

Patient Experience Discovery Research

Mayo Clinic Healthcare at London

Executive Summary

MCH Patient Experience Discovery Research

The purpose of this document is to **provide MCH decision-makers with the ability to think like MCH patients* when determining a patient experience strategy**. It is intended to help shape instincts regarding patient satisfaction and differentiation for a new Mayo Clinic market.

The goal of the research is to be able to **clearly identify issues that may keep patients from choosing or staying with MCH, and provide recommendations that are likely to make MCH competitive and sustainable in London**.

Through this research, we have investigated three key perspectives and have learned the following:

1. MCH staff: We have come to understand that basic operational deficiencies are negatively affecting MCH staff's abilty to be efficient (i.e. diverse systems that are not integrated, lack of processes for critical coordination of effort, etc.). The operational deficiencies are likely to reduce morale over time and keep MCH from being able to create the bespoke patient experience it desires to provide.

2. Referring providers and medical secretaries: We have learned that referring providers and medical secretaries that work with MCH understand growing pains of a new facility and can be encouraged to hang in there, but will stop choosing MCH if operational improvements aren't made.

3. MCH clients: We have come to understand that MCH clients can be understood through three** archetypal thinking styles: ***NHS Loyalist***, ***Healthcare Sherpa*** and ***Future Forward*** (see page 4). While these clients have some similarities and differences, ***Healthcare Sherpa*** and ***Future Forward*** are most likely to expect and desire a bespoke experience.

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** Throughout this document, we call patients "clients" since they want healthcare to serve them, not master over them. Also, some who come to MCH may not be experiencing a health crisis - they are not, in fact, a patient.*

*** Note that while celebrity clients have visited MCH, none were interviewed in this effort and therefore absent from the results. It is highly likely that they may comprise a fourth MCH thinking style archetype.*

MCH clients shared their healthcare experiences of MCH as well as other institutions. We learned that MCH clients use private healthcare to fulfill a specific purpose: to get targeted, speedy and quality healthcare outcomes that were left unfulfilled by other healthcare experiences. All of them were prepared to pay premium costs to do it because they were making their health a priority and looking for superior, responsive answers.

MCH clients spoke of operational challenges they experience in healthcare in general, and some at MCH (particularly regarding administrative coordination like scheduling and waiting for results). However, the operational challenges at MCH seem to affect referring providers, medical secretaries and personal assistants to a much more significant degree. **Operational efficiencies are foundational to any good medical concierge strategy.**

Recommendations for change are based on input from these three constituents and aim for a solid operational foundation and a bespoke experience:

1. **Create a clear process for referrals.**
2. **Invest in a unified scheduling system.**
3. **Make MCH the home base and priority for all physicians working at MCH.**
4. **Create a streamlined eConsult process that meets UK competition standards.**
5. **Do a risk/benefit calculation for switching from Cerner to Epic.**
6. **Improve package completion tracking.**
7. **Increase attention on key experience gaps**
   - Accurate and reliable itinerary
   - Enhance MCH website for decision-making and planning
   - Call to confirm upcoming appointment
   - Create a process for tracking and sending results
   - Establish a clinical hotline
   - Provide MCH staff with hands-on experience at US Mayo (as a patient and employee)
   - Improve MCH and US Mayo clinical network and collaboration



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Thinking Styles

Mayo Clinic Healthcare at London

What are thinking styles?

Thinking styles are archetypes that represent philosophic approaches to a purpose.

They are based on patterns of thought detected in deep research across participants.

They are devoid of demographics*, role-based assumptions, and invented or fictional details which personas are prone to.

**Demographics don›t tend to cause action except in circumstances that are prompted by discrimination, physiology, culture or environment.*

Why use thinking styles?

Thinking styles offer the ability to create bespoke solutions that address your target audience's purpose.

+ Realize who to support (and who not to support).

+ Prioritize who to support first.

+ Create tailored and differentiated experiences.

+ Develop metrics of support by thinking style.

+ Develop targeted marketing efforts.

Approach and methodology

Remote interviews were conducted with 8 MCH clients via an hour-long video call between August 16 and 24, 2021. Interviews were conducted as structured listening sessions in which they were encouraged to share memorable healthcare experiences in and outside of MCH.

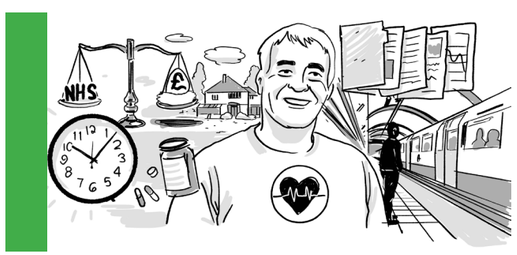
MCH clients were identified by MCH providers and front desk staff. Criteria were broad, requiring that participants not be hospitalized or under age. Clients were recruited prior to the interview in which verbal consent was given to participate.

