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It feels like a social norm in society, where people don't really want to know how you're doing.

Megan

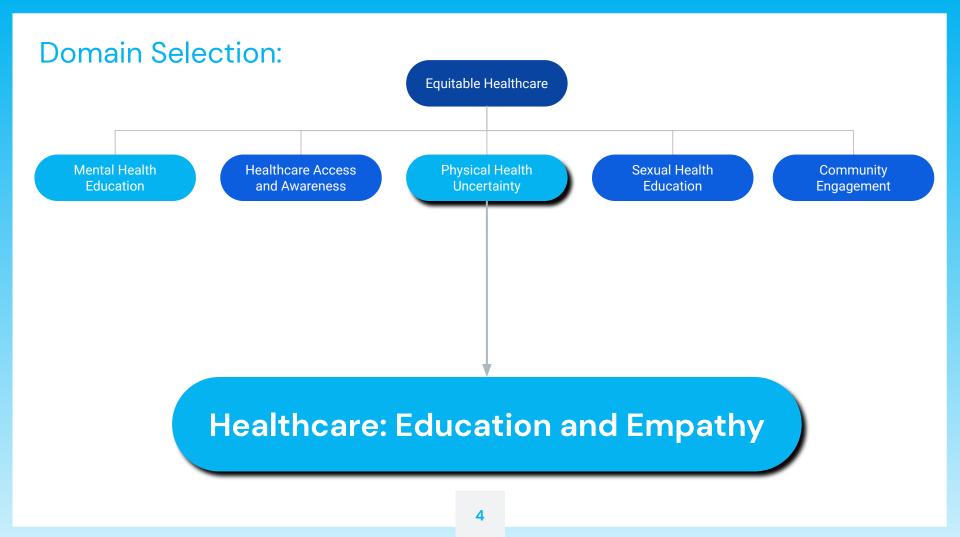
Meet the Team!



Brenden Koo '23 Sunnyvale, CA



Nate Fleischli '23 Menlo Park, CA



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Additional Interviewees

Who else did we talk to?

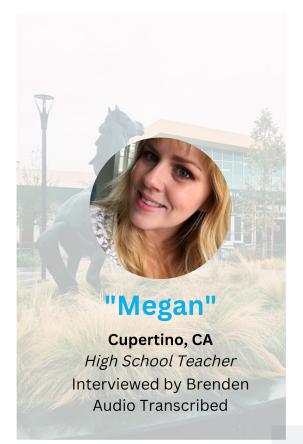
Looking for participants, we focused on

We consulted:

- Doctors and Medical Professionals
- People who have had varying experiences going to the doctor (positive and negative)
- Private equity healthcare expert



Homestead High School, **Cupertino**, **CA** Interview conducted in a private classroom Menlo Medical Clinic, **Menlo Park, CA** Interview conducted in a private office setting





Additional Learnings:



"...[doctors] don't really listen to you [and they] don't take you seriously..."

Megan has an aversion to going to the doctor-despite medical complications-because of **poor experiences** with doctors, citing "smugness" of communication style.

*Megan is not a patient of Dr. Garay



"...I see more patients than I have time for each day..."

Dr. Garay is often overwhelmed by the volume of patients she sees every day. This is mostly due to patient who come in to a "follow up" appointment with a new need that she is not aware of—which takes more time than allotted. Like most physicians, Dr. Garay is **burnt out** after a long day of seeing patients!









John

Chris







Megan



Dr. Garay

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POVs and HMWs

Who **are** these people, what do they **want**, and how do we **help**?

WE MET: John, a 25 year old Wildseed employee with shoulder complications who wants a job with good benefits.



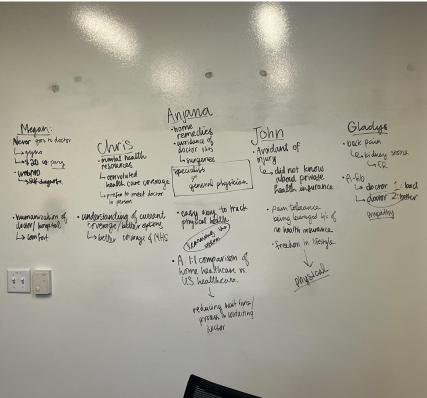
WE WERE SURPRISED TO NOTICE: that he changed his lifestyle, not his healthcare coverage, due to his medical experiences.

