

# Unlocking the Potential of Data

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FINAL PRESENTATION · OCT 31, 2013

WHP & IDEO.ORG



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Make the experience of data capture meet the needs of both WHP and providers.

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Road

Red

Red-

Qlw

Scrub

My books





## WHAT WE BELIEVE

Behind each data point are  
human experiences.



## WHAT WE DID

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12 Week Project

4 Weeks in Bihar

22 Providers

6 Patients

5 CMF Staff

6 Field Staff

4 Durga Puja Temples

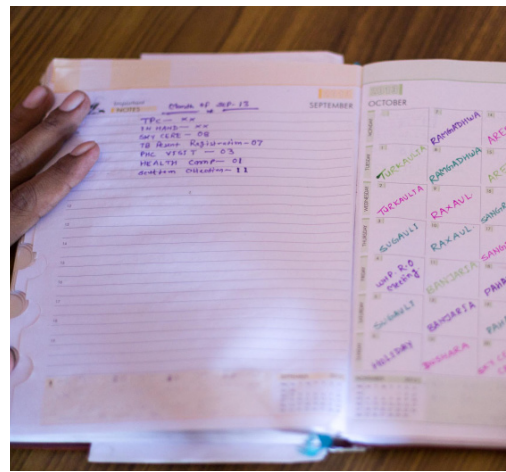
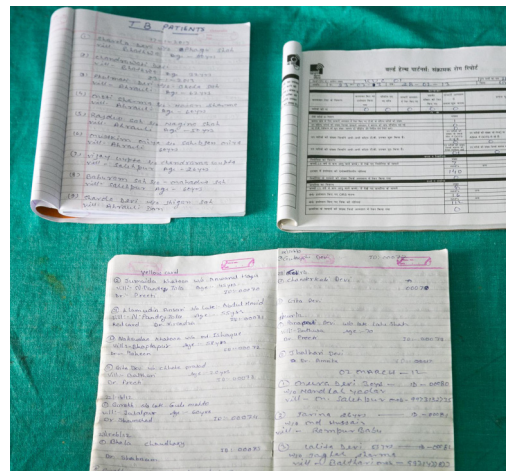
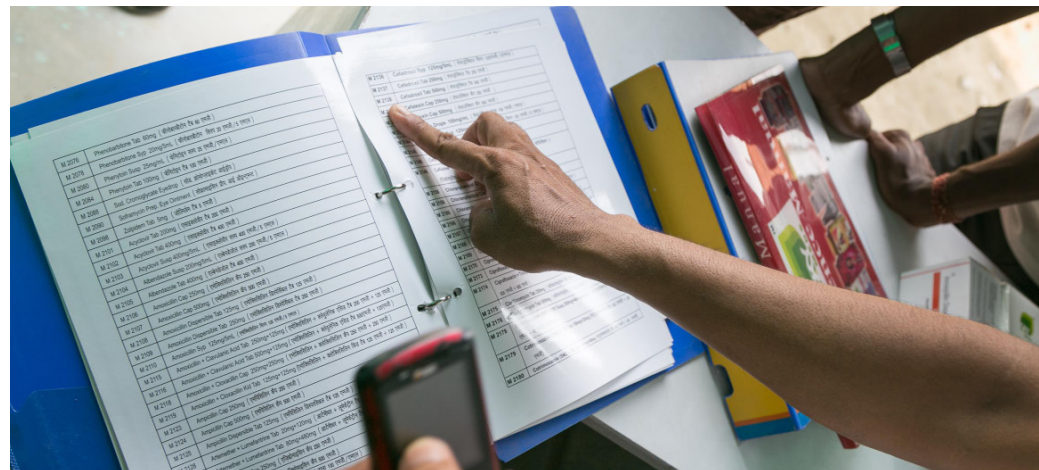
1 Chicken (RIP)



# WHO WE TALKED WITH







## TYPES OF RESEARCH

- Immersion
- Observations
- Interviews
- Intercept Interviews
- Card Sorts
- Sacrificial Concepts
- Focus Groups
- Co-Creation
- Live Testing of Prototypes





## HIGHLIGHTS OF COLLABORATION

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Work Session w/ Karen  
Group Brainstorm  
WHP Workshop  
Co-Creation Activities  
Video Check Ins



## WHERE TO FOCUS

# 4 Principles

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The following four attributes should be at the foundation of every design solution. Each principle represents reoccurring insights throughout our research.





## 1/ TANGIBLE VALUE

Demonstrate the value that data can bring to providers and field staff

*“I sell insurance as a side business and I always capture client information to ensure that I receive payment.”*





## 2/ SUCCESS METRICS

Provide feedback for providers who need to improve, but also to those who are doing well

*“I already do very thorough data collection. I wish someone would tell me I’m doing well – it would help me stay motivated.”*





### 3/ COMPREHENSIVE SUPPORT

Support the providers' entire practice -  
not just the part that WHP is  
concerned with

*“WHP asks me to track four diseases, but  
I see many other ailments and I would like  
help tracking those as well.”*





#### **4/ HUMANIZE INTERACTIONS**

Humanize data by having real people support providers as they adopt a culture of data

*“It’s much easier to understand things when I can have a face-to-face conversation with someone.”*



# SUMMARY OF PRINCIPLES

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**1/**

## **TANGIBLE VALUE**

Demonstrate the value that data can bring to providers and field staff

**2/**

## **SUCCESS METRICS**

Provide feedback for providers who need to improve, but also to those who are doing well

**3/**

## **COMPREHENSIVE SUPPORT**

Support the providers' entire practice - not just the part that WHP is concerned with

**4/**

## **HUMANIZE INTERACTIONS**

Humanize data by having real people support providers as they adopt a culture of data

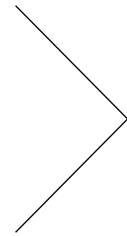


## HOW TO APPLY OUR FINDINGS

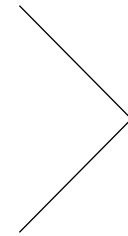
# Focus Areas

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**MOTIVATION**



**TOOLS**



**FEEDBACK**



To enable providers to effectively capture data, the entire experience needs to be considered and designed for – explaining the value data brings, improving the tools they use, and providing feedback for what they report.



HOW TO APPLY OUR FINDINGS

Concepts

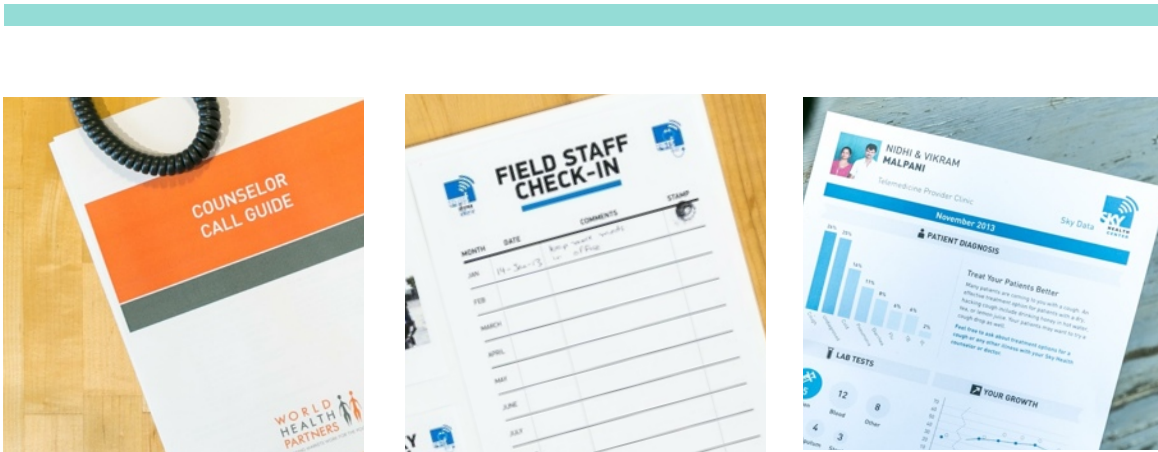
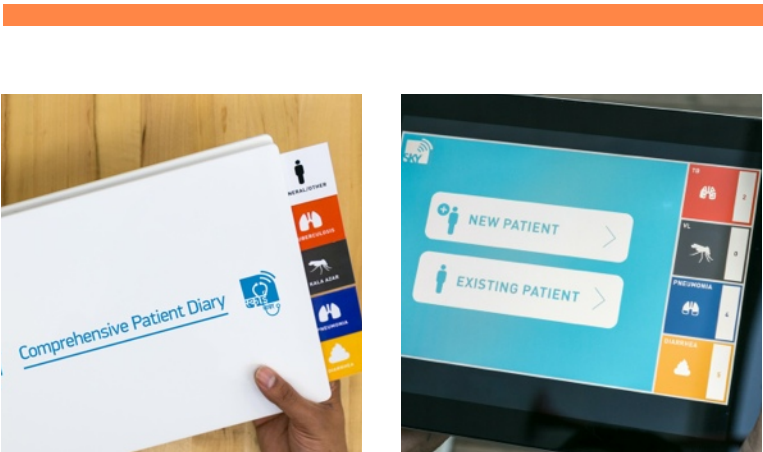
MOTIVATION



TOOLS



FEEDBACK







# Motivations





WHP promotes data as a strategy that providers can use to grow their businesses.



## 1/ BUSINESS GROWTH



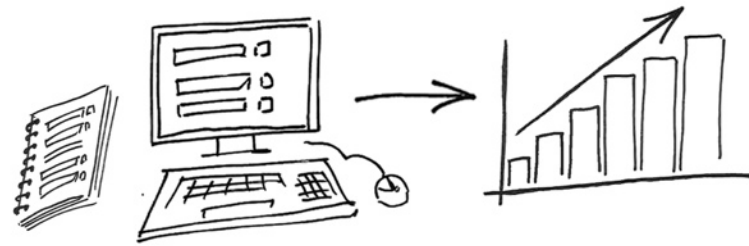
WHP promotes data as a strategy that providers can use to grow their businesses.

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*Many providers see business growth as the key to their success. They aspire to have a sustainable business, but do not see a direct connection to data as a way to get there.*



# 1/ BUSINESS GROWTH



## STEP 1:

### **Explain data means growth**

Position data as a valuable resource for business growth through messaging touchpoints.



## STEP 2:

### **Show better business habits**

Demonstrate practices that providers can integrate into their workflow that help create value right away (for example, tracking patients payments).



