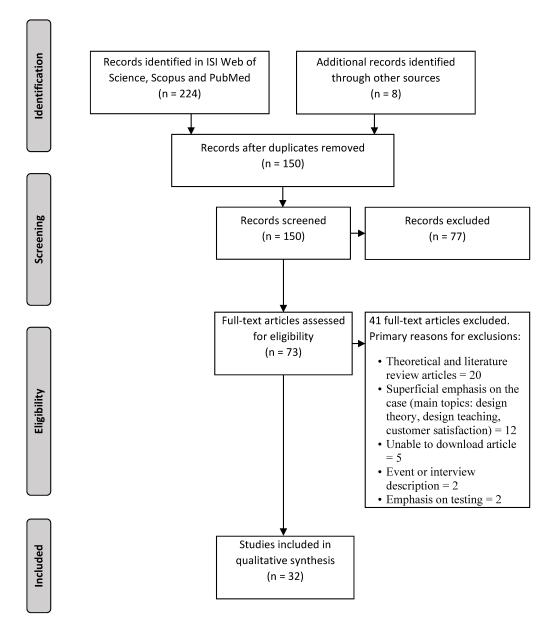
## Supplementary files – Exhibit A1: PRISMA Guideline Checklist

| Section/topic                      | #  | Checklist item  | Reported on page # |
|------------------------------------|----|---|--------------------|
| TITLE                              |    |   |                    |
| Title                              | 1  | Identify the report as a systematic review, meta-analysis, or both.   | 1                  |
| ABSTRACT                           |    |   |                    |
| Structured summary                 | 2  | Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number. | 2                  |
| INTRODUCTION                       |    |   |                    |
| Rationale                          | 3  | Describe the rationale for the review in the context of what is already known.  | 3-6                |
| Objectives                         | 4  | Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).  | 6                  |
| METHODS                            |    |   |                    |
| Protocol and registration          | 5  | Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.   | NA                 |
| Eligibility criteria               | 6  | Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.  | 6                  |
| Information sources                | 7  | Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.  | 6                  |
| Search                             | 8  | Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.   | 6                  |
| Study selection                    | 9  | State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).   | 6                  |
| Data collection process            | 10 | Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.  | 6                  |
| Data items                         | 11 | List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.   | A3-A4              |
| Risk of bias in individual studies | 12 | Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.  | 6                  |
| Summary measures                   | 13 | State the principal summary measures (e.g., risk ratio, difference in means).   | NA                 |
| Synthesis of results               | 14 | Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I <sup>2</sup> ) for each meta-analysis.  | NA                 |

## Supplementary files – Exhibit A1: PRISMA Guideline Checklist

| Section/topic                 | #  | Checklist item   | Reported on page # |
|-------------------------------|----|--|--------------------|
| Risk of bias across studies   | 15 | Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).   | 6                  |
| Additional analyses           | 16 | Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.   | NA                 |
| RESULTS                       |    |  |                    |
| Study selection               | 17 | Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.  | A2                 |
| Study characteristics         | 18 | For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.   | 7-13;A3-A4         |
| Risk of bias within studies   | 19 | Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).  | NA                 |
| Results of individual studies | 20 | For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. | NA                 |
| Synthesis of results          | 21 | Present results of each meta-analysis done, including confidence intervals and measures of consistency.  | NA                 |
| Risk of bias across studies   | 22 | Present results of any assessment of risk of bias across studies (see Item 15).  | NA                 |
| Additional analysis           | 23 | Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).  | NA                 |
| DISCUSSION                    |    |  |                    |
| Summary of evidence           | 24 | Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).                     | 13-17              |
| Limitations                   | 25 | Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).  | 17                 |
| Conclusions                   | 26 | Provide a general interpretation of the results in the context of other evidence, and implications for future research.  | 17-18              |
| FUNDING                       |    |  |                    |
| Funding                       | 27 | Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.   | 18                 |

# Supplementary files – Exhibit A2: PRISMA flowchart



Supplementary files - Exhibit A3: Data on study objectives, inclination, contribution, time-frame, funding, disciplines and stakeholders involved

