

# The current health finance system is broken.

Patients, providers, and payers surfaced medical billing journey concerns related to transparency, understandability, timing, and communication.

These **concerns create barriers** to payment, financial planning, and trust.



In addition to these concerns, there is research data on the unaddressed emotional side of health finance journeys.

"I had **a lot of stuff going on** at this time, so I don't know what each item on the bill is."

"No, I did not really research the costs prior to the visit. I was pretty **concerned about the actual diagnosis** of melanoma versus looking into my insurance."

"...our **business is emotional**, anything that adds to confusion and anxiety gets exacerbated."

Health finance experiences can contribute to – or cause – **negative emotions** for patients, leading many to **disengage** from payment — or worse, from medical care.



Of patients are hesitant about seeking additional medical care because of experience with medical bills.

A Bill You Can Understand Research Report

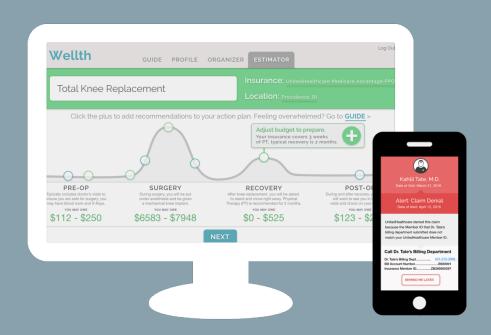
What if patient concerns and feelings were addressed throughout the health finance journey?



## Meet Wellth

Wellth is a web and mobile platform that streamlines and improves the health finance experience by simplifying billing, contextualizing costs, and providing personalized guidance.

It does this through notifications and four main components: **Guide**, **Profile**, **Organizer**, and **Estimator**.



# **Design Principles**

#### Respond to personal preferences, goals, and constraints

Personalize patient experiences by understanding and addressing barriers to action

#### Relieve unnecessary burdens to reduce confusion

Coordinate disparate entities to resolve issues and deliver solutions through a unified voice

#### **Upfront context to manage expectations**

Create a full picture of patient health journeys

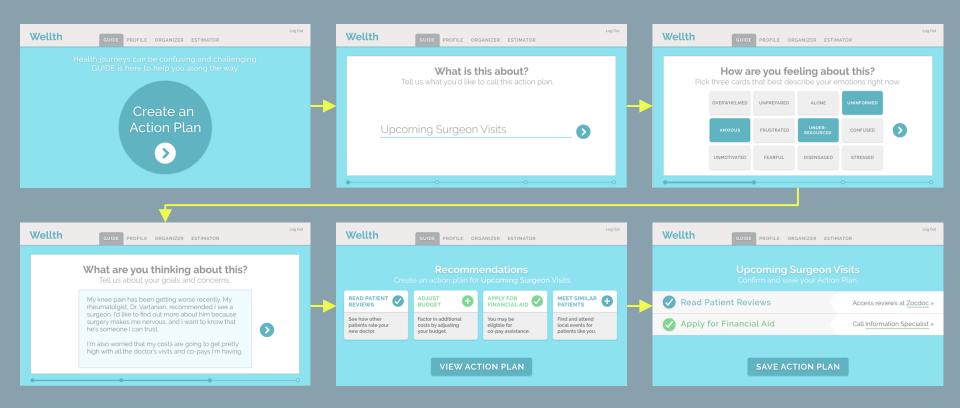
#### Provide clarity to enable action

Use straightforward language, show only what is necessary, and provide clear calls to action