WE WONDER: if John is happy having made these drastic changes to his lifestyle.

IT WOULD BE GAME-CHANGING TO: find a way to allow people to avoid sacrificing their physical enjoyment out of fear of injury or medical bills.

POV Revision Process







POVs, Finalized

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We met Gladys, a retired flight attendant and retired surgical nurse in her 70s, who is living with A-fib. We were surprised to notice that despite her own experiences in the medical field, she nevertheless had her own reservations and aversions to going to see the doctor / seeking immediate medical treatment. We wonder if her avoidance of going to see the doctor is due to her previous experiences with healthcare providers who lacked empathy. It would be game-changing to remind Gladys of the intentions of her healthcare providers as they prioritize her physical, emotional, and mental well-being.



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- HMW help patients and doctors get to know each other better and stay up-to-date on each other's lives?
- HMW help doctors handle stress?
- HMW establish rapport between doctors and patients outside of medical context?
- HMW help patients avoid feeling neglected by or disconnected from their doctors?

We met Chris, a bay area freelance photographer / teacher in his 30s with a pre-existing condition who just transitioned to a new job and does not know what his healthcare coverage is. We were surprised to notice that despite the fact that Chris missed the deadline to individualize a health insurance plan through his employer (Stanford), he has neglected to go through the insurance plan he was assigned because of the time it takes him to understand the convoluted language. We wonder if Chris would have made the deadline to individualize his coverage, and / or read his current plan, if it was easier to understand. It would be game-changing to make health insurance / plans easier to understand.



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- HMW give kids/teens/young adults the initiative to learn more about health insurance policies earlier?
- HMW make people CARE about their health insurance policies proactively?
- HMW make health insurance policies fun?
- HMW make healthcare more engaging for a broader audience?

We met Anjana, a 26 year old student from India studying Civil Engineering at Stanford who is struggling to maintain good physical health due to her demanding work schedule. We were surprised to notice she would only go to the doctor if the pain is intolerable or the symptoms worsen and reach out to specialists directly in India (as opposed to the US). We wonder if she feels as though access to health specialists in the US is too complex to allow her to seek medical attention immediately after noticing symptoms. It would be game-changing to facilitate access to specialists and allow people to "learn the system."



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- HMW help people optimize/navigate the current healthcare system they are in?
- HMW reduce wait time and number of steps for seeking medical attention from medical specialists?
- HMW ease a person's uncertainty when transitioning healthcare systems in a new country?

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Solutions and Experience Prototypes

What ideas did we come up with?

Top Solutions:

- 1. A way to **dynamically schedule appointments** based on patient's current issues/needs and doctor's workload, while **tracking** and **helping doctors manage their stress.**
- 2. A scavenger hunt game that quizzes people on health and healthcare
- 3. A system where people **receive a daily fun fact** about their health/health insurance policy

Solution

A way to **dynamically schedule appointments** based on patient's current issues/needs and doctors workload, while **tracking** and **helping doctors manage their stress.**

Assumption

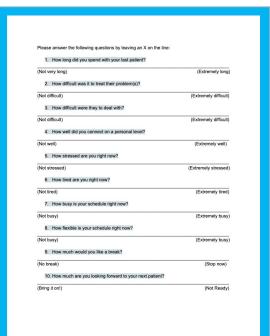
Doctors have the time to do this in between patients.

All doctors have **similar stressors** when relating to patients.

Experience Prototype

Participant: Dr. Garay, Internal Medicine

Recruited from Menlo Medical Clinic



Set up:

- Stanford Doctor's Office
- In-between patient appointments
- Had doctor fill out form



Experience Prototype

Findings:

- Doctor felt the survey was too long
 - Couldn't be done in between patients
- One question unclear
- Use of sliders was too subjective
 - need more quantitative options/boxes to select
- **Easy to use,** nothing didn't work for her
- Had no feelings of opposition or frustration when filling out
- Felt that she could answer honestly



Solution

A **scavenger hunt game** that **quizzes people** on health and healthcare

Assumption

Young adults (aged 17-22) are **interested** in learning more about their healthcare policies

