

Redesigning the Healthcare Experience

Stacey Chang and Michelle Ossmann discuss redesigning healthcare to improve the experience for patients and providers.



Hospitals were originally created to treat mass infections and serve war torn and poor populations. Today, patients are living with disease. Diabetes, obesity and depression are just a few of the illnesses people live with for decades. For Stacey Chang, executive director of the Design Institute for Health at [Dell Medical School](#), that's part of the reason he's on a mission to improve the [healthcare experience](#). Dell Medical School is a first-of-its-kind institution, a collaboration between the Dell Medical School and the [College of Fine Arts](#) at The University of Texas at Austin. It's funded in large part by the community, allowing Chang to focus on [value-based care](#) instead of a more typical fee-for-service model.

Chang sat down with Steelcase Director of Health Environments, Michelle Ossmann, PhD. Ossmann holds a PhD in Architecture from Georgia Tech. Prior to leading the research and insights strategy in the healthcare area at Steelcase, she led her own health design consultancy. She was also a practicing clinician for 10 years, caring for patients as a neurocritical care nurse practitioner and emergency department nurse. Chang and Ossmann discussed the bold, transformative ideas he's trying in Austin that may redefine the way people receive healthcare in Texas and, perhaps, throughout the world.

Michelle Ossmann: How do you balance human-centered design with evidence-based medicine — the academic approach of, “Prove it to me first, and then I’ll do it”?

Stacey Chang: That really is at the heart of a lot of the dysfunction in healthcare right now. When a physician used to practice, it was within the limits of their own experience, so evidence-based medicine is a fantastic evolution. But, the problem is that it swung the pendulum in healthcare somewhere between clinical research and the clinical provider. And so in doing so, we’ve lost a focus on the humanity that exists, the primacy between the provider and the patient, which is really where the value in healthcare gets delivered.

So, it’s been really interesting to take a system that’s been designed to be efficient and generalize every human being to a set of statistics, and try to return it to something where it recognizes every patient as a human being.

MO: Evidence suggests that the built-in environment is where one reveals self. How did you approach the opportunity to redesign that at Dell Medical School?

SC: Environments afford certain behaviors. It’s about enabling the exchange between people, not prescribing it. That’s the most important distinction when you start thinking about the built-in environment.

At Dell Medical School, we inherited a shelled-out building. The architects had presumed we’d want a clinical building designed with a bunch of coffin-like exam rooms you could shuttle patients in and out of.

But what makes Austin unique is that the underserved population wasn’t interested in a fee-for-service system. They wanted a value-based care system where the system gets paid only when they make a positive outcome. So, the Dean suggested the architects pull us into the design process. We were very thoughtful about the experience of the patient in the space.

MO: How does that environment support your model of care?

SC: It’s remarkably different. Our appointments with patients don’t last 10 minutes. They last between 45 minutes to an hour and a half. The teams huddle and know what their intent is for the patient’s visit beforehand to really advance care for that patient in a single visit. They might get a history and physical, diagnosis and maybe start of therapy all in one visit. So, we had to design the building to accommodate that.

MO: Environment can signal a whole new way of doing things, without saying a word, right?

SC: Folks walk into the space now and they’re like, “This doesn’t feel like a clinic.” And our response is, “Yeah, that’s exactly the point.” It doesn’t feel like walking into “The Matrix,” which is what it feels like when you walk into most healthcare systems. That creates all kinds of anxiety for the patient. We want the patients to make a lot of decisions, to empower them.

MO: As part of your work with the Design Institute, you’re also working to redesign healthcare outside of the clinical environment. Why?

SC: If we’re really going to address the modern nature of diseases — diabetes, obesity, hypertension, depression — we’ve got to move the venue of care to where people actually are.

Instead of going to a clinic where you get treated, what does it mean to be treated for your disease when you’re in a community center? A town square? When you go get food at the farmer’s market and you interact with your neighbors? What does it mean then to actually deliver care in those venues? So those are the things that we’re really thinking about now. Because primary care as we know it is going to evolve pretty dramatically. Especially for the kind of underserved population that we are focused on. It’s really not the medical determinants of care that matter, it’s all the other social determinants — access to food, transportation, economic empowerment and more.

MO: What are you exploring in terms of technology to transform the experience of the clinicians or the patients you see in your practice or across the world?

SC: We're looking at the role of augmented reality. If we can start to introduce technology into the world we know now, it can start to shift our behaviors and our perspectives and our knowledge in more subtle and encouraging ways, ones that aren't quite such a distinct experience from life. Would we make poor decisions all the time with regard to our health, if we were getting nudged in ways we almost don't even notice?

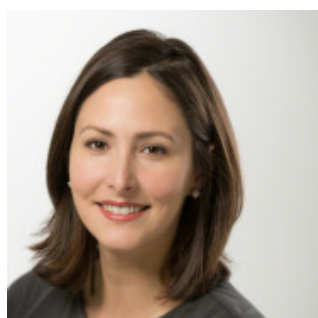
I just read something that suggests we're going to be wearing ear buds 24/7 in five years. Everything will be channeled through our ears. If that's the case, how do we use that mechanism to augment our lived experience and nudge us in ways that are actually more healthy? Eating, exercise, our social relationships and mental health, all of those things are opportunities.

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Stacey Chang is executive director of the Design Institute for Health, a collaboration between the Dell Medical School and the College of Fine Art at the University of Texas in Austin. Prior to the Design Institute, he served as managing director of the healthcare practice at IDEO, a global design and innovation firm. Chang holds a B.S. degree from the Massachusetts Institute of Technology and an M.S. degree from Stanford University, both in engineering.



Michelle Ossmann, PhD, serves as the director of health environments at Steelcase Health. As a member of the Health Leadership Team, Ossmann leads development and execution of the research and insights strategy across product development, marketing and sales.

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