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# Reframing Health to Embrace Design of Our Own Well-being

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[www.dubberly.com/presentations/reframing-healthcare.pdf](http://www.dubberly.com/presentations/reframing-healthcare.pdf)



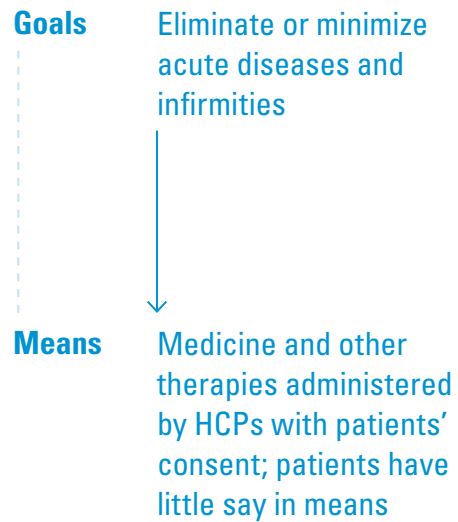
**Most people agree  
that healthcare is  
a 'wicked problem'.**

**Healthcare's  
many stakeholders  
can't agree on a solution,  
because they  
don't agree on the problem.**

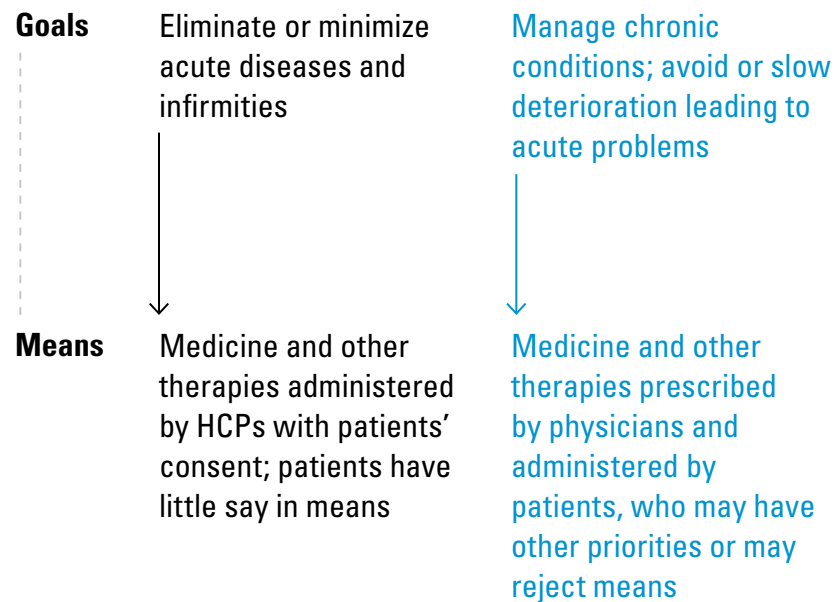
**Wicked problems  
can only be resolved  
by reframing—  
by finding shared views,  
values, and goals.**

