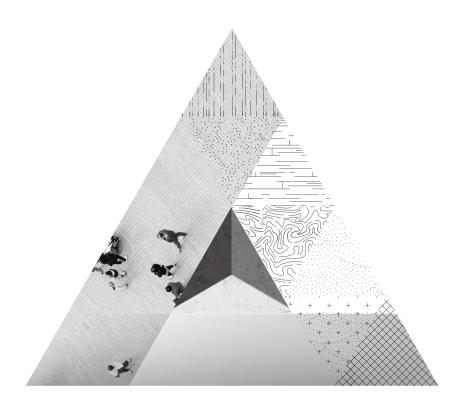
Delta

Volume 1



A look inside:

CHANGING PERSPECTIVES

Five steps to creating a culture where innovating for the future is part of daily life.

CHANGING BEHAVIORS

Use retail thinking to engage customers, influence behavior, and engender loyalty.

CHANGING EXPERIENCES

Why it's important to know what patients need at an emotional level.

CHANGING PARADIGMS

Using design interventions as a cornerstone for preventive healthcare.

PG 09 PG 21 PG 41 PG 59



health

noun

A state of complete mental, physical and social well-being and not merely the absence of disease or infirmity.

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

This definition has not been amended since 1948.

Delta Rising

This definition of health may not have changed in 68 years, but consider what has changed. The medical profession has developed vaccines for polio, measles, mumps, rubella, chicken pox, pneumonia, meningitis, Hepatitis A, and Lyme disease. Smallpox has been eradicated. We've successfully transplanted nearly every major human organ, and clinical trials are underway to test a wearable artificial kidney. Artificial limbs are being manufactured with 3D printers for a fraction of the cost of traditional prosthetics. We've not only mapped the human genome,

but we're using personalized therapies based on a person's unique genetic makeup to help cure their cancer. Above all, patterns of illness have changed dramatically. In 2010, the Global Burden of Disease Study documented how the life expectancy increased worldwide, along with the incidence of disability, as a result of chronic disease (heart disease, cancer, and stroke), injuries, and mental health conditions. More people are living longer but they're in poor health. Today, obesity and high blood sugar have overtaken lack of food as the top health risks.

We are dealing with an epidemic in lifestyle diseases. These diseases can be managed by medicine, but are "cured" by education, behavior change, and wellness. So it will take a fundamental shift in the way we think about how we deliver care for patients to reverse these diseases.

Delta means change.

Without doubt, the healthcare industry—like the world around us—is undergoing rapid and transformational change. On the following pages, we've taken a closer look at four specific ideas that we believe will shape the future landscape of health delivery and how it unfolds. Each article explores the context supporting the theme, providing insight and a framework to help healthcare leaders navigate toward a future that embraces a new way of thinking and doing. In our view, change isn't a force to be controlled or managed; it's a force that is best shaped and guided proactively. And that's what Delta is all about.

We begin by exploring how to reinvent for the future in order to stay ahead. This article explores five well-orchestrated steps to create a culture where innovating for the future is a part of daily life.

In our second chapter, we jump right into the innovation waters by examining how the key principles of retail thinking can be reimagined in the healthcare environment to better engage patients and engender loyalty—two factors that will be essential for success in a competitive healthcare marketplace.

Contents:

Leading Healthcare Innovation PG 09

Beyond Big Box PG 21 We'll follow that conversation with a close examination of the importance of intentionally designing the healthcare user's experience. While "experience design" is frequently used in both the retail and technology sectors, it also offers a holistic framework for transforming the patient experience of care. We'll debunk three long-held myths about the patient experience, and offer a framework for managing the entire patient journey.

Debunking 3 Myths About the Patient Experience PG 41

Next, we'll test the boundaries of your imagination by exploring the growing interest in the principles of biophilia and the important connections that humans share with nature. By examining biophilia's influence on improving health and well-being and its ability to expedite healing, you'll understand how it holds the potential to significantly impact future health planning and practice.

Mother Nature, M.D. PG 59

And finally, we offer two tools to help you get started. A set of 12 provocative statements about the future of health can serve as a starting point for dialogue about where your organization is heading. We've also included a map of market forces—we call them call 'planks'—that we believe will have the greatest influence on healthcare delivery during the next decade.

Getting Started on the Future PG 70

Trends Affecting Healthcare PG 73

What we hope you'll learn from this work is that new technologies, changing patient needs, and new experience and engagement models are converging to force us to rethink healthcare. If we don't, our patients may evolve without us. By stretching our minds and looking in places where we may not have traditionally focused, it's possible to find solutions, to shift our thinking, and to actually start making our future.



THE DELTA TEAM

This book is dedicated to all of our clients who have challenged the status quo by asking "What's next?"

It was created because many of us, from HDR offices around the world, have been thinking for a very long time about how to reimagine healthcare. Like our clients, we eat, sleep, and dream about health and wellness—for patients, of course, but also for the future well-being of the health systems we are entrusted to help. What we have discovered through this journey is that while our roots are in architecture, we know that sometimes great healthcare design isn't just about creating a beautiful, high-performance building. Sometimes it's about beautifully designing a strategy, a process, a technology, or an experience that puts healthcare delivery into perfect focus.



Change-makers Hank Adams Jim Atkinson Betsy Berg Abbie Clary Erik Carlson Branden Collingsworth Peter de la Mora David Grandy Jim Henry Lily Livingston Amy Lussetto Tom Marquardt Cyndi McCullough Brandy Olson Susanne Pini

Colin Rohlfing

Doug Wignall
Joel Worthington

Choreographers Paula Brammier Katie Sosnowchik **Narrators** Katherine Allen Lou Ann Bunker-Hellmich Michael Joyce Amy Skinner **Creative Catalysts** Dana Ball Dylan Coonrad Matthew Delaney Encarnita Rivera **Co-conspirators** Ashley Tucker Zachary Brewster





beyond the objects we build into the context and needs that shape our experiences.

LEADING HEALTHCARE INNOVATION

The Two-Minute Read

In order for healthcare systems to keep pace and prepare for the future, they must intentionally encourage a spirit of innovation. Of course, healthcare organizations aren't alone in this; the existence of our very species depends on the ability to embrace and adapt to change. Here are five ways to establish a foundation of innovation in an organization of any size.

1. Reframe the Problem

It's easy to misdiagnose problems, so when faced with a challenge, it's important to ask a lot of questions—particularly "why?" Once you've gotten to the root of the problem, a whole range of different solutions present themselves, solutions that can connect your organization to the broader context of those you serve.

2. Take a Human-centered Approach

The human-centered approach begins by observing behavior to uncover a patient's needs and desires—because what people say they need and what they really need is often different. This approach leads to solutions that layer true patient needs with the expertise of staff, nurses, and physicians, and are thus more likely to be adopted by all.

3. Adopt a Design-thinking Platform

Design thinking is a creative process to develop solutions that balance human needs, form, function, and cost. Analogous thinking, for example, allows organizations to learn from successes (and failures) of other industries and consider how they might be applied elsewhere. Design thinking also draws upon the insights of a variety of viewpoints—a challenge in organizations where everyone has been trained the same way. These 'creative collisions' better reflect the diverse and occasionally divergent needs of the typical patient population.

4. Prototype and Pivot Rapidly

Investing massive effort into developing the perfect implementation plan is not advised. Instead, invest the minimum that allows you to iteratively improve the concept and generate new ideas. Solutions that work in the real world and deliver lasting results usually are designed to simultaneously meet user and business needs. The best way to know if you're on track? Experiment and test.

5. Leading Change

Fundamentally, innovation is about change. And change can be difficult. The co-creation process benefits not only from the diversity of opinion, but because it emboldens all those involved to act as ambassadors for change. This kind of passion doesn't exist when solutions are simply handed off to be implemented.

Embracing the realities of the future requires leaders who possess both deep expertise and immense imagination; who know which rules to break and which to uphold; who are ready to push the boundaries and lead the healthcare industry into the future—but who know that it will require some rolled-up sleeves.



beyond the objects we build into the context and needs that shape our experiences.

LEADING HEALTHCARE INNOVATION WHY A NEW APPROACH TO DECISION-MAKING IS ESSENTIAL FOR SURVIVAL

For most healthcare organizations, the mantra is the same:
Better outcomes, lower cost, and a patient experience that is
second to none. Quality. Cost. Experience.

Healthcare organizations—smart, sophisticated, forward-thinking organizations—are investing heavily in the pursuit of these aims.

So why are so many of them struggling to keep pace and anticipate the future? One reason may be the inability to innovate, or more importantly, the inability to consider these challenges from a completely fresh perspective.

The term "innovation" has been overplayed in nearly all industries. It seems to pervade almost every conversation we have about the future. But there's a reason for that: Innovation is essential for survival. Our very existence depends on our ability to embrace change, and by definition, that's what innovation is all about.

Here's an interesting analogy:
Just as it's important for people
to embrace healthy eating and
active lifestyles to sustain lasting
wellness, so too do healthcare
leaders need to subscribe to
an organizational philosophy
of innovation for the long term.
Innovation is not an interim
program or a shotgun initiative. Like
behavior change, it's an approach
to decision-making in daily life
that must be woven into our
organizational DNA.

Here are five steps to establish a foundation of innovation in an organization of any size.

THINK ABOUT THIS

43% of large companies have a formally accountable innovation executive in place, up from 33% in 2011.

About 60% of CEOs cite creativity as the most important leadership quality, compared with 52% for integrity and 35% for global thinking.



REFRAME THE PROBLEM

It's important to make sure at the outset of any project that the effort will address the right problem. How a problem is framed largely determines the solutions that will be considered.

All too often, we approach a problem with a predetermined solution in mind. This may mean we're chasing symptoms and aren't solving the right problem.

In the early stages of innovation when we're faced with a complex challenge, we need to start by falling in love with questions.

For example, if someone asks the question, "How might we better engage patients?" many would initially consider different ways to meet with patients face-to-face. This line of thinking assumes the patient is coming to us. How do we engage patients who aren't coming to see us? Reframing the question can take us beyond the obvious solutions.

An easy technique for reframing problems is to continually ask the simple and powerful question of "Why?" Do this over and over, at least five times either alone or with your entire team.

- WHY do we need to engage patients?
 Because unengaged patients cost the healthcare system more to manage.
- 2 **WHY?**

Because patients who are engaged are healthier than those who are not engaged.

3 **WHY?**

Because when patients take ownership, they have skin in the game and it helps motivate them to change their behaviors.

- WHY is changing patient health behaviors difficult? Because patients don't see immediate and direct effects of choice. Because health decisions happen outside of the hospital. Because life is complicated and health isn't a top priority.
- Because people don't realize that their quality of life is closely connected to their health.

From there, we can frame the patient engagement discussion in the form of a "How might we?" question:

"How might we help our patients realize the connection between their health and their quality of life in a way that brings about an actual, measurable change in behavior?"

From there, we can start to imagine different solutions—solutions we never would consider based on the initial question—that connect patients to the broader context of their lives.

TAKE A HUMANCENTERED APPROACH

A human-centered approach
begins by observing behavior in
order to uncover a person's needs.
And while this may seem obvious,
many organizations skip this
important step.

Rather than go directly to the source—our patients and families who have first-hand experience with our processes, our facilities, and our people—we rely on our staff instead. And while our employees, associates, volunteers, and physicians undoubtedly know our patients, they are relaying patients' views through the filter of their own experience.

Ethnographic research is a powerful human-centered design tool for innovation.

Ethnography is a social science that relies heavily on observing and participating with subjects in the context of their daily lives. Its fundamental assumption is the belief that what people say they need—and what they actually need—can be different. Ethnographies allow us to get to the deepest level of human experience, uncover contextual dynamics, and generate an abundance of insights.

When we base our problemsolving on actual human needs, we improve the likelihood that patients, staff, nurses, and physicians will actually adopt the solution. When we consider problems in a broader context, we can design systems solutions. These are layered solutions that consider people, processes, places, and technologies. The solution components are intentionally organized in relationship to one another to achieve a unified purpose.

SOME POINTERS ABOUT ETHNOGRAPHIC RESEARCH

Be OK with silence.

Give your respondents time to think and respond without filling the air with more words/questions.

Take it all in.

Body language, facial expressions, changes in tone of voice, posture—these help paint the full picture.

Don't ask leading questions, and sometimes, don't ask questions at all. Use metaphors, games, or activities to get answers. Or

just watch and listen. Observe, observe,

Their home, their commute, their work, where they are happiest, where they are most focused, where they feel most comfortable, frustrated, productive. Watch how they interact with others and how they spend time alone.

Capture and document.

Take pictures. Video. Record the session. Draw what you see. Take shorthand notes. Timestamp impactful quotes.

Sometimes you need to do a little fishing.

"Say more about that..." are four words with which to get very comfortable.

ADESIGN THINKING PLATFORM

Sustainable innovation is about creating a culture where innovation permeates the DNA of the organization.

Design thinking provides a framework for addressing complex problems, engaging a diverse cross-section of the organization, and building cultural alignment.

Design thinking has many definitions and variations. At its core, design thinking is a creative process to develop solutions that balance human needs, form, function, and cost. It's creative in the sense that the outcome is not prescribed; following the same process might yield vastly different solutions. We can actually structure the way people approach a problem by showing them how to consider a problem like a designer would. Design thinking unlocks insight, but it also gives your greater organization skin in the game because people understand where ideas came from, how ideas fit in with the broader context of patient needs and organizational strategy, and, most importantly, how they've made a meaningful contribution to the ideas and are excited to move concepts forward.

