



Making an impact through innovation

BECKER'S HEALTH IT + CLINICAL LEADERSHIP 2019

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MD Anderson Cancer Center



Pause (k)

Innovating in technology
is about creating
EXPERIENCES





Experience is more than UI/UX.
It's about how you make people feel.

HEALTHCARE TECH CAN BE
WORLDS BEHIND



Whoever delivers the best experience
WINS.

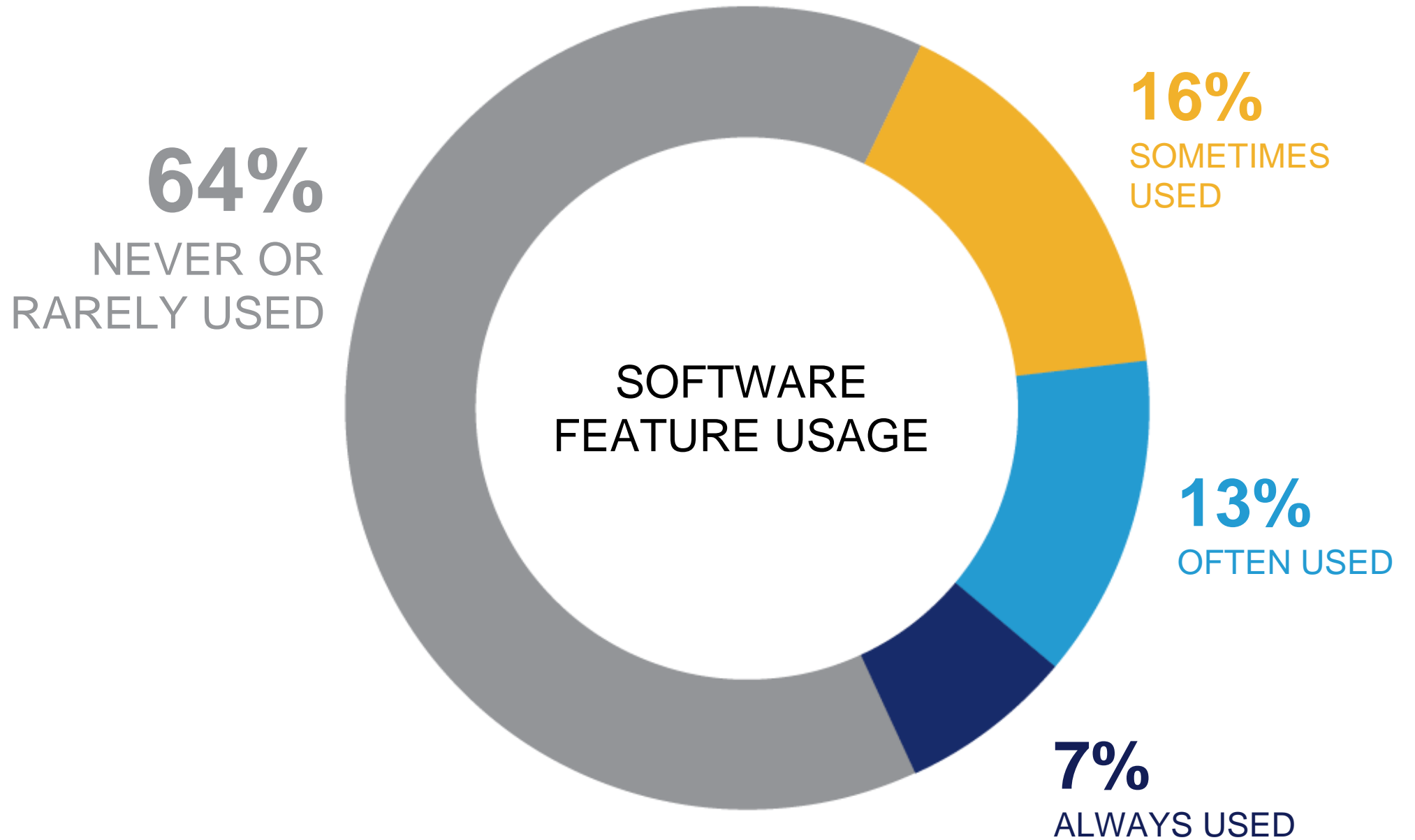


THE BEST EXPERIENCES MAKE PEOPLE'S LIVES
LESS COMPLEX AND MORE ENJOYABLE.

always

It's not about coming up with a
clever new way of doing something.

It's about designing—and collaborating—for the human experience.



The tendency is to just gather user requirements—
information, facts, data, true statements...
justified by other true statements.

Compartmentalized needs are disconnected needs.