**From the point of view  
of today's healthcare system,  
health is largely about  
minimizing illness.**

# Traditional healthcare focuses on treating acute problems.

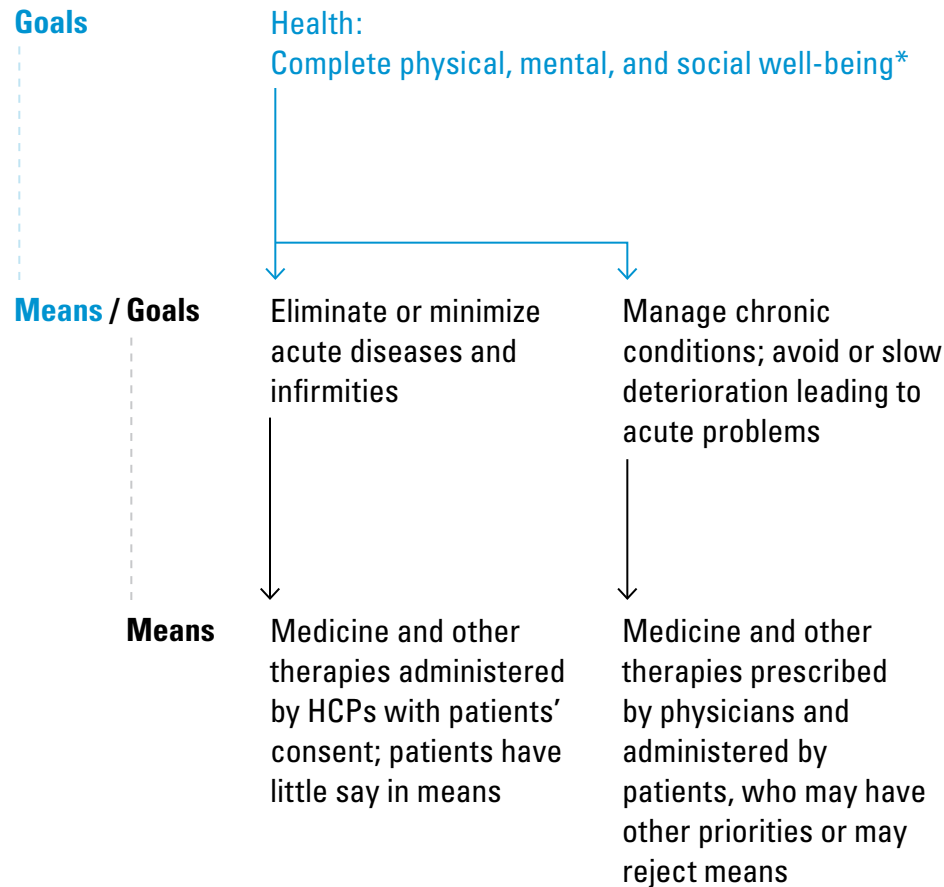


# Traditional health management applies the tools of acute care to stabilizing chronic conditions.

