

HDR



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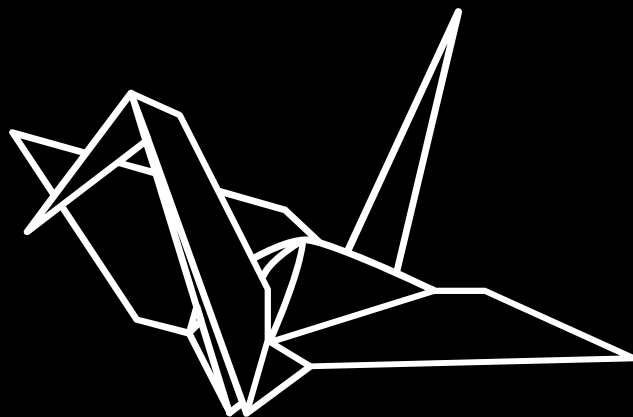


9,612 Employee-Owners in

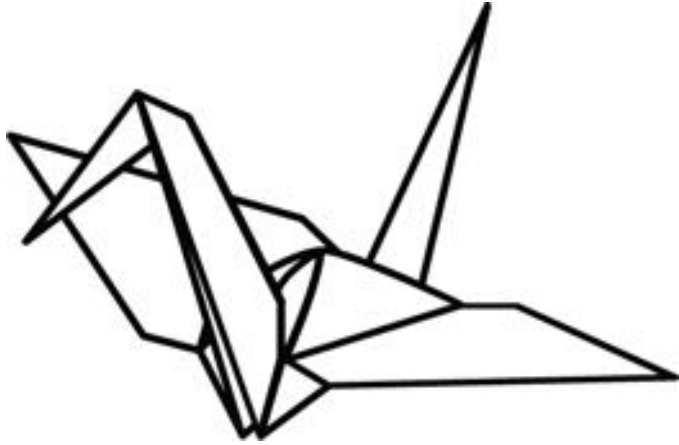
225 Locations Worldwide

#1 in Healthcare

#1 in Science and Technology



HDR STRATEGIC INNOVATION



HDR STRATEGIC INNOVATION

People matter. Starting with human need as the basis for solution design makes for outcomes that are actually useable and relevant in the real world.

Diversity matters. The best ideas emerge from the collision of diverse interests, experiences, and abilities.

Data matters. Robust and artfully designed analytics are critical to making insights understandable, meaningful, and actionable.

Story matters. Storytelling is essential to communicating vision, concepts, theory, strategy and recommendations.

Details matter. Paying attention to the little things is the on-ramp to success at scale.

Execution matters. Great strategy is only realized through flawless execution. Develop both.

Organization matters. Start-ups are nimble and brave; stalwarts are visionary and strategic. Emulate both

Transparency matters. Helping people think and make for themselves produces more sustainable results.

TODAY

Quick Overview: Knowing & Engaging Your User

Immersion: Roll up your sleeves

Q&A: Ask us anything

How do you approach
WICKED HARD
Problems?



