"I have been struck again and again by how important measurement is to improving the human condition." -Bill Gates





HealthInfo 2022 Lisbon, Portugal

Jay Erickson Partner, Modus Board Member, NODE.Health jerickson@modusagency.com **NODE.Health** is a non-profit, professional association for digital medicine, focused on creating, gathering, and disseminating the evidence and best practices needed to facilitate digital transformation in healthcare. By creating an ecosystem of evidence, we serve as the catalyst that makes disruptive innovation actionable, sustainable and beneficial—for everyone involved.

**Jay Erickson** is an advisory board member at NODE.Health as well as Chief Innovation Officer and founding partner at Modus, a global human-centered digital agency. He is also a cancer survivor and patient advocate.





- Background
- What is UX and why is it important?
- Principles & Measures with real-world examples
- Scoring System
- Q & A





















Memorial Sloan Kettering Cancer Center

Team



**Jay Erickson** Partner, Chief Innovation Officer Modus



Yauheni Solad MD, Medical Director, Digital Health Yale New Haven Health



**Tom Foley** Director of User Experience Modus



**Sarah MacArthur, MD,** Director of Digital Health Innovation NYU Langone



**Rishi Kumar MD, MBA,** Hospitalist Johns Hopkins



Daniel Stein, MD, PhD, Associate Chief Health Informatics Officer Memorial Sloan Kettering <sup>5</sup>



**Michael McShea** Health System Innovation Lead Johns Hopkins APL



Jonathan Shariat Author, Sr. Product Designer Project Rōnin



**DIGITAL HEALTH** 

		DIGITAL MEDICINE					
DEFINITION			DIGITAL THERAPEUTICS				
	Digital health includes technologies, platforms, and systems that engage consumers for lifestyle, wellness, and health-related purposes; capture, store or transmit health data; and/or support life science and clinical operations.	Digital medicine includes evidence-based software and/or hardware products that measure and/or intervene in the service of human health. <sup>1</sup>	Digital therapeutic (DTx) products deliver evidence-based therapeutic interventions to prevent, manage, or treat a medical disorder or disease. <sup>2</sup>				
CLINICAL EVIDENCE	Typically do not require clinical evidence.	Clinical evidence is required for all digital medicine products.	Clinical evidence and real world outcomes are required for all DTx products.				
REGULATORY OVERSIGHT	These products do not meet the regulatory definition of a medical device <sup>3</sup> and do not require regulatory oversight.	Requirements for regulatory oversight vary. Digital medicine products that are classified as medical devices require clearance or approval. Digital medicine products used as a tool to develop other drugs, devices, or medical products require regulatory acceptance by the appropriate review division.	DTx products must be reviewed and cleared or certified by regulatory bodies as required to support product claims of risk, efficacy, and intended use.				

1 https://www.dimesociety.org/index.php/defining-digital-medicine

2 https://www.dtxalliance.org/dtxproducts/
3 It is important to check with local regulatory requirements in each jurisdiction the product is manufactured, registered, or used in.



To create a framework to **measure user experience (UX)** specific to digital health to drive **better experiences** and **efficacy**.

Who can benefit from the framework?

- Health Systems to evaluate potential solutions or improve existing patient or clinician experiences
- Startups/Product Companies measure and improve the UX of your product over time



### What is User Experience?





### What is User Experience?

### same interface

different use cases & experiences







# Why is UX Important for Digital Medicine?

- human dignity & easing the burden of disease
- better UX = better adoption & engagement = better outcomes
- antidote to clinician burnout (affects outcomes)



"one of the **strongest predictors of burnout was how much time an individual spent tied up doing computer documentation.**"

> -Atul Gawande "Why Doctors Hate Their Computers" *The New Yorker, November 12, 2018*

"...63 percent of physicians surveyed reported at least one symptom of burnout at the end of 2021, an increase from 44 percent in 2017" -NY Times, September 29, 2022

