Shelley Hoff

Portfolio

Project Examples

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Best-In-Class Financial Experience

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Excellence in Cancer Care – Prevention and Suspicion

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Innovation and Design Community of Practice

01

Best-In-Class Patient Financial Experience

The following slides are portions of the final deliverable from this project including:

+ *Project Approach*
+ *Vision Statement*
+ *Ideal State User Journeys*
+ *Design Principles*
+ *Patient Input Insights*
+ *Product Proposal and Patient Feedback*

In this six-month engagement, I led an interdisciplinary core team of 12 and an expanded team of 20. The goal of the project was to improve the overall patient financial experience at Kaiser Permanente. This includes understanding benefits and choosing a plan, paying for care and coverage, utilizing financial benefits, getting assistance if needed, and resolving unpaid debt.

As the lead on this project, I was responsible for defining the project phases, leading team meetings and directing work, connecting with leadership to present content and gather feedback, developing and leading a series of workshops with the expanded team to drive ideation, roadmap, and north star vision development. Additionally, I led the work to synthesize information and develop new products and services as well as a proposed organization structure to support the ongoing work needed to realize the new patient financial experience. I also developed a screener and questionnaire to gather qualitative feedback on the current patient experience as well as feedback on proposed services to improve the financial experience.

Overview

Project Approach

3 phases of human-centered experience design and strategy:

1 Understand

Uncover insights, build empathy, and reframe opportunities.

Insights Summary & Opportunities
Review research and data; synthesize into key opportunity areas

Arduous Journeys
For each opportunity area, create a detailed worst-case journey that describes all the touchpoints and conditions

Internal Ethnography
Conduct interviews with CSRs, for more detailed descriptions of staff and member experiences

Overview System Map
1:1s with component owners to create an overview of current state and map of the experience system

2 Imagine

Co-create and prioritize potential solutions.

Blue Sky System
Design the future state system map that reflects the prioritized products

North Star Experience
Co-design with the core team the ideal state experience to address each arduous journey

Strategy & Roadmap
Map ideal state to current projects (inc. KPD), develop near and long-term roadmaps with priorities and dependencies; package with design principles, vision, and other strategy components

3 Demonstrate

Develop and test potential solutions, evaluate fitness for KP and end users.

Member Test
Test potential solutions with members and staff for input

Documentation Package
Collect project documentation and create executive summary and pitch deck

October 2023 — April 2024

Core Team

Member Services Program Manager
Rev Cycle Management Lead
Rev Cycle Management
Member Services Customer Care
Rev Cycle Management IT
Marketing
KP Digital
Rev Mgt

Experience Design Team

Garfield Innovation Group

Shelley Hoff, *Sr Experience Designer*
Studio Director
Sr Experience Designer
Project Manager

Vision Statement:

KP will define what the best-in-class patient financial experience is and position ourselves as an innovative leader. We will ensure the financial experience is no longer a barrier but a supportive partner in each member's journey to better health.

By taking cues from other industry leading companies, KP can reimagine a radically different experience for providing financial resources and support to members.

Utilizing new technology, better interfaces, and reimagined processes the experience will:

+ Provide **compassion** and **accuracy** with each financial interaction.
+ Deliver **transparency** so members are always informed and understand what they owe.
+ Leverage **foresight** to meet member's needs upstream and tailor information to fit their personal circumstances.
+ **Empower** our teams to do their best work and quickly resolve issues.

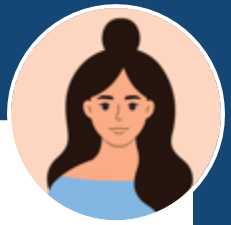
These behaviors and commitments will result in:

+ Service cost never being a barrier to care, including fewer delays and better compliance.
+ Trust built with members and the market—retaining and growing our membership.
+ Reduced downstream costs due to making corrections, answering questions, and addressing complaints.
+ Breakdown of siloes and creation of more efficient and effective systems and teams.

Ideal Journey

Developing ideal user journeys help bridge the gap between the overarching strategy and future possibilities. They articulate a vision for the end-to-end user experience, identifying pivotal moments along the user journey where innovative concepts can be introduced to generate value and drive meaningful outcomes.

In this section we have included two ideal journeys that have incorporated new concepts to reimagine some of the most arduous experiences our members face.



Jeanie

Jeanie is seeking mental health support for the first time and needs to navigate services and payments with an external provider.

PRODUCTS EXPLORED

Cost Estimator Tool, Care Journey Budget Planner, Monthly Dynamic Statement

Stephen

Stephen is facing an urgent medical need that he is unable to pay and must find immediate financial assistance to help cover costs.

PRODUCTS EXPLORED

Financial Assistance Homebase, MFA+, Financial Need Flag/ Button/ Outreach, Member Account Managers

Jeanie

AGE
29

CITY
Oakland, CA

RELATIONSHIP
Single

JOB
Research Ops at Tech Company

Jeanie is a young professional, who's new to the area and lives alone with her cat, Oscar. Despite being with KP for a couple of years, she's only visited the doctor once or twice for an annual check-up.

+ Jeanie has always opted for employer-sponsored health plans and has been content with her benefits, primarily because she hasn't required more than the basic annual visits or occasional urgent care.
+ As a digital native, she appreciates the capabilities and user-friendliness of the KP app, which she hasn't needed for anything beyond managing her preventive care.
+ Jeanie has recently faced consecutive hardships, including the loss of a loved one, leaving her feeling alone with her thoughts and in need of help.

