

Refreshing uwmedicine.org: a Healthcare Taxonomy Case Study

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Overview | The Challenge

UW Medicine (UWM) is the University of Washington medical system which is comprised of 7 unique clinical entities across the Seattle-Puget Sound area and includes the UW School of Medicine. The organization mission is: “Improving the health of the public”

The uwmedicine.org public website, managed by the centralized UWM Strategic Marketing and Communications team, is a large website serves multiple audiences based on the core UWM pillars (listed in order of greatest to least use according to 2016-17 website analytics): UW Medicine network patients and prospective patients, the UW School of Medicine, and UW Research. The site refresh and migration from Sharepoint to Drupal 7-8 is scheduled to be launched in stakeholder-based installments over the course of 2018.

By the numbers:

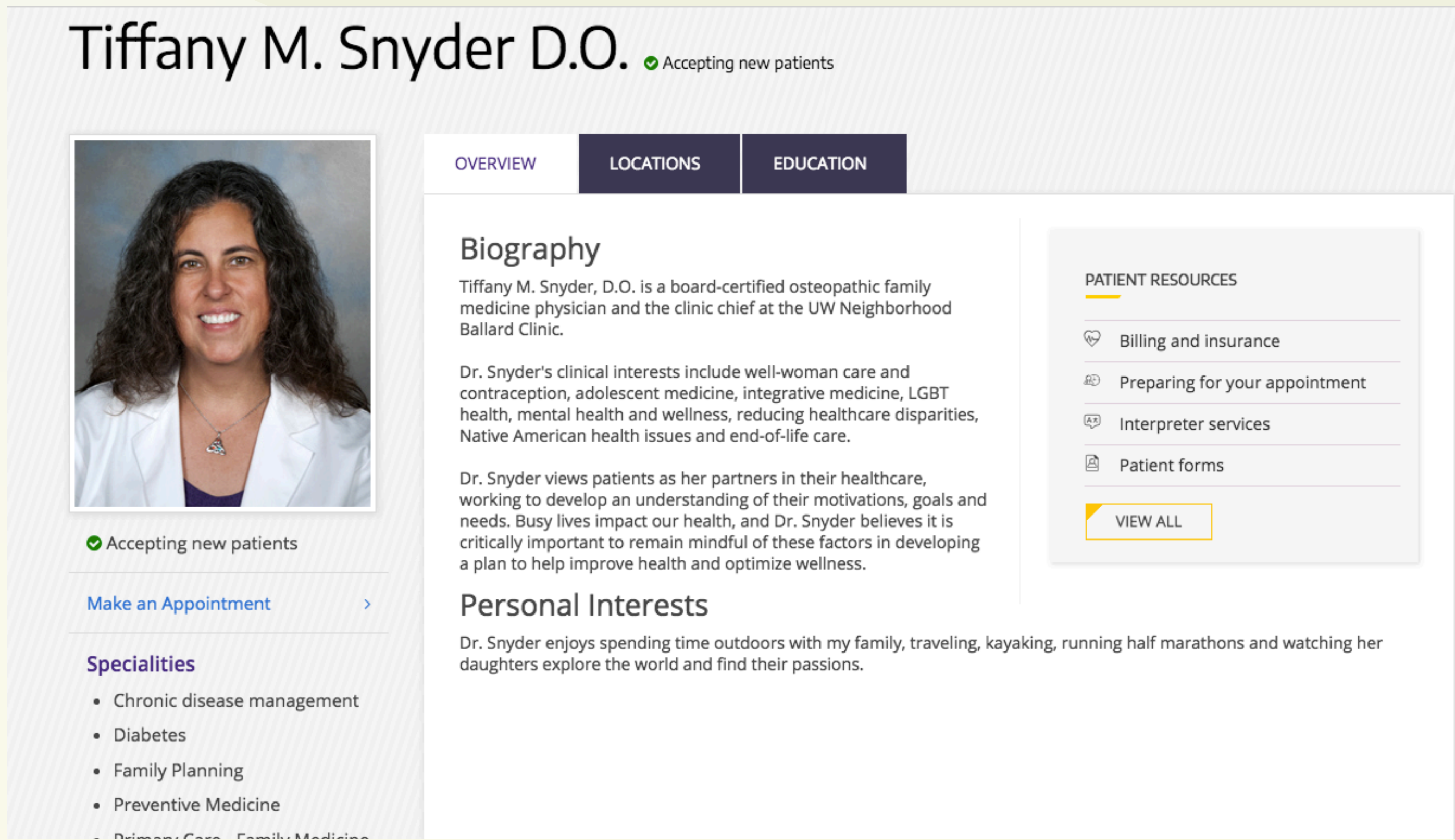
- An early crawl of the website revealed that we have over **3,000 pages** (many of which we learned were viewed by only a handful of visitors who bounced off the site quickly)
- UW Medicine as an entity is comprised of **3 core page data types**: over 3,000 providers, 260 clinics, and 40 Medical Services all housed in a custom, legacy database
- Most providers and clinic locations have an individual website page presence. Medical Services, on the other hand, inhabited an index that had users bouncing from the page because it offered value-add info and no context.
- As the most overarching and most organizationally unique data type, Medical Services confused both internal and external audiences because their order, purpose, and accuracy had not been reviewed across the organization in recent memory.
- Provider bios and clinic locations as a page types drove our top organic traffic via local SEO listings and browser search.
- 360+** organically created Specialty/Expertise terms are used on website “bios” to tag as relevant to clinics or providers. Many of these were conceptually duplicative, erroneously added, or irrelevant.