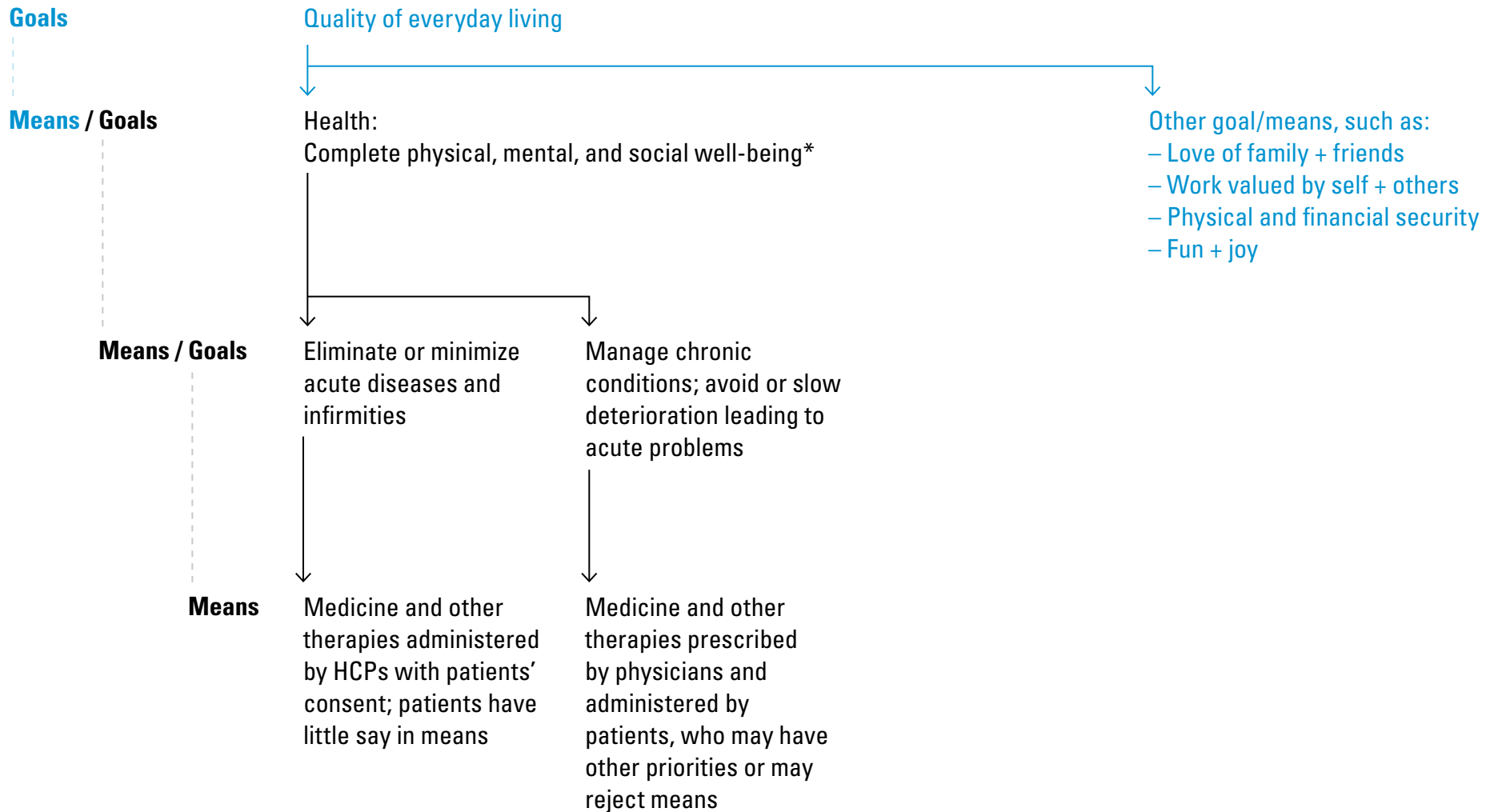




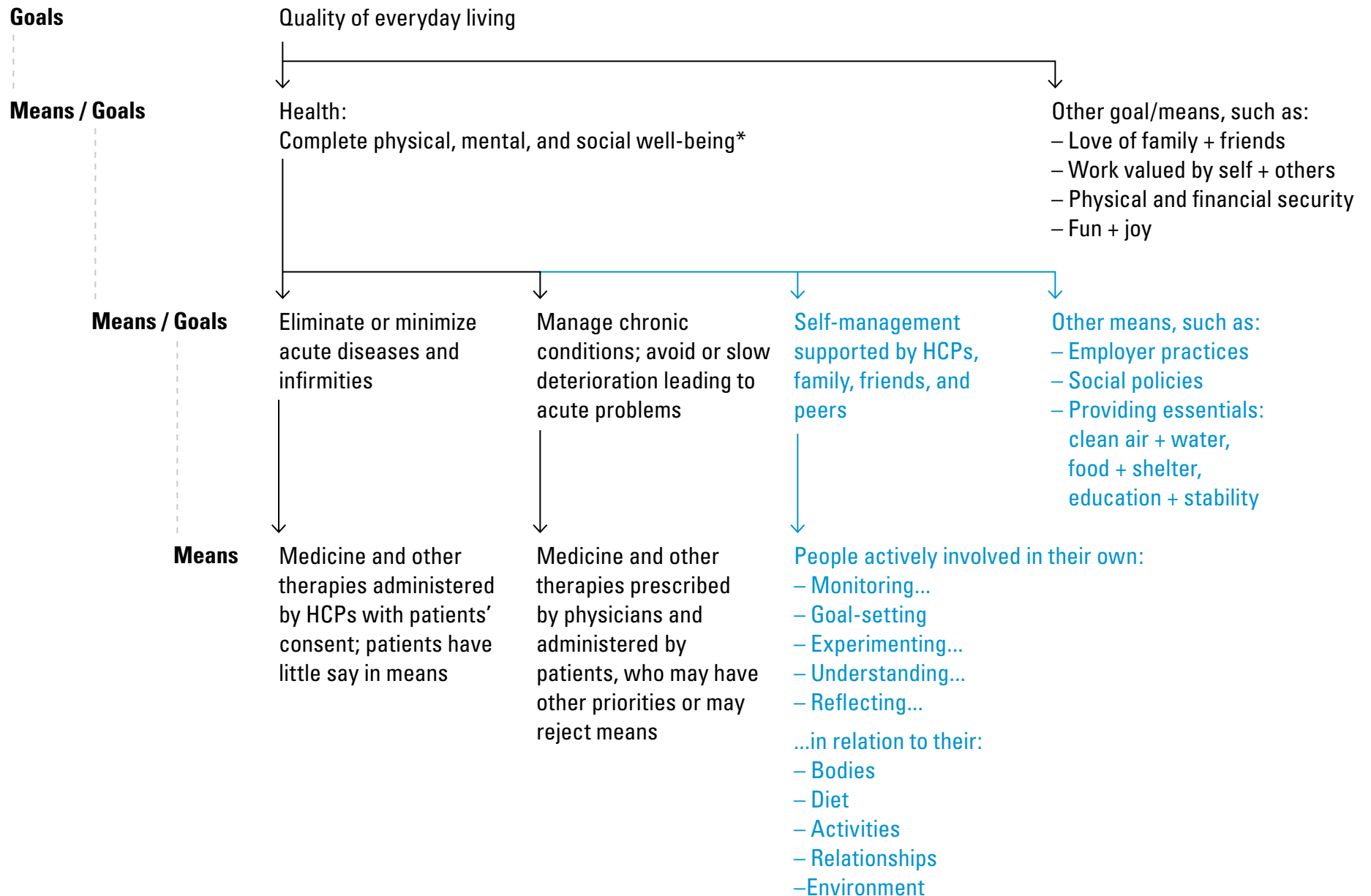
# But health is more than eliminating or managing disease.



