Growing By Interacting

Website Users Help Develop the Preferred Online Resource

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Overview

The ways your healthcare system Web site can create value may vary depending on the patient type. Having meaningful, action-oriented conversations with Web site users about their online experience is critical for successful development. Through Blitz User Testing, Duke University Health System organized their web development strategy around the most meaningful points of impact, helping them grow smarter.

Get the most from website user feedback: Build a comprehensive strategy

By John McKeever and Dorothea Bonds

Duke University Health System manages over a dozen Web sites for its clinical service lines and hospitals. Collectively, these Web sites present information and tools to tens of thousands of patients and healthcare consumers each month. The Duke Creative Services Team provides strategic guidance and resources to program administrators to plan, develop, and maintain many of these Web sites.

In 2006, senior management decided there was a need to create a more consistent approach to the design of these Web sites. Up to this point, several Web sites had been created in a decentralized manner and did not reinforce the brand identity standards of the Duke University Health System. More importantly, management felt strongly that if any redesign was to take place, a user-focused approach was required to develop the strategy.

Duke wanted to deliver a higher degree of value to Web site visitors through this initiative. We needed a clear understanding of how users evaluated the navigation, design, content, and functionality of the Web sites. In addition, our teams sought more insight about the circumstances that caused users to access information online. We wanted to incorporate the “voice of the customer” as quickly as possible to make programming changes. By hearing first-hand what users experienced, we felt we could develop a preferred online resource.

Beyond Traditional Methods

A one-on-one facilitated approach was well suited for this task. By using this interactive approach, we were able to go beyond tracking eye movements and understanding where users spent time, and include a rich dialogue between our Web site creators and actual end users. This qualitative marketing research methodology enabled our programmers, marketers, and designers to listen for and respond to end-user actions, questions, and recommendations. We chose Gelb Consulting Group to lead us through their process.

Duke chose five Web sites as a pilot program. We felt this approach would provide us with a sufficient breadth of insight to identify similar needs. The service line Web sites our users tested were: pediatrics, bariatric, heart center, cancer, and orthopedics. Each two-hour session included

six to ten users who are recruited to our computer-training lab. These were randomly selected former patients, who were recruited, in part, based on their current use of the Internet (e.g., non-users were not invited).

Our Listening Process

To initiate the process, we developed a workbook for the group moderator and individual facilitators to follow. The workbook included a general discussion with users (Discovery), a series of tasks (Immersion), and a wrap-up discussion (Reflection). Using this workbook as a framework, Gelb Consulting then trained key members of the Duke Creative Services Team regarding the process and methods used to elicit rich user feedback.

Exhibit 1: Workbook sections

Our Discovery discussions began by talking to all users as a group. We framed questions around their experiences including the type of information they sought, the resources they used, and why those resources were valued. Their discussion related to broad general health information, then focused on their specific condition.

Immersion included a series of activities during which users were paired with individual facilitators, including programmers and designers on the Duke Creative Services Team. The facilitators provided tasks, recorded user actions, and discussed potential recommendations for improvement. We used Post-it Notes to record these observations to make sorting key ideas easier during the next step.
We first asked users to retrieve information commonly accessed regarding their medical condition. This common point of reference was valuable to our team as users were able to show what was most useful about the Web sites they frequently used. Many patients, across clinical services lines, pointed to online tools available on WebMD. These included simple “Top 10 lists” and more complex symptom analyzers. Users pointed to their educational nature as a key recommendation for the Duke Web sites.

We then spent significant time watching our users completing tasks using a Duke Web site. The tasks were carefully scripted to reflect realistic activities such as scheduling appointments, finding a physician, or locating a building. Facilitators then asked users if the task was relevant, achievable using the Web site, efficient, and met their expectations.

The final series of tasks involved examples of tools on other Web sites. Facilitators asked users to review tools we were considering adding to the Duke Web sites. These included virtual tours, online bill-pay, podcasts, and support groups.

We found that these interactive tasks with continuous probing actually transformed the research exercise into a conversation between our designers and users.

The sessions concluded with a general discussion among users about their online experience. Users then compiled a list of recommendations for improving the value created by each Duke Web site.