**Human
Needs**

+



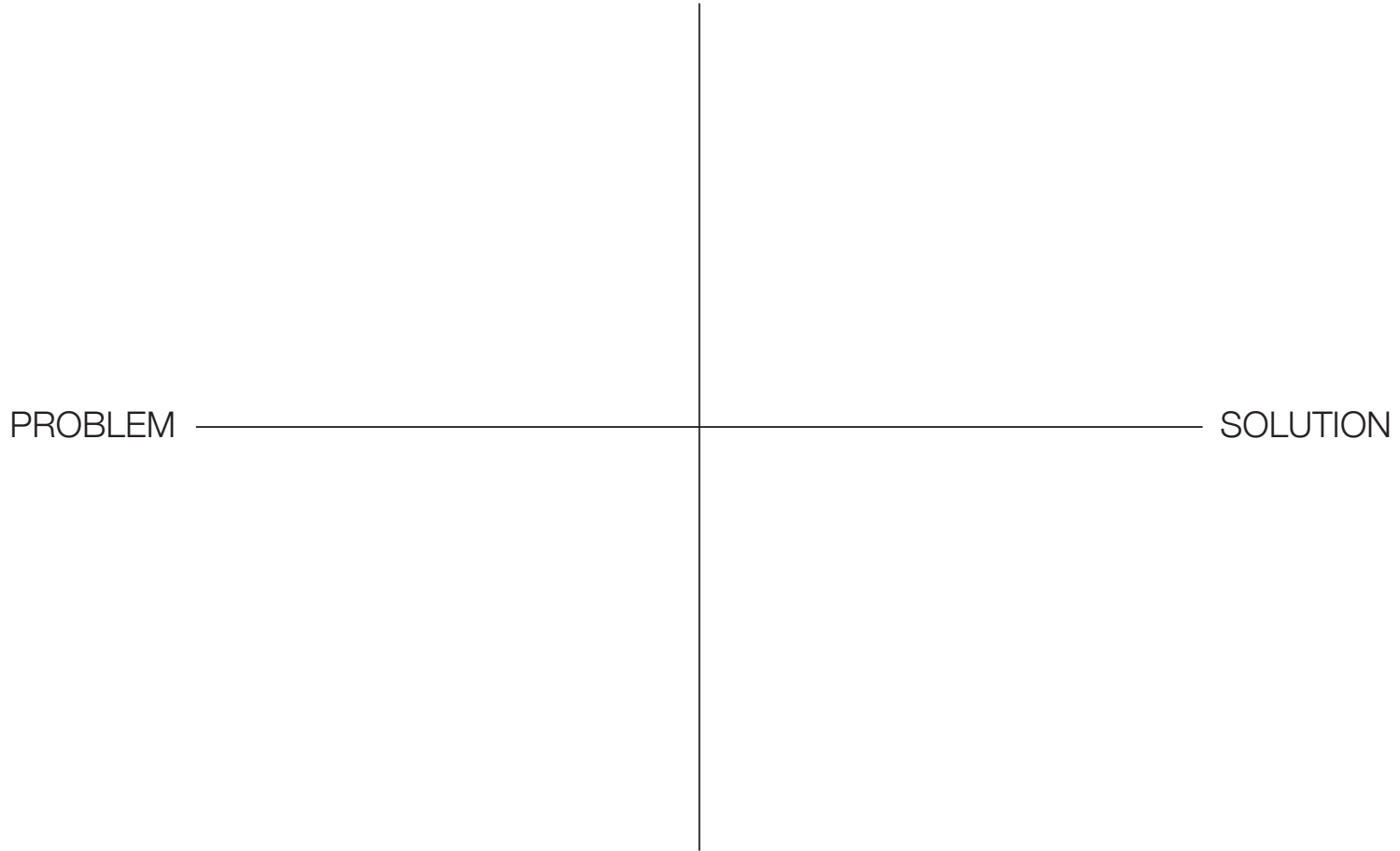
**Business
Needs**

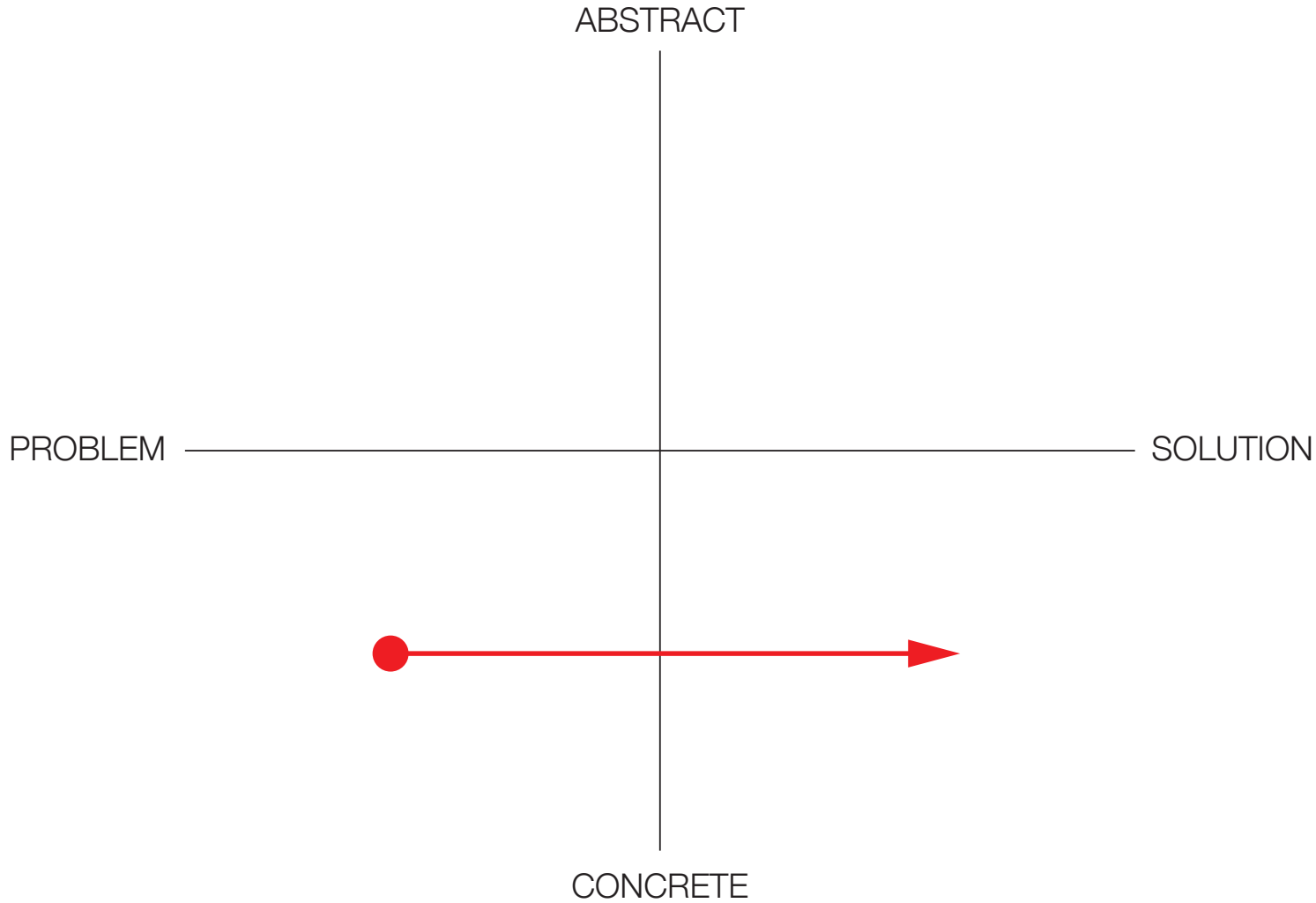
ABSTRACT

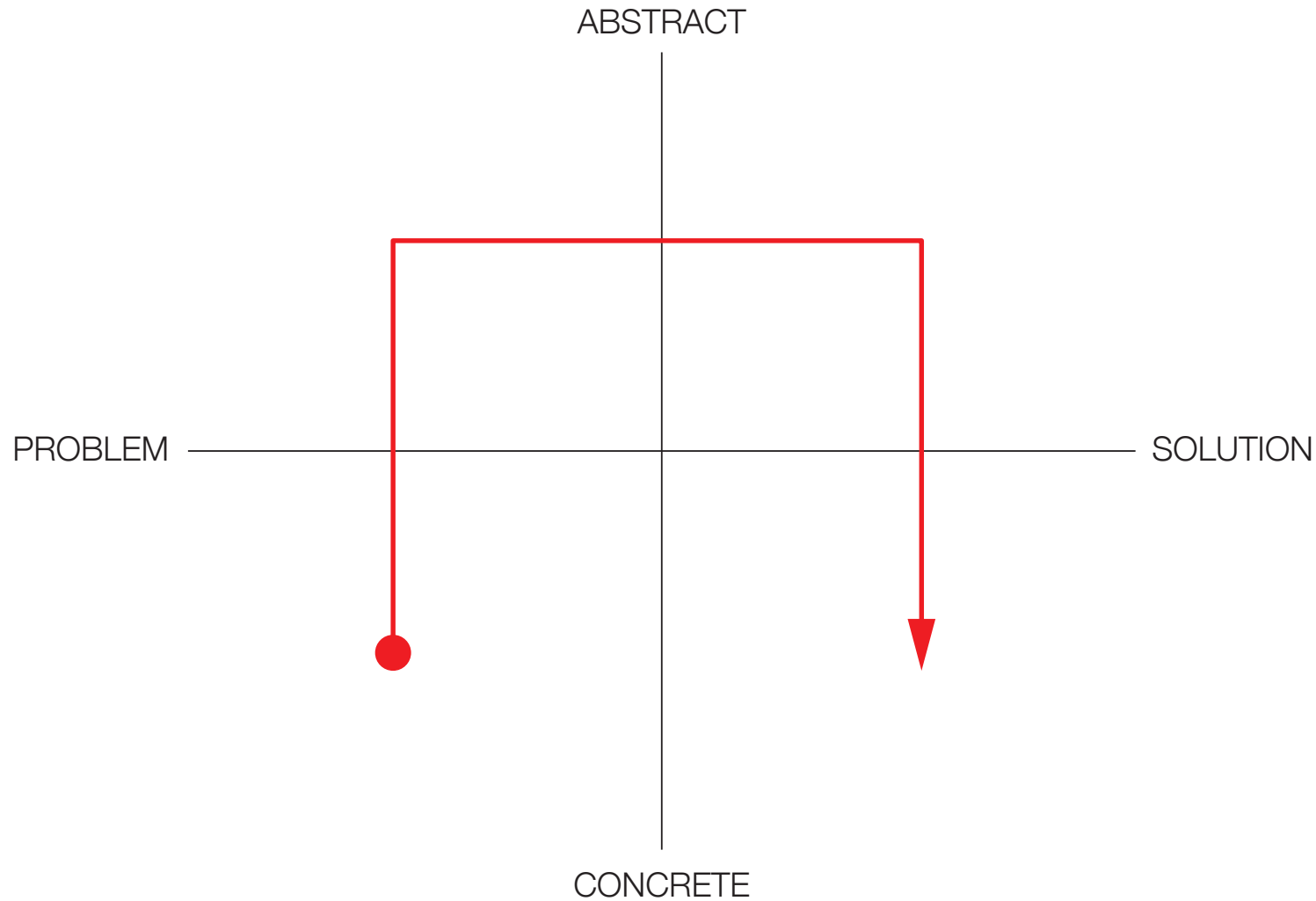
PROBLEM

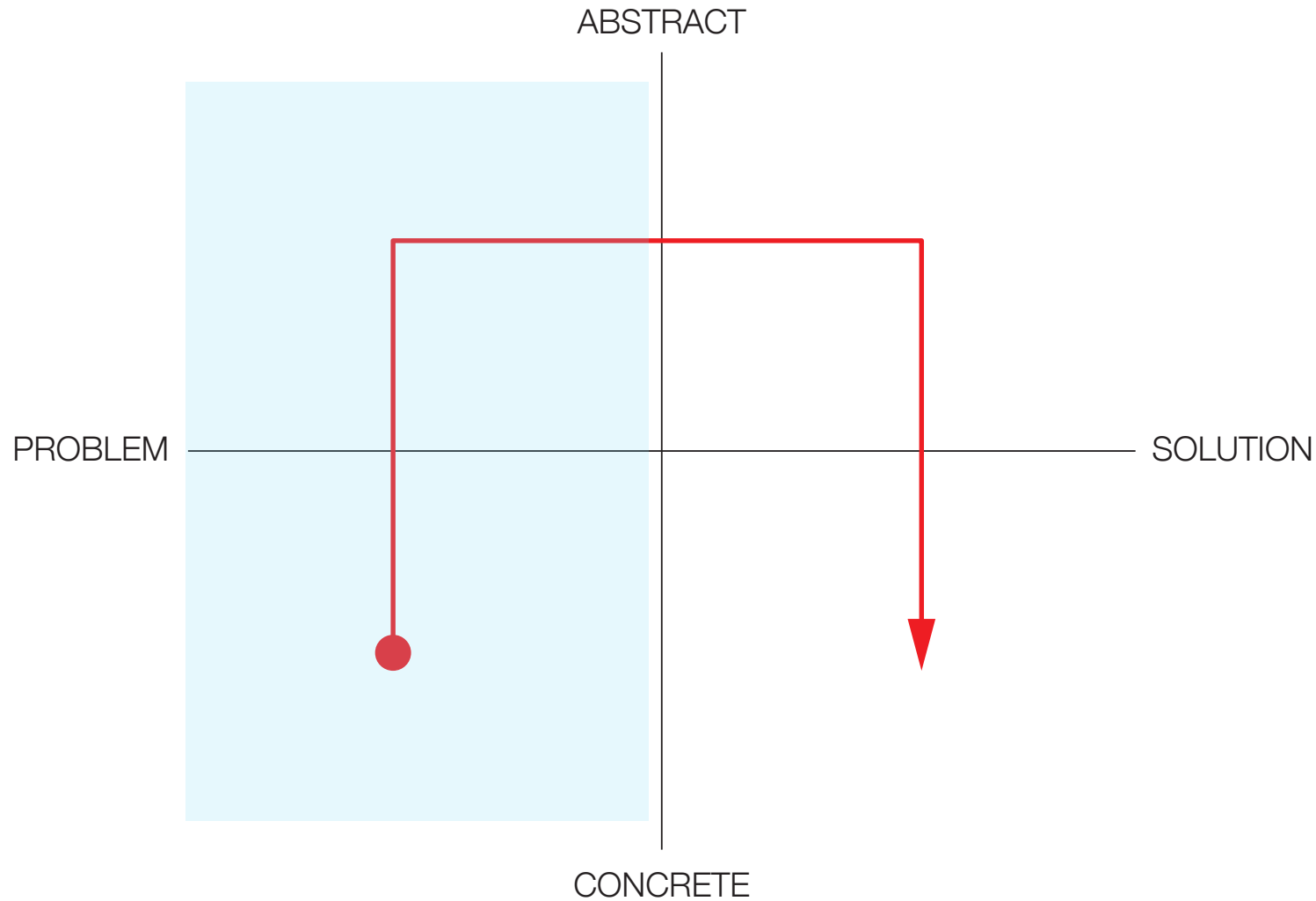
SOLUTION

CONCRETE

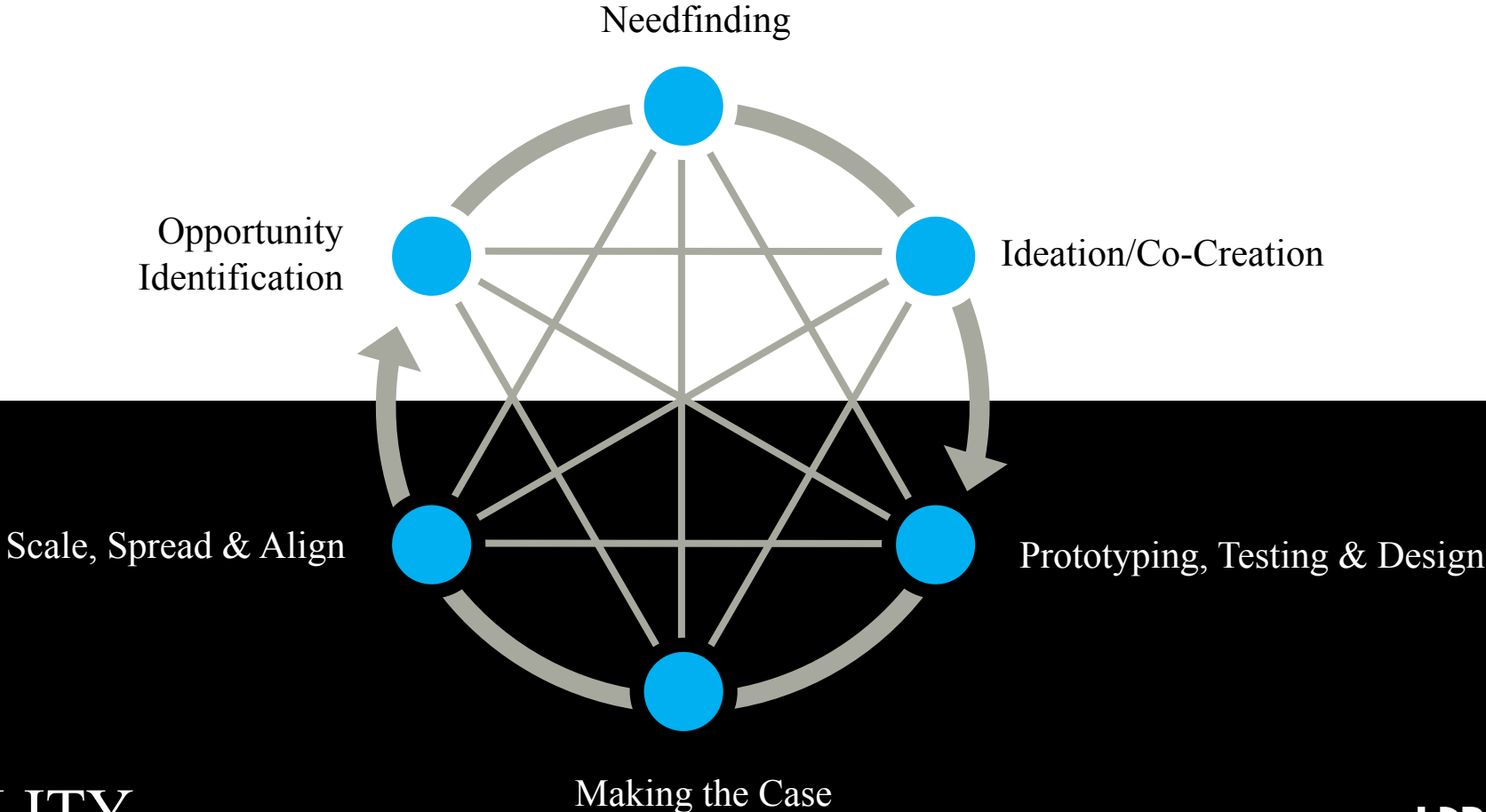








