Quick to Market:

Implementing a rapid innovation process to drive customer satisfaction

Jann Holland, VP Marketing & Corporate Communications, CoxHealth

Scott Rogers, System Director of Innovation, CoxHealth

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Society for Health Care
Strategy & Market
Development℠

AHA Events

Learning Objectives

To be Quick to Market:

1. Learn how to establish a culture of innovation
2. Understand the essential components of an innovation regimen
3. Learn how to report to leadership to maintain accountability
4. Learn how the rapid innovation process is part of an overall innovation roadmap

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Agenda

1. The need to be Quick to Market
2. CoxHealth innovation journey
3. Learn key tools via CoxHealth case study
4. What would you do – a new project scenario
5. Q & A

Icebreaker

- 10 words or less: Name a customer-facing problem you have been trying to solve at work
  - *Example: Empower the patient to make informed urgent care decisions*
- Use that problem to frame our Quick to Market discussion
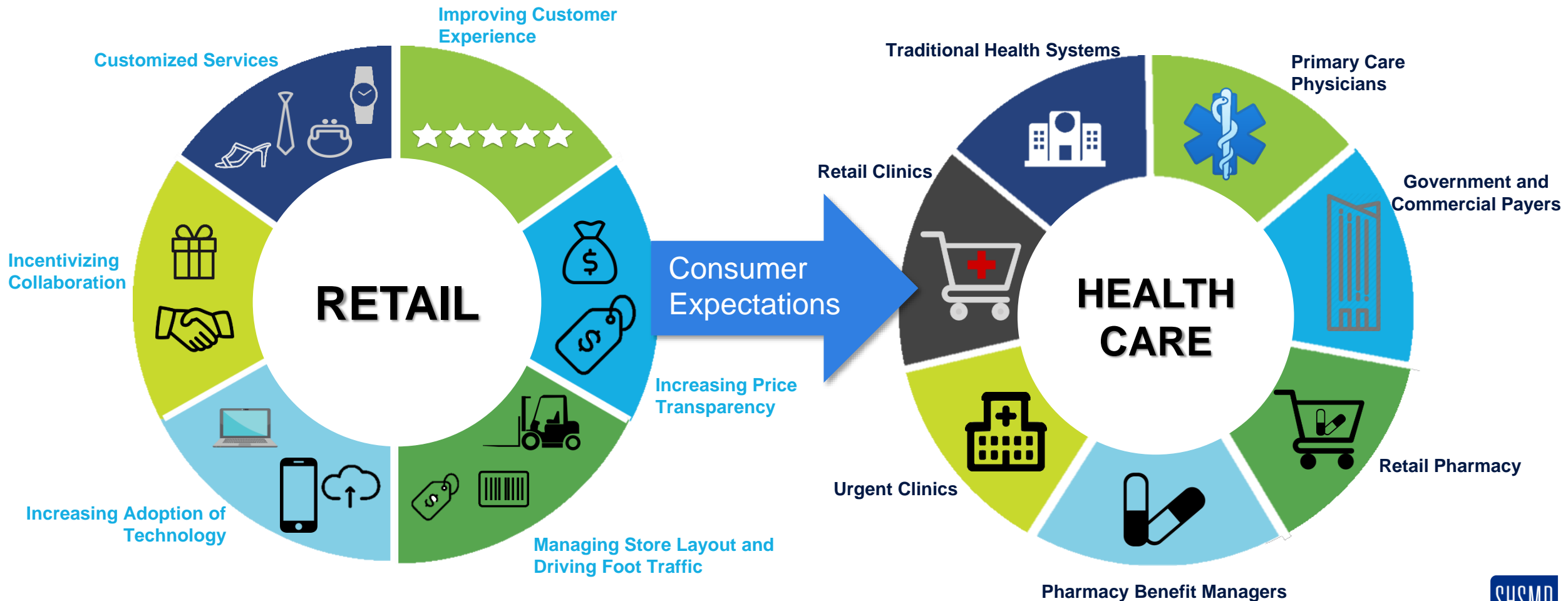
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The Need

Quick to Market

Why

"How did you go bankrupt?"
"Two ways: gradually and then suddenly."

-Ernest Hemingway "The Sun Also Rises"

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# Consumerization of Health Care

Consumerization of Health Care

RETAIL

- Improving Customer Experience
- Customized Services
- Incentivizing Collaboration
- Increasing Adoption of Technology
- Managing Store Layout and Driving Foot Traffic
- Increasing Price Transparency

Consumer Expectations

HEALTH CARE

- Traditional Health Systems
- Primary Care Physicians
- Government and Commercial Payers
- Retail Pharmacy
- Pharmacy Benefit Managers
- Urgent Clinics
- Retail Clinics

Deloitte Insights 2015

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The Journey

Establishing a culture of innovation

2013: The Catalyst

- OUCH!
- Key themes:
  - Follow others
  - Resources aren't invested
  - Lag **behind** competition
  - **Culture:** 2/3 Disagree or Strongly Disagree
  - Employees don't know how

At the most basic level
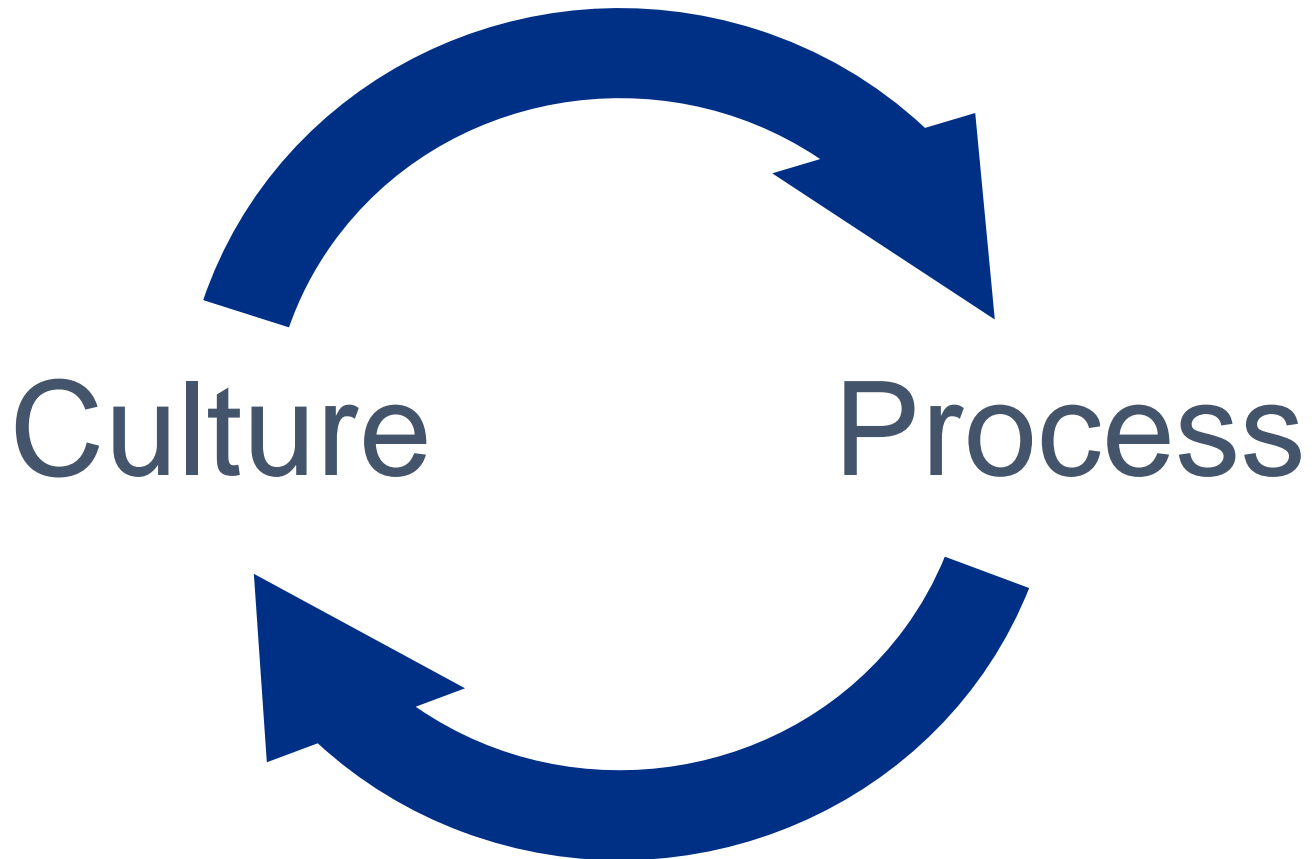
Culture ⟳ Process

Culture influences Process, which reinforces Culture

We didn't have an Innovation Process!