Overview

Qualitative research shows that MCH clients use private healthcare to fulfill a specific purpose: to get targeted, speedy and quality healthcare outcomes that were left unfulfilled by other healthcare experiences. All of them were prepared to pay premium costs to do it because they were making their health a priority and looking for superior, responsive answers. Additionally:

+ They can tell when they're not genuinely being taken care of and place high value on listening, explanations, reassurance and empathic concern.
+ They are looking for outcomes as a result of an accurate and confident plan.
+ They want their provider to be organized, prepared and familiar with them and their situation.
+ It doesn't matter how much money they have, how well-connected they are or what healthcare system they pledge their allegiance to, they all struggle to find the right doctor for them.

Three differentiated thinking styles emerged as archetypal of MCH clients. **Note that while celebrity clients have visited MCH, none were interviewed in this effort and therefore absent from the results.**



"I expect to be well looked after local NHS GP and that's generally what happens, but it's more difficult if you are not in a crisis situation."

NHS Loyalist

I value and use NHS but it's slow; I will use private healthcare to help me get targeted access in NHS. Using private healthcare isn't about having an affluent lifestyle since I may need to budget, but I do have some money and am absolutely willing to use it for my health. I'm scrappy and show perseverance for jumping through some hoops, but I can tell if I'm not getting what I need.



"I have people I can talk to, including my private GP, to help me make decisions."

Healthcare Sherpa

I want my physician to act as a trusted confidant and caring friend who will use their world-class expertise to proactively manage my healthcare. I work hard and have high standards, and I expect my healthcare service to as well. I will be committed to my physician if I see they're committed to me. It's important to me that my physician is action-oriented and can reassure me by articulating what is happening and what the plan is.



"We'll hunt around different places to find things we want; like looking for drugs for tiredness and anti-aging we'll talk to a doctor in Belgium and find compounding pharmacies in LA."

Future Forward

I am a trailblazer for my health and am ruthlessly pursuing health innovations that will keep me energetic and young. My provider must be able to offer me new perspectives - if they're not, I will move on. I find NHS disappointing and would rather look globally for cutting edge opportunities. I expect superior quality in my healthcare services and environments.

MCH Thinking Styles

NHS Loyalist



The inner thinking of NHS Loyalist

I value and use NHS but it's slow; I will use private healthcare to help me get targeted access in NHS. Using private healthcare isn't about having an affluent lifestyle since I may need to budget, but I do have some money and am absolutely willing to use it for my health. I'm scrappy and show perseverance for jumping through some hoops, but I can tell if I'm not getting what I need.

I went to Mayo for reassurance, that NHS couldn't give me regarding my concern for invisible health issues PT2

I was really angry that my GP didn't want to know me. PT8

I have ex-NHS colleagues whose connections helped me. PT2

I want a straight answer and not beating around the bush. PT3

My head was spinning when I got a colonoscopy within 2 weeks. PT8

I want a doctor who I can get on with, feel comfortable with and trust (not like my arrogant knee surgeon). PT3

I like the ethos of doctors working together rather than competing with each other. PT2

Now that everything is electronic, it's easy to get medical notes. PT2

I'm dedicated to my healing. PT3

I didn't know I could get my GP notes until Dr. Kapur told me, so I did. PT2

I want everything to go right, and will take it upon myself to prep (i.e. exercises). PT3

I like it when my provider listens, takes it all in and then acts. PT8

I went private because I knew I could get tested; I didn't have to be presenting with symptoms to get tested (not true of NHS). PT2

I will get aggressive if I'm not getting the care I need. PT3

decide to get a second opinion because my research shows I shouldn't get an injection even though my surgeon said I should. PT3

I'm tired of all of this now. PT8

decide to cancel my injection after talking with Mayo doctor even though we hadn't gotten a treatment plan from US Mayo yet. PT3

I feel very lucky to have NHS healthcare. PT8

I try to help myself as much as I can; I've managed to not be on a mobile scooter by doing exercises and losing weight. PT8

Invest my earned/saved money to go to MCH rather than have my nieces/nephews spend it when I die. PT2

Agitated when the treatment plan from the US Mayo surgeon took 6 weeks instead of 6 days. PT3

I have high expectations how patients are treated because I have spent 22 years in NHS supporting HIV patients PT2

I want to walk out if my physician asks me what he can do for me even though he's got all my records. PT3

I expect a high level of courtesy no matter how busy the doctor is (because it's what I would do with my patients). PT2

