

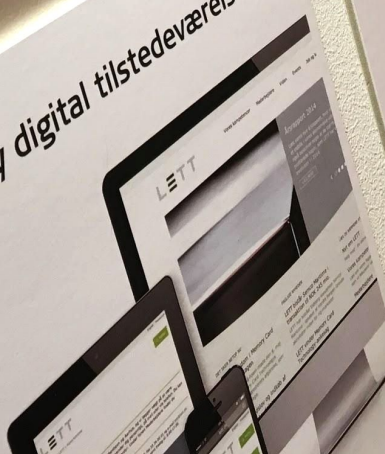


HUMADE

DIGITAL MADE HUMAN

Lett advokaterne - ny digital tilstedeværelse

Website til understøttelse af LETT'S
som digital tilstedeværelse og



Saxo - Bøger til alle skærmsørrelser

Kunsten at forbedre noget som allerede
er godt. Forbedring af konvertering på
smartphones.

- ✓ Strategisk planlægning
- ✓ Brugervenlighed (UX)
- ✓ Design
- ✓ Responsivitet
- ✓ Test og videreudvikling
- ✓ Informationsarkitektur
- ✓ Medarbejdertræning



Forbrugerrådet Tænk - GæLD

Forbrugerrådet Tænk - GæLD
Er du i gæld? Så er du ikke alene.
Vi hjælper dig med at forstå dine
gældsforhold og hvordan du kan
komme ud af dem.



- ✓ Strategisk planlægning
- ✓ Workshops
- ✓ Brugervenlighed (UX)
- ✓ Design
- ✓ Brugertests
- ✓ CMS implementering
- ✓ Test og kvalitetskontrol
- ✓ Projekt- og processtyring
- ✓ Responsivitet
- ✓ Test og videreudvikling
- ✓ Informationsarkitektur (IA)
- ✓ Konceptudvikling
- ✓ Funktionsspecifikation
- ✓ Gældsanalyse og rådgivning
- ✓ Medarbejdertræning



Digitale
forløbsplaner

Min Læge app

09. februar 2021

- Brugerdrevet design
- Tidsplan og proces
- Idékatalog - version 0.1
- Spørgsmål og input

Agenda

Vi vil gerne have jeres feedback undervejs...



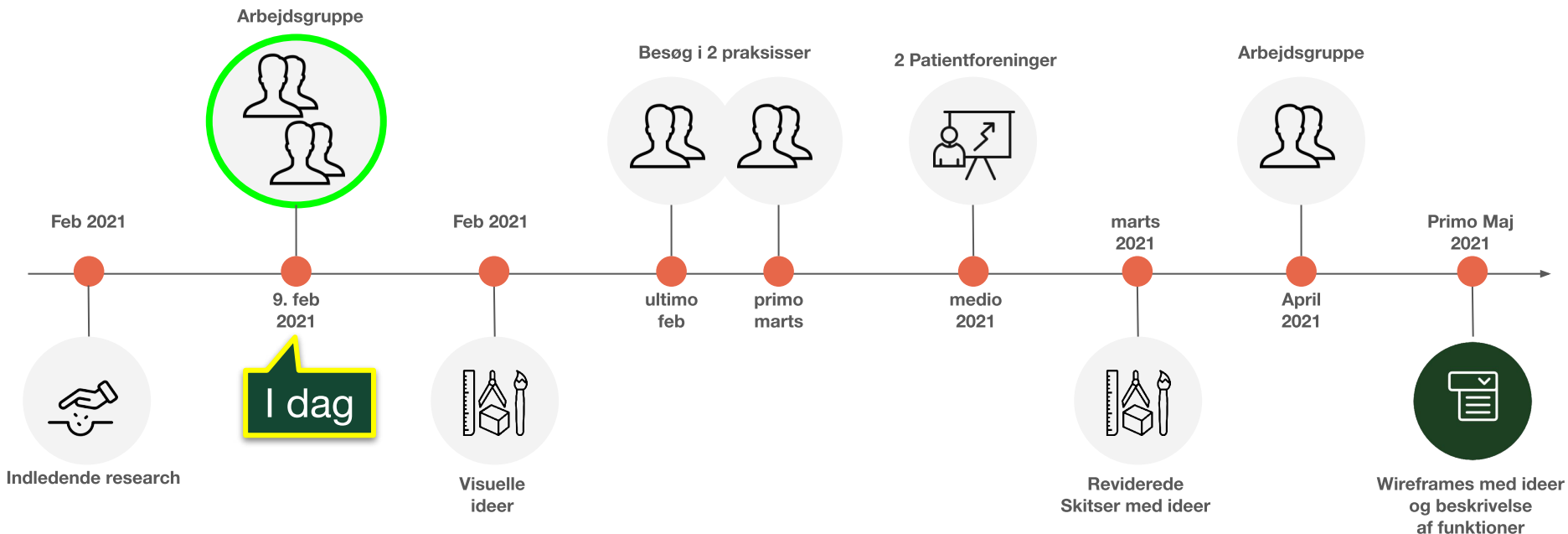
"Her burde man
også kigge på..."