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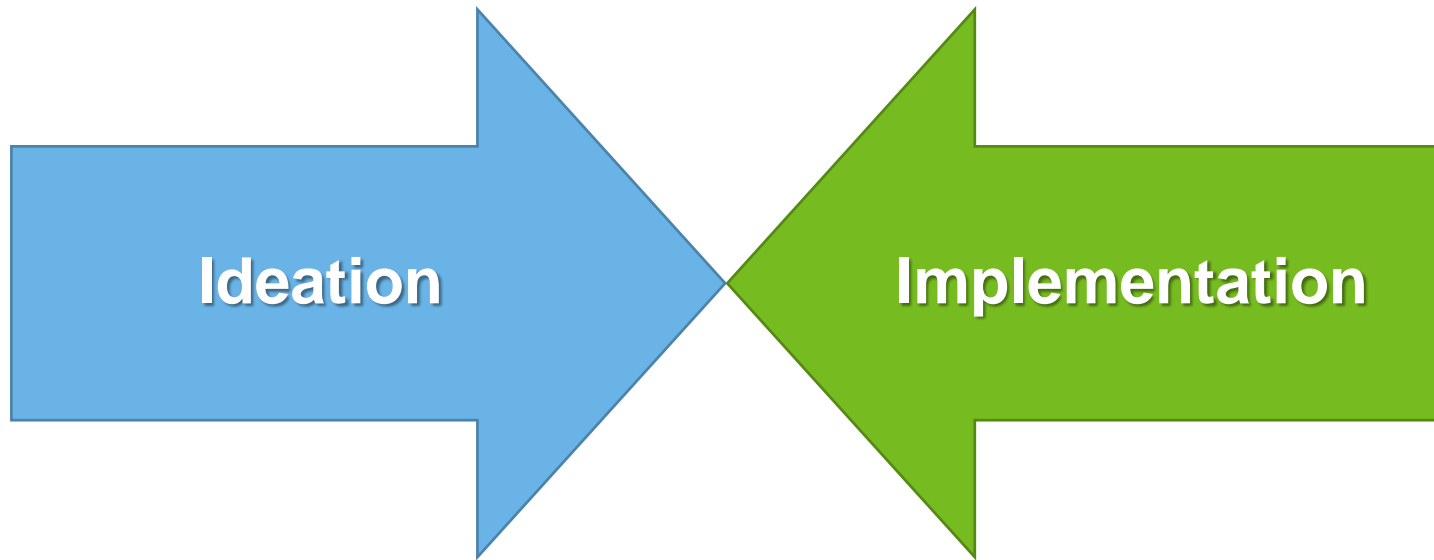
Innovation Accelerator:
Piloting an ideation process

#InnovationFromTheInside

■ The Event: Years 1 & 2

- **27** hours start to finish
- **50** employees
- **1** minute pitch
- **7** ideas crowd-sourced
- **5** minute Presentation
- **1** winner

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Lots of ideas, but…

Ideation → Implementation

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Lessons Learned

- **Not linked to Strategy**
  - "One more thing to do…"
- **Not enough horsepower**
  - "Too many ideas, not enough resources"
- **No structure for accountability**
  - "Why should I do this?"

- **Needed an implementation process**

Year 3: Implementation Process & Accountability Structure

1. **IN-90: Speed, Momentum, and Agility:**
   - Implement Quickly: Go / No-Go decision in 90 days
   - Fail Fast & Fail Forward

2. **Accountability Structure**
   - Weekly Transformation Team:

VP Clinical Ops	VP Strategy
VP Marketing	Dir Innovation
Dir PI	Dir Analytics
Dir Budgeting/Finance	

   - Executive Steering Committee:

     CEO, CFO, Sr. VP Hospitals, CIO, VP HR

3. **Access to Strategic Budget: $1M**

A different story in 2019

The Tools

An innovation regimen

The Essential Components of an Innovation Regimen

To be Quick to Market you need:

1. The Innovation Mindset

2. Innovation Framework

3. Agile Implementation Process
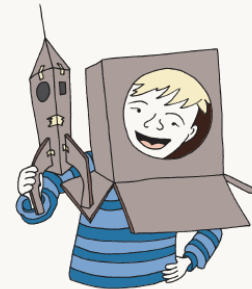
Essential Component:
An Innovation Mindset

Essential Component:
An Innovation Framework

Desirability

(Concept Risk - What do customers want?)

Feasibility

(Product Risk - What can we build or create?)

Viability

(Execution Risk - What can we profitably deliver?)

Intersection of Innovation

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Essential Component:
An Agile Implementation Process

Boot Camp

Offsite project preparation

Desirability

Sprint 1:
Organize
Metrics
Assumptions

Sprint 2:
Tweak MVP
Educate
Build

Sprint 3:
Prototype
Focus Group
Insights

Feasibility

Sprint 4:
Modify
Iterate
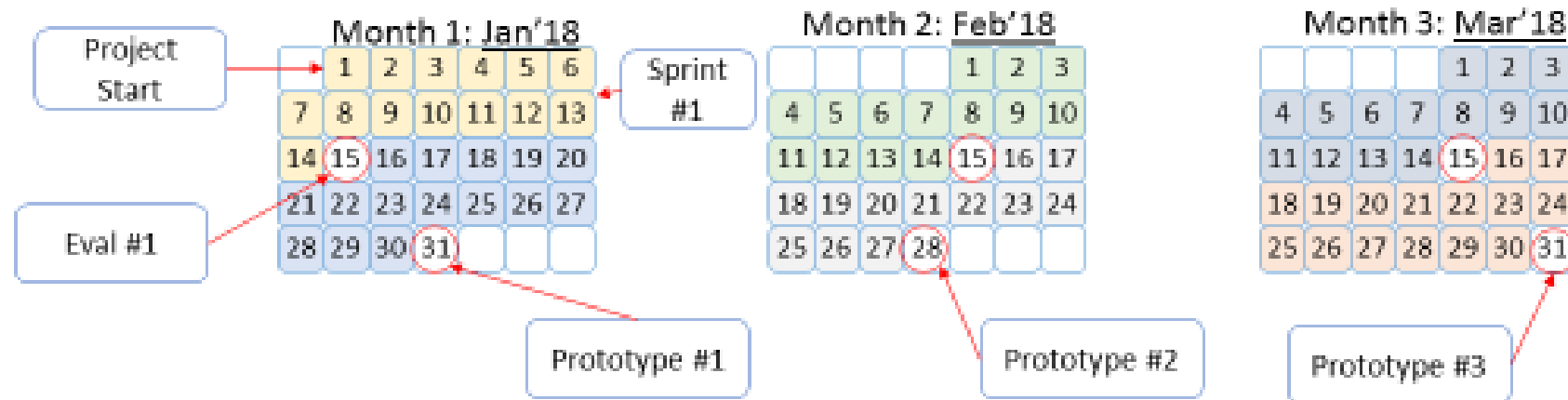Schedule

Sprint 5:
Prototype 2
Test Group
Insights

IN-90: How to go Quick to Market in 90 days

Viability

Sprint 6:
Modify
Iterate
Finalize

Launch

Test
Track
Tweak

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Agile Action Plan

- Projects start 1st or 16th of each month
- 2-week "sprints"
- Project Evaluations 15th & 30th (last day) of each month
- Prototypes ready for user review
  - Prototype 1.0 between day 30-45 (≈4-6 weeks)
  - Prototype 2.0 by day 60-75 (≈8-10 weeks)
  - Prototype 3.0 (MVP launch) day 90 (≈12 weeks = end of 6 sprints)