## STEP 3:

### **Give benefits for adherence**

Provide a range of business-oriented benefits to providers as they fulfill data reporting milestones, such as marketing materials and business coaching.



## 1/ BUSINESS GROWTH

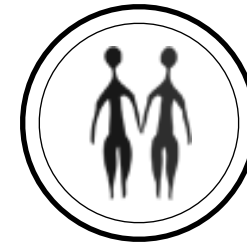
### Key Value Propositions

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#### PROVIDER

- 1 Shows how they can benefit from using data in their own practices
- 2 Delivers benefits or other types of support from WHP that can help them grow their business



#### WHP

- 1 Models good data practices by successful providers
- 2 Leads to a successful network of providers that reaches more patients
- 3 Produces more consistent and higher-quality data from these providers



Field staff are trained to use data to make their jobs easier, deliver better support to providers, and contribute to WHP as a whole.



## 2/ DATA LITERACY TRAINING

Field staff are trained to use data to make their jobs easier, deliver better support to providers, and contribute to WHP as a whole.

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*The field staff are responsible for disseminating knowledge to the provider, yet many of them are not clear themselves on the value that data brings.*





## 2/ DATA LITERACY TRAINING



### STEP 1:

#### Showing

Integrate data analysis skills in training of field staff, including case studies and a breakdown of the functions of data in the organization.



### STEP 2:

#### Doing

Field staff continue with hands-on learning and apply data skills to achieve small wins in their everyday work.



### STEP 3:

#### Advocating

Field staff draw on data insights to identify opportunities, make recommendations, and bring their voice in larger data-driven conversations in WHP.



## 2/ DATA LITERACY TRAINING

### Key Value Propositions



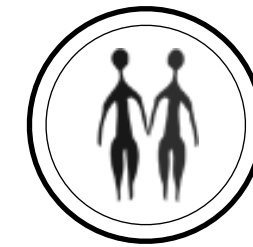
#### PROVIDER

- 1 Gives better support and guidance from field staff regarding data collection
- 2 Enables field staff to identify and translate provider data into business insights



#### FIELD STAFF

- 1 Shows how data can help field staff become better managers (increasing their status and capability)
- 2 Enables field staff to contribute to higher-level program decisions



#### WHP

- 1 Offloads and distributes data analysis work from WHP/Delhi to regional field staff
- 2 Fosters greater self-sufficiency and faster feedback loops in regional operations
- 3 Creates a better managed and more efficient network



## NEXT STEPS

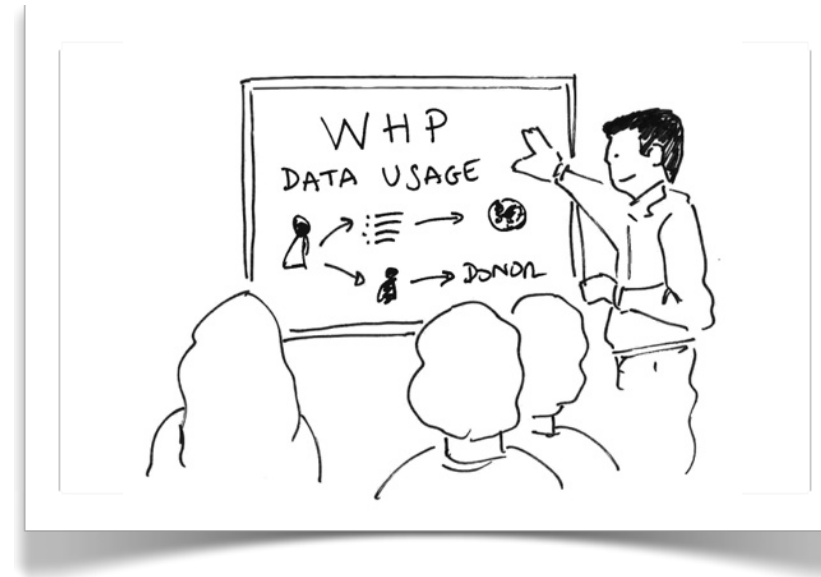
### Motivations

#### BUSINESS GROWTH



- 1 Create concise messaging about data how can support their business with examples of success stories
- 2 Adapt business growth incentives (marketing materials and business coach) to fit appropriate timeline and determine requirements to sustain them over time.
- 3 Educate providers on benefits of program

#### FIELD STAFF DATA LITERACY TRAINING



- 1 Identify data analysis that can help field staff educate providers on value of data
- 2 Identify data analysis that can help field staff perform their duties better
- 3 Determine training venue (workshop, self-guided, other)
- 4 Educate field staff





# Tools





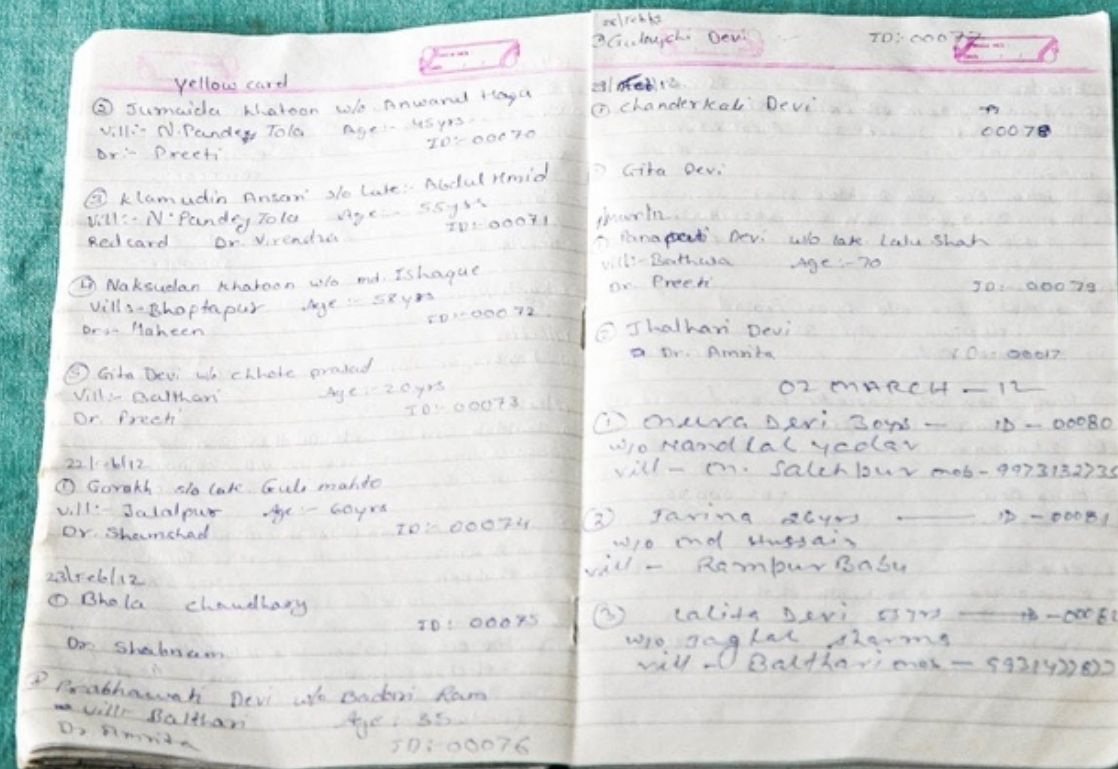
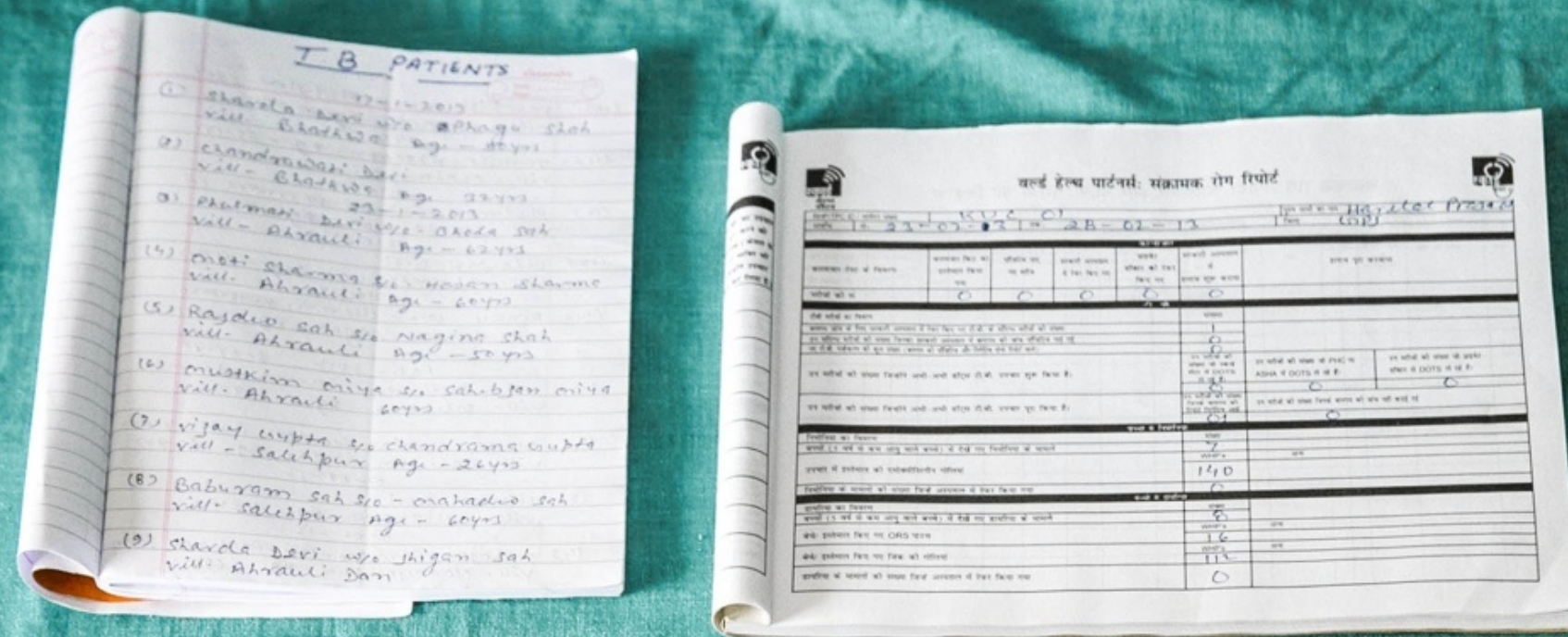
Providers receive a Comprehensive Patient Diary, which streamlines the IDR, a diary for their personal practice, and tools to enhance their communication with WHP into one notebook.



