



HIMSS Accelerate Health Podcast

Accelerate Design in Health IT: Brian Kalis & Alicia Graham, Accenture

August 04, 2021, Brian Kalis, Accenture Health Strategy and Alicia Graham, Accenture Interactive season 2 episode 22

Rob Havasy (0:13)

Hello, changemakers, and welcome to this edition of the Accelerate Health Podcast. I'm Rob Havasy, the managing director of the Personal Connected Health Alliance, and your host for today's episode. Joining me today are Brian Kalis, managing director of Accenture Health Strategy, and Alicia Graham, managing director of Accenture Interactive. Today's topic is nominally about patient experience, but I suspect we're going to go a little bit farther than that and talk about some of the overall design challenges that we face in Healthcare IT. Brian, Alicia, thank you so much for joining me today.

Alicia Graham (0:45)

Thank you for having us.

Brian Kalis (0:46)

Thanks, Rob. Thanks for having us.

Rob Havasy (0:48)

You're quite welcome. Before we

dive into the topic, I think our audience would like to hear a little bit about what you do and what Accenture is doing in healthcare. So, Brian, if you don't mind, I'll start with you. As the managing director of Accenture Health Strategy, tell me a little bit about what's on your plate these days and what Accenture Health Strategy does.

Brian Kalis (1:06)

Accenture Health Strategy focuses on working with both health plan and health system clients, and frankly, everybody else who's looking to get into health care. Our goal is to help them optimize their core business to run better, and ultimately grow and sustain their mission, as well as to help transform and change their organization for the future. A big part of that focuses on experience, and within Accenture, we focus on experiences within our Accenture interactive business. Accenture Interactive is our "experience

agency,"which serves as a global digital agency that helps people design experiences, build experiences, communicate them, and ultimately run them. Alicia is on that team and has been focusing on bringing those capabilities into the healthcare sector.

Rob Havasy (1:56)

Excellent. Alicia, tell us a little bit about what you're working on these days and what Accenture Interactive is doing.

Alicia Graham (2:05)

Brian gave a good description of what Accenture Interactive is. The key point is that we're raising the bar for experience across the board across industries. In health, we're helping them to learn what the expectations are and how to compete in a changing landscape, as well as how to innovate and deliver new products and services to the market. So it's a lot of helping people reimagine what health experiences can and should be, as well as helping them activate, run, and put that into practice.

Brian Kalis (2:41)

To reimagine where healthcare is going requires cross-functional teams and cross-functional discipline. Across Accenture Health Strategy and Accenture Interactive, what's unique is we've been bringing what we call "human-centric" approaches to strategy. That means blending the experience and interactive disciplines with traditional strategy. Human-centric approaches to strategy blend both health industry insights and human insights to bring those new services and businesses to life.

Rob Havasy (3:13)

There are a few things I want to unpack there. The first question: when you talk about experience today, and particularly for HIMSS, what we hear is digital, digital, digital—digital health, digital transformation, digital this, digital that. But you're talking about human experience, and humans live in an analog world today. So, tell me a little bit about that mix and what you do to help your clients. Is this purely digital transformation work? Is it the overall experience that people have in care? The next question: I want to get into the difference between "patient-centered" and "human-centered" because I think that's critically important. People are only patients for a very short sliver of time and experience. Healthcare organizations want to engage more deeply. Let's go back to that first question. Tell me a little bit about the breakdown of your work between the digital world, the analog world, and how you blend them.

Brian Kalis (4:13)

First of all, you asked how a digital transformation differs from a regular transformation. We view a digital transformation as a Trojan horse or organizational transformation. It comes down to the why, then the what, and the how. What are you trying to accomplish as an organization? How can you help grow and sustain your mission and understand the "why," then you come to the "what," which ties into the human needs, and the need to understand the human needs of consumers and patients, as well as clinicians? Then, how do you execute in terms of the new operating models?

Rob Havasy (4:51)

I saw some agreement there, something you'd like to add about how we blend that? And I like that Trojan horse analogy.