KEY PRODDUCTS

Cost Estimator Tool, Care Journey Budget Planner, Monthly Dynamic Statement

1 Setup

Jeanie has faced an incredibly tough year, grappling with the loss of a loved one and relocating to a new city for work. Without the usual support from family and friends nearby, she's feeling increasingly isolated. Realizing the need to talk to someone, she's concerned about the financial aspect of therapy and uncertain about her insurance coverage. Fortunately, she recalls noticing a **cost estimator tool linked directly to her specific plan and benefits in her health insurance welcome package.**

2 Cost-Estimator Tool / Care Journey Budget Planner

Jeanie decides it's time to take action. She opens her laptop and accesses kp.org. Spotting the cost estimator tool in the sidebar, she clicks on it to delve into her mental health benefits. With a simple click, she expands her view to unveil a **Mental Health Journey Plan, detailing the number of therapy visits covered by her plan and the projected costs over time**. Additionally, the tool highlights supplementary services and prescriptions frequently utilized by other members to enhance their mental health and well-being. All costs are listed for in-network Kaiser Permanente providers, with an option to view expenses for out-of-network care providers as well.

3 Making Appointment

Jeanie feels a sense of relief seeing that her plan covers all of these mental health services. At the bottom of the mental health journey plan, she sees the mental health services number to call for an appointment. A friendly staff member helps her book an intake appointment and **they share additional information about her coverage and costs.** They also let her know that **all of this information will be in the Mental Health Journey Plan dashboard on kp.org, and it will automatically be updated when she makes additional mental health appointments.** She's encouraged to call back with any questions or concerns that come up.

4 Intake Call / Authorization

The following week, Jeanie gets on her intake call. Unfortunately, she learns that there are currently no available KP therapists in her area. The KP staff sends a list of referred therapists who are taking new patients to Jeanie's kp.org dashboard. They **inform her that the external provider must be authorized by KP to be covered and walk her through the process.**

A week later, Jeanie receives the authorization letter. It includes **guidance on what to expect when getting services from the external provider, her coverage,** and notification that she'll be able to view an **updated cost estimate in her mental health journey plan** once she starts making appointments.

5 Conclusion

Jeanie has her first appointment with the external provider, and she feels that this therapist is a great match. She continues to see them for the next several months. She regularly checks her **dynamic monthly statements that clearly lay out her current costs, benefits used to date, and how many covered therapy sessions she has left.**

She's amazed at how easy it was to use understand her coverage for therapy and makes a note to explore more of her wellness benefits through the Care Journey Budget Planner tool. Jeanie is feeling supported and assured she's on the right path to feeling herself again.

Building Out the Ideas

The team executed an extensive process to build a portfolio of products that address members' financial needs, but also go beyond pain points to create a best-in-class experience. This process included rounds of brainstorming, idea development, prioritization, reconciling new ideas with existing ones, getting feedback from members, and then eventually putting it all together in 3-year roadmap.

This section include the output from that process, and it details the 24 high priority products that were narrowed down into 14 products on the final roadmap.

Building the portfolio started with developing a set of design principles to provide a framework for aligning ideas with goals and ensuring clarity and coherence across the products.

Accelerate

Solutions should solve member issues as quickly as possible. Reducing the amount of time it takes a member or employee to solve an issue will improve the overall experience and increase confidence in the system.

Upstream

New offerings and services should address needs for members in a proactive not reactive way. Upstream offerings allow members to plan for future needs and understand costs for services ensuring patients never delay care due to costs.

Transparency

Provide members with as much information related to a process as is appropriate. This information should be provided in the context of a situation so a member can easily understand the information and doesn't become overwhelmed with content that isn't relevant to their current situation.

Prevent

Member Facing: Every interaction is an opportunity to educate and solve the root cause of a problem. By digging deeper to understand the cause of member behavior or confusion, we can prevent future issues and provide a better overall experience for the member.

Internal to KP: When solving for pain points or updating a process, we should make every effort to understand and solve the underlying cause and develop systemic solutions.

Consolidate

Member Facing: We provide too much information with very little guidance on how to access or use it. Members feel overwhelmed and are unable to locate the information they need without staff assistance. Providing just enough or the right information for a solution is key.

Internal to KP: The number of tools and processes we ask our staff to use o assist members are numerous, with some staff using up to 7 disparate systems. This complicates customer services and creates opportunities for information to be recorded incorrectly or not at all. New solutions should consolidate the current number of tools or utilize existing tools.

Empower

Member Facing: The system that we develop should help guide the behavior of our members to ensure they get the most out of our system and behave in ways that help us collect fees for services.

Transparency around processes, timing, expectations, and information that is easy to find helps members feel in control and enables them to engage and complete steps related to their financial journey.

Internal to KP: Staff should be able to easily access the information they need to assist members and have the motivation and authority to resolve issues.

Member Input

Members' evaluated the product ideas, providing additional insight into their priorities and how these products did and didn't deliver. Additional member input including concept testing, co-developed, and UX testing should continue in subsequent phases.

Reception to new products is generally positive.

+ Some members expressed excitement about the tools but with a sentiment of "this isn't for me or my current situation".

Tools that adapt to different skills and formats are important.

+ Many members noted the need for tools beyond digital, but often not for themselves.
+ Several members shared they prefer paper docs for record keeping and information intake.
+ Members noted the need for a contact number for support to be included with the products.
+ Some members felt overwhelmed by the amount of information it might be possible to access, ensure we are giving people the opportunity to right size the information.

General sentiment of the unknown around the billing process in general.

+ "A bill shows up and I just pay it"; "It's all behind the scenes".
+ "Worst part is that [you go in] without knowing [the final cost], it's not equitable […] you come home. Weeks go by and pow, what's this in the mail? It's hard to plan financially."

Members are looking for simplicity in information tools.

+ "Got the manual "it's too thick", can we have a chart that shows this year vs next year?"
+ "The website is so vast that it's unusable in many ways."
+ (On the new product ideas) I like how things are simplified and obvious. We miss information available to us when it takes too many steps."

Regular costs are expected and manageable.

+ Copays and monthly costs like premiums feel ok since they are largely static and predictable.
+ Surprise or additional costs become an issue, especially when people haven't been able to budget ahead of time.

Ancillary services are confusing, and costs feel opaque.