CONCEPTUAL



REALITY

LESSONS LEARNED

Innovation is a
social phenomenon.

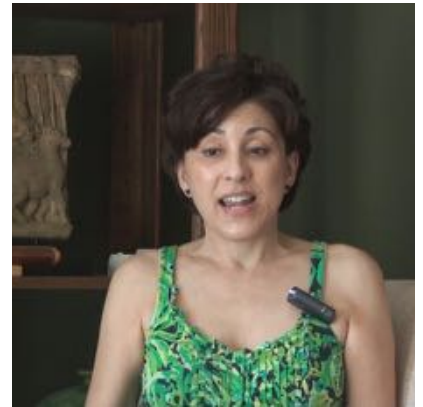
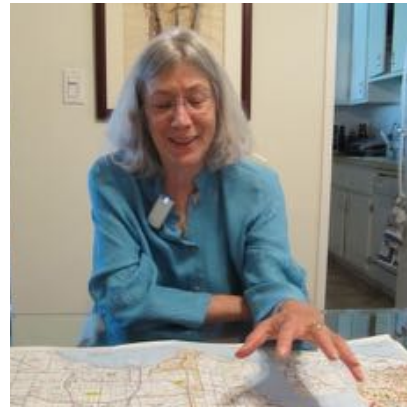
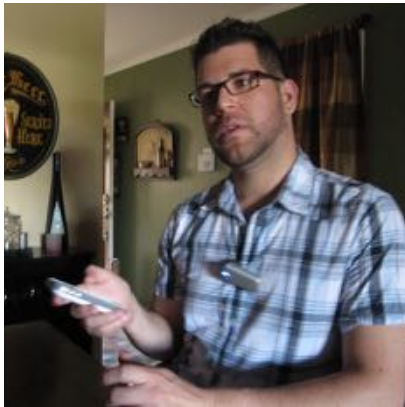
A diversity of thought, experience,
and organizational vantage point is
critical to generating insight.

LESSONS LEARNED

Different perspectives are important.

Insights from outside industries, brands, influencers, the patient, and the context inform transformation.

How does it work?



WORKAROUNDS

DELIGHTS

PERSONAL STORIES

METAPHORS

VOICE & TONE

CHANGES IN BODY LANGUAGE

EMOTIONAL TRIGGERS

COLORFUL QUOTES

PAIN POINTS

WHO

WHERE

WORKAROUNDS

ARTIFACTS

HOW

WHEN

ACTIVITIES

CONVERSATIONS

INTERACTIONS

Conversations with other teachers mostly happen in the hallway.

LEARNINGS

Space for teachers

THEMES

THE SPATIAL NEEDS OF TEACHERS ARE NEGLECTED.

INSIGHTS

HOW MIGHT WE CREATE SPACES IN SCHOOLS THAT ENABLE COLLABORATION BETWEEN TEACHERS?

HOW MIGHT WE?



IDEAS



Here we go...

IMMERSION

Experiential Learning:

How might we
reimagine
waiting?

1 BRAINSTORM

Think of ideas on how to fix waiting from the top of your head.

2 INTERVIEW

Interview a partner about their waiting experiences and begin to see where brainstorming falls short.

3 DIG DEEPER

Develop empathy by really digger deeper into the whys and hows of the user experience.

4 CAPTURE

Look for and develop insights from pinpointing some needs, struggles, and delights from the user.

5 BREAK RULES

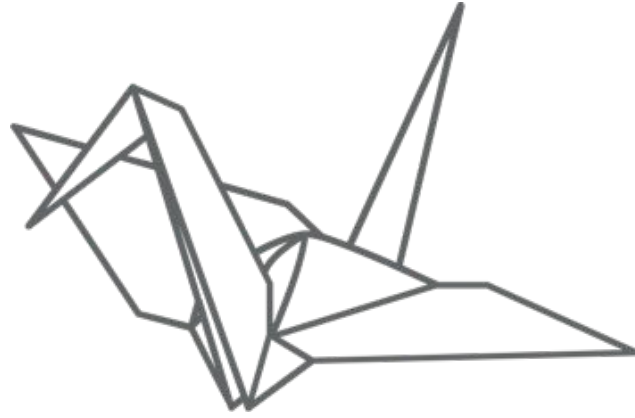
Challenge rules and truisms we accept as fixed or absolute in order to identify opportunities for innovation.

6 POV & HMW

Take a stand and position about what the true problem is and pose questions on how to begin to solve.

DISCUSSION

Q & A



THINK DIFFERENTLY,
MAKE BEAUTIFULLY

HDR



MAKING INNOVATION HAPPEN

Advocate Health System

Northwestern Medicine

Aurora Health Care

Rush University Medical Center

Cleveland Clinic

University of Mississippi Batson Children's
Hospital

Columbia University Medical Center

University of Nebraska Medical Center

Dartmouth-Hitchcock Medical School

University of Pennsylvania Health (Penn
Medicine)

John Hopkins Medicine

Kaiser Permanente

University of Texas MD Anderson Cancer
Center

Mayo Health System

University of Texas Medical Branch

HDR



**THINK DIFFERENTLY.
MAKE BEAUTIFULLY.**

Thank you for participating in our workshop. To download a free step-by-step guide of the methods we shared today, please visit the following URL:

bit.ly/HDRtoolkit

I don't want to be here in the first place, so help me get home faster.

Reduce time spent at every key, non-clinical moment along the way.

EXPERIENCE PRINCIPLE #1: LICKETY SPLIT

Key words: speed, efficiency, timeliness



VIP (Very Important Patient) Check-in

HDR

A FEW MORE TOOLS

ADDITIONAL TOOLS

VALUE PROP MAD LIB

Align perspectives, vision,
and values for a project.

YEAR IN THE LIFE

Understand the patient's journey
over a 1 year span and use it to
dramatically re-imagine their (and
our) experience with them.

IDEA BOX

Generate ideas by exploring new
connections and meanings.

5 E'S FRAMEWORK

Deconstruct the patient journey
and the multiple elements that
contribute to the experience.

PITCH DECK

Build a case to support an
innovative concept so it can be
“pitched” to a party of interest.

MAD LIB

PURPOSE

Align perspectives, vision, and values for a project.

WHEN

At the beginning of the project. It helps tease out the differences, and begins to create a shared purpose.

WHO

Key stakeholders with varying agendas or viewpoints. This is a good time to find consensus.

LOGISTICS

This is best done in multiple small groups, 4-5. Have everyone complete one on their own; Discuss; Create a unifying one.

The [Project of Interest]

is a

_____ product / service

For

_____ target customer

That will

_____ ultimate benefit

Because we

1)

_____ proof point

2)

_____ proof point

3)

_____ proof point

STARBUCKS

is a coffee experience that is "accessible" but feels high-end

product / service

For people willing to spend a little more on coffee & food

target customer

That will transform the coffee market from "commodity based" to "experience based" to increase shareholder value

ultimate benefit

Because we

1) have a consistently high quality product that's tightly managed from harvest to delivery

proof point

2) focus on service, where every customer feels a sense of "intimacy" & "personal connection"

proof point

3) design store environments that feel local and encourage a "stay & linger" mentality

proof point

From

78
individual
thoughts

to

9
group
missions

Tensions & Implications

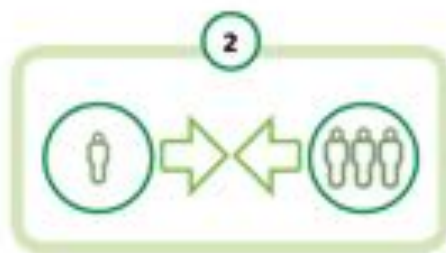


Place of Diagnosis vs Place of Healing

Holistic views of health and increased patient expectations, demands even, are influencing the outpatient experience. Should the environment embody a healing and nurturing atmosphere despite frequent and desired patient turnaround?

IMPLICATIONS:

- Decentralize the "WHERE." Healthcare professionals, including physicians and the entire care team, could have a greater health impact on patients if they build a lasting relationship across their health journey - from diagnosis to beyond.
- Leverage virtual connectivity to continue health and healing outside the walls of the facility. Push interactions to consumers to engage them in health ownership.
- Integrate health services with the hospital where possible to encourage, enable, and inspire cooperative use.



Personalized Care vs Standardized Care

Patients and physicians are consumers, each unique. Growing expectations influenced by today's instant on-demand culture and boutique offerings permeate our lives - how do they permeate our health and care delivery?

IMPLICATIONS:

- Consumers like choosing how and where they receive care as well as who provides it. This preference for personalization extends to how they embed health into their lives as there are significant differences across cultures, ethnicities, and individuals.
- Physicians aim for efficiency and utilization, but also for the interpersonal relationships with patients. Leverage virtual connectivity for relationship building and maintenance with no detriment to flows.



Health & Wellness Focus vs Treatment Based

Health and health care are often separate from the patient perspective, yet, they desire whole health from their care team.

IMPLICATIONS:

- Disease management is changing with the advent of genomics, predictive modeling, and a widespread focus on health and wellness. Physicians will need to learn to anticipate care needs rather than simply reacting to them.
- Patients value healthcare professionals' expert opinions as well as a relationship with them. This provides an opportunity to result in higher value outcome as it pertains to the holistic self: mind, body, spirit.
- Alternative and Eastern practices integrated into care can serve both patients and staff. Partnerships from around the city could foster deeper community connection as well.

Facilitator Insights & Tips

- As you listen, capture themes on post-it notes. These become key trends that you can carry forward in the project.
- Make sure the groups are diverse.
- Avoid the temptation to resolve tensions too soon. Let it breathe.
- Teach to the test, provide an example.
- Words matter.
- Push for specificity.