Experience Prototype

Katie Heffernan

Recruited for target age demographic





Airin Brittany Valdez-Monroy

Recruited for target age demographic









Experience Prototype

Findings:

- Participants seemed stressed about scoring/question accuracy
- Most participants got questions incorrect, indicating a need for education about healthcare

- People enjoyed engaging with the game
- Checking answers at the end helped memory retention
- Participants stated that they wished they knew more about healthcare and were interested in learning more

Solution

A system where people **receive a daily fun fact** about their health/health insurance policy

Assumption

People will be able to retain short facts or pieces of information for a longer period of time after their initial read

Experience Prototype

Yara Elian

Recruited for target age demographic











Experience Prototype

Findings:

- Participant also seemed stressed about scoring/question accuracy
- Surprised that the participant returned on their own the second time without asking
- 10 minutes after initially reading the information, the participant remembered questions, but not answers
- After another 10 minutes, the participant returned and could recall 100% of both questions and answers
- Reviewing answers facilitated memory recall
- Participant also stated they wished they knew more about healthcare and were interested in learning more

What does this mean going forward?

Solution 1:

- Questionnaires have to be short so that doctors can quickly do them in between patients
- Schedules are very hard to adjust on the fly, but we CAN do a better job of predicting patient needs and factoring that into scheduling

Solution 2:

- A quiz format might act as a stressor in that participants might feel penalized for inaccuracy
- People are willing to learn more about their health and healthcare if presented in a game format

Solution 3:

- People are able to retain completely new information if it is presented over time
- A daily fun fact might be useful and it might actually serve its purpose in educating people

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What's Next?

OUR SOLUTION:

shift

Scheduling Health in From Thought

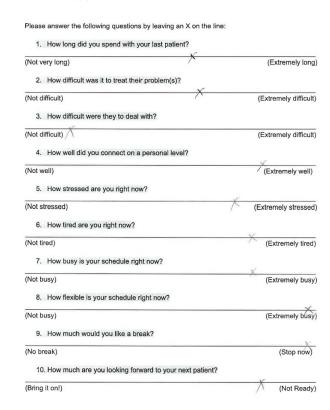
What is shift?

scheduling health in from thought

A solution for:

- Relieving doctors' stressors
- Mediating Compassion collapse between patients and doctors





Who does it serve, and who does it leave out?

Serves:

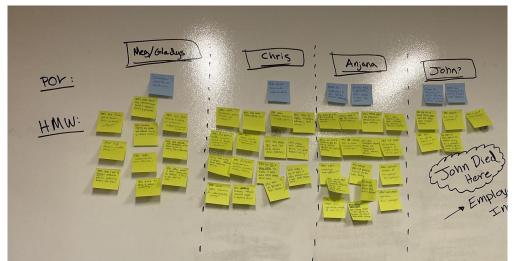
- Doctors
- Patients
- Nurses

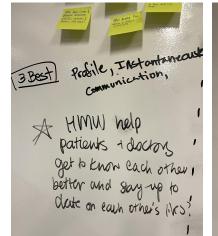
Leaves Out:

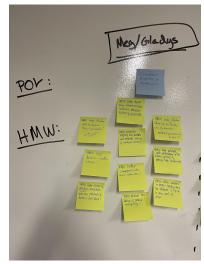
- People without health insurance?
- People who don't have a primary care physician

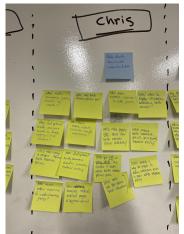
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Appendix

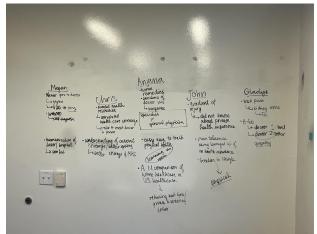












Solution

A platform where doctors and patients and provide anonymous feedback for one another to facilitate greater understanding of how to strengthen patient/doctor relationships

Assumption

Doctors are **comfortable** assigning their experiences with their patients with a **numerical rating**

Experience Prototype

Participant: Dr. Jennifer Randall Crosby

Recruited from Stanford Department of Psychology, Social Psychologist

Participant: Daniela, MA

Recruited from Vaden Health Center, Stanford University



Set up:

- In a room 1:1
- Example to the right →



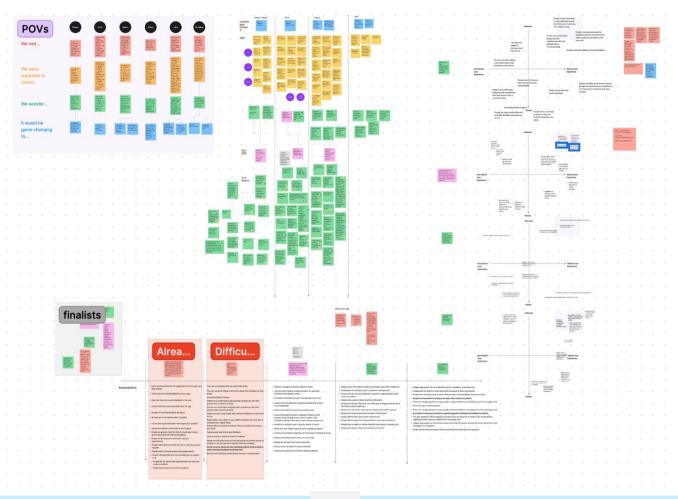
Why are we scrapping this?

Findings:

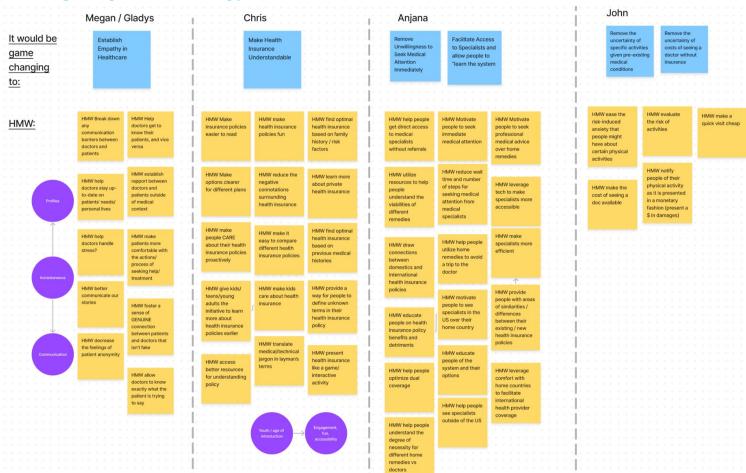
- Concerns about discrepancies between what is described as "polite" or "good behavior" (due to psychological and behavioral differences)
- Concerns about rating a patient after having provided care, especially due to confidentiality agreements
- Overall concern about the idea, as it is difficult to provide qualitative feedback without disclosing personal information and difficult to provide quantitative feedback without generalizing or simplifying
- Also the lack of initial feedback will eliminate anonymity



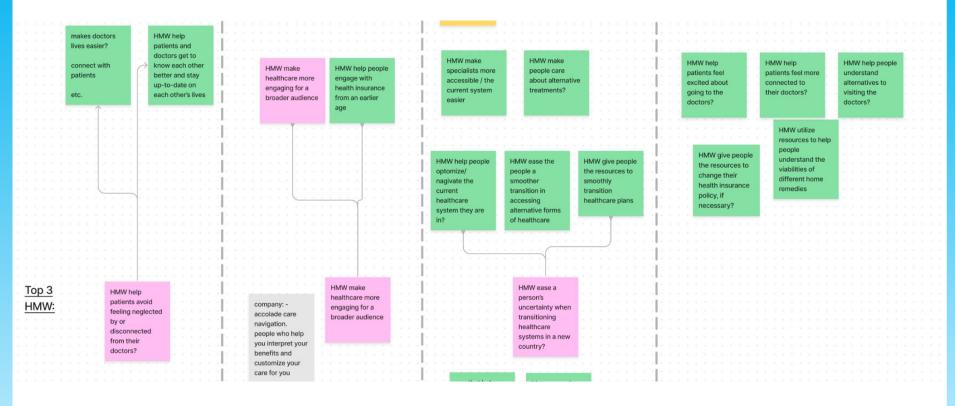
Our Board:



GAMECHANGERS -> HMW's:



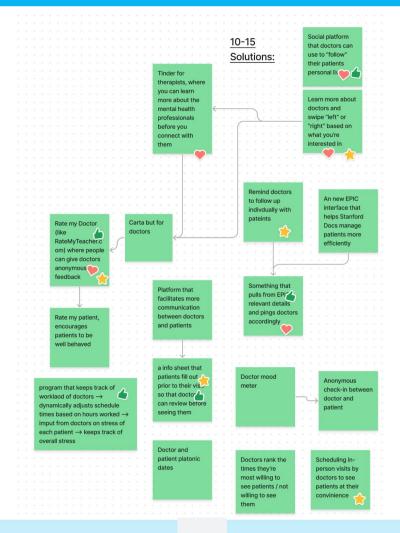
TOP 3 HMW's:



Top 3 HMW's + Solution Brainstorm:



Gladys Solutions:



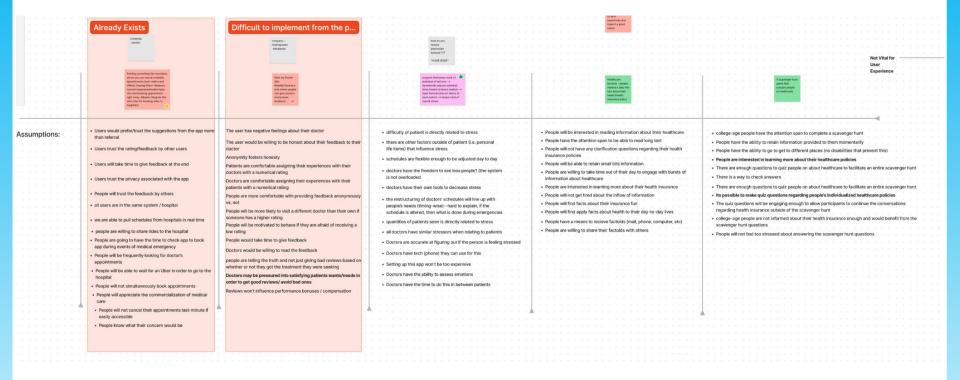
Chris's Solutions:



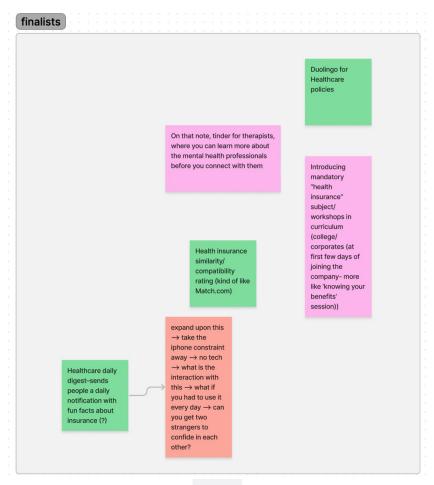
Anjana's Solutions:



Top Solutions / Assumptions:



Solution Finalists:



Assumptions (clearer):



· Users would prefer/trust the suggestions from the app more

Already Exists

than referral

care

easily accessible



doctor

vs. not

low rating

someone has a higher rating

Difficult to implement from the perspective of diff...

· Users will take time to give feedback at the end Users trust the privacy associated with the app

Users trust the rating/feedback by other users

· People will trust the feedback by others

- · all users are in the same system / hospital
- · we are able to pull schedules from hospitals in real time
- · people are willing to share rides to the hospital
- · People are going to have the time to check app to book app during events of medical emergency · People will be frequently looking for doctor's appointments
- · People will be able to wait for an Uber in order to go to the hospital

· People will not cancel their appointments last-minute if

- People will not simultaneously book appointments
- · People will appreciate the commercialization of medical

- The user has negative feelings about their doctor The user would be willing to be honest about their feedback to their Anonymity fosters honesty Patients are comfortable assigning their experiences with their doctors with a numerical rating Doctors are comfortable assigning their experiences with their patients with a numerical rating People are more comfortable with providing feedback anonymously
- People will be more likely to visit a different doctor than their own if People will be motivated to behave if they are afraid of receiving a People would take time to give feedback Doctors would be willing to read the feedback
- people are telling the truth and not just giving bad reviews based on whether or not they got the treatment they were seeking
- Doctors may be pressured into satisfying patients wants/needs in order to get good reviews/ avoid bad ones
- Reviews won't influence performance bonuses / compensation

Assumptions (clearer):

how do you reduce psychician burnout ??? *HUGE ISSUE*

program that keeps track of worklaad of doctors → dynamically adjusts schedule times based on hours worked → input from doctors on stress of each patient → keeps track of overall stress.