+ Dental and other ancillary services feel like a difficult area.
+ Members struggled to find cost and coverage information before engaging with these services.
+ Access issues make this an especially tricky area. Many members reported dissatisfaction with access to ancillary services. Combined with issues related to costs this creates added frustration and confusion.

Proposed Product

7 Year End Review

Problem

Members only have a vague sense if they have the ”right” plan for their situation. Others don’t really know the value they receive from their plans.

Description

A year-end financial insights summary based on the services received for the plan year. Insights will include benefits utilization, costs by category, OOP costs, and how financial assistance was applied. The information is presented visually and by member or guarantor. Additional tools help members budget and select insurance plans for next year.

Capabilities

+ Summarizes all financial activity for calendar year-to-date
+ Shows activity in different ways (filter & sort) to address specific questions (e.g., What were my drug cost for the year?)
+ Helps members chose the best plan for their situation

Experience

A few weeks before a member’s renewal, they receive a link to a year-end financial statement like what they might receive from a credit card or investment services company. The link is to a unique view in the dashboard. In this summary view the member reviews their costs for the year and their use of their benefits (e.g., did they use the annual check-up benefit). The costs can be filtered and sorted by several different parameters and a tax summary is included for those who deduct medical expenses. Finally, the member checks the plan comparison section of the summary to see how their costs would would vary by different plan types.

Dependencies

Key integrations

+ TBD

Roadmap products

+ Redesigned Cost Estimator Tool
+ Care Journey Budget Planner
+ Support Center Tools
+ Application Redesign
+ Financial Assistance Program Enhancements
+ Financial Need Flag
+ Proactive Assistance
+ Financial Content Design Guide
+ Redesign Service & Cost Related Communications

7 Year End Review

Member Feedback

Several members already do a version of this analysis themselves and were excited to have a more robust, automated summary of insights of their year.

Considerations:

+ **Many members recognize that KP already has all of this data and welcome the additional insights.** Familiarity with other companies or services conducting a similar year end analysis (e.g., Spotify, Costco) made it easy for members to see the value in this type of analysis of their healthcare spend. Some use it for taxes and some do want the evaluation of their current plan selections.
+ **KP's intent to benefit the member needs to be upfront and clear.** Some members felt the insights were unnecessary (e.g., they don't need it for taxes) or that it was too much added information that felt more likes a sales opportunity than a helpful aid in more economical plan selection and financial planning.
+ **We should recognize the range of comfort with this type of analysis and insights.** Although these insights could be beneficial for most members, one member discussed how her parents would be unable to take action on these insights and suggested different thresholds could prompt an agent to reach out and help members take steps that could save them money.

"Love this; just did taxes and having everything at year end in one place is really nice."

"Great. Anytime someone can save money this should be highlighted."

"As I'm changing and getting older, the HSA is high pay and low usage; I'm going to have to transition to going to a doctor a lot more. Would be helpful to take into consideration of when I can start transitioning – can you give me guidance? How do I make that decision and when?"

"I mean, at some point, too much is too much, but I want the information I need to make a decision and I don't want a ton more information."

02

Excellence in Cancer Care Prevention and Suspicion

The following slides are portions of the final deliverable from this project including:

+ *Executive Summary*
+ *Experience Spotlight – Areas highlighted as high need by study participants*
+ *Specific Needs within an Experience Spotlight*
+ *Current State Journey Map with Moments That Matter and Improvement Recommendations*

In this four-month engagement, I led a three-person design team to understand the current cancer screening and prevention process. This team was one track of a larger project that addressed cancer care at Kaiser Permanente. The goal of the project was to understand the clinician and patient perspective of end-to-end cancer screening and treatment journey, identify moments that matter on the journey, and develop products and services to improve the patient experience related to concern care at Kaiser Permanente.

As the lead on this track of work I was responsible for leading team meetings and directing work, connecting with project leadership to present content and gather feedback, developing a screener and questionnaire to gather qualitative feedback on the current patient and clinician experience, identifying top needs, mapping the current state and highlight moments of improvement. As a final phase, under my leadership, the team developed a series of opportunity areas with potential solutions to implement.

Prevention begins with a shared understanding of risk.

A frank conversation with members about cancer risk opens the door to smoother screening and diagnostic testing processes. The foundation of a shared (member-care team) risk perception can improve experience, engagement, and early detection potential of screenings, diagnostic care plans, and specialist hand-offs. Pairing this foundation with an information system that allows for member-care team visibility and well-structured, personalized information can remove friction, anxiety, and coordination concerns from the cancer prevention and suspicion experience.

Experience Spotlights & Needs

+ Insights from member and provider interviews with associated needs and supporting interview quotes:
  - Internalizing Screening, Not Just Doing It
  - On the Same (Risk) Page
  - Standardized Screening Documentation, Personalized Screening Plans
  - Bringing Agency to Waiting
  - All the Info, All the People, All the Time

Current State Journey

+ Visualized journey map of the current state experience with “moments that matter” and associated opportunities marked.

Experience Requirements

+ Actions and processes that enable the member experience, stemming from experience insights and needs. Initial prioritization and clinician / member / both categorization.

EXPERIENCE SPOTLIGHT

4. Bringing Agency to Waiting

During waiting periods after diagnostic testing, members can feel left in the dark without a clear understanding of the process moving forward. Anxiety may peak when viewing test results prior to the PCP viewing or without clinician guidance to understand the implications of the results. Patients who perceive their risk as higher are often seeking to exert some form of agency during waiting periods.

There is an opportunity to fill the "in-between" space with options for patients to regain some sense of agency in the process. This may be something as simple as prompting them to indicate outreach preferences (call/email, timing, etc.), or leaving a clear point of contact and messaging system for concerns. It could also include providing potential next steps in the care plan and prompting the member to review those steps. Agency could also come in the form of information and a clear understanding of what is happening "behind the scenes" while they wait.

A clear indication that something is happening; lab tests being processed, PCP consulting with a specialist, etc., can help reduce anxiety and help the member feel empowered during the process.

This moment of agency could also be prompted at specific points where anxiety is highest, such as when and individual is notified of test results in KP.org.