"Og når I siger det, så
er det vigtigt også at
tænke på at..."

PROCES FOR PATIENTINDDRAGELSE - Forløbsplaner i Min Læge app

Tidsplan

Fase 1: Overblik over projektets hovedaktiviteter



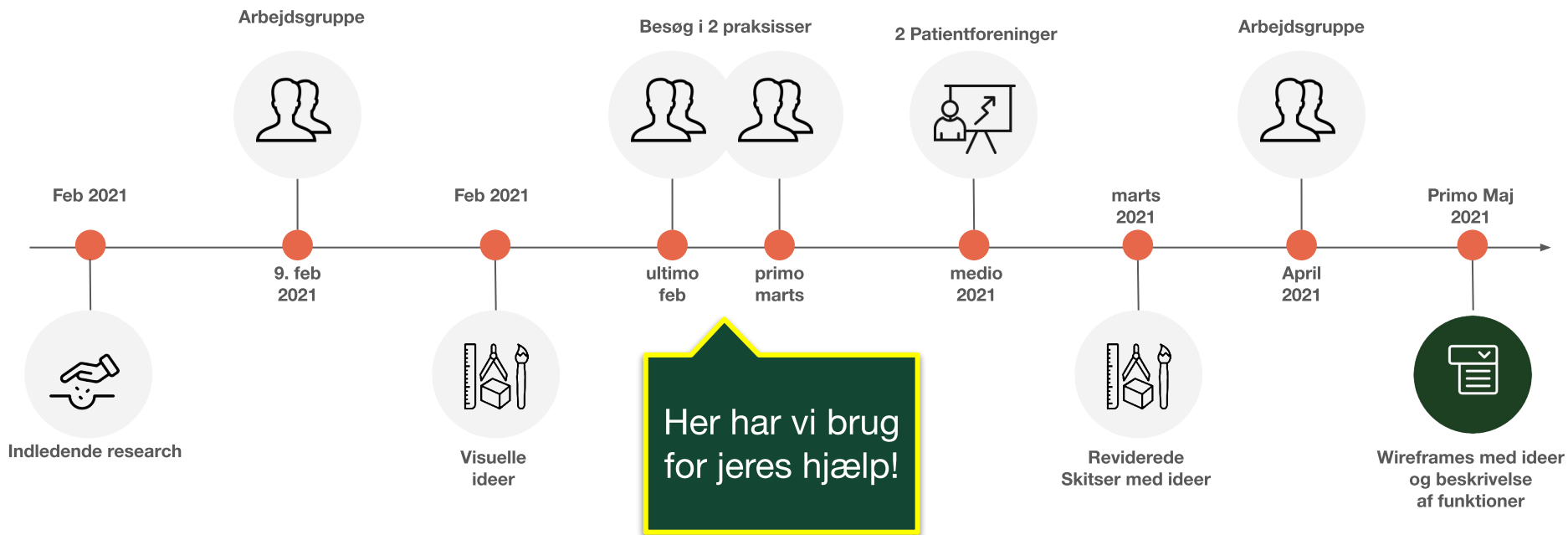
“If a picture is worth a 1000 words, a prototype is worth a 1000 meetings”



PROCES FOR PATIENTINDDRAGELSE - Forløbsplaner i Min Læge app

Tidsplan

Fase 1: Overblik over projektets hovedaktiviteter



Vi er i den eksplorative fase



Den eksplorative fase

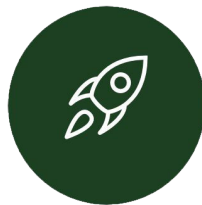
- hvad driver udforskningen?



Forskningslitteratur
(Health tech + HCI)



Research af markedet
(hvad har andre held med)



Teknologi
(hvad er muligt)



Hvad siger brugerne
(ideer vs behov)

Den eksplorative fase

- hvad siger forskningslitteraturen?