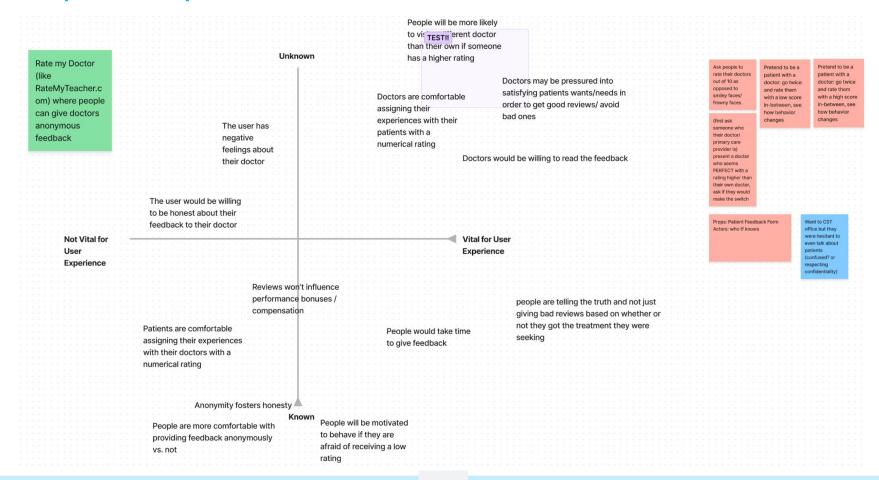
Healthcare factoids - people recieve a daily fun fact about their health/health insurance policy Not Vital for User Experience

A scavenger hungame that quizzes people on healthcare

- · difficutly of patient is directly related to stress
- there are other factors outside of patient (i.e. personal life items) that influence stress
- · schedules are flexible enough to be adjusted day to day
- doctors have the freedom to see less people? (the system is not overloaded
- · doctors have their own tools to decrease stress
- the restructuring of doctors' schedules will line up with people's needs (timing-wise)--hard to explain, if the schedule is altered, then what is done during emergencies
- · quantities of patients seen is directly related to stress
- · all doctors have similar stressors when relating to patients
- · Doctors are accurate at figuring out if the person is feeling stressed
- · Doctors have tech (phone) they can use for this
- · Setting up this app won't be too expensive
- · Doctors have the ability to assess emotions
- . Doctors have the time to do this in between patients

- · People will be interested in reading information about their healthcare
- · People have the attention span to be able to read long text
- People will not have any clarification questions regarding their health insurance policies
- · People will be able to retain small bits information
- People are willing to take time out of their day to engage with bursts of information about healthcare
- · People are interested in learning more about their health insurance
- · People will not get tired about the inflow of information
- · People will find facts about their insurance fun
- · People will find apply facts about health to their day-to-day lives
- · People have a means to recieve factoids (mail, phone, computer, etc)
- · People are willing to share their factoids with others

- · college-age people have the attention span to complete a scavenger hunt
- People have the ability to retain information provided to them momentarily
- · People have the ability to go to get to different places (no disabilities that prevent this)
- · People are interested in learning more about their healthcare policies
- · There are enough questions to quiz people on about healthcare to facilitate an entire scavenger hunt
- · There is a way to check answers
- . There are enough questions to quiz people on about healthcare to facilitate an entire scavenger hunt
- Its possible to make quiz questions regarding people's individualized healthcare policies
- The quiz questions will be engaging enough to allow participants to continue the conversations regarding health insurance outside of the scavenger hunt
- college-age people are not informed about their health insurance enough and would benefit from the scavenger hunt questions
- People will not feel too stressed about answering the scavenger hunt questions



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· Setting up this

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- · difficutly of patient is directly related

Known

Unknown

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Vital for User **Experience**

- · Doctors have the ability to assess emotions
- · quantities of patients seen is directly related to

Props: Questionnaire Sheet Actors: Doctor Garay / Doctors

questionnaire:

** get emotional experience of docs

questions about questionnaire:

