IMT 587 ASSIGNMENT 3



OKRs, Hypotheses, and Testing

Team HealthEzy

OBJECTIVE & KEY RESULTS

OBJECTIVE

To Create a Seamless and Accessible Patient Portal

WHY THIS OBJECTIVE





Increased Patient Patient Time

Retention



HEALTH SYSTEMS



Decrease Overhead Spent on Answering Patient Phone Calls

KEY RESULTS



CUSTOMERS

Users who have booked appointments through feature more than once in a year



TECHNOLOGY

Appointments booked through feature that were rescheduled or canceled via phone call



BUSINESS

Activation

Change in number of appointments scheduled through MyChart

Retention

IDEA COMPARISON

IDEA

| | IDEAS | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|
| | IDEAS/OKRs | Scheduling specialist appointments directly through the Portal | Al-Powered Appointment Scheduler | Chat support for booking/scheduling appointments | Tutorial videos or guide for easy navigation in the platform | User Flow Changes - Adding google location for booking | | | | |
| RICE SCORES | Reach (% of users) | 60% | 70% | 95% | 50% | 70% | | | | |
| | Impact (Impact scale, 5 - very high,4- high, 3-med, 2- Low,1- Very Low) | 3 | 3 | 5 | 2 | 4 | | | | |
| | Confidence (%) | 65% | 60% | 95% | 58% | 75% | | | | |
| | Effort (Effort scale, 5- v high,4- high, 3- med,2- Low, 1- Very Low) | 3 | 3 | 5 | 3 | 4 | | | | |
| | Rice Score Calculation (Reach * Impact * Confidence) / Effort | 39% | 42% | 90% | 20% | 51% | | | | |

IDEA COMPARISON

| | | | IDEAS | Here "*" represents the OKR confidence rate or percentage | | | |
|----------------------------|--|--|--|---|--|---|--|
| | | Scheduling specialist appointments directly through the Portal | Al-Powered Appointment Scheduler | Chat support for booking/scheduling appointments | Tutorial videos or guide for easy navigation in the platform | Changes in the user flow such as adding google location for booking | |
| OBJECTIVES AND KEY RESULTS | Increase Appointments Scheduled Through MyChart | 60% | 70% | 90% | 50% | 70% | |
| | Decrease Overhead Spent on Answering Patient Phone Calls | 70% | 60% | 90% | 55% | 78% | |
| | Booked appointments more than once in a year | 65% | 60% | 90% | 58% | 75% | |
| | Appointments booked through feature that were re-booked or canceled via phone call | 70% | 70% | 90% | 60% | 80% | |

Reasoning



Scheduling specialist appointments directly through the Portal: We have not selected this idea as the RICE matrix score for this is less than other ideas that we have taken into consideration. While the effort to implement this feature may be low, we don't predict high reach or impact.



Al-Powered Appointment Scheduler: With the help of this feature or idea, users can book appointments with the help of the Al-assisted appointment scheduler. We will not be prioritizing this as it involves some technicals challenges, security related risks as well as heavy financial investments, and it will be impactful after a longer term.





Chat support for booking/scheduling appointments: In order to add a human touch to the appointment scheduling system, we plan to add a preliminary questionnaire that helps medical assistants gather essential information in order to connect them to the right practitioner. By doing this, we expect that users will be able to schedule appointments more efficiently and quickly. We believe this would have a large impact on the current users who respond better while communicating with a human.



Tutorial videos or guide for easy navigation in the platform: After going through the customer guide, a few users would like to have tutorial videos or guide for the functionality or feature flow. However, this would likely not increase the amount of appointments booked through MyChart significantly.



Changes in the user flow such as adding google location for booking: We believe adding location services will have a good impact, however, we do not know for sure how much location is of preference to current users, hence we do not prioritize it as the change we would like to make first.

Core Assumptions and Hypotheses



Users(patients) prefer to chat instead of calling someone



Users(patients) already know the difference between common symptoms (eg. migraine vs headache)



The idea would reduce human effort and save time spent on calls, makes work more efficient

POTENTIAL MVPs

Concierge



Instead of a questionnaire, the user gets to chat with a medical assistant for end to end appointment scheduling, where the medical assistant acts as a concierge that helps the user(patient) identify their symptoms, help better understand them and connect the users with the right practitioner.

Wizard of Oz



A human receives questions from the user, and sends related questions to gather more information. The users think they receive questions from a bot but a human is catering to them and sending personalized questions to further assess their situation.

Fake door



Provide users an option of an upcoming feature to chat with a medical assistant before building the feature, and see what percentage of users click on it to understand their preference. By analysing this, you can then build the feature.

Our Minimum Viable Product

Schedule Appointment Chat Box

Our MVP will be a chat box on the MyChart home screen that prompts users whether they would like to schedule an appointment. This chat box represents a concierge MVP because as the user interacts with the chat box, they would then be directly connected with a scheduling professional.

Core Assumption Tested: Users(patients) are willing to use a chat feature to schedule appointments

Testing: Roll out the MVP to a **pilot population** to not overwhelm schedulers

Success Metric: Percentage of users who start scheduling process via chat bot

Why This Success Metric? This success metric shows whether users would trust a chat feature to schedule appointments with the right practitioner instead of calling a medical staff.