BODY

INFORMATION

EMOTIONS

WHITE MALE

70 YEARS OLD

ENGLISH

MARRIED

HIGH NET WORTH



Ozzy Osbourne
—and—
Prince Charles

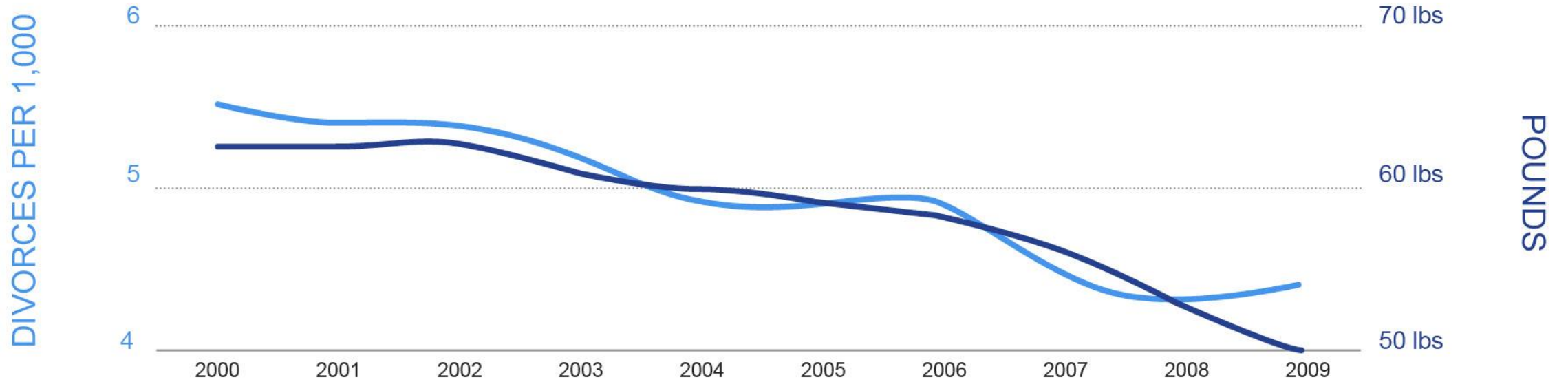


correlation \neq causality

Divorce rate in Alabama

CORRELATES WITH

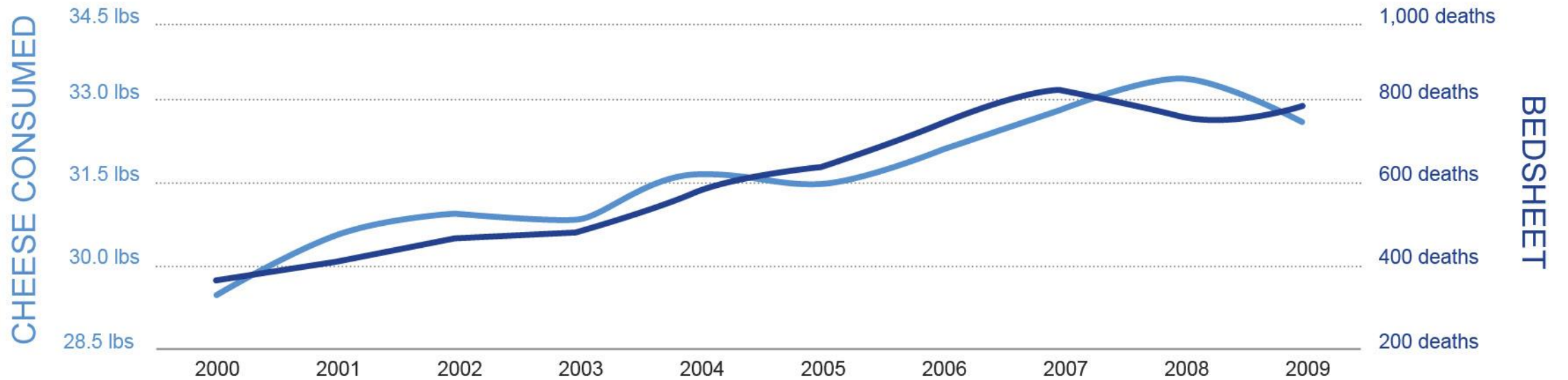
Per capita consumption of high fructose corn syrup



Per capita cheese consumption

CORRELATES WITH

The number of people who died by becoming tangled in their bedsheets



THE LESSON:

Stay away from sugar,
cheese and assuming
data has all the answers.

MAKE DATA WORK.

- + Synthesize and dig deeper.
- + Look for theme and patterns in data.
- + Make creative leaps and inferences you can test.
- + Use qualitative design research to verify or debunk.

HOW YOU SHOULD SPEND YOUR TIME



99%

ON HUMAN
PROBLEMS

1%

ON TECH

CASE STUDY #1:

No algorithm is an island.

CASE STUDY #2:

Make sure we're solving
the right problem.

We need more
space and more
beds.

How do we
increase patient
satisfaction
and decrease
wait times?



Make
technology
the solution.

Not the problem.

We expect healthcare users to adapt to tech.
We don't adapt tech to healthcare users.

**“INCREASING
COMPUTERIZATION”**
RANKED AS FOURTH IN
THE TOP-5 CAUSES OF
PHYSICIAN BURNOUT.¹

11%

INCREASE IN
MEDICAL ERRORS
IN BURNED-OUT
SURGEONS²

\$68M

ANNUAL SAVINGS
BY HOSPITALS
WITH REDUCED
BURNOUT³

FOUR WAYS PEOPLE EVALUATE IF YOUR TECH IS EASY TO USE

- + **Time**
- + Cost
- + Required amount of thinking
- + How it fits into an established routine

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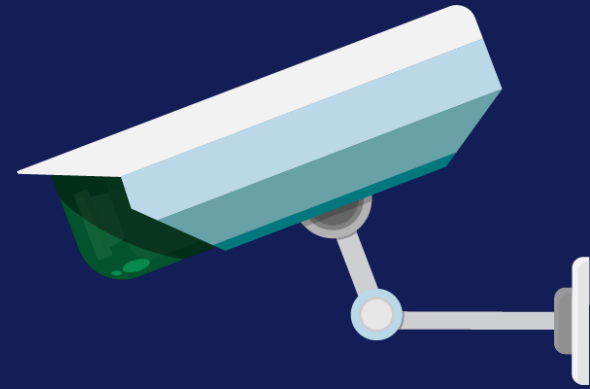
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FOUR WAYS PEOPLE EVALUATE IF YOUR TECH IS EASY TO USE

- + Time
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RIGHT TECH. WRONG TIME.

There is no recipe
for innovation.



Design for what people do.
Not for what they say.



