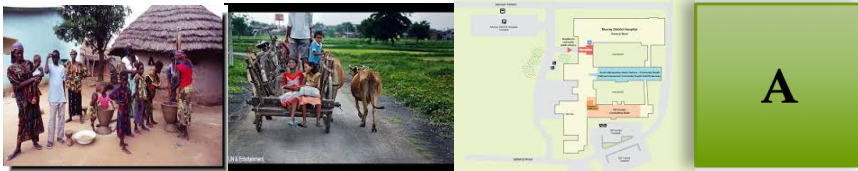
Health Center could have reached out to Mary, at her place, be empathic & understand her, along with her

Mary's journey  
the HC is  
its a tough journey



Health Centre has  
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# C1. HC did make a transition\* - Cue cards



GBSN 2018 Annual Conference



**gbsn** Global Business School Network



# “Design Thinking”

- what is unique in the SPJIMR way

## SPJIMR Journey

3 Years, Faculty team : 9

Over 2400 students / Over 800 professionals

Over 200 Social projects, 30 MDPs, Social entrepreneurs

## Insight

Lots of Ideas,  
participants are good in  
Ideation... **but**

Getting the Insight  
Right

## Mindset

Failure is a Negative  
word in our country

We build this confidence  
to make errors

We are investing heavily  
in it

## Biases

Rich past experience also  
brings in Bias to think,  
Bias to act

Overcoming Bias, POFU





Explore “Bottom up” (not  
“Top down”)

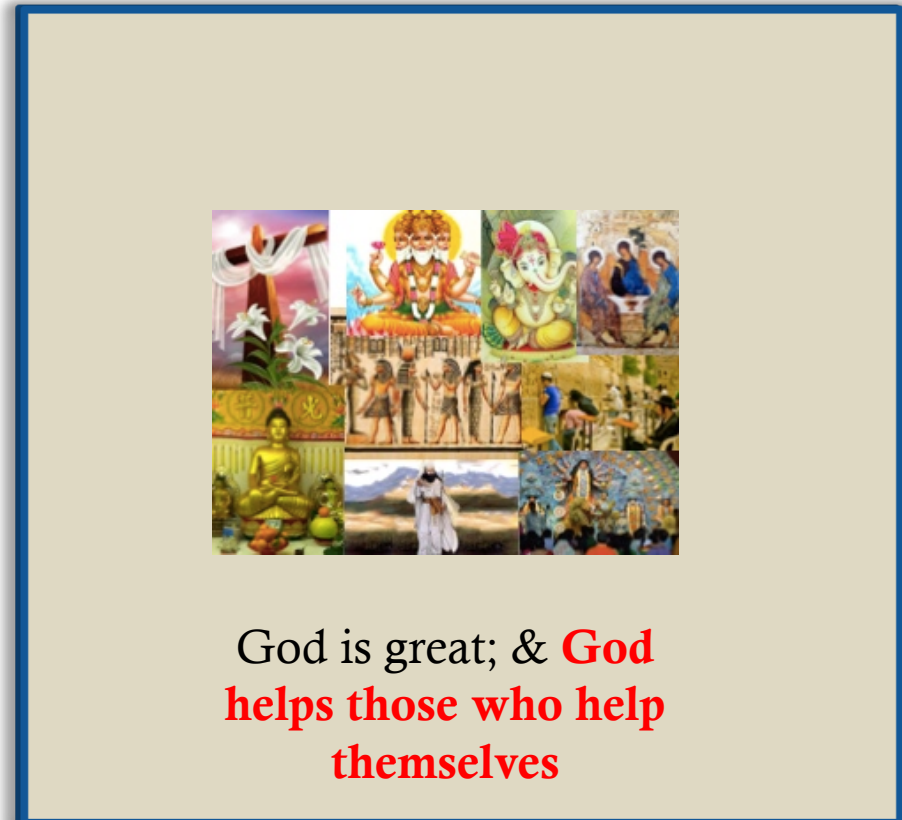


# Case 2 : God is great; Will save us always “Mamta”

Coded by Health Centre

Peel off by patient & taken to HC

	Jan	Feb	Mar	Apr	May
 Injections	1	2	3	4	
 Medicines	1	-	3	-	5
 Path-Process	-	2	-	4	
 Path-Process	1	2	3	4	



