HALO LAB · WEBINAR

Designing Digital Experiences Clinicians Actually Want to Use

A conversation about why clinician and patient experience are inseparable, and how to design tools that give doctors their time back.

41 MIN • WEBINAR

HOST

Sergiy Sumnikov

General Manager, Healthtech · Halo Lab

GUEST

Kari Kennedy

Healthcare & Value-Based Care Leader

KEY TAKEAWAYS

The session's guidance, distilled into moves for teams building tools clinicians will actually use.

01 **Don't add work, subtract it.**

Clinicians already spend 12 to 13 hours a day, much of it documenting. Anything that adds steps meets resistance, so consolidate logins and cut the jumping between applications.

02 **Show insights, not raw data.**

Clinicians have no time to interpret dashboards. Surface where to focus, use progressive disclosure, and visualize in body systems, as in the Seattle Children's ICU redesign.

03 **Involve clinicians early and throughout.**

Bring end users in before you even evaluate vendors, and keep them in the loop. They know the intimate workflow details that people three layers removed cannot see.

04 **Fix the workflow before the interface.**

Find the root cause before you redesign the screen. Map the workflow, the journey, and the service blueprint; sometimes removing one unnecessary step changes everything.

05 **Measure burden before and after.**

Track objective load (time on task, clicks, completion and error rates) and subjective load with the NASA Task Load Index, alongside provider satisfaction and retention.

06 **Plan the rollout end to end.**

Know your organization's budget cycle, tie the change to mission and values, pilot in bite-sized pieces, expect things to break, and let champion users tell their peers.

07 **Treat clinician and patient experience as one.**

They are inseparable. Borrow from value-based care: prevention, coordination, incentives, and consumer thinking all show up in retention, satisfaction, and reimbursement.

IN THIS SESSION

What separates the digital tools clinicians reach for from the ones they quietly abandon.

About this transcript. Edited lightly for reading: filler words and false starts removed, and punctuation tidied. The speakers' meaning is unchanged, and nothing has been added. Pull quotes are drawn verbatim from the conversation.

00 Introduction

Kari's background across large health systems, value-based care, and health-tech startups.

Sergiy Sumnikov
HOST

Hello, everyone. My name is Sergiy Sumnikov, and I'm a digital product and UX practitioner at Halo Lab. I have Kari Kennedy with me today. Hello, Kari, how are you?

Kari Kennedy
GUEST

Sergiy, good. Thank you for having me.

Sergiy Sumnikov
HOST

My pleasure. We'll be talking today about designing digital experiences clinicians actually want to use. Before we dive in, could you tell us a bit more about your background and experience?

Kari Kennedy
GUEST

Absolutely, thank you. Kari Kennedy, as you mentioned. I have over 20 years of experience in healthcare. I've worked for everything from Fortune 500 organizations down to startup and venture organizations, launching completely new brands and value-based care models inside corporations. I've also been focusing on health tech recently, with so much innovation going on, working with founders and venture startups to help modernize healthcare. The innovation happening is truly tremendous.

Sergiy Sumnikov
HOST

Could you also name a few of the companies you've worked at?

Kari Kennedy
GUEST

Sure. I've worked at organizations such as UnitedHealth Group, inside UnitedHealthcare Medicare & Retirement, inside OptumCare and Optum Health Services, as well as ChenMed, a value-based care organization, and WellMed, which is part of OptumCare and is also a very well-known value-based care organization.

01 Clinician Experience Today

The biggest frustrations clinicians face, and why clinician experience and patient experience are inseparable.

Sergiy Sumnikov
HOST

Thanks. You've worked across different types of healthcare organizations. When you think about clinician experience today, what are the biggest frustrations you consistently see?

Kari Kennedy
GUEST

When we think about the frustration that comes from providers, as I mentioned, there's a lot of innovation happening, and a lot of good things are coming out that will eventually make the experience for physicians much better. But in the meantime, there's a lot of work to be done.

Physicians are frustrated with long, lengthy implementations. They're frustrated when they're not part of the process and not brought in, so that we truly understand firsthand what their experience is: themselves interacting with the platforms and the usability, their peer teams working with the platforms, and how that helps or interferes with the patient care they provide inside the exam room and outside of it.

Physicians today struggle with having too many applications to work with. Typically the EHR, the electronic health record, or EMR if you will, is their home base. And there are a lot of applications outside the EHR that exist to help with workflow and other things. That poses a challenge when providers have hours and hours of documentation a day, or when they're in the exam room and have to step outside the EHR into different applications, each with different passwords and usernames. Ultimately it creates a fragmented experience for them.