Sample Sprint Task List

IN 90 - RPM SPRINT 5 - 6/21/2019

Meeting Subject: IN 90 - RPM Sprint 5- 6/21/2019
Meeting Date: 6/21/2019 2PM
Location: Hulston Admin Conference room
Link to Outlook Item: *click here*
Invitation Message
Participants

Notes

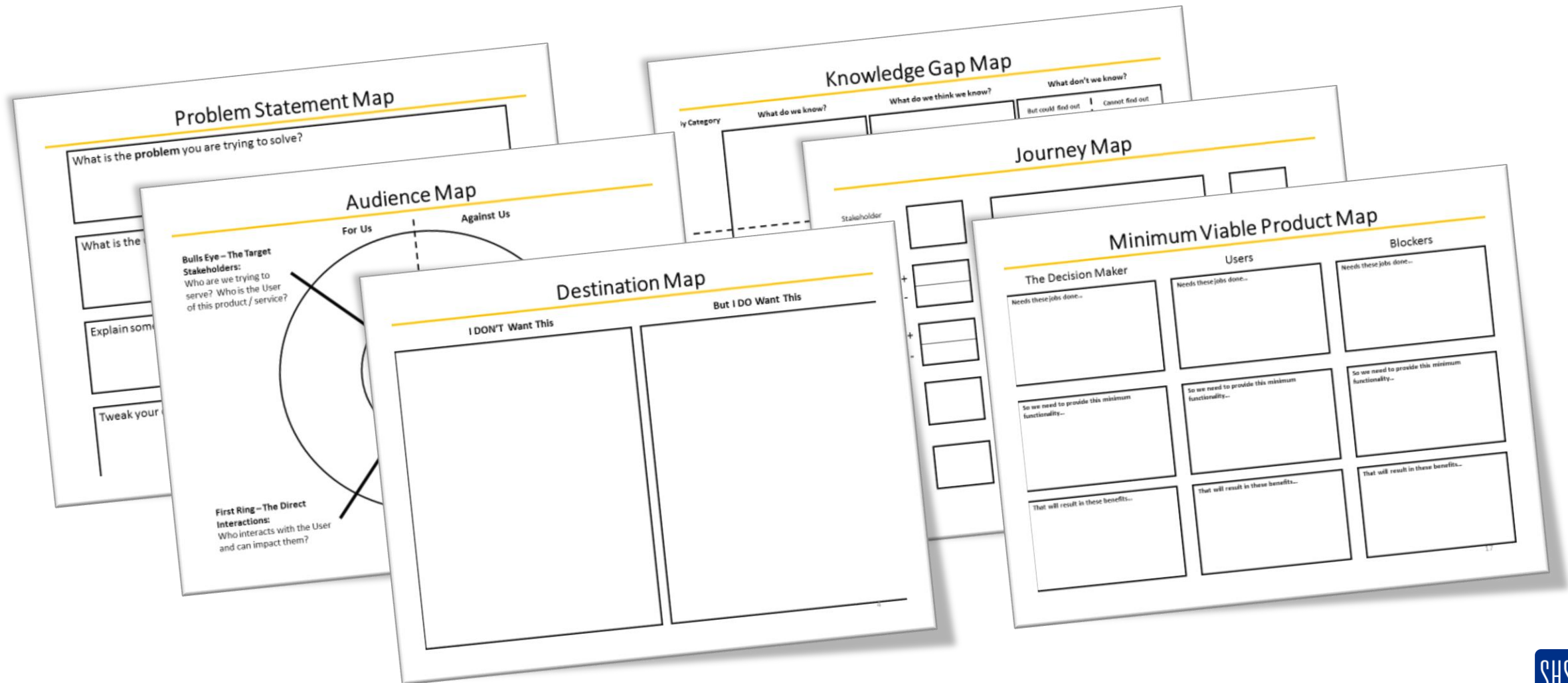| Date	Category	Task	Owner	Notes
21-Jun	Workflow	Duplicate Processes	Scott/ Joanna/ Tracy	David R. is planning to speak to other VP's re: duplicate processes. Meeting not yet scheduled.
21-Jun	Financial	Research RPM Codes/billing	Mike/ Lori	Lori and Mike have another call scheduled w/Vital Tech customer-physician who is billing RPM-scheduled next weds. DR. Krenn would like to join if possible. Reschedule to fit Dr. K schedule?
21-Jun	Workflow	APP's	Stacey	Sending workflow, workflow includes RPM now. Continue monthly mtg w/ APPs.
21-Jun	Workflow	APP's	Tracy	Tracy talked with Amanda to look at current processes. Working together to utilize Pop Health processes and communication to help with efficiency.
21-Jun	IT	Updates to HealtheCare	Martha	Meeting scheduled for 6/26 w/Meagan and Stacy to review final workflow.
21-Jun	Focus Group	Provider Focus Group	Lori/ Dr.Krenn	Oxford needs to assure that communication is efficient for providers and appropriate to meet physician needs to assure buy-in.
21-Jun	Focus Group	Focus Group Patient/ Caregivers	Joanna/Mike/ Lori	Met with PFAC. They thought that a rewards system would be a good incentive for patients - if possible. $25 seemed reasonable for a copay, although some patients may have an issue paying. Develop marketing materials that showed cost vs. benefit.

The Case Study: Save My Spot

Case Study:
Navigating the Process via Maps

Desirability – The Concept Risk

Desirability

(Concept Risk - What do customers want?)

Feasibility

(Product Risk - What can we build or create?)

Viability

(Execution Risk - What can we profitably deliver?)

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Desirability: Problem Statement Map

- Get everyone on the same page

- Know your problem, impact, context and constraints

- Generate at SMART Goal

Avoid Shiny New Toy Syndrome

Problem Statement Map

What is the **problem** you are trying to solve?

What is the ultimate **impact** you're trying to have?

Explain some of the **context and constraints** you're facing.