Alicia Graham (4:58)

I couldn't agree more. The thing I would add is that especially in healthcare, this is about building complex adaptive ecosystems. If you're just focused on digital, you're not going to think about how digital is enabling people to deliver more meaningful engagement. It's about empowering people. It's building supportive infrastructure. The tools and the platforms and the data that's going to support that, and then digital, which is just another element in that ecosystem. We like to look at the situation holistically, which we think is important to be successful in these transformations. That means not only understanding how the organization works, but also how it works with other organizations. It means taking a big ecosystem view and a big journey view. And then it's combining the human, the digital, and the physical elements of an experience.

Rob Havasy (5:55)

Thus far in this discussion, you've delivered the first three-letter acronym and the first set of words that I think the audience needs to take away from this. Complex, adaptive ecosystems. That's the takeaway here. The other question I had thrown out, and maybe we can discuss now is this idea that I struggle with. My background in healthcare is primarily around things that happen outside hospital walls, and how we bridge that gap. On the technology

side, it involves talking about remote monitoring, remote physiologic monitoring, and so on—gathering data and bringing it into enterprise systems. But along that journey, you run into this idea of patients, patient empowerment, and all of the other things that we worry about in healthcare. And then we struggle with this idea of what do we call people. In a healthcare centric world like HIMSS, we always talk about patients, providers, and clinicians, because when you look out from a healthcare system, everybody in your waiting room is a patient, or at least helping a patient, but you used the word “human” earlier, Brian, and I sometimes use the word person-centric. I don't think “patient” captures it all. Brian, when you use that term, human, I think you used it specifically. So how do you view this design process for healthcare systems? How do you think beyond just patients?

Brian Kalis (7:17)

It's about people and how do we start to solve healthcare for people. That includes people who are receiving care as well as those who are delivering care. Alicia, do you want to add more on that?

Alicia Graham (7:35)

Yes. I think the key here is we want people to focus on being people-centric and not just patient-centric. It is opening up that kind of view to be more than just a patient, which isn't simply more than one type of person or role someone's playing in the interaction. It's also speaking to all of the experiences that person has, so they're more than just

the person you see in the waiting room. So, I think that yes, it's true that we may think of someone, and they might even think of themselves, as a patient that was in the hospital, although maybe arguably not for all kinds of care. But we want to help people create experiences that meet their needs in more than just that moment, and we think it starts with language.

To help people support more of a lifelong health and wellbeing journey, you need to learn how to show up in those different moments and think about all the people that are involved in those moments. The other thing I'd bring up in this is that words matter and the words we use to describe someone will impact our collective perceptions about equality, about their ability to change their behaviors, about their role in their care. And so for example, words like victim or diabetic dehumanize people, while words like "survivor," or specifying people with diabetes or groups with a certain condition helps to show that this is an attribute of a person or a group, but it does not define them holistically. I think the words we use matter and I challenge people often to use different words. That allows you to see them as more than just a condition or as more than a person in a waiting room in this moment.

Rob Havasy (9:20)

Years ago, I penned a blog post about this that devolved into some Monty Python references and some other things, but it was essentially about how do we deal with patients. If you're a Monty Python fan, you may remember their famous dead parrot sketch where

they use 20 different words to describe this bird being dead. And the important takeaway was that there are different states of "patient-hood." There are different states of where I am in my personal journey and trying to have a catchall term doesn't work. This is an area I'd certainly like to explore more, but for a split second, let's turn the conversation because I'm sure that our audience is nodding along with us. Many people realize they should do this. The question is how?

Alicia, I'll come back to you first and say, if you're thinking about an experience, and you're part of a healthcare system; if you're going into a redesign process, how do we reach out to the kinds of communities we want to get? What are some strategies to make sure we incorporate those viewpoints early in the design process and don't just throw a focus group in front of people at the end of the process and hope we got it right? Any tips or tricks or thoughts on how we include people?

Alicia Graham (10:37)

Certainly. First off, I'll give my personal preferences. I'm not a big fan of focus groups. And the reason is that most people can't predict how they're going to behave in the future, especially when you're talking about reimagining experience in a way that they may not quite understand and is going to be unfamiliar to them. The other reason is that most people are not honest in a group setting. I think it's important for us to recognize the limitations of that kind of research. That said, there are many different kinds of research and methods that we bring to bear. And I

think the right thing to do is to understand what questions you have, and then match the right method to answer those questions. When we think about that early stage of redesigning, there are generally different methods that are on a spectrum of generative to evaluative; quantitative to qualitative; and then often structured to unstructured. My advice is to approach research in particular as a way to establish a set of integrated insights. They're both quantitative and qualitative and should allow for ongoing digital footprint analysis.