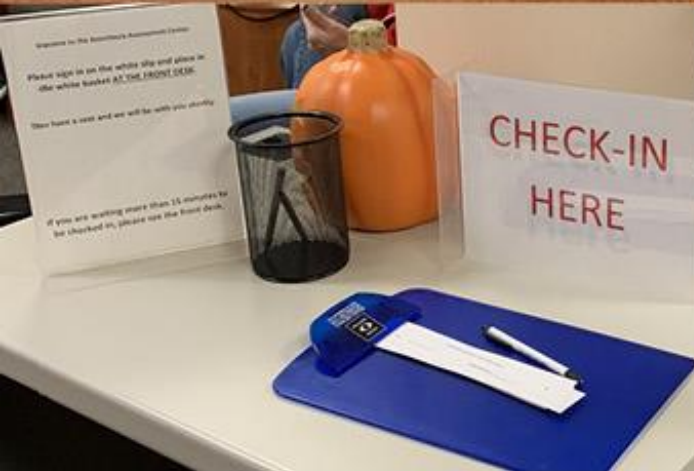
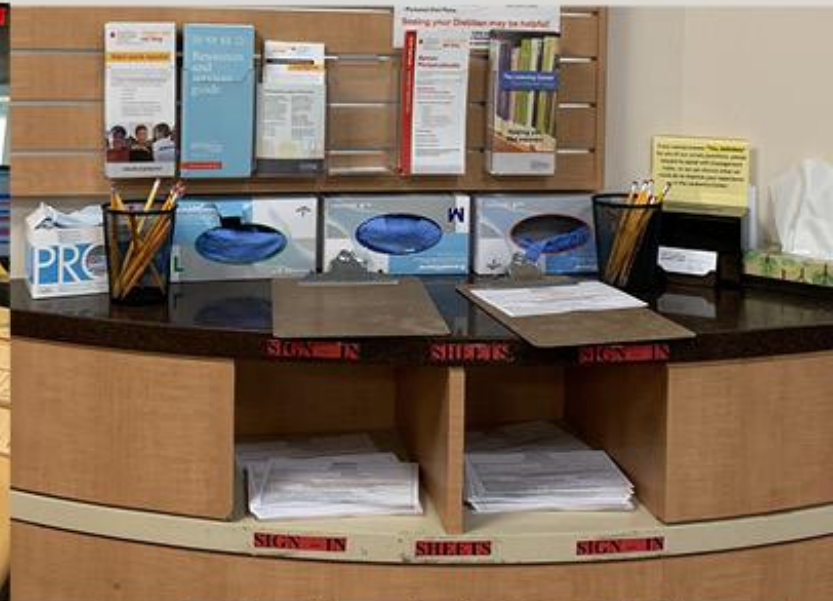
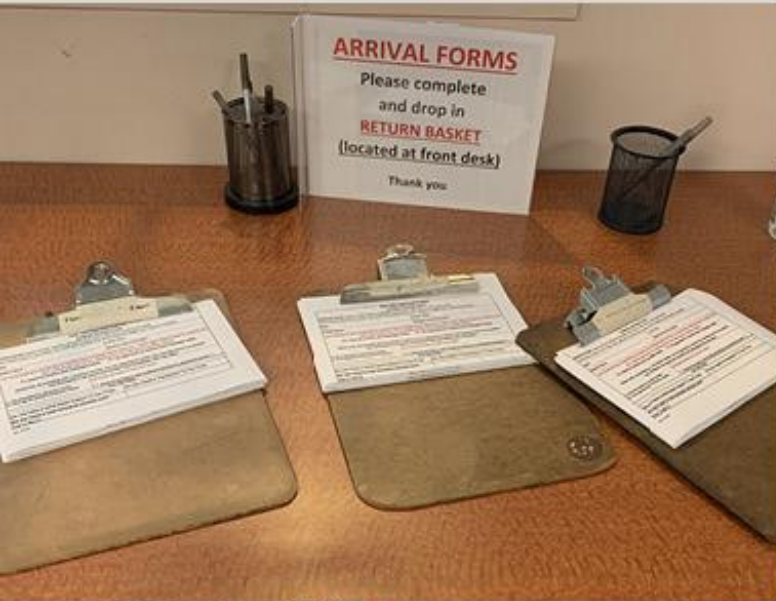
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Self Service Check-in



CURRENT PATIENT EXPERIENCE | INCONSISTENCY, TIGHT SPACES, CONFUSION



WHAT PATIENTS NEED

Directions.

Human interaction.

Efficiency.



IDEAL CHECK-IN EXPERIENCE DESIGN PRINCIPALS

Patient-centered

Check-in should be designed to facilitate the easiest, most convenient experience possible for patients, while also balancing the needs and policies of MD Anderson. When necessary, trade-offs should be made in favor of the patient experience and every effort should be made to minimize physically redirecting patients.