Tweak your original problem statement to be a **SMART Goal.**

Desirability
*(Concept Risk -
What do customers
want?)*

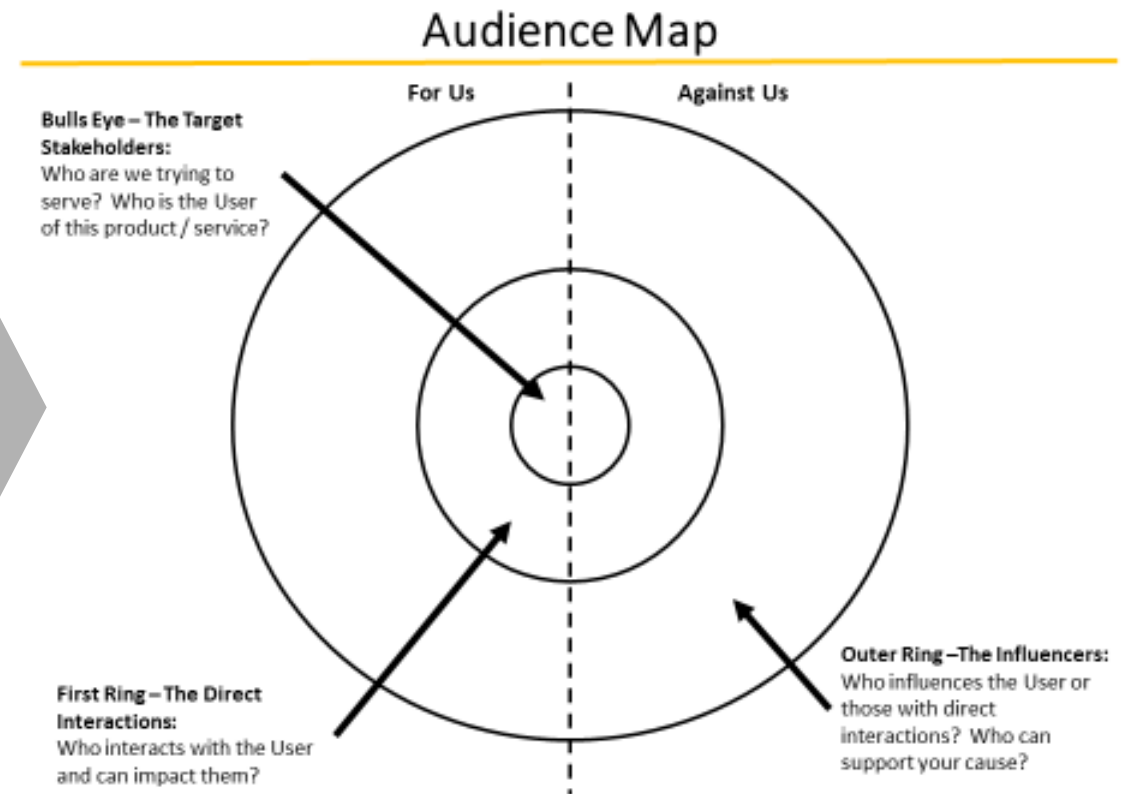SHSMD

Our Problem Statement Map

- **Obstacles:**
  - Overuse of the ER
  - Long wait times
  - Low awareness of other CoxHealth care options
  - No ability to select a time that works best for me

- **Right care | Right now:**
  - Empower consumer to make an informed decision
  - Reduce door-to-door time
  - Elevate patient satisfaction

Desirability
(Concept Risk - What do customers want?)
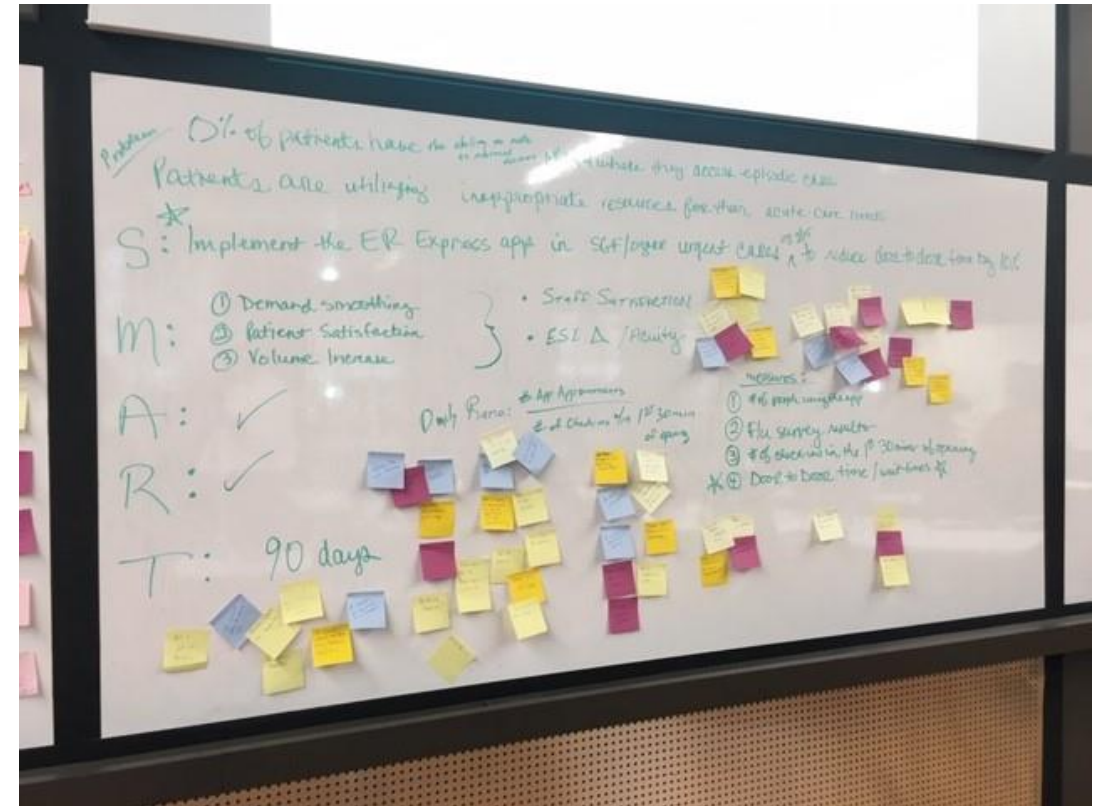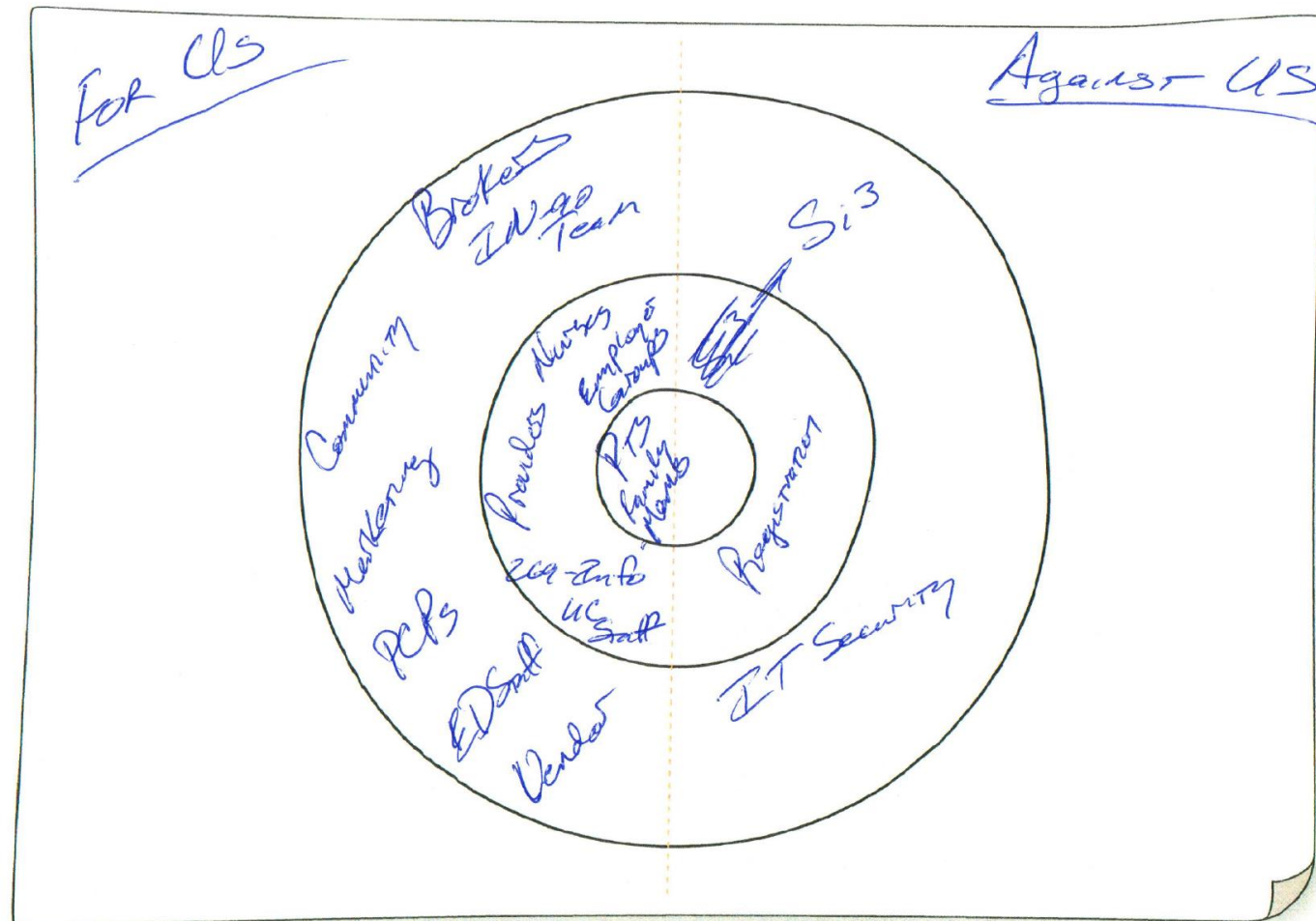
Desirability: Audience Map

- Who is the target (usually the patient / customer)

- Who interacts with the users?