One effective design thinking tool is analogous thinking. Healthcare can learn a great deal from other industries that have faced similar issues and have discovered innovative solutions.

For example, what characteristics of the airline check-in process could be applied to the healthcare check-in process? How has the financial industry leveraged technology to provide better service and a lower cost for delivering that service? Or, if you're looking to reimagine the way patients navigate your hospital, how might a company like Disney approach wayfinding? Analogy becomes a way to think beyond what you're accustomed to and consider things that you may have thought were impossible.

Healthcare organizations are diverse with an abundance of viewpoints and agendas.

Tapping into and encouraging dialogue among those distinct perspectives and experiences is critical when moving beyond the idea of compromise and into the realm of identifying optimal

solutions. We call this merger of diverse viewpoints "creative collisions." It's the moment when multiple and sometimes conflicting viewpoints collide and transform into something bigger that actually works. And while encouraging diversity can be a challenge in organizations where nearly everyone has been trained to think and approach problems in the same way, it's essential to meeting the needs of an ever more diverse patient population.

Learning how to assemble, encourage, and integrate diversity of thought and experience is what ultimately achieves "1 + 1 = 11" solutions.

PROTOTYPE AND PIVOT RAPIDLY

Ideas are not solutions until scale, cost, timing, adoption, and execution are addressed.

Generating a thousand ideas on a wall is a great first step, but the gap between idea and solution is significant.

First, ideas need to be filtered and prioritized based on two criteria: How they meet user needs and how they meet business needs. True solutions that work in the real world and deliver lasting results usually are designed to simultaneously meet both types of needs.

It's a mistake to invest massive efforts into developing the perfect implementation plan that addresses financial viability, cost, execution, and scale. Instead, invest the minimum to iteratively improve the concept and generate new insights. This is a lesson from both design thinking and the

Lean Startup movement:
Create prototypes, test them in the real world, learn, and improve the next prototype.
This permission to fail is tremendously liberating.
The concept doesn't need to be fully thought out. The solution doesn't need to be fully functional. The key is to gradually increase the levels of fidelity and reality in testing.

Prototypes start on paper as simple descriptions. From there, evolve the concept in whatever way makes them both more realistic and testable. Consider and test all aspects of the solution—design, technology interface, user experience, and supporting processes.

Prototypes have another significant benefit as well: By definition, they move ideas from conversation into something that people can experience. And that can be a powerful tool to

Prototypes provide tangible results even if not fully developed—that bring highly conceptual things to life. engage broader audiences of physicians and executives.

From prototypes, we move to pilots to test concepts in a real-world setting. But here's the problem with pilots in healthcare: We run hundreds of them and many of them don't work. And when they don't work, we give up on the bigger or deeper idea because a small test of change didn't go so well. By using prototypes, we've eliminated the functional issues; piloting becomes more about user adoption. Getting people to actually use the solution is what transforms a sticky note on the wall into something that people adopt in the real world.

It's also important to think about the on-ramping. For example, having a trusted clinician introduce a mobile health app communicates to patients that the technology is safe, reliable, effective, and something they should use. Simply expecting people to use a new solution because it was created by an organization—even a trusted one—is a poor assumption.

LEADING CHANGE

Fundamentally, innovation is about change. Change can be hard. If you've made it to step five, you may notice that you've been engaging stakeholders and managing change from the beginning.

We've engaged stakeholders from diverse parts of the organization through this process—sleeves rolled up, co-creating a concept, strategy, or vision. This co-creation creates ambassadors for change. They understand where ideas came from, how the ideas fit in with the broader context of patient needs and organizational strategy, and, most importantly, they've made a meaningful contribution to the ideas and are excited to move concepts forward. This kind of passion doesn't exist when someone creates a solution in a "black box" and hands it to a group of people to implement.

Addressing the Challenges of Healthcare

So how do you start implementing these steps in your healthcare organization?

Moving toward the future that these themes describe requires leaders who can hold two entirely contradictory realities in their minds: deep expertise and imagination. Leaders who can push the boundaries on developing new service models and new systems of care. Leaders who intuitively know the difference between the rules we must embrace, and those we can outright ignore. Leaders who understand that we can design a different future for healthcare. Leaders who understand that if we fail this time, it's because we failed to imagine the infinite possibilities. A



BEYOND BIG BOX

The Two-Minute Read

increase in the future.

Today's typical healthcare delivery model is designed primarily to meet acute demand. But the rise of chronic diseases and lifestyle-related issues has rendered this approach insufficient. Consumers are demanding wellness-

focused models; this need is likely to

A maintenance-based approach, coupled with evolving consumer expectations is forcing the 'retailization' of healthcare (i.e. healthcare delivery that mimics typical commercial consumer experiences). This can mean everything from on-demand access to fully transparent pricing, but is crucially underscored by seamless user/consumer experience.

As familiarity with consumer-focused services increases in many industries, users will expect healthcare options to keep pace. Here's what this means for you:

- 1. BRAND IS KING
- 2. MAKE THE ORDINARY EXTRAORDINARY
- 3. CHOREOGRAPH THE EXPERIENCE
- 4. BUILD COMMUNITY
- 5. ENCOURAGE A 'STAY AND LINGER'
 MENTALITY
- 6. BE AUTHENTIC
- 7. REINVENT TO REMAIN RELEVANT
- 8. INSPIRE
- 9. KEEP THE CONVERSATION GOING

1. Brand is King

Your values and mission must be present in every way that you interact with consumers. Every touchpoint must reinforce the brand message, and every experience (digital or virtual) should be interactive, personalized, and seamless across all platforms.

2. Make the Ordinary Extraordinary

Re-envision mundane interactions as opportunities for connection so you can build the foundation of exceptional user experience.

3. Choreograph the Experience

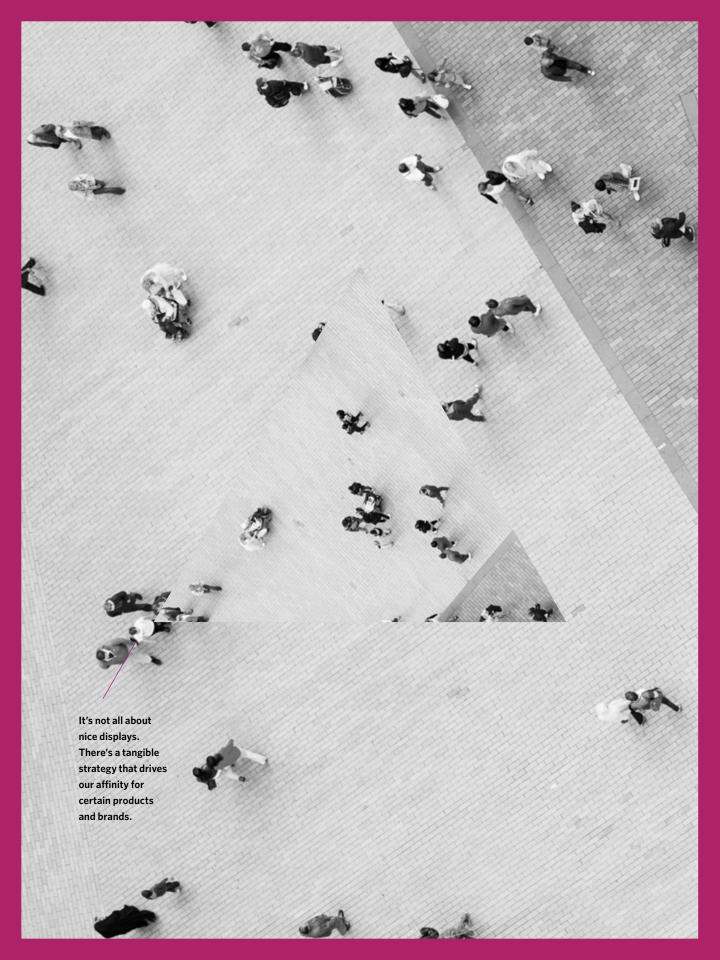
Consider the sequencing of every interaction. In the facility this means navigation and wayfinding; when online it means being universally clear, easy-to-use, and highly-personalized.

4. Build Community

Expand and support the needs of your community in a myriad of ways. Participating in/being present at healthcare adjacent events (such as farmers' markets) allows you to connect with other well-established brands and attract new clients.

5. Encourage a 'Stay and Linger' Mentality

Activities and amenities that are attractive to users can encourage them to stay in your space, thus creating more opportunities for meaningful and productive connections. Health-related activities can also encourage users to embrace health as something to be maintained, not simply 'dealt with.'



BEYOND BIG BOX WHY RETAIL THINKING IS A KEY COMPETENCY FOR HEALTHCARE LEADERS

THINK ABOUT THIS

A consumer's average attention span is eight seconds—that's one second less than a goldfish dropping four seconds since 2000.

Eight out of 10 consumers now use a computer, smartphone, tablet, or in-store technology while shopping.

When most people think about retail health, flu shots and walk-in clinics in big box retail settings often come to mind. Certainly, elements of the retail world have entered the healthcare arena in significant ways.

Retailers like CVS Health and Walgreens have moved into healthcare delivery, and continue to expand their service offerings into areas once thought unimaginable

such as specialty care and chronic disease management. An increased move toward price transparency is a major driver of choice in insurance exchanges. Patients can now choose to access their physician by phone or video chat—at upfront flat rates.

In large part, this retailization of healthcare is supported by evolving consumer expectations. Our view of health and healthcare delivery is increasingly influenced by our experiences outside of healthcare. On-demand access, fully transparent pricing, and a seamless consumer experience are hallmarks of successful non-healthcare brands like Starbucks, Netflix, and Apple. As consumer familiarity and interaction with these kinds of non-healthcare services increases, people will expect forward-leaning, tailored, and self-directed care options to keep pace.

In our view, this evolution in consumer expectations goes beyond what the industry currently calls "retail health."

This movement is about a broader, more holistic view that's better named "retail thinking." Importantly, retail thinking isn't about selling products; it isn't about commoditizing the practice of medicine or reducing it to a series of transactions. Fundamentally, what retailers do better than other industries is use the tools of experience design, brand management, and sophisticated predictive analytics to influence behavior. For that reason alone, retail thinking should be of considerable interest to anyone in the business of care delivery.

In the early decades of medicine, healthcare was primarily focused on acute episodic illness. Our delivery model is largely organized to meet that kind of demand. Face-to-face appointments. Oneon-one interactions with providers. These are characteristics of a model whose success stems from accurately diagnosing an illness, developing a treatment regimen, and then following up to determine if said regimen actually worked. Without doubt, we'll continue to need this process. But today, chronic disease, lifestyle-related illness, and the wellness movement are upending this model.

Providers and delivery systems are beginning to recognize that they must extend their influence beyond what happens inside the walls of a facility. They must find ways of being top-of-mind more frequently, especially when and where people make choices about behaviors that affect health. This is especially critical for chronic lifestyle diseases, for which the treatment includes changing the way a patient eats and exercises, and sometimes even the way a patient interacts with other people. In essence, physicians are changing the way patients live. To do that, they have to influence patients in a fundamentally different way than they ever have before.

That's why retail thinking is critical to the future of healthcare.



BRAND MATTERS

"When you say 'brand' to a healthcare entity, they certainly think 'marketing and logos.' And while those are important aspects of a brand, they're only part of a greater whole. What's most important is creating a seamless, consistent, and immersive experience that creates brand recognition and ultimately engenders loyalty. This will help drive business."

Abbie Clary Regional Director, Health

The Principles of Retail Thinking

So how exactly can retail thinking be translated to healthcare? Here are a few illustrations.

Retailers know how to use brand, social media, and the built environment to influence people to change and behave in ways that are in line with how retailers want them to behave.

Above all, retailers use this kind of thinking to engage consumers and gain loyalty.

Why is this important in the health field? Because an engaged patient is more likely to follow a strategy toward health: exercise, eating properly, and taking medications appropriately. And when patients experience better health, they're happier and more satisfied with their care, which wins their loyalty and helps them develop lifelong relationships with their caregivers. It's those kinds of relationships that ultimately translate into a patient population that receives timely, quality care and discovers the delight that comes with improved health outcomes. This in turn reduces the costs of managing that care.





Apple logos can be spotted all over on non-Apple products. Users crave the consistent, connected brand experience so much that they add the mark to other objects in their daily lives.

Brand is King

We live in a multi-channeled world, which means that brands must do the same. It's not enough for a brand to live in a physical space; it has to be present in all the ways that a retailer interacts with consumers. Every touchpoint in an organization's ecosystem of offerings must reinforce the brand message.

For health providers to be like Apple, that would mean every aspect of their organization's design—its stories, its online presence, its consumer digital solutions, its physical environment—should be an

extension of their brand and used as a differentiator to create unique experiences. It's about how patients navigate their website or how they are greeted in person. It's about appointment

check-in procedures and the subsequent billing process. It's about the follow-up phone call or text after the appointment just to make sure everything's OK. From a facility standpoint, it's about creating a place that people want to visit, where color and texture and pattern and light combine to create a welcoming atmosphere, while additional amenities help to nurture that experience.