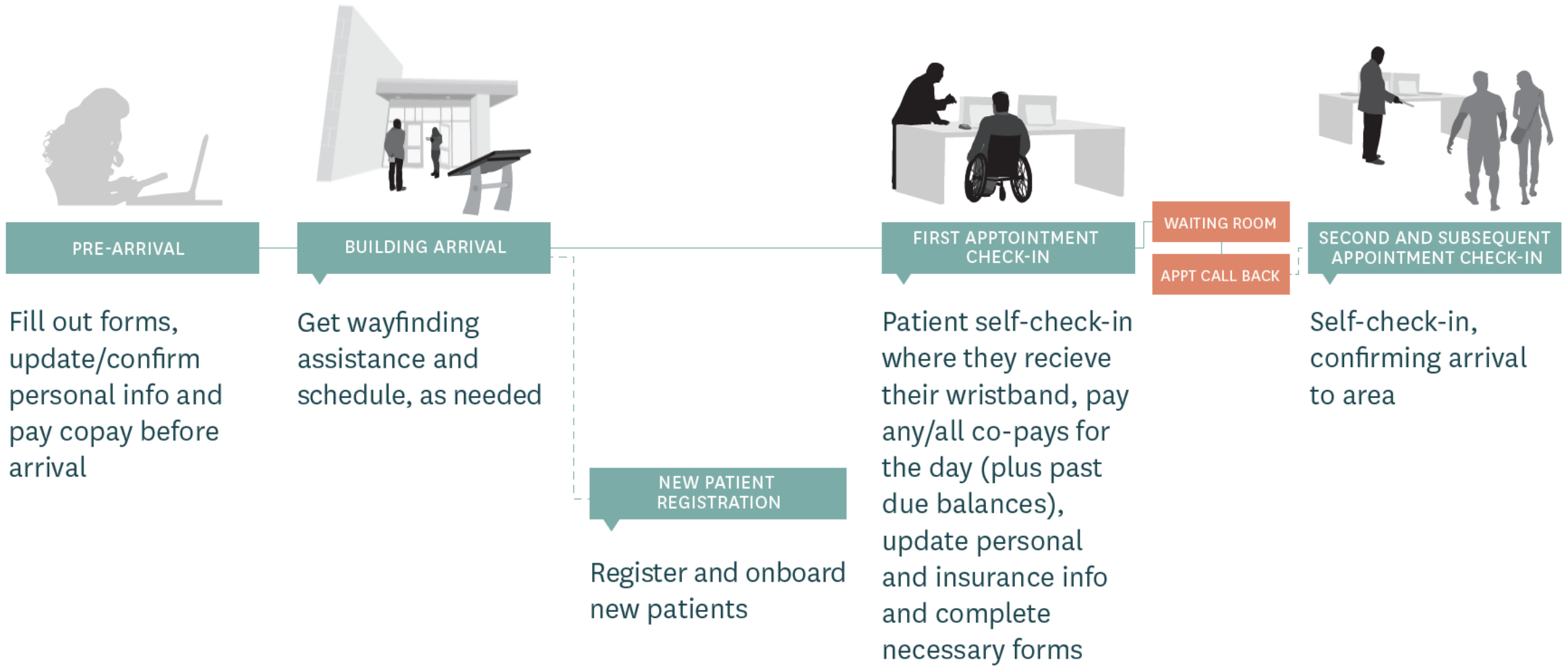
Scalable

The check-in experience should be scalable to all Houston Area Locations and the Texas Medical Center, providing patients with a consistent experience—regardless of if they are a new or established patient or if they are here for one appointment or multiple.

Human

Technology should be leveraged to allow check-in staff to be less transactional and focus on establishing genuine connections with patients.

IDEAL CHECK-IN CONCEPT





Getting as much done before the appointment as possible.

PRE-ARRIVAL

PATIENT SELF-SERVICE TECHNOLOGY ACTIONS

- Review and print schedule
- Access driving directions and wayfinding
- Pre-pay copays, deductible and outstanding balance, as desired
- Fill out forms, as needed
- Update personal information



How we say hello is vital to setting the stage for an exceptional experience.

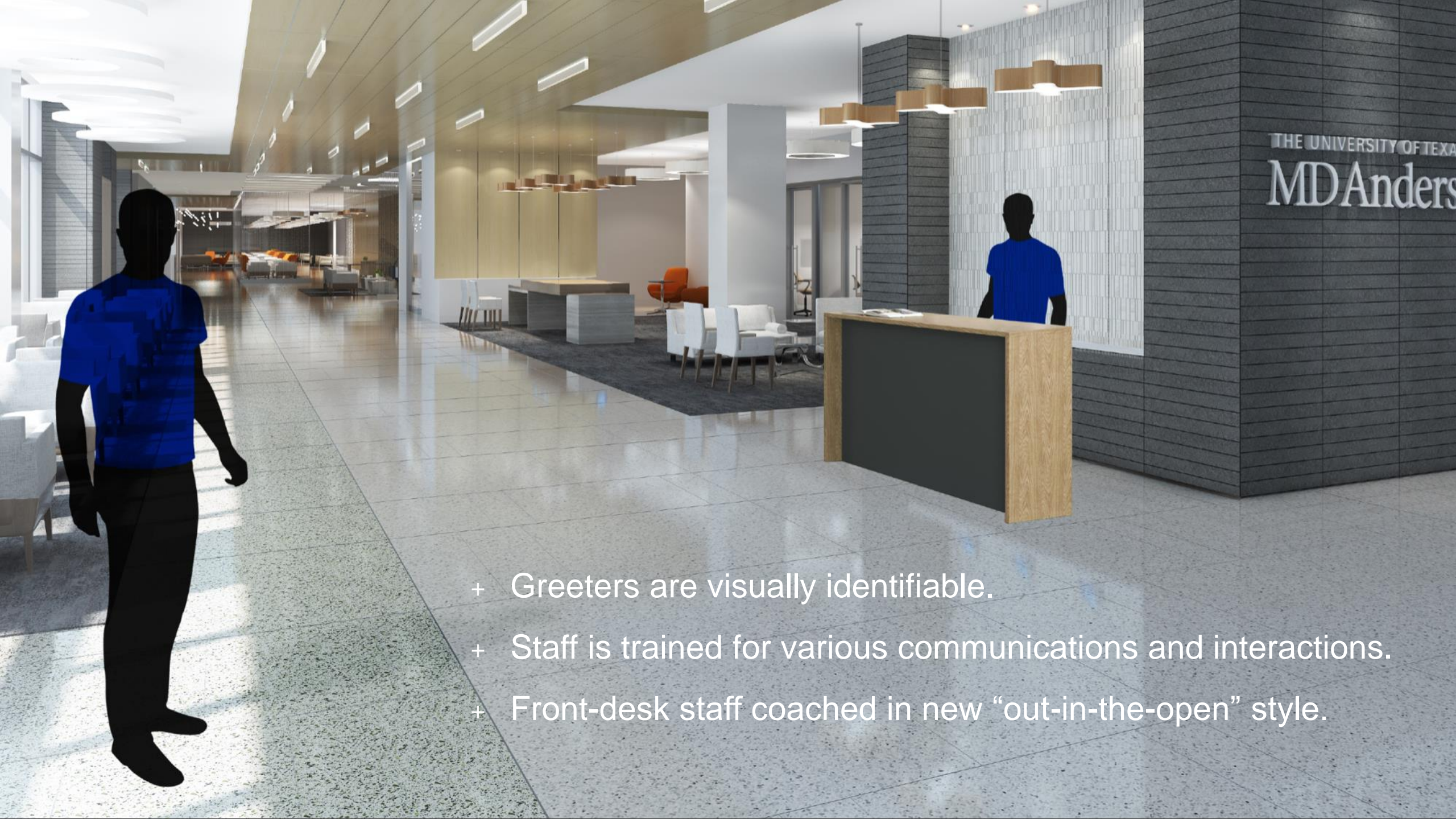
BUILDING ARRIVAL

PATIENT SELF-SERVICE TECHNOLOGY ACTIONS

- View, print or send digital directions and schedule, as needed

STAFF ACTIONS

- Greet and assist patients
 - + Route patients/provide directions
 - + Answer questions
 - + Print schedules, as needed