- Who are the influencers (those who influence the Users or those with direct interactions)?

- Which groups are "For Us" or "Against Us"?

Understand WHO you need to learn about

Desirability
(Concept Risk - What do customers want?)

Audience Map

For Us | Against Us

Bulls Eye – The Target Stakeholders:
Who are we trying to serve? Who is the User of this product / service?

First Ring – The Direct Interactions:
Who interacts with the User and can impact them?

Outer Ring – The Influencers:
Who influences the User or those with direct interactions? Who can support your cause?

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Our Audience Map

Audience Map

Desirability: Destination Map

- **What you DON'T want to happen?**
  - What are you afraid of?

- **What DO you want?**
  - What are your visions?

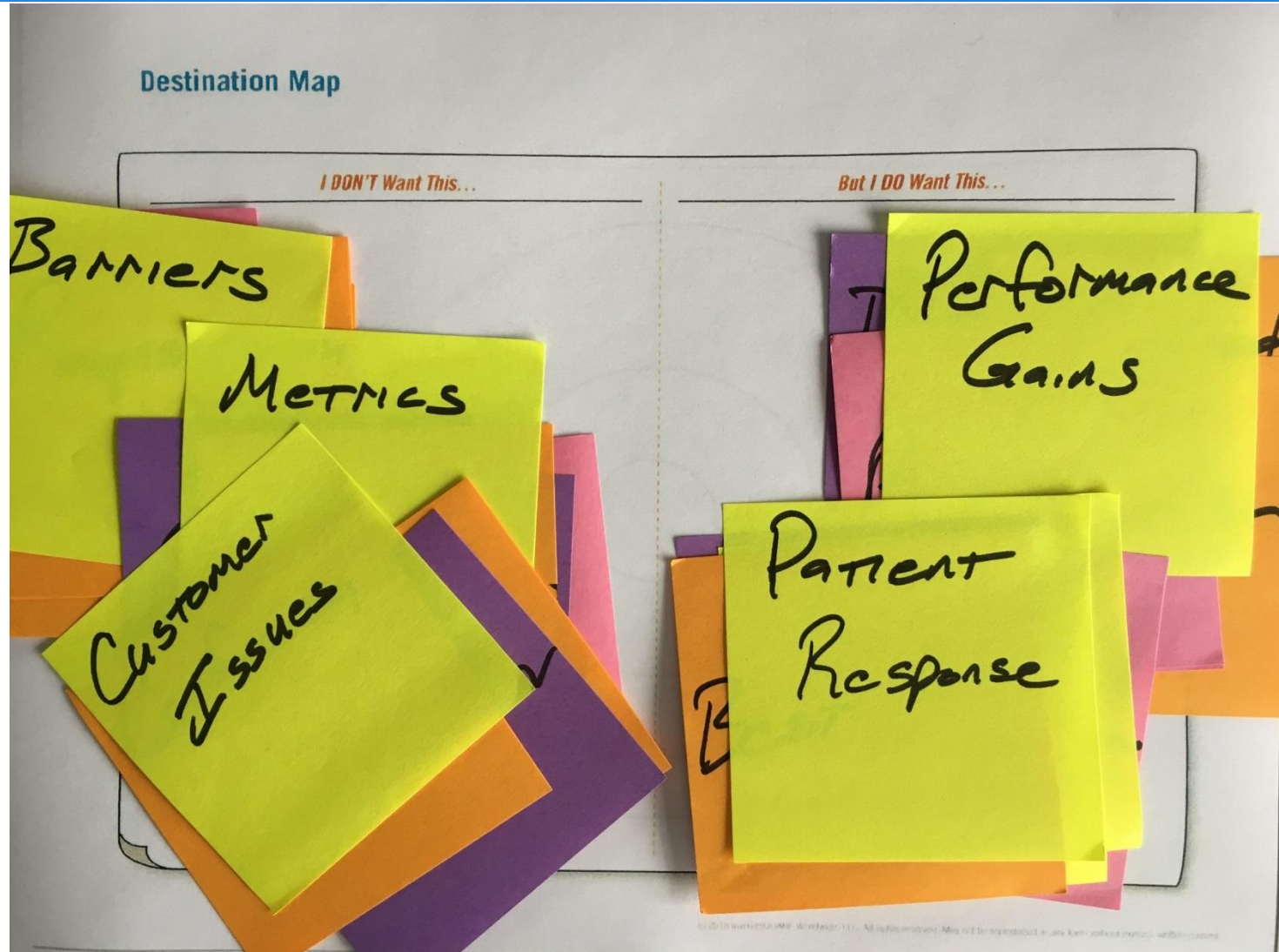*Establish your Goal Posts*

Destination Map

I DON'T Want This	But I DO Want This

Desirability
(Concept Risk - What do customers want?)
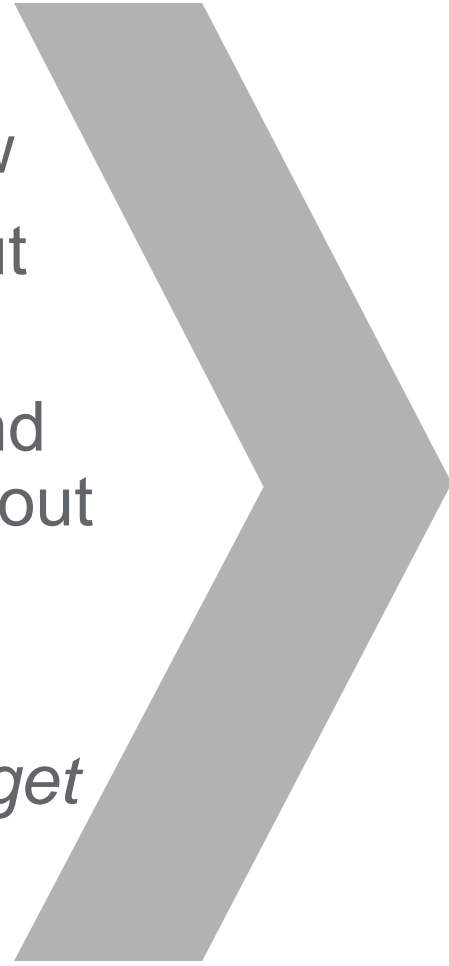
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Our Destination Map

Desirability
(Concept Risk - What do customers want?)

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Desirability - Knowledge Gap Map

- Facts we know
- What we think we know
- What we don't know but can find out
- What we don't know and don't think we can find out

The goal is to know the important things, and forget about the rest

Desirability
(Concept Risk - What do customers want?)

Knowledge Gap Map

By Category	What do we know?	What do we think we know?	What don't we know?	
			But could find out	Cannot find out

Our Knowledge Gap Map

Desirability: Journey Map

1. Map the process
2. Look for pain points - Track the customers' emotions. Compensating behaviors?
3. Look for large swings or big negatives
4. Brainstorm and focus on those key steps to create a consistent / better experience

Journey Map

Stakeholder Behavioral Flows ("Doing")		
Stakeholder Emotional Journey +/-		
Stakeholder Gains + / Stakeholder Pain Points -		
Stakeholder Need		
Opportunities to Create New Value		

Desirability
(Concept Risk - What do customers want?)

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Our Journey Map

Desirability
(Concept Risk - What do customers want?)

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Who should we talk to?

+ Stressed out customers

+ Potential allies

+ Potential blockers

+ Potential collaborators

Desirability
(Concept Risk - What do customers want?)

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Feasibility – The Product Risk

Desirability

(Concept Risk - What do customers want?)

Feasibility

(Product Risk - What can we build or create?)

Viability

(Execution Risk - What can we profitably deliver?)

