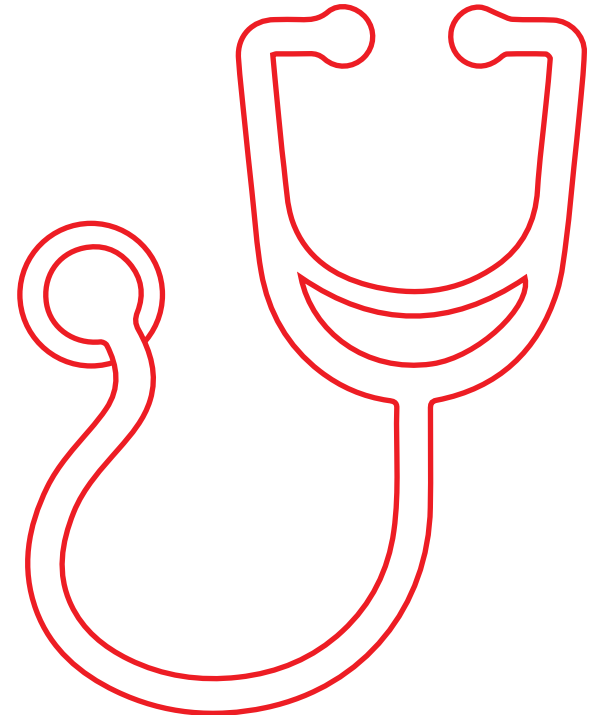


Navigating Health Services



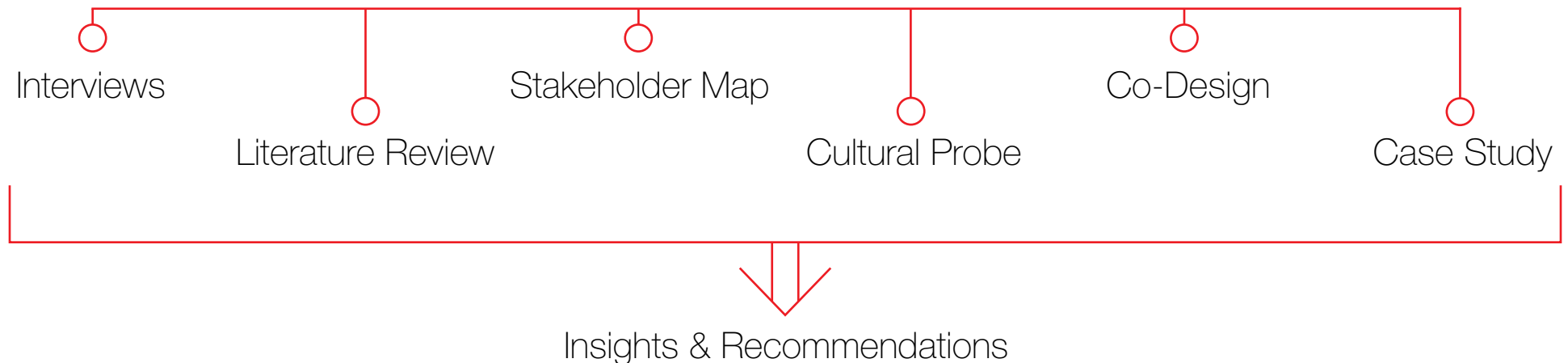
Rebecca Raha Radparvar
User Research Methods - Professor Gemperle

Navigating Health Services

Research Goal

To understand why insured young adults who are newly independent (either graduate students or young professionals) and have insurance and access to health services choose not to go to the doctor as often as recommended and necessary.

