
CONFERENCE ABSTRACT

Project e-MOTIPH: Patient Journey of patients with persistent symptoms of schizophrenia

ICIC20 Virtual Conference – September 2020

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Background

The implementations of Information and Communication Technologies (ICT) models focused on the patient's perspective are needed to identify potential consequences and gaps of clinical practice and to improve quality of care. This is particularly important for patients with complex conditions, such as patients with schizophrenia and persistent symptoms, who consume more healthcare resources and require an integrated care. Patient Journey methodology could meet this concern.

The aim of this study was to validate the itinerary of patients with schizophrenia in the healthcare system and define an appropriate technological solution for their needs.

Methods

Six workshops were performed following Design Thinking methodology. Workshops with professionals (n=11) were aimed at defining the archetypes of patients-caregivers and the Patient Journey (PJ), and identifying technological solutions. Both patients (n= 6) and caregivers (n= 4) workshops had the objectives of validating the PJ defined by professionals, identifying critical moments of healthcare interactions and designing the Ideal-PJ. Finally, a workshop with the Advisory Board (technology experts and planners of mental healthcare) was focused on collecting technological trends in mental health and identifying specific technological initiatives based on the Ideal-PJ.

Patients and caregivers were recruited from outpatients setting in Hospital Sant Pau (Barcelona) and professionals were recruited from Hospital Sant Pau and Barcelona area.

Results

Five groups of archetypes were identified for patients and four for caregivers. The classification depended on the level of insight and the level of patients' dependence respectively.

PJ-Map was defined by 9 stages (e.g. previous symptomatology or diagnosis) and their corresponding experiences and expectations of patients and caregivers, and by 16 processes involved in the care of patients

(e.g. emergency unit care or day hospital request). To improve patients' experience and processes of care, 26 technological initiatives were identified and agreed by all participants. They were classified into 7 thematic areas (e.g. health education and management).

Discussion

The results of this study have detected the main features of healthcare for schizophrenia patients with persistent symptoms: archetypes and interactions and critical moments among the process of care. This knowledge allowed defining technological initiatives to design more personalized services according to patients' needs.

Conclusions

Initiatives that impact not only in clinical intervention procedures but also on other areas (the most humanistic aspects of care) were identified by participants. Thus, it is paramount to generate a new culture of care, which approaches mental health conditions from a more holistic view and focuses on a better self-management and empowerment of patients.

Lessons Learned

The feedback given by the Advisory Board emphasised the importance of overcoming the difficulties related to the integration of new platforms in hospital's IT environment and planning the scalability of the project in early stages of the project.

Limitations

Small sample size of patients and caregivers, so results of this study should be addressed with caution.

Suggestions For Future Research

The development of technological initiatives in the e-MOTIPH project will have to be prioritised and focused on patients' needs.

Project ID-12470 funded by EUROSTARS grant (EUREKA program and Horizon 2020 European Commission)