The goal is to have a pulse in the moment of what's happening and then focusing on clearly defining what those questions you want to answer are and how frequently you're going to want to answer them, and then designing the right research method to answer them. The principles that I would share with you—because I do think this is more about principles than a specific method or focusing on an objective over a method—allow for a learning agenda, as opposed to wanting to validate something you know. Some methods we use to do that are in the generative state, which is really about identifying problems and inspiring creative thinking. We do a lot of ethnographic observation, contextual interviews, going into people's homes and talking about them, their experiences and how they think about their health, having them give you a tour of where in their home they do health-related things, for example. Having people document diaries of their experiences and mapping those experiences. Then on the data side, researchers are

interrogating data to look for patterns and experiences, and transactions. They then use the more ethnographic means to understand why that's happening, because data is not going to tell you about motivation on the evaluative side. I do think that's important and a huge part of where health companies are at an early stage in their journey. If you look at the tech sector, people are doing things like agile experimentation.

Yes, there are methods like surveys, we do concept testing, we do user testing. But increasingly, we're helping people understand how to have “always-on” experiments that allow them constantly to evaluate what's working and not working and then optimizing, orchestrating, and personalizing. That's where we're pushing people to move.

Brian Kalis (14:02)

To build on what Alicia is saying, we're increasingly seeing health systems adopting those principles, and ultimately adopting the craft of human-centered design. It involves the practice of proactively leveraging those qualitative research techniques to involve users in the process before bringing a service live. That ultimately also includes this concept of how do we design services that are working for people and their different needs, whether it's someone who's highly digital, highly analog and all the various forms of diversity that we see out there.

Rob Havasy (14:44)

We've all just received a masterclass in the beginnings of how you think about and conceptualize that project. There

are two things I'd like to unpack from this, Alicia you said to talk about the objective vs. the method and I think there are two critical pieces there, in an interview I did a little while ago with an organization, UNC Health, which had gone through a ton of transformation. I talked to their deputy CIO, and I said, do you consider yourself, in your organization, a data-driven organization? He said, no, we are a mission-driven organization that's "data-informed." And I think you're both capturing a subtlety of the same kind of idea here. It as you pointed out, it's one thing to ask some questions, and then use your confirmation bias to say, "See, I know we're on the right track, we're just going to go forward here." It's another thing entirely to create that always-on, always learning experience. The next step beyond just fail to try things and fail fast is to learn along the way and iterate along the way. What do you think about that statement for organizations to think about being not just data-driven, but also to keep that mission in mind? Was that what you're getting at regarding that critical piece of knowing where you want to go and making sure you don't just collect data and quickly look at data but use it for constant feedback and learning? Tell us a little more about how organizations can do that?

Alicia Graham (16:27)

I think data is an enabler. And it can enable many things. But what a lot of companies get wrong is they're building capabilities, but they're not thinking about the engagement model for how they're going to use data. So how does data feedback into something like the

daily optimization of experiments? How does data feedback into informing strategies for how you're going to move forward, and all the many other ways? How does data feed into an individual, understanding how best to interact with someone in the moment? There are a lot of things you can use data to do, but you can't stop short of having better data, which yes, is difficult. To have clean, usable data is very difficult, especially in healthcare with a lot of legacy systems at play. But that's not going to get you very far. That's not the value. The real value involves activating insights and setting up systems with early warnings on where you should intervene. Where there is real feedback on the service someone is providing or the way the experience is achieving the goals you're hoping it will achieve. I think the engagement model around data and having these sorts of continuous feedback loops is critically important.