Needs

A. Completing the Care plan for Member to Review

Care plans should clearly indicate the current and next steps a member will experience. These plans, as much as possible, should be free of technical language and be written in a way the member can understand. We should be prompting members to review their visit summaries and care plan.

B. Providing options for outreach preferences

During times of high stress and anxiety, especially when a potential cancer diagnosis is possible, we need to consider how people like to take in and process information. By allowing a member to provide their preferred way of getting information we are creating a space where they can more successfully process information.

C. A clear point of contact

During a diagnostic process that involves multiple clinicians, members may not understand who they should contact if they have questions or concerns. Clearly indicating who they can reach out to during the process is key.

D. Providing options at the right moments

When a member needs to take action (schedule a test or appointment, follow up with a clinician, etc.), it should be easy and intuitive to do so. The option or tool should be easy to find in the moment.

E. Providing Visibility into the Black Box

Showing the steps of the process that are happening behind the scenes – test processing, specialist consult, PCP notification, etc. helps the member understand why they are waiting. If the member doesn't know what is happening and why it is taking so long, they can feel deprioritized and become anxious that nothing is happening to further the process.

Wendy, 79

"I didn't want to wait. something that is in a realm of life and death, I don't want to sit around wondering. I was very aggressive about finding out what kinds of tests need to be done. If you do not ask, you do not get."

Brooke, 72

"I've only met my primary care doctor once. Every time I email her, she's out of town."

"if you have an issue, and you need to see somebody right away, it's really confusing what to do"

KP Physician

"We need to communicate what is happening behind the scenes to keep things moving. Sometimes a patient is really thinking "when do I get a chance to ask more questions?" getting their work done and tests done is one thing, but the opportunity to get an understanding of what they are doing is really what they are looking for"

KP Nurse

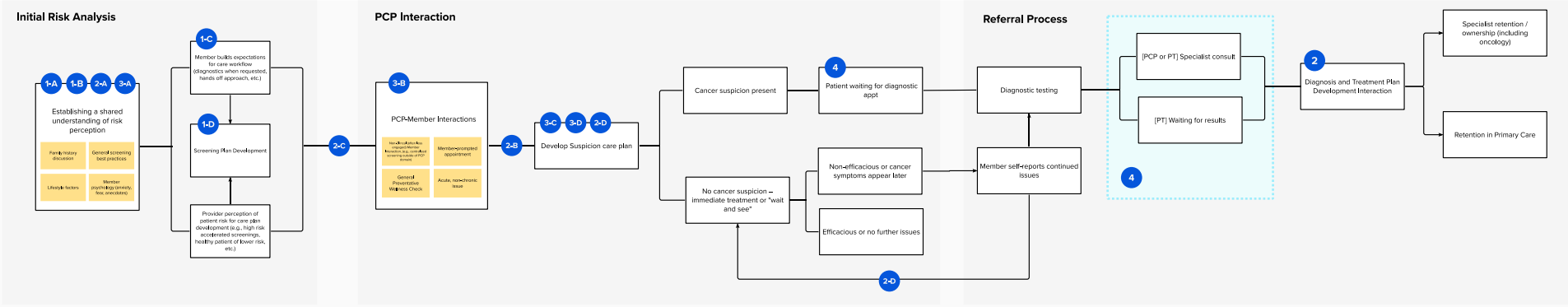
"Healthcare is a lot of giving people hard information and having to sit with people in uncertainty when things are still in process."

KP Physician

"even if we have all of these processes and the nurse navigator, ultimately comes down to the patient. because if someone's missed this follow up or surveillance appointment that doesn't get flagged in my system. There's no way for staffs to reach out to give patients a reminder unfortunately. So, we do have a lot of people that kind of get lost to follow up and then they come back way later with like a massive tumor"

Current State Journey Map

Link: Current State Journey Map



1 Internalizing Screening, Not Just Doing It

2 On the Same (Risk) Page

3 Standardized Screening Documentaiton, Personalized Screening Plans

4 Bringing Agency to Waiting

5 All the Info, All the People, All the Time

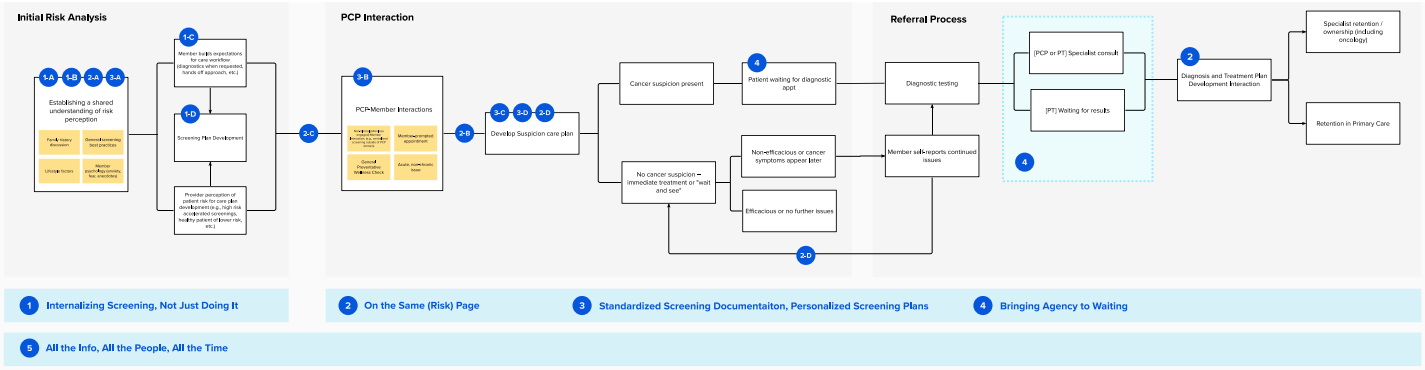
Key

Key Experience Moments

Current Experience Flow

Inputs

Moments that Matter



Experience Spotlight	*Moment*
1A & 2A	Pre-screening risk alignment should happen before a screening plan or other care delivery occurs. This should involve a frank discussion around risk.
1B	After pre-screening alignment, we have an opportunity to capitalize on motivation and generate behavior change that prompts screening engagement
3A	Standardized documentation of member risk should occur early and carry on continuously through the member prevention journey
1C	After risk has been aligned and a screening plan has been developed, we need to provide a smooth on-ramp to screening