# Why is UX Important for Digital Medicine?





### **The Framework**















"little e" - engagement with the digital experience itself

"Big E" - engagement with the care plan or therapy

for more info, see: https://www.linkedin.com/pulse/engagement-actually-has-three-es-little-e-big-easy-jay-erickson/



### Components





# **The Eight Principles**



### Data Control

- Provides a high level of privacy, transparency, control and security around data
  - The user can edit and remove their profile information
  - P The user has control over their data (including revoking, sharing, transferring, exporting, avoiding data loss, etc)
  - P Data security approach and storage location is communicated clearly to the user
  - P Data privacy and sharing is communicated clearly to the user
  - P Consents and opt-ins/outs are implemented, confirmed and clear for any data sharing
  - P The app explains any sensors or permission requests on personal devices it will use and why



### • = all users

- P = patient-only
- C = clinician-only









### Functional Performance

### Performs functions quickly and accurately without impeding the user

- Screens load and system actions execute in a timely manner
- If a secondary system there is single-sign on and any relevant context is maintained (e.g. selected patient) from the primary system
- The error rate experienced by users is low
- P It is easy to connect peripherals and related services









### Users are satisfied and provided moments of delight

- Experience provides moments of levity, delight or emotional reward to the user
- The experience has a good net promoter score (i.e. on scale of 1-10 how likely are you to recommend this app)
- The experience has acceptable adoption and engagement levels consistent with the expected levels







### Support & Feedback

#### Provides customer support and feedback opportunities

- There is a means to provide feedback on the experience
- There is a simple and fast way to get help with the application
- Upon imminent or actual system or user error there is clear communication and graceful recovery.
- The system provides informative feedback to the user about actions they are about to take or have taken.
- Human support is provided in addition to digital support







### Special Needs & Accessibility

### Is accessible and optimized for the special needs of its target population

- P The experience is accessible and section 508/ADA compliant
- P The population evaluated for special needs (physical disabilities, hardware, connectivity, technical literacy, etc.) and if special needs were identified measures were implemented to address them
- P Proxy access is available (spouses, caregivers, 3rd parties)
- P There is language support for languages of populations greater than 5% of total population



#### Buttons

Screen-Reader Joor Users who cannot see the screen and rely on listening to navigate and interact.

REQUIREMENT	ISSUE				
The button element is provided, signaling to screen-readers that it is <i>actionable</i> .	The button element is <i>not</i> announced. Only the text inside the button is read aloud.				
The state is clear to the user? <i>E.g., inactive state</i>	<ul> <li>The inactive state is not announced, so user is unaware that it is a non-actionable element.</li> </ul>				

### X ISSUES





#### Provides efficiency and value for users

- The experience enables "jobs to be done" or tasks to be completed effectively and in a timely manner
- The experience provides valuable information in an easily digestible format
- Information needed for a particular task or decision making is grouped together in a single location
- C The experience is useful for creating better clinical documentation and/or more actionable clinical decision support
- C The experience avoids unjustified workflow, cognitive load, and non-actionable alerts for clinicians and reduces net work



#### Select a Visit Time That Works for You

Please allow about 20 minutes before your visit time in order to complete the checkin process, which includes payment and personal health questionnaire.



#### **2** Complete the Check-In Process

During check-in, you make your payment and complete a health history questionnaire.





After the doctor connects, you begin your video chat and receive treatment.





# Design

### Follows familiar user-centered design patterns and is easy to use

- The user experience matches current paradigms of digital interaction
- Prompts for additional information are contextual and timely
- On-boarding is completed in a timely manner and the user clearly understands the capabilities of the application after on-boarding
- The experience can be easily navigated and the user knows where they are at all times in the experience
- The information is presented to the user in easily scannable format
- User can control when, where and how they experience notifications
- Account creation and login are simple
- P In-experience advertising is not obtrusive
- Conversational language is favored over medical jargon and uses the same terminology that clinicians use with patients
- C Alert frequency, characteristics, and content are appropriate for the severity of the alert



	•	
	3 OF 4	Skip
		h
1		
Add detai	ls and manage	personal
into to tall	or the app to y	our needs
	Next	X III
	Q	▲ =
Home Appts	Find care	Me More