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Feasibility: Minimum Viable Product

1. Who is the Target, what do they need, what problem does it solve for them?

2. Who are the Blockers, and what do they need to say "YES"?

3. Who are the Decision Makers, and what do they need to say "YES"?

Minimum Viable Product Map

The Decision Maker	Users	Blockers
Needs these jobs done…	Needs these jobs done…	Needs these jobs done…
So we need to provide this minimum functionality…	So we need to provide this minimum functionality…	So we need to provide this minimum functionality…
That will result in these benefits…	That will result in these benefits…	That will result in these benefits…

Feasibility
(Product Risk - What can we build or create?)

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Our Minimum Viable Product

Decision Maker	Users	Blockers
Amanda – Ops $	Customers	Registrations
Jann - $ for Marketing		Legal/Compliance
		Si3
Need these jobs done.. • Amanda: ROI & Measures of Success, operational buy-in • Jann: Selling story to the "why", resources to develop the plan, link to strategy, intelligence around customer base	**Need these jobs done..** • Quick & easy intuitive • Gives me information to let me make a personal decision	**Need these jobs done..** • Registration: Efficiently register patients, integrate into workflow • Legal/Compliance: meets HIPPA and cyber security requirements, doesn't violate EMTALA or other regs • Si3: Doesn't interfere with Cerner
So we need to provide this minimum functionality.. • Drive the metrics • Provides info to connect to the "why" • Provide info for the metrics • Training plan	**So we need to provide this minimum functionality..** • Simple solution for mobile device • Staff works with me and the decision I made within the app	**So we need to provide this minimum functionality..** • Reg: Training and education that will smooth demand not increase workload • Legal/Compliance: Passes compliance testing • Si3: Cloud-based non-supported solution
That will result in these benefits.. • Amanda – commercialized innovation that benefits the organization • Jann – implementing an idea that creates demand for our product	**That will result in these benefits..** • Me getting in and out more quickly at a convenient time and location • Works to reduce door-to-door • Creates a better experience	**That will result in these benefits..** • Reg: a registration process that doesn't make my job harder • Legal/Compliance: No adverse compliance or political issues • Si3..No additional resources

Feasibility
(Product Risk - What can we build or create?)

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Viability – The Market Risk

Desirability

(Concept Risk - What do customers want?)

Feasibility

(Product Risk - What can we build or create?)

Viability

(Execution Risk - What can we profitably deliver?)
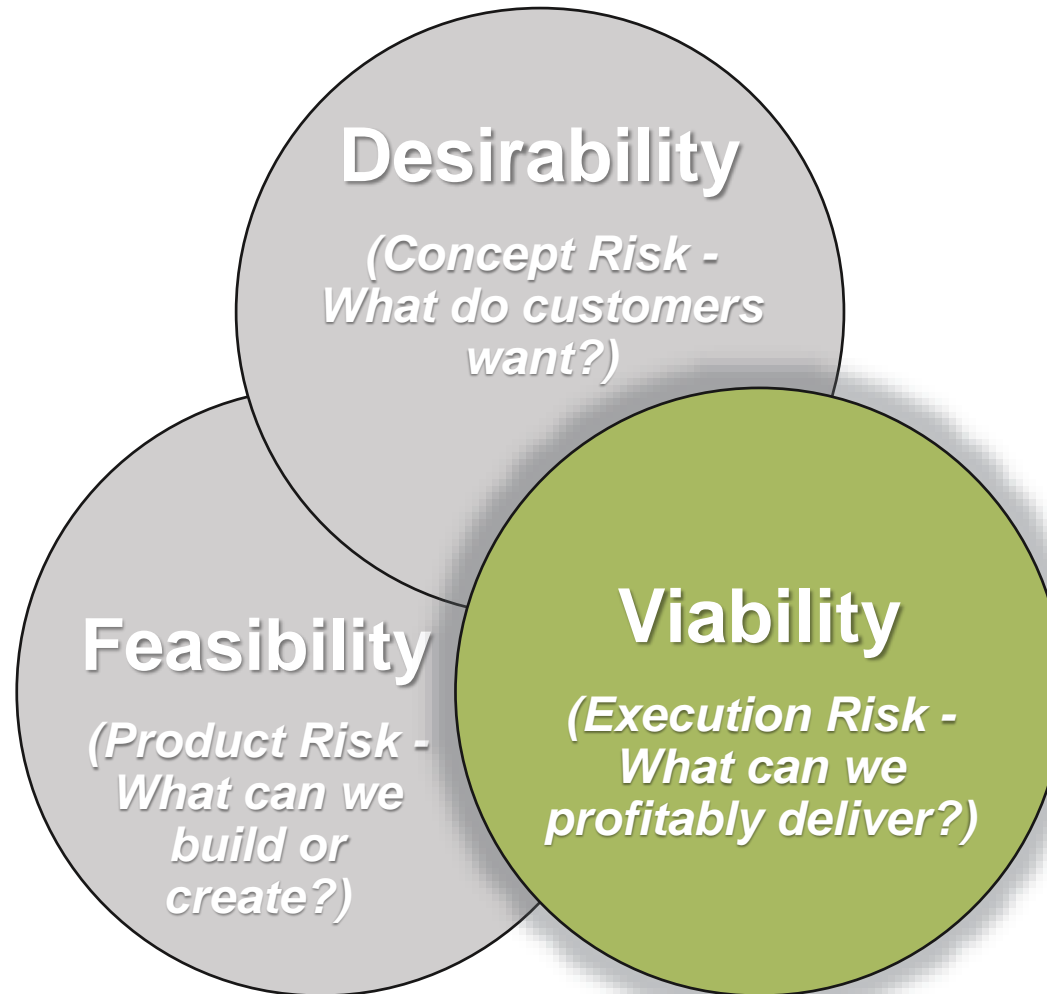
Viability – Cost Structure

Proforma Template

Innovation Accelerator Proforma	Year 1	Year 2	Year 3	Assumptions
Volume	1,000	1,200	1,500	
FTE's	1.0	1.3	1.5	
Projected Revenue	$ 42,000	$ 51,000	$ 65,000	
Projected Expenses				
Salary & Benefits	$ 35,000	$ 45,500	$ 52,500	
Furniture & Equipment	$ 8,000			
Supplies	$ 2,000	$ 2,200	$ 3,000	
Other Expenses	$ 2,500	$ 3,000	$ 4,000	
Total Expenses	$ 47,500	$ 50,700	$ 59,500	
Net Income/(Loss)	$ (5,500)	$ 300	$ 5,500	
Ratios				
Revenue/Volume	$ 42.00	$ 42.50	$ 43.33	
Revenue/FTE	$ 42,000	$ 39,231	$ 43,333	
Volume/FTE	1,000	923	1,000	
Expense/Volume	$ 47.50	$ 42.25	$ 39.67	
Net Income (Loss)/Volume	$ (5.50)	$ .25	$ 3.67	

Viability
(Execution Risk - What can we profitably deliver?)

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Viability – Launch Plan

Improve Access to Care

Save My Spot

- **77%** of patients waited less than 10 minutes to be taken to a room.
- **52%** of patients stated that SMS influenced their decision on where to go for care.
- **95%** of respondents said they would recommend SMS to friends and family.
- **18 minutes** faster door-to-door time than standard urgent care walk-in

Total Volume by Month

Month	Number of Patients
February '18	2
March '18	204
April '18	359
May '18	485
June '18	522
July '18	654
August '18	725
September '18	729
October '18	738
November '18	888
December '18	1,055
January '19	1,150
February '19	1,602
March '19	1,410
April '19	1,211
May '19	1,256
June '19	1,233