Experience Spotlight	*Moment*
1D	After the screening plan is developed, we need a follow-up moment to ensure that information is retained and properly processed
2C	Prior to the PCP interaction, we should be ensuring that proper identity- and culture-specific resources are made available, and the member is matched to the most aligned PCP possible
3B	The outcome of the risk alignment discussion should be easily and intuitively translatable into KPHC and the personalized member screening plan

03
Member Benefit Experience

The following slides are portions of the final deliverable from this project including:

+ *Problem Area Summary and Need Articulation*
+ *Current State Summary*
+ *Proposed Future State with Governance Recommendations*
+ *Ideal State System with Internal and Patient Facing Tools and Product Feedback*

In this four-month engagement, I led an interdisciplinary core team of 8 and an expanded team of 45. This project focused on creating new processes and services to improve. This includes understanding benefits and choosing a plan, paying for care and coverage, connecting with and utilizing financial benefits, getting assistance if needed, and resolving unpaid debt.

As the lead on this project, I was responsible for defining the project phases, leading team meetings and directing work, connecting with leadership to present content and gather feedback, developing and leading a series of workshops with the expanded team to drive ideation, roadmap, and north star vision development. Additionally, I led the work to synthesize information and develop new products and services as well as a proposed organization structure to support the ongoing work needed to realize the new patient financial experience. I also developed a screener and questionnaire to gather qualitative feedback on the current patient experience as well as feedback on proposed services to improve the financial experience.

Executive Summary – Member Benefit Experience

Members' benefit experience is the process of seeking and understanding benefits information in response to specific care needs or coverage changes, as well as managing any benefits issues that arise.

Members desire simple, consistent, mostly self-service tools to help guide them through use of their coverage. However, the **current experience is disjointed and inconsistent, with conflicting information that is sometimes difficult to access**. This results in a high number of calls and complaints and a lack of trust in our systems.

Our internal teams also feel the siloed nature of our systems and yearn for more complete and connected information to communicate to our members. **As an integrated healthcare system, KP has an opportunity to deliver an industry leading benefit experience by breaking down our silos, creating comprehensive and clear tools, and proactively meeting our members needs.**

Driven by the enterprise strategy goal #1, Consumer Obsession, and the Brand Promise" *All of us, always here, for all that is you,*" the Member Benefit Enablement Experience (MBEE) team, in conjunction with the Garfield Innovation Group (GIG), developed **a set of strategic priorities to enable a better benefit experience for our members and** staff. The work is grounded in member needs, business and data insight, internal experience and gaps in the current system.

To create a best-in-class, differentiated member benefit experience, **we must enable our internal systems to look across products and connect the complete benefit journey for the member**, not just siloed product fixes and compliance management updates. We **must also share benefit information in clear, simple terms and deliver it through easy to navigate self service tools for members and staff.**

We believe addressing these priorities will not only improve the member experience but will **contribute to Kaiser Permanente's goal to lead in medical cost transparency and affordability**, so that members (1) do not delay care due to cost and (2) receive care without surprise billing.

Leadership

VP Member Claims, Senior Director

Purpose

Develop a comprehensive strategy, grounded in members' perspective and driven by data, that can work across the various channels to create a coordinated, future-oriented, ideal member experience.

Approach

A four-month collaboration across multiple member benefit channels and capabilities. The engagement was divided into four workshops, conducted by the Garfield Innovation Group, to allow teams to deeply understand member needs and reflect on current and potential future work.

Scope

Inclusive of efforts related to seeking, understanding, and managing benefits information. Does not include enrollment, quality of coverage, billing experience, clinical experience

Current State

The current state member benefit experience can be organized into four phases. Each phase has unique barriers that prevent members from getting the information that they need. Members may proactively seek benefits information before engaging with care, while others do not and assume that the system will work itself out. The ideal state proposal has been developed to help mitigate these barriers and create a better end-to-end member experience.

1 Enablement & Preparation

Current Experience

Members are looking for an understanding of their general coverage and anticipating their future service needs. They want to avoid unexpected costs or care denials that may appear in billing and claims.

Current State Barriers

- Conflicting sources of information
- Difficult in understanding information
- Members can't find information they seek.
- Lack of awareness of sources that exist
- Lack of interest in engaging with information beforehand

2 Benefits Utilization

Current Experience

Members are attempting to engage with care and "utilize their benefits" in a way that meets their expectations of cost and coverage and alleviates surprises on the back-end.

Current State Barriers

- Care avoidance due to cost of lack of coverage
- Unexpected care denials based on false information or misaligned expectations
- Conflicting or confusing information causes members to shut down and hope for the best

3 Transitions

Current Experience

Members plans or service needs are changing, and they need to understand how (1) existing benefits fit into their new care needs or (2) existing care needs fit into their new plan details.

Current State Barriers

- Insufficient self-service tools to get answers outside of calling the MSCC
- No direct mechanism for comparison between plans and services
- Members are making decisions without full information, resulting in back-end billing / claims issues

4 Issue Management

Current Experience

Members are working to understand and resolve issues with claims and billing such as coverage denials, surprise costs, or inaccurate cost-share information.

Current State Barriers

- Confusing or incorrect information on front end forces members to deal with issues via complaints and grievances
- Members are engaging with billing as their first interaction, which is often one of issue resolution.

Proposed Future State

We cannot solve the member benefit experience by continuing to work in the same way we do today. We must re-organize and build an internal infrastructure across products, that aligns leadership, funding and teams around shared goals. The core infrastructure components will allow us to move on strategic pillars, internal enablers and member self-service tools, in a more coordinated manner. The internal enablers break down silos in our systems, creating better consistency and synchronization which will be felt both our members and staff. The member self-service tools ensure our members have what they need to understand and navigate their benefit utilization. The system of solutions aims to deliver a seamless experience, increase trust, and reduce employee friction.

Key Anticipated Outcomes:

+ **Improved call center metrics:** reduced call volumes for basic issues, increase in resolution of complex needs.
+ **Improved member experience outcomes:** reduced administrative burden, increased trust, increased retention.
+ **KP system benefits:** collaborative work structures and agile evaluative infrastructure for products and tools.
+ **Increased clinical care engagement:** members less likely to avoid care due to lack of financial information, more care engagement, reduced care costs over time.

Infrastructure

1. **Governance + Leadership,** Organized leadership body with representation from the various groups necessary to execute the work.
2. With a **Portfolio View** in mind, leadership should
3. **Establish Shared Goals and OKRs** and
4. **Request / Allocate Funding** in alignment with those goals.
5. **Dedicated Teams** whose entire or partial day job is to advance elements of the portfolio through **Processes** (6) that allow autonomy, center the member experience, and coordinate shared goals across silos.
7. **Data + Management,** Data backbone to highlight issues, track and evaluate progress, and harmonize data across products. Refines the OKRs and priorities as insights are gleaned.

Strategic Pillars

Internal Enablers

- Single Source of Truth
- Cross-Channel Synchronization
- CSR Enablement
- TPA Internalization

Member Self-Service Tools

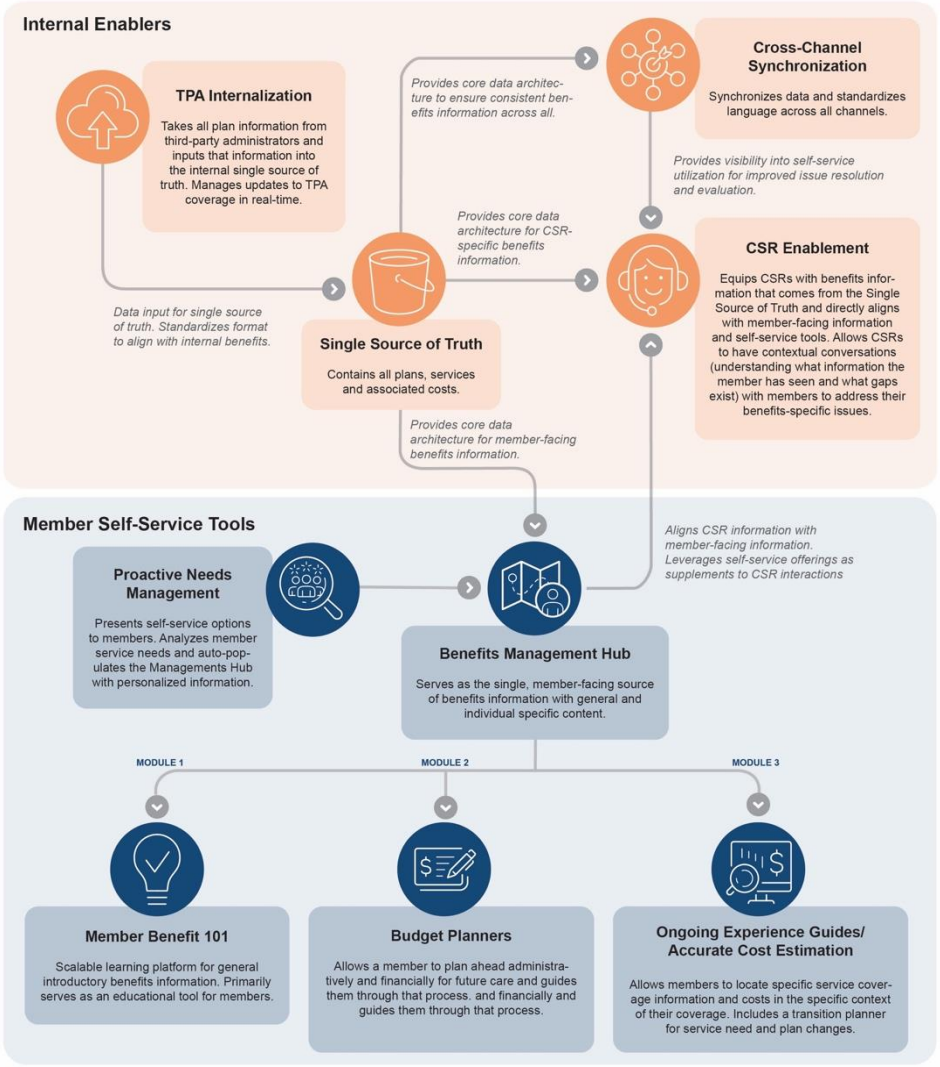
- Benefits Management Hub
- Proactive Needs Management
- Member Benefit 101
- Budget Planners
- Ongoing Experience Guides

Ideal State System

To drive an ideal member benefit experience at KP, we need to streamline and coordinate internal enablers (orange) and enhance member self-service tools (blue). Taken together, these pillars and initiatives form a comprehensive suite of member-facing and internal products designed to flexibly support members across all moments of their benefits journey.

Within each of these pillars are a set of key initiatives:

- Third Party Administrator Internalization
- Single Source of Truth
- Cross-Channel Synchronization
- Customer Service Representative Enablement
- Proactive Needs Management
- Benefits Management Hub
- 3 Self-Service Modules (Member Benefit 101, Budget Planners, and Ongoing Experience Guides)



Ideal State Solutions Across the Member Journey

1 Enablement & Preparation

Ideal Experience

Members receive a comprehensive overview of their benefits information and available self-service tools.

Member-Facing Tools

Member Benefit 101 serves as the learning platform for members upon enrollment or later in their member journey.