### 3/ COMPREHENSIVE PATIENT DIARY

Providers receive a Comprehensive Patient Diary, which streamlines the IDR, a diary for their personal practice, and tools to enhance their communication with WHP into one notebook.

Currently, providers are using multiple notebooks to record patient information, which creates redundancy and confusion about what data should be tracked and where it should go.



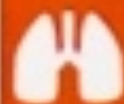




## Comprehensive Patient Diary



GENERAL/OTHER



TUBERCULOSIS



KALA AZAR



PNEUMONIA



DIARRHEA



## SECTION CODING

Tabbing and color coding for each section helps providers quickly identify the disease report they need to use.



## COMPREHENSIVE

The comprehensive patient diary combines the multiple notebooks a provider may need into one consolidated location. Including the IDR reports for each disease of focus.



COMMUNICATION TOOLS

Each notebook comes a feedback form to give them a place to make requests or provide feedback to field staff



SUMMARY TAB

Upon opening the diary, a rewritable surface allows the provider to easily keep track of that week's data.






GENERAL

Date	Name	Gender	Age	Symptoms	Medication prescribed (old/new)	Telemedicine used? (Y/N)	LIKELY PROGNOSIS				Contact Information
							Kala Azar TB	Pneu-monia rhea	Other		
29/10	Aashish Shah	M	42	cough		N		✓			
TOTAL											

TUBERCULOSIS

KALA AZAR

PNEUMONIA

DIARRHEA

**SIMPLE IDR FORM**  
 Each section of the IDR has been redesigned to accommodate for a providers natural work flow and uses a highlight color to indicate the additional information they need for that specific disease.



### 3/ COMPREHENSIVE PATIENT DIARY

#### Key Value Propositions

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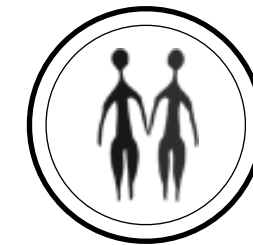
#### PROVIDER

- 1 Centralizes and combines where providers collect patient information, decreasing paperwork, time, and confusion
- 2 Collects data for both private practice and the four diseases
- 3 Tracks progress through the disease-counter feature, making reporting easier



#### FIELD STAFF

- 1 Offers easier verification through cross-checking diary and IDR inputs



#### WHP

- 1 Provides a broader picture and dataset of all the patients that providers see
- 2 Better quality data through more integrated, efficient, and habit-forming data practices



Providers with good data reporting receive a tablet, which utilizes an intuitive user interface to simplify and streamline data collection.



## 4/ COMPREHENSIVE TABLET APP



Providers with good data reporting receive a tablet, which utilizes an intuitive user interface to simplify and streamline data collection.

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*During prototyping, many providers felt a tablet could simplify the complexity of collecting and reporting data, as well as help them with their own personal practice.*





NEW PATIENT



EXISTING PATIENT



TB



2

VL



0

PNEUMONIA



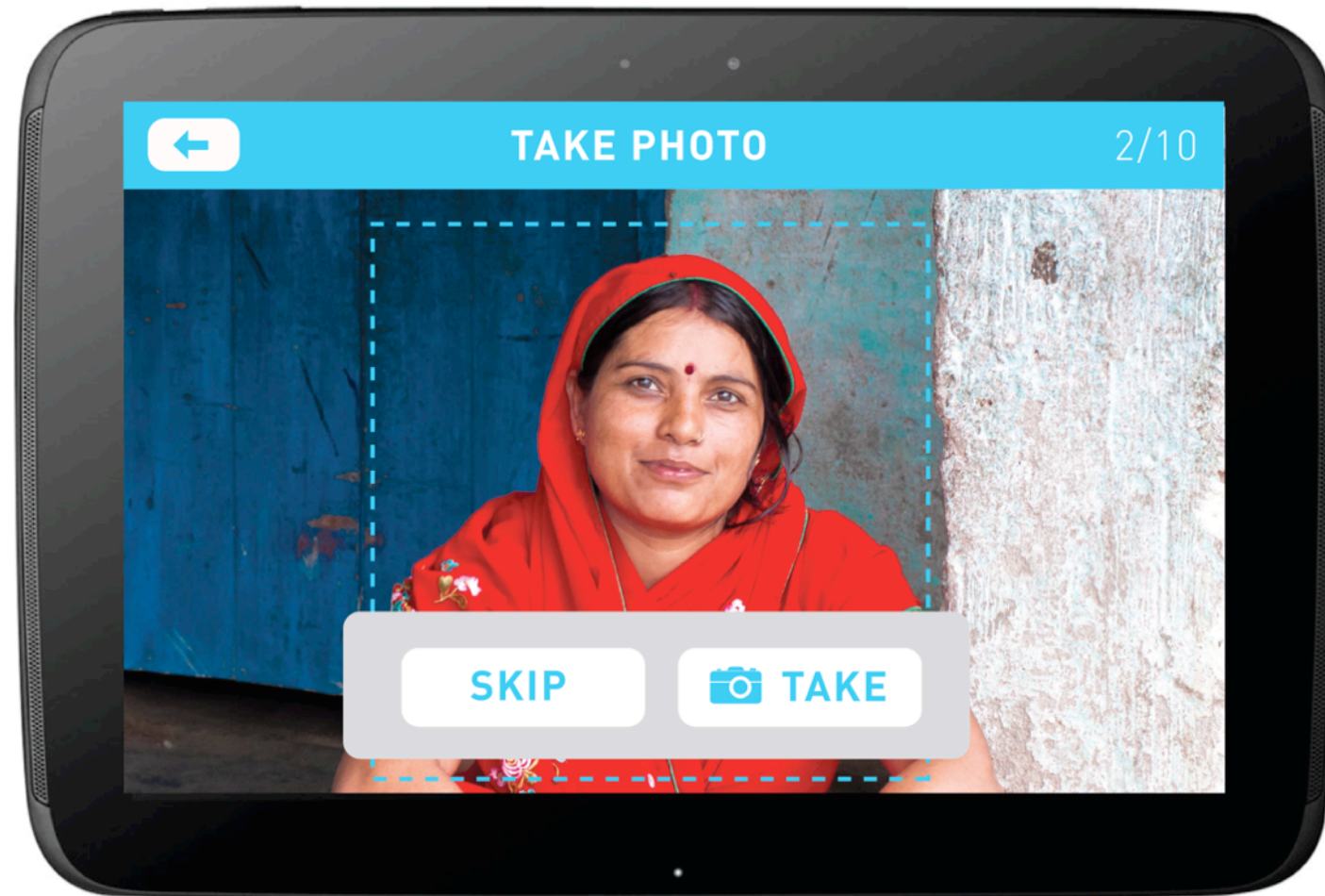
4

DIARRHEA



5



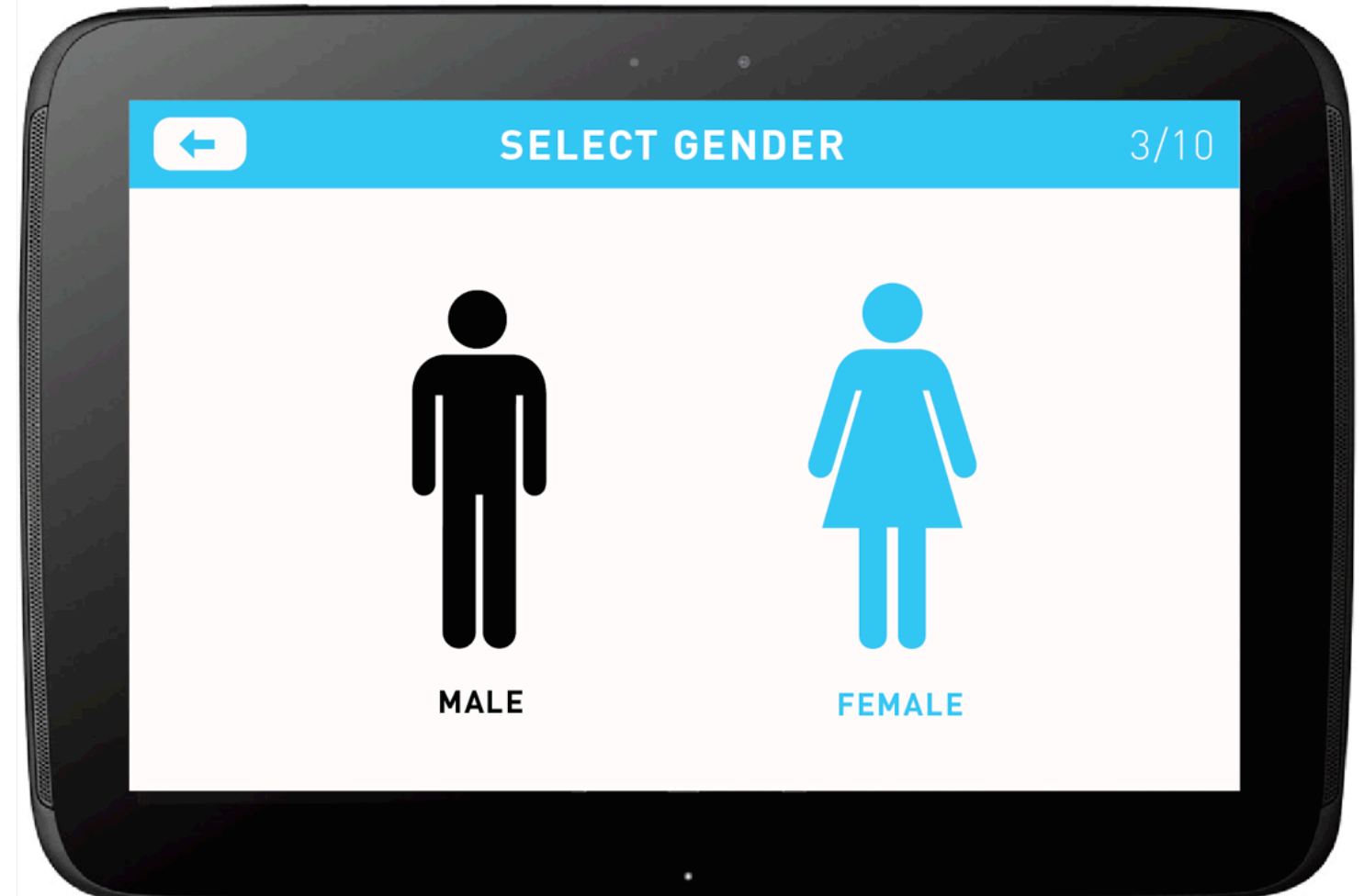


### MINIMAL TYPING

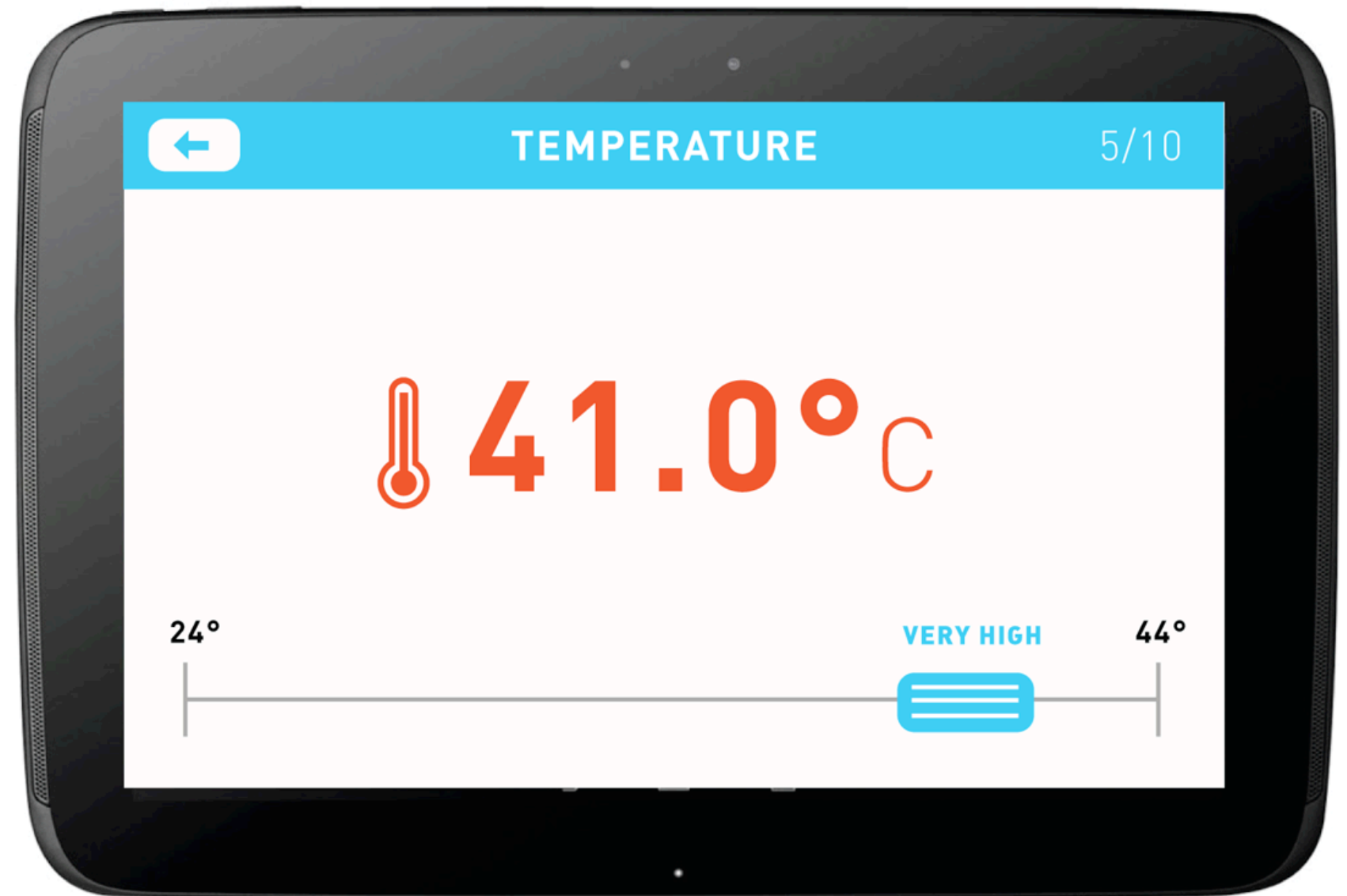
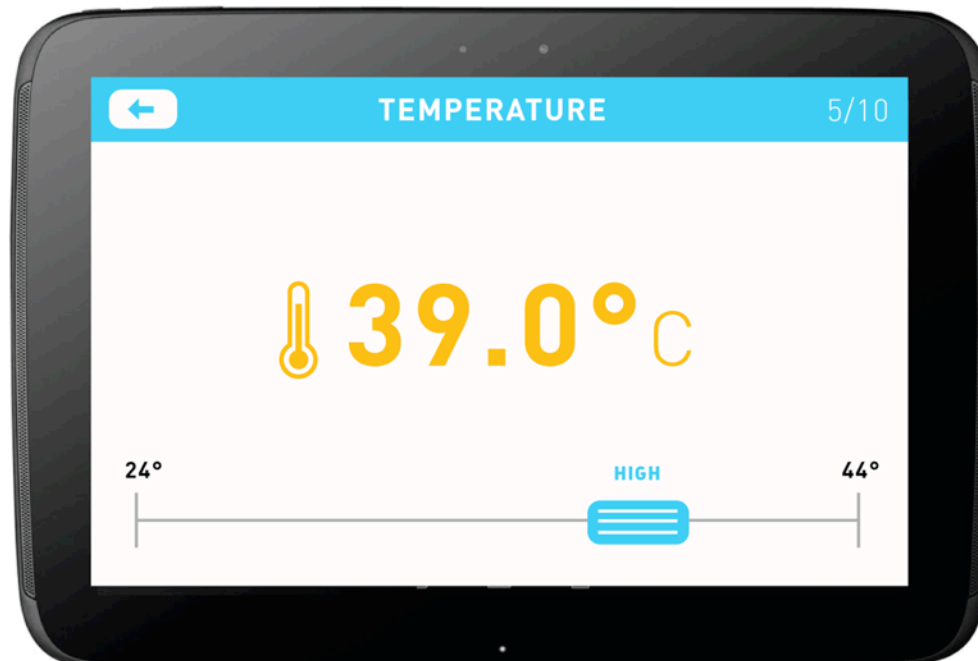
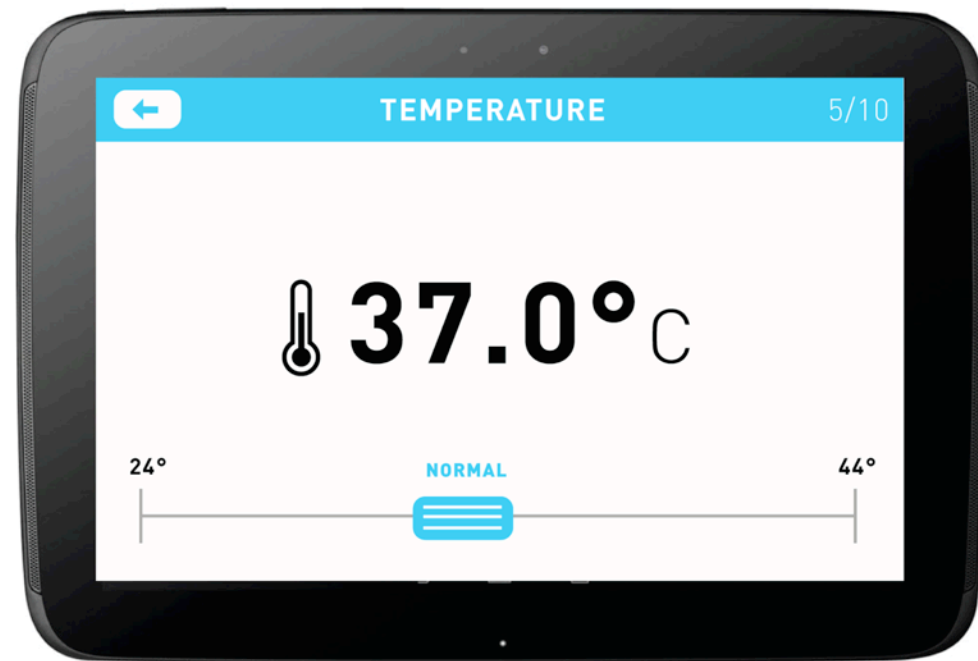
There are very few instances where the provider will be required to type to use the application, minimizing data that could accidentally be splintered by typing error.

### VISUAL & SIMPLE

For each page, there is only one action for the provider to do, which focuses the input and makes it very easy to learn.



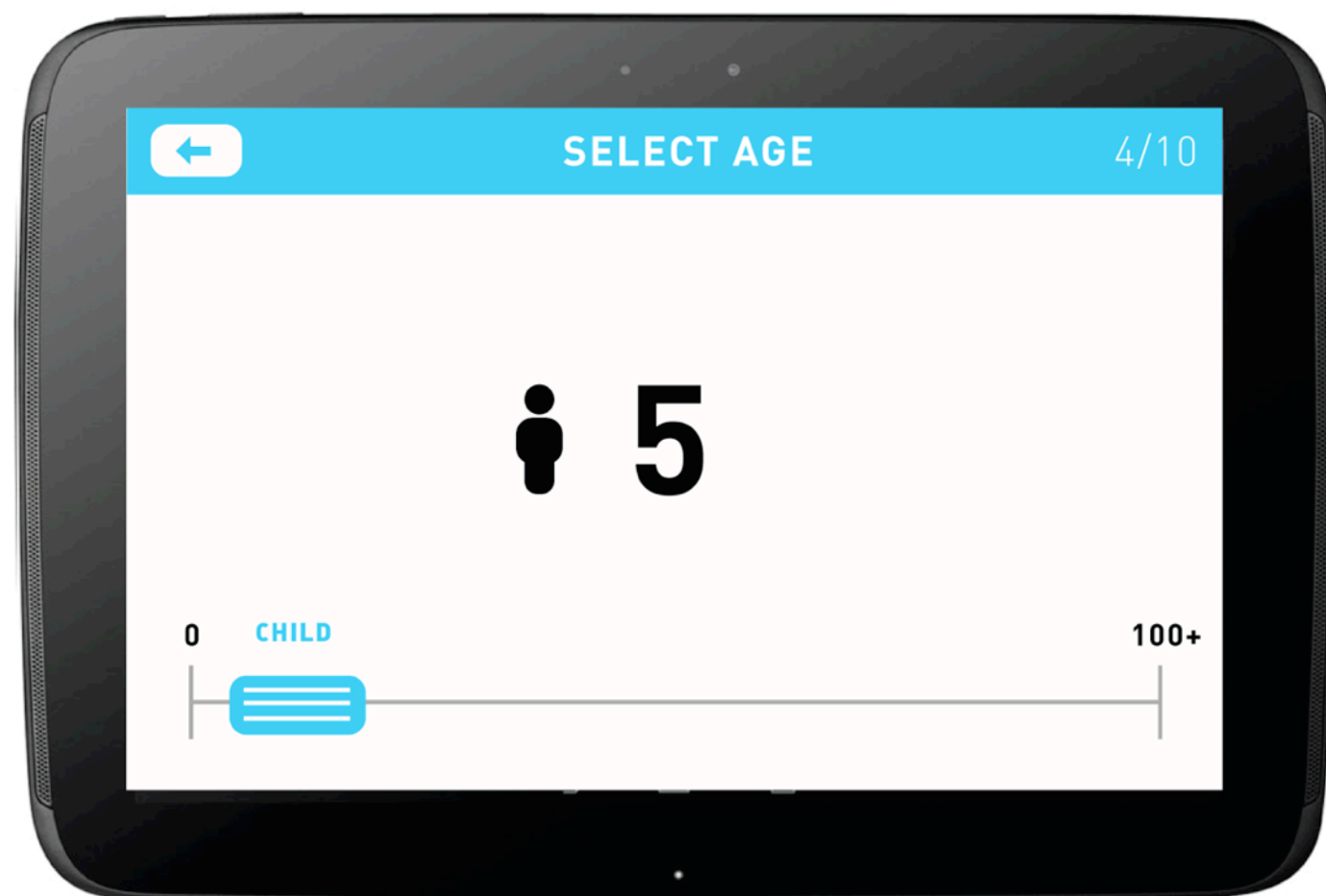




### **VISIBLE FEEDBACK**

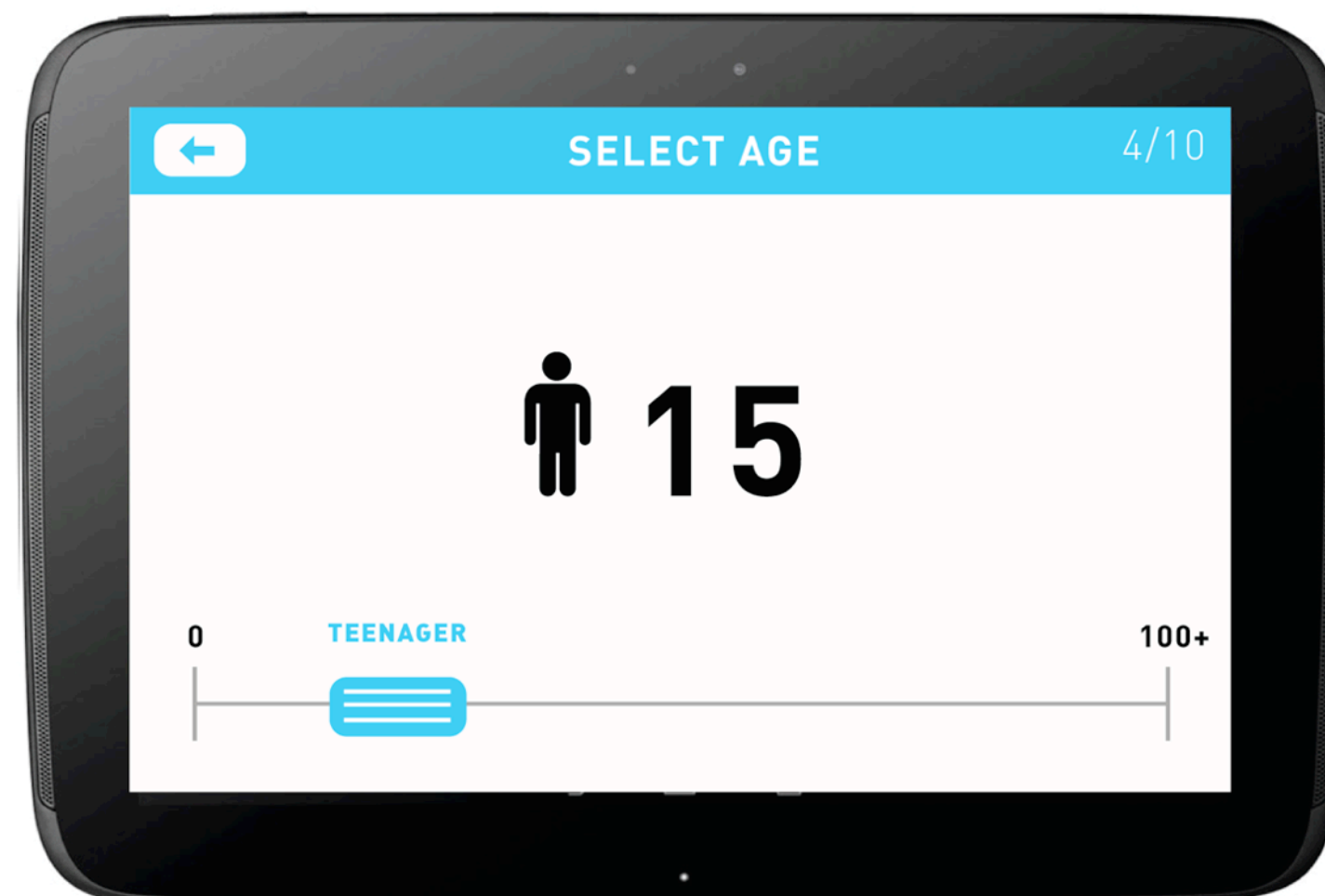
As the provider adjusts patient information, the application provides visual cues about the health of the patient.



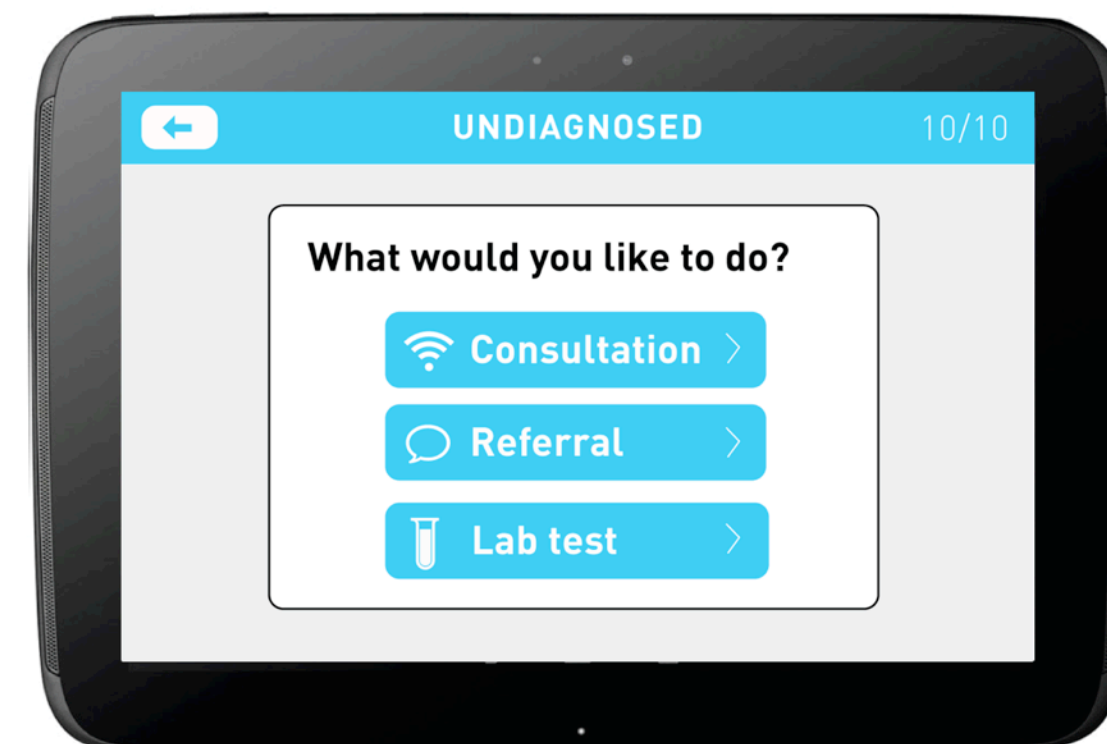
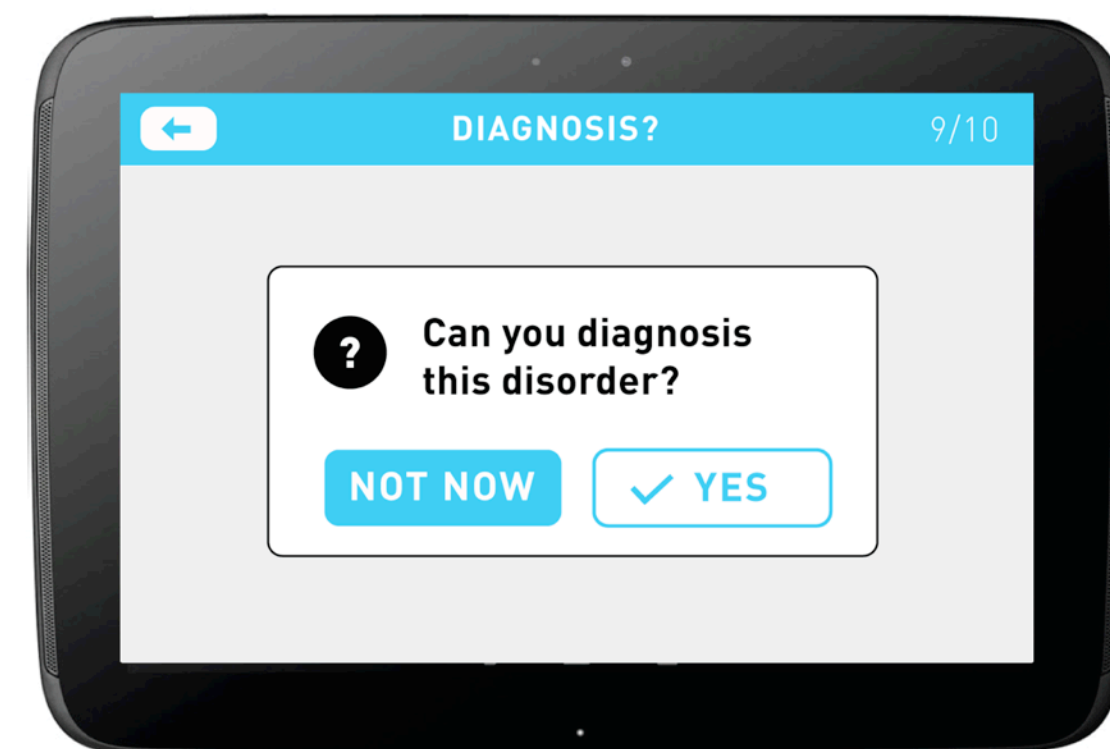
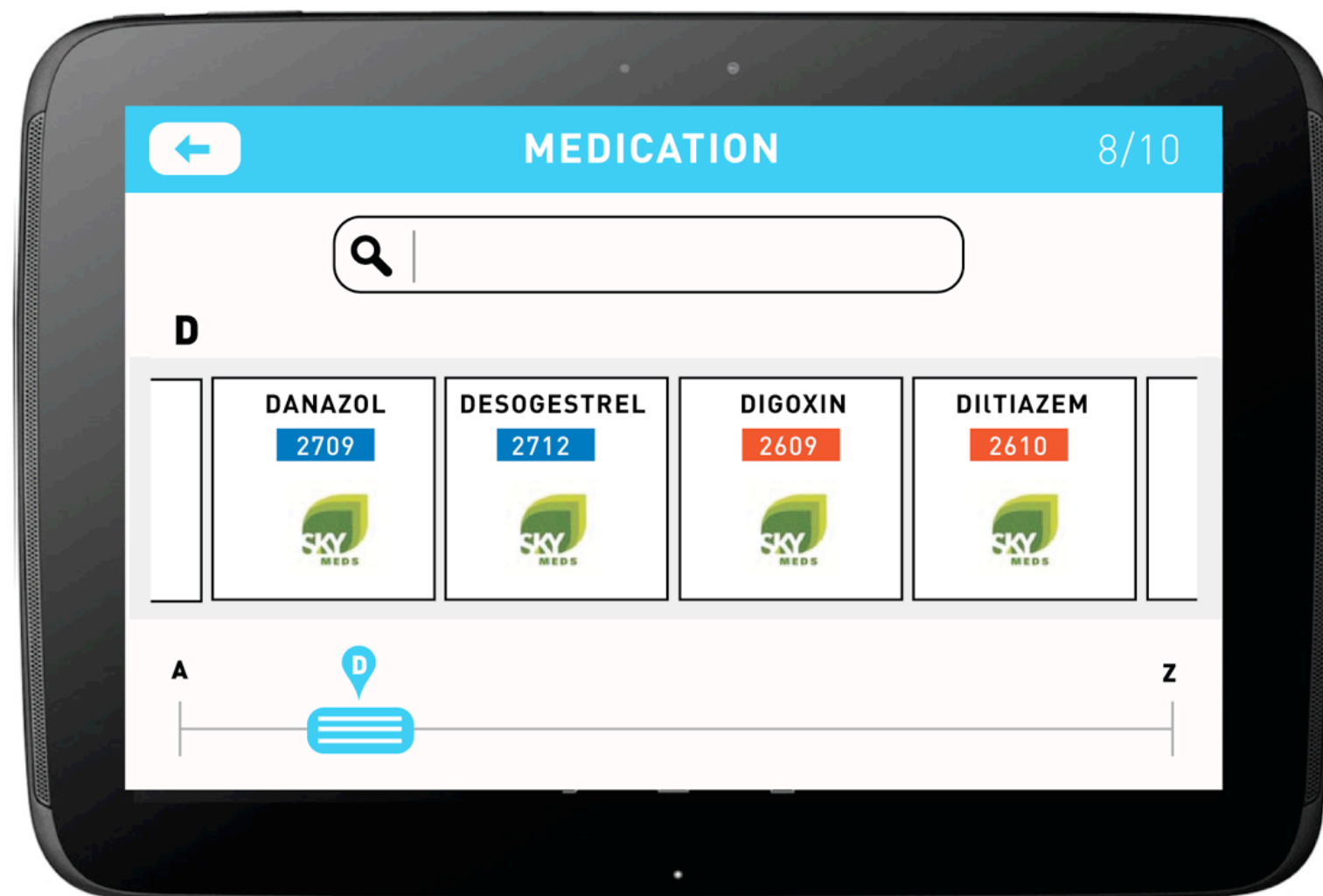


### **AUTOMATIC CONTENT CLASSIFICATION**

The tablet app is programmed to automatically categorize content for the provider which minimized ambiguity around certain categories, such the defined age range for "child."







### RELEVANT TO SKY HEALTH

Everything that currently exists within a SkyHealth experience can be integrated into the tablet app, from order SkyMeds to initiating a telemed consultation when a provider cannot diagnose a disorder.



## 4 / COMPREHENSIVE TABLET APP

### Key Value Propositions

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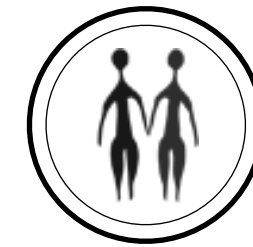
#### PROVIDER

- 1 Streamlines data collection & reporting by integrating the IDR and patient diary
- 2 Promotes trust and patient involvement through clear and simple data entry
- 3 Reduces work for the provider through automation such as categorizing data on the backend



#### FIELD STAFF

- 1 Delivers up-to-date information on provider performance, making management more efficient
- 2 Can incorporate better systems for verification of data



#### WHP

- 1 Provides more accurate, frequent, and comprehensive patient data
- 2 Streamlines and automates data collection
- 3 Moves data reporting closer to real-time
- 4 Can lead to a more flexible and robust networked database



# NEXT STEPS

## Tools

### NOTEBOOK



- 1 Assess required data fields
- 2 Determine manufacturing process for notebook
- 3 Test notebook with providers

### TABLET



- 1 Assess required data fields
- 2 Develop functional prototype, building on IDEO.org concept and guidelines
- 3 Test tablet's usability with providers





# Feedback





Using the Counselor Call Guide, counselors take a human centered approach to collecting data, proactively offering support, and exchanging feedback with the providers.



[illegible]

*Both counselors and providers felt empowered by creating a more personal connection on their 10 minute call. One provider printed out images of the counselor to show her patients.*



# COUNSELOR CALL GUIDE

	Remedi_id	Female Name	Male_name	Village	Block	Type	Contact No.
1	har13	Kumari smita					
2	kes01	Sinha	Awanish Kumar	Harsidhi	Harsidhi	TPC	9852556944
3	maj01	Kumari Divya	Rakesh Kumar	Keshriya	Kesaria	TPC	9801682570
4	kaw02	Pooja Kumari	Sunil Kumar	Areraj (Majhauia)	Areraj	TPC	9708290075
5	Chi01	Malti Devi	Ramashankar Singh	Kawalpur	Turkauliya	TPC	9430646940/ 9771869546
		Pinki Devi	Binod Prasad Kushwaha	Chintamanpur	Chakia	TPC	9973130617/ 9473461587

RHP List to be met on 5<sup>th</sup> Oct

S. NO	Remedi_id	Female Name
1	Bq403	Ragi Devi
2	Ujj404	Rubby Sinha
3	Sri404	Nitu Devi
4	Mus418	Alka Kumari
5	Pai406	Rambha Devi
	Ram456	Nazma Khatoon



## INITIAL PROVIDER PHONE CALL

### OBJECTIVES:

1. Establish a personal relationship with the provider
2. Describe the value the provider gives to WHP
3. Help the provider understand the value of data for him/her + WHP

COUNSELOR NAME: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PROVIDER ID: \_\_\_\_\_

### SAMPLE COUNSELOR

- 1 Greet provider and introduce

- 2 Mention you are from SkyHea on building a relationship bet

Example: I'm calling from SkyHea in addition to collecting data, we'd like to be more effective for you.

- 3 Find out when a good time to chat is (make

Example: I'd like to have these conversations when is usually a good day and time





## INITIAL PROVIDER PHONE CALL

### OBJECTIVES:

1. Establish a personal relationship with the provider
2. Describe the value the provider gives to WHP
3. Help the provider understand the value of data for him/her + WHP

COUNSELOR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ PROVIDER ID: \_\_\_\_\_

### SAMPLE COUNSELOR SCRIPT



Please take notes throughout the chat to help with follow up conversations.

#### ① Greet provider and introduce yourself

---

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#### ② Mention you are from SkyHealth and are trying out a new program on building a relationship between Sky and the providers.

Example: I'm calling from SkyHealth, and we're trying out a new program where in addition to collecting data, we'd like to learn from you and to find out how Sky can be more effective for you.

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#### ③ Find out when a good time to chat is (make note of response):

Example: I'd like to have these conversations every week.  
When is usually a good day and time to chat?

---

---

---

## SIMPLE OUTLINE

Counselors reframe the data collection call to provide support and valuable content to providers with key talking points outlined in this call guide.

## USER CENTERED

The primary focus is to make the provider feel valued and to allow the provider to give feedback with the aim of obtaining better data collection.

## BUILDS SOFT SKILLS

Promotes a tone that is conversational as opposed to transactional.



## 5/ COUNSELOR CALL GUIDE

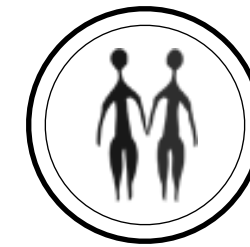
### Key Value Propositions

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#### PROVIDER

- 1 Provides a channel for support, knowledge, and feedback with the CMF
- 2 Receives proactive offers of support and opportunities for WHP to listen to provider concerns



#### WHP

- 1 Motivates, guides, and reminds providers about data
- 2 Improves quality of care by increasing communication with CMF
- 3 Can inspire and empower CMF counselors and staff as relationship managers, by connecting them to the work more directly



Each provider has a monthly Check In with WHP field staff – providers are assured routine involvement and WHP staff can validate the providers report from last month.



## 6/ FIELD STAFF CHECK IN

Each provider has a monthly Check In with WHP field staff – providers are assured routine involvement and WHP staff can validate the providers report from last month.

---

*Some providers feel very close with field staff, whereas others felt like they didn't receive enough support. Field staff that do their job well create a calendar to track their appointments in each region.*





### MY SKY TEAM



### MY SKY TEAM



### MY SKY TEAM




### MY SKY TEAM



### FIELD STAFF CHECK-IN



MONTH	DATE	COMMENTS	STAMP
JAN	14-Jan-13	Keep heart monitor in office	
FEB			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPT			
OCT			
NOV			
DEC			



### MY SKY TEAM



### MY SKY TEAM



### MY SKY TEAM



### MY SKY TEAM



### FIELD STAFF CHECK-IN



MONTH	DATE	COMMENTS	STAMP
JAN	14-Jan-13	Keep heart monitor on off site	
FEB			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPT			
OCT			
NOV			
DEC			

### DATA VERIFICATION

This visit is an opportunity for the field staff to verify the provider's data

### CONSISTENCY IN TIMING

The field staff visit can be scheduled in advance so the provider knows when he/she can expect the field staff visit

### FACE TIME

This scheduled visit offers another opportunity to add a human interaction for the provider. Providers have photos of their entire Sky Team, from Counselors to Field Officers.



## 6/ FIELD STAFF CHECK IN

### Key Value Propositions

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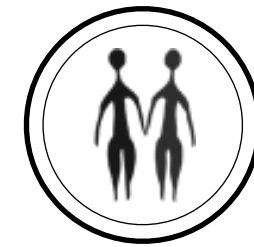
#### PROVIDER

- 1 Offers more consistent support and regular in-person touchpoint
- 2 Provides continual validation, i.e., that providers are doing a good job, and a log of progress



#### FIELD STAFF

- 1 Offers a more organized system for provider visits that can lead to proactive support instead of primarily reactive support.



#### WHP

- 1 Can lead to better data collection and reporting by providers
- 2 Offers opportunity for data verification



At the end of each month, providers get a simple visualization of their data with recommendations based on what they've reported.



## 7/ DATA INSIGHTS

At the end of each month, providers get a simple visualization of their data with recommendations based on what they've reported.

---

*Providers were often unaware of how the data they shared was used or how it could be valuable to their practice. When they were able to customize their own data feedback, they began to see the value it could bring.*







NIDHI & VIKRAM  
MALPANI

Telemedicine Provider Clinic

Sky Data



November 2013

## PATIENT DIAGNOSIS



### Treat Your Patients Better

Many patients are coming to you with a cough. An effective treatment option for patients with a dry, hacking cough include drinking honey in hot water, tea, or lemon juice. Your patients may want to try a cough drop as well.

Feel free to ask about treatment options for a cough or any other illness with your Sky Health counselor or doctor.

## LAB TESTS



15

Injection

12

Blood

8

Other

4

Urine

4

Sputum

3

Stool

You are giving many of your patients injections. Having an adequate supply of fresh needles will allow you to administer these injections as needed. **Make sure to order needles and any other supplies you need from your Sky Health Counselor or local Chemist.**

## YOUR GROWTH



Your business has grown steadily since joining WHP. Advertising more in your area could increase your patient numbers even more. **Try distributing flyers in your village to promote your business.**



*The best way to find yourself is to lose yourself in the service of others.*  
-Mahatma Gandhi



# For the Provider

## PERSONALIZED

Gives the provider a visual breakdown of the data they have reported over time.

## HOLISTIC

Data Insights report contains information relevant to the provider's entire business, not just the 4 diseases that WHP is interested in.



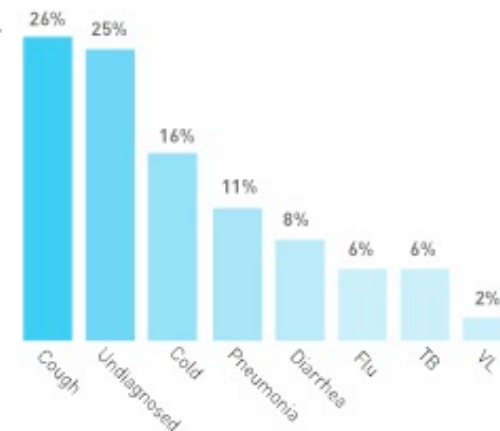
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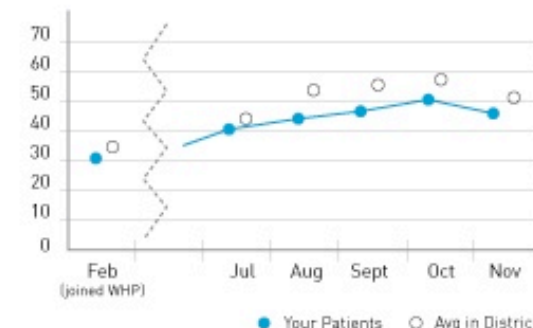
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Gopi Gopalakrishnan  
President and Founder, WHP

## ACTIONABLE

Each section incorporates recommendations based on the provider's data that he/she can act upon to improve patient care and business growth.

## CONVERSATIONAL

Field staff hand deliver data insights to each provider on a monthly basis, creating an opportunity to explore growth opportunities based on the data.

# For the Field Staff

**INFORMATIVE**  
Field staff are given information that enables them to better manage providers.



**ACTIONABLE**  
Each section incorporates recommendations based on provider data that the field staff can act upon to improve the providers' practice.

**CONVERSATIONAL**  
Can highlight areas that they should address with providers, making conversations more strategic and actionable.



## 7// DATA INSIGHTS

### Key Value Propositions

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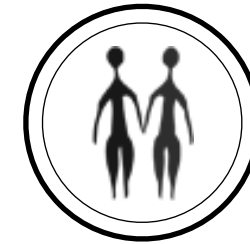
#### PROVIDER

- 1 Shows the output of the data that providers report and allows providers to build a personal library of knowledge over time
- 2 Delivers value through more relevant information and insights from their data
- 3 Offers actionable opportunities tailored to providers and their business



#### FIELD STAFF

- 1 Can make their management roles easier, e.g., by showing the performance of providers at a glance
- 2 Can highlight areas that they should address with providers, making conversations more strategic and actionable



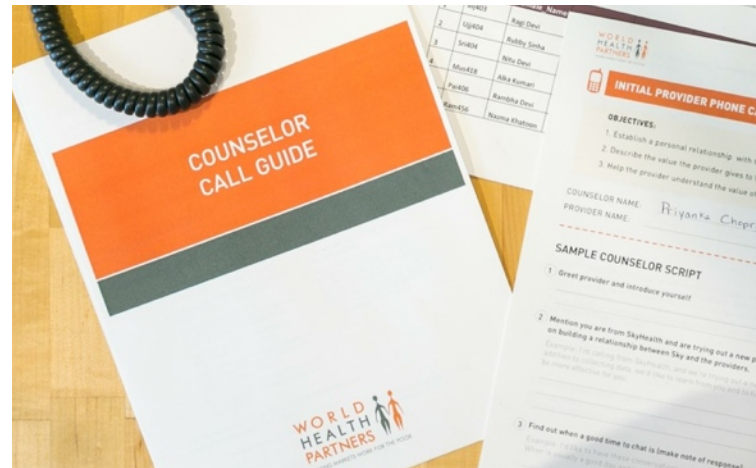
#### WHP

- 1 Creates a more informed, active, and efficient network of providers and field staff
- 2 Helps to drive continual data collection and reporting

# NEXT STEPS

## Feedback

### COUNSELOR CALL GUIDE



- 1 Refine script
- 2 Include tips on how to collect data in script
- 3 Create a system for the counselors to log and recall provider calls with ease
- 4 Train counselors, including mock-calls
- 5 Test with providers

### FIELD STAFF CHECK-IN



- 1 Create key talking points for the field staff visit
- 2 Establish a data verification routine
- 3 Determine method to sign off on visit
- 4 Educate field staff & providers on process and requirements

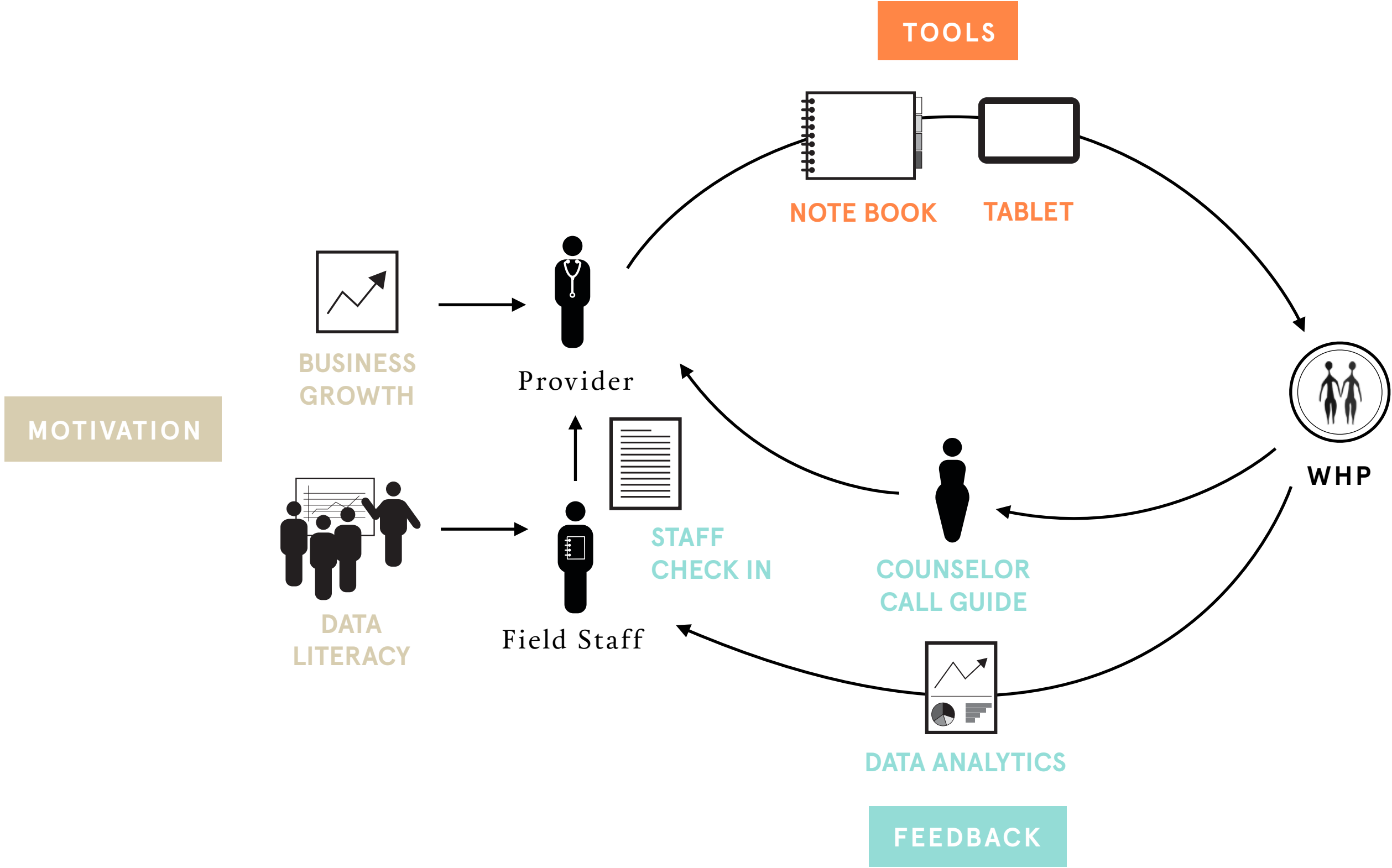
### DATA INSIGHTS



- 1 Define appropriate content/ data modules
- 2 Determine how report content and data can be generated including through automation
- 3 Train field staff how to educate providers on utility of report for their practice
- 4 Test analytics with providers



HERE'S WHAT IT LOOKS LIKE TOGETHER



Questions?





Namaste.



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# Appendix



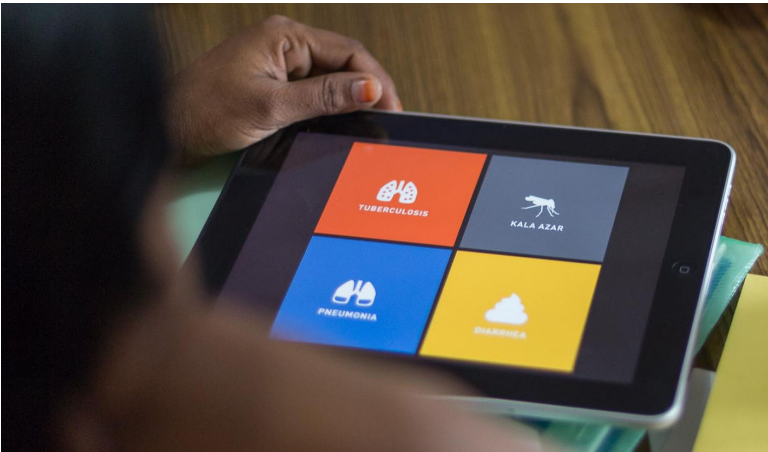
# LEARNINGS FROM THE PROTOTYPING PROCESS



COUNTER



WHITEBOARD



TABLET

PROTOTYPE

WHAT WORKED WELL

- » Tangible
- » Interactive
- » Quick
- » Easy to use
- » Can be used every time they see a patient
- » Feels personal
- » Can be used discreetly
- » Conversation starter with patients
- » Fun
- » Takes up minimal space
- » Doesn't require writing at all
- » Readable at a glance for providers, field staff

WHAT COULD BE IMPROVED

- » Not portable
- » Still requires diary to track long-form data
- » Non-intuitive reset mechanism
- » Hard to tailor to other diseases, etc.
- » Open to accidental presses
- » Doesn't track disease symptoms

FEATURES TO KEEP

- » Physical action/interaction
- » Shows state change after each interaction
- » Playfulness
- » Low barrier or friction to use
- » Visibility
- » Accessibility

- » Ability to see daily count at a glance
- » Weekly summary column is helpful for weekly reporting call
- » Combination of daily and weekly summary
- » Easy to "reset" by wiping clean
- » Potential to record more data about patients than just the number
- » Extra space to write notes
- » Visibility to patients of matching diseases can make them feel they are not alone
- » Prominence of four diseases

- » Not portable
- » Still requires diary to track long-form data
- » Erasing means they need to catalog the contents each week
- » Format is too big for some offices, especially for RHPs
- » Requires getting out of their chair to write
- » Order of days/week can be confusing
- » Providers updated numbers by erasing and rewriting, instead of adding hash marks, i.e., possibly tedious method of updating
- » Requires special whiteboard markers

- » Space to write their own notes
- » Physical action/interaction
- » Shows state change after interaction/each visit
- » Visibility
- » Accessibility

- » Portable
- » Can replace IDR
- » Can replace diary and other paperwork
- » Could include private-practice data needs
- » Software can be updated for new diseases
- » Can integrate with MDOC tablet
- » Novelty may be incentive to use
- » Gives providers credibility and prestige
- » Information can be automatically saved locally and uploaded to WHP
- » Can eliminate need for weekly calls
- » Password protection can safeguard data

- » High cost
- » Power/charging may be an issue
- » Intimidating for some providers to use, including some women
- » Dependent on inconsistent connectivity
- » Potential cost for data to provider
- » Easy to get feature creep and complexity
- » Novelty could wear off
- » Potential friction in overlapping with or replacing the diary
- » Potential "big brother" oversight issue

- » Portability
- » Customization of software: home screen or other screens
- » Increasing status of providers
- » One-stop data collection tool



OPTIMIZED ROLES

- » Compounder staff may have time, often standing by and listening to the patient visits
- » Senior compounder demonstrated interest and confidence in data recording

- » There may not be incentive for compounders to capture data as a regular role
- » Compounders may understand the value of data capture even less than the provider
- » Some women are not involved in the practice
- » Women have other work, roles, and priorities that keep them out of the practice
- » Most compounders are part-time or irregular workers at the practice, possibly except for the most senior compounder



BUSINESS/STATUS/REWARDS

- » Indicated respect for status such as “gold,” even the lowest “bronze” level
- » Could imagine being respected by lower-status providers
- » Willing to wait to attain higher status
- » Suggested that providers with higher status levels could motivate those with lower levels
- » Liked business cards as marketing material with name, address, phone, information
- » “Business growth” selected the most, appealed to business-minded providers who may often be high-potential providers
- » Almost everyone expressed interest in funding options and financial support
- » Liked that their business could grow with WHP success
- » Willing to pay annual fee, e.g., 2,000 rupees

- » Women said that status alone is not as meaningful as tangible benefits: “Status is implicit in other things.”
- » Certification (status) can be faked
- » “We already get rewards”
- » Potentially long wait times for some rewards
- » “We already submit data, we’re already doing this.”
- » Sustainability of increasing benefits

- » Recognition of what providers already doing
- » Low-cost ways to market themselves
- » Low-cost ways to attain status



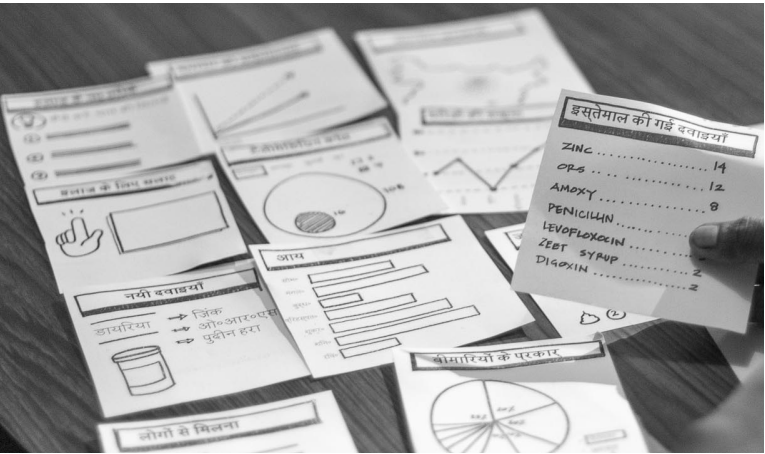
SOCIAL IMPACT CAMPAIGN

- » Liked messaging about improving public health and disease eradication
- » Identified with mission of WHP
- » Said they’ve heard this type of message before from WHP
- » Provides understanding of data in terms of larger context
- » Helps them understand “the why”

- » Needs to be contextual, i.e., not blue sky
- » When they repeated the message in their own words, they didn’t mention data or tracking impact
- » Implementation may be more difficult than other concepts

- » Illuminates “the why”
- » Integration into other concepts and tools





DATA ANALYTIC REPORT

PROTOTYPE

WHAT WORKED WELL

- » Value of data is made visible
- » Could be tailored per individual
- » Helps them identify growth opportunities
- » Applicable to field staff
- » Patient load and income growth content modules were popular
- » Interest in weekly frequency, also monthly
- » Printed format and email format

WHAT COULD BE IMPROVED

- » Requires additional work/roles from WHP
- » Questions about distribution
- » Questions about relevance, value, and actionability
- » Questions about content specificity, from general, regional, to individual

FEATURES TO KEEP

- » Visibility into data, especially their own data
- » May help them grow their business
- » Actionability of data content



MENTORING CHANNELS

- » Builds personal connection and relationship between WHP and provider
- » Proactive support and check-ins asking if any help is needed
- » Providers appreciated the effort and thanked the counselor
- » Counselors know how to take a friendly tone with providers, e.g., “buttering them up”
- » Potentially gives counselors ownership and meaning in their work

- » Questions about scaling and resources required
- » Counselor and doctor defaulted to the existing call-sequence system where counselors make the initial call and refer the provider to the doctor only when needed

- » Proactive check-ins for providers
- » Guidelines for counselors

## CONTINUING THE PROTOTYPING PROCESS

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We hope that you continue to test the concepts outlined in this presentation and adapt them as you get more feedback. We encourage you to use some of the human centered methods we used during our research to elicit feedback and engage the users.