| Author, Year                       | Study objective  | Inclination                      | Main contribution   | Study<br>time-frame      | Funding                            | Multidisciplinarity codes  | Stakeholders codes   |
|------------------------------------|--|----------------------------------|---|--------------------------|------------------------------------|--|--|
| Brennan et al,<br>2009             | Envision how personal health records that promote healthy action can aid nurses in their practices   | Design process                   | Insights about user-centered design focusing both on the patient and the nurse  | 18 months                | Private<br>(Foundation)            | Mentions need for<br>multidisciplinarity but do<br>not say which disciplines | Not mentioned  |
| Brennan et al,<br>2010             | Describes a program that promotes the development of a digital platform for using personal health records to aid multiple conditions   | Design<br>evaluation             | Expanding the concept of personal<br>health records to include observations<br>of daily living and thus enhancing the<br>provision of actionable health<br>information                          | 30 months                | Private<br>(Foundation)            | Not mentioned  | Not mentioned  |
| Brooks et al,<br>2019              | Co-develop and test the feasibility of a culturally-<br>appropriate toolkit to promote mental health<br>literacy and depression/anxiety focused self-<br>management skills in young people, aged 11–15<br>years, in Java, Indonesia.                           | Product design                   | Detailed elaboration of research design   | 30 months                | University-<br>funded              | Designers; education<br>professionals; other<br>health professionals         | Carers; community;<br>government; management;<br>medical doctors; patients;<br>others                                  |
| Carroll and<br>Richardson,<br>2016 | Integration of healthcare needs and software<br>requirements, focusing on improving connections<br>between people, enhancing collaboration between<br>stakeholders and establishing better communication   | Design<br>requirements           | Presents and applies a framework for<br>translating healthcare requirements into<br>software requirements   | Not<br>mentioned         | Funding agency                     | Not mentioned  | Carers; medical doctors;<br>patients; providers; others  |
| Catalani et al,<br>2014            | Create a clinical decision support system for aiding<br>treatment prescription for HIV patients with<br>tuberculosis   | Design process                   | Detailed process from understanding of the problem to testing phases  | 12 months<br>(estimated) | Funding agency                     | IT professionals; medical doctors; researchers                               | Community; medical doctors; patients   |
| Cheung, 2012                       | Develop a solution for aiding spine surgery based on<br>an analysis of social trends, economic forces,<br>technological advances and cultural influences for<br>need-finding   | Design process                   | Detailed process for new product<br>development coming from 80 new<br>product opportunity gaps, funneling to 6<br>clusters of opportunities and combining<br>those into 8 product opportunities | Not<br>mentioned         | Not mentioned                      | Not mentioned  | Medical specialists  |
| Coons et al,<br>2019               | Describe the architecture, design, and early testing<br>of a mobile application that facilities the accurate<br>sharing of medication lists among patients,<br>pharmacy and doctors; the application has individual<br>education resources regarding medicines | Design process                   | Description of design and evaluation of<br>an app from the perspectives of both<br>the community and the hospital   | Not<br>mentioned         | National<br>institute              | Not mentioned  | Medical doctors; patients;<br>pharmacists  |
| Cunningham<br>et al, 2016          | Performs a baseline study in four African countries<br>to identify features of healthcare practices in rural<br>clinics. Findings will serve as inputs for developing a<br>mHealth solution for maternal and newborn care.                                     | Design<br>requirements           | Identification of the state of the practice<br>in healthcare clinics  | Not<br>mentioned         | Public<br>(European<br>commission) | Not mentioned  | Mentions stakeholder<br>involvement as a step for<br>future research   |
| de Ana et al,<br>2013              | Using a case study as a reference, proposes a process for balancing stakeholder voice in the front-<br>end of medical device development   | Design process                   | Creates a process for aligning solutions<br>among multiple stakeholders   | 8 months                 | Not mentioned                      | Designers; management;<br>marketing and business;<br>researchers             | Management; marketing,<br>business and sales; medical<br>doctors; patients; providers<br>researchers; others           |
| Eines and<br>Vatne, 2018           | Assess the experiences of a nursing home on<br>applying a design thinking approach to engage staff<br>in innovation activities   | Design process<br>and evaluation | Correlation of design practices with organizational layers  | Not<br>mentioned         | Public                             | Designers; management;<br>nurses; others                                     | Carers; management;<br>nurses; patients  |
| Greenhalgh et<br>al, 2010          | Evaluate the adoption of a personal electronic health record, avoiding the pro-innovation bias and addressing what went wrong in development   | Design process<br>and evaluation | Relates the design decisions to the success (or insuccess) of adoption of the innovation  | 36 months                | NHS<br>organizations               | Implementation experts;<br>IT professionals                                  | Government; IT<br>professionals; others; the<br>author mentions that<br>patients and physicians<br>were under involved |

Supplementary files - Exhibit A3: Data on study objectives, inclination, contribution, time-frame, funding, disciplines and stakeholders involved