Ongoing Member Experience Guides aggregate existing information and self-service resources into journey-based self-service guides and modules.

The **Benefit Management Hub** serves as the home page and navigation guide for various information sources.

Internal Enablers

A **Single Source of Benefit Truth** serves as the data architecture for personalized plan information across channels.

Cross-Channel Synchronization enables full visibility into member channel history across all interaction points

CSR Enablement equips CSRs with an automated knowledge base to better navigate personal benefits information

TPA Internalization restructures plan information from third-party administrators to fully integrate with internal KP data systems

2 Benefits Utilization

Ideal Experience

As the member care journey becomes clearer, members are equipped with self-service tools specific to their plan and proactively prompted to manage administrative needs.

Member-Facing Tools

Budget Planners outline prospective care journeys with personal cost and administrative management prompts and tools.

Ongoing Experience Guides serve as the centralized source of benefits information for the member, linking specific service needs to relevant benefit information.

Personalized and Proactive Needs Management automatically flags members at specific journey points and outreaches with self-service prompts and tools.

The **Benefit Management Hub** serves as the personalized home page and navigation guide for various information sources

Internal Enablers

CSRs manage high complexity cases and basic cases for members who do not prefer self-service, equipped with an automated knowledge base.

The **Single Source of Benefit Truth** serves as the data architecture for personalized plan benefits and how they pertain to specific service needs.

3 Transitions

Ideal Experience

Members plans or service needs are changing, and they need to understand how (1) existing benefits fit into their new care needs or (2) existing care needs fit into their new plan details.

Member-Facing Tools

Ongoing Experience Guides have transition-specific modules allowing members to examine upcoming changes and understand action items. Members are prompted to access these experience guides via event-based outreach triggers.

The **Benefit Management Hub** is auto-populated with specific services and information needs the member may have.

Auto-population is triggered by the **Proactive Needs Management** function, which leverages automation to identify transition points with specific information needs and prompts member outreach.

Internal Enablers

The **Single Source of Benefit Truth** allows for comparisons between existing plan and coverage information and post-transition changes.

CSR Enablement enables CSR to access transition information and quickly guide members through changes and action items.

4 Issue Management

Ideal Experience

For members who utilize self-service, the call center functions as a high-complexity issue management function and a means for evaluating existing tools and offerings. For members who do not utilize self-service, the call center functions as a seamless delivery of basic information and education, leveraged as an opportunity to bring members into the KP digital engagement system.

Member-Facing Tools

Issue management is a good time to refer members back to **Member Benefit 101** for basic information needs.

This moment can be leveraged to promote self-service tools such as the **Benefit Management Hub**.

Internal Enablers

Cross-Channel Synchronization provides visibility into all member touchpoints and interactions prior to the call, allowing for better understanding of the issue and evaluation of existing self-service resource utilization and effectiveness.

CSRs are leveraged for trust-building and resource awareness when issue complexity is low and more time can be spent engaging with the member, as opposed to managing the issue.

04
Garfield Innovation Center Design and Build

The following slides are portions of the final deliverable from this project including:

+ In-Person Flow
+ Specific Tour Deep Dive
+ Project Pod Proposal and Development
+ Completed Build Photos

During this eight-month project I worked with a small team to develop a new tour experience at the Garfield Innovation Center (GIC). The GIC is space that the people of Kaiser Permanente can use to get hands-on with prototyping and iterative testing to evolve innovations before they are deployed. The GIC also serves to showcase the innovative work of Kaiser Permanente through tours with internal and external groups.

As a lead on this project, I worked with a small team to redefine the experience of the tour, understand the needs of different groups that visit the Center, and design and build a brand-new experience for visitors. This large-scale project was an extremely heavy lift and heavily utilized my physical prototyping and exhibit design skills.

In-Person Tour : Story Flow

	Entice: Pre-Arrival	Enter	Entice: Post Arrival	Engage/Explore				Exit
Story beats		KP's history of innovation Garfield Center		Setting the Scene – Story TBD *Immersive experience that sets the tone for the tour.*	Our Vision *Space to introduce our vision for the future of health from a company and an innovation community perspective.*	Care Ecosystem + Innovation Project Stories Innovations deployed at scale within KP: Chamai, NetGen clinic design, HHPP, Cardiac Rehab Innovations we are working on and committed to: Excellence in Cancer Care, Advanced Care in the Home, Innovations at GC Where healthcare is going & future innovation work: Metaverse for Healthcare, Future of Public Health		Goodbye + Workshop Space *Interactive space where guests can learn more about past projects and have time to reflect on the tour.*
Types of engagement		Skim / Dive / Passive / Active		Skim / Dive / Passive / Active	Skim / Dive / Passive / Active	Skim / Passive / Dive / Active		Skim / Dive / Passive / Active
Emotional Beats		Ramp-up, Curious, Skeptical but excited		Empathy, Build more excitement, Surprised, Resonated	Increased understanding, Build more excitement, Resonated	Inspired, Intellectually challenged, Shift in perspective, Pause and Process, Engaged		Reflective, Optimistic, Satisfied, Inspired, Wants to be part of, Trust

Guiding principles throughout the E-E experience

Experience Design

Phygital, More laboratory than museum, Immersive, Behind the scene, Prototype, Active Q&As and discussions

Overarching Themes

Health Equity, Affordability & Access, Digital Transformation, Future of healthcare, Human centered, Whole person care, A broad view of health

Tour Experience Scenario A : Guide Facilitated Group Tour, Deep Dive

Tour Participants: KP peer group

A Kaiser Permanente team meeting at the Garfield Center taking a tour as part of their agenda.

Audience Questions and Goals:
The KP team would like to learn more about the vision of innovation at KP.

KP Goals:
Create a broader understanding of the vision of innovation at KP and generate synergy and excitement around the various projects supporting that vision.

Entice Pre-Arrival

The team knows they will be visiting the Garfield Center for their team meeting and will have the opportunity to tour the space. They can review the website before the visit.

