

You have 6 free articles remaining this month.

How To | Care Process Redesign

# How design thinking in healthcare can improve customer service

Aug 01, 2019

By Krithika Srivats

- Design thinking is an approach to innovation that produces more-comprehensive solutions than other process-improvement strategies.
- Design thinking involves four main components: empathy, multidisciplinary thinking, rapid solutions deployment and continual improvement.
- Health plans and other healthcare organizations can apply design thinking to solve some of the industry's most urgent challenges, such as improving the customer experience.

Innovation – whether in people, process, or technology – faces the same challenges in healthcare as in other industries. While innovations come and go, many of the problems they were intended to solve remain intractable.

That gap arises not due to a lack of innovative ideas but instead because of a failure to understand the user perspective and the value that users will derive from the innovation.

Ultimately, we should rethink our approach to problem-solving in a way that places a specific technology or service in a larger, multidimensional context. New service approaches, combined with technology enhancements, can bring holistic organizational change that will positively affect patient populations. The concept of design thinking can guide changes of this scope.

## Defining design thinking

*Design thinking* is a process used to solve complex problems. Unlike other approaches, such as quality improvement or process analysis, design thinking is multidimensional, iterative and human-centered.

Whereas a quality-improvement initiative may be narrow in scope, focus and outcomes, a design-thinking process will influence outcomes across an organization.

Design thinking entails a four-pronged approach to problem-solving:

- Empathy
- Multidisciplinary thinking
- Rapid, iterative solutions deployment
- Continual improvement

## Applying design thinking to the healthcare-consumer experience

Many healthcare organizations are struggling to retain customers, given archaic service designs and processes. Consumers have grown accustomed to the personal attention and convenience they find in other industries, such as retail and hospitality, and often lack a similar experience in healthcare.

How would a design-thinking approach help a health plan tackle the challenges of managing customer experience? Let's break it down through the four-pronged approach:

**Empathy.** A major advantage of design thinking compared with other process-improvement methodologies is that it removes assumptions from the equation by incorporating perspectives and experiences from a diverse group of stakeholders. A fundamental component of design thinking is *empathy*, the ability to understand the feeling of others.

The key output of the “empathetic stage” is the crafting of a problem statement that is based on a holistic view of the stated and the unstated needs — as well as the asked and unasked questions — of the customer.

Consider population health programs, which are designed to solve for identified care gaps as part of efforts to reduce costs and improve outcomes. These programs traditionally apply economic and medical lenses and filters as part of the problem-solving process. But from a user's perspective, medical issues generally are less of an impediment to a good outcome compared with living conditions and socioeconomic barriers.

A good design-thinking approach thus starts with understanding actual user stories from among a diverse population, rather than merely considering statistical data.

**Multidisciplinary thinking.** Design thinking depends on the diversity and quantity of the ideas gathered from multiple ideation sessions involving people directly and indirectly associated with the issue at hand. The perspective gleaned from each role is one piece in a much larger puzzle.

The central output of the multidisciplinary-thinking stage is to establish the framework for a broad solution design. This framework allows the designers to push boundaries and embrace possibilities.

For example, a robust care management design should account for user examples from patients/members. Likewise, by learning about regulatory compliance requirements from experts in that field, a health plan's care management teams and third-party community partners can help in defining solutions that address key sticking points and in determining and prioritizing "must haves" vs. "nice to haves."

**Rapid solutions deployment.** The first two prongs of design thinking are human-centered, leveraging empathy and collective brainpower to dissect and solve for complex problems. The third aspect entails quickly putting tailored solutions to work.

To improve member service by addressing social determinants of health, for example, a health plan's priority, based on an assessment of social and economic barriers, may be to initially make available Uber-style medical transportation followed by home-based services such as cleaning and daycare support.

The critical component is rapid assessment with defined metrics. A well-designed process should take no more than one quarter to assess effectiveness.

**Continual improvement.** Success with design thinking relies on continually assessing progress and benchmarking results, while remaining agile to adjust for unforeseen challenges. This final step is crucial to making improvements in successive iterations based on stakeholder and consumer feedback.

To continue with the example of the population health initiative, the solution might incorporate a predictive analytics model to help the health plan pinpoint patients who need case management and outreach that extends beyond healthcare settings. The solutions team should periodically update the analytics model based on the latest research and evidence on treatment pathways.

Such rigor allows the model to be laser-focused on identifying and customizing treatment plans, a key aspect of optimizing the customer experience.

## About the Authors

**Krithika Srivats** is vice president, healthcare practice office, HGS ([Krithika.srivats@teamhgs.com](mailto:Krithika.srivats@teamhgs.com) (<mailto:Krithika.srivats@teamhgs.com>)).

## RELATED TAGS

---

## Related Articles | Care Process Redesign

---

**Trend** | Innovation and Disruption

### Innovation in action: The genesis of the geriatric ED

[\(/topics/finance-and-business-strategy/article/innovation-in-action--the-genesis-of-the-geriatric-ed.html\)](/topics/finance-and-business-strategy/article/innovation-in-action--the-genesis-of-the-geriatric-ed.html)

An innovative idea sparked the concept of the geriatric ED, which now has its own accreditation process and is becoming a staple of hospitals around the country.

JULY 23, 2019

By Lola Butcher

**Case Study** | Care Process Redesign

### CareMore Health: Addressing loneliness leads to lower rates of ED, hospital use

[\(/topics/operations-management/article/caremore-health--addressing-loneliness-leads-to-lower-rates-of-e.html\)](/topics/operations-management/article/caremore-health--addressing-loneliness-leads-to-lower-rates-of-e.html)

Through a holistic program that addresses senior patients' psychological, social and physical health, a provider is successfully treating loneliness and improving outcomes.

JULY 23, 2019

By Robin Caruso, LCSW

**Q&A** | Partnerships and Value

### Dental center prevents ED visits, provides hospital referrals

[\(/topics/finance-and-business-strategy/article/dental-center-prevents-ed-visits--provides-hospital-referrals.html\)](/topics/finance-and-business-strategy/article/dental-center-prevents-ed-visits--provides-hospital-referrals.html)

St. Bernard Hospital Dental Center offers comprehensive and hard-to-access oral health services and surgeries to pediatric and adult patients on Medicaid, particularly special needs patients, which reduces costly emergency department visits and offers referral opportunities to other hospital services.

JULY 12, 2019

By Ed Avis

**Case Study** | Partnerships and Value

## Joint venture removes provider, patient and payer barriers

[\(/topics/payment-reimbursement-and-managed-care/article/joint-venture-removes-provider--patient-and-payer-barriers.html\)](/topics/payment-reimbursement-and-managed-care/article/joint-venture-removes-provider--patient-and-payer-barriers.html)

A joint venture between Banner Health and Aetna aligns value-based care with economic incentives to reduce the cost of care.

JULY 12, 2019

By Ed Avis

## Related Content

---

**On Demand Webinar** | Overview | Care Process Redesign

## Financial benefits of setting an effective patient engagement

<https://www.hfma.org/topics/finance-and-business-strategy/article/how-design-thinking-in-healthcare-can-improve-customer-service.html>

## **Financial benefits of setting an effective patient engagement strategy for your organization**

(/courses/financial-benefits-of-setting-an-effective-patient-engagement-st.html)

This webinar reviews how an effective patient engagement strategy can drive bottom line improvements for your hospital or health system. We will review case studies and discuss how improved physician/patient interaction is tied to an overall...