| Author, Year                      | Study objective   | Inclination            | Main contribution   | Study tir<br>frame                              | me- | Funding   | Multidisciplinarity codes  | Stakeholders codes   |
|-----------------------------------|---|------------------------|---|---|-----|---|--|--|
| Källander et<br>al, 2015          | Develop and evaluate approaches for increasing<br>community health workers' supervision, motivation,<br>performance, and retention. Assess the impact of these<br>interventions on coverage of treatment for malaria,<br>pneumonia and diarrhea in children       | Design<br>evaluation   | Multiplatform approach for<br>community health workers and<br>vulnerable population   | 18 months                                       |     | Private<br>(Foundation)                             | Not mentioned  | Mentions stakeholder<br>involvement, but does<br>not mention which<br>stakeholders |
| Kumar,<br>Uehira and<br>Kay, 2009 | Present a solution for improving patient experience in a<br>hospital by providing on-demand directions and<br>guidance  | Design<br>process      | Detailed description of the design<br>process and design tools<br>employed  | Not mentior                                     | ned | Private (Enterprise)                                | Not mentioned  | Not mentioned  |
| Langell et al,<br>2019            | Design a device for treating cervical cancer in resource-<br>poor regions   | Design<br>process      | Description of the entire design<br>process, from need identification<br>to market entry  | 24 months                                       |     | University-funded                                   | Designers; engineers;<br>marketing and business;<br>medical doctors              | Mentions stakeholder<br>involvement, but does<br>not mention which<br>stakeholders |
| LeRouge et<br>al, 2013            | Demonstrate patient involvement in the design and<br>development of a consumer health technology; develop<br>and employ user-profiles and personas as a tool to<br>capture patients' mental model and apply these<br>features to design and development decisions | Product<br>design      | Indication on how to effectively<br>understand and model the<br>patients' mental model through a<br>revealing process and artifacts | Not mentior                                     | ned | Private (Enterprise)                                | Not mentioned  | Carers; management;<br>medical doctors;<br>patients; providers;<br>others          |
| Martin and<br>Barnett,<br>2012    | Drawing from what went wrong in a case of medical<br>device development, establish a way to effectively<br>collect, represent and employ user data in the medical<br>device development process   | Design<br>process      | Describes each aspect of the<br>design process that contributed<br>to the failure of the user-centered<br>approach in this project  | 48 months                                       |     | Private (Enterprise)                                | Not mentioned  | Other healthcare professionals   |
| Martin et al,<br>2012             | Validate and refine the concept of a new device while<br>investigating the process of involving users in early<br>development phases  | Design<br>requirements | Demonstration of a rigorous user need validation research   | Not mentior                                     | ned | Public (national<br>funds)                          | Engineers; medical<br>specialists; nurses  | Not mentioned  |
| Mulvale et<br>al, 2019            | Apply and assess evidence-based co-design (EBCD)<br>approach on design of three different services for youth<br>with mental health issues   | Design<br>process      | Method description and replicability  | Service 1: 24<br>Service 2: 8r<br>Service 3: 9r | m   | Public (state and national funds)                   | Not mentioned  | Carers; patients; other<br>healthcare<br>professionals; others                     |
| Neinstein et<br>al, 2016          | Create a cloud-based, device-agnostic, software<br>platform that could download and integrate raw data<br>from any diabetes device  | Software<br>design     | Web-based cloud platform  | 18 months                                       |     | Private<br>philanthropists and<br>Granting agencies | Designers; entrepreneurs;<br>IT professionals; medical<br>specialists            | IT professionals; medica<br>doctors; patients;<br>researchers; others              |
| Pham et al,<br>2018               | Design, develop and assess an analytics platform to<br>analyze data from a mHealth application  | Design<br>process      | Detailed description of the<br>indicators definition and<br>verification processes  | 6 months  |     | Not mentioned                                       | Not mentioned  | Not mentioned  |
| Ramadas et<br>al, 2015            | Improve dietary habits in diabetic patients through a web-based intervention  | Design<br>evaluation   | Detailed process evaluation of web-based intervention   | Not mentior                                     | ned | University-funded                                   | Medical specialists;<br>nutritionist; researchers;<br>other health professionals | Not mentioned  |
| Ross et al,<br>2011               | Describing the use of a common platform for the development of two applications   | Product<br>design      | Assessment of challenges in PHR development stages  | 18 months                                       |     | Private<br>(Foundation)                             | Not mentioned  | Not mentioned  |
| Rossos et al,<br>2015             | Increase awareness to human factors engineering and<br>user-centered elements of telecare, relating the<br>previous aspects to the successful implementation of<br>telehealth programs  | Design<br>evaluation   | Correlation of the importance of<br>both people and process in<br>systems implementation  | over 10 year                                    | rs  | Not mentioned                                       | Not mentioned  | Not mentioned  |
| Rudin et al,<br>2017              | Develop a gamified intervention for implementing<br>asthma symptom monitoring via mHealth "from the<br>ground up", starting with identifying the core<br>components   | Design<br>process      | Description of detailed<br>requirements, decision points and<br>stakeholder related issues  | Not possible<br>infer full pro<br>length        |     | Funding agency                                      | Not mentioned  | Medical doctors;<br>patients; providers  |

