Evaluating People-Centered Design Practices
Engaging individuals in product development and delivery

VENDOR ENGAGEMENT TEMPLATE

Healthy People 2030 defined health and wellbeing the following way:

“How people think, feel and function at a personal and a social level—and how they evaluate their lives as a whole.”
Employers and other purchasers are seeking to improve the health and wellbeing of employees by learning what matters to them. In doing so, it’s critical to better understand the broader needs, preferences and beliefs of the people being served. To better understand how employers can contribute to defining and improving health outcomes by designing programs and interventions to consider both the diversity of the targeted population and “whole person” experience of the individual being served across the entire patient experience.

This People-Centered Design Vendor Engagement Template (VET) is derivative of the Health Innovators Incubator Program (HIIP) conducted by the National Alliance during 2022 and 2023. This included convening a panel of diverse experts to explore and define best practices and engaging 15 innovators in a formal learning collaborative. Consensus is that vendors who better understand and integrate the voice of the end-user in their product development and personalize the experience for the people they serve, have a greater likelihood of achieving better engagement, building trust, improving patient experience, and achieving improvements in financial and clinical outcomes. While the innovators appreciated the value of people-centered engagement in the product development and improvement process, they also shared that employers and other plan sponsors tend not to focus on these issues. Consequently, these efforts tend to be undervalued in the product management cycle.

This VET helps employers know why these issues are critical, questions to ask, and optimal answers. The questions are not intended to be comprehensive but rather will supplement questions that might already be included in ongoing vendor management discussions as well as in the vendor selection process. Employers and other plan sponsors are highly encouraged to integrate this tool into ongoing service provider performance assessment and performance improvement plans (or at least until any identified issues are effectively addressed).
People-centered design areas of focus include:

- Product development
- Product delivery
- Product metrics and outcomes

In addition, the Appendix includes insights that were gathered during the HIIP initiative and a discussion with our Health Leadership Council in June of 2022 on integrating the patient voice into the healthcare supply chain. While the facts and circumstances of individual employers or different service offerings may lead to differences in how people-centered design is integrated and held accountable, these tools are designed to help employers and their service providers re-evaluate at how we are addressing ongoing issues of concern and emerging improvement opportunities, and building a more responsive and effective system of support, advocacy and intervention.

People-centered practices take whole person health into account

Whole person health promotes the interconnectedness of the biological, psychological, and social dimensions of individuals to support holistic, personalized, equitable programs and services for employees and their families.

Whole Person Health Dimensions

“To be relevant to the diversity of their workforce, employers need to take a fresh look at how their vendor partners are deploying people-centered design principles in developing, assessing and evaluating their products to achieve a more personalized, effective experience.”

—K. ANDREW CRIGHTON, MD
Crighton Consulting
People-Centered Design and Product Development

There is a cascade of health and wellbeing solutions continuously flooding the market. Understanding the motivation and development process behind an offering can reveal insights into how it may meet the needs of employees and their families. While some healthcare innovators might be inspired by personal experiences, implementing people-centered design principles can generalize effectiveness and outcomes in the real-world setting. By integrating a diversity of potential end-user voices into the design, vendors are more likely to meet the needs of diverse communities and anticipate and identify blind spots in programs and processes. Employers and other purchasers who ask better questions will influence vendors to improve their products and practices to better meet the needs of employees and family members on a whole person health basis.

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<thead>
<tr>
<th>Vendor Questions</th>
<th>Optimal Response</th>
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<tbody>
<tr>
<td>▶ What is the target population for this product/innovation?</td>
<td>▶ A clearly defined group can easily be assessed against relevance to a specific employee population.</td>
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<tr>
<td>▶ How did you engage the target population in the development of your product?</td>
<td>▶ The following tactics have been used to evaluate the offering and its effectiveness in diverse populations:</td>
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<tr>
<td>▶ How have you investigated differences in the target population?</td>
<td>▶ Focus groups have intentionally been inclusive of various populations.</td>
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<tr>
<td>▶ To what degree have you considered variations within that population (e.g., income, literacy, race)</td>
<td>▶ A patient advisory board is regularly convened to assess relevance.</td>
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<tr>
<td>▶ Give an example of how you have modified your product based on information from end users.</td>
<td>▶ Patient advocates are on staff to work closely with members of targeted employee populations to identify gaps and successes.</td>
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<tr>
<td>▶ How do you gather ongoing feedback in the product development and improvement process?</td>
<td>▶ Specific examples should describe the evaluation process, types of modifications, and results from modifying the product.</td>
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<tr>
<td></td>
<td>▶ Here is how we gather feedback… (e.g., surveys, aggregate data, deep data dives...)</td>
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“If you think you are serving everyone the same, consider this: ‘When you designed your program, who did you have in mind?’ Is equity being incorporated into all products and services?”

—KULLENI GEBREYES, MD
Deloitte Center for Health Equity
People-Centered Design and Product Delivery

The chance for success increases when there is shared accountability between employers and vendor partners. Understanding the facts and circumstances of the individual and adapting approaches to personalize the offering in the basis of person-centered outcomes.

Organizations are also unique; therefore, having a clear understanding of an employee population and how a solution is being applied is important to ensure appropriate vendor oversight. Many rely heavily on data, but more successful patient activation requires more personalized engagement.

Once a solution is implemented, employers need to have vendor partners explain how they will meet the specific population needs.