The Gelb Consulting and Duke team synthesized all the findings into several key categories including: content, design, navigation, and functionality/ tools. By conducting several groups, we were able to compare and contrast the value users placed on specific information, based on their individual health status.

What We Learned

The initial group discussion provided us with guidance on how visitors arrived at the Duke Web site, and also prescriptions on what made the Web sites they used valuable. We concluded that their search behaviors aligned with current knowledge of their condition: users with a specific diagnosis used Google for more specific searches, while those who sought more general information used a Web site such as WebMD that could provide basic education to guide their online exploration. Therefore, we understood we needed to establish multiple doors into the Web site and allow users to find their way through our navigation system (e.g., bread crumbs) if they landed on specific pages via search engine.

During the completion of tasks, users told us that they did not want to turn to Duke sites for general health information already available. However, users strongly encouraged us to provide in-depth information regarding their condition, treatment options available at Duke, and details of our patient experience.

We concluded that users wanted features that provided a richer sense of the patient experience. This did not necessarily mean rich media such as podcasts. In addition, we found our patients had negative views on blogs, unless they focused on the patient. In our examples, simple bulletin boards were preferred because they included patient commentary on the experience.
Virtual tours were also very appealing as long as they were easy to use.

For those who valued efficiency, the most appealing feature was an online bill-pay system. Nevertheless, the descriptions of the billing procedure and instructions on how to read the bill were highly valued.

Finally, we found that cancer, heart, and bariatric surgery patients were most interested in learning more about what Duke stated in regard to their conditions and what was it like to be a Duke patient. In contrast, pediatric and orthopedic patients were most interested in accessing tools that made their online visits most efficient, such as appointment scheduling.

Actions and Results

Each of our sessions yielded a wealth of insight regarding the patient experience. We organized our individual Post-It notes by Web site to generate a list of action items to refine the existing Web sites. Even though we only spoke to users of the Web sites tested, this research provided a set of action items we could apply to all Web sites in the future. We organized these action items into the following categories: Design, Navigation, Content, and Functionality/Tools.

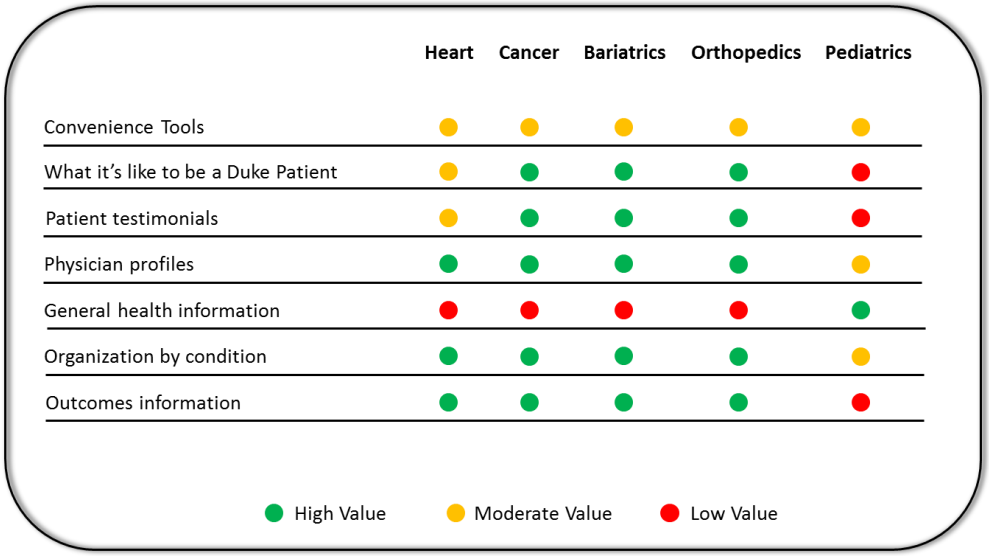
While the design of our pages was appealing to users, a common standard was not demonstrated through the variety of our Web sites. Consequently, we established a common layout and guidelines for use of graphics on all Web sites. This included using images of people rather than buildings.

Based on this research, we clearly understood that navigation was a critical issue for patients. Since many of our Web sites were created without alignment to an overall web strategy, it was expected that many service areas would not fit into an efficiently organized scheme. In response, we developed a common navigational structure and incorporated a breadcrumb trail to help patients find a path through our navigational structure, regardless of their point of entry.