The experience with the brand should be seamless across different platforms, interactive, and highly personalized. Apple is the gold standard for using brand as "true north" to drive much of its operation. Even though many other innovative tech companies exist, Apple has created a cache around an aspirational lifestyle that only it can help consumers achieve. In other words, Apple doesn't market itself as a technology company, but as a lifestyle company with technology solutions that help consumers achieve that lifestyle. To reinforce its brand, Apple mindfully sets the stage, including the cast, costumes, set, and props. The personality of the physical stores, its product aesthetic, its advertising, the interaction on its mobile platformseven the way they train employeessends a consistent message that consumers around the

world know by heart.

Make the Ordinary Extraordinary

When is the last time you went on a seemingly mundane errand, but the experience was so unexpected (in a good way) that you can't forget it?

Consider how the gracious staff in a customer service department (think Nordstrom) or a retailer's "no questions asked" return policy strengthens the emotional connection between the consumer and the brand.

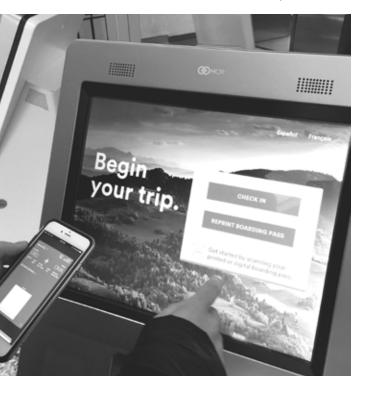
In a health setting, this could be a physical or virtual help desk where patients could ask simple questions or get quick information from a source they trust. In the end, it's simply about transforming something ordinary into something memorable.

Walgreens' Wellness Bar encourages customers to ask questions of pharmacists when they're filling prescriptions. The goal is to have more direct and meaningful interactions that lead to a patient's better understanding. That kind of gratification leaves a lasting impression. The Walgreens' model also does something more: It humanizes the pharmacist and elevates the consumer's perception of his or her clinical expertise, which are both important when considering how to extend your influence into alternative settings.



Walgreens encourages a pharmaceutical interaction to become a conversation rather than a transaction.

2/9



Choreograph the Experience

The airline industry has managed to successfully adopt kiosk check-in procedures at the airport, only because a decision was made to couple a person with the technology. When kiosks were first introduced, they were placed front and center so it was clear they were meant to be a person's first stop. An employee was placed behind the technology to help customers who needed assistance and to aid travelers in learning new behaviors. Because technology was first and the person was positioned behind for support, travelers weren't forced to choose between a human touch and technology.

For retailers, an important first step is getting people in the door (or on their website or app), but what happens next matters just as much. Once a customer "enters," it helps to choreograph a seamless experience by mapping various use cases—how different types of people will interact with the staff, environment, and technology.

In many health clinics, however, the kiosk is positioned off to the side, separate and apart from the registration queue. Patients entering the clinic are confronted with a decision, and more often than not they choose the registration staff because it's the easier choice.

Providers need to think through the sequencing of each and every interaction. After the arrival sequence, for example, clear navigation and wayfinding elements must help patients get to where they need to go. Along the journey, they can be introduced to additional amenities that might attract their interest and strengthen engagement as well.

These might include an alcove where they can get their blood pressure checked, or a kitchen where cooking classes are held or a small exercise area where yoga is practiced.

And think about how much easier this could be if check-in and additional services were linked to an app that patients could use before they even arrived at the facility.

Build Community

The long communal tables you see at places like Le Pain Quotidien and other cafés across the country are part of a strategy to build a sense of community among customers—to get people talking and engaging with each other, which in turn amps up the emotional connection to the brand.

While sponsorship of community health-related activities such as the American Lung Association's Corporate Cup Run or the American Heart Association's Go Red event allow a health provider to expand the space where their brand "lives" beyond their own brick and mortar walls, they also need to find new, broader ways to invite the community. They need to

provide opportunities to make connections, such as brandsponsored running groups, educational opportunities, or tasting events. Support and participation in other nonhealthcare-related events like a local farmers market or an art fair may also provide opportunities to connect to other well-established and admired brands and gain exposure to their loyal clients.

4/9

Lululemon Athletica is a great example of a brand that understands how to build community. Each of its stores chooses ambassadors who embody the Lululemon lifestyle and are passionate about their local communities. These stores invest heavily in programming activities that invite people into their spaces, which are designed to accommodate events and classes. But it's not just about attracting people into the store, although that is a secondary benefit. It's primarily about connecting people to others who have like-minded interests. In the end, this is what makes Lululemon an essential contributor to a person's lifestyle.



A community-organized running club meets at a Lululemon franchise on a Saturday morning.

Rewarding Good Behavior

Humans are hardwired to seek pleasure and rewards, a fact retailers capitalize on through frequent buyer programs and offers to earn free or faster shipping. Retailers are also starting to add a new layer onto these kinds of programs—one that rewards customers for engagement actions such as "liking" them on Facebook.

Health providers are beginning to do the same by awarding points for activities like annual check-ups or flu shots. In fact, *The Huffington Post*, in a 2015 article entitled "Be Healthy and Be Rewarded," summarized the findings from a number of recent surveys and found overwhelmingly that consumers are willing to take healthy actions if they are financially rewarded:

The jury is still out on whether incentive plans like this will reinforce behavior changes in the long term, but for now, health providers are using them as a useful tool to encourage healthy patient behaviors.

75% WOULD CHANGE THEIR **WOULD HAVE HEALTH BEHAVIOR** TH**EI**R BLOOD PRESSURE CHECKED **73**% **WOULD LOSE** WOULD HAVE BLOOD WEIGHT SUGAR OR CHOLESTEROL **CHECKS 51**% 51% WOULD HAVE THEIR **WOULD USE A REGIMEN** LIFESTYLE CHOICES TO LOSE WEIGHT OR **SCRUTINIZED CONTROL DIABETES WOULD NOT ONLY** WOULD FOLLOW A UNDERGO A GENETIC TEST, **DIET TO LOWER BLOOD BUT WOULD ALLOW THOSE** PRESSURE **RESULTS TO BE SHARED** WITH THEIR HEALTH PLAN **FOR A REWARD**

The beauty retailer Sephora uses Beauty Workshops in retail stores to enrich the shopping experience.

Customers (up to 12 at a time) can sit at stations and watch video tutorials (previously produced for Sephora's mobile and online stores), take a class with a Sephora team member, or share content online. For Sephora, it allows them to create one-on-one moments that enable education and drive conversion to the brand. Describes CEO Calvin McDonald: "It's a combination of products, services, and teachable moments that support our customers' missions."



Encourage a 'Stay and Linger' Mentality

When treating sick patients, the healthcare industry appropriately focuses on efficiency of throughput and moving patients in and out quickly. However, for those patients who aren't suffering from acute symptoms or for family members who accompany patients on their visits to health facilities, encouraging them to stay and linger provides opportunities to maximize the time spent together.

For retailers, distractions embedded into the retail experience give consumers more opportunities to slow down in the hopes that they might discover something else to purchase. It's all about transforming the facility or website into a destination—a place where people want to visit and spend time.

For healthcare, imagine how providers might be able to influence people if they were able to get patients to stay a bit longer and begin thinking about what they eat and how much they exercise—perhaps even giving patients outlets to do both. This might be an inviting coffee bar or a reading room where someone could spend time learning about health-related topics. It might be a community garden on the property that invites a relaxing stroll, or a jungle gym for parents and kids to stop and play for a while. The goal is to create connections with a patient on more than one level, and to use this additional time to educate, engage, and inspire.



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Be Authentic

This principle is all about creating stronger connections between organizations and the stories they tell about the social good they do. People love to hear stories about how the businesses they buy from are giving back to the community because those stories resonate with us—they make us feel like we're doing good simply by our association.

Consumers support brands like Toms and Warby Parker because of their one-for-one campaigns that make people feel like they're contributing to a broader social cause. Their purchase isn't about a transaction, it's about a contribution.

Healthcare providers can produce these same kinds of brand affinities by learning the art of storytelling. In many instances, healthcare providers have been doing wonderful things in the context of community

benefit for years. They just haven't done a good job of talking about it. But patients want to know that they're trusting their care to a provider that's not just in business for themselves, but is also committed to doing good for their community. By being visible and vocal advocates, acting as good neighbors, and taking part in community events, it demonstrates a commitment to social responsibility. But telling the story is key—and that's the nuanced shift for healthcare.



Patagonia's promise to ethical practices resonates with adventurers and city slickers alike.

Patagonia was founded as a small company that made tools for climbers. But it has since grown into a global brand without sacrificing its environmental, design, quality, or ethical business ideals. Patagonia is all about connecting to nature, and many of its policies were born out of that connection. Patagonia doesn't brag about these practices. They are simply an integral part of how they do business each and every day, and they use storytelling to reinforce their business commitments. Their catalogs and website have always been editorial

outlets for stories. And, for the last few years, Patagonia has been promoting its Worn Wear program, which encourages people to repair their old outdoor garments rather than buy brand-new ones. The Worn Wear program not only offers tools and tips for people to fix their own gear, but also offers to buy back gently used clothes. A 30-minute documentary featuring faithful Patagonia customers and their extremely lived-in apparel tells the story about the brand in a way that no other marketing vehicle could.

Unlocking Data to Improve Patient Engagement

Predictive analytics is simply defined as the process of using data to find patterns, trends, and relationships that help us predict behaviors—a practice retailers have used for years.

Here's how it works.

When a person shops on Amazon.com, predictive algorithms go to work to compare product information, what they've bought in the past, and other customers' shopping activity to make a prediction about the item he or she is currently shopping for—and ultimately a personalized recommendation for that particular item.

Today, predictive analytics is used to answer all kinds of questions and solve all kinds of problems. What will the weather be like tomorrow? What will the climate be like in 20 years? Which team will win the NCAA basketball championship? Which of my customers are going to leave me for my competitor?

These problems can contain an amazing number of variables, some hidden, some superfluous. Predictive analytics attempts to identify and analyze the key variables to make predictions.

In the health field, significant progress has been made using predictive analytics to determine if a patient will be readmitted or will have an adverse reaction to a particular medication. Electronic Medical Records (EMRs) use predictive analytics to assess patients and develop care plans focused on population health management.

These are all significant advancements, but they focus on sick patients. Few examples exist where healthcare systems use predictive analytics to profile and segment their communities/patients/consumers in order to determine how to engage them before they succumb to chronic lifestyle diseases.

Geodemographic segmentation—Mosaic by Experian and Tapestry by Esri—has the potential to change that.

Geodemographic segmentation uses predictive modeling to assign individuals into similar groups based on demographics and socioeconomics. The retail industry has used it for years to help understand the "lifestyle" of a particular group (behavior, attitudes, and preferences) in order to match the appropriate product or service with the individual.

A health system can layer its clinical information with geodemographic segmentation to model and target specific populations based on their lifestyle. Then, by using the retail principles discussed here, they can work to engage consumers, helping them adopt a strategy toward health: exercise, eating properly, taking medications appropriately, etc. Ultimately, it could lead to a healthier patient population, one focused on maintaining good health instead of trying to achieve good health.

Reinvent to Remain Relevant

Like any long-lasting relationship, the idea is for a brand to stay relevant in the minds of its consumers. To keep them coming back for more, companies need to continually reinvent themselves to offer something new and unexpected for people to look forward to. That requires companies to push past the static, constantly track trends, and routinely push new products, ideas, and services.

Ongoing demonstrations, guest speakers, or book signings are some examples of how change can be incorporated into a health facility. Taking advantage of annual community activities also encourages year-round engagement. For example, before school starts, classes that talk about student athlete safety would attract volunteer coaches and parents. Or a partnership with the Department of Motor Vehicles could be formed to check child safety seat installation. It's the notion of change that keeps people curious and interested because they aren't exactly sure what they'll find the next time they visit. And that gives people a reason to come back.



Consider National Geographic.

Traditionally, people knew it as a magazine. But the National Geographic Society is actually one of the largest nonprofit scientific and educational institutions in the world. This standing allowed it to expand beyond a lifestyle publication to now include a TV channel, educational website, museum, and a store that nurtures lifestyle interests and offers products that match lifestyle goals. And it has successfully moved into experiential offerings by launching highly curated entertainment and educational destinations-hundreds of trips each year, spanning all seven continents and more than 60 destinations, that aim to fulfill the society's mission to inspire people to care about the planet by providing meaningful opportunities to explore it.



Consumers look to National Geographic for curated worldly experiences rather than only page-turning publications.

Sports fashion brands like Nike and Under Armour have transformed workout gear into a full-on movement. This stems from the emotional connection the customer builds with the brand as they visualize their best self.

Inspire

R/9

Kaiser Permanente's entire brand—Thrive—is all about creating aspirations for people related to health, wellness, and well-being.

Thrive doesn't champion how good Kaiser is or how smart their physicians are or what great care a patient will receive. It's about inspiring people to live fulfilled lives and engage in activities that mean something—like the 70-year-old former high school swim champion who can still dive. Kaiser tugs on people's heart strings in a way that gets patients to think about why they want to be healthy.

While wearing their merchandise might actually inspire some to keep those lofty New Year's resolutions, this demographic sometimes opts for athletic wear on days when they aren't

exercising to convey to those around them that they live the lifestyle. Healthcare providers could take a cue from this mentality. What if a person's choice of health provider was actually

considered a lifestyle choice? People make conscious decisions to buy brands that reflect who they want to be. They could use the same thinking when choosing a provider.



Embodying inspirational values motivates consumers to accomplish goals— sometimes as simple as cooking a meal for a loved one.