Rob Havasy (17:49)

I'm going to tell a brief story from the beginning of my career. When I was a young man, in my first real job out of college I worked for a big tech company that no longer exists. We had put in a whole new network, operation center, and customer demonstration center with all the glass, all of the things that were important in the 90s, the blinking lights, the racks of equipment, the underlighting. It looked like a car show with all the neon and other things in there. It was just what everybody wanted. And I was having a discussion with our engineering manager about a problem. I said, "I don't know why this keeps happening." He said, "Come with

me.” We walked down to the demo center into one of the rooms where we gave customer presentations, and he said hit the light switches. Back then, with smart lights, you pressed the button and different scenes came up. It was a big deal in the early 90s to turn on these lights and all the lights came on and the room was well lit up. There were whiteboards and artwork along one side of the wall behind me. He said hit scene two and the room darkened for the presentation. In the end, everything was fine. He hit scene three. And all the lights came on the artwork behind me but nothing on the whiteboards on the other side. And he said, what about scene three. I looked closely and it said the whiteboards were not lit, the focus was on the artwork behind me. He said, yeah, the person who designed this and the project manager for this was so and so and, and that person was selected because he was good with interior design. But he was really a technical product manager for a switching line in the company. There was no professional designer involved in this. Instead, it was done by very competent, very smart, very good amateurs, but no pro leading. And this is sometimes what you get if you miss the details. The reason I mention this story is that I consider myself a fairly smart guy, but I am in no way qualified to be the kind of digital transformation or other transformational leader in an organization like Alicia’s. So Brian, when I think about being an organizational leader, and I’m saying okay, we have to change; we know we have to do this. What kind of people am I looking for to be on this team to lead this team? Who am I seeking outside for counsel to help

inform how we do this? How do I set up to do all of those amazing things we just heard about.

Brian Kalis (20:03)

A big part of this comes down to the mindset of leadership. And you need top leadership or leader buy-in. So often it starts with the CEO and an overall leadership team, as well as getting alignment with the board. And a big part of that is finding someone who realizes that there is a need to change. You might also need some support to figure out how to drive that change culturally because that will have implications for how you change your culture, how you change your structure, and also how you change your workforce to fit within that model. We’ve started to see people seeking outside support to do that. So, people who have experience in human-centered design, who have experience in digital transformations, to augment and support those teams. And with that, we’ve helped our organizations ultimately build those competencies. So, how can we help you build a digital products organization? And even though we use the word digital, it becomes a product organization that blends the physical and the digital, but it becomes a rallying cry and kind of a challenge to say, we need different talent that can work cross-functionally to look at whether people want this feasibility? Can we do this and is it viable? Should we do this? And that’s a strategy plus design plus technology kind of cross-functional discipline.

Rob Havasy (21:33)

So, as a bit of practical advice for the audience. If I'm a younger person early in my career, which we have a lot of people in HIMSS looking at this. What kind of career choice am I looking at? Where is this demand going to be so that in 5, 10, 15 years, I'm positioning myself well, how does a young professional and healthcare young professional with some IT experience set themselves up for success, as their leaders come to realize this is what we need in our teams?

Brian Kalis (21:59)

I think a big part of this comes down to having both a teaming and a learning mindset and that curiosity. I mean, there is a bit of how do you get that cross-functional type of learning in terms of skills? So internal to Accenture, we've started to train our people in what we call our technology quotient. That is helping people understand the business side of digital technologies and how they're changing business. Well, the technology quotient is one part. But you also need to have your "geeky" or design quotient, where you know and understand the human side. How do you understand the human factors and a lot of the research techniques that Elisa was mentioning? Then you also must have strong business acumen as well. It's really about getting that well-rounded view across business, technology, and design to prepare you for that future.

Rob Havasy (22:53)

Let me bring this back to toward one of the earlier questions. When we think about the kinds of experiences that

healthcare organizations are trying to change, and we start thinking about people as human or something other than just a patient, a diabetic, or some other label. I'm a human for my entire life and for many of the health conditions I'm attempting to change to be healthier later in that life, I must make a lot of little changes and adjustments earlier. So, we're talking about a time horizon for experience that goes beyond the encounter, goes beyond the visit, goes beyond even the episode. We talked about episodes of disease when something flares up, or there's a surgery or something. So, Alicia, I'll come back to you and say, how does the design team start thinking about this, when the time horizons get long, when a person is a patient of some form, or associated, or going to be working on their health for a long time? And I as an organization want to partner with him for as much of that as we're together? How do we think about these long-term challenges differently than we would a single project or a single encounter?

Alicia Graham (24:06)

We recently worked on a project that approached experience as a lifetime of transitions. I think the transition is really important there to understand there are big moments that matter where you can and should be showing up to support. Think about that lifelong relationship with someone. That's the type of mind shift, and thinking about how can I anticipate when those transitions are going to occur? And how can I show up in those moments? What that means will vary by individual preferences and by the moment it is.