YEAR IN THE LIFE

PURPOSE

Understand the patient's journey over a 1 year span and use to dramatically re-imagine their (and our) experience with them.

WHEN

If you're trying to identify areas of opportunity to improve the experience. Often this happens in the middle of a project, after interviewing patients.

WHO

Experts in every field are not necessary to conduct the analysis. But it is valuable to have multiple viewpoints represented: nurses, staff, leadership, physicians, billing, registration.

LOGISTICS

It's good to have multiple groups, each looking at a different user type. We've found 5-6 is a good mix.

Jessica 5/20/2015	Jessica 6/2/2015	Jessica 7/24/2015	Jessica 7/24/2015	Jessica 8/5/2015	Jessica 8/29/2015	Jessica 9/2/2015	Jessica 9/2/2015	Jessica 9/9/2015	Jessica 9/14/2015
Purchases Buys What to Expect books from Amazon	Email From KP for PAP reminder	Message Ailed health	Message Mk/IBH	Office Visit OB appointment 34 weeks	Office Visit OB appointment 36 weeks	Office Visit OB appointment 38 weeks	Office Visit Cancelled by patient	Email From OB regarding missing 40 week visit	Phone Call Pregnancy counseling

Jessica 7/1/2015	Jessica 7/12/2015	Jessica 7/24/2015	Jessica 7/29/2015	Jessica 8/26/2015	Jessica 8/27/2015	Jessica 9/2/2015	Jessica 9/2/2015	Jessica 9/14/2015	Jessica 9/18/2015
Office Visit OB appointment 29 weeks	Purchases Buys crib and nursery furniture	Message Ailed health	Social Has baby shower with friends and relatives	Email From KP for PAP reminder	Office Visit Cancelled by patient	Office Visit Cancelled by patient	Office Visit No show (OB)	Hospital Admitted to hospital for birth	Hospital Discharged from hospital

Jessica 9/2/2015	Jessica 9/21/2015	Jessica 9/24/2015	Jessica 9/27/2015	Jessica 10/5/2015	Jessica 10/15/2015	Jessica 10/29/2015	Jessica 10/9/2015	Jessica 11/4/2014	Jessica 2/15/2014
School Goes on maternity leave from school	KP On Call Call from patient	Phone Call Discharge follow-up	Family Files restraining order against father	Email OB responds to concerns about lactation	Office Visit OB appointment	Message OB responds to urgent concerns about maternity leave & work	Email OB responds to urgent concerns about maternity leave & work	Office Visit Patient cancels OB appointment	Office Visit No show to PCF appointment

Jessica 9/23/2015	Jessica 9/24/2015	Jessica 9/26/2015	Jessica 10/1/2015	Jessica 10/26/2015	Jessica 10/29/2015	Jessica 11/11/2015	Jessica 12/18/2015	Jessica 3/21/2014	Jessica 3/21/2014
Call Center Patient having postpartum medical problems	Office Visit OB routine postpartum follow-up	Nurse Visit Postpartum nonpurulent mastitis	Personal care Goes online to research losing pregnancy weight	Office Visit OB appointment	Email OB responds to urgent concerns about maternity leave & work	Email OB responds to urgent concerns about maternity leave & work	Family Grandma starts babysitting daughter	Email Derm responds to acne concerns	Email Derm responds to acne concerns



EXIT

GROUP C | BASELINE JOURNEY

Jessica

The whiteboard displays a 'Baseline Journey' for 'GROUP C'. On the left, there is a profile card for 'Jessica' featuring a photo and text. The main area of the board is filled with several vertical columns of documents, each containing a list of items. A man in a light purple shirt and tie is pointing at one of these columns. The board is decorated with red and blue sticky tabs. In the background, an 'EXIT' sign is visible above a doorway.

Jessica



Reimagined Patient Journey:

GET TO KNOW JESSICA - LIFE & HEALTH

WOMEN'S HEALTH VISIT
 PREVENTATIVE CARE
 PLANNING OF NEXT SUPPORT SERVICES
 - SOCIAL MEDIA
 - APPROPRIATE BY TRAINING/BACKGROUND
 - TRANSITION SUPPORT SERVICES AND THE SUPPORTIVE ROLE OF US

J 2015
 TRANSITION VISIT AT HOME
 CALL OF THE OR VISIT
 PREVENTATIVE CARE
 - GO TO SCHOOL
 - JESSICA'S LIFE
 BEFORE AND NOW
 - CHANGING SOCIAL MEDIA
 VISIT ON THE PLANNING

DEMONSTRATE WE KNOW HER

FEB-AUG
 CONTINUITY OF PREVENTATIVE CARE YEAR
 CARE MANAGEMENT
 TRANSIT SUPPORTIVE SERVICES
 - CONDUCT AT HOME VISITS
 APPROPRIATE TRANSITION SERVICES

PRE-NATAL CARE
 PRE-DIAGNOSIS
 - RU/UP/OR
 - SOCIAL MEDIA
 - BELLEROS-PROB
 - PHYSICIAN, NUTRITION, ETC.
 VISIT GROUP
 - SUPPORTIVE, NOT THE A VISIT
 VISIT ON THE SUPPORTIVE CLAIMS

HOME APPROPRIATE TRANSITION PLAN: CHD, CARE PLAN, APPS, HOME, BOLD CARE

SEPT
 DELIVER HEALTHY BABY GIRL
 PREVENT SOCIAL APPROPRIATE
 TELEPHONE VISIT
 POST DISCHARGE VISIT VISIT
 VIRTUAL LANGUAGE CHECK UP

OCT
 COORDINATE VISIT-PEDIATRIC & WELL-BABY VISITS
 TRANSITION APPROPRIATE
 - SOCIAL MEDIA
 - TRUMP
 - VISITS
 - APPROPRIATE
 - DEPRESSION

GROUP INTERACTION VISIT AND VISUAL
 HOME VISIT BY ADDITIONAL SPECIALIST

NOV
 BACK TO WORK (LAKING)
 TRANSITION BACK TO PCP
 ENGAGE GRANDMA/GRANDPARENTS

Opportunity 1

SHARE TEAM CONTINUITY - PROVIDES THE SUPPORTIVE CARE & LOGS THROUGHOUT THE VISIT
 VISIT CARE PLANING AND DELIVERING PERSONAL FOR THE FIRST TIME AT THE VISIT. THIS IS A BIG OPPORTUNITY.
 CARE IS DELIVERED SUPPORTIVE MAKES PLAN FOR THROUGH THE VISIT.
 VISIT THE VISIT - CARE TEAM RELATIONSHIP IMPROVED.

Opportunity 2

ENHANCE THE DELIVERY EXPERIENCE
 PROVIDES VISIT LOGS AND ALL DELIVER BABY WE ORGANIZE BASED ON PROVIDER PREFERENCE, NOT PROVIDER PREFERENCE - PROVIDERS SUPPORT & EFFECTIVE BY DELIVERY TIME
 PROVIDE LAMINATED VISIT/INFORMATION FROM DISCHARGE VISITORS
 OTHER MULTIPLE DELIVER OPTIONS

Opportunity 3

CLOSE CARE GAPS
 DON'T WAIT FOR NUMBER TO GIVE CARE. ESTABLISH A HEALTHY INTERACTION & PROVIDE GET TO KNOW THE VISIT. THIS VISIT USE THE COLLECTIVE KNOWLEDGE TO IMPROVE THE CARE PLAN, IMPROVE COMMUNICATION, & CONNECT TO SUPPORT RESOURCES.
 GO BEYOND CHECKING THE BOXES WITH QUALITY OF VISITS

OPPORTUNITY 4 - IMPROVE RELATIONSHIPS & IMPROVE THE ACCOUNTABILITY & ENGAGEMENT

How many interactions did you have in the new or original location?	What would you gain in the impact of the new location and opportunities in KPI?	What data do you need to understand the impact?
<p>FORWARD CHALLENGES APPS & SUPPORTIVE MULTIPLE VISITS</p> <p>MORE PATIENT-ORIENTED & VISITORS</p>	<p>IMPROVE CARE TEAM APPROPRIATE COMMUNICATION</p> <p>SUPPORTIVE OR A HEALTHY VISITORS & GENERAL HEALTH</p>	