Coffee may be the main attraction for Starbucks' patrons, but lifestyle offerings like music and art shape a deeper experience that provide added motivation to visit.

Starbucks may have gotten its start in coffee, but 20 years ago the retailer made a strategic decision to put music at the heart of its brand identity.

At one point, Starbucks was even one of the top retailers of music in the world. When CD sales started to decline, however, Starbucks used the opportunity to make music part of its broader digital presence. It announced a partnership with Spotify that integrates the streaming music giant into several

segments of the Starbucks customer experience, including the playlists the stores use and the company's rewards systems. What this accomplishes is Starbucks' ability to create an affinity with customers by engaging with them on something that has nothing to do with coffee or food, but still keeps the Starbucks' brand top of mind.

9/9

Keep the Conversation Going

Face-to-face interactions are one small part of the relationship that providers develop with patients and families.

This kind of broad engagement is critical if the goal is to influence a person's choices beyond just the occasional face-to-face interaction, which is ultimately what treatment for lifestyle-based diseases is all about. Creating reasons for the patient to engage with the provider for multiple reasons and across diverse channels creates a seamless experience at every touchpoint.

In a world where consumers expect instant and easy transactions—like Amazon Prime's same-day delivery or the Amazon Dash Button—big changes continue to impact the retail world. Healthcare can learn from these changes and use them to strengthen their relationships and engagement with patients.

80 Million and Counting

WHY CARE WHAT MILLENNIALS WANT?

Millennials, as the group is defined, is the largest generation in U.S. history. Generally speaking, they form the age group between 18 and 35 years old.

In actuality, though, there's no such thing as a Millennial.

We say that because the life experiences of an 18-year-old and a 35-year-old are vastly different. An 18-year-old grew up in an all-digital world. A 35-year-old grew up in an analog world that became digital later on. A 35-year-old knows what Blockbuster is because they used to rent movies there. An 18-year-old has no clue what Blockbuster is because their world revolves almost exclusively around streaming services.

So clearly, an 18-year-old and a 35-year-old have vastly different ways of perceiving the world. Nevertheless, as a generation they're incredibly influential. Just as the Baby Boomer generation has done before them, Millennials are exerting huge influences on all sectors of society.

When it comes to brand, they expect everything about a brand—from the end product to the app to the design of the space—to reflect a brand's values, and they tend to subsequently select brands in which they see their own values reflected. More importantly, Millennials are "alpha-influencers" who believe in sharing when they have a good or bad experience with a brand, strengthening their ability to shape the behavior and purchasing decisions of their larger social circles. This means that the retail industry is paying close attention to what Millennials think, what Millennials do, and what Millennials value. And it's investing heavily in crafting both products and messaging to appeal to Millennials.

The healthcare industry is wise to do the same by investing time and resources into understanding what Millennials want in a healthcare experience. Because where Millennials go, others will follow. And while Millennials tend to be lower utilizers of healthcare resources, following their lead is still important; a greater understanding of Millennials will help providers more proactively build infrastructure for future service and care delivery models.

However, it's critically important that while healthcare providers need to pay attention to what Millennials want, when it comes to design, the health industry must design to archetypes or use cases.

We cannot forget about the 85-year-old patients from the Silent Generation with mobility issues who need to navigate your space. They still believe that the physician is

the center of the healthcare universe and they look to her as the unquestionable expert.

Millennials also define health differently than generations that precede them. For them, health is holistic, grounded in choices and habits that happen every day. Beyond traditional definitions, health for Millennials is also about food choices, feeling energetic, making and deepening social connections, and stimulating intellectual curiosity. For some, it also includes spiritual awareness and mindfulness. This has sparked a transformation of roles for healthcare organizations, shifting from reactive centers of treating disease and illness to proactive facilitators of

connecting patients to health and wellness opportunities. This approach balances conscious diets with active lifestyles and education. This may come in the form of some of the retail thinking ideas we discussed previously, such as yoga classes, farmers markets, or educational opportunities embedded in health systems, either in their facilities or in community outreach platforms.

Because Millennials tend to be more participatory in their healthcare, they expect to be informed and consulted regarding care options. They demand transparency, value, quality, convenience, and engagement in their



CUSTOM CARE

"The delivery of healthcare is often configured as 'one-size-fits-all' even though an older adult with multiple chronic conditions and the twenty-something Millennial have very different needs and expectations. We need to find ways to redesign the system for all its various users."

David Grandy Director, Strategic Innovation

WHAT MILLENNIALS EXPECT WHEN IT COMES

TO HEALTHCARE: Choice

Energy Connections

Education Relationships

Mindfulness Transparency

Speed Convenience Quality

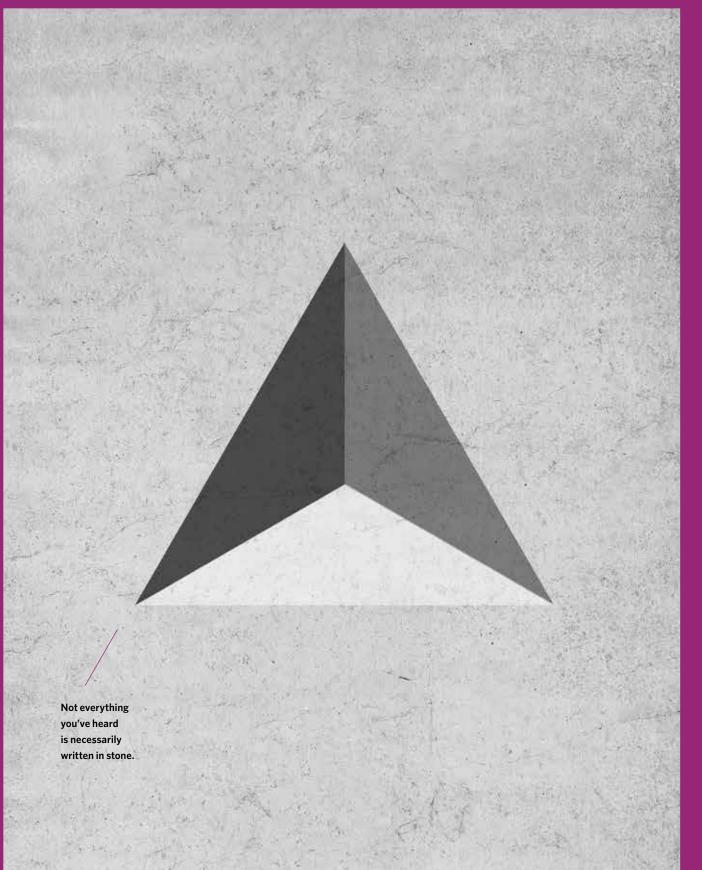
Tech-enabled Independence

Efficiency Clarity Relatability

Accessibility

healthcare experiences. Equally as important: Millennials don't revere the traditional health enterprise to the same extent that older adults sometimes do. So, when their baseline expectations aren't met, they look for alternatives or demand change.

And, of course, Millennials expect everything in real time. They want iPhone-supported applications and tablet access wherever they go. They ask Siri. They scour WebMD on their smartphones to self-diagnose ailments. They want to Skype or FaceTime their doctor with no waiting games. It's not that they don't want relationships anymore. They want technology-enabled relationships that drill out the inefficiency and noise to build the relationship and establish trust faster.



DEBUNKING 3 MYTHS ABOUT THE PATIENT EXPERIENCE

The Two-Minute Read

Long a service-based model, the advent of retail-based healthcare services has begun to blur the division between healthcare as service and healthcare as product. Undifferentiated and market-priced services (from retailers such as CVS and Walgreens) are commoditizing care delivery, and suggest that healthcare organizations will face competition from more than just their own industry.

This is a more significant observation than it might sound. Currently, healthcare providers focus on (and are incentivized by) producing the best-possible health outcomes; it's a system so singularly-focused that it does not effectively address issues across the health delivery ecosystem. From the consumer perspective, the challenge here is twofold.

Firstly, when a person goes to the doctor, they assume the physician will make him well because the physician has done so before. In the eyes of the patient, positive outcomes are the baseline of the service; effectiveness is non-negotiable. Secondly, consumers aren't experts in evaluating the differences in outcomes among a number of choices. What they do evaluate—and share—are their experiences across the care continuum.

This is evidenced by "The New Voice of Influence," a growing trend where consumers trust each other to provide truthful accounts of products/services. Patients can only evaluate what they know, and when it comes to service industries, this typically means talking about experience—pitting the healthcare delivery experience against competitors as varied as Apple, Nordstrom, and Starbucks.

So the cornerstones of contemporary retail models—on-demand access to information, expertise, and resources, among others—are now expected of healthcare service as well.

This will be a game-changer. According to "The Experience Economy," industries characterized as primarily experiential have been shown to grow at twice the average annual rate of growth. 'Low-cost' and 'high-quality' as attributes of care are merely throw-ins compared the competitive advantage afforded by memorable and favorable consumer experiences.

So, if differentiation and growth are strategic imperatives for healthcare organizations, intentionally designed experiences will be integral to success. But in order for those experiences to happen, we need to banish three long-held assumptions about patient experience:

MYTH 01:

Patient Experience is the Same as Patient Satisfaction

Patient satisfaction scores provide little insight into what actually happened during the care experience or how to fix what went wrong — it simply tabulates satisfaction. Service improvement will require experience-specific data to translate feedback into actionable information.

MYTH 02:

Designing the Patient Experience Requires Largescale Capital Investment

The drivers of an ideal experience tend to be more related to experiential attributes (e.g. sympathy of staff) than to capital-related issues (e.g. unrestricted visiting hours.) To drive growth and overall patient engagement, we must design ways of connecting with patients, families, and their support systems on an emotional level.

MYTH 03:

We Know What Our Patients Want and Need

In terms of data, providers know their patients perhaps better than anyone else. But do they understand their patients emotionally? Do they know how to align patient expectations with reality of care delivery? The field of experience design offers tools to gain a deeper understanding of the user, the user experience, and how that experience can be improved. It's processes such as these—not just data gathering—that will allow organizations to understand their patients and provide the best possible care.

Healthcare delivery systems are complicated and disjointed; thoughtful experience design can counteract this fragmentation. Future healthcare experiences will be invisible, unobtrusive, and easily integrated into people's lives—in short, well designed.

DEBUNKING 3 MYTHS ABOUT THE PATIENT EXPERIENCE WHY TRANSPARENCY AND MEANINGFUL INTERACTIONS ARE THE NEW CURRENCY IN HEALTHCARE

THINK ABOUT TH

Last year, 68% of global consumers switched service providers due to poor customer service experiences.

Nine out of 10 consumers expect to receive a consistent experience over multiple contact channels.

Numerous forces including payer reform, the development of new technologies, scientific advances, and changing consumer expectations have converged to disrupt how healthcare is delivered and reimbursed. As a result, healthcare organizations are in the midst of an unprecedented transformation.

In the most simplistic terms, businesses have historically categorized themselves along one of two trajectories: selling products or selling services.

Products are tangible and typically have limited use; they are manufactured, generally from commodities, for sale to consumers. Services, on the other hand, represent economic activity that is intangible. They can't be stored or owned, and they're considered consumed at or near the point of sale. Services, by their very nature, are often performed using products. And so, over time, we've seen the evolution from product-based to service-based economies. Healthcare delivery has historically adhered to this same basic model. Supplies, medications and the medical equipment we use are examples of products; the model used to care for a patient—using the aforementioned goods—is an example of a service.

Similar parallels exist in healthcare at broader scales.

For example, in order to provide the lowest cost of care possible—a worthy aspiration to say the least—we've seen the advent of models that intentionally strive to be undifferentiated and priced at market rates, such as the doc-in-a-box or retail-based primary care clinics popularized by CVS and Walgreens. These service offerings are less expensive, largely standardized, highly focused (in terms of the products and services offered), and priced competitively based on what people will pay out of pocket in comparison to their corollaries within

the traditional health delivery enterprise. However, when undifferentiated service and market rates are the hallmark of a model. it represents a shift toward commoditization. And while some argue that many areas of healthcare are immune to commoditization in this way—particularly more complex and specialized care—that hasn't stopped CVS and Walgreens from developing chronic disease management programs and even infusion centers using this kind of undifferentiated service model and pricing package.

Clearly, this basic model is shifting and the lines of demarcation don't hold as true as they once did. Products and services are increasingly blended offerings.

Consider Birchbox, a monthly subscription delivery service of personalized beauty products coupled with original editorial and an ecommerce platform. Is it a product or service? Or how about smartphones, which today can be characterized as a singular product gateway to many services. Today, products, services, and the in-between hybrids collide to become experiences.

Many pundits have recently argued for a new kind of economic framework grounded in experiences.

This idea was popularized in the late '90s by the book *The Experience Economy*. According to the authors of the book, experiences are

"events that engage individuals in a personal way, that are memorable and revealed over a duration of time."

Experiences are inherently personal; no two people will have the same experience even if they have the same interaction. Fundamentally, people use their experiences to differentiate organizations, particularly as goods and services become increasingly commoditized by market forces, like the push for affordability and technology—the widespread Internet-based economy being a prime example of the latter.

In today's rapidly evolving healthcare environment, consumers demand greater degrees of transparency, driven in part by payer reform. Likewise, consumer interaction with non-healthcare services is shaping the way we perceive and evaluate healthcare offerings. We live in an "on-demand" world where anytime, anywhere access to information, expertise, and resources is the cornerstone of most service models. Consumers have these same expectations for their healthcare experiences as well.