## **Embrace flexibility to foster agency**

Offer options for payment and communication preferences

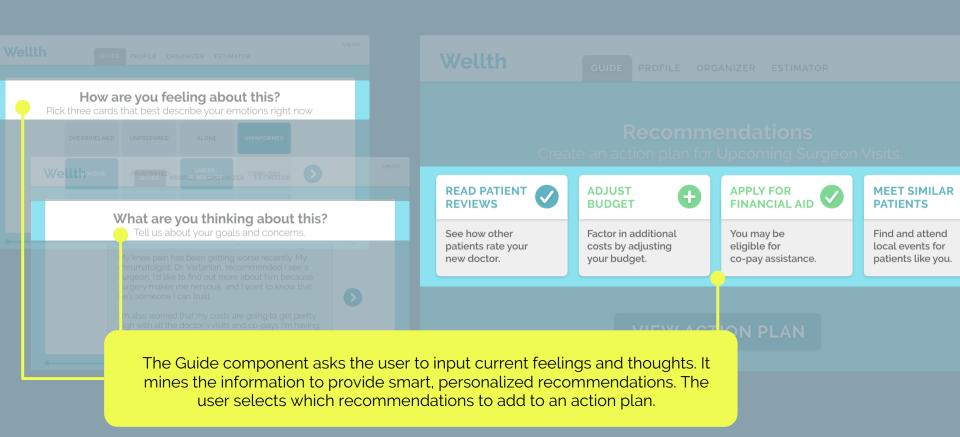
## COMPONENTS / Guide



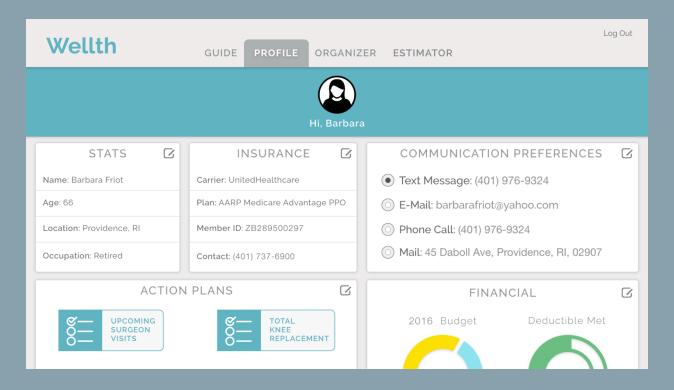
WHAT IT DOES: Makes recommendations based on patient concerns and enables an action plan to overcome challenges.

WHY IT MATTERS: By addressing feelings and thoughts, Guide facilitates decision-making and action.

## INFORMATION / Guide



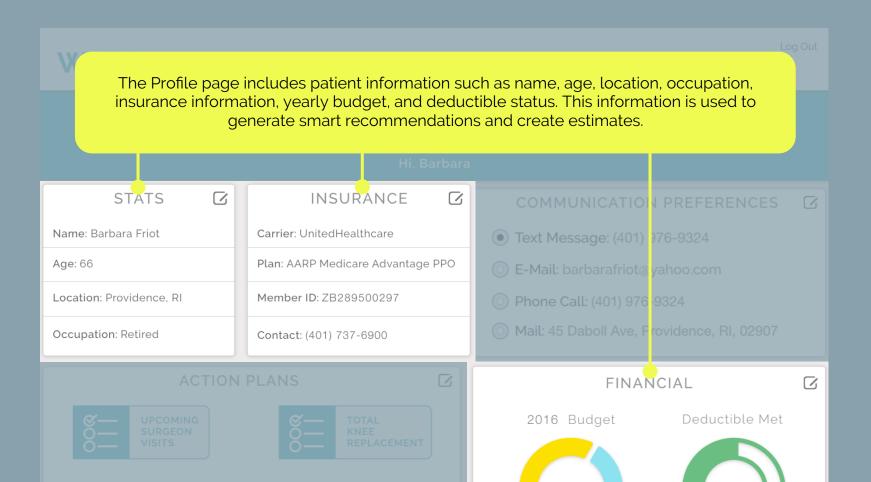
## COMPONENTS / Profile



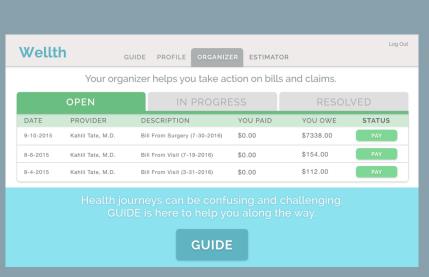
**WHAT IT DOES:** Contains patient data, including financial and insurance information, communication preferences, and action plans.