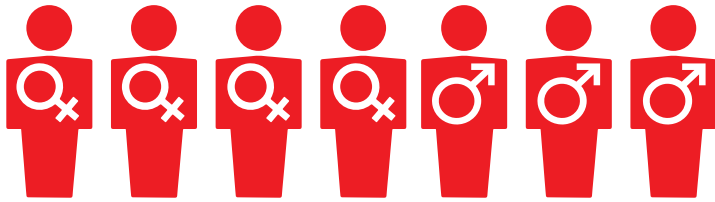
Research Timeline:



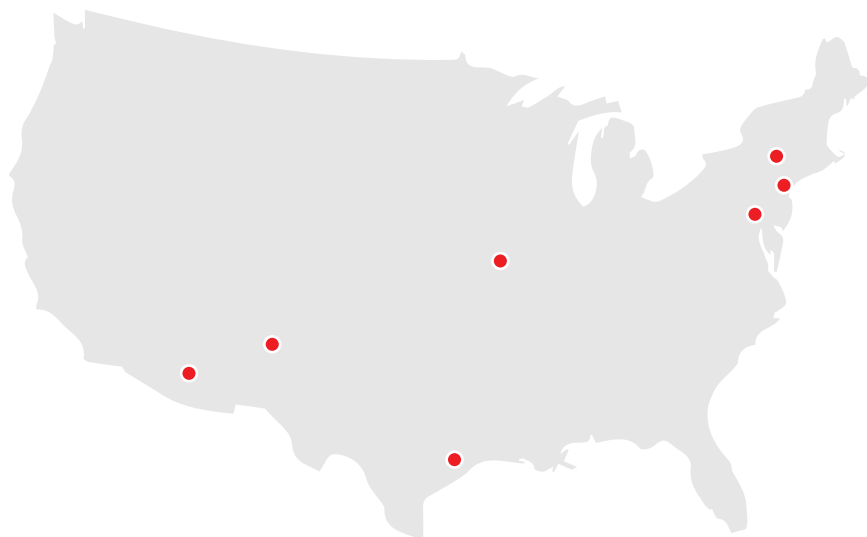
Interviews

Seven interviews were conducted with young adults in varying locations around the country and genders to provide a diverse set of viewpoints about health care services. These interviews were used as a starting point in order to decide what human-centered research tools should be employed next.

Interviewees



Interviewee Locations



Key Findings

- Routine and reminders are important when it comes to regular healthcare.
- Males decreased perceived need to see a multitude of health professionals (no OB/GYN or birth control prescriptions necessary, less social pressure to see a dermatologist) leads them to receive less healthcare overall as they are not used to regularly seeing any health practitioner.
- Users with doctors within their families receive more regular but fragmented care.
- Users are more often deterred by using health services when receiving good news than bad news.
- Users feel that a lot of time is wasted going to see health professionals because they're not going to uncover any new data.
- Users relate "feeling health" to being healthy.

Literature Review

A literature review was chosen a supplemental method for understanding why people do not receive proper medical care when they have access to it. This method was chosen as to illuminate additional areas to focus human-centered activities and research on.

Taber, Leyva, and Persokie's publication "Why Do People Avoid Medical Care? A Qualitative Study Using National Data" was reviewed.

Key Findings

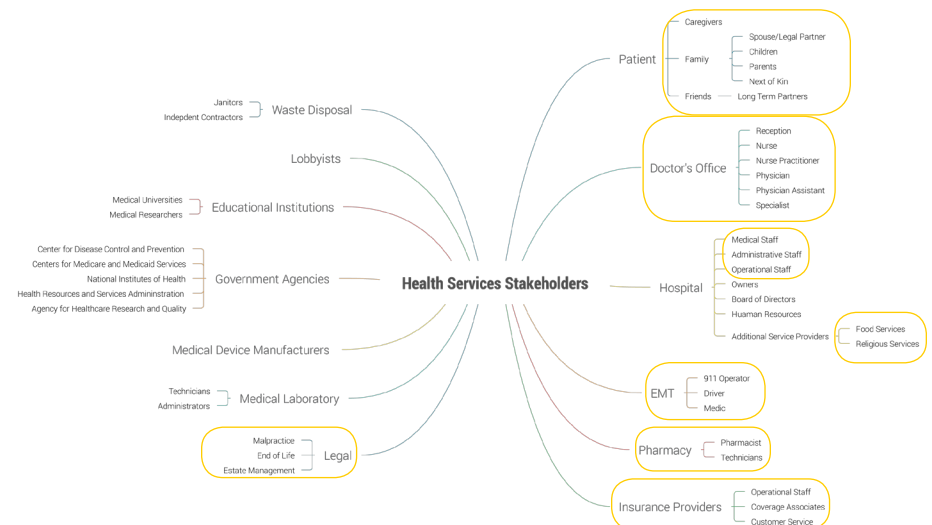
- Most insights from Taber, Leyva, and Persokie's study were consistent with the qualitative research conducted thus far.
- One outlier, that contradicted all information however, was that people avoid medical care due to unfavorable Physician experiences - when asked about this, most users noted they would just change health care providers.