Over the last several decades, healthcare providers have focused on clinical quality (e.g., measuring outcomes, affiliations to research, and credentialed staff) as key measurements and points of differentiation. And that has stood to reason: If the end goal of health delivery is making measurable improvements in a patient's health, then shouldn't providers invest heavily in producing the best possible outcomes? Of course they should, not only because it's the right thing to do, but also because they're incentivized financially to do so. Medicare's value-based purchasing and readmissions reduction programs are two obvious examples of pay-for-performance initiatives meant to improve outcomes (even though today's incentives are as much process-based as they are outcomes-based). Further

measures have not yet matured to address either process or outcomes beyond the hospital and across the health delivery ecosystem (for example, better coordination of care, medication compliance, doctors' visits, and so on). The system is still largely fragmented. The spate of mergers and acquisitions only compounds this issue.



Source: reported by similarweb.com

But the challenge here is twofold from the consumer perspective. First, quality outcomes are assumed by consumers, whether they're good assumptions or not. When a person goes to the doctor, he assumes that the physician will make him well because the physician has done so many times before. Second, consumers aren't experts in evaluating the differences in outcomes among a variety of choices. Organizations like Health Grades or Leapfrog Group have attempted to compare quality metrics similarly to how *Consumer Reports* compares products. But in practice, they've fallen short when compared to more popular, consumerdriven sites like Yelp.

Why is that? In today's society, lifestyle is influenced by a trend we call "The New Voice of Influence," where consumers trust each other—both their social network and even complete strangers—to provide a more truthful account of a product or service than the manufacturer or service provider. Secondly, most patients can only evaluate what they know. Particularly for service industries like healthcare, what consumers talk most about is their experience.

Creating unified measures to clearly and simply report outcomes metrics—like cost, safety, access, and quality—is on the horizon. But for now, consumers will continue to evaluate and share how their healthcare experience stacks up against their experiences in day-to-day life.

The implication here is clear, albeit unsettling:
The standard of comparison for healthcare
providers isn't other healthcare providers; it is
service providers outside the healthcare industry.

Think Apple. Nordstrom. Starbucks. Increasingly, service providers are designing platforms where each touchpoint in their system reinforces their relationship with the consumer, both intellectually and emotionally. And when that happens—when consumers receive positive reinforcement through seamless and cohesive experiences—their engagement becomes much stronger. They're more likely to tell others about their experiences, and they're more willing to stand by a service provider when things don't go

as smoothly as desired. Organizations that excel in creating meaningful and satisfying user experiences achieve greater customer engagement and growth. As *The Experience Economy* points out, "Industries that could be characterized as clearly experiential grew at twice the annual growth" than others. "No wonder," it continues, "that so many companies today wrap experiences around their existing goods and services to differentiate their offerings."

Right or wrong, low cost and high quality are table stakes in healthcare, not the basis of competitive advantage. This lays the foundation for the experience surrounding the product/service to become the basis for strategic differentiation. It aligns with the way consumers conceive of making choices. It is how they relate and recommend things to each other.

So, if differentiation and growth are strategic imperatives for healthcare organizations, then intentionally designing experiences must be as well. But in order for those intentional experiences to happen, we need to examine—and dispel—three long-held assumptions about the patient experience.

EXPERIENCE IS THE SAME AS PATIENT SATISFACTION

It's not written in stone, or in patient satisfaction surveys for that matter. For years, healthcare providers have measured patient satisfaction with a variety of survey providers, and they have used benchmark comparisons as a way of evaluating—and subsequently improving—performance.

Importantly, patient satisfaction scores, by definition, provide information about how positive someone feels about an interaction or about select aspects of their care. ("How satisfied were you with wait time?" "How would you rate your doctor's caring and concern for you?" "What is your likelihood to recommend . . . ?") In other words, patient satisfaction is about things that have already happened.

Unfortunately, patient satisfaction scores provide little information about what actually happened during the care experience or how to fix what went wrong. Asking someone how satisfied they were with their wait time doesn't provide any insight into how to solve the issue if someone waited an abnormally long amount of time.

As Don Berwick, CEO emeritus of the Institute for Healthcare Improvement (IHI) observes, "Service improvement activity requires specific data about what actually happened, not just data on whether patients were satisfied with what happened." And that's precisely what future service measures must endeavor to do.

According to the World Health Organization, service measures will, in the future, focus on health delivery system "responsiveness," which is defined as "the manner and environment in which people are treated when they seek healthcare." As delivery networks become more complex—executed across multiple sites of service, across potentially multiple partners, and across multiple channels improving system responsiveness through experience design will be key. The patient journey through any system is marked by crossing multiple functions, people, inefficient systems, and barriers. Too often, leaders assume that superficial efforts—like patient satisfaction initiatives—can solve such complex issues.



CRYSTAL BALL

"Medicine is becoming both more predictive and more personalized. A future in which we can anticipate with greater certainty which people will succumb to serious infirmity is not far off."

Scott Foral Managing Principal, HDR Consulting

DESIGNING PATIENT EXPERIENCES REQUIRES LARGE-SCALE CAPITAL INVESTMENT

Your patients would politely disagree.

Business Review article reported on hospital leaders' perceptions of the key drivers of patient experience. Their recommendations included: "New facilities, private rooms, food on demand, bedside interactive computers, unrestricted visiting hours, and more quiet time." Importantly, the outputs reflect executive leaders' perceptions of what drives patient experience, and don't necessarily reflect what patients (or their support systems) identify

as key drivers.

In 2013, a Harvard

What the survey does reveal is that healthcare leaders seem to believe that achieving an ideal patient experience requires large-scale investment; four of the six top drivers require capital and lots of it.

In our view, which stems primarily from interacting directly with patients over a number of years, the key drivers of an ideal experience tend to be more related to attributes like the empathy of staff, ease of use, connectedness, and anticipation of need rather than to specific capital solutions. Yes, both the environment and technology are enablers of an experience, but in isolation, capital-driven solutions alone will not yield results because experiences are shaped by interaction with people. Most of the items listed by executives don't involve people or a service model (the way you



THERE'S AN
APP FOR THAT

"The 'mobile-ization' of health technology has significant consequences. Cardiologists can now use a mobile phone in place of an EKG with an FDA-approved app, which eliminates the need for an equipment room and storage. More importantly, it changes the nature of the relationship between the physician and patient."

Jim Henry Design Director, Health interact with customers). A brand-new facility or state-of-the-art interactive technology can easily be undone by a grumpy nurse or unfriendly registration staff. To drive growth and overall patient engagement, we must design ways of connecting with patients, families, and their support systems on an emotional level. This is a process that requires qualitative and quantitative approaches, and creative and analytical design methods.

WEKNOW WHATOUR PATIENTS WANTAND NEED

That's why we need both quantitative and qualitative discovery. In healthcare, providers often subscribe to an orthodoxy that they know their patients—and what they need. Mountains of data tell us age, gender, and ethnicity, where people live, and where and how they access our services. We know payer mix, education rates, and median household incomes. Clinically, we know incredibly intimate aspects of their lives.

But does knowing all of this mean that we truly know our patients? We know about them. But do we understand them and what they need at an emotional level? Do we know how to align their expectations with what the entire system of care actually delivers?

Here's the challenge: Studies and survey tools—like some Community

Health Assessments—take for granted that interview subjects actually know what they need and that they can imagine a far different reality than what exists today.

But truly unique solutions are just too cognitively distant for most people to grasp. In the world of innovation, where our charge is to invent and to discover novel answers to complex problems, assuming that people can somehow conceive of a reality that doesn't yet exist just isn't a good assumption. Survey tools are primarily intended to generate a

comprehensive catalog of issues and resources...that already exist. And that isn't entirely helpful when designing new experiences for our patients. As pointed out in the AHA publication *Bridging Worlds: The Future Role of the Healthcare Strategist*, "Demographic information and clinical data are not the same as understanding an individual's needs and motivations. The intentional design of experiences is a critical part of influencing consumer behavior in healthcare."

The field of experience design offers a different set of tools and modifies others to gain a deep understanding of the user

> experience (and how it can be improved). It involves an intricate combination of both quantitative and qualitative discovery.

For example, oneon-one ethnographic interviews use openended questions as an effective way to

identify unarticulated needs and extract meaningful insights from users. Conducting ethnographies with patients, families, and communities in their natural, real-world environment uncovers significant fears, aspirations, and needs related to health and care delivery—many of which are often unarticulated during a traditional survey process and are only

discovered through this deeper, ethnographic method. Ultimately, this process identifies insights to help contextualize user-related problems and opportunities.

Observation and shadowing are additional tools. Shadowing captures information about what people actually do, not just what they say they do. This understanding about patterns of actions, interdependence, and the motivations of users is enhanced with information about mood, body language, pace, and timing in order to "see" the world from the user's point of view. Following a patient through his or her journey as they attempt to schedule an appointment, drive to the site of care, wait, receive care, and are discharged to return home can be exceptionally revealing. This kind of firsthand qualitative data can provide rich insight that other methodologies alone cannot.

In the need-finding phase, the output is the insight gained into the needs of patients and families. We begin to see their experiences and their encounters with the care delivery system through their eyes. Their hopes and aspirations are uncovered. The system breakdowns and gaps—often called pain points—are identified. It's from this insight that opportunities can be framed.

We're left with a fundamental question:

How do we intentionally design an experience in healthcare settings?

For many, this may seem like a throwaway question, in that "experience design" may feel like a nebulous concept with little substance. After all, if no two people experience the same thing given the same interaction, how could experiences possibly be intentionally designed? It turns out that the emerging field of **EXPERIENCE DESIGN**—frequently used in the retail, hospitality, and technology sectors—offers a holistic approach that can be applied to the patient experience of care.

According to Patrick Newbery, chief strategy officer for Method, experience design is an approach to unifying how services and solutions "play a role in delivering value over time...[considering] all stages of the customer journey as opportunities to provide value and further engage customers." Further, it provides a comprehensive structure for "exploring options, innovation, implications, and interdependencies."

Healthcare delivery systems are complicated and often disjointed. Once upon a time, these systems were built around a single point of entry: The acute inpatient hospital. Today, the ecosystem might include an array of hospitals, several hundred clinics, a long-term care facility, or other forms of post-acute care—some of which a system owns, some for which they have partners. Experience design and its tools can help unify the fragmentation that results from this complexity.

Journey mapping—understanding the path a customer takes, the people and functions they interact with along the way, and other enablers and obstacles—provides a complete picture of the customer experience. It identifies the weakest and strongest points along the continuum of care experience, and allows for a better understanding of how a patient thinks and feels during an interaction.

It's not enough to focus on just a few select touchpoints, rather the entire customer (or patient) experience must be managed, argue Alex Rawson, Ewan Duncan, and Conor Jones, the authors of the *Harvard Business Review* article, "The Truth About Customer Experience." When companies are able to perfect managing the entire customer journey, the benefits they reap can be enormous: Enhanced customer and employee satisfaction, reduced customer churn, increased

revenue, lower

costs, improved

organizational

collaboration,

advantage.

and competitive



INSIDE OUTSIDE

"People make nearly all health-related decisions outside of hospitals and clinics. Often, they engage health-related services using non-traditional providers. What's needed are end-to-end systems that cohesively integrate all aspects of a person's health, both inside and outside the traditional healthcare enterprise."

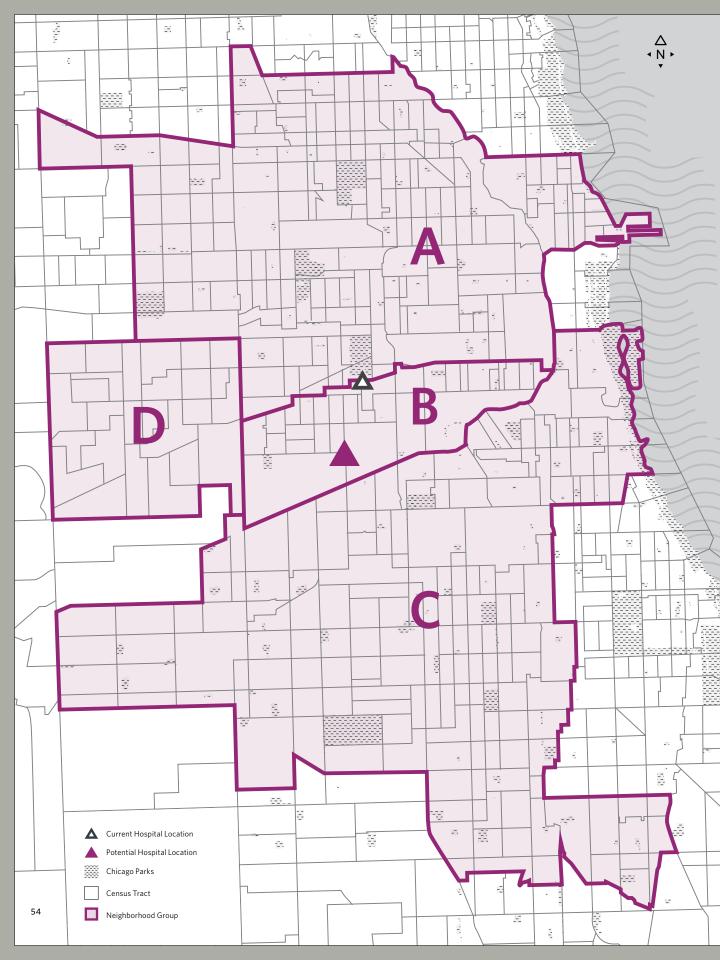
Hank Adams Global Director, Health

So, what will an exceptional patient experience look like in the future?