# C2. “Mamta” (Mother’s Love)

## Insights

### Eclectic Team



- Nivedita Mishra; Communication manager (Charitable Foundation)
- Babubhai Gadhadara; Project coordinator (Research & Training institute of Rural Development)
- Siba Mahapatra; DGM, CSR (Multinational Conglomerate)
- Debasis Nayak; Assistant Manager (Multinational Conglomerate)

- Bearing a child is God’s gift; God is the ultimate Savior from every eventuality
- Every effort is to accumulate funds, spending for health appears inexplicable
- Health of mother neglected
- Working in tough daily conditions – so dressings are a regular feature



# Case 3 :

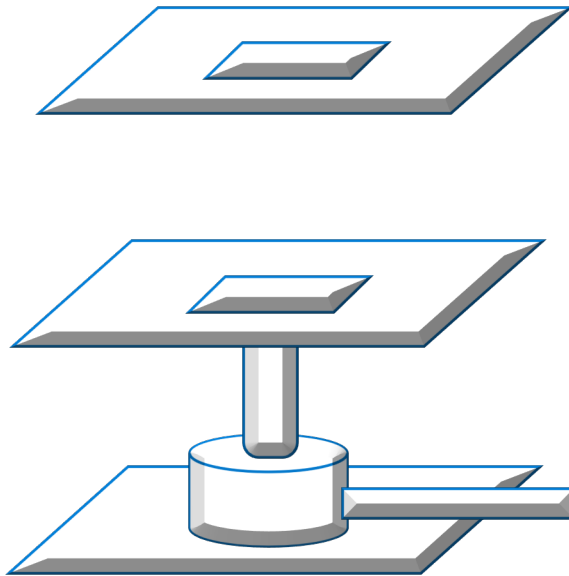
## Remembering vaccination dates of every kid at home

- Digi-gadgets made in the form of **pendant or watch**
- Activated for child's mother / guardian, **when child gets first vaccination shot**
- Gadget **beeps / flashes name** of child with next **date** for vaccination at regular intervals; from **two days prior to the designated date**.



# Case 4 : “Modular mini-OT”

## Moving medical instruments with the help of hydraulics systems for efficient service



- Mini Operations Theatre rooms are placed one above the other
- Hydraulic system fitted in the basement
- Move surgical stations & instruments as when required for different surgery, in a fully sterilised area.
- Separate patient categories based on incidence of disease and profile

# C4. “Modular mini OT ”

## Eclectic Team



- Swapnil Gawande; Trustee (education foundation)
- Aishwarya Salvi; Trainer & PR (community college)
- Vijay Rane; Chairman (foundation)

## Insights



- Hospitals with low CAPEX
- Catering to large catchment area and high category A and category B contagious disease incidence
- Need flexibility of OT equipment
- Quick switch over time, low set-up time

# Case 5 :

## Breast cancer detection time: from 84 to 04 days

an 84-day  
painful,  
anxious  
ordeal for  
detection,  
  
converted  
into a faster  
& definitive  
4-day one

# C 5.

## Re-imagine cancer detection

**“Thinking about needs - is not a linear thinking”**

**“There is so much stuff we need to fix out there”**

# Case 5. Workshop Effects..

**Jaipur hospital – Reimagined all detection schedules**



# Case 5. Workshop Effects..

**PAST** - we have been involved with consultations on the RPDA (Rights of Persons with Disabilities Act) 2016 telling the Govt what they should be doing.