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**Vendor Questions**

- What can we, as the plan sponsor, do in our partnership to optimize the individualized experience for our employees and their families?
- How do you take in personal circumstances to successfully deliver your product? (health, financial, social)
  - How do you identify barriers to accessing or using your product?
- Do you offer multiple modes of communication based on the population?
  - How do you address differences in workforce needs and expectations?

**Optimal Response**

- We can optimize our processes if the more detailed information is provided on the demographics and personal circumstances of your employees and their families. We can explain how that impacts our processes to be more responsive to their needs.
- This process (describe) is in place to better understand the individual of the individual being supported, to build trust and engagement and activate support solutions prioritized to meet their needs and preferences.
- Here are examples of how we have identified barriers in the past and have taken actions to overcome barriers for some segments of the population.
- We optimize multiple communication channels to meet the diverse needs and expectations of your people and culture.
- We encourage a culture of support that is tailored to the interaction with the individual after understanding the issues and circumstances they are dealing with and understanding their personal needs and preferences.

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“Health data is ‘information with the tears wiped away.’ Data alone de-values people and the power of the personal story. Patients should be equal partners at the table.”

—GREG MERRITT, PHD

Founder and CEO, Patient is Partner
People-Centered Design and Product Metrics/Outcomes

Metrics need to be geared to identify performance gaps and opportunities. While engagement metrics are important, equally important is the end-user experience to ensure the target population is intentionally involved and activated in participating in the solution. Satisfaction and experience are not the same. Satisfaction is whether participant expectations were met. Experience is how the individual felt about their interaction (did they feel heard and understood). Experience is a good predictor of whether someone will act based on their interactions with a vendor solution. Participants also need to be asked whether desired results occurred.

The metrics/outcomes should drive continuous improvement. Particular attention should be paid to sub-populations to ensure the support is both equitable and responsive to diverse communities and unintended biases are mitigated. However, every individual has a unique personal story and perspective. Consequently, population (sub-population) level analysis and personal experience are both critical areas of focus.

“The secret sauce to meeting the needs of diverse sub-populations is both to understand your blind spots, particularly around subpopulations, and then to scale highly personalized interactions and interventions. To do that, you need to pay attention to the diversity of the audiences being served.”

—MICHAEL THOMPSON
President & CEO, National Alliance of Healthcare Purchaser Coalitions

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<td>▶ What population level metrics are evaluated related to product success?</td>
<td>▶ Once our patient advocates gather input from patients, they compare it against specific employee communities to determine needed course corrections.</td>
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<tr>
<td>▶ How are sub-populations evaluated?</td>
<td>▶ Baseline outcomes are determined by the client’s prior experience or, when not available, we use a similar industry and organization.</td>
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<tr>
<td>▶ How do you evaluate personal experience with your product or service?</td>
<td>▶ Benchmark can be the book of business, but the optimal response is divided into quartiles or quintiles where one can aspire to be in the top tier.</td>
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<td>▶ What are key outcomes related to the targeted population?</td>
<td>▶ We look beyond the average in utilization and expected outcomes to identify if there are wide swings in these measures. If noted, we then look at the subpopulations to identify steps to narrow the variation to an acceptable level. (Vendor should provide examples of this with other clients.). Where there is variation by service representative, we provide feedback and coaching.</td>
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<tr>
<td>▶ What do you use as a benchmark?</td>
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<tr>
<td>▶ How do you address variation in outcomes related to your product?</td>
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<tr>
<td>▶ How do you identify the variation?</td>
<td></td>
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<tr>
<td>▶ What steps do you take to address variation?</td>
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Addendum
Key Insight Highlights
2022–23 National Alliance Health Innovator Incubator Project

- Broad look at what matters to people, such as financial wellbeing is more than healthcare costs.
- Workplace environment/culture vs individual’s culture – both are important and affect each other.
- Solution is less successful if there is not a true partnership with employer (communication).
- Digital health was started to break down barriers, but new barriers have emerged – needs to be supplemented with person-to-person interaction at times.
- Incentives may have some use but limited research on effectiveness—volunteer participants have better outcomes than those told to participate.
- Many innovators offer different languages however they should reflect lived experiences in culture.
- Success is measured and validated differently by everyone.
- Innovators need to simplify the burden on the employer.
- Many times, success is defined too narrowly to be relevant to many patients/people.
- Access does not equal outcomes about health.
- Some have distrust based on experiences they have had and that might impact the outcomes.

June 2023 National Health Leadership Council Meeting
“Optimizing Patient-Centered Outcomes across the Supply Chain”

- The patient voice is critical to meeting people where they are.
- To get to health equity, talk with lots of different people. Understand what it’s like to be lost and confused in “the system.”
- Need to bring kindness and caring back into care delivery. Unfortunately, its “not clinical,” so no one wants to pay for it.

- We must bring in the voices that oftentimes are never heard.
- There is a need to consider how the patient and patient experience fits into our work.
- Employers are trying very hard to understand the patient/employee and how to make sure we’re asking the right questions on their behalf. How and when should employers intervene when patients can’t get the care they need (e.g., one patient couldn’t read the doctor’s instructions and almost lost his foot).
- Including “patient partners” with different perspectives builds bridges. We need to educate using “patients as partners” vs. “patient-centered.”
- Resistance to engaging patients is often related to concerns that they will feel entitled and not consider broader issues or objectives.
Additional National Alliance Resources

- In Pursuit of Whole Person Health: Sample RFI Questions
- Multi-Stakeholder Collaboration: A Relational Roadmap Toward Whole Person Health
- Behavioral Health Vendor Engagement Template
- View all National Alliance Resources

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