In many ways, the goals of future healthcare experiences will be to become invisible, unobtrusive, and integrated into people's daily lives.

Patients will have access to information bi-directionally, whenever and wherever they are. Healthcare providers will serve as guides, integrating care along the health continuum and interpreting complex data. The healthcare experience will be intuitive and seamless. And it will live in both the physical and digital worlds, where the two must connect and feel like an extension of the other. Pathways for patients and families will eliminate redundancies and be tailored to each individual patient's needs. Waiting may not exist at all or may only exist for families during a procedure. Opportunities for communication will extend into the built environment (e.g., notification of wait times posted on boards).

Regardless of what specifics the patient experience of the future holds, the methods of experience design must be added to the bag of tools that healthcare leaders now employ. Doing so is a nonnegotiable strategic imperative for any leader wanting to grow their business through differentiation and consumer engagement.



Every Voice Matters

CASE STUDY

An important goal in healthcare experience design is to improve trust between users and healthcare providers. Because every cultural community has a different dynamic in relation to the healthcare system and its care providers, a deep knowledge of diverse community needs is especially essential for future urban community development projects.

One hospital in particular sought to gain a thorough understanding of stakeholder expectations for U.S. healthcare provision and education in lower socio-economic communities.

When leaders of Saint Anthony Hospital (SAH), which serves the west and southwest neighborhoods of Chicago, began exploring the potential to build a replacement hospital on a new site, they wanted assurance that the project would serve community needs and successfully engage with its key target markets in a financially viable way for the long term. Rather than simply assuming that a new facility would attract and positively impact the 400,000 residents

in nearby neighborhoods, SAH leadership wanted the project to be deeply connected with community groups and needs from its inception. So they sought to better understand stakeholders' perceptions, cultures, and needs related to healthcare and perceived community health overall.

In 2012, researchers from HDR joined forces with the University of Nebraska Medical Center College of Public Health, the University of Nebraska-Lincoln College of Architecture, and Saint Anthony Hospital to investigate differences among neighborhood ethnic groups' healthcare choices and service needs. Focusing on four neighborhoods surrounding the hospital, the team collected quantitative and qualitative resident data on healthcare use and choice and the likelihood of engaging in new health-promoting services. The Hispanic population is dominant in three of the neighborhoods, while African-American populations have clusters in two.



What did the research uncover?

Residents desire a solution that's more than just a place for accessing healthcare services and treating illness; they need someplace they can go to be engaged on many levels in improving and sustaining the overall well-being of a community.

Implication: Success rests in improving and enhancing the social fabric of the community. For someone to have a shot at a healthy life, they have to be able to buy healthy food, feed their mind with education, nurture their creativity through the arts, have a place to send their kids to keep them off the streets, and have a job to support their family.

Study participants view health broadly as "balance," "self-sufficiency," "vitality," "opportunity," etc. They view health and well-being as being integrated values and so they define it as "much more than healthcare."

Implication: Understanding the importance of living a healthy lifestyle is a necessary first step toward improved health and well-being. To help achieve this, interactive health education programs and community partnerships that promote immunizations and preventative healthcare are needed.

Interview participants were very aware of chronic health challenges in the community, e.g., diabetes, adult and childhood obesity, heart problems, etc. Some spoke in terms (e.g., "food

desert") that indicated a high level of knowledge about the problems due to existing and past intervention efforts.

Implication: Residents need help navigating through their healthcare journey, learning about health risks and healthy living along the way. And they need access to fresh foods that support healthy diets and eating habits.

A great deal of interest was shown for the addition of a fitness center, an arts facility with a program for children, a learning center for health information, child care and elder care, community garden, and shopping and eating establishments.

Implication: The importance of the extended family elevates the need for family-centric space to accommodate large family gatherings. Restaurants and churches were often mentioned by interview and focus group participants as favorite neighborhood places, in large part because they foster connections among people.

Despite problems with drugs and violence in area neighborhoods, many people are hopeful about improving educational trends in elementary schools. In fact, the importance of educating children is a unifying factor across all ethnic groups.

Implication: A commitment to children is a commitment to the future of the community. Decades of studies and ongoing research show that children from a high-quality learning environment not only have better academic performance in school, but also gain critical social and emotional tools for successful lives as adults. They are also more likely to be employed as adults, earning higher wages, and less likely to commit crimes. A need exists for a comprehensive continuum of cradle-to-career programs and services, from early childhood education to elementary and charter schools and on through trade and college prep programs.

Park/green space is seen as critical so that kids have outdoor places to play. Some people in the community are already working to increase the number and quality of area parks.

Implication: Ending youth- and gang-related violence are top priorities, which elevates the need for sports fields and gymnasiums that offer opportunities to engage youth in extra-curricular activities.

The physical environment is important and meaningful. Boarded-up buildings and vacant lots signify lack of hope.

Implication: A new building can be a "psychological boost," although its impact depends upon what is done with it over the longer term.

While immigration significantly impacted access to health services in the Hispanic community, a low percentage of respondents identified it as a major obstacle to healthcare.

Implication: Respondents represent a diverse melting pot of languages and cultures; environments are needed to cater to all of them, with communications (online, print, signage, etc.) in multiple languages, and when possible, follow a universal language approach that uses recognizable symbols and graphics.

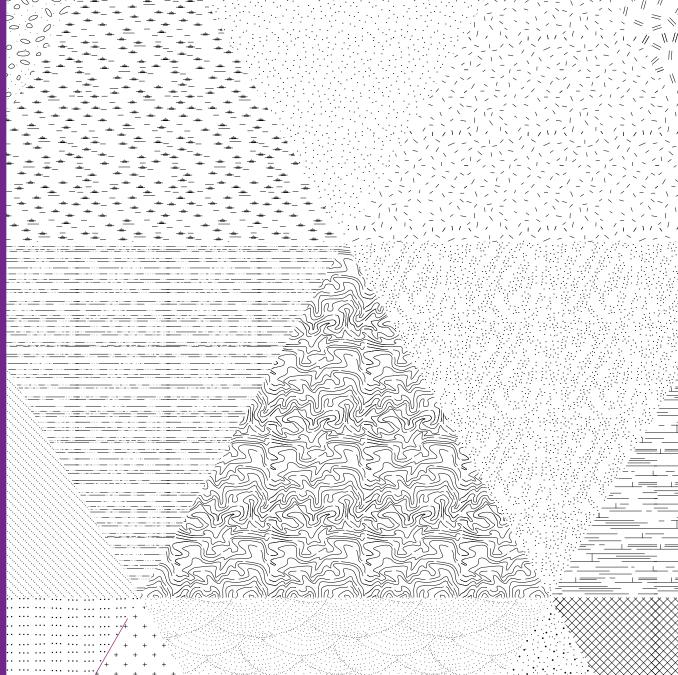
Significant differences exist between car ownership and the primary mode of transportation between the neighborhood groups.

Implication: Transit hubs and services can help reduce the inequities associated with unreliable access to transportation. Additionally, mobile clinics that travel into the community could elevate widespread access to healthcare even further.

Ultimately, this research helped transform what began as an idea to build a replacement hospital into a full-scale, mixed-use community campus, with the hospital serving as an anchor to the development. It also triggered the idea for a new financial model for the campus (now called Focal Point), where the rental income from revenuegenerating tenants—such as retail stores and schools, hospitality, and day care, a parking garage, and Saint Anthony Hospital and its outpatient clinic—will be reinvested into programs and services such as continuing education and wellness classes, a center for creativity, and a park and recreation center. Beyond being designed to provide the balance necessary to keep the model financially sound, each aspect of the campus has been custom-selected based on the initial research study.

The Focal Point Community
Campus will not only provide
valuable programs and services to
local residents, it will be watched
as a national model for forwardthinking and neighborhood-driven
community development. As the
Focal Point model is refined and
brought to life in the coming years,
we are learning more about how a
community can be strengthened
when every voice matters.





MOTHER NATURE, M.D.

The Two-Minute Read

The healthcare industry is shifting to a practice focused on both wellness and cure; providers are adopting new attitudes and embracing diverse tools to help patients live healthier lives. Buildings and indoor environments are part of the equation—well-designed space can not only keep us healthy, but stop us from getting sick in the first place.

Research on biophilia (humans' natural affinity with nature) has proven that nature has direct and beneficial effects on everything from stress levels to blood pressure and that our constructed environments often work in opposition to this. Biophilic design advocates the integration of natural elements and attributes in built form to combat these adverse effects. The Terrapin Bright Green consultancy estimates that organizations could save \$93 million annual just by providing patients with views of nature as they convalesce.

The benefits of biophilia can be both direct (e.g. cost reduction) and indirect (e.g. improved mood among staff members) and has led to a new understanding of sustainability as health. Efforts such as the WELL Building Standard seek to design environments that go beyond just 'green' to be restorative, reconciliatory, and regenerative, and are cutting-edge in that they put people at the heart of design, construction, and operations decisions.

But it's not all about building new structures. The inclusion of natural forms and attributes are equally as effective as nature itself; elements such as low-level ambient lighting, soft fabrics, and soothing colors are commonly used. On the other end of the spectrum are more contemporary options, such as lighting that shifts in color and intensity to mimic daylight, linking the inside and the outside.

Lighting solutions are particularly valuable. One of the most common complaints among office workers is a lack of natural light in their workspaces, which disrupts circadian rhythms. Detrimental effects include disordered sleep, unstable mood, reduced mental agility, and even altered hormone levels. Synchronicity with the external world is part of biophilia—and is often hindered by buildings.

For healthcare organizations, large-scale changes to foster health and wellness (such as new and biophilic buildings) aren't always possible. Biophilic design works on a number of scales and something as small as implying nature can be enough to get the ball rolling. Every step can positively affect wellness.

Characteristics of Biophilia CONTEXTUAL RELATIONSHIPS

Geographic Connection Ecological Connection Cultural Connection Site Responsive Internal Relationships

PERCEPTUAL ATTRIBUTES

Safety/Refuge Order, Hierarchy, Complexity Enticement & Discovery Beauty

ENVIRONMENTAL FEATURES

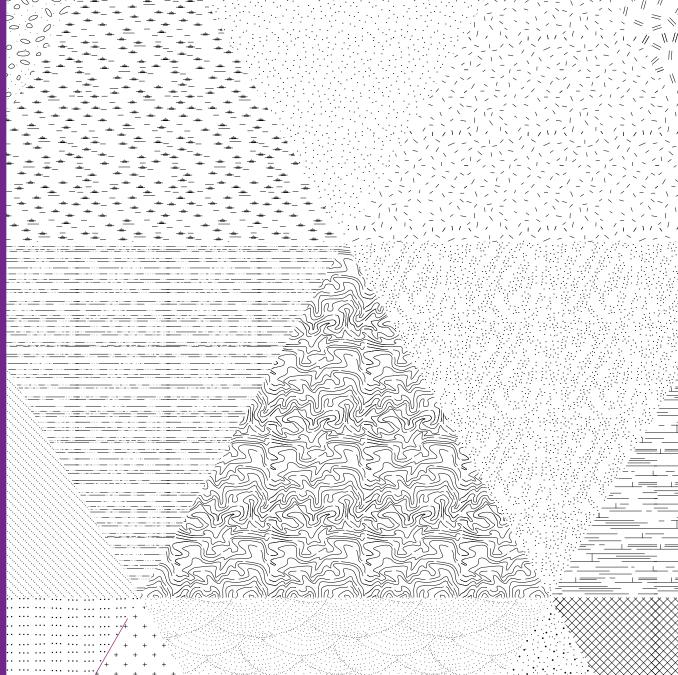
Natural Light Color Water Plants

Views/Vistas

Natural Materials

NATURAL PATTERNS

Age, Change, Patina of Time Spatial Variation Linked Series & Repeating Elements



MOTHER NATURE, M.D. HOW CONNECTIONS TO NATURE CAN HELP MANAGE CHRONIC DISEASE

Can simple design interventions and connections to nature be a prescription to manage chronic disease?

THINK ABOUT THIS

In one study, employees who had views of trees and landscape took an average of 57 hours of sick leave per year, compared with 68 hours of sick leave per year taken by employees who didn't have a view.

One study reports that patients exposed to greater dosages of sunlight perceived less pain, took 22% fewer analgesic medications per hour, and accumulated 21% less in pain medication costs for the length of their stay.

As the healthcare industry shifts from a practice focused on sickness and cure to one driven by wellness and prevention, widespread efforts are directed toward managing pervasive chronic diseases through early detection, improved diet, exercise, and treatment therapy. Healthcare providers are adopting new attitudes and embracing diverse tools to get patients engaged in these healthier lifestyles.

But what if buildings and indoor environments—the places where we spend 90% of our time—are part of that equation? Could spaces not only make us healthy, but keep us from getting sick in the first place? According to proponents of biophilic design, the answer is yes—and overwhelmingly so. Biophilia is described as our innate human tendency to seek connections with nature and other forms of life. It literally translates as "love of nature."



ow does it work? To truly appreciate

its importance, it's helpful to understand biophilia's neurological/physiological underpinnings. Neural channels in our brain connect to the autonomic nervous system, which is made up of the sympathetic and parasympathetic nervous systems. The sympathetic system stimulates the body for cognitive function; the parasympathetic nervous system calms the body down. In chaotic or unsafe environments, the sympathetic system is highly activated, suppressing the parasympathetic system. This disrupts the homeostatic balance of the two systems, resulting in energy drain and mental fatigue.