**Post workshop** - Conference with all stakeholders was held

1. Outcome : **Pledge** to take steps for Thalassemia Free India by 2025
2. “VOICE of Thalassemia” **Newsletter** – by Minister Govt. of India
3. **TPAG** (Thalassemia Patient Advocacy Group) **expanded in scope and coverage** - 11 members, 17 volunteers, 7 affiliate bodies came on board in the
4. Monthly Orientation programs charted out –  
Participation (Priority 1)  
Prevention (Priority 2)  
Management (Priority 3)

Email from Member Secretary, TPAG, July 17, 2018, 3;23PM



# Case 6 - We partner .. to learn from... & to teach..

# Case 6a. learn from..

- Current **TB patients** become better spotters compared to **Field Health Workers** & SHG's
- They **understand** emotions & privacy of the vulnerable, **communicate** better, **repose** faith
- A **standard** medical journey also **customized** for potential TB patients in **detection, journey clarity, treatment regime, & post treatment societal amalgamation**
- Method is both **disciplined** and **documented**. Spotter knows about forms, processes and people. Zone : India (3 large states)
- Outcome was significantly better compared to performance of Field Health Workers & Self Help Groups BOTH for new case **detection** and **clinical follow-up** by such patients

Patient becomes an SMS  
(**S**potter, **M**otivator &  
**S**upport provider)



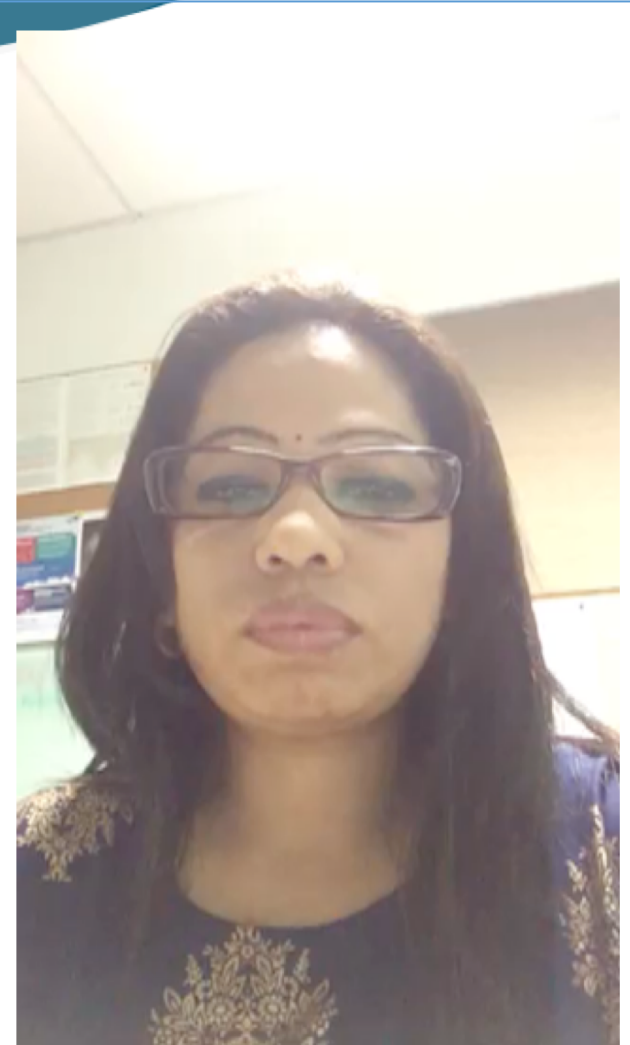
**Research Seminar by\* Dr. Pradip  
Chintagunta, Chicago Booth School**

# Case 6b.

teach DT@SPJIMR  
Thalassemia care, India

Workshop sponsored by a  
Globally renowned Medical  
giant on “**Design Thinking for  
Thalassemia and Cancer care**”.

- Participant : Anubha Taneja Mukherjee



# To summarize..

Caselet	Objective / Insight	Solution / Learning
1. Missing medical appointments	Understanding patient's needs & provide support	Local branches, Cue-cards with context related photographs
2. Health of pregnant mothers	Routine Health Monitoring	"Mamta" : Peel-off cards
3. Kids Vaccination	Infant health & low mortality	Reminders on traditional products
4. Flexible OT	Mixed segments vulnerable to contagious diseases	Flexible device use, Patient segregation, Effective too
5. Breast cancer detection	Early diagnosis lowers anxiety	Redefine & re-image detection process
6a. Partners we learn from -TB patients	Early detection + societal harmony	Patients used as spotters & motivators
6b. Teach, Workshops @ SPJIMR, Mumbai	How DT teaching helps participants	Feedback & Implementation

Thanks.

Happy to answer to your queries!