

Perinatal blood-borne virus (BBV) and sexually transmissible infection (STI) care in Western Sydney: co-designing an integrated model of care for health system preparedness using Design Thinking

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Background

Perinatal care for BBV and STIs in Australia is fragmented. This risks poor health outcomes. We established a multisectoral collaborative for formative research and a Design Thinking workshop to improve perinatal BBV/STI services in Western Sydney.

Methods

Participating services were adult infectious diseases (ID), obstetrics, neonatology, paediatric ID, sexual health, public health, and general practices. We conducted 10 patient service delivery maps by specialty (process maps) and eight semi-structured interviews with health workers, informed by the Tailored Implementation of Chronic Diseases checklist (TICD). We created service flow diagrams, and deductively analysed interviews by TICD. Leveraging this formative research, we held a professionally facilitated Design Thinking workshop ($n=18$ participants) to develop service improvements. Design techniques included empathetic patient journey mapping, reframing problems as opportunities, and prioritising solutions by comparing potential health impacts against available capacity.

Results

Several service delivery components were reported to work well. These included monthly multi-disciplinary team (MDT) meetings for all people living with HIV (ID and sexual health), monthly MDT meetings for pregnant women with a positive syphilis screen (public health, sexual health, neonatology, and antenatal care), and free BBV/STI services at the sexual health clinic regardless of Medicare status. However, there were also challenges, including: (i) lack of routine direct communication with GPs

after outpatient clinical assessment or birth; (ii) mixed messaging on the appropriateness of breastfeeding for women with HIV; (iii) multiple specialty clinic appointments; and (iv) lack of a dedicated care coordinator. We co-designed several possible solutions, including a weekly multidisciplinary clinic with sexual health and obstetric services, and a care coordinator role.

Conclusions

Despite health system imperfections, strong stakeholder engagement, formative research and Design Thinking helped identify pragmatic user-centric improvements to perinatal BBV/STI services for future data-driven testing. Design Thinking is a novel approach that holds promise to support innovations in healthcare.

DISCLOSURE OF INTEREST

None to declare.

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