Opportunities

Care Team Continuity

- Patients see different OBs & nurses throughout prenatal care
- Patient may meet delivering physician for the first time at the hospital
- Care is disjointed, important issues may fall through the cracks
- Keep the patient-care team relations sacred

Enhance the Delivery Experience

- Patients don't know who will deliver baby, based on provider preference not patient
- Private labor, delivery, recovery rooms
- Encourage visitors
- Offer multiple delivery options

Close Care Gaps

- Don't wait for member to seek care, establish a healthy interaction with member
- Get to know the patient, their story. Use this knowledge to improve the care plan, communication and to connect with outside resources

Introduce milestones & metrics for accountability & empowerment

Jessica



CONDITION:

Depression, anxiety, labor complications, abnormal PAP

AGE / STATUS:

28 / Single mother

OCCUPATION:

Elementary school teacher

LIFESTYLE:

Difficult year with new baby and family complications

Avid reader of Sci-fi and Cyber books

Facilitator Insights & Tips

- Leverage physicians to find the patients worth exploring, but don't put that same physician in the exploration group.
- Coupling a patient record and an ethnography is extremely powerful.
- Frame with three components: a need, a context, and a hint of transformation.
- Add people who know the reality but not the patient. It's helpful to dig into the “why” behind the interactions.
- Try the following: combine several interactions into one, use different resources, add new interactions, change the order, remove/replace unnecessary steps.

IDEA BOX

PURPOSE

To generate ideas by exploring new connections and new meanings.

WHEN

After you've identified an opportunity area to ideate upon, and are looking to stretch your solutions beyond the obvious.

WHO

Like other activities, it is good to have multiple viewpoints represented. The biggest skill necessary is an open mind and an ability to challenge the constraints of today.

LOGISTICS

You need dice and a medium group of people (5-10). You can either have one group of people per opportunity area or have multiple groups tackle the same space.

Start with a Problem Statement or Opportunity Area:

How might we replicate a trusting relationship with our patients without a face-to-face visit?

The key to finding a good idea is to first generate a lot of ideas.

Reflect on the problem statement and generate as many ideas as possible in 5 minutes.

Create the Box

Organize the ideas in a framework that makes sense.

For this topic we used: Attraction, Entry, Enactment, and Extension.

Roll the Dice

Assign numbers to the ideas within each column. Roll the dice and reference the combination of ideas. Create a solution that mashes-up these ideas. Repeat until you've generated several good ideas.

5 FACE-TO-FACE AT THE EXHIBITION

A Attraction
ACTIVE/IDENTIFY

- 1
- 2
- 3
- 4
- 5
- 6
- 7

B Entry
"OH, WOW!"

- 1
- 2
- 3
- 4
- 5
- 7
- 8
- 9

C Enactment
DELIVERY

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

D Extension
WOUND-UP

- 1
- 2
- 3
- 4
- 5

Combination

1-3-1-1

1. ...

2. ...

3. ...

4. ...

5. ...

6. ...

7. ...

5

HOW MIGHT WE
ENGAGE PARENTS IN
THE CARE OF
CHILDREN WITH ...?

HOW MIGHT WE
ENGAGE PARENTS IN
THE CARE OF
CHILDREN WITH ...?

HOW MIGHT WE
ENGAGE PARENTS IN
THE CARE OF
CHILDREN WITH ...?

HOW MIGHT WE
ENGAGE PARENTS IN
THE CARE OF
CHILDREN WITH ...?

New Perspective

While several of these ideas won't be worth much, many uncover new possibilities and perspectives on the problem.

How might we replicate a trusting relationship with our patients without a face-to-face visit?

1ST VISIT → VIRTUAL

1. VIRTUAL ORIENTATION
GET-STARTED KIT - HOW TO GET OVER INITIAL ANXIETY OF 1ST VIRTUAL VISIT
2. TRACKING SYSTEM OF VIRTUAL CARE. HOW YOU'RE DOING, HOW YOUR PROGRESS IS GOING.

VIRTUAL, SOCIAL NETWORK SUPPORT GROUPS OF INDIVIDUALS W/LIKE CONDITIONS - SHARING BEST PRACTICES, SUPPORT TOWARDS INDIV. ; CLINICALLY BUILDED GOALS

PATIENT PARTNER IN CARE
↳ SUPPORTED BY REGULAR VIRTUAL CHECK-INS FOR NON-ACUTE CONDITIONS BY CARE TEAM (DOC, RN, PAT. NAVIGATORS)

USE OF SMART PHONE AS DEVICE FOR VIRTUAL VISIT : INTEGRATED REMOTE DIAGNOSTICS
(ALL DATA ON PHONE VIEWABLE BY PROVIDER DURING VIRTUAL VISIT)

Facilitator Insights & Tips

- Make sure you have dice that accommodate the number of ideas you have per column, reduce as appropriate.
- Participants doubt this at the beginning. At the end, it becomes clear why you did it. Push through it.
- To help get people unstuck ask:
 - *What are the attributes of the problem?*
 - *Who is involved?*
 - *Are there analogies of similar models?*
 - *Do any solutions come to mind*
- Use “Idea Catalyst” cards



Eliminate

Can you simplify it?

Minimize
Understate
Separate into parts

Source: Thinkport cards by Michael Michalek

Substitute

What can be substituted?

Who Where
When How

Source: Thinkport cards by Michael Michalek

Reverse

List three assumptions you are making about the subject. What happens if you reverse them?

Source: Thinkport cards by Michael Michalek

Magnify

What might add extra value?
Can you make it:

Stronger More accurate
Faster Longer
More convenient

Source: Thinkport cards by Michael Michalek

Combine

What if you combine it with something else?

Purpose
Functions
Create an assortment

Source: Thinkport cards by Michael Michalek

Combine

Can you combine ideas from another field? Would something else complement it?

Retail Automotive
Fine dining Consulting
Festivals

Source: Thinkport cards by Michael Michalek

Reverse

What are the negatives? Can you reframe them into positives?

Source: Thinkport cards by Michael Michalek

Magnify

Can you make it do more?
Can you find more uses?
What can be duplicated, repeated or multiplied?

Source: Thinkport cards by Michael Michalek

Substitute

Does substituting different emotions suggest any new lines of thought?

Humor Fear
Anger Inspiration
Joy

Source: Thinkport cards by Michael Michalek

Combine

Can you imagine yourself merging with the subject?

How would you feel?
What would you see?
What would it say to you?

Source: Thinkport cards by Michael Michalek

Substitute

Can you substitute someone else's perspective for your own?

Walt Disney A Journalist
A Teacher A Child
A Lawyer Richard Branson
An Explorer Oprah Winfrey
An Artist

Source: Thinkport cards by Michael Michalek

Magnify

Can you broaden your subject? Can you make it more global or holistic?

Source: Thinkport cards by Michael Michalek

Substitute

What would happen if you changed the rules?

Boundaries How to score points
Team composition How to win

Source: Thinkport cards by Michael Michalek

Adapt

Can you make analogies or connections to other fields?

Science the Mall
Religion Law Enforcement
Art the Olympics
Economics Hollywood
Ballet

Source: Thinkport cards by Michael Michalek

Adapt

Can you adapt something from nature?

The Seasons Plants
Animals Insects
Birds Rain
Forests River

Source: Thinkport cards by Michael Michalek

Magnify

What can be exaggerated?
What would happen if you carried it to a dramatic extreme?

Source: Thinkport cards by Michael Michalek

Source:

Thinkpak: A Brainstorming Card Deck
Available on Amazon
Michael Michalko

5 E'S FRAMEWORK

PURPOSE

Deconstruct the patient journey and the multiple elements that contribute to the experience.

WHEN

At the beginning of the project (to dissect the current experience).
Revisit as you discover insights and develop ideas throughout the project.

WHO

You don't need experts in every field but it is good to have multiple viewpoints represented: nurses, staff, leadership, physicians, billing, registration.