# Health is a means to higher goals— 'a resource for everyday life'



# The requirements of health extend beyond traditional healthcare



# The way we usually think about health today is bound up in the language of our healthcare system.

- Individuals are **patients**
- Doctors and nurses are **professionals**
- Professionals **care for** patients
- Patients receive **treatment**
- Not following a **physician's orders** means a patient is **not in compliance**

**The language of acute care is ill-suited to managing chronic conditions or preventing disease (often framed as behavior change).**

*‘The number 1 problem in treating illness today is patients’ failure to take prescription medications.’*

— American Heart Association

# Consider this reframing

*‘A collaborative co-care model is starting to evolve for healthcare delivery... the patient’s role may become one of active participant, information sharer, peer leader and self-tracker, while the physician’s role may become one of care consultant, co-creator and health collaborator.’*

— Melanie Swan

**We can**  
**imagine a better world;**  
**invent new language;**  
**develop new systems;**  
**build symmetric relationships**

# We can move

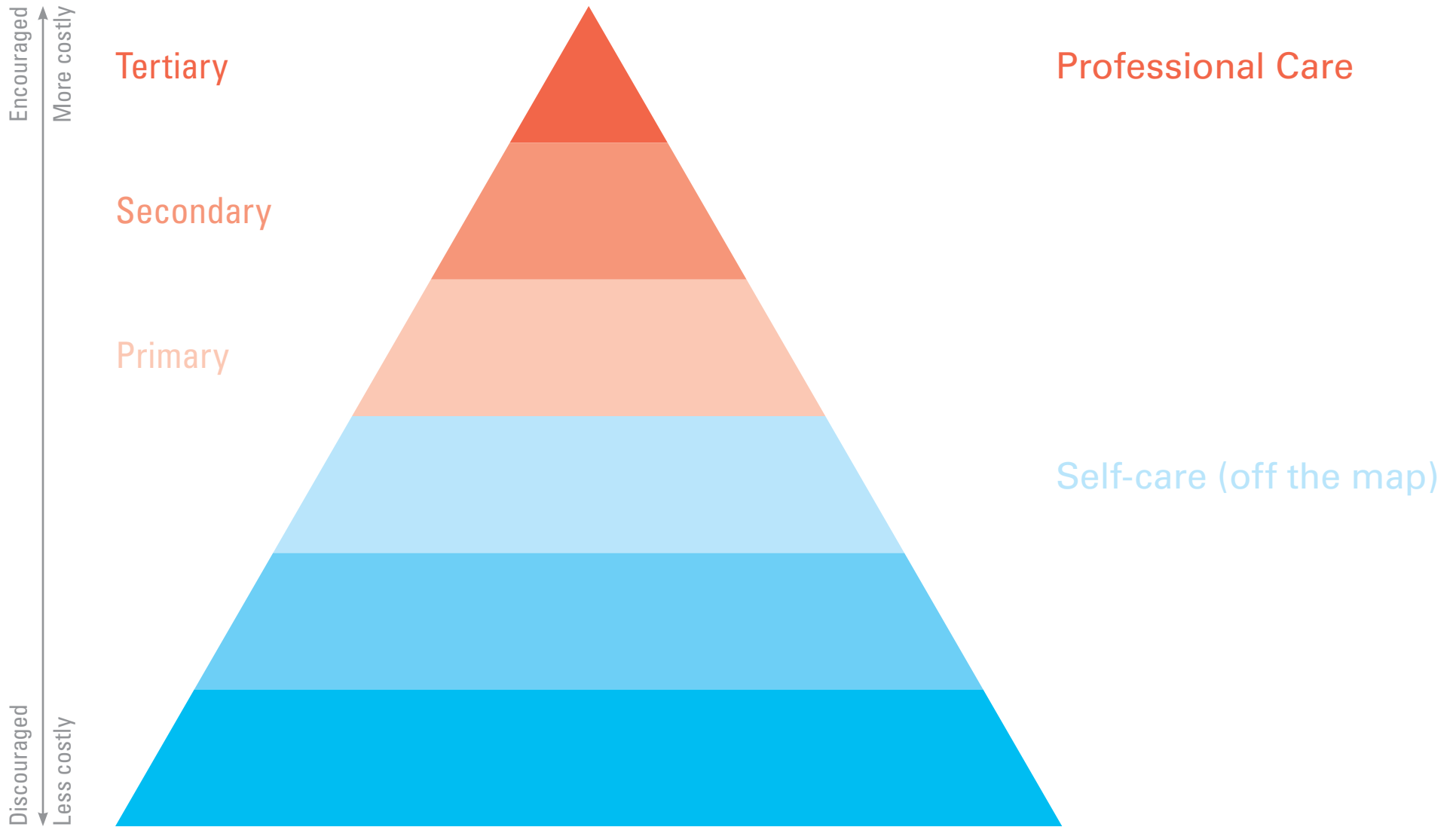
from **health** —————→ **to well-being**