Sergiy Sumnikov
HOST

Totally agree. I'd add that clinicians don't experience digital tools in isolation, but as part of an entire shift of their work. As a UX service provider, we pay a lot of attention to cognitive load and context switching, and ultimately poor UX amplifies burnout, unfortunately.

It's funny, because yesterday I was renting a bike using a mobile app, and the experience was pretty decent. It was just about renting a bike. Then I see clinician apps and I think, why are they so much poorer in terms of UX when the tasks are far more important, like clinical decisions? This disproportion of UX focus between consumer apps and clinician apps really bothers me.

Let's talk about another contrast, between patient experience and clinician experience. When I visit HLTH or other health-tech events, it feels a bit more about improving patient experience and a bit less about clinician experience. What's your take?

Kari Kennedy
GUEST

I'm glad you brought that up. The two go hand in hand. You really cannot separate the two. If the providers are happy, if the care team is happy, they're going to be in a better mood, spend more time with their patients, and really connect with them, which is why most people went into medicine in the first place.

If the provider is frustrated, if the care team is frustrated with the systems and workflows and hours of documentation, that shows up in how they care for patients, from the front desk to the physician, all around the clinic. We've seen this time and time again.

The provider really is the leader in clinics and practices, or departments within health systems and care teams. They lead the way in how to show up every day for patients and provide excellent care. When there are so many things competing for their attention beyond giving care, that shows up in negative ways, which can impact the patient experience, and then patient retention, patient satisfaction scores, and reimbursement rates from the government. It trickles down the line. So it's very important that we don't forget about providers and care teams when we think about the patient experience, because they're tied directly to it.

The two go hand in hand. You really cannot separate the two.

KARI KENNEDY

Sergiy Sumnikov
HOST

Exactly. An everyday example: yesterday I visited a doctor for 20 minutes, and out of those 20 minutes I got maybe up to one minute of eye contact. For them and for me, it wasn't the best setup. From our perspective, it's mostly about removing friction. Better UX reduces risk: fewer interruptions, faster task completion, higher adoption. These are the things we try to work on.

02 What Makes Digital Tools Succeed

What clinicians expect from modern products, and how progressive disclosure reshaped a cardiac ICU view.

Let's go to what makes digital tools successful. From your experience, what do clinicians actually expect from modern digital

Sergiy Sumnikov
HOST

products?

Kari Kennedy
GUEST

First and foremost, that it does not cause more work for them.

I've been through a lot of implementations over my 20-year career. If it adds work, there's a very high chance you'll get a lot of resistance from providers and then from their staff. The provider is really the leader inside these medical groups and health systems, so we need to take their experience into account, and the care team's, and not add to their load with one more thing. They already spend 12 or 13 hours a day, many of them on documentation, and they want to get home to their friends and families. So anything that adds to that will be very difficult to implement.

It has to be simple to use. Multiple passwords and logins, and jumping from application to application, will decrease your utilization, and the application you spent time and money implementing may ultimately backfire. So it needs to be simple.

And again, going back to the cognitive load they carry all day, they don't have time to look at the data, translate it, and figure out what to make of it. We need to make the data easy to consume, show them the insights the data is pointing to, and show them where to focus their time and attention.

First and foremost, it should not cause more work for them.

KARI KENNEDY

Sergiy Sumnikov
HOST

This is a great place to bring up one specific case on our side, and I'll show a few screens. I often say the best UX is invisible UX, the kind that lets clinicians focus on patients. And the last thing you mentioned, generating insights rather than just displaying all the data we calculate, is exactly what we did with Seattle Children's Hospital, where a lot of it was about progressive disclosure.

(Sharing screen.) This is what clinicians in the intensive care unit of the cardiology department were seeing before we jumped in. Cognitive load here is very, very high, and one problem is that it lacks an immediate overview of all 125 beds, so it's very hard to use. This is where we started.

First, we created the overview of beds. These are simulated names. We have three patients with really severe symptoms, four who also need attention, and then less severe cases. This is what I mean by progressive disclosure: if you want to learn more about what's going on with a given patient, you click through and land on this screen. On the left is the heart, already visualized, with the problem areas highlighted, because doctors think in body systems, not in databases, which is how data-science teams normally build these tools. We're visual creatures, so it's immediately clear.

Then you have trends over a clinically relevant time window, so it's very easy to read the trend, and you can click to see other metrics for the patient. There are also what-if scenarios. It's an AI product, very progressive, and I'm sure we'll be talking about it to a broader audience soon.