And then the designers develop an ecosystem that helps you understand how all the players and the pieces fit together. Another way we look at it is as a journey, and yes, a lifelong time of transitions is so broad that you do end up focusing on what's the journey for maybe that transition or that moment. Then we look at it in terms of behavior change. So, what are those interventions that will help someone change their behavior? And then also thinking about what is that individual decision point? So, in this moment, I am making a choice. How do you support or empower me to make that choice? That's one way we go from broad to small, and then you have to focus. Making sure that at any given part of a lifecycle of a project, you understand what you're designing for, but you have that big picture in mind. You need to balance the two.

Brian Kalis (26:02)

I just want to emphasize the journey point that Alicia was mentioning, and the need to think through that journey throughout a person's life is a key first step. When you think through those journeys you need to understand what are the triggers throughout that journey.

Rob Havasy (26:19)

I wish the audience could see my face. You've brought together something that I've been struggling with for the last 15 years in health care. And as I said, I got into this on the technology side, working for large hospital systems, bringing data in using devices for behavior change, monitoring, chronic conditions, all sorts of the things people worry about. And on a micro-level, we

thought about behavior change and the things that Brian Jeffrey Fogg and other behavioral scientists talk about. There's a trigger, there's motivation, there's ability, making sure patients are able to make change, learning about the stages of change their readiness, all of those things. What I felt the industry has never been particularly good at is building a system to be ready, as you said, when it's the appropriate time to put that trigger in place. In the infant stages of this, we're creating electronic "nags." If you can't know when to set a trigger, you just send a whole lot of triggers. And eventually, you'll get the right moment, and somebody will do something well, but that's why most ideas end up in a drawer after 30 days. For example, my device might tell me to take a walk like right now. I'm not exactly going to get up from the microphone and abandon this and do it. So, having that context has always been important. We've never figured out how to get there. But I think you're starting to give us some of the keys to building an organization that can make itself ready once the information is available to set those triggers, to be able to finally square that circle and do something long-term. So, as we reach the end of our time here, I want to ask this question. I'll start with Brian. Can you think of a project, an organization, a technology, or something that's doing this better than average right now? I'm not sure anyone's gotten it right yet. But who comes to mind, in healthcare or outside of healthcare, as the kind of place that gets this? This longer-term, human experience stuff? And what is it about them that makes it makes them good at it?

Brian Kalis (28:28)

I'd say in healthcare what's promising is we're seeing several health systems and health care organizations starting to adopt the human-centered design practice and use it as a way to drive transformation, whether you call it digital transformation, or whatever. And starting with that human needs aspect, and then working within, like Alicia mentioned, the complex, adaptive ecosystem. So, looking at things from frontstage and backstage. Now, it's early going, but what's promising is we're seeing full organizations being built out with that discipline of human-centered design, plus business and tech to rethink how we can build services and ultimately change the organization. I'd say that's what's promising.

Alicia Graham (29:17)

It isn't at scale yet, but one organization I'm excited about today is Tia, and they're in women's health. The reason I bring them up in this context is I think they're doing a great job of combining a digital experience that makes tracking and understanding your health on a daily or weekly basis delightful, like something you actually would enjoy doing, which I think is something healthcare is missing. If you want me to do it frequently, if you want me to share data with you, there has to be something in it for me. Another thing they're doing is combining that with some of the stuff we were talking about earlier, such as an in-clinic experience that supports that same mission and vision. They're also redesigning the model, and the moments to think about the health record are different. It's more

of a whole-person record. They encourage you from the start to think about your social needs, and you know, all your needs all at once. The exam, the annual exam is being redesigned to think more holistically. That gives them the data to understand and anticipate what your needs are going to be. And it also gives them a relationship to have a right to engage with you in those moments. So, when we think about how do we anticipate and become better at that? I think one of the things you need is to understand your shared purpose with someone. Where do you have a right to play in their experience, versus who can you partner with to have a more seamless handoff between some of these moments so that maybe someone else is anticipating that moment for you, but you're the right partner in that moment. So, it's really about a partnership.