from **health-care** —————→ **to self-management**

from **patient** —————→ **to experiment designer**

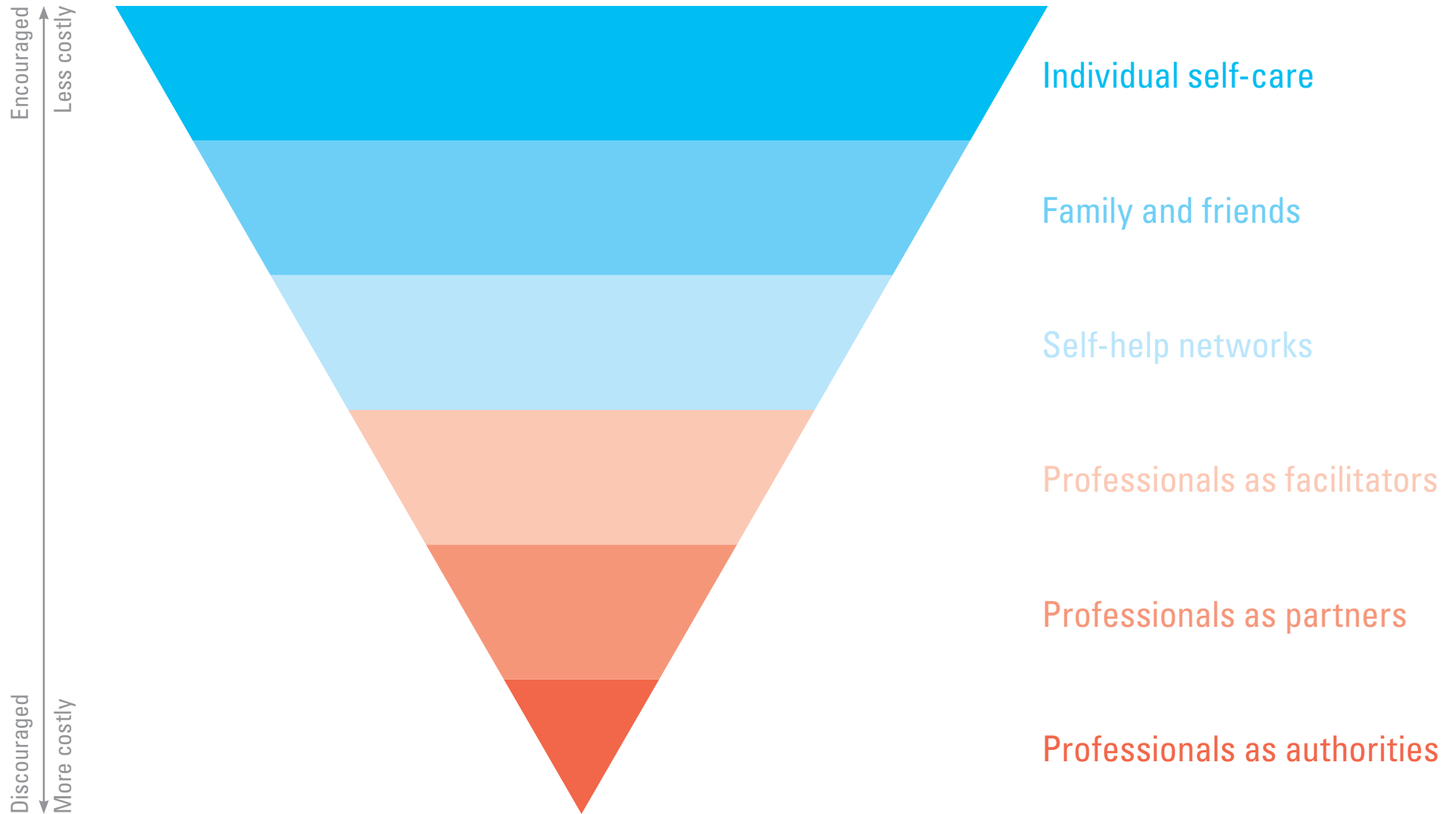


# From: industrial-age health care



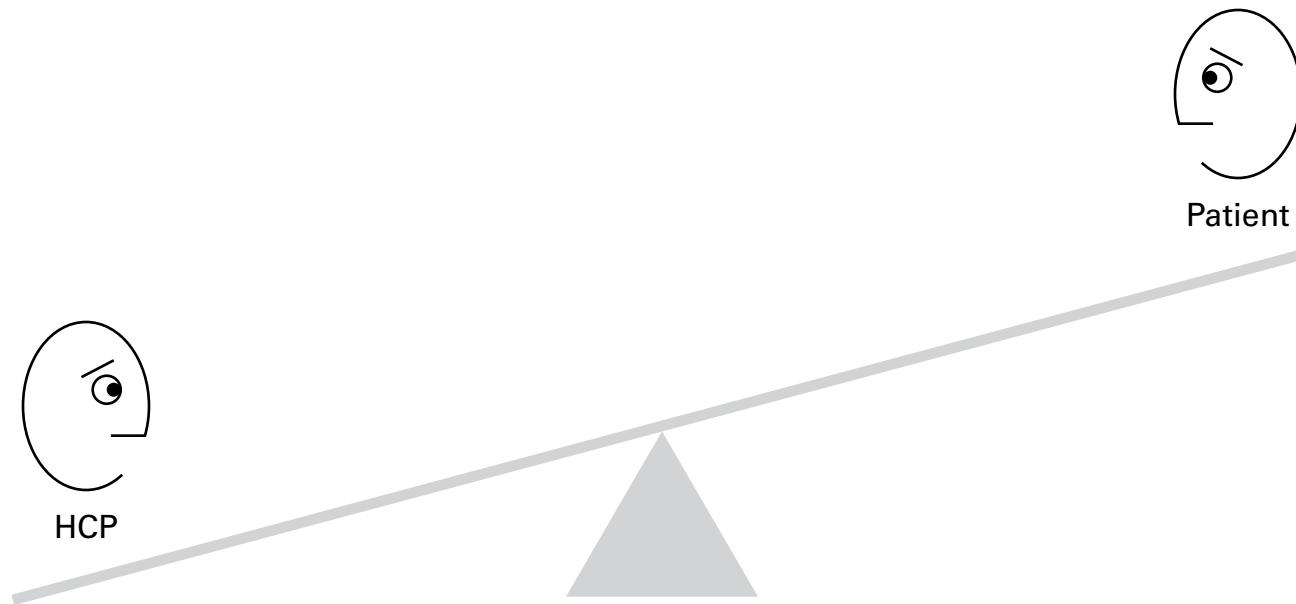
— Tom Ferguson

# To: information-age design of our own well-being



— Tom Ferguson

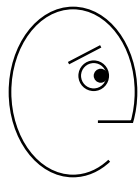
# From power imbalance



# To more symmetrical relationships



# From direction and control

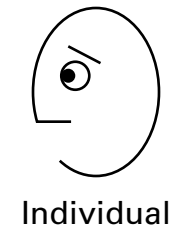
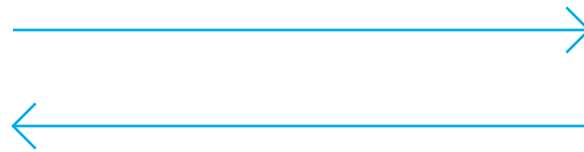
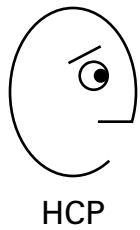


HCP



Patient

# To dialog and conversation



# **New frames + new tools can support conversations.**

Trust + Love

↑ enable

Ongoing Relationship

↑ if repeated, may lead to

Action or Transactions

↑ may lead to

Agreement

↑ enables

Understanding

↑ enables

Distinction

# **New tools can build a ladder to health + well-being.**

Health + Well-being

↑ enable

Better Choices

↑ yield

Motivation + Validation

↑ yield

Conversations + Learning

↑ support

Data + Stories

↑ generate

Actions + Events



# Health eras summary

	<b>Traditional Healthcare frame</b>	<b>Emerging Self-management frame</b>
<b>Scope</b>	Relieve acute condition Now	Maintain well-being Over a lifetime
<b>Approach</b>	Intervention; treatment Expert-directed Apply standards of care Lengthy regulatory pre-approval	Prevention; healthy living Self-managed Measure, assess, & adjust; iterate Learn and adapt as you go
<b>Subject</b>	Symptoms and test results	Whole person, seen in context
<b>Response</b>	Prescribe medication	Modify behavior, environment
<b>Relies on</b>	Medical establishment	Individual, family, & friends Social networks, others like me