Give me a plan of action! . PT3

A good doctor is compassionate, listens and is sensible. PT2

I'm persistent - I will phone you for six weeks and do mountains of paperwork to get an answer. PT3

If it weren't for covid, I'd fly to the US to get treatment and visit my friends. PT3

I don't expect my GP to ask me how I should be treated, that's why I'm going to him. PT8

I wasn't sure who was supposed to contact me about the results of the CT scan, so I called MCH. PT8

I'm suspicious if you tell me I need a treatment but are not willing to administer it because you think infection can't be avoided. PT3

I rely on public transportation to get to my healthcare appointments. PT8

It's demoralizing to have my GP be so dismissive for 2.5 years. PT8

NHS is a reactive system as long as the crisis has been identified. PT2

I'm willing to take public transportation 2.5 hours to get to MCH - I can make the round trip in a day. PT8

I knew where I wanted oncology treatment because of my NHS days. PT2

I was a secretary, so I expect to have copies of referrals in my file. PT8

I honestly wanted to black my GP's eye when he was insinuating that my condition was because of weight gain/ loss. PT8

I will find and do strengthening exercises prior to the surgery. PT3

I want to feel safe. PT2

I'm prepared to pay to get the best people. PT3

I make an effort to be prepared, I expect my doctor to as well. PT3

I develop social networks to help me be informed about what I might do about my knee. PT3

I don't believe them when they said they sent the referral letter because I never got it and I don't understand why they couldn't pull up a copy from my file. PT8

I hunted high and low for the treatment Mayo recommends but can't get it in the UK so I'm looking for substitutes. PT3

I've had my NHS GP for 30 years, who advised me to take advantage of the NHS system for my spleen

I like it that my physiotherapist got good guidance from the report from Mayo, it helps both

I have friends weigh in and guide me. PT2

I do 140 exercises each day, it's working! . PT3

I first heard of Mayo from the PBS program and connected with the nuns. I liked the ethos.

I have enough problems of my own without my GP adding to them with his lack of attention and help.

pissed when my NHS surgeon avoided my questions and was evasive and defensive.

I wish the NHS system would learn from the superb experience I had at Mayo where everybody was so polite,

I needed to clear up my swollen face (and the issues that go with it: ear aches, head aches, etc), so I can get

MCH Thinking Styles

Healthcare Sherpa



The inner thinking of Healthcare Sherpa

I want my physician to act as a trusted confidant and caring friend who will use their world-class expertise to proactively manage my healthcare. I work hard and have high standards, and I expect my healthcare service to as well. I will be committed to my physician if I see they're committed to me. It's important to me that my physician is action-oriented and can reassure me by articulating what is happening and what the plan is.

Be prepared in advance, get familiar with me before I get there. PT1

When trust is destroyed with my doctor, it's very anxiety provoking, it's unsettling. PT5

I value a sensible, balanced approach to health care; not too much and not too little. PT6

I want empathy and to be treated as an equal. PT1

Silence is not golden; I expect communication. PT5

I felt like nothing was explained to me. PT7

I want to have the confidence that my experts are doing it right, so I am not worried and running around. PT6

I want overwhelming clarity of the plan of action. PT1

I have two doctors I can reliably call who I know will help me connect the dots. PT5

I appreciate being made to feel as if I was the only person being seen that day. PT7

I don't want my doctor to make be feel like an idiot, stupid. PT6

I know I have found the right physician when I feel like I can hug them (even if I don't hug them). PT7

I want my doctor to lead a holistic discussion about my health. PT5

I'm entitled to my money's worth. PT1

I don't like money-grabbing. PT6

Selfishly, I want the physician to genuinely care about my well being. PT1

I want my provider to advise me about what I should do next. PT5

Private care with a great doctor will cost you more, but it doesn't matter. PT6

It all comes down to trust and trust takes time to build up. PT6

I distain doctor-as-god. PT1

When you get private healthcare, you can do anything. PT5

People need reassurance: told what's going to happen and when it's going to happen and why it's going to happen. PT1

When the nurse put her hand on my shoulder and said "I'll look after you", I could tell I was going to be taken care of. PT7

I want my doctor to have my back and walk me through what needs to happen. PT6

I have angst when I learn about a medical issue I have on a Friday afternoon and then they turn their phones off. PT5

When I trust a physician, I will do anything they tell me to do. PT7

I want the best. PT1

I don't like being sold to. PT5

I trust Sandeep with my life; he goes the extra yard but not too far, balance. PT6

I want my doctor to be part of a network with access to great resources. PT6

Don't make me run around (i.e. tests & scans). PT1

I'm anxious when the doctor leaves me in the dark. PT5

I feel many doctors have lost the reason why they are there, so it hard to find doctors who can show that they care. PT7