Kari Kennedy
GUEST

It's really incredible how you were able to transform that into a visual and give them direction in the ICU, where the intensity and the focus are so important.

Sergiy Sumnikov
HOST

Yes, alarm fatigue is a big topic. I'm learning this from our colleagues in Europe and the US too. Especially in intensive care units, it's one of the key things people are optimizing for.

03 Adoption of Internal Tools

Why internal hospital applications fail to gain adoption despite solving real problems, and when to involve clinicians.

Sergiy Sumnikov
HOST

Let's move to the next question: why do so many internal hospital applications fail to gain adoption despite solving real problems?

Kari Kennedy
GUEST

Involving the internal users, the intended audience of the change, whatever it may be, is critical. Really understand the pain points: is this a workflow issue, a technical workflow, how is it going to work?

Having leadership involved as well, truly understanding the changes, championing them inside the organization and getting people ready, is very important. It can't be last-minute, launching something and saying here's your new application, here you go. It needs to be embedded into the mission, vision, and values of the organization: better delivery of care, keeping the system up with the times, and, as

we've talked about so much, reducing workload and cognitive load, making it easier rather than adding another thing on top.

So make sure you have touch points throughout the implementation, that you have a core set of end users on the team, and that you're testing as you go with a good pilot process. Make room in your pilots to test things, expect that things will break before you roll out, and roll out in bite-sized pieces. I'd also recommend having champion users share their experiences with the teams, what benefits they found. Hearing from peers goes a long way.

Sergiy Sumnikov
HOST

On our side, we once saw a tool solving the right problem, but for the wrong workflow, and we were very sorry to see it. At what point should clinicians become involved in product design, in your opinion?

Kari Kennedy
GUEST

Most systems would agree, and they've probably already heard it from clinicians: they need to be involved very early, in identifying exactly what the problem is, and then throughout the process, even before evaluating vendors. They should be part of that evaluation. They work with these systems one-to-one all day, so they understand intimate details that others, three layers removed, may not see.

Sergiy Sumnikov
HOST

I also think as early as possible. I can briefly describe the setup for the Seattle Children's case. The project was commissioned by one of the clinical leaders and delegated to a technical product manager, who developed the MVP and got initial feedback from a focus group. They hold weekly meetings with that focus group where they show the product, get feedback, and run trial modes.

At some point they wanted to reach the next level of user experience, and that's why they came to us. Once we deliver an update or a new prototype, they show it to the focus group of clinicians that same week or within a few days, and we get feedback. While we're in experimental mode it's very fast, using low-fidelity prototypes to gather feedback, iterate, and improve. Of course, before our work, what should happen are discovery interviews and shadowing clinicians, observing how they actually work and use the tools.

04 Designing Around Workflows

Telling an interface problem from a workflow problem, and how to measure whether clinician burden actually dropped.

Sergiy Sumnikov
HOST

Let's come to designing around clinical workflows. How do you distinguish between fixing the interface and fixing the workflow?

Kari Kennedy
GUEST

When you're looking at workflows and operations inside a health system or medical group, it's really important to understand the root cause of what shows up as a symptom, diving in deep.

When I worked at UnitedHealth Group, I earned my Six Sigma Green Belt. We were working within marketing communications for brokers, which is a little off topic, but I learned the importance of taking qualitative information, turning it into quantitative information, and using Six Sigma methodologies to drive down to the root cause, so you're not putting Band-Aids on something that's actually happening earlier in the process.

And now, with AI, workflows are going to change. In some cases AI will take busy work away from care teams and staff, letting them attend to higher-value things like patient care. So with workflow design, that work really needs to happen up front. Do your due diligence, and any partner you work with should be part of mapping out that workflow and the journey to the new state, for successful implementation and adoption.

Sergiy Sumnikov
HOST

I can elaborate a little on how we approach workflow context. First we do workflow mapping, then journey mapping, and then a service blueprint. Workflow mapping is basically how work currently happens or should happen: a sequence of tasks, decisions, handoffs, and systems. Journey mapping is more about the user experience, and contains emotions, expectations, goals, pain points, needs, touch points, and opportunities. A service blueprint is what has to happen to enable that experience, and it gets more technical: IT, devices, cloud, operations, support, clinician teams, patients.

In this process we try to identify bottlenecks, delays, processes with potential to be automated, manual handoffs, unnecessary approvals, and information that's hard to find. And when I recall our projects, sometimes removing one unnecessary step makes a huge difference. Sometimes less is more.