LOGISTICS

It's good to have multiple groups, each looking at a different user type.
We've found 5-6 is a good mix.

GROUND IN USER NEED

“The FIVE E’s” Larry Keeley, co-founder of the Dublin innovation firm, developed the Compelling Experience Model. This framework, also known as the 5Es, illustrates how user experience begins before an individual arrives and extends after they depart.

Entice

Make getting to and from this location as efficient as possible.

Give me an overall sense of calming optimism.

Enter

I want to feel the staff was expecting me upon arrival and are ready to serve.

Recognize my emotional status.

Engage

Minimize my anxiety and sense of vulnerability.

Be transparent and inform me about delays.

Give me persistent ways to connect with staff.

Exit

Let me get things I need on my way out.

Don’t make me pay too much for parking, especially if I come here a lot.

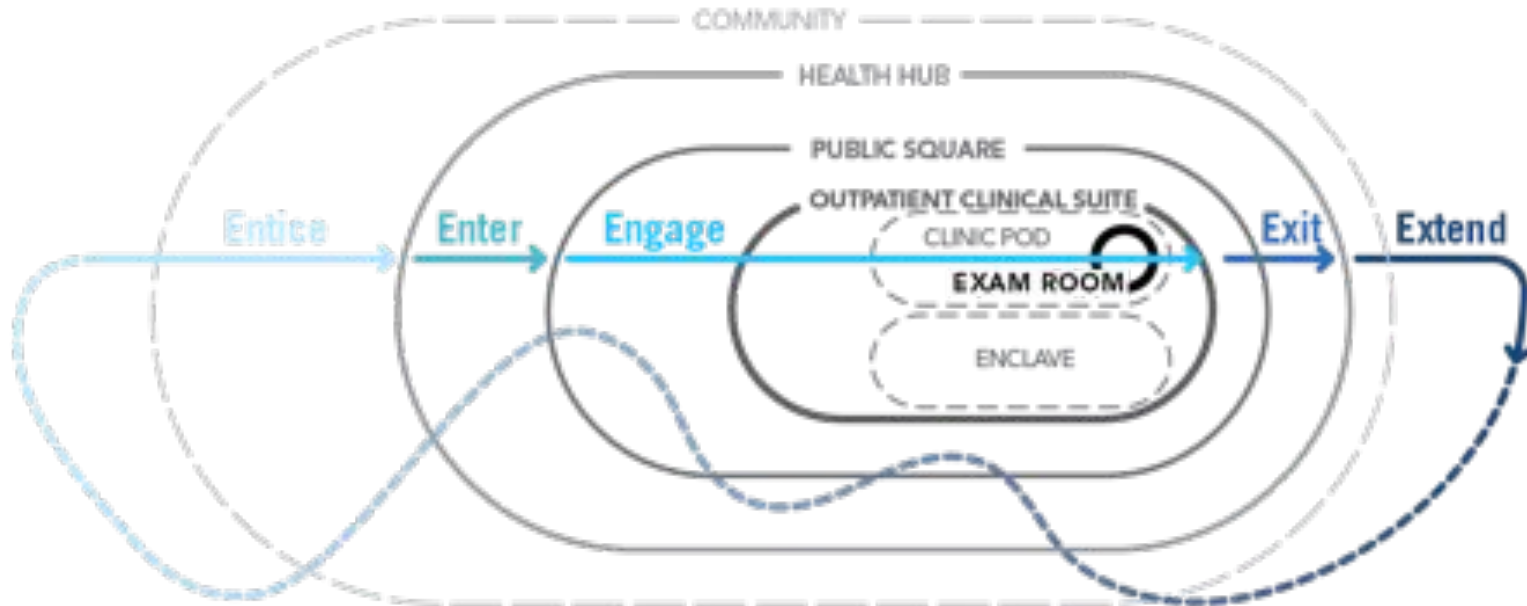
Extend

Reach out and remind me to come back.

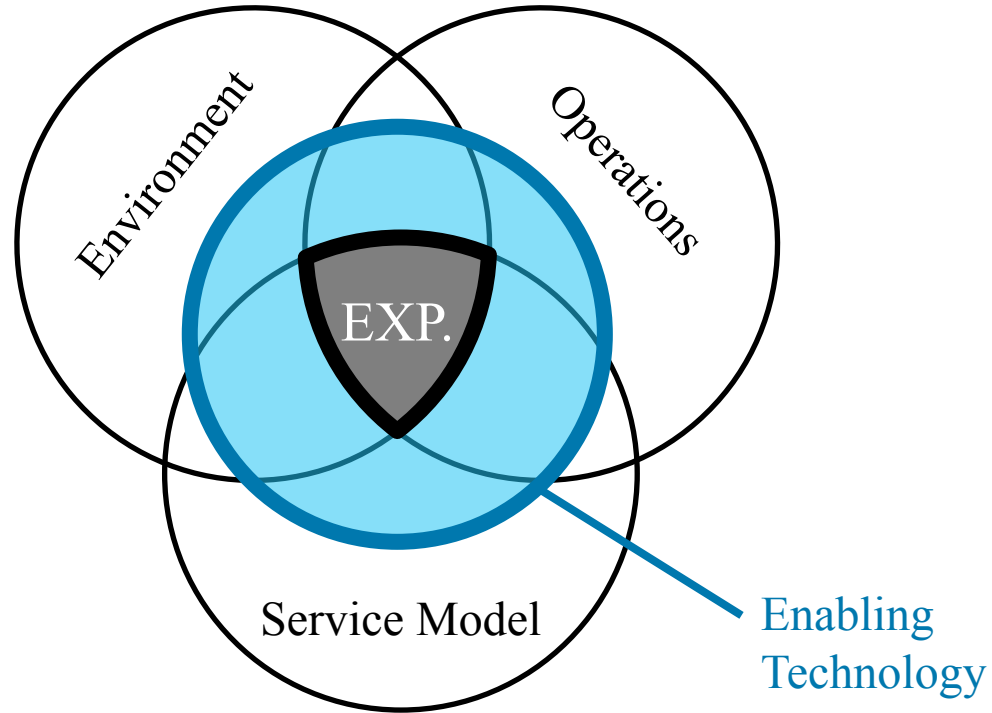
Give me a way to connect to patients like me.

I need support for wellness.

CONSIDER THE ENTIRE EXPERIENCE



SOLVE AT EVERY LAYER



Facilitator Insights & Tips

- Contrast what already exists against what an ideal experience should be.
- Bridge together several innovative ideas so they feel like a single continuous experience
- Scale to different levels of experience: from describing the engagement with radiology to dissecting the overall journey through a medical facility.
- Keep it simple: identify key touch-points, not an exhaustive inventory of every detail.
- Begin with the outcome in mind then list the touch-points to achieve this objective under categories such as environment, artifacts, people, technology.

PITCH DECK

PURPOSE

Build a case to support an innovative concept so it can be “pitched” to a party of interest.

WHEN

Towards the end of a project: you’ve already identified the need/opportunity area and developed the layers of the concept and it’s time to get resources to make it happen.

WHO

Individuals who are passionate about the concept and able to think through the necessary details and add depth to the idea.

LOGISTICS

This takes time and preparation. We found an approach that works well over a 3 day period, but there are a lot of logistics running in the background.

To Begin

Start with a fairly robust concept and build a story. There's a formula that venture capitalists follow... it sounds a bit like the pitches in the TV show "Shark Tank."

Setting up a “Shark Tank”

- Evolve six concepts to a high level of refinement and completeness.
- Evaluate concepts with patients and consumers.
- Develop and capture concept pitches.
- Collect feedback from participants and the Shark Tank panel.