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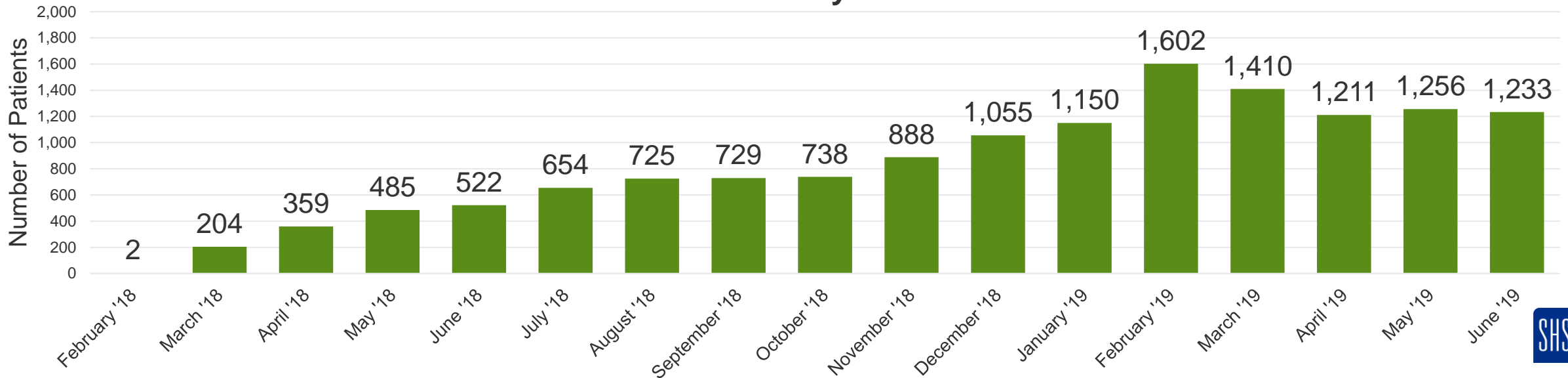
Accountability

Report and engage

Reporting progress to leadership

Project: Save My Spot

Implementing a patient self-scheduling software solution in CoxHealth Urgent Care and retail clinics

11/15/17	Timeline	2/15/18	Project
Sprint 1 11/15/17	Sprint 2 12/01/17	Sprint 3 12/15/17	Status: Complete
Sprint 4 1/01/18	Sprint 5 1/15/18	Sprint 6 2/01/18	

Executive Sponsor	Amanda Hedgpeth / Jann Holland
Team Leader	Trina Hargis
Scrum Master	Scott Rogers / Kari DiCianni
Physician Champion	NA

Minimum Viable Product (MVP):
Implement the ER Express App in SGF/Ozark Urgent Cares by 2/15/18 to reduce Door-to-Door time by 10%

Key Measure of Success:
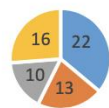1. Door-to-Door (TAT)
2. Save My Spot Usage

90 Day Project Update:
- Save My Spot continues to bring in new patients
- Comments are unanimously positive

- **RECOMMENDATION – Investigate additional opportunities within CoxHealth for Save My Spot technology vs. Cerner self-scheduling.**

URGENT CARE DOOR-TO-DOOR

Walk-In: 86, 93, 97, 82, 81, 82, 89, 74, 84, 82, 91
Save My Spot: 79, 66, 71, 79, 72, 69, 73, 65, 74, 80, 83
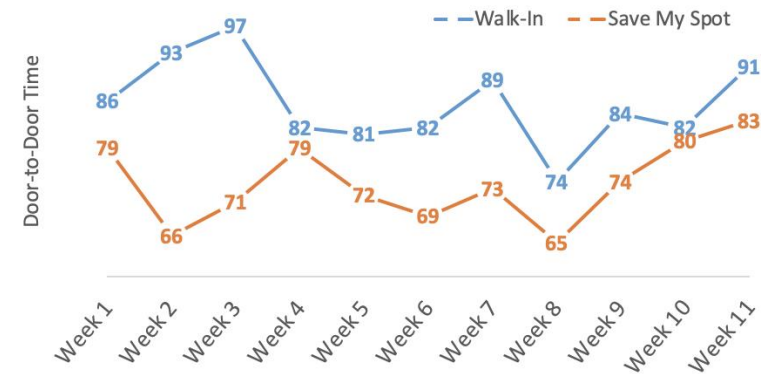
Springfield
Did Save My Spot influence why you chose this facility?

16, 22, 10, 13

- 1-Not at all
- 2-Only a little
- 3-Yes, quite a bit
- 4-Yes, a great deal

Branson
Did Save by Spot influence why you chose facility

- 1-Not at all
- 2-Only a little
- 3-Yes, quite a bit
- 4-Yes, a great deal

	3/4-3/10	3/11-3/17	3/18-3/24	3/25-3/31	4/1-4/7	4/8-4/14	4/15-4/21	4/22-4/28	4/29-5/5	5/6-5/12	5/13-5/19
SMS % of Patients	3.21%	2.26%	3.95%	4.74%	6.21%	5.51%	5.27%	5.21%	7.39%	6.42%	5.96%

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MARCH / APRIL 2018

Innovation in action

Two days, 50-plus ideas to improve how we care for patients. Welcome to the 2018 Innovation Accelerator. **Page 1**

Growing our team of compassionate caregivers

See how recruitment efforts are helping these nurses, and our patients. **Page 2**

Recruitment's Celeste Cramer answers top questions about recruiting in Puerto Rico. **Page 3**

Also this month

Your benefits: A few of the lesser-known perks of working at CoxHealth. **Page 6**

Recognition banquet set for April 19. **Page 2**

NEWS

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VOLUME 14 ISSUE 2, MARCH/APRIL 2018

After two days of intense teamwork, Innovation Accelerator participants present their final projects to a panel of CoxHealth and community judges.

Photos: Mike Wingo

Focus brings ideas to life

Dozens of our colleagues laid the groundwork for innovations — and had a great time doing it.

Randy Berger

CoxHealth's senior communications coordinator participated in the 2018 Innovation Accelerator. Here's an inside look at two days of innovation.

One minute is not much time. That becomes obvious when you develop an idea for CoxHealth's Innovation Accelerator.

You're asked to create something that will change the way we provide care in the coming years. You need research, you need a business case and you need to know how your idea could be put into place.

You have one minute to get a room full of judges on your side. And that is just the beginning of the Innovation Accelerator. Near the end of January, I got to spend two days with more than 50 of our colleagues developing our best ideas to our third Innovation Accelerator event. Over 18 hours,

we formed teams, brainstormed, honed ideas and prepared our best pitches for a panel of CoxHealth and community leaders.

Working within the time limitations forces you to trim everything down to the essentials. CoxHealth board chairman Dennis Heim coached our team with this advice: "If people only took away one thing from your pitch, what would it be? If they got a second point, what would that be? We could think of a third, he said, but

people aren't likely to remember it anyway.

After two days, here are three takeaways from the Innovation Accelerator experience:

1. The event lives up to the hype – This is a rare chance to work alongside colleagues you may never have met in a focused, challenging and fun way.

2. This is where our future comes from – The accelerator forces you to think strategically, far outside of the usual tasks we all focus on each day.