Brian Kalis (30:52)

How they brought that to life required them to get a deep understanding of the needs. Then they had to figure out how to put that system together, both the digital plus the physical, to ultimately put it together as a system that works both for the person receiving care as well as those providing care in the backstage of that experience.

Rob Havasy (31:13)

Alicia, I want to go back to something you said, because I think, early in our understanding of this, the industry largely got it wrong. Like many times when people hear something, they sort of incorporate it. And it might not be wrong, but it's not the complete care picture. You talked about that patient

experience and I think you used the word “delightful.” I’m not sure I’ve ever gotten too delightful, but the “what’s in it for me” question is important. Think back to a few years ago when gamification was a thing and incentives were a thing, we still see company after company and organization after organization thinking the answer to that is “Oh, how do I make the customers or patients contribute? I’ll pay them, I’ll give them money. I’ll give them some coupons. I’ll give them something.” That’s not what we’re talking about here. It’s a much deeper, more pleasurable experience, not an incentive to just do it. It’s making the experience easy to use, and delightful to use. It’s not just about incentives. Did I hear that right?

Alicia Graham (32:15)

Yes, it was. Two things I would share on this one is I’ve done a fair amount of research on, let’s say, incentives and rewards as they relate to health, and time and time again, I heard things like, “Don’t patronize me, do these points even mean anything? What do they mean?” You know, treat me like a partner in my health, like someone who is empowered in my health and not a child you’re giving points to? That’s something also to be very careful about: do not patronize people. The other side of it is there are other ways to incent people. And part of that is, is showing and teaching them the meaning of something in terms that they understand and that they believe in, which is a different tact. And yes, I use the word delightful. We have a design and innovation firm that I’ve been part of called Fjord, inside of Accenture, and we put out an annual

trends report. One of our trends this year is “interaction wanderlust.” I bring this up because it’s so important. Now, since we’re on digital channels more than ever before, we recognize there is a human need to have excitement, to have joy, to have serendipity in our lives. That’s true not only for the consumers, or the people we’re trying to serve, but also for providers, and maybe more so for providers is something that’s missing. So, if we’re going to move to video visits, for example, how does someone’s personality come through in that moment? How can we make that a more engaging experience? And I think that’s something we have to think about in health. Health is intrinsically personal. The way we design these interactions should reflect that. And that means we have to put some personality into that—there has to be some emotion in that.

Rob Havasy (34:02)

I wish I could keep this conversation going for another hour. I would love it if maybe we could come up with another topic so we could come back and do this again. This, whatever we’ve been out here 25, or 30 minutes or so has been one of the most intense. There’s so much to unpack in here. I’m just so grateful for you for sharing these lessons with us; your time with us. I think there’s a lot of learning here. And I hope we can continue it. As I bring it to an end. I’ll make sure you both have a chance for one last word if there was something you wanted to say. Brian, I’ll jump back to you and say, is there any point, a lesson, something you’d like to leave the audience with, as they start this journey?

Brian Kalis (34:47)

I'd say, as you start the journey, I think it comes down to flexibility and adaptability. And if we go back to the beginning of the conversation, this can be the start of a broader transformation of the organization. Now's the opportunity to think about how you deliver healthcare versus what is possible. Now you're starting to get into the world of determining what can be. That's where the practice of human-centered design comes into play. And it starts with understanding the "why:" what is your mission? What are you trying to accomplish? How are you trying to grow that mission? That then gets you into the how do you deliver that which can be enabled by technology plus humans put together? Design becomes a key way to think of that complex, adaptive ecosystem to bring the pieces together and explore human centricity, as we think of people as people, not just transactions or patients.

Alicia Graham (35:48)

Yes, I think I'd focus on finding your shared purpose with your audience and with your people, and then thinking about how to be relevant to them, both in the moment as well as overall. And then designing experiences that focus on not only that sort of reason for being, but also your right to engage in that moment, and where you're providing meaning. Always be transparent about the value you're giving someone.

Rob Havasy (36:16)

Alicia and Brian, thank you so much for your time today. And to our audience, remember that our podcast drops, usually every Wednesday, we're getting into the summer season now. So, there may be some vacation interruptions. We all deserve a break after a long pandemic after sitting in our home offices for a couple of years here. So, I hope you get to take some time off as well. I know I will be taking some time off. Look for our podcast every Wednesday. And I hope you join us for our next episode.

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