

Service design as a tool in healthcare development



Mr Peter Barkman

CEO and Founding Partner PALMU Group Finland



What we see in the Finnish market



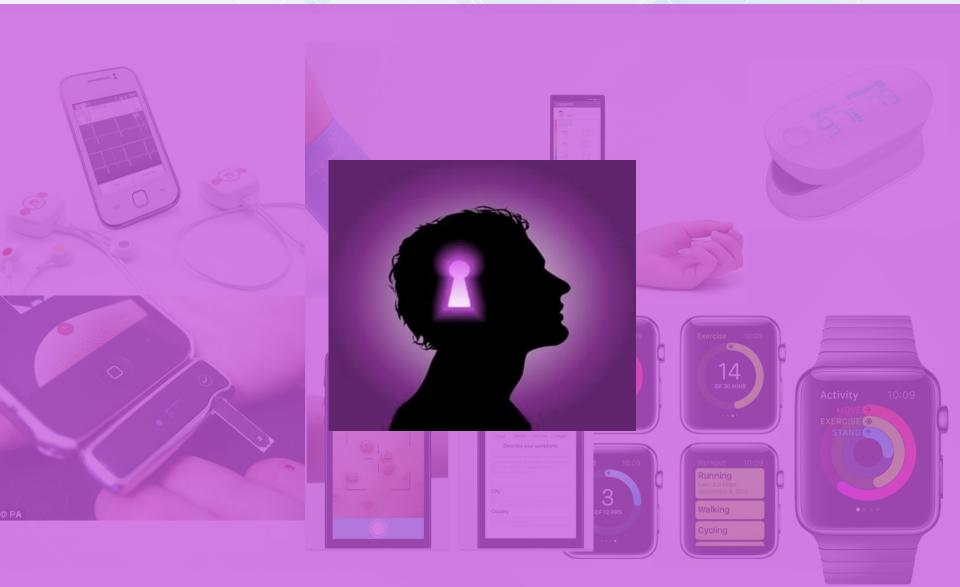
- Enormous growth in demand for health care services
- Diagnostics much improved and improving
- Treatment chain very long and siloed (both in private and public)
- Privatized health care has incentive to treat, not to keep out of treatment
- The wellfare-state creates entitlement

Health care costs are exploding and it is unclear who will pay for it all



Technology enables "everything"





Is service design the solution?

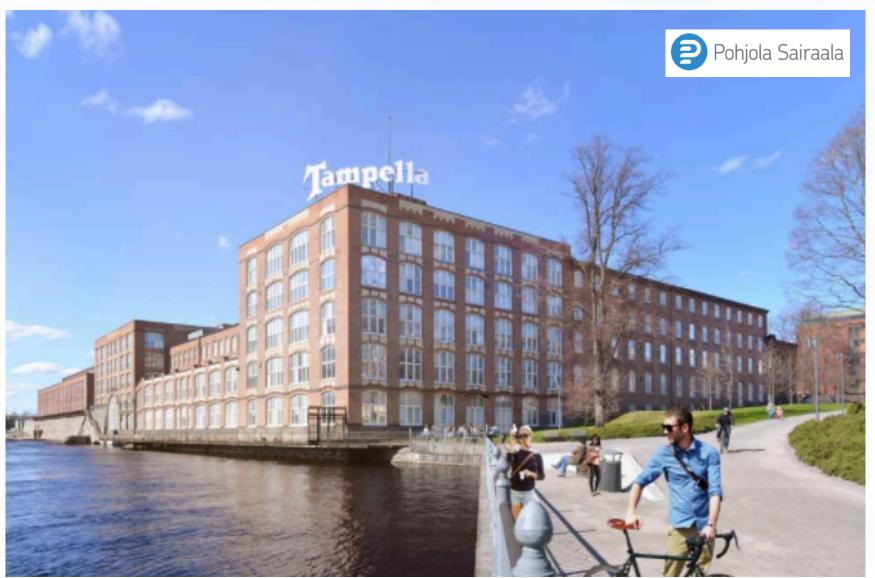


Key elements of good service design

- Understand the "customers" real dilemma (patient, health care-, wellness or elderly care organisation)
- Create fast hypothesis on how to solve challenge
- Set relevant KPI's and measure
- Ensure financial viability
- Create solutions which are possible to implement









The dilemma

- The treatment chain is slow and siloed which becomes costly to insurance companies and employers as people are slow to return work.
- Ultimately the state and/or individuals carry this cost.

The opportunity

 By redefining the treatment chain there is a possibility to create true competitive advantage for the insurer and its clients.





KPI's

- Customer experience (measured in Net promoter score -NPS)
- Length of care chain

Guiding principles

- Customer must never move backwards in the process
- Strive to maximize the treatment result
- Optimize use of rare expensive assets (CAT-scan, specialists etc.)

Traditional KPI's out the window as they drive wrong behaviour



Understanding the customer



VIP-PATIENT



HIGH THRESHOLD TO CONTACT MD

 Ractive, acts only when only alternartive





DEMANDS

- Employer healthservices don't serve optimally
- Distrust towards authority



DIAGNOSER

LOW THRESHOLD TO CONTACT MD

Proactive, acts
 preventively

ACCEPTS

- Attitude towards employer healthservices humble and thankful
- Trusts authority



WORRYER

Understanding the customer - hypothesis



Attitude towards service



Evaluating hypothesis'







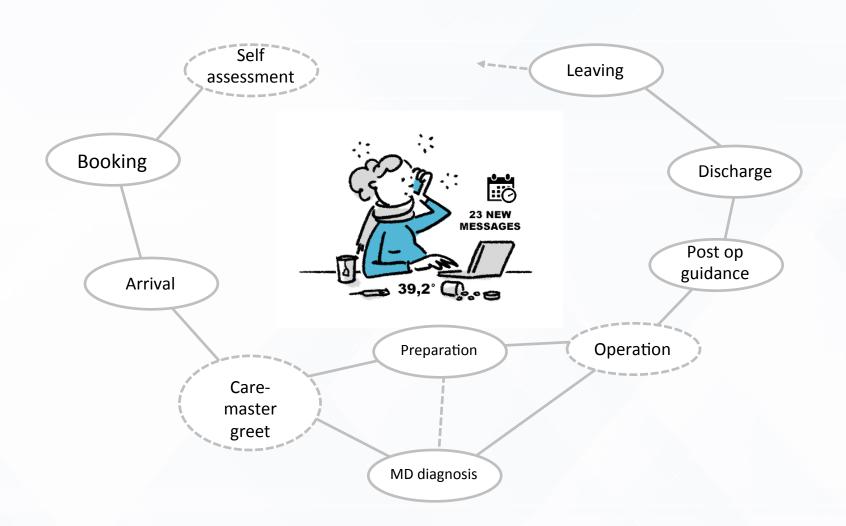




Digital self-service – treatment assesment			\(\phi\)	•	 Helps diagnosis and determination of necessity to visit MD Can feel distant, cold, and frustrating
Remote-MD (chat, video, phone)	•	•	•	•	 Works best with familiar MD, or when on trip or for renewing recepies Can this be bypassed if it is clear that physical presence is required?
Digital health-check		•	•	•	 Proactivity brings clear added value and improves preventive measures Adds teh more value when user can monitor her own health-data
Digital monitoring of chronic illness		•	•	*	Own health data is eagerly given if benefit is clear and understandable

Evaluating hypothesis'



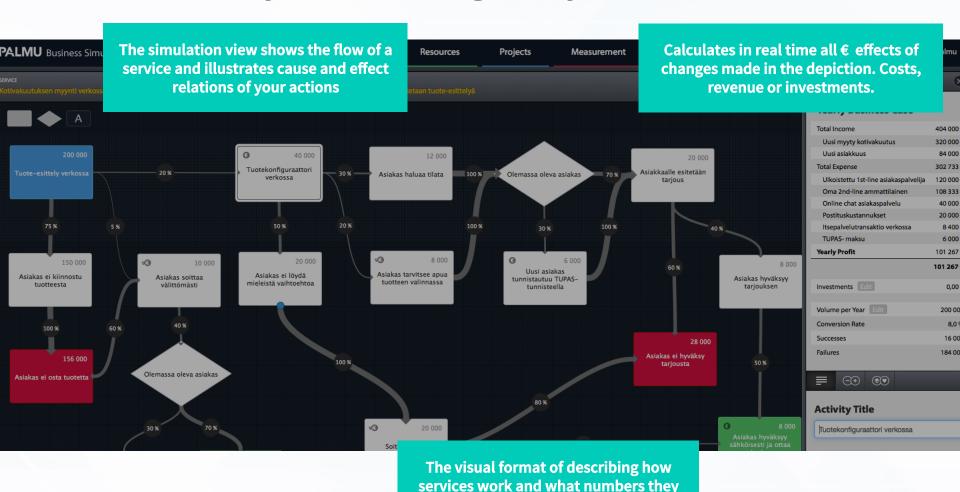




Simulate to understand and improve



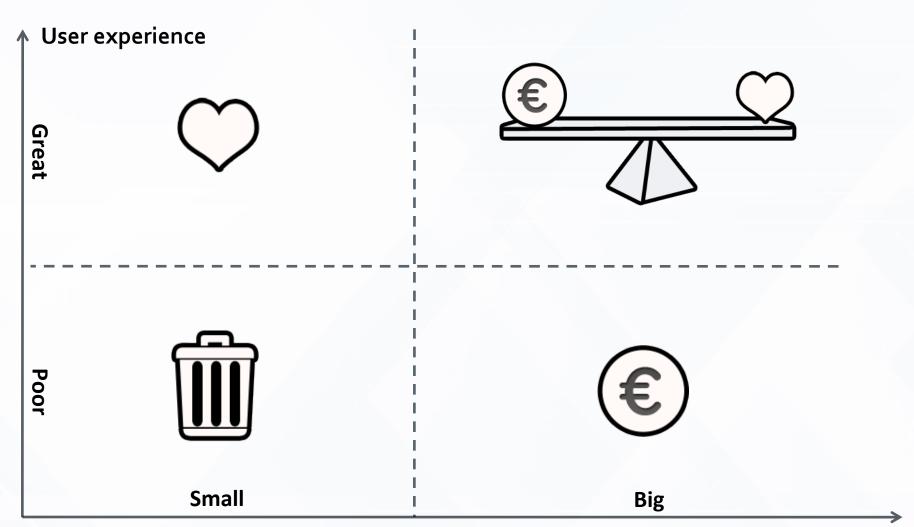
Financial viability and measuring what you do



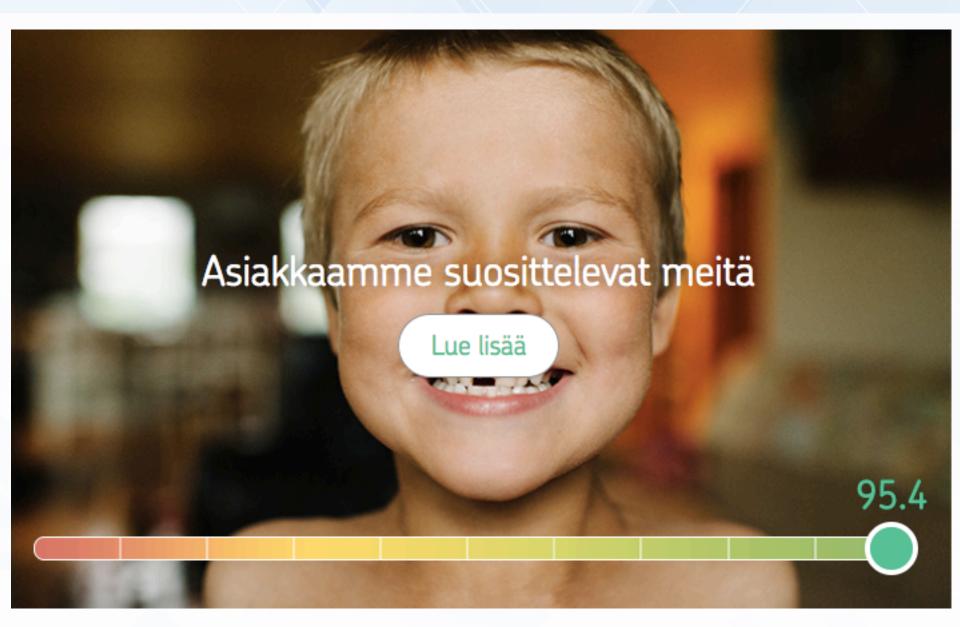
generate makes decision making simpler as the big picture is never lost.

Evaluate viability from two angles











Results

- NPS = 95,4
- Length of treatment chain down by 50%
- Pay-back of investment in less than 3 years for Pohjola group

Key learnings

- Understand for real. Don't guess. Observe through early prototypes root causes and behaviour
- Don't create services which require teaching to users
- Measure everything you do
- Try to be holistic

Why Service design in a tech conference?





Mental well being



PALMU

Peter Barkman

peter.barkman@palmu.fi