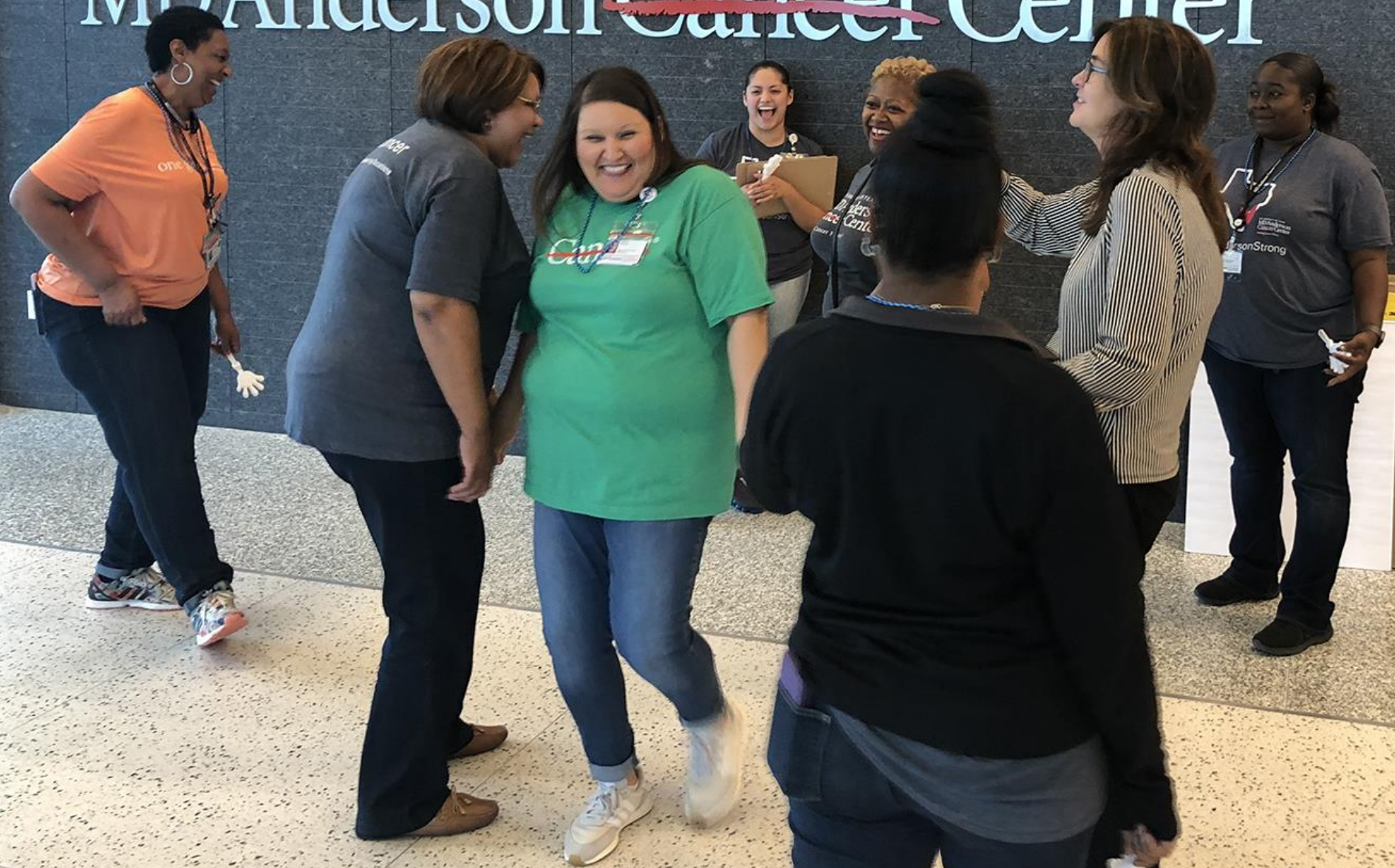


THE UNIVERSITY OF TEXAS
MD Anderson

- + Greeters are visually identifiable.
- + Staff is trained for various communications and interactions.
- + Front-desk staff coached in new “out-in-the-open” style.

THE UNIVERSITY OF TEXAS

MDAnderson Cancer Center





Completing all business transactions at the first appointment of the day.

FIRST APPOINTMENT CHECK-IN

PATIENT SELF-SERVICE TECHNOLOGY ACTIONS

- Check-in
- Pay co-pay and outstanding balance, as needed
- Trigger wristband printing
- Update personal information, as needed
- Update EHR photo, as needed
- Confirm insurance, as needed
- Fill out simple forms and sign consents, as needed
- View, print or send digital directions and schedule, as needed

STAFF ACTIONS

- Greet and assist patients
 - + Confirm identity and apply wristband
 - + Collect cash/check payments
 - + Address financial blocks, as needed
 - + Update insurance, as needed
 - + Assist with forms and consents, as needed
 - + Answer questions



Confirm arrival—simple as that.