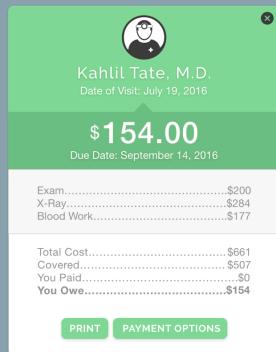
WHY IT MATTERS: Enables Wellth to generate smart, customized notifications and recommendations for patients.

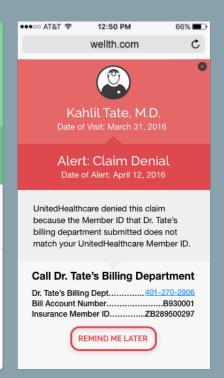
## INFORMATION / Profile



## COMPONENTS / Organizer



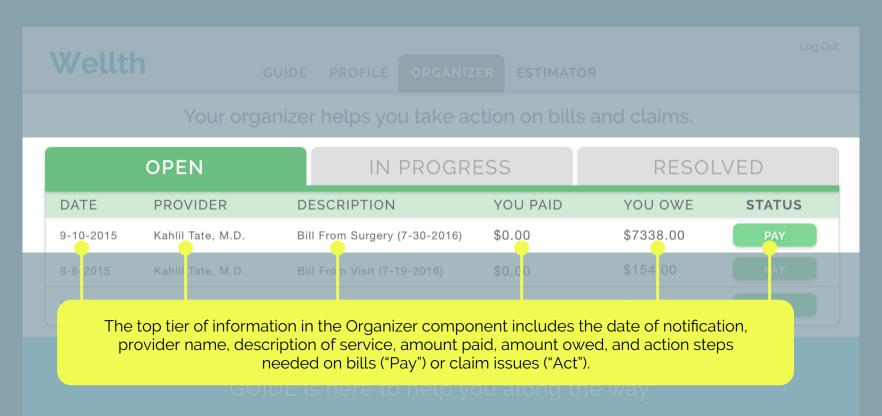




WHAT IT DOES: Organizes medical bills and claims as "Open", "In Progress", or "Resolved". Translates bills and claims into patient-friendly language, provides clear calls to action, and notifies users of issues with ways to resolve them.

WHY IT MATTERS: Provides transparency and empowers action by clarifying services, options, and solutions.

## INFORMATION / Organizer



**GUIDE** 

## INFORMATION / Claim Issue



This level of information is shown after a claim issue notification or when a user chooses "Act" from the Organizer page. It includes the provider name, date of event, date of notification, explanation of issue, and any information needed to resolve the claim — such as contact, account, and Member ID numbers. Users can choose to call the number, if provided, or "Remind Me Later".

## INFORMATION / Bill



Kahlil Tate, M.D.

\$154.00

Due Date: September 14, 2016

Exam	\$200
X-Ray	\$284
Blood Work	\$177

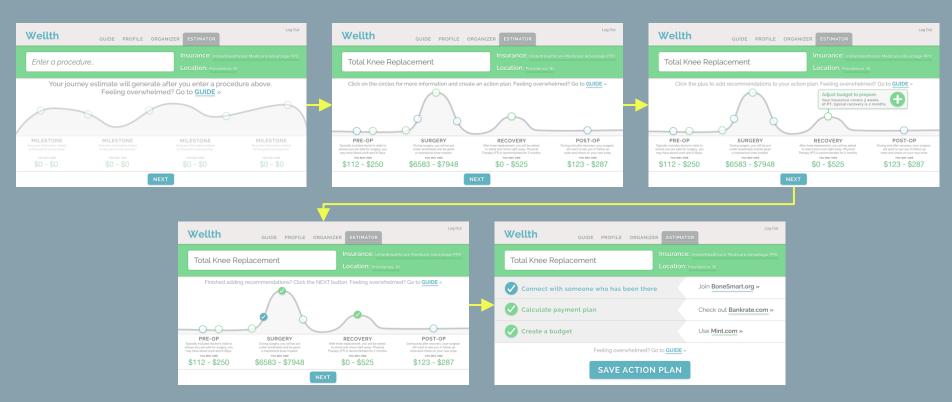
Total Cost\$661
Covered\$507
You Paid\$0
You Owe\$154