Forskningslitteratur
(Health tech + HCI)

Fire studier med relevans for projektet

1. Datavisualisering (UK 2018)
2. "Selvet" i forbindelse med egenomsorg (BE 2018)
3. Multi-morbiditet og ældre brugere (UK + BE 2019)
4. PIAAC: Færdigheder i forhold til informationsbehandling og IT (OECD 2012-...)

Det, vi kigger efter, er muligheder og begrænsninger i forhold til design/formidling og involvering.

Data, Data Everywhere, and Still Too Hard to Link: Insights from User Interactions with Diabetes Apps (Katz m.fl)

CHI 2018 Paper

CHI 2018, April 21–26, 2018, Montréal, QC, Canada

Data, Data Everywhere, and Still Too Hard to Link: Insights from User Interactions with Diabetes Apps

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ABSTRACT

For those with chronic conditions, such as Type 1 diabetes, smartphone apps offer the promise of an affordable, convenient, and personalized disease management tool. However, despite significant academic research and commercial development in this area, diabetes apps still show low adoption rates and underwhelming clinical outcomes. Through user-interaction sessions with 16 people with Type 1 diabetes, we provide evidence that commonly used interfaces for diabetes self-management apps, while providing certain benefits, can fail to explicitly address the cognitive and emotional requirements of users. From analysis of these sessions with eight such user interface designs, we report on user requirements, as well as interface benefits, limitations, and then discuss the implications of these findings. Finally, with the goal of improving these apps, we identify 5 questions for designers, and review for each in turn: current shortcomings, relevant approaches, exposed challenges, and potential solutions.

AUTHOR KEYWORDS

Health; chronic conditions; mHealth; apps; quantified self; personal informatics; Internet of Things; digital health.

ACM Classification Keywords

H.5.m. Information interfaces and presentation (e.g., HCI);

Miscellaneous.

INTRODUCTION

Successful type 1 diabetes (T1D) management typically requires the careful balancing of multiple medication and lifestyle factors, assisted by frequent interaction with diverse data. The interfaces of mobile health apps aim to support this process through assisting in the discovery of relevant trends and patterns in collected data. However, relatively little is known about how well existing interfaces support specific T1D user requirements such as frequent decision making, extraction of relevant insights from complex data, and emotional coping. In order to investigate

these issues, we analyzed 16 mediated sessions in which people with diabetes explored relevant data using typical diabetes smartphone apps.

Our research focused on the logging or diary paradigm, which has become a de facto mainstay of daily diabetes management smartphone apps, a carry-over from the paper based record book. Such apps currently have two primary mechanisms for assisting in daily self-management: the first is the increased engagement with data caused by the act of logging, and the second is the ability to reflect on and learn from this collected data in order to inform future decisions. These apps typically offer multiple methods of visualizing the same collected data, as well as other functionality such as data sharing, or customizable notifications. These many features can prevent studies focused on general benefits from providing usable evidence as to the effectiveness of individual components [20]. Therefore, systematic and reproducible methods are needed to understand how specific features of differing approaches are respectively succeeding and failing to meet user needs.

To investigate how specific data visualizations assist users with obtaining value from collected data, we populated 8 existing commercial diabetes apps, with a single standardized data set. This enabled systematic within- and across-subject comparisons of interface designs, while at the same time mitigating confounding variables which could have resulted from using personal data. For these reasons while using personal data would be valuable for other purposes, it would have not been optimal for this study. While this research was T1D specific, there is reasonable evidence to suppose that the issues investigated here have wider implications: for mobile health apps for other chronic conditions; and potentially for health, wellness, and data driven lifestyles more generally.

HCI AND DATA INTERACTION FOR HEALTH

In this section we briefly review Human Computer Interaction (HCI) research with implications for the use of mobile and wearable technologies to support cognitive and affective aspects of chronic disease management. Before the smartphone era, Intille [16] proposed a system of “just-in-time” text reminders. A key aspect of this approach, still poorly addressed in current apps, was contextual awareness, emphasizing the need for “the right message, at the right time, in the right way.” White [24] investigated how technology can assist with collecting diverse data for conscious



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Bl.a. en del fokus på effekten (potentielt negativ) på brugeren af at blive konfronteret med data.

Anbefalinger:

1. Anvend “tolkende” cues i visualiseringer (pile, forbundne streger, normalværdier)
2. Giv Drugerne mulighed for at kommentere afvigelser.
3. Lad afvigelser inspirere til de rette spørgsmål og handlinger - svær men spændende.