Our content needed to be written in layman's terms and convey a singular message. Our plans included a system to document the objective of the page as layouts were designed and key messages developed.

Finally, user input provided us with the appropriate priorities for online tools. One of the single most important improvements we made was in the online appointment scheduling tool. We now make it clear what users should expect in terms of response time.

Exhibit 2: User feedback



Since this initial testing, systematic user tests have been conducted on dukehealth.org to establish the benefit of restructuring this main consumer site. We have redesigned the homepage to accommodate the four tasks identified as most important to users: find a physician, get directions, find patient service information, and make an appointment. Although we cannot correlate increased traffic directly to these site improvements, over the past eight months visits to the site have increased 28%, and patient anecdotal comments about the quality of the Web site are positive.

Considerations

Although Duke Creative Services includes both marketing and IT professionals, our experience indicates that successful collaboration through this customer-focused approach is achievable.

The process is comfortable for users and facilitators alike. It provides a casual atmosphere in which the organization can listen to and interact with patients. Not only is the feedback candid, but also it is immediate–making it unnecessary to wait for a research report to take action.

There are disadvantages to this approach to consider. Resource constraints did not allow us to talk to more than six users for each of the five Web sites we tested. However, the feedback was so consistent and clear we decided that it was the best course of action. This directional, but not projectable, feedback might not give sufficient guidance to some organizations.

It can also be difficult to recruit the right types of users. Since this is not a quantitative survey method, we were looking for the most familiar users–those who could provide a broad perspective on the best resources available online. Therefore, we only spoke to those who had experience on the Duke Web site and who used the Internet frequently. If you are trying to develop online resources specifically for those new to the Internet, this recruitment approach might not work.

Finally, our facilitator teams were inconsistent. Even though the Gelb Consulting team remained the same throughout (they provided two facilitators for each session), it was necessary to change our Duke Creative Services Team between sessions. This created some difficulty in our wrap up sessions, as each facilitator had not heard from users of all Web sites. This made drawing out key themes more difficult.

Implications

Strategic: It is important for your design and programming teams to hear, first-hand, what users think about their work product. This will help them develop a greater sense of empathy to drive decisions.

Navigation: Healthcare information seekers are more likely to find you through search engines. It is therefore important to include a bread crumb trail so they can navigate to related information on your Web site.

Content: Healthcare users don't know and/or readily understand medical jargon. It is therefore important to make navigation as simple as possible, and written in layman's terms. Patients also want to hear more about other patients' experiences at your facility than they want information available elsewhere on diseases and health conditions.

Design: The design and branding should be consistent so that users understand they are still on your Web site. Allowing departments to produce their own Web sites is appropriate only if guidelines are communicated and enforced.

Functionality/Tools: Patients seek tools to make their overall experience easier, not to see the latest in Internet technology. Health Web sites should first address informational needs, then use tools to make accessing that information more exciting, effective and/or efficient.

About the Authors

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About Endeavor

Endeavor Management is an international management consulting firm that collaboratively works with their clients to achieve greater value from their transformational business initiatives. Endeavor serves as a catalyst by providing pragmatic methodologies and industry expertise in Transformational Strategies, Operational Excellence, Organizational Effectiveness, and Transformational Leadership.

Our clients include those responsible for:

- Business Strategy
- Marketing and Brand Strategy
- Operations
- Technology Deployment
- Strategic Human Capital
- Corporate Finance

The firm's 40 year heritage has produced a substantial portfolio of proven methodologies, deep operational insight and broad industry experience. This experience enables our team to quickly understand the dynamics of client companies and markets. Endeavor's clients span the globe and are typically leaders in their industry.

Gelb Consulting Group, a wholly owned subsidiary, monitors organizational performance and designs winning marketing strategies. Gelb helps organizations focus their marketing initiatives by fully understanding customer needs through proven strategic frameworks to guide marketing strategies, build trusted brands, deliver exceptional experiences and launch new products. Gelb can help you to develop and implement the right strategies. Using advanced research techniques, Gelb can help you to understand the complexities of your market, to develop your strategic decision frameworks and to determine the best deployment of your resources and technology to monitor your successes.

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