Consider this research: A 2010 study found that, on average, the presence of salivary cortisol (a stress hormone) decreased by 14.6%, pulse rates dropped by 5%, and systolic blood pressure fell for those who walked in a forest compared to those who walked in an urban setting. Parasympathetic nervous system activity increased 56.1% for forest-walkers: sympathetic nervous system activity decreased 19.4%. In layman's terms, the subjects who walked in the forest experienced significant drops in stress levels; citywalkers did not.

What this study underscores is the fact that the built environment tends to stimulate the sympathetic nervous system, resulting in stress and anxiety; natural environments work in opposition to this. However, when biophilia manifests within a constructed space, it can have some surprising results. These include everything from hastening patient recovery, to boosting standardized test scores, to improving safety in urban communities.

The subjects
who walked
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did not.

But those connections to nature are lacking today. Ironically, in our desire to create shelter, we have effectively removed ourselves from the natural environments that keep us healthy and happy. Nowhere is this more apparent than in healthcare, where the need to be sterile and efficient from a medical standpoint has resulted in the prevalence of hard, unyielding surfaces chosen more for durability and ease of maintenance than for warmth and comfort.

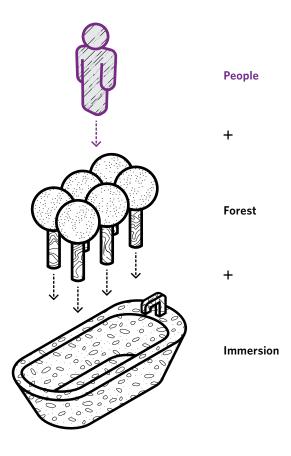
The revitalizing effects of nature are far from unknown, but (particularly in Western countries) aren't often given the credence they deserve. Not so in Japan. Developed in the 1980s, shinrin-yoku ("forest bathing") is considered a cornerstone of preventative healthcare and healing—so much so that

"Forest Bathing" Yes, you read that correctly. Look to the right for an

explanation.

>

forests must be accredited to be part of the program. So forget apples—forest promenades are the new way to keep the doctor away.



Shinrin-yoku is wellassociated with anecdotal **REDUCED INCREASED IMPROVED** results, such as deepening of friendships, clearer Blood pressure Ability to focus intuition, and an increased sense of happiness. Scientific **Energy levels** Stress studies have also proven Immune system Recovery from surgery benefits including: and/or illness functioning

Mood

 \Rightarrow

Sleep

The Terrapin Bright Green consultancy estimates that \$93 million could be saved annually just by providing patients with views to nature.

Other studies have shown that providing daylight improves patient outcomes by shortening length of stay, reducing pain, and reducing the amount of pain medication administered—by 22 percent per hour and by 21 percent in cost. Other studies have indicated that as healing progresses, a patient's focus of attention goes from being more inwardly focused to outwardly focused, thus the environment becomes more important. This means that the design of a comfortable day-lit environment can speed up the healing process rather than inhibiting it.



uch of biophilia
is instinctual to
the point of being

obvious. Given the choice between a room with a view and one without, we would all choose a view. Natural light always feels better than artificial. Air cooled by water feels fresher than air that has been conditioned. But change requires proof: How do you quantify the qualitative? How do you measure a feeling?

In fact, the benefits of biophilia can be translated into direct (i.e., reduced costs) and indirect (improved mood) effects. As a result, emerging studies focus on harnessing the power of positive emotion to create environments focused on well-being. A number of recent Harvard Business Review articles, for example, capture the importance of a positive emotional culture in an organization. They reference a longitudinal study of the culture of companionate love and employee and client outcomes in long-term care settings.

For example, studies have shown that certain types of environments promote focus and efficiency among staff. One of the most common complaints among office workers is lack of access to windows/natural light, and not without reason. The circadian

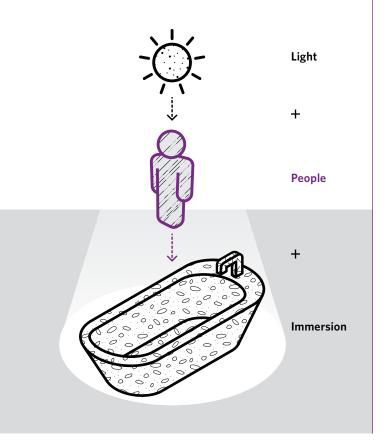
system, which affects sleep, mood, mental agility, and even hormone levels and the reproductive system, can be thrown off balance by the "continual lack of synchrony with the external world." In healthcare environments, providers are often relegated to non-daylit spaces and are required to take shifts at all hours—not exactly helping "external synchronicity."

But what if they could take a "light bath?" In 2013, Wieden + Kennedy debuted a prototype "photon shower" at the New York TED

"Light
Bathing"
Another
bathing
analogy? Sure
thing. Look to
the right.

conference. Designed to speed the recovery of jet-lagged conference-goers, the shower "bathes" users in LED light to help their brains reset.

This could be music to the ears of patients, their families, and healthcare staff. Visitors keeping vigil might opt for "light breaks" when they find that wandering through the ward is no longer rejuvenating. Patients unable to go outside could experience a small taste of the sun. Providers working late-night shifts could hop in the "light shower" to replenish their focus and balance. If design can improve the mindset of providers, they will only be better and more productive, benefitting their own lives and those of many others.



Well Building Performance Categories Water Nourishment Light Fitness Mind

Human-centered Design



s awareness and acknowledgment of biophilia (and biophilic design) grows, there is a call to understand

sustainability as health. We're no longer asking how sustainable or efficient our environments are. We're asking about how good occupants feel in that environment. Can we design environments that go beyond sustainable, that are restorative, reconciliatory, and, best of all, regenerative?

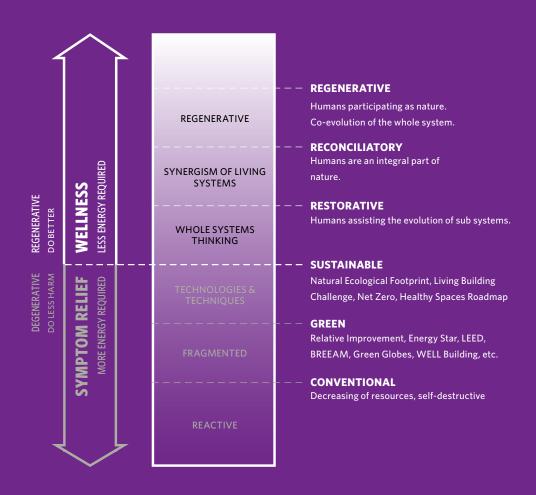
One effort gaining increasing attention is the **WELL Building Standard**, which explores the connection between buildings and the health and wellness impacts they have on occupants. Its goal is to harness the built environment "as a vehicle to support human health and well-being."

Grounded in an expansive body of medical and scientific research, WELL Building sets performance standards in seven categories—air, water, nourishment, light, fitness, comfort, and mind—that are relevant to occupant health and comfort and can be addressed through design. By placing people at the heart of design, construction, operations, and development decisions, WELL proponents argue that it adds meaningful value to real estate assets, generates savings in personnel costs, and enhances the human experience, health, and well-being.

Beyond Sustainability

'Sustainable' has long been the watchword for buildings designed with wellness in mind.

But in truth it's only the tip of the iceberg. The diagram below shows the many levels of designing for wellness—and why the best-known strategies are actually just the beginning.



The WELL Standard advocates for many of the design interventions espoused by biophilic design, which have been demonstrated to have emotional, psychological, and physical well-being benefits:

- + Environmental features
- + Natural shapes and forms
- + Natural patterns and processes
- + Light and space
- + Place-based relationships
- + Evolved human-nature relationships



he inclusion of such forms can bring lifelike non-human natural features into the human environment. The

visual ease we might seek could be provided through access to natural light and quality views. The refuge we might seek when tired and in sensory overload can be provided by an intimate design enclosure with low-level ambient lighting, soft fabrics, and soothing colors. The need to connect to something bigger than ourselves, perhaps in the midst of a stressful work project timeline, can be created by a railing overlooking an atrium lobby. The social interaction we might need could be created through a wide central stair with areas to congregate on landings as you run into colleagues you know, also encouraging physical activity.

Biophilic design can be applied to diverse types of building types and environments. Engaging the senses means a great deal more than just interesting art or colors. It can include natural cues instinctive to all: How dynamic lighting with shifting color tone ranges can mimic daylight throughout a day to create ease; how a view of a garden or indoor plants can be restorative; how relaxing sounds and soothing smells can reduce stress; and how providing a range of levels of privacy can empower staff and visitors and lower blood pressure.

By bringing nature and patterns evolved from nature into our buildings, neighborhoods, cities, and infrastructure, the new thought leadership in design promotes the direct link of nature to the well-researched benefits of health and overall well-being. In the end, combining both low environmental impact design and wellness-focused design results in restorative human-centered design.

Characteristics of Biophilia

Biophilia is a broad concept, which can be divided into a number of subsections, making it both easier to understand and easier to apply in specific situations. The following categories illustrate how biophilia can be broken down and considered for application.

△ Contextual Relationships

Perceptual Attributes

Environmental Features

Natural Patterns

Geographic Connection

Responds to geography both in terms of site (specific location) and situation (location relative to surroundings). A strong connection to geography can foster a desirable sense of local familiarity.



Ecological Connection

Harmoniously relates the existing ecology (that is, to the existing living organisms and physical surroundings).

New construction inevitably reshapes existing natural systems, but biophilically designed structures aim to preserve ecological productivity.

Cultural Connection

Integrates history, traditions, geography, and ecology to form essential individual and collective relationships.

The need for cultural connection is crucial (as it links people to place); architectural vernacular is often a major component of a person's heritage.





Site Responsive

Combines the principles listed above (geographic, ecological, and cultural connection) and leverages them to create a mutually beneficial relationship between the structure and its place. This can affect everything from building form to internal operations.

Internal Relationships

Layers and joins spaces in diverse ways to hint at the intended use and capacity of various spaces. This enables internal wayfinding and creates "neighborhoods" within the structure.





Safety/Refuge

Provides a sense of comfort and familiarity to the users. In order for a building to be a productive space, users should not feel uncomfortable or on edge (physically, climatically, etc.)

Order, Hierarchy, Complexity

Distinguishes the importance, priority, and use of various spaces within the building. For example, differences in ceiling height can articulate the difference between transition and destination.





Enticement & Discovery

Evokes the process of natural discovery, and entices users to move throughout space in a variety of ways. Keeps the user alert and interested.

Beauty

Combines basic biophilic and design principles. Beauty is subjective but is often recognized through comfortable, contextual, and connected spaces. "In nature, beauty is the promise of the good."





Natural Light

Connects the space to the surrounding world. Failure to integrate natural light into interior spaces can result in the dissociation from natural circadian rhythms.

Variations in light (filtered, diffuse, colored, reflective, etc.) add layers of visual complexity.

Color

Highlights specific spaces, particularly when architectural distinctions are not possible. Color is a powerful atmospheric tool (it has been shown to have a significant influence on building users), and should be applied judiciously and thoughtfully.



Water

Instills a sense of calm, but can also be used pragmatically (i.e., as a natural cooling feature). When water itself cannot be introduced, allusions to it (through views, sound, color, etc.) can be similarly effective.

Plants

Introduces nature to building interiors in a scalable and tangible way. Plants are easily maintained and positively affect both mood and air quality.



Views/Vistas

Connects interior spaces to the surrounding world in terms of both time (natural light) and place (contextual relationships). Views need not be spectacular to be effective, but they should ground the space in its context.

Airflow

Makes the space healthy, livable, and productive.

Poorly insulated/climatically controlled buildings are uncomfortable for workers (and can also have adverse effects on machinery and furniture).



Natural Materials

Links to the outdoors, making for comfortable and familiar interior environments. This is particularly effective when it takes indigenous materials and design vernacular into account, as it further grounds the building in its context (see cultural connection).

Age, Change, Patina of Time

Acknowledges the passing of time through changes in material appearance to keep in pace with the surrounding world. For example, copper changes color (to green) over time.





Spatial Variation

Corresponds to natural variation in the sizes and types of spaces and crafts a dynamic user experience. Rarely in the natural world do you find exact spatial repetition; by that token, exact spatial repetition in buildings feels innately artificial.

Linked Series & Repeating Elements

Adapts the patterned and serial nature of organic form (such as the golden ratio, Fibonacci sequence, etc.).

Repetitive elements in constructed space imply an affinity with the natural world.



Getting Started on the Future

These 12 provocative FORECAST STATEMENTS about the future of healthcare can serve as a starting point for dialogue about where your organization is heading—and the multiple futures that could take place.
Change, after all, begins with conversation, whether it's between two people or many.

Start with an idea, ask lots of questions, and determine a plan forward.

- —What concerns you about this forecast statement?
- —What would make a difference about those concerns?
- —What could we do to make a difference?
- —What's a good first step? Second step?



AFFORDABILITY AGENDA

Cost control will be an increasingly singular motivation for organizational behavior and change in all facets of healthcare, from delivery to public policy.

Affordability means what a median income family can afford to pay out-of-pocket annually.