The ‘Self’ as Barrier for Self-Management Technologies in Healthcare? (Vandenberghe m.fl)

Undersøger designmæssige implikationer omkring ejerskab og udfordringer med “Confrontation with the self”, “Feelings of shame” og “Lack of identification”

Anbefalinger:

1. Vær tydelig og eksplicit omkring klinikernes rolle.
2. Lad pårørende/betroede få adgang.
3. Vær tydelig om hvem der kan se hvad.
4. Gør det muligt at hæfte noter på afvigelser.

The ‘Self’ as Barrier for Self-Management Technologies in Healthcare?

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ABSTRACT

Self-management technologies are promising in healthcare. In the name of patient empowerment, they can address an important challenge: how to meet an increasing demand for care without additional resources. We designed and evaluated the PEGASO-Tx system: a technology solution to support transplant patients and their self-management of diet, physical activity and medication adherence. In a field study, 19 patients used the system for two weeks at home. We discovered that although we intended patients to become actors in the management of their own health, they saw themselves rather as a subject, leaving the active role for caregivers. In this paper, we describe how patients expected their data to be shared with others, how they perceived the system as a tool for monitoring by caregivers, and what expectations towards these caregivers this perception brings. Furthermore, we discuss the barriers we encountered caused by the ‘self’ and conclude with design recommendations for

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self-management technologies in healthcare related to these expectations, perceptions, and barriers.

CCS CONCEPTS

• Human-centered computing → User studies • Applied computing → Health informatics

KEYWORDS

Chronic health conditions; healthcare; patients; personal informatics; quantified self; self-management; user experience

1 INTRODUCTION

Evolutions in healthcare make people live longer, yet, with increasing age, the prevalence of chronic diseases is steadily rising. In order to prevent or manage chronic diseases, a healthy lifestyle is required, especially after life-saving interventions such as organ transplantation. Patients are not cured after transplantation but remain in long-term follow-up within the transplant center with regular check-up visits taking place. Moreover, patients need to adhere to a complex therapeutic regimen. For example, patients have to take immunosuppressive drugs at fixed time points. Omitting doses or irregular time of intake might endanger the patient, as transplant rejection and eventually loss of the transplanted organ might occur. Not only poor medication adherence, but also the lack of sufficient physical activity and a healthy diet have a substantial influence on the long-term survival rate. Inspired by the quantified self movement, technology can be deployed to provide people with data about their own behavior. Providing personalized feedback on their monitored

Managing Multimorbidity: Identifying Design Requirements for a Digital Self-Management Tool to Support Older Adults with Multiple Chronic Conditions (Doyle m.fl)

CHI 2019 Paper

CHI 2019, May 4–9, 2019, Glasgow, Scotland, UK

Managing Multimorbidity: Identifying Design Requirements for a Digital Self-Management Tool to Support Older Adults with Multiple Chronic Conditions

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ABSTRACT

Older adults with multiple chronic conditions (multimorbidity) face complex self-management routines, including symptom monitoring, managing multiple medications, coordinating healthcare visits, communicating with multiple healthcare providers and processing and managing potentially conflicting advice on conditions. While much research exists on single disease management, little, if any research has explored the topic of technology to support those with multimorbidity, particularly older adults, to self-manage with support from a care network. This paper describes a large qualitative study with 125 participants, including older adults with multimorbidity and those who care for them, across two European countries. Key findings related to the impact of multimorbidity, complexities involved in self-management, motivators and barriers to self-management, sources of support and poor communication as a barrier to care coordination. We present important concepts and design features for a digital health system that aim to address requirements derived from this study.

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https://doi.org/10.1145/3290605.3290627

CCS CONCEPTS

•Human-Centered Computing → Human-Computer Interaction; Empirical Studies in HCI

KEYWORDS

Multimorbidity; Self-management; Older adults; Digital health.