Feelings: *Ramp-up, Curious, Skeptical but excited*
Primary Touchpoints: *GC Website*

Enter

People arrive at different times and check in at the front desk. Once they check-in, a receptionist kindly informs where the meeting room is located as well as the location of the interactive map they can use to guide themselves in the center. They walk to the meeting room for the day.

Feelings: *Welcomed, Curious, Excited*
Primary Touchpoints: *Reception (Receptionist), Waiting area, Hallways and Meeting rooms*

Entice Post Arrival

Before the meeting or during breaks visitors can stop by the interactive KP history wall to review past work. They can also peek inside inpatient rooms as they walk around the space.

Feelings: *Build more excitement, Surprised*
Primary Touchpoints: *Interactive screen, Information Wall, Hallway*

Engage/Explore

Gather

Tour guide welcomes the group and introduces the Garfield Center and the deep roots of innovation. The tour guide references the KP history wall and asks if there are any questions.

Tour guide leads the group to an immersive space that sets the tone for the experience.

Feelings: *Build more excitement, Welcomed*
Primary Touchpoints: *Tour guide, X*

Immersive Space, Vision

The immersive space is dark with ambient sound and lighting, immersing individuals in the lives of our members and the vision and purpose for our work.

Group ends in the vision area where they can look around while they wait for the full group to arrive.

Feelings: *Empathy, Build more excitement, Surprised, Resonated, Increased understanding*
Primary Touchpoints: *Tour guide, X*

Project Pods

Guide takes the group through various innovation project stories. Guide highlights elements of the stories and allows time for Q&A. There is minimal time for individuals to interact with materials in a detailed way, guides can let the group know they will have more time at the end to deep dive.

Feelings: *Inspired, Intellectually challenged, Shift in perspective, Pause and Process, Engaged*
Primary Touchpoints: ***X***

Care Ecosystem

Guide takes the group into the care ecosystem space to highlight the different and evolving models and methods of care.

Some provoking questions spark engagement and participants really immerse themselves into future home and technology setting.

Feelings: *Excited, Engaged, Reflective,*
Primary Touchpoints: *X*

Current GC Projects

Tour moves to current happenings at GC section. They can get a sneak peek at the in-progress innovation and testing work happening.

Feelings: *Inspired*
Primary Touchpoints: *X*

Exit

Guide moves group into the "workshop"/fresh ideas space. They thank the group for coming and invite them to explore the workshop area and revisit and deep dive into any other projects highlighted on the tour.

Feelings: *Reflective, Optimistic, Satisfied, Inspired, Wants to be part of, Trust*
Primary Touchpoints: *X*

Extend

The group stay connected to the Garfield Center via the new website. The site will be updated on a quarterly basis to highlight new projects and new ideas in healthcare.

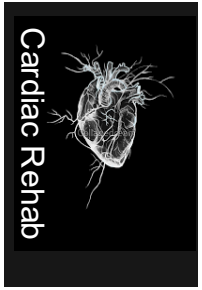
Feelings: *Trust, Optimistic*
Primary Touchpoints: *X*

Components Design

Project Pods – Shapes and Structures

Project Example

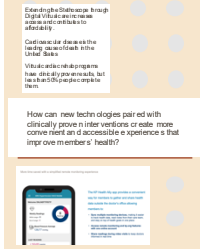
Vignette



1

Extending the Stethoscope through Digital Virtual care.

2



3

"The weekly check-ins with my case manager really held me accountable. This extreme thing has opened to me, but is not the end for me. I can still live my life like I did before" Michelle, 42, program participant

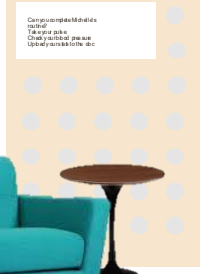
4

Stand with object

87% of the patients who join the program complete it, compared to a national average of less than 50%.

100 lives have been saved to date

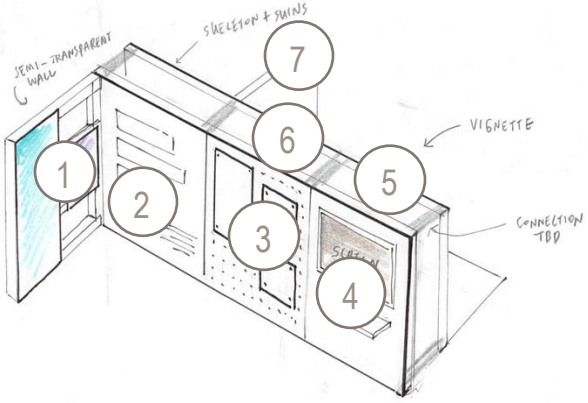
5



6

How might we use home rehabilitation for other procedures in the future?

7



Components Design

Project Pods – Shapes and Structures

Project Example

Project Pods – Shapes and Structures

Project Example

Project Build

Completed Tour Experience Photos

05

Innovation and Design Community of Practice

The Community of Practice exists to bring together innovative teams at Kaiser Permanente, break down silos, foster connections, help create consistency and understanding of the design and innovation process, and create opportunities for learning and education. The group is inclusive of all designers, innovators, and creative problem-solvers and is a place where teams can ask questions and grow.

The COP is a collection of 241 design and innovation collogues from across Kaiser Permanente. As a leader in the COP I work with a small team to develop monthly events, find speakers and define activities, prep for meetings, host meetings, and facilitate conversations and Q&A.


Innovation & Design
COMMUNITY OF PRACTICE
07 12 22
10am – 1pm PST
Kaiser Permanente
Georgia + Hawaii +
+ Northern California +
+ Southern Cal
Kaiser Permanente
Georgia + Hawaii + Colorado
+ Washington + Northern California
+ Northwest + Mid-Atlantic
+ Southern California
+ Program Office
A Conversation with
Julie Yoo of a16z
Innovation & Design
COMMUNITY OF PRACTICE
11 29 22
12 – 1pm PST

Thank you.