Day 1

Times	Activity
9:00 – 10:30	Consultant Pitches
10:30 – 10:45	Team Selection
10:45 – 11:00	Show Pitch Video Example
11:00 – 11:30	Mud Slinging 1
11:30 – 12:00	Mud Slinging 2
12:00 – 12:30	Solution Review
12:30 – 1:00	Lunch
1:00 – 1:30	Slide Deck Component Development 1
1:30 – 2:00	Slide Deck Component Development 2
2:00 – 2:30	Storyboard Revisions
2:30 – 3:00	Rehearse (3x) Write Concept Summary

Day 2

Times	Activity
9:00 – 10:00	Consumer Evaluation #1
10:00 – 11:00	Consumer Evaluation #2
11:00 – 12:00	Consumer Evaluation #3
12:00 – 1:00	Consumer Evaluation #4
1:00 – 2:00	Consumer Evaluation #5
2:00 – 3:00	Consumer Evaluation #6

Day 3

Times	Activity
9:00 – 9:45	Watch Consumer Evaluations
9:45 – 10:30	Process Consumer Feedback
10:30 – 11:00	Develop Visuals
11:00 – 11:30	Share Pitch with Another Team
11:30 – 12:00	Revise & Rehearse
12:00 – 12:30	Lunch
12:30 – 2:30	Shark Tank
2:30 – 3:00	Debrief

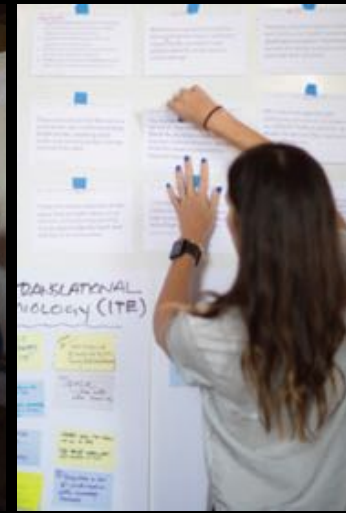
Mudslinging:

Present the concept in its rough state to the group. Have them note any criticisms about the concepts. What doesn't work or make sense?



Improve It:

Take the criticism and address the issues, leveraging external research and additional ideation.



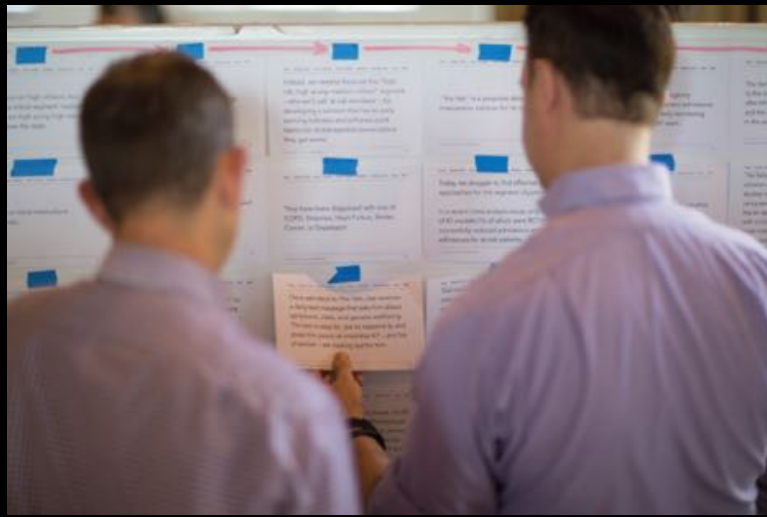
Test It:

Bring the refined concepts to users. Present the concept and get their feedback. Does it make sense? Would they use it? How?



Develop the Pitch:

Share the user videos with the rest of the team. Integrate the user perspective into the concept. Develop the pitch using the framework.



Pitch It:

Present the concept to a panel of “sharks” (a group of industry experts with diverse viewpoints) and the rest of the participants. Use their feedback to finalize the concept and ideally take it to implementation.

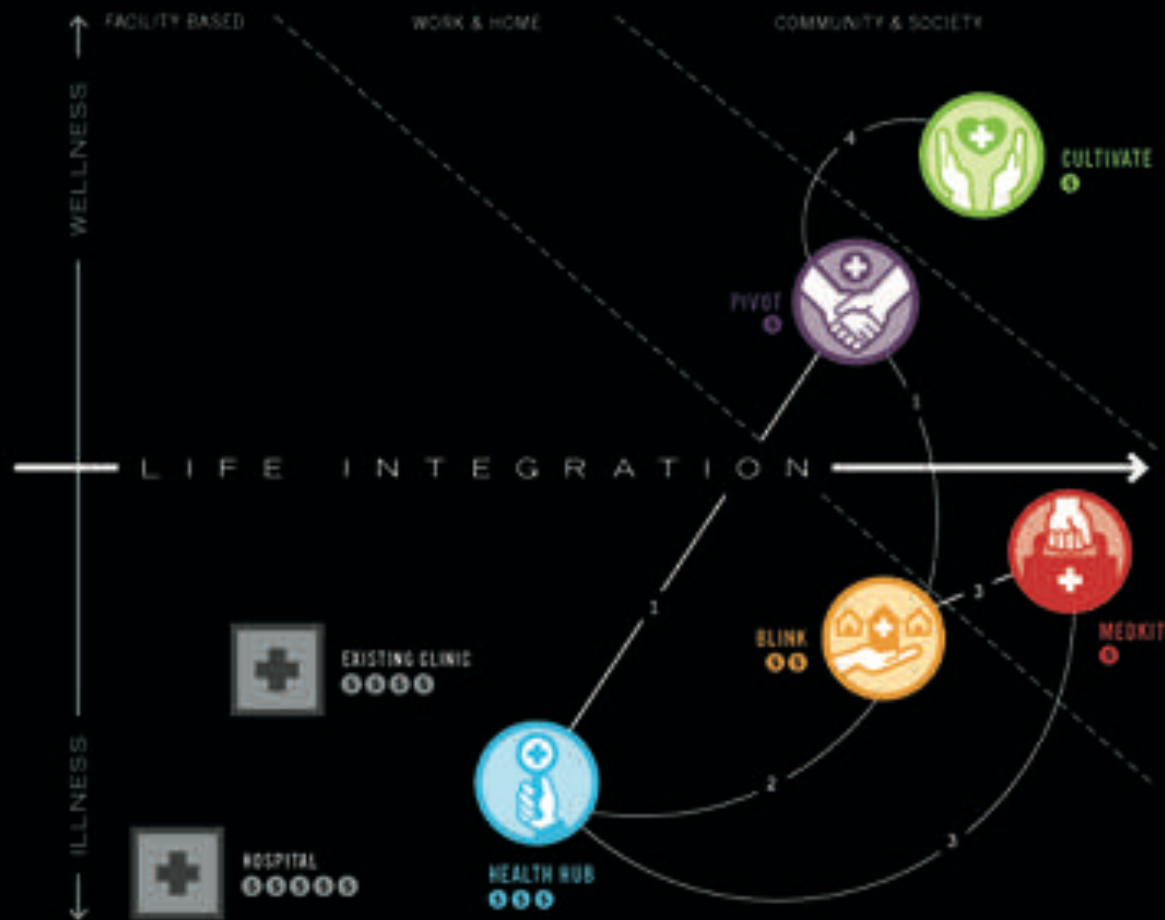


Facilitator Insights & Tips

- This happened over 3 days. That's kind of remarkable.
- The pitch should flow, inspire confidence and action:
 - *Be short and clear*
 - *Exciting*
 - *Informative and credible*
 - *Memorable*
 - *Finish with a clear ask*
- Use stories about personal experience
- Don't underestimate the amount of planning required
Scheduling and coordinating user interviews is difficult, but worth it.
- Know the audience and adapt details.
- Rehearse, rehearse, rehearse



HYATT®



This diagram illustrates the concept that RAD platforms build upon and integrate with KP's existing delivery system and each other. Platforms with high levels of Life Integration are 24/7, close to where members live and work, provide peer-to-peer interaction, and engage with existing community structures.

The diagram shows the following specific linkages among the platforms:

1. Wellness content, intake, referrals and marketing
2. Telemedicine and member health information through Health Connect integration
3. Routing of members to appropriate venues, member communication and opt-in data sharing
4. Leaders and services to and from the community at large



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BRIDGING WORLDS

THE FUTURE ROLE OF THE
HEALTHCARE STRATEGIST

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