Stakeholder Map

A stakeholder map was developed to understand the major players in Health Services. Stakeholders which users commonly interface with have been circled to understand which stakeholders effect user's experiences and therefore what interactions in their journey they are likely to change or color their perception of Health Services and long term decision making.

Key Findings

- Better understanding of areas where the largest, noticeable improvement can be made in terms of patient experience. (Not to discredit systematic change at a higher level.)



Cultural Probe

A cultural probe was conducted on users to understand their perception and experiences while navigating throughout the Health Services system. Users were given a set of photos and asked to go through each and describe how each piece of the process makes them feel. This activity was conducted to get more in-depth information about pain points as opposed to just describing the entire experience as “annoying”, “a waste of time”, etc.

Participants



Key Findings

- Users feel a lot of time is wasted and work is duplicated throughout the medical process.
- Users use online resources - such as WebMD - to look up ailments even though they know they're unreliable and they shouldn't.

833 SW 11th Avenue, #715
Portland, OR 97205

Robert F. Ratzow, D.C. (503)274-0144 Phone/Fax

1 PATIENT INFORMATION

Date: _____
 SSN: _____
 Patient Name: Last Name _____ First Name _____ Middle Initial _____
 Address: _____
 Email: _____
 City: _____ State: _____ Zip: _____
 Sex: ☐ M ☐ F Age: _____
 Birthdate: _____
☐ Married ☐ Widowed ☐ Single ☐ Divorced ☐ Partnered for _____ years
 Patient Employer/School: _____
 Occupation: _____
 Employer/School Address: _____
 Employer/School Phone: () _____
 Spouse's Name: _____
 Birthdate: _____
 Sex: _____
 Spouse's Employer: _____
 Whom may we reach for referring you? _____

2 INSURANCE INFORMATION

Who is responsible for this account?
 Relationship to Patient: _____
 Insurance Co.: _____
 Group #: _____
 Is patient covered by additional insurance? ☐ Yes ☐ No
 Subscriber's Name: _____
 Birthdate: _____ SSN: _____
 Relationship to Patient: _____
 Insurance Co.: _____
 Group #: _____

3 PHONE NUMBERS

Call Phone () _____ Home Phone () _____
 Best time and place to reach you: _____
 IN CASE OF EMERGENCY, CONTACT
 Name: _____ Relationship: _____
 Home Phone () _____ Work Phone () _____

4 ACCIDENT INFORMATION

Is condition due to an accident? ☐ Yes ☐ No Date: _____
 Type of accident: ☐ Auto ☐ Work ☐ Home ☐ Other
 Is your health care provider a member of your accident?
☐ Auto Insurance ☐ Employer ☐ Worker Comp. ☐ Other
 Attorney Name (if applicable): _____

5 PATIENT CONDITION

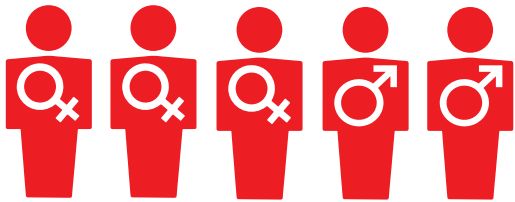
Reason for Visit: _____
 When did your symptoms appear? ☐ Yes ☐ No ☐ Unknown
 Is this condition getting progressively worse? ☐ Yes ☐ No ☐ Unknown
 Mark an X on the picture where you continue to have pain, numbness, or tingling.
 Rate the severity of your pain on a scale from 1 (least pain) to 10 (worst pain)
 Type of pain: ☐ Sharp ☐ Dull ☐ Throbbing ☐ Numbness ☐ Aching
☐ Burning ☐ Tingling ☐ Cramps ☐ Stiffness ☐ Swelling ☐ Other _____
 How often do you have this pain?
 Is it constant or does it come and go? ☐ Constant ☐ Intermittent
 Does it interfere with your: ☐ Work ☐ Sleep ☐ Daily Routine ☐ Recreation
 Activities or movements that are painful to perform: ☐ Sitting ☐ Standing ☐ Walking ☐ Bending ☐ Lying Down



Co-Design

Two Co-Design activities were conducted to understand users current and desired General Physician experiences. These activities enabled users to speak of their last (typical) General Physician's visit and discuss pain points, as well as create their ideal doctor's office.

Participants



Key Findings

- Users waiting room experiences last longer than most General Physician visits and the waiting room experience is a major pain point.
- Users prefer offices that are more personable and have doctor's own person artifacts within them.
- Users prefer phone interactions with Physician staff - as opposed to digital communication - due to the current state of health communication software.

My Typical General Physician Visit

How do you make an appointment?
Circle the tools you use to find and schedule appointments. Estimate the time spent on each, total.
Use other tools? Add them!

How do you get to the doctor's office?
Circle the method(s) you use and the time it takes. If a buddy goes with you, note who!
Use other methods of transport? Add them!

Who do you interact with?
Make a list of all of the people you interact with throughout your health care experience. Feel free to fill out this section some more after we move on to the next activity.

Does your doctor follow up with you?
If doctors follow up with you, circle the method they do so in.

Did we miss any important parts or pieces about your doctor's appointments? If so, note them here!
Otherwise feel free to doodle, write a love note to profess your love to an unknown lover, or just stare at this blank page and think about your life decisions while you wait for everyone else to finish.

Design Your Ideal Doctor's Office

Case Study

During the period of this project, the opportunity to do a case study was presented.



Demographic Information

- Female
- Mid-20s
- Recently Relocated to Pittsburgh, Pennsylvania

Key Findings

- Insurance companies do not have enough information easily accessible to their customers
 - leading to wasted time for both customers and corporations.
- Procrastination can lead to not being able to see a Physician when necessary due to other roadblocks.

Timeline

- *Early October*
Skin ailment appears.
- *Mid-October*
Considers going to the doctor.
- *Early November*
Attempts to make a doctor's appointment after prompted by recommendation, insurance is not accepted.
- *Late November*
Ailment has grown tremendously and is considered "too large" to bear.
Attempts to make doctor's appointments, spends multiple hours multiple days but cannot find a location that accepts her insurance.
- *Early December*
After approximately 5-6 hours of time spent calling insurance and Physician offices, finds one of two options within a mile or so which accept her insurance and is able to make an appointment for the following day. Loved the doctor and would definitely return.

Insights & Recommendations

Final Insights

- Males and Females must be treated differently throughout the health care services process on the administrative end to ensure they are properly capitalizing on the necessary services available to them.
- The time users spend waiting could be better capitalized on to enable them to feel that their time is being properly utilized when navigating health services.
- Most users do not go to the doctor until something is unbearably painful or physically obvious/bothersome.
- Users' procrastination and administrative health service barriers make it unduly difficult to see Physicians in a timely manner. Health services are not timely, yet users procrastinate.

Product Opportunities

- Improved Data Information Systems to avoid duplication of information and access to medical records.
- Better waiting time usage - such as provided space to work, more social seating areas, etc.
- Embedding the doctor into other necessary experiences. (For instance, having doctor's on staff for large corporate campuses enabling users to leave work for minimal time to see a doctor and incentivizing other patients to be on time and leave on time to make their work-day appointments. - Similar to how Etsy has yoga in their office building.)

Guiding Design Principles

- Male and Female medical services should not and cannot be managed the same way due to different biological and habitual needs.