I don't want my doctor to pretend he knows what's going on or what to do. It's arrogant. PT1

I don't want to be another name on the schedule. PT5

Having a positive approach is massively important. PT6

I don't want a doctor who is arrogant or has an over-inflated opinion of himself. PT6

I want my doctor to seek root cause, not just treating symptoms. PT1

If I have a health issue, I need to get started right away and take the first step - I need my healthcare to be responsive to that. PT5

Don't tell me bad or vague medical news and then become unavailable. PT5

We pay for the speed that private health care gives us over NHS. PT7

I'm delighted by acts of spontaneity and generosity. PT1

I should be guided through the process. PT7

I'm atypical; I was educated and trained and was an academic who just knew that the information is out there. PT1

I am willing to pay for as many opinions as it takes for me to find answers and the team I need. PT7

I want a ringmaster doctor for my care; holistic. PT5

If the provider is not prepared, it's not good enough; how will they be moving forward. PT7

I value when a doctor gives me a solution to the issues they find, rather than thinking their job is done with identifying the problem. PT6

I felt blindsided (naïve) when I learned I probably have breast cancer. PT7

I respect people who solve things with grit. PT1

When I am ignored in the waiting room, I am nervous because I don't know what will happen next. PT6

I wanted to find somebody who's gonna be in this for the long haul, so I committed to 12 months. PT1

Health is a priority for me. PT5

I disdain fake certainty. PT1

MCH Thinking Styles

Future Forward



The inner thinking of Future Forward

I am a trailblazer for my health and am ruthlessly pursuing health innovations that will keep me energetic and young. My provider must be able to offer me new perspectives - if they're not, I will move on. I find NHS disappointing and would rather look globally for cutting edge opportunities. I expect superior quality in my healthcare services and environments.

I'm looking for the best, there's no point in doing it if it's not the best	Looking for anti-aging; live longer in a healthier state	Willing to travel to get what I want, to get superior quality	I think ahead about my health	I'm constantly looking for new things	I go out and get what I want, sitting at home and hoping for the best is not me. (pt4)
My husband and I like to push the envelope	I have to hunt for it but I typically find what I want	Getting good outcomes are a sign of getting the best even though you don't always get that with cutting edge treatments	I want doctors who are evolving healthcare and their knowledge	I expect and look for new equipment; the hospital needs to be cutting edge too	I'm not as driven as my husband, who is an alpha male and has a very strong personality - he just pushes the envelope all the time. (pt4)
I'm interested in AI to predict dementia	I look for superior quality	I want cutting edge, better, smarter	NHS is worthless, unless i need antibiotics or something like that	Don't stick with a doctor unless they're on the cutting edge, learning new things and have new ideas	
If you're looking for the best you should be set up to expect the best	I expect the place to be nice, but it's the outcome I really want/need to be impressed with	I don't want to see a doctor who's just sitting on their name; I want them to be learning and sharing new things witih me	I research non-mainstream ways of staying young - healthcare for me is for stemming off health crisis	Sitting around and hoping for the best is not me	

MCH Thinking Styles

How MCH thinking styles compare

Important note:
- While celebrity clients have visited MCH, none were interviewed in this effort and therefore absent from the results.

	NHS Loyalist	Healthcare Sherpa	Future Forward
			
NHS VS. PRIVATE	+ I might complain about NHS, but private healthcare can help me optimize NHS. + I want an answer to take back to my trusted provider.	+ I feel cynical and skeptical of NHS. + Choosing private healthcare is about paying for immediacy and responsiveness.	+ I would not use NHS (it's disappointing). + Private care is where the innovation is happening.
RELATIONSHIP WITH PROVIDER	+ I want the provider to be an effective means to solve my needs. + I want professional treatment and courtesy by my provider because I don't have the luxury of trying out many other options.	+ I want provider to be ongoing adviser and trusted confidant + I will commit to you if I see you're committed to me. + I'm highly educated but not in the medical field - let's pair up minds together.	+ I want and expect my provider to tell me about new things I can try. + I will move on if my provider isn't keeping up with modern treatments or finding new perspectives.
SOCIAL CIRCLE	+ My friends weigh in on my treatment options and what I ought to do about my situation.	+ My friends weigh in provider options. + I could see my provider being part of my social circle.	+ My friends weigh in on cutting edge opportunities.
ADMINISTRATIVE EXPECTATIONS	+ I don't enjoy the administrative tasks but I'm scrappy and it comes with the territory; I will work it out however hard it may be.	+ I have limited patience for administrative obstacles. + I want the whole team to be in concert around my needs. + I don't like not being able to take action - keep the phone lines open.	+ I have someone take care of it (a PA and/or a concierge GP).
MONEY	+ I'm not wealthy but I'm absolutely willing to use my chunk of money to invest in my health situation.	+ I am wealthy; I can afford private healthcare. + I willing to pay for greater efficiency.	+ I'm wealthy; I deserve private healthcare. + I expect the environment to be high quality because that comes with the territory.