SECOND AND SUBSEQUENT APPOINTMENT CHECK-IN

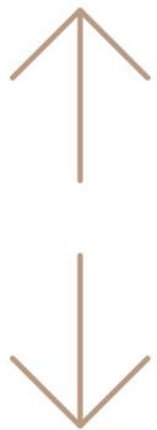
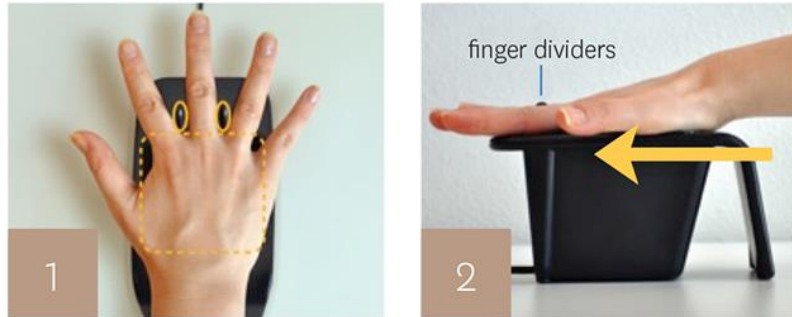
PATIENT SELF-SERVICE TECHNOLOGY ACTIONS

- Check-in
- Fill out center-specific forms, as needed
- View, print or send digital directions and schedule, as needed

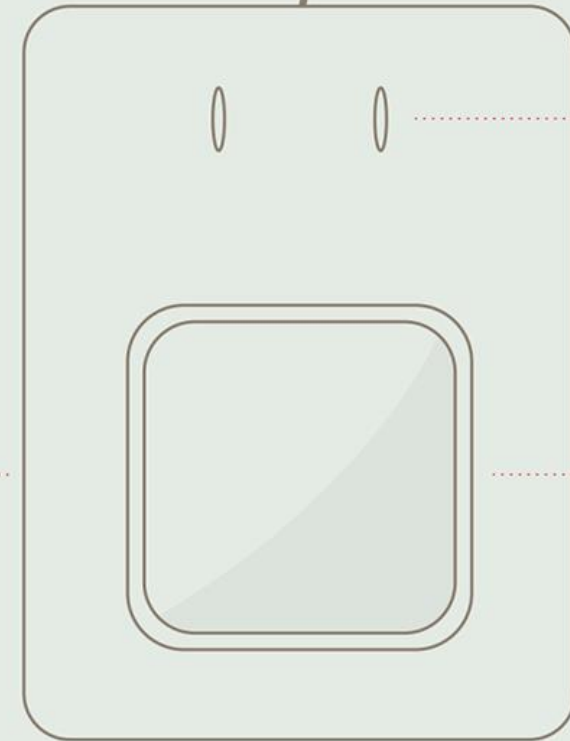
STAFF ACTIONS

- Greet and assist patients
 - + Ensure wristband present
 - + Answer questions
 - + Assist with center-specific forms, as needed

FROM MULTIPLE MRN ASKS TO A SINGLE HANDS-ON APPROACH

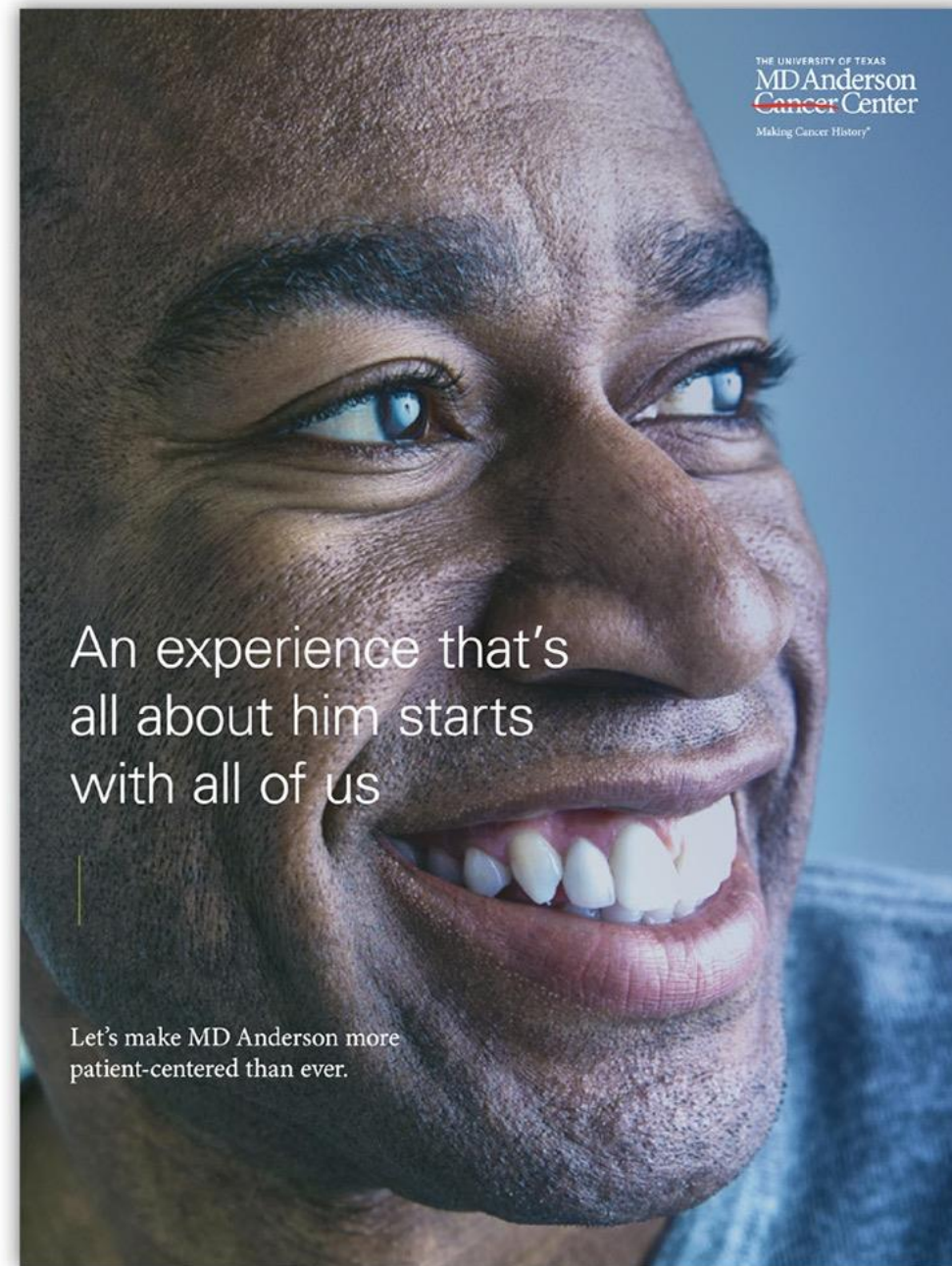
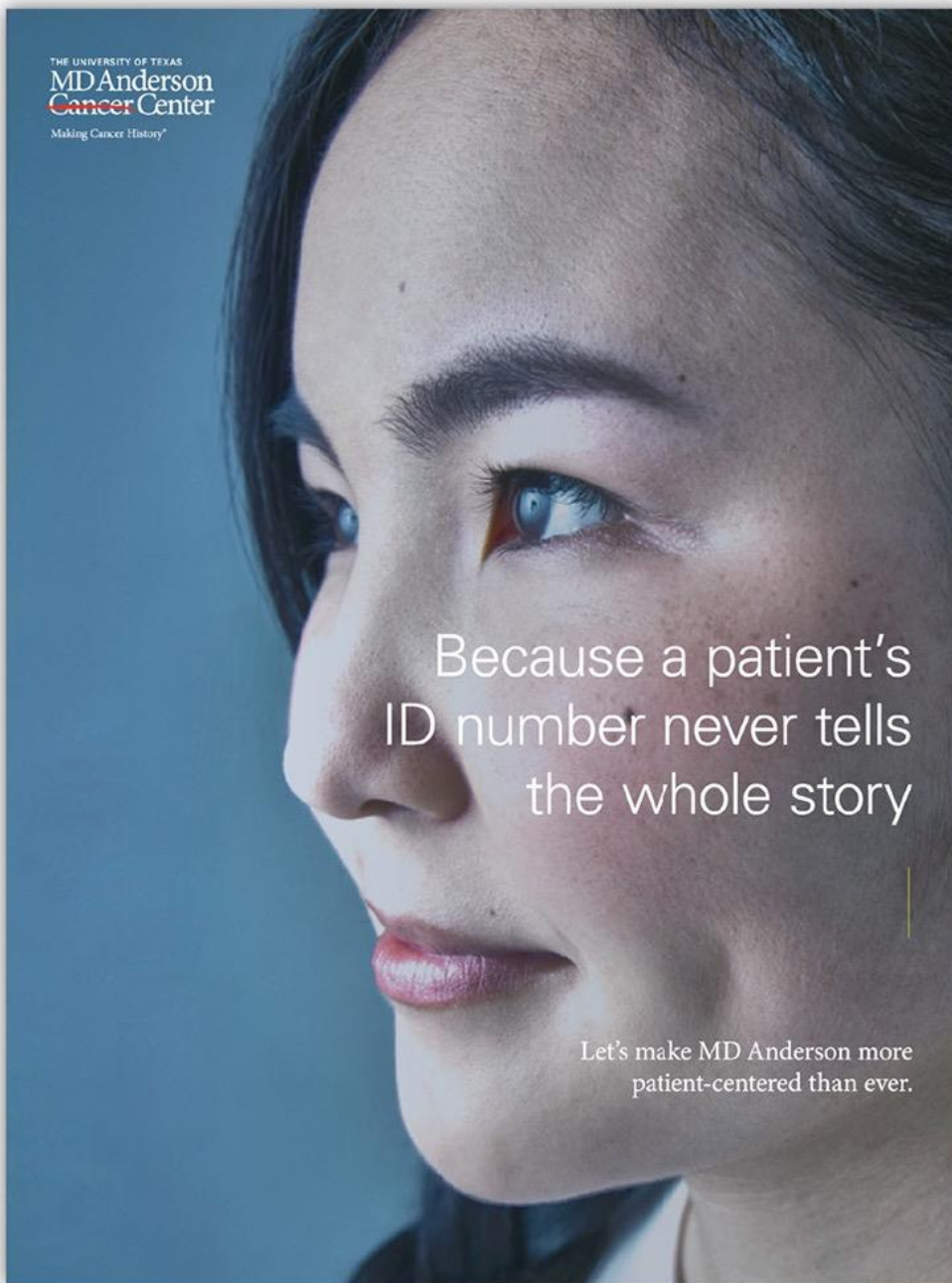


- + Increasing patient safety
- + Boosts patient satisfaction
- + Reduces duplicate medical records



Slide your hand forward until the finger separators stop you. You won't feel a thing while the system scans your palm, but the screen will let you know when you're all set.

Internal
Education
posters



PatientSecure
Training
Key Topics

CULTURE SHIFT

- + What is biometrics
- + Why is MD Anderson launching this technology
- + How are we communicating the change to patients
- + What is expected from employees with the new technology and Compass bar
- + How do employees handle a patient who refuses new method, or if technology does not work
- + How will employees be measured for their job performance
- + What can employees expect with the transition and launch
- + How do employees support the change

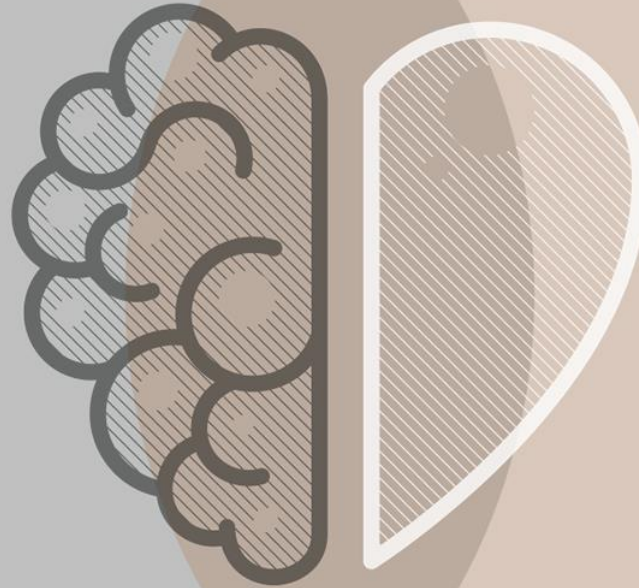
PATIENT MESSAGING

rational

This technology is innovative—and it works

I understand the safety benefits of this technology

The steps are intuitive;
I'm clear on what I need to do next



emotional

I feel that I'm getting the best level of care

I feel that MD Anderson knows me; I receive personalized care

I feel like a person;
not a number

WHAT'S NEXT?

How can we extend
our investment and
solve the next problem?



MRN# 112785429



Caregiver
Kimberly Hodge
MRN 431225 | 64, F

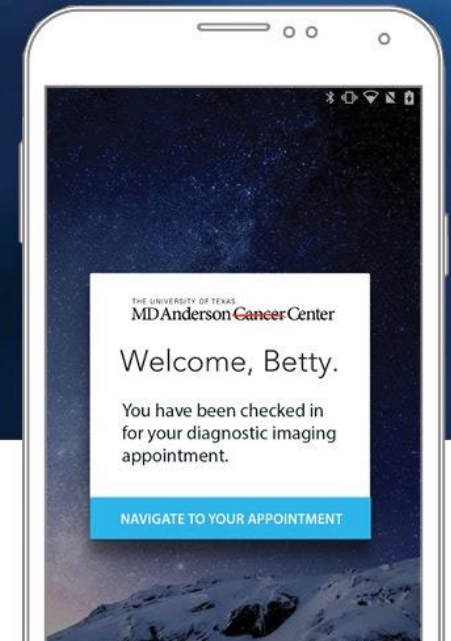
Kimberly Hodge
MRN 431225 | 64, F
Dr. Jones 10:15AM

Employee
Sarah Hill
EMP 667213

Betty Smith
MRN 663216 | 57, F
Diagnostic Imaging 10:30AM

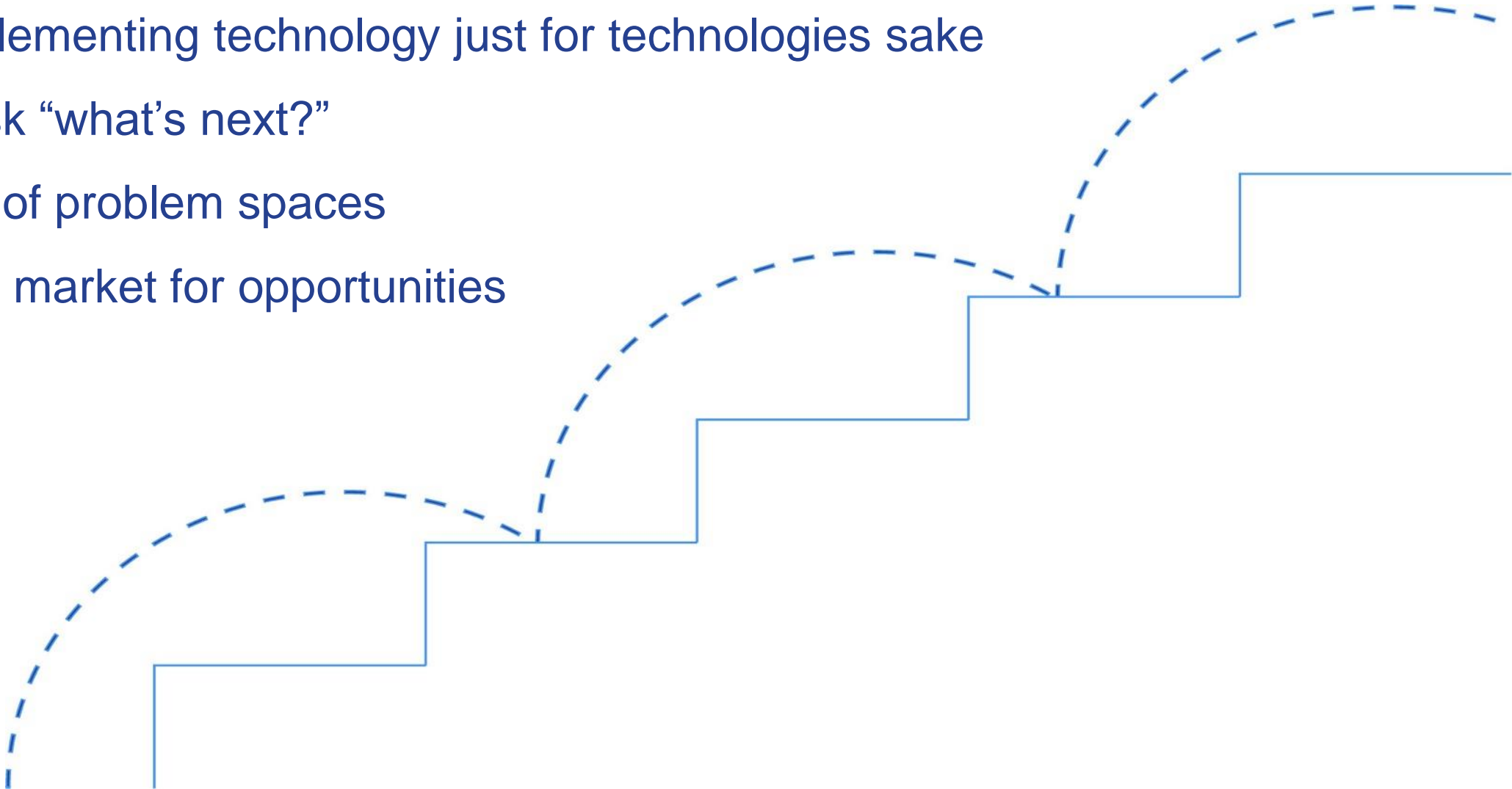
Facial recognition for check-in and tracking

Upon entering the building, patients', caregivers' and employees' phones are detected and a welcome message is pushed to them with quick links to access their schedule and navigate to their first appointment.



LOOK BEFORE YOU LEAPFROG

- + Avoid implementing technology just for technologies sake
- + Always ask “what’s next?”
- + Be aware of problem spaces
- + Watch the market for opportunities



Experience is where tech meets innovation.
And innovation meets strategy.

GO FORTH AND INNOVATE

thank you