Sergiy Sumnikov
HOST

So how do you think it's best to measure whether clinician burden has actually been reduced?

Kari Kennedy
GUEST

If you've reduced clinician burden, I remember one implementation where the physicians were so excited, so happy to have more time back in their day, that you couldn't help but notice the change. And they'd tell you as well.

With a successful implementation that eases the burden and the cognitive load, you'll definitely hear from the providers. They'll thank you. They'll tell you they're so happy they get to go home to dinner with their families. You'll see it on their faces. It also shows in provider satisfaction scores, and you'll see retention rates improve by multiple points, so you keep those providers longer, which is essential given the shortage of providers today. You'll notice the adoption and the efficiency.

One comment I heard from a physician, about a well-implemented system that saved them hours in the day, was: if you ever get rid of this application, I'm also leaving. Don't ever take this away from me, now that I've discovered it I can't do without it. That is ultimately the goal of what we're trying to do here.

> *If you ever get rid of this application, I'm also leaving.*
>
> A PHYSICIAN, RECALLED BY KARI KENNEDY

Sergiy Sumnikov
HOST

On our side, for UX projects, we try to measure both objective and subjective metrics. Objective metrics are things like time spent on tasks, number of clicks, completion rates, and error rates. But for a complete picture we also use subjective measures such as usability testing, and one interesting tool, the NASA Task Load Index. It's a questionnaire for perceived workload with six dimensions: mental demand, physical demand, temporal demand, performance, effort, and, famously, frustration. We rank each from low to high before and after a redesign, to see which dimensions improved the most.

05 Organizational Adoption

What separates successful transformations, the barriers that stall them, and demonstrating ROI beyond another application.

Sergiy Sumnikov
HOST

Let's go to organizational adoption. You've led and participated in transformations across healthcare organizations. What distinguishes a successful digital transformation from an unsuccessful one?

Kari Kennedy
GUEST

We've talked a lot about the process: bringing people in early, helping them be part of the solution. We see this with any organizational change. I've implemented complete employee wellness programs with multiple applications built in, and nobody likes anything pushed down on them. They really want to be part of it.

You need to lean into the people on the front lines, the end users. They'll have insights that won't show up on paper, and solutions that people three layers up in the hierarchy won't have visibility into.

So in addition to leadership champions, communicate the change. Let people know ahead of time: we hear you, we understand the problem, we're actively looking for solutions. Bring them through step by step, provide updates throughout, from securing the partner through implementation, help answer questions, and have voluntary committees who are committed to seeing it through. And make it about driving the change into your culture, mission, and vision, back to where the organization is going. At the end of the day, helping people live healthier, happier lives.

Sergiy Sumnikov
HOST

What organizational barriers most often prevent great digital products from succeeding?

Kari Kennedy
GUEST

I've worked at very large enterprises as well as startups. Very large enterprises start budgeting about half a year ahead, as early as May or June, going through iterations of allocation and planning for the upcoming fiscal year.

So know your organization's process, and understand what it takes to implement a transformation at that size. Some organizations have two-year roadmaps. Some have exceptions: if something is important from an ROI perspective, with direct impact on how the organization cares for patients, on provider satisfaction, and

ultimately on financials, most organizations have a special process outside that roadmap. So really understand how things get done at your organization.

And the planning has to be end to end. I can't stress enough the communication, the training, and making the team available for people who have questions. There will always be people excited for change who become your champions, but there will also be many who aren't comfortable with change, and it takes a lot to get them there. So find ways to communicate, tying it back to mission, vision, and values, and plan for the people who need a little more help along the way.

Sergiy Sumnikov
HOST

On our side, different teams within a hospital often optimize for different objectives: IT, operations, clinical, procurement, compliance. Aligning all of it isn't easy, and it's not only a tech task. How can innovation teams demonstrate ROI beyond simply deploying another application?

Kari Kennedy
GUEST

Definitely with ROI. If you're reducing the workload, that's a huge one that wins most people over, given everything they have to do in a day. Then clinician and team satisfaction, where you'll see improved employee engagement scores, and that trickles down to patient satisfaction. The two go hand in hand.

And then the financial impact, which you'll probably see longer term, though sometimes shorter term. It really depends on the scope, breadth, and depth of the transformation. A lot of the time you can also infer ROI while planning, by talking to other organizations that have gone through a similar process and reaching out to peers. And a good partner should be able to help you draw out the ROI and model it for the organization.