MASSIVE CONSOLIDATION

To fully realize the benefits of the cost/quality agenda, healthcare organizations will seek to leverage economies of scale achieved through massive consolidation.

The 600+ health systems that exist today will consolidate to less than 100 regionally based "mega systems" over the decade ahead.



EMPLOYER-BASED DELIVERY

Frustrated with a perceived lack of momentum in re-shaping the U.S. health delivery system, major North American employers will develop their own wholly owned healthcare delivery products for their workforce.



OUTCOMES-BASED PARTNERS

Following the pay-for-performance model, healthcare providers will structure all vendor and partner contracts as risk-sharing agreements, or pay for outcomes.



FIVE

EVOLUTION OF THE MODERN FAMILY

Different social dynamics will redefine how society defines the modern family, taking a broader and more inclusive view. This affects how providers understand and deliver whole-person healthcare.



organizing concept.

Greenfield mixed-use developments that combine residential, retail, and commercial will proliferate, with health and wellness as their prime

continued



CULTURE MATTERS

The truism "culture eats strategy for lunch" becomes a key consideration for healthcare leaders as the pace of merger and acquisition activity accelerates over the decade.



FRANCHISING

Following the lead of the dental industry, a national healthcare franchise model will emerge, allowing local physicians to independently own practices, but benefit from the economies of scale in branding, marketing, facility design, back-office functions, etc.



Seeking out non-merged network development, healthcare leaders will bring an ultra-diverse mix of players to the table for radical collaboration: providers, payers, independent and employed physicians, post-acute services, behavioral health, etc.



Competitors in local communities will find common ground and partner to deliver services that are historically money losers—like inpatient hospice care—under the umbrella of "new-co" organizations they create together.



CONSTELLATION OF **CONTRACTORS**

The healthcare strategy workforce of the future will be made up of mostly independent, freelance contractors who "sell their skills" anywhere they're needed.



CONSUMER DIGITAL EXPERIENCE

Healthcare digital platforms will tie together the physical and virtual environment, will provide any-time anywhere content, and on-demand prompts recommendations to users based on their health goals and medical conditions.

TRENDS AFFECTING HEALTHCARE

One key principle of innovation is the idea of context. For example, if we wanted to reinvent a chair, we might consider the chair in the context of a living room or office first. The same thinking can be applied to healthcare. In order to reimagine healthcare, we need to examine it more broadly in the context of market forces that shape opportunities for innovation. We call these contextual elements "PLANKS" and have defined six important ones:

TECHNOLOGY .
HEALTH & WELLNESS
SOCIO-CULTURAL 🗘
SCIENTIFIC ADVANCEMENT/RESEARCH
ECONOMIC 🖄
GEO-POLITICAL 😣





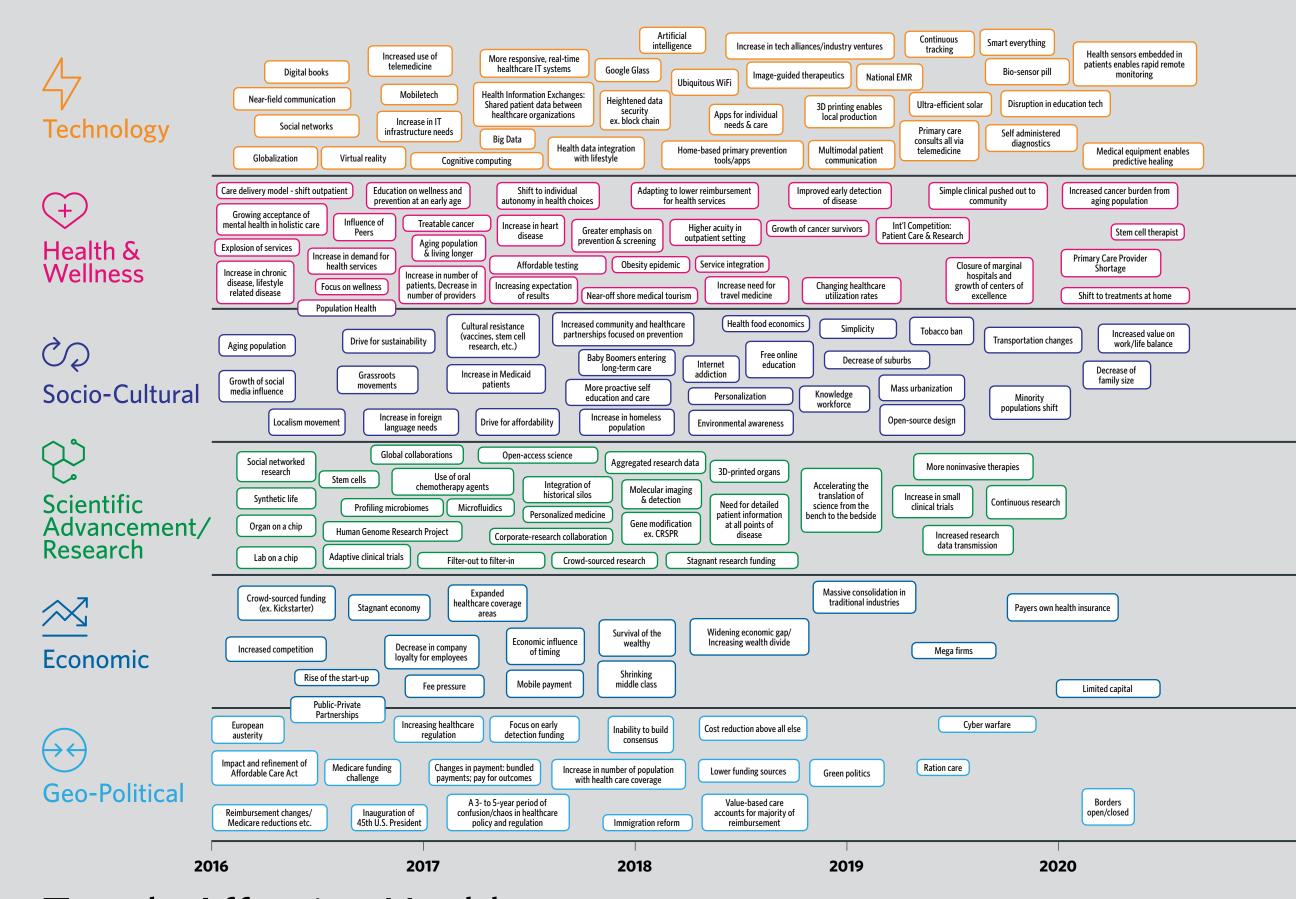




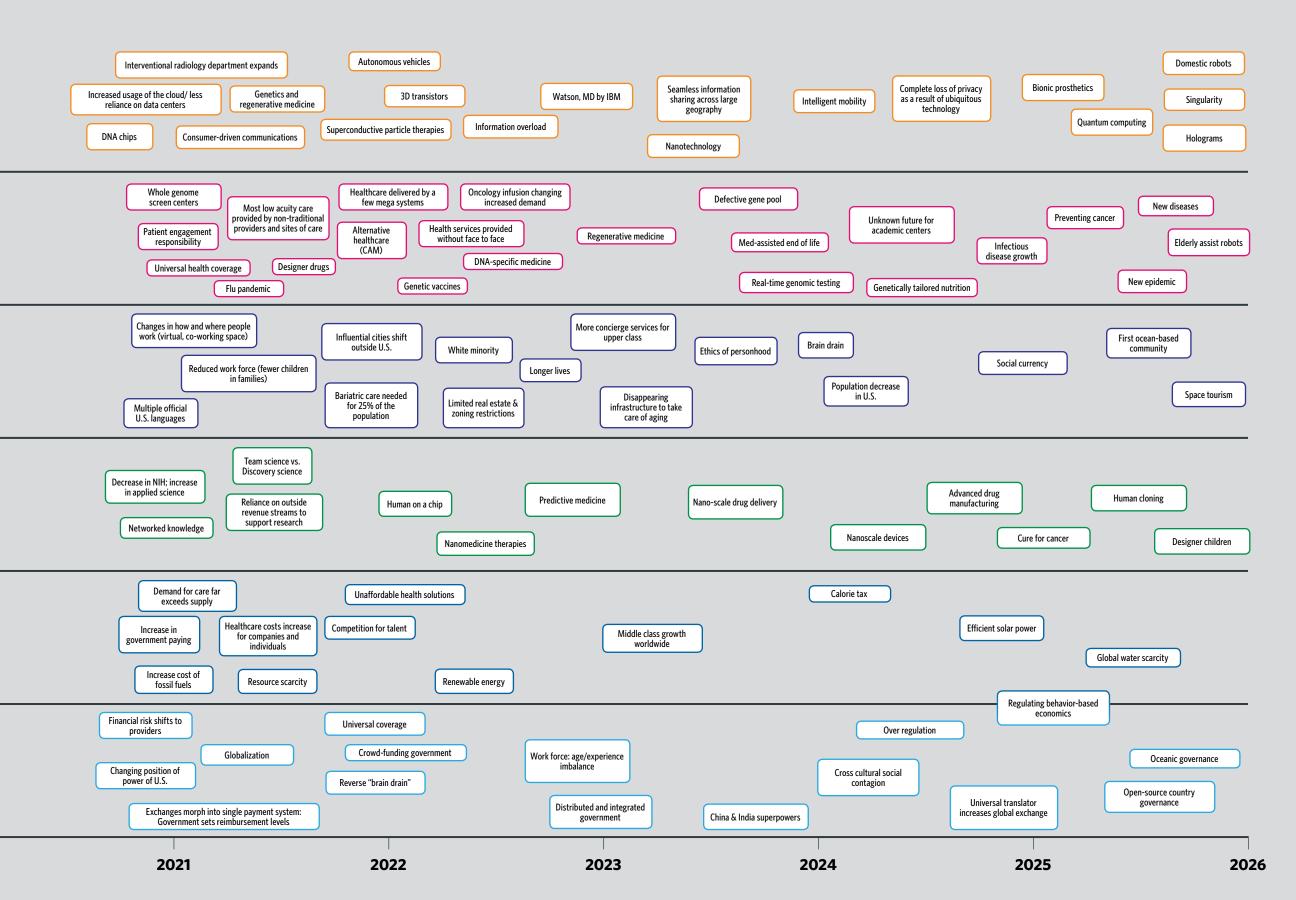








Trends Affecting Healthcare



Technology

Health & Wellness

Socio-Cultural

Scientific Advancement/Research

Economic

Geo-Political



How do you define health?

We asked some of our change-makers to weigh in (briefly) about how they define health.

Their responses illustrate that how each of us defines health is framed by our own unique perspective.

Hope for the future.



Hank AdamsGlobal Director, Health



Abbie ClaryRegional Director, Health

Health is the combination of giving and receiving love, embracing happiness, pursuing and capturing opportunity, building confidence, and having self-awareness toward a better you so you can be better for others.

Most of us think, "The way to health is eating what we don't want, drinking what we don't like, and doing what we'd rather not." But the real path to health is focusing on the positives and achieving the harmony of mind, body, and soul.



Jim AtkinsonDirector of Healthcare Planning

Health is a state of mind. It is the ability to experience a quality life despite my family's genes.



Betsy BergSenior Healthcare
Consultant



David GrandyDirector, Strategic
Innovation

Health is an outward reflection of our goals and values, relationships, and activities. It's foundational to the way we walk through life: The choices we make, the company we keep, the ideas we dream up.

It is intangible and seemingly elusive, but we recognize its absence instantly when it falters in any regard.



Chris Bormann Regional Director, Health

Achieving a positive physical, mental and spiritual balance in one's life.

Your complete well-being or state, both physically and mentally.

Peter de la Mora Regional Director, Health



A feeling of wellness and well-being in body, mind, and spirit.



Jean HansenSustainable Design Principal



Jim Henry Design Director, Health

Health is the balance of the person in their environment that creates a well-being. To be in good health, the emotional, physical, and spiritual aspects of a person need to be balanced.

A living process of maintaining and restoring the wholeness of the entire fabric of life within and without.



Lily Livingston Sustainable Leader, Biophilia



Michael Joyce Strategic Innovation Consultant

Health is highly personal— maximizing the possibilities of life with the mind, body, and soul you have.

Health is the sum of the physical, mental, and social aspects of your life. Good health is about having energy, feeling valuable, and establishing balance.



Amy Lussetto Strategic Innovation Designer



Tom Marquardt Interior Design Principal

Feeling so good that we can forget about it.

A general feeling of wellbeing about my physical and mental state.



Cyndi McCulloughDirector, Evidence-based Design



Susanne Pini Retail Design Principal

Health is the road to wellness.



Colin Rohlfing
Director,
Sustainable
Development

An ability to adapt to impacts while continuously moving forward.



Joel WorthingtonStrategic Innovation Designer

Allows me to do whatever I want, whenever I want.



Scott ForalManaging Director, HDR Consulting

Health is a measurement of one's lifestyle.



Paula Brammier
Brand and Graphics Principal

Health should be a more available choice than being unhealthy—for all ages, everywhere.



Brandy OlsonDirector of Operations Design

Exploration of balance—physically, mentally, socially and spiritually—and unique to each of us as individuals.



Katie Sosnowchik
Communications Principal

Health is waking up in the morning mentally excited and physically energized to tackle the challenges of the day ahead.

Christian D. Larson

An early New Thought leader and teacher as well as a prolific writer of New Thought books.