<	Create an account	li i	
Create y	our login		
Email rachel.d	oe@example.com		
Label Value		0	
contain 1	vord must be 8 characters or longer a of each: uppercase letter, lowercase nber and a special character	nd	
I agree to	the terms of service		
	Continue		
		8	







#### Is well founded in science and user research

- Users have been engaged in the product design process through primary research, usability testing and participatory design practices
- The relevant academic literature was reviewed as evidence basis for the product
- Personas were developed as part of product creation
- User experience metrics are defined and tracked on an ongoing basis (time on task, etc)



### dPx Research Toolkit



- Multi-method approach used whenever possible and as appropriate to understand:
  - Attitudinal v. Behavioral user insights
  - Qualitative v. Quantitative user insights
  - Context of product use
  - Close partnership between research, analytics, and product teams to ensure:
    - Voice of Customer is integrated throughout product lifecycle



#### **Northwell Health Paper Bill Redesign**



60 participants Ages 18-70



Over 18 hours of session recordings



1200 user tasks completed



12 bill versions analyzed

### 100% Performance on bill comprehension tasks:



- Strong patient preference for detailed summary of care
- Reported increase in bill comprehension
- Reported increase in willingness to submit prompt payment
- Only minor language adjustments needed for some insurance . detail and for uninsured patients



"I think it's well laid out, it's organized, it's itemized, and it's very easy to understand. I don't think I've received a bill this easy to understand in a very long time." – 29 year old, male, Northwell Health customer

# Scoring System -How can I use it?

- Download the <u>worksheet</u> (<u>https://www.nodehealth.org/ux-measures</u>)
- Remove non-applicable measures
- Adjust weightings as desired
- Collect qualitative scores from reviewers (ideally at least 2)
- Fill out binary and quantitative scores
- Review output with team
- For ongoing product management decide what to address or add to roadmap and re-score after a period of time (ideally once per quarter)



# **Scoring System - 3 Type of Scores**





# **Scoring System**

1										
Principle	Scope	Evaluation	reviewer 1	reviewer 2	reviewer 3	value	normalized value	weight (1-10)	weighted value	potential max
for all of the below 1-10 (1 - strongly disagree, 10 - strongly agree)										
Data control	patient	The user has control over their data (including revoking, sharing, transferring, exporting, avoiding data loss, etc)	5			5	5	5	25	<mark>50</mark>
Data control	all users	The user can edit and remove their profile information.	5			5	5	5	25	50
Data control	patient	Consents and opt-ins/outs are implemented, confirmed and clear for any data sharing	5			5	5	5	25	50
provide values for all of the below										
Satisfaction	all users	The experience has a good net promoter score (i.e. on scale of 1-10 how likely are you to recommend this app) - enter NPS of a sampling of no less than 5% of users in the last 3 months				5	5	5	25	50
Special needs & accessibil	patient	The experience is accessible and section 508/ADA compliant - enter W3 conformance level (A=1, AA=2, AAA=3)				2	7	5	33	50
Functional Performance		Screens load and system actions execute in a timely manner – enter 1–5 for ranges of average load time for screens or wait times for system actions based on sampling of no less than 5 or 20% of actions or screens (whichever is more) in seconds ( $0 = > 10$ seconds, $1 = > 5$ seconds, $2 = > 2$ second, $3 = > 1$ second, $4 = 1-0.5$ second, $5 = <.5$ second))				3	6	5	30	50
Functional Performance	all users	The error rate experienced by users is low - enter number of errors experienced as a percentage of interactions				0.05%	5	5	25	50
for all of the below answer YES/NO										
Support & Feedback	all users	Human support is provided in addition to digital support				no	0	5	0	50
Special needs & accessibil		The population evaluated for special needs (physical disabilities, hardware, connectivity, technical literacy, etc.) and if special needs were identified measures were implemented to address them				no	0	5	0	50
								_		

## **Scoring System - Dashboard**





# **Thank You!**

# nodehealth.org/ux-measures