Supplementary files - Exhibit A3: Data on study objectives, inclination, contribution, time-frame, funding, disciplines and stakeholders involved

| Author, Year                              | Study objective   | Inclination          | Main contribution  | Study<br>time-frame      | Funding                        | Multidisciplinarity codes   | Stakeholders codes   |
|---|---|----------------------|--|--------------------------|--------------------------------|---|--|
| Sammann et<br>al, 2019                    | Identify needs and priorities from both the<br>users (patients, clinicians, etc) and the system<br>for daily trauma rounds at an academic<br>hospital                                     | Design<br>process    | Brings parallel between lean methodology and<br>human-centered design approach; identifies<br>valuable and non-valuable activities and the<br>time spent in each of them during trauma<br>rounds | Not<br>mentioned         | Did not receive<br>any funding | Mentions need for<br>multidisciplinarity but do not<br>say which disciplines  | Carers; management;<br>medical doctors; nurses;<br>patients; pharmacists;<br>others  |
| Schlosser et al,<br>2016                  | Evaluate feasibility, applicability and impact on<br>patient outcomes of a mobile app treatment<br>for schizophrenia on young patients  | Design<br>evaluation | Presents the increase in app acceptance after<br>the first refinement iteration from engaging<br>with stakeholders   | 4 months                 | Not mentioned                  | Not mentioned   | Carers; patients; providers;<br>researchers  |
| Thaete et al,<br>2019                     | Create and evaluate a prototype for<br>measurement of middle-upper arm<br>circumference and determination of<br>corresponding Z score   | Design<br>process    | Description of the testing stage of a prototype  | Not<br>mentioned         | Private<br>(Foundation)        | Not mentioned   | Not mentioned  |
| van der<br>Weegen et al,<br>2013          | Reports the user-centered design process<br>applied for a monitoring and feedback tool to<br>support the self-management of people with<br>chronic disease to obtain an active lifestyle. | Product<br>design    | Establishes a process for requirements identification  | Not<br>mentioned         | Funding agency                 | Engineers; implementation<br>experts; medical doctors;<br>researchers; others | Patients; other healthcare professionals   |
| Vechakul,<br>Shrimali and<br>Sandhu, 2015 | Describe and assess a human-centered<br>approach to mitigate the root causes of health<br>inequity in communities with high poverty<br>rates  | Design<br>evaluation | Analysis of the entire design process from design definitions to outcomes  | 21 months<br>(estimated) | Private<br>(Foundation)        | Designers; government and<br>social development<br>initiatives                | Mentions community<br>involvement, but does not<br>refer to the term<br>stakeholders |
| Vilardaga et al,<br>2018                  | Describe the rationale, ideation, prototyping,<br>design, user research, and final feature set of a<br>smoke cessation app for people with mental<br>disorders                            | Design<br>process    | Explanation and application of the design process  | Not<br>mentioned         | National<br>institute          | Not mentioned   | Medical specialists;<br>patients; others   |

| Author, Year                       | Inspiration codes  | Ideation codes  | Implementation codes  | Medical<br>specialty     | Target condition/ System  | Solution modality  | Solution objective  | Status  |
|------------------------------------|--|---|---|--------------------------|---|--|---|---|
| Brennan et al,<br>2009             | Not mentioned  | Not mentioned   | Not mentioned   | Chronic<br>disease       | Children and teens with<br>complex diseases<br>(congestive heart failure;<br>diabetes; chronic pain;<br>cancer)         | E-health (personal<br>health records)                                | Collect observations of daily<br>living and health monitoring<br>data for clinical guidance   | Design finalized  |
| Brennan et al,<br>2010             | Not mentioned  | Not mentioned   | Not mentioned   | Chronic<br>disease       | Children and teens with<br>complex diseases<br>(congestive heart failure;<br>diabetes; chronic pain;<br>cancer)         | E-health (personal<br>health records)                                | Collect observations of daily<br>living and health monitoring<br>data for clinical guidance   | Functional<br>prototype<br>finalized                                      |
| Brooks et al,<br>2019              | Focus groups; interviews;<br>review; others  | Collaboration groups; data<br>analysis; focus groups  | Focus groups; testing;<br>others  | Psychiatry               | Mental health literacy;<br>anxiety and depression<br>self-management  | Toolkit  | Promote mental health literacy<br>and depression and anxiety<br>focused self-management skills<br>in young people (11–15yo) in<br>Indonesia | Not started<br>(study protocol<br>established)                            |
| Carroll and<br>Richardson,<br>2016 | Data analysis; interviews;<br>observations; shadowing;<br>user definition  | Brainstorming; data analysis;<br>feedback; prototype  | Feedback; iteration;<br>prototype; testing  | Hospitalar<br>management | Pharmacy management   | Software   | Promote connected health<br>innovation through the<br>improvement of pharmacy<br>management   | Design finalized  |
| Catalani et al,<br>2014            | Audio recordings; field<br>notes; interviews;<br>observations; others  | Data analysis; prototype  | Evaluation; interviews;<br>survey; testing; others                                  | Chronic<br>disease       | HIV and tuberculosis  | Clinical Support<br>Decision System<br>(m-health)                    | Guarantee the appropriate treatment for HIV patients with tuberculosis  | Implemented   |
| Cheung, 2012                       | Ethnographic methods;<br>interviews; lists;<br>observations; review  | Commercial analysis;<br>conceptualization; field notes;<br>interview; observations;<br>product attributes definition;<br>user empathy; others | Prototype; testing  | Surgery                  | Spine surgery   | Device (non-<br>invasive patient<br>tracker)                         | Minimize patient trauma in<br>spine precise surgery   | Functional<br>prototype<br>finalized<br>Clinical<br>feasibility<br>tested |
| Coons et al,<br>2019               | Need definition; survey  | Feedback; sketching; testing  | Focus groups;<br>interviews; testing;<br>others                                     | General<br>practice      | Medicamentation misusage  | E-health (m-health<br>personal health<br>records)                    | Accurately share medication<br>lists among physicians, patients<br>and pharmacy   | Functional<br>prototype<br>finalized                                      |
| Cunningham<br>et al, 2016          | Audio recordings; field<br>notes; focus groups;<br>interviews; need<br>definition; review; user<br>definition; user empathy;<br>others | Not mentioned   | Not mentioned   | Family health            | Maternal and newborn<br>overall health  | E-health (m-<br>health)  | Improve the quality of maternal<br>and newborn healthcare<br>delivery in rural clinics in Africa  | Need<br>assessment<br>finalized   |
| de Ana et al,<br>2013              | Ethnographic methods;<br>focus groups; interviews;<br>need definition;<br>observations; shadowing;<br>surveys; user empathy;<br>others | Brainstorming; focus groups;<br>interview; prototype; user<br>empathy; others   | Conceptualization;<br>interviews; marketing<br>and commercial<br>strategies; survey | Orthopedics              | Fracture repair   | FDA class III<br>therapeutic device<br>self-administrated<br>at home | Enhance/accelerate fracture<br>repair   | Design finalized  |
| Eines and<br>Vatne, 2018           | Observations; user<br>empathy; workshops   | Brainstorming;<br>conceptualization   | Testing   | Hospitalar<br>management | Meeting patients demands<br>for service quality,<br>economic sustainability and<br>skilled health care<br>professionals | Customized<br>timetable  | Determine roles and<br>responsibilities for nursing team<br>aligned with their personal<br>abilities and nursing home<br>needs              | Implemented   |

| Author, Year                      | Inspiration codes   | Ideation codes   | Implementation codes  | Medical specialty        | Target condition/ System  | Solution modality  | Solution objective  | Status   |
|-----------------------------------|---|--|---|--------------------------|---|--|---|--|
| Greenhalgh et<br>al, 2010         | Not mentioned   | Not mentioned  | Ethnographic methods;<br>field notes; interviews;<br>observations;<br>shadowing; others | Chronic<br>disease       | Patient monitoring  | E-health (personal health records)                                   | Mitigate lack of integration<br>across the NHS avoiding<br>fragmentation of care,<br>inefficiency, and risk   | Implemented<br>and failed  |
| Källander et<br>al, 2015          | Consultations; lists;<br>review   | Not mentioned  | Not mentioned   | Pediatric                | Children with diarrhea, pneumonia and malaria                     | Training of<br>community health<br>workers<br>employing m-<br>health | Improve health outcomes as<br>result of increasing community<br>health worker performance and<br>motivation   | Implemented<br>Ongoing cluster<br>randomized<br>controlled trial                               |
| Kumar,<br>Uehira and<br>Kay, 2009 | Interviews; workshops;<br>others  | Data analysis; data<br>summarizing; interview;<br>observations; user empathy | Prototype   | Hospitalar<br>management | Patient experience in a hospital                                  | Direction and guidance system  | Help patients that tend to get<br>lost in the hospital  | Functional<br>prototype<br>finalized<br>Ongoing testing  |
| Langell et al,<br>2019            | Need definition; review;<br>shadowing; user<br>empathy; others                    | Data analysis; prototype;<br>others  | Interviews; iteration;<br>marketing and<br>commercial strategies;<br>testing; others    | Oncology                 | Cervical cancer   | Thermal<br>coagulation device  | Allows for the treatment of<br>precancerous cervical lesions at<br>low cost   | Implemented<br>Commercializati<br>on   |
| LeRouge et al,<br>2013            | Audio recordings; focus<br>groups; interviews;<br>observations; review;<br>others | Data analysis; user empathy  | Not mentioned   | Geriatrics               | Diabetes  | E-health (personal health records)                                   | Improve self-monitoring of diet<br>and exercise for elderly<br>diabetics  | Need<br>assessment<br>finalized  |
| Martin and<br>Barnett, 2012       | Interviews; user<br>definition  | Data analysis  | Ethnographic methods;<br>shadowing; others  | Radiology                | Medical imaging   | Imaging device   | Provide an inexpensive,<br>portable imaging device  | Functional<br>prototype<br>finalized<br>Route for<br>commercializati<br>on being<br>considered |
| Martin et al,<br>2012             | Brainstorming; field<br>notes; interviews; others;<br>user definition             | Brainstorming; data analysis;<br>data summarizing                            | Not mentioned   | Radiology                | Medical imaging with an<br>emphasis on phlebotomy<br>applications | Imaging device   | Provide an inexpensive,<br>portable medical imaging<br>device   | Need<br>assessment<br>finalized  |
| Mulvale et al,<br>2019            | Audio recordings; focus<br>groups; interviews;<br>others; user empathy            | Brainstorming;<br>conceptualization; data<br>analysis; prototype; others     | Prototype   | Psychiatry               | Depression<br>Anxiety<br>Eating disorders<br>Psychotic disorders  | Not mentioned  | Improving coordination of<br>mental health care for youth,<br>related supports, and<br>transitions to adult care;<br>improving employment<br>supports for youth with mental<br>health | Visual<br>prototype<br>finalized   |
| Neinstein et<br>al, 2016          | Interviews  | Not mentioned  | Prototype; feedback   | Chronic<br>disease       | Diabetes (Type 1)   | E-health (m-<br>health)  | Create a cloud-based platform<br>to integrate data from devices<br>used to monitor diabetes   | Functional<br>prototype<br>finalized<br>Ongoing testing  |
| Pham et al,<br>2018               | Focus groups; review  | Not mentioned  | Evaluation; field notes;<br>iteration; observations                                     | Chronic<br>disease       | Chronic pain  | E-health (m-<br>health)  | Pain self-management for youth<br>and young adults from 12 to 25  | Functional<br>prototype<br>finalized<br>Full<br>development<br>hired                           |

| Author, Year                              | Inspiration codes                          | Ideation codes  | Implementation codes  | Medical<br>specialty         | Target condition/ System                                       | Solution modality                                  | Solution objective  | Status  |
|---|--|---|---|------------------------------|--|--|---|---|
| Ramadas et<br>al, 2015                    | Prototype                                  | Feedback; prototype   | Testing   | Chronic<br>disease           | Diabetes (Type 2)  | Web-based<br>education<br>program                  | Improve population's dietary habits   | Functional<br>prototype<br>finalized  |
| Ross et al,<br>2011                       | Consultations; focus<br>groups; interviews | Conceptualization; feedback;<br>focus groups; prototype             | Testing; others   | Pediatrics and<br>Geriatrics | Patients taking multiple<br>medications                        | E-health (personal<br>health records)              | Manage drug self-<br>administration to avoid adverse<br>events  | Functional<br>prototype<br>finalized (needs<br>to meet data<br>safety<br>standards for<br>release)                            |
| Rossos et al,<br>2015                     | Not mentioned                              | Not mentioned   | Not mentioned   | Gastroenterol<br>ogy         | Bariatric surgery  | E-health (remote<br>telemedicine<br>consultations) | Improve treatment follow up<br>for people living far from the<br>hospital   | Implemented<br>Over 300<br>consultations<br>executed in the<br>first 18 months  |
| Rudin et al,<br>2017                      | Consultations; interviews;<br>others       | Conceptualization; feedback;<br>prototype; user empathy             | Conceptualization;<br>prototype; testing;<br>others           | Chronic<br>disease           | Asthma   | E-health (m-<br>health)                            | Asthma monitoring in a way<br>that data can be used by<br>patients, physicians and EHR                                    | Functional<br>prototype<br>finalized<br>Tests finalized   |
| Sammann et<br>al, 2019                    | Interviews; observations                   | Not mentioned   | Not mentioned   | Hospitalar<br>management     | Trauma surgical rounds   | Not mentioned                                      | Improve efficiency on trauma rounds   | Need<br>assessment<br>finalized   |
| Schlosser et<br>al, 2016                  | Interviews; workshops                      | Prototype; others   | Not mentioned   | Psychiatry                   | Youth with schizophrenia                                       | E-health (m-<br>health)                            | Improve motivated behavior in<br>the early phases of the illness<br>on young patients                                     | Functional<br>prototype<br>finalized<br>random control<br>trials ongoing  |
| Thaete et al,<br>2019                     | Not mentioned                              | Not mentioned   | Evaluation; feedback;<br>testing                              | Pediatric                    | Child nutritional status<br>diagnosis                          | Analogical device<br>(measurement<br>ruler)        | Provide both measurements of<br>upper arm circumference and<br>determination of corresponding<br>Z score in a single step | Functional<br>prototype<br>finalized and<br>tested<br>Patent filed<br>Next-generation<br>of the<br>prototype is<br>redesigned |
| van der<br>Weegen et al,<br>2013          | Review                                     | Collaboration groups;<br>interviews; others                         | Not mentioned   | Chronic<br>disease           | Chronic obstructive<br>pulmonary disease or type<br>2 diabetes | E-health (m-health<br>personal health<br>records)  | Stimulate physical activity in patients with chronic disease  | Design finalized  |
| Vechakul,<br>Shrimali and<br>Sandhu, 2015 | Data analysis;<br>observations; others     | Brainstorming;<br>conceptualization; data<br>summarizing; prototype | Marketing and<br>commercial strategies;<br>prototype; testing | Pediatric                    | Infant mortality rate  | Event  | Addressing the roots of health<br>inequities in infants mortality<br>rate in poor communities                             | Implemented<br>Served as an<br>incentive for<br>new initiatives   |
| Vilardaga et<br>al, 2018                  | Field notes; focus groups                  | Prototype; sketching; user<br>empathy                               | Evaluation; interviews;<br>prototype; testing                 | Addiction                    | Smoke addiction  | E-health (m-<br>health)                            | Engage smokers with mental health issues to quit smoking  | Functional<br>prototype<br>finalized  |

| Author, Year          | Inspiration codes   | Ideation codes  | Implementation codes | Medical<br>specialty | Target condition/ System | Solution modality  | Solution objective                          | Status  |
|-----------------------|---|---|----------------------|----------------------|--------------------------|--|---|---|
| Wilson et al,<br>2012 | Ethnographic methods;<br>focus groups; interviews;<br>observations; surveys | Others  | Survey               | Geriatrics           | Elderly care             | E-health<br>(hardware with<br>supporting<br>network and<br>recording/monitor<br>ing software; a<br>suite of<br>telemedicine and<br>telemonitoring<br>devices; and an<br>associated set of<br>tele-accompany<br>services) | Ease the life of older people in their home | Interrupted due<br>to resource<br>limitations |
| Woods et al,<br>2018  | Brainstorming; field<br>notes; user empathy;<br>others                      | Conceptualization; data analysis; feedback; sketching | Feedback             | Chronic<br>disease   | Heart failure            | E-health (m-<br>health)  | Self-management of heart<br>failure         | Final product<br>developed                    |

#### Supplementary files – Exhibit A5: Codification of Design Thinking tools (references numbers according to the main document)

| Inspiration tools codes                               | Inspiration tools as mentioned by authors   |
|---|---|
| Audio recordings                                      | audio recordings [50]; audio records [28]; audio-records [31]; recording [29]   |
| Brainstorming   | brainstorm [3]; brainstorming [27]  |
| Consultations   | consultations [51]; patient consultation [40]; visits [43]  |
| Data analysis   | data analysis [34]; synthesize insights [53]  |
| Ethnographic methods                                  | ethnography [56]; ethnographic methods [45]; ethnographic research [33]   |
| Field notes   | field notes [3,27,28,36,50]   |
| Focus groups  | expert panel [36]; focus groups [28–31,43,56]; group need assessment session [46]; panel of payers [33]; physician panels [33]  |
| Interviews  | Interview [31,33,38]; interviews [29,43,47,48,56]; key informant interview [50]; recorded interview [27]; semi-structured interviews [27,28,30,34,39,40]; telephone interviews [33]; unstructured interviews [26]; user interviews [45]   |
| Lists   | list of categories for opportunities [45]; list of product opportunity gaps [45]; list of social trends, economic forces, technological advances and cultural influences (SETC factors) [45]; list of potential innovations [51]  |
| Need definition                                       | core requirements identification [42]; draft of user needs [54]; uncovered pain points [33]; usability and user experience requirements [28]; validation of the clinical problem [54]   |
| Not mentioned   | not mentioned [35,41,44,52,55]  |
| Observations  | field observations [45]; field research observations [33]; in-context observations [26]; observation [29]; observation studies [34]; observations [49,56]; observe and inspire [53]; site observation sessions [50]   |
| Others  | clinical practice guidelines search [32]; definition of data elements to be captured [28]; feedback [54]; individual design sessions [40]; keyword collection [47]; photo-elicitation method [30]; photographs [3]; simulation testing [50]; specification of research objectives [27]; tell stories [53]; transcription [29,31]; trigger videos [31]; videotaping [33]; workflow and reporting requirements [28] |
| Prototypes  | paper prototype   |
| Review (literature,<br>historical, best<br>practices) | background research [54]; historical background review [51]; information about working practices [28]; literature research [32]; literature review [30,51]; review of previous documentation [29]; review of the therapeutic landscape [54]; scoping review [46]; task analysis [45]  |
| Shadowing   | procedural shadowing [54]; shadow [34]; shadowing [33]  |
| Surveys   | survey [56]; survey with potential users [42]; surveys [33]   |
| User definition                                       | analysis of end user profiles [28]; definition of a standard user [34]; user definition [27,39]   |
| User empathy  | clinical immersion [54]; concept preference testing [33]; environment examination [28]; experience maps [31]; individual summaries [3]; persona [3]; walkarounds [49]   |
| Workshops   | workshop [49]; workshops [47,48]  |

#### Supplementary files – Exhibit A5: Codification of Design Thinking tools (references numbers according to the main document)

| Ideation tools     | Ideation tools as mentioned by the authors  |
|--------------------|---|
| codes              |   |
| Prototype          | digital prototype [54]; low fidelity mockups [40]; low fidelity models [33]; moch prototype website [37]; paper mockups [48]; paper prototyping [36]; physical device prototype [54]; pilot [43]; prototype         |
|                    | [50,53]; prototyping [34,48]; rapid prototyping [33]; visual prototype [46]   |
| Not mentioned      | not applied [26,46]; not mentioned [28,35,38,41,44,51,52,55]  |
| Data analysis      | data analysis [3,27,29–31,34,39,47,50,54]; data translation [50]; verbalization analysis [27]   |
| Others             | audio recordings [45]; coding analysis [45]; computer screen captures [45]; data collection tools [33]; field notes [45]; photographs [45]; poker chip sort [33]; problem definition [31]; radiographic films [45]; |
|                    | simulations [48]; treatment modality selection [54]; user testing [42]; visualization tools [56]  |
| Conceptualization  | concept development [49]; create concepts [53]; holistic product definition [45]; individual design sessions [40]; storyboard [3,43]; theme clustering across participants [31]; wireframe [3]                      |
| User empathy       | "before, during, after" experience tool [47]; experience maps [33]; persona tool [45,47]; personas [36]; scenario-based drama [29]; user persona [29]; user profile [29]; workflow diagrams [40]                    |
| Feedback           | feedback [3,40,42,43]; feedback from experts [37]; prototype, test, and feedback from stakeholders [34]   |
| Brainstorming      | brainstorm [53]; brainstorming [27,33,34,49]; individual brainstorm [31]  |
| Interview          | audio-recorded interviews [45]; focus groups interviews [32]; in-depth interviews [47]; interviews [32,33]  |
| Sketching          | concept design [42]; sketches [3]; sketching [36]   |
| Data summarizing   | data synthesis [47]; executive summary [27]; main report summarizing data [27]; synthesize insights [53]  |
| Focus groups       | design workshops [30]; final review events [30]; focus groups [43]; panel discussions [33]  |
| Observations       | field observations [45]; observation research [47]  |
| Collaboration      | collaboration group [30]; expert meetings [32]; sustained group works [30]  |
| groups             |   |
| Commercial         | stakeholder analysis [45]; value opportunity analysis (VOA) [45]  |
| analysis           |   |
| Product attributes | devised scenario [45]; product attributes [45]; weighted matrix [45]  |
| definition         |   |

#### Supplementary files – Exhibit A5: Codification of Design Thinking tools (references numbers according to the main document)

| Implementation          | Implementation tools as mentioned by the authors   |
|-------------------------|--|
| tools codes             |  |
| Testing                 | beta test with patients [37]; identification of all variables tested in each prototype [34]; iterative testing [43]; multisite testing [30]; template for intervention description and replication [30]; test [49]; test and |
|                         | refine [53]; testing [36,44,49]; testing session [42]; usability testing [50]; user testing [40]; user validation testing [54]; validation with consulting surgeon [45]  |
| Not mentioned           | not applied[26,27]; not mentioned [28,29,32,35,41,48,51,52]  |
| Others                  | audio recordings [50]; audiotapes [55]; data analysis [55]; evidence-based framework [30]; expert consultation [40]; heuristics analysis [40]; implementation [50]; informative flyer [42]; photos [39]; review of           |
|                         | regulatory classification requirements [54]; socio-technical networks [55]; video records [43]   |
| Prototype               | creation of service and product ideas and prototypes [47]; functional prototype [45]; high fidelity prototype [40]; prototype [31,47,53]; prototyping [38]; software prototyping [36]; rapid prototyping [34]                |
| Interviews              | in depth interviews [50]; interview [33,36,54]; interviews [55]; semistrutured interviews [42]   |
| Feedback                | feedback [3,34,38,44]  |
| Evaluation              | evaluation [50]; measurement [50]; questionnaires [44]; rating [36]; usability and accessibility evaluation [46]   |
| Iteration               | iteration [34,43,46,54]  |
| Survey                  | evaluation through surveys [56]; survey [50]; web survey [33]  |
| Marketing and           | business plan [54]; market penetration strategy [54]; marketing quantitative study [33]; "scale, spread and sustain" [53]  |
| commercial              |  |
| strategies              |  |
| Shadowing               | shadowing [39,55]  |
| Observations            | observation [55]; on-site observation [46]   |
| Field notes             | field notes [46,55]  |
| Conceptualization       | individual design sessions [40]; multiple concept creation [33]  |
| Ethnographic<br>methods | ethnographic methods [55]; ethnography [39]  |
| Focus groups            | focus group [42]; stakeholder consultation events [30]   |
|                         |  |