ACM Reference format

Julie Doyle, Emma Murphy, Janneke Kuiper, Suzanne Smith, Caoimhe Hannigan, An Jacobs, John Dinmore. 2019. Managing Multimorbidity: Identifying Design Requirements for a Digital Self-Management Tool to Support Older Adults with Multiple Chronic Conditions. In *CHI 2019 Conference on Human Factors in Computing Systems* (CHI 2019), May 4–9, 2019, Glasgow, Scotland, UK. ACM, NY, NY, USA, Paper 399, 14 pages. <https://doi.org/10.1145/3290605.3290627>

1 INTRODUCTION

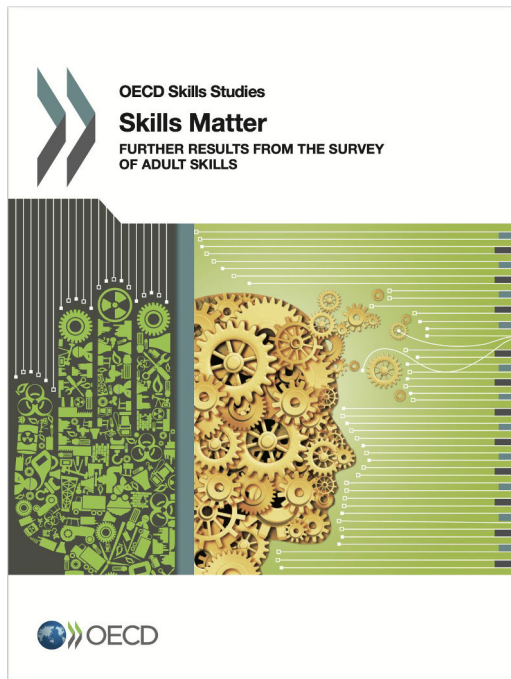
Global population ageing is expected to result in vast increases in the number of people living with chronic health conditions (non-communicable, long-lasting diseases). Already, an estimated 50 million people in the European Union live with multimorbidity, defined as two or more chronic health conditions [33]. Prevalence rates are estimated at 65% in people over 65 and 85% in people over 85, and rising [25]. For people with multimorbidity (PwM), self-management of multiple conditions represents a significant burden [14]. In defining self-management, Barlow's definition is used, which describes self-care as the ability of the individual to manage symptoms, treatment, emotions and lifestyle changes as part of living with a chronic condition [3].

Identificerer hovedbarrierer som: Sygdom (som hæmmende for fx bevægelse), Mangel på information, viden og uddannelse (i at leve med tilstanden) og fraværet af planer.

Anbefalinger:

1. Tydelig prioritering som reduktion af kompleksitet
2. Holistisk - helt menneske - tilgang til behandling.
3. Struktureret og teknologi-understøttet vidensopbygning og målsætningstræning.

OECD: PIAAC - Programme for the International Assessment of Adult Competencies



Kæmpe kortlægning af kompetencer i forhold til evner for læsning, talbearbejdning, informationsbehandling, abstraktionsevne og anvendelse af IT.

Resultat er bl.a. en model for inddeling af brugere i niveauer efter evner.

Hovedpointe: Langt hovedparten af brugerne møder udfordringer langt tidligere, end det normalt er erkendt.

Og hvad betyder det så for forløbsplanernes møde med Min Læge app'en?

Kort sagt - det kigger vi videre på:

- Arbejde med funktionaliteten i app'en til relevant kontakt (med relevant personale) imellem konsultationer (fx ekonsultationer)?
- Patient kan få støtte i at arbejde med målsætninger selv?
- Yderligere fokusering på (og aktivering af) ét mål ad gangen.
- Påmindelse inden konsultationer? (fx registrer data om dig selv)
- Tydelig markering af eget data/delt data (ejerskab)?
- Mulighed for at patienter begrænset kommenterer registreringer?

Og hvad betyder det så for forløbsplanernes møde med Min Læge app'en?

Længere sigt - kigger vi også videre på:

- Integrering af data-registreringer fra andre apps eller native funktionalitet (skridttæller og andet quantified self data)?
- Potentialet i at arbejde med forløbsplaner for risikanter?
- Mulighed for at patienten selv tager hul på en forløbsplan?
- Mere interaktiv integrering af handlingsorienteret information (algoritmebaseret)?
- Adgang til betroede/pårørende?

Forslag #1

Visuelt idé-katalog

Konkretisering
af ideer, som
vi kan teste
med
patienterne



Vi hopper lige over i et andet program og viser wireframes...

Visuelt idé-katalog

Wireframes
indsat her efter
mødet

Scenarie 1

Patienten har fået oprettet en forløbsplan i praksis.

1. Find Forløbsplan i Min Læge appen
2. Se nærmere på den målsætning, der arbejdes med
3. Ret målsætningen.



Visuelt idé-katalog

Wireframes
indsat her efter
mødet



Scenarie 2

Patienten har fået en diagnose, men der er ikke oprettet nogen forløbsplan

1. Find Forløbsplan i Min Læge appen

2. Begynd at arbejde med målsætninger for livsstilsændringer.

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