# Health eras summary (cont.)

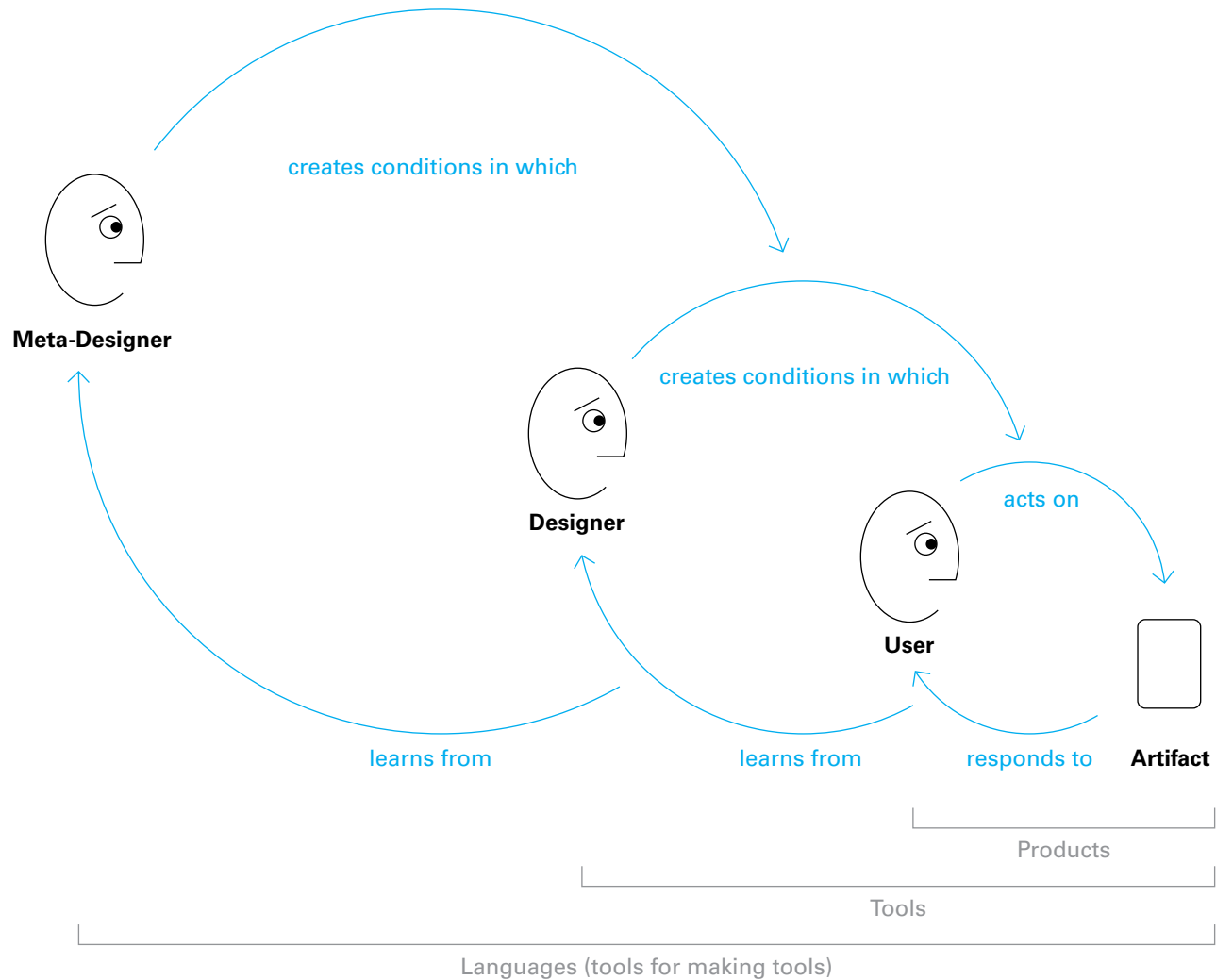
	<b>Traditional Healthcare frame</b>	<b>Emerging Self-management frame</b>
<b>HCP as</b>	Authority, expert Dispensing knowledge	Coach, assistant Learning from patients
<b>Patient as</b>	Helpless, childlike Taking orders	Responsible adult Setting goals; testing hunches
<b>Relationship</b>	Asymmetric, one-way Command and control	Symmetric, reciprocal Discussion and collaboration
<b>Records</b>	HCP's notes of visit Sporadic Dispersed between offices Managed by HCP	Patient's notes, data from sensors Continuously collected Connected; aggregated Controlled by patient

**Reframing health  
as self-management  
parallels similar trends  
in design practice;  
increasingly we recognize  
that **users manage** (or design)  
**their own experiences.****

# Design eras summary

	<b>Traditional Designer frame</b>	<b>Emerging Meta-designer frame</b>
<b>Scope</b>	Stand-alone products  Manufactured, duplicated  Single-function tools	Integrated systems of hardware, software, networked applications, and human services  Configured, customized  Languages, platforms, APIs Construction kits, kits of parts
<b>Function</b>	Aid consumption	Aid production
<b>Approach</b>	Simplify Make it easy Dumb down (de-skill) Completed	Increase choice Make it rich and subtle Create an environment for learning Open-ended

# Individuals become designers of their own well-being



# Special thanks to

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Presentation posted at

[www.dubberly.com/presentations/reframing-healthcare.pdf](http://www.dubberly.com/presentations/reframing-healthcare.pdf)