Sergiy Sumnikov
HOST

At our level, we focus a lot on adoption metrics for these new innovations. A lot of our work is actually aimed at improving the adoption of digital tools.

06 Lessons from Value-Based Care

Prevention, coordination, incentives, and consumer-experience thinking, carried over into clinical tools.

Sergiy Sumnikov
HOST

Our last block is about value-based care, where you've had a lot of experience. What lessons from value-based care can hospitals apply to clinician experience?

Kari Kennedy
GUEST

I've seen quite a few value-based care models over the years. At the core of value-based care is prevention. When you think about technology and prevention, a lot of what Halo Lab can do, and has done from what I've seen, is providing insights from the data, so that important things aren't missed or misinterpreted and clinicians know where to focus. For the person attending to the patient, that helps prevent adverse outcomes.

In prevention, it's about staying on top of people's health and using technology to do that. Hospitals have a somewhat different model, but at the end of the day everybody wants people to be as healthy as they can be, and to prevent adverse reactions or people ending up back in the hospital. So keep an eye on that, and understand how technology can help in that spirit.

On coordination: within value-based care organizations, it's all about the primary care provider being the quarterback, driving care with the team, keeping all the specialists in the know about what's happening with the patient, even if the patient ends up in the hospital, and championing for the patient to make sure they get the right care there. So encourage that technology crossover, integration and interoperability, keeping the person at the center of what we do every day, rather than being siloed inside organizations.

Incentives are really important too, across the whole care team, not just providers. How can you reward your care teams? Sometimes through competitions around adoption, usability, and innovation. There's a lot you can do there. As we look at how many people across the world are trying to improve health, how can we come together more and break down silos?

At the core of value-based care is prevention.

KARI KENNEDY

Sergiy Sumnikov
HOST

And what role does customer-experience thinking play inside healthcare organizations?

Kari Kennedy
GUEST

I've been in the consumer space my entire career, more than 20 years in healthcare, and before that in consumer-direct retail marketing. My first role out of college focused on e-commerce, some of the first e-commerce sites here in the States, to date myself a little. So very early on I built the discipline of understanding, listening to, and advocating for the consumer, conducting research and understanding the root cause, bringing some Six Sigma into it, if you're building products or modernizing within healthcare.

There's a tendency among doctors and care teams, more so doctors, to say they understand their patients and know what's best, and not involve patients in what they're planning for them. Caring for the patient, versus involving the patient in their own care, and even in these technological developments.

Consumers more and more have choice. And it's completely visible when you work with an organization that did the due diligence to bring consumers in, understand their pain points, design with them in mind, and get their input throughout. The organizations that will stand on top in the future are the ones that embrace the consumerism of healthcare and design for the well-being of the consumer.

Sergiy Sumnikov
HOST

If you could redesign one aspect of clinicians' digital experience tomorrow, what would it be?

Kari Kennedy
GUEST

Making it seamless for them to just focus on patient care.

Sergiy Sumnikov
HOST

It's funny, I had the same idea in my head, just in different words: redesigning fragmented workflows.

End

Looking Ahead

What will distinguish the organizations that get clinician experience right over the next five years.

Sergiy Sumnikov
HOST

The final question, Kari. Looking ahead five years, what will distinguish healthcare organizations that successfully design digital experiences clinicians actually want to use?

Kari Kennedy
GUEST

They're going to have clinicians knocking on their doors. Clinicians will hear from their peers how wonderful it is to work for a healthcare organization that has made their job so easy, letting them focus on patients, truly connect with them, and get back to what they went into medicine for.

They're also going to have patients knocking at their door. Patients will be singing their praises, not only about how much they love their doctors and care teams, but about how seamless the experience is. They can get an appointment when they want. They get their referral to a specialist when they need it. They get their prescription when they need it, know where it's coming from, and have options, because they're involved in the process. They'll have insight into exactly what's going on with them. No more consumers trying to interpret healthcare jargon when they're discharged, with the most important things placed on the last page.

People are going to be happier. People are going to be healthier all around. People will have more agency in their own health. I think we're moving into a new era with technology and innovation, where in five years we're going to learn more about ourselves than we ever have.

They're going to have clinicians knocking on their doors.

KARI KENNEDY

Sergiy Sumnikov
HOST

I love the picture you just painted. Thank you so much, Kari, for taking part. It was great having you.

Kari Kennedy
GUEST

Thank you, Sergiy. I appreciate it, and I enjoyed it as well.

End of transcript. Halo Lab · halo-lab.com