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## CONFERENCE ABSTRACT

# Experience of utilizing a human-centered design approach to create a patient navigation program in Ontario, Canada

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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**Background:** Navigation programs are being prioritized world-wide as a solution to achieving integrated care. However, designing a health and social care navigation program that is person-centered is challenging, especially when the structure of the health care system continues to change. In 2019, the province of Ontario in Canada began restructuring the health care system in an attempt to move towards integrated care. Multiple Ontario Health Teams (OHT) were created with the vision that every person in Ontario will be able to access care through the OHT that they are attributed to. To reach this vision, one of the mandates of OHTs is to implement localized care navigation programs.

**Methods:** Human-centered design is a methodology and creative process to problem-solving that involves users in the co-design of a program. It is a framework that has been previously utilized by product designers but is now being leveraged in health care as it allows for person-centered care programs to be developed where patient experience is at the forefront. The process being followed by Central West OHT (CW OHT) includes three iterative steps: inspiration, ideation, and implementation. In the inspiration or problem identification stage, the Integrated Navigation Working Group (consisting of patients, caregivers, health care service providers, home and community care, nurses, project managers, researchers, and social workers) reviewed the literature and policy context, conducted descriptive data analysis (census data, hospitalization data, and data obtained from system partners), and elicited data from the public and local care organizations using quantitative cross-sectional surveys (22 survey responses from care organizations and 16 responses from patients/caregivers), semi-structured interviews with experts (11 organizations), and three focus groups with service providers, patients, and general community members. Qualitative data was analyzed using thematic analysis.

**Results:** Findings showed that navigation is particularly difficult for vulnerable populations in the community including seniors and/or those who do not have a regular care provider. At the system level, it was found that many organizations do not have a formal navigation role or service in place. Using this information, the team is now in the ideation phase and has sketched a design prototype that includes a) having a patient navigator who would be responsible for connecting patients and their caregivers to local resources and information, and b) patients having a health care navigation "passport" that outlines the patient's profile, services they used, and their preferences. Given that human-centered design is iterative, the next step for this program is to test the prototype (i.e., do a pilot) in the community, ask users about their experiences, and evaluate results with established metrics. The program will then be implemented and scaled up in March 2023.

**Discussion:** This work highlights how beneficial human-centered design is to the complex field of integrated care using a case study of the patient navigation program in CW OHT. Along with describing the program, our findings, and the process we used, I will also share the lessons we learned at ICIC23 given that they can be applied to several health care challenges.