3. Everyone can play a role – If you have an idea for an innovation, start working now and make plans to participate next year.
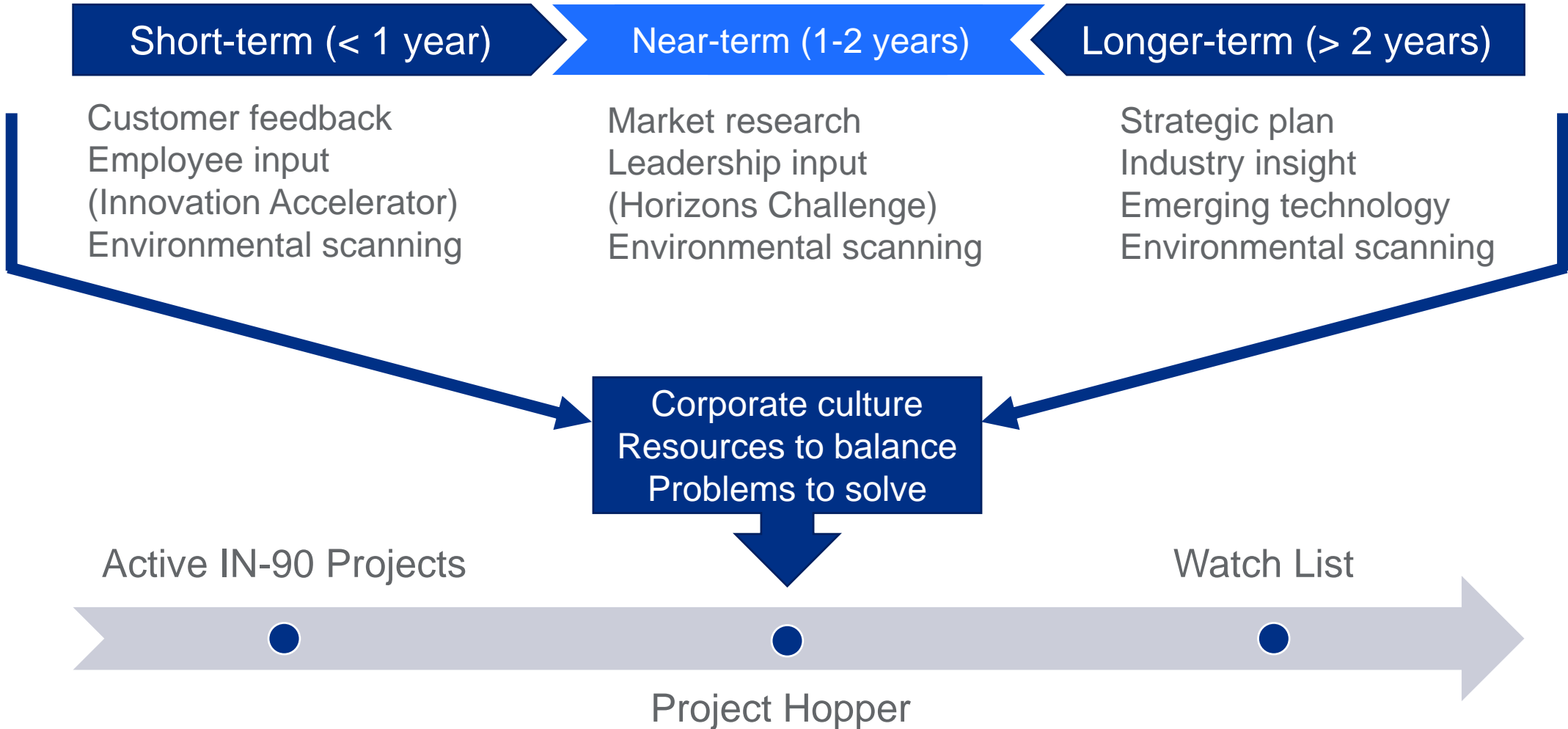
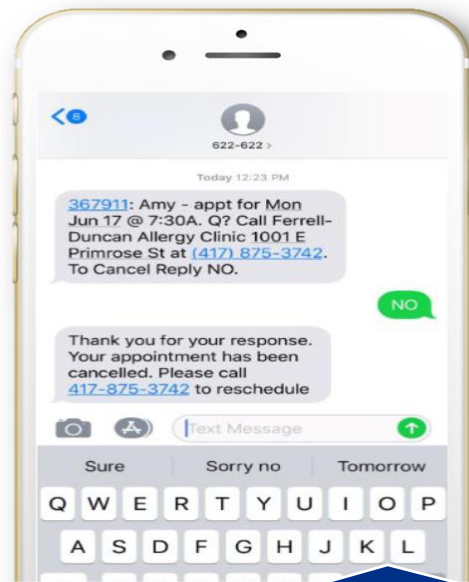*See 'TEAMS,' Page 4*

The Innovation Roadmap

Maintaining momentum

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The Roadmap: Integrating Rapid Innovation

Short-term (< 1 year)	Near-term (1-2 years)	Longer-term (> 2 years)
Customer feedback	Market research	Strategic plan
Employee input	Leadership input	Industry insight
(Innovation Accelerator)	(Horizons Challenge)	Emerging technology
Environmental scanning	Environmental scanning	Environmental scanning

Corporate culture
Resources to balance
Problems to solve

Active IN-90 Projects

Watch List

Project Hopper

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Quick to Market Projects on the Innovation Road Map

Active: Text Reminders

Hopper: 3D Printing Prosthesis

**Interactive Voice-driven Chatbot**

The Scenario Quiz

What would you do?

Situation:
Want to implement text reminders

- Operations leader approaches you with a problem:
- We need to reduce the number of no-shows and maximize provider schedule efficiency. Others are using texting, how can we?

- What do you do first?
- Who would you engage?
- Our Ah-ha moment
- Data for first 3 weeks.

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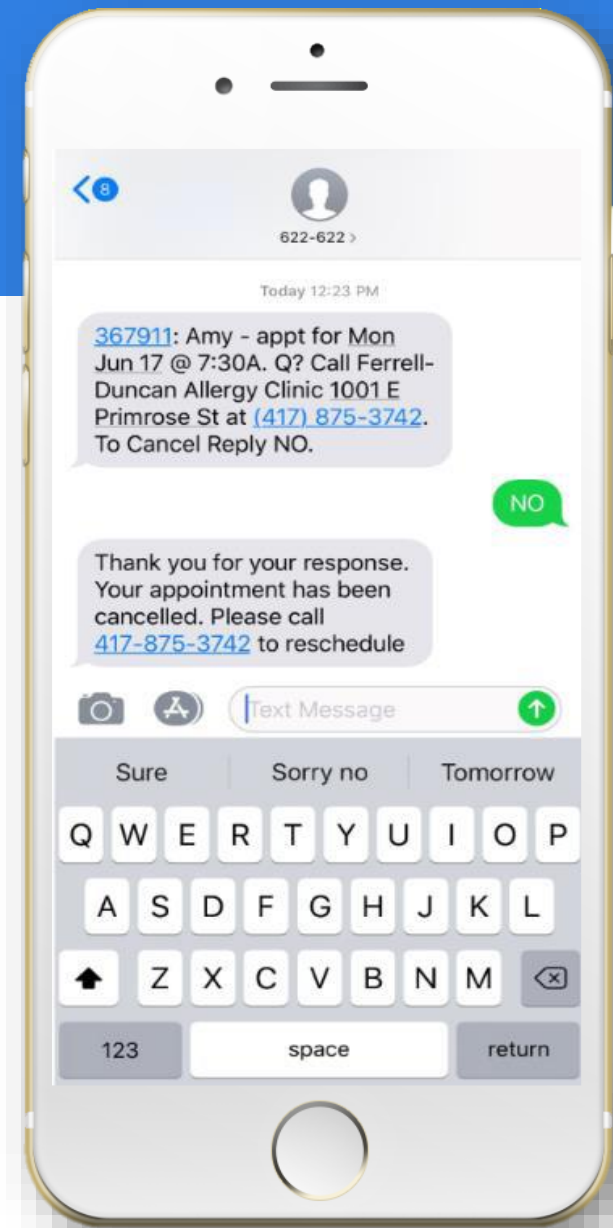
Three Key Take-Aways

1. Establish a culture of innovation – include Marketing as your VOC, start small to prove the value

2. Find a regimen that works for you, use a consistent process, move quickly

3. Maintain momentum – have a pipeline of ideas, an accountability structure, link them to strategy, and keep them in front of leaders, staff, and the community

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Questions?

Please be sure to complete the session evaluation on the mobile app!

Jann Holland
VP of Marketing, Communications - CoxHealth

Jann Holland applies her 30 years of b-to-b and consumer retail marketing experience to drive awareness of and preference for CoxHealth, a regional health care system located in Springfield, MO. A cum-laude graduate of the University of Missouri School of Journalism, Jann has worked on nationally recognized brands such as Marriott Hotels & Resorts, Newell-Rubbermaid, Tyson Foods and Turner Broadcasting. Jann is the system's brand steward, overseeing marketing and corporate communications. In addition, she serves on a cross-functional innovation team whose goal is to improve efficiency, reduce costs and elevate customer satisfaction.

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Bibliography/References

- Baumberger, Kurt (2014) *Innovation Navigation,* Atlanta GA: MarketShare Worldwide

- Deloitte Center for Health Solutions *2015 Survey of US Health Care Consumers*, Deloitte Development, LLC

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