PRINT

**PAYMENT OPTIONS** 

This level of information is shown after a bill notification or when a user chooses "Pay" from the Organizer page. It includes the provider name, date of event, amount owed, amount paid, amount covered by insurance, date payment is due, and itemized services in patient-friendly language. Calls to action include "Payment Options" and "Print".

## COMPONENTS / Estimator

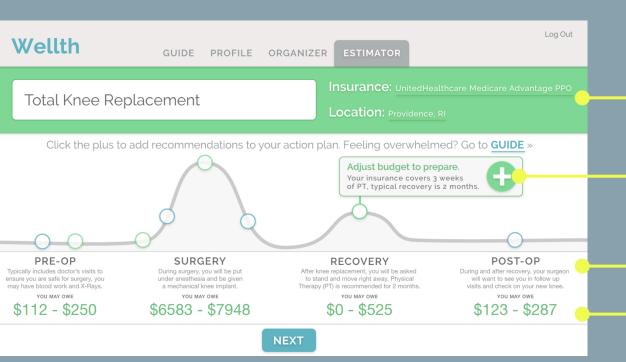


WHAT IT DOES: Contextualizes healthcare interactions, costs, and potential concerns into an estimated journey.

Users are able to choose suggested recommendations and create a preventative action plan.

WHY IT MATTERS: Mitigates surprise and enables planning for an upcoming procedure.

## INFORMATION / Estimator



The Estimator component creates a contextualized health journey based on search terms and known data from Profile. The journey is then populated with suggested preventative actions to take. These are either financially or emotionally supportive. Users can add any recommendations to an action plan. Milestones along the journey contain overview information as well as aggregated patient cost ranges.

# **Patients As Designers**

The Wellth concept is the result of a human-centered design process.

We hosted a **design studio** where six participants in the **Medicare population** ideated on the design, content, and experience of an early prototype.

They validated the design and concept overall — stating that there was a need to address emotions alongside finances.

Their feedback inspired iterations to the design and concept, specifically around **contextualizing costs** within a journey.



# **Jargon Free**

Participants commented that the prototype was "simplified", "very user-friendly", containing "no jargon" and "no confusing insurance codes".

On the Flesch-Kincaid Reading Test, the content in the prototype scores within the 80-90 range, which is characterized as **easy to read**, conversational English for consumers.

The text meets a **4th grade level of understandability**, according to readability-score.com.



## **Foundational Research**

Wellth also builds upon a body of work on the care and coverage experiences of older adults.

Most recently, from March to June 2016, we collaborated with an insurance company to improve the health finance experiences of the Medicare population.

Our methodology consisted of semi-structured interviews, generative research and participatory workshops with 24 older adults.



Current billing and cost estimation processes are designed as transactional interactions between a customer and a vendor, without recognizing the emotional and financial challenges that compound healthcare decision-making.

To engender trust and empower patients to prioritize care over costs, we need to move from a transactional to a supportive model.

# Health is **stubbornly human**. Design for health finances should be too.

## Thank you for your work and consideration.

#### We'd also like to thank:

Pilgrim Senior Center + Participants from the participatory design studio

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#### The Noun Project + Icon Designers

Jae Aquino ( Readability )
Justin Blake ("Paper")

Aenne Brielmann ("Stress")

Carla Dias ("Smartphone")

Eliricon ("Sad")

Wilson Joseph ("Doctor", "User")

Rafael Garcia Motta ("Customer Journey")

Zlatko Najdenovski ("Arrow")

Picons.me ("Check Mark")

Romzicon ("Hiring")

Laurent Sutterlity ("Alert")

Ramakrishna Venkatesan ("Map Marker")

To Uyen ("Monitor")

Viktor Vorobyev ("Close")