MCH Thinking Styles - Working Assumptions

Inferences about MCH clients

Important notes:
- The information on this page highlights working assumptions about MCH cilents loosely based on the qualitative research. Additional validation is recommended.
- While celebrity clients have visited MCH, none were interviewed in this effort and therefore absent from the results.

	NHS Loyalist	Healthcare Sherpa	Future Forward
			
HEALTHCARE LOYALTIES	Not necessarily loyal to MCH because they are looking for a tactical approach to gaining immediacy in NHS.	They are looking for a physician/clinic such as MCH to be loyal to.	They will be loyal to their own private GP as long as the GP provides cutting edge guidance and medical concierge to opportunities around the world.
LIKELY PRIMARY HOME FOR HEALTHCARE RECORDS	NHS GP	MCH provider	Private referring GP or MCH provider
WHAT THEY ARE LIKELY TO USE MCH FOR	As a workaround to NHS: - second opinions. - packages and testing/imaging to aid investigation of suspected problem. - acting as referee on referrals. - potential gateway to US Mayo (but it may not be their idea in the first place and might depend on having friends near Mayo location).	As a home base for their healthcare: - packages and testing/imaging to ensure wellness or to troubleshoot. - taking point on orchestrating health initiatives for both health crisis and prevention. - gateway to US Mayo if that's where the best treatment is. - acting as point person on referrals.	As dynamite to moving forward with their healthcare initiative: - testing/imaging to discover opportunity or suitability. - gateway to US Mayo if that's where the best treatment is access to US Mayo knowledge and resources for cutting edge approaches.
LIKELY WAYS TO GET THEIR ATTENTION AND ATTRACT THEM *Note: this is not an exhaustive list*	+ Standard mass communication marketing (i.e public transportation routes coming into London). + Mayo Clinic Heritage information and videos on the MCH website (particularly the PBS special by Ken Burns).	+ Create corporate opportunities for executive programs. + Mass communication marketing at Heathrow Airport business lounges and Heathrow's most popular connecting airport(s). + Promote MCH in select journals in which prospective clients might be doing health research. + Provide a bespoke and holistic healthcare experience (excellence, quality, integrity) sufficient to be the topic of conversation with the client's friends (word of mouth).	+ Secure relationships with local private providers who provide medical concierge services to this group of people. + Focus on cooperative relationships in which MCH assists the private provider in scouting cutting edge opportunities at Mayo Clinic on behalf of the client. + Provide a bespoke, medical concierge experience (excellence, quality, integrity) sufficient to be the topic of conversation with the client's friends (word of mouth).

Mental Models

Insight into healthcare experiences from the client's perspective

What are mental models?

Mental models are visual depictions of the client's inner thinking and sense of purpose with respect to getting their purpose accomplished.

Mental models present perspectives around how your clients conceive of getting what they want in the space where you intend to provide services and products.

Mental models are akin to "Jobs to be Done."

Why use mental models?

Mental models offer the ability to think like those you serve when considering meaningful ways to help them. To understand their purpose and approach with respect to what you have to offer.

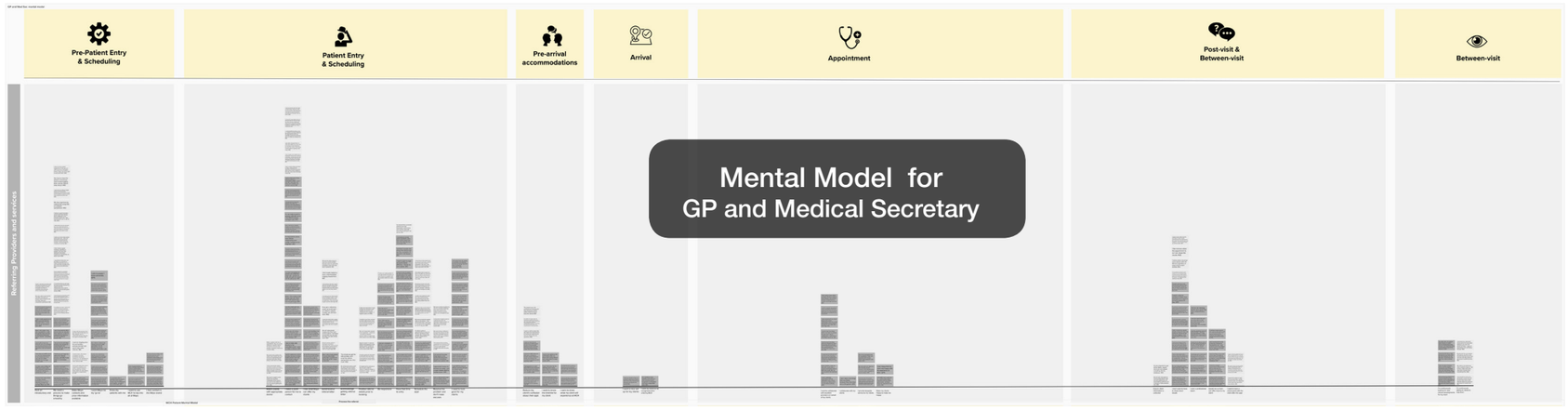
+ To reduce systemic bias when developing services. To stop assumptions and convention from deciding.
+ To recognize narrowness of current solutions.
+ Discover what clients value and are trying to accomplish rather than attempting to fit them to what we have to sell.
+ Discover unintended consequences.
+ Discover opportunities and generate theories.
+ Develop an understanding how your target audience can best be served in a way that will ensure their satisfaction and loyalty.

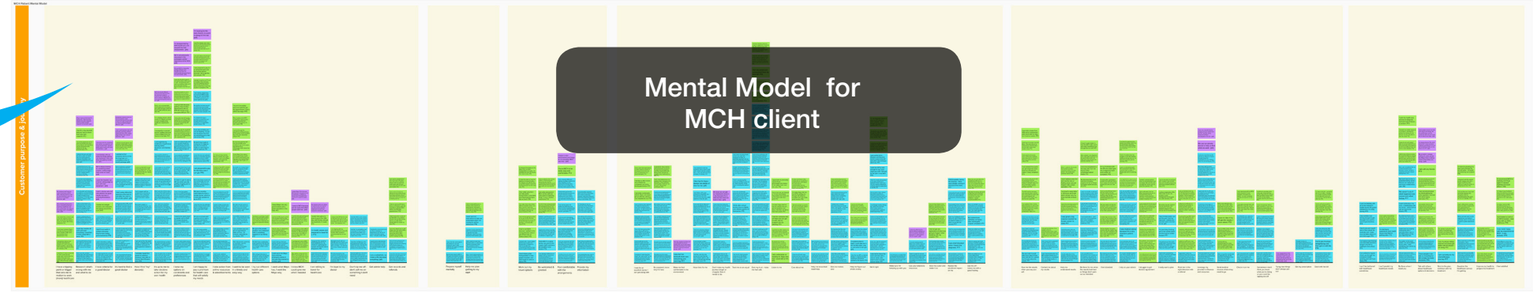
Approach and methodology

Remote interviews were conducted with 8 MCH clients, 2 Medical Secretaries and 4 GPs via hour-long video calls between August 16 and September 2, 2021. Interviews were conducted as structured listening sessions. Clients were encouraged to share memorable healthcare experiences in and outside of MCH. Medical Secretaries and GPs were asked about process and principles.

Participants were identified by MCH providers and front desk staff. Clients were recruited prior to the interview in which verbal consent was given to participate.

Transcripts were made from interviews and combed for inner thinking, guiding principles and reactions. Summaries were made and categorized into the touchpoints corresponding to those used in the Service Blueprint. Within each touchpoint, the summaries were thematically organized according to emergent categories. These emergent categories represent client's inner thinking and sense of purpose within each touchpoint. Mental models were color-coded according to thinking styles.





Click on this image to zoom in and enlarge the mental models in Mural.

Mental Models

Insight into healthcare experiences from the client's perspective

What do GPs and Medical Secretaries care about?

Pre-entry

- Host an introductory visit
- We need a process to make things go smoothly
- Make Mayo contacts and price information available
- I want Mayo be my 'go to'
- Know my patients with me
- I want to use MCH to tap into all of Mayo
- I find comfort in the Mayo brand

Entry & Scheduling

- Match clients with appropriate doctor
- I need a point person for me to contact
- I like what Mayo can offer my clients
- Have a clear referral process
- Be responsive
- Have fast time to entry
- Schedule the appointment
- Resolve the problem and don't make excuses
- I need to look good for my clients

Pre-arrival Accommodations

- Reduce my client's confusion about their appointment
- I want to know the timeline for my client
- I want to know what my client will experience at MCH

Arrival

- I want a nice set up for my clients
- I want my clients to be recognized when entering MCH

Appointment

- I want to collaborate with excellent providers on behalf of my clients
- I collaborate with my clients
- I provide bespoke service to my clients
- Make my clients happy to make me happy

Post Visit

- Ensure client information is collected
- I don't want to have to chase down results
- I want a professional report
- Upsell me so that I can offer more to my client
- I want to have a check point with the client after the appt

Between Visit

- I'm continuously looking for new clinical developments for my client
- I'm continuously talking to clients to help them

What do MCH clients care about?

Entry & Scheduling

- I have a tipping point or trigger that sets me in motion to seek (more) healthcare
- Research what's wrong with me and what to do
- I have criteria for a good doctor
- It's hard to find a good doctor
- How I find "my" doctor(s)
- It's up to me to take decisive action for my own health
- I base my options on constraints and preferences
- I am happy to pay a premium for health care that will satisfy my needs
- I take action from online resources & advertisements
- I want to be seen in a timely and easy way
- I try out different health care options (trial and error)
- I want what Mayo has, I want the Mayo way
- I knew MCH could give me what I needed
- I am willing to travel for healthcare
- I'm loyal to my doctor
- Don't rip me off - don't sell me on something I don't need
- Get administrative help
- Get records and referrals

Pre-arrival Accommodations

- Prepare myself mentally
- Help me plan getting to my appointment
- Work out my travel options

Arrival

- Be welcomed & greeted
- Feel comfortable with the arrangements
- Provide my information

Appointment

- I want an excellent doctor I can get along with
- I want you to be prepared, know why I'm here
- Make me feel comfortable in the environment
- Have time for me
- Don't make my health journey longer or choppier than it needs to be
- Treat me as an equal
- Earn my trust - make me feel safe
- Listen to me
- Care about me
- Help me know that I need help
- Give me holistic care
- Help me figure out what's wrong
- Get it right
- Make sure I'm keeping up with you
- Use your extensive resources
- Give me a plan and make it so
- Realize the emotional impact on me
- See me off, leave me with a good feeling

Post Visit

- Give me the results when you say you will
- Contact me about my results
- Help me understand results
- Be there for me when the results look bad or things don't work out as intended
- I feel stranded
- I rely on your advice
- I struggle to get doctors agreement
- I really want a plan
- Point me in the right direction with a referral
- Leverage my provider's influence and resources
- Send medical records where they need to go
- Check in on me
- Sometimes I don't think you know what you're doing or you could be ripping me off
- Trying new things don't always pan out
- Get my prescription
- Deal with the bill

Between Visit

- I can't be bothered with healthcare sometimes
- I can't predict my healthcare needs
- Be there when I need you
- Talk with others about healthcare options & decisions
- Stick to the plan, continue with my treatment
- Question the healthcare service I'm getting
- Improve my health to prepare for treatment
- I feel satisfied

Sample section of MCH client mental model →



Service Blueprint

Mayo Clinic Healthcare at London

What are service blueprints?

A service blueprint is “a diagram visualizing the relationships between different service components that are directly tied to touchpoints in a specific customer journey. It illustrates how a business delivers a user experience.” - *Nielson Norman Group*

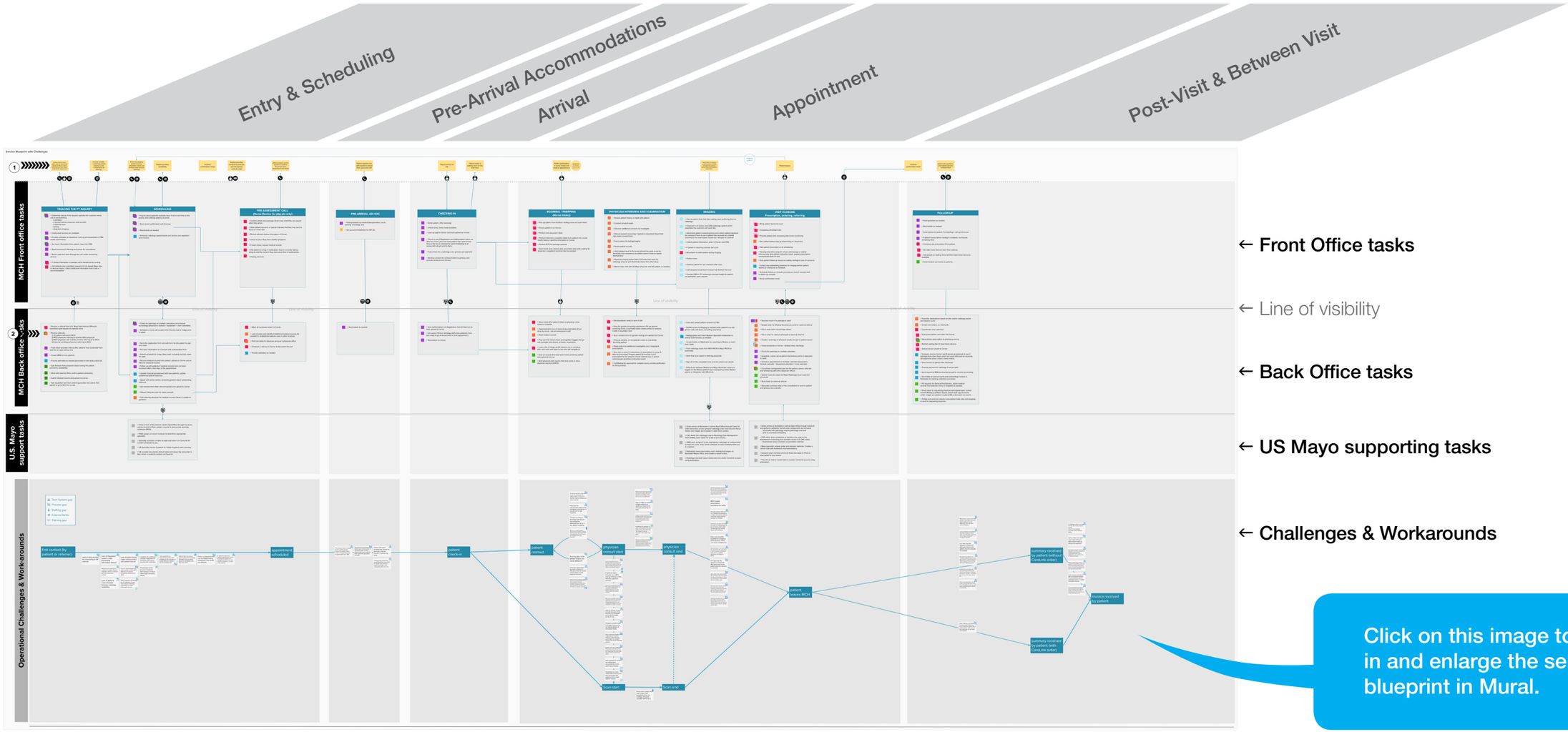
Pros and Cons of the MCH Service Blueprint

Pros:

+ MCH staff has the opportunity to have a systems view of the tasks they do and how their work contributes to the whole,
+ Provides staff with the opportunity to voice challenging experiences with the work they do,
+ Potential to use the blueprint to provide and overview perspective to new MCH hires,
+ Potential to bring clarity to quality improvement work,
+ Provides a framework for staff understanding of their part in the patient journey and the importance of continuity.

Cons:

+ Without the challenges and workarounds, it’s not clear where the struggle is and may make it appear as if there is no struggle,
+ A system-view is general enough to fit the system in it, but not specific enough to address details in process gaps.



Service Blueprint: Challenges & Workarounds

Operational issues as voiced from MCH staff

Entry & Scheduling

Gap	First contact by client → appt scheduled
Process gap	Lack of clear process for responding to GP referrals
Tech System gap	Lack of integrated systems make processing information manual
Tech System gap	Appointments need to be created on multiple different calendars, which is a manual and time-consuming process.
Tech System gap	Lack of ability to cross schedule between radiology modalities
Tech System gap	Lack of patient portal make communication with patient manual
Process gap	Lack of acknowledgement when patients contact MCH after hours by phone (handled by call center) or email.
Training gap Tech System gap	When patients call asking for an estimate, it's not clear where to find the information or what information to use.
Process gap	If patients are unwilling to complete registration on the phone, staff cannot proceed with scheduling.
External factor	Scheduling cannot proceed if patients don't answer or return calls to get necessary details.
Tech System gap Process gap	Time needed for an appointment and the slots available on the calendar are usually different, making it hard to schedule well.
External factor	External PAs may book a patient without first speaking with MCH med sec about physician availability. (now they have slots)
Process gap	Follow up appointments can be delayed being scheduled if the results are delayed.
Tech System gap	It's difficult to determine if additional appointments need to be booked for patients with packages because it's not clear what they have left to complete in their package.

Pre-arrival and Arrival

Gap	Appt scheduled → Arrival and check-in
Tech System gap	The itinerary that is created for the patient doesn't always accurately reflect what's scheduled because it's generated from CRM.
Process gap	Scanned pt documents are hard to see on the screen. It would be easier to have physical print outs and have them ready the day before the appt.
Tech System gap	Orders that were prematurely closed for package patients results in reordering tests.
Tech System gap	The team has a hard time coordinating their work when it's unclear how much of a patient's package is still outstanding after their visit.

Appointment

Gap	Rooming → Consultation start	Gap	Consutation start → Imaging	Gap	Consutation start → Consultation end	Gap	Consutation end → Client leaves MCH
Process gap	To set up test the nurse has to go to a computer on a