*For the purpose of this poster, I refer to “term” for data types with unique IDs that are core the data relationships that build the uwmedicine.org online patient experience.

Analysis | The 3 Goals

- Do some weeding! Create a well-designed (read fewer choices with more consistent, user-friendly organization) and thereby establish an intentional taxonomy of provider specialties
- Till the soil! Establish and internally evangelize knowledge of the core data types that fuel the site UX. Enforce a common vocabulary to reduce confusion. When all else fails, tell folks the end-goal is improved search, and they usually understand. 😊
- Grow a garden:! With a taxonomy foundation in place, future, more information-rich experiences can scale to create more meaningful and elegant UX- i.e. personalization, sub-specialization, maximizing strategic data and content surfacing.

Example of a provider bio page:



Process

The following strategies were used to make sense out of chaos:

1) Term Tidy Up and Evaluation

Term reconciliation/reduce unnecessary options: “AIDS” and “AIDS/STD” mean more or less the same thing to a lay audience, especially one that is searching quickly. While one may detect a difference is in scope (for example, one might expect results on STDS in addition to AIDS searching “AIDS/STD”) content results would more than less likely span the broader of the two options.

Term leveling/everything in its right place: is everything in the proper, or *best fit* place? “Epilepsy” previously had a home on the Medical Services Page alongside broad, high-level concepts and areas such as “Cancer Care” and “Primary Care.” How/why did this specific diagnosis or topic get here?

2) Organizational Evangelism

Educate colleagues and wider department about how data works on the website and what our “bread and butter” data types are. This will reduce the requests for reporting on data we don’t have and streamline the way in which our team and audience approach the “Find a Provider,” “Find a Location” experience as both a discovery tool and utility.

3) Create Information that Scales

I have learned a TON about data modeling in this process and have gained a strong preference for reliable, clean data. Taking the time to tediously fine-comb neglected website data reaps early benefits in efforts such as bulk data processes, interoperability with third party vendors and tools, and lays the foundation for execution of more strategic, targeted endeavors such as website personalization.

Lessons Learned

- There is no such thing as a healthcare or taxonomy “silver bullet” because it is so complex

Expect *all* healthcare and all associated data with it (that means provider ids, location of practice, education and accreditation info, area of specialization, insurance accepted, etc) to change *constantly*. An information model that allows for easy add/removal of data associations is more sustainable as it will ultimately be a more flexible one. Additionally, future content processes will likely build on this backbone of data, so it is important to get it clear and get it as accurate as possible.

- “Provider” or “Doctor?” Choose one- Taxonomy “works” best when the vision is experienced holistically

While a taxonomist, editor, or content manager may be responsible for making different types of changes to public-facing content, all changes potentially impact the site UX. Our web team sets the expectations for site users so investing our team’s time to confer with one another and our stakeholders while undergoing the streamlining process has been important. Additionally, visiting and re-visiting core user journeys and wireframes for context ensures the continued alignment of technical and creative in our content strategy.

As we move toward a more approachable tone, more future-proof, and mobile friendly content, taxonomy too must evolve toward user-friendly labels and flexible search. The ongoing and specific challenge of moving from a provider/industry-centric jargon and terminology “ophthalmology anyone?” to patient-centric model “Eye Care,” searching: “eye hurts” has proved challenging. We are trying to have our layperson labels and search our scientific terms too!

- Flexibility in Back-end Technology is Critical

Our legacy, custom CMS has served the Marketing Team for many years however its age is showing...access was limited to internal teams, it could not be directly developed, and technical documentation was limited. This framed logistics of taxonomy’s role in the website project timeline.

Acknowledgements

Special thanks to my wonderfully supportive colleagues for their optimism and humor throughout the project’s inception and discovery phase. We successfully launched our first wave of the refresh in in February, 2018 (new Home page, Primary Care Service page, Provider Bios, and Clinics) and have received positive feedback.

A unique combination of factors beyond my individual contributions played into its progress. Team-based success factors to this project included:

- A project team of skilled and communicative individuals who were flexible yet continued to advocate for their respective best practices throughout the early life of the project
- Agile-style scrum meetings, first-rate project management tools, and other opportunities offline and on for collaborative work
- Buy-in from leadership including support for areas of digital specialization previously unknown to the team and sharing the team’s success at all levels of the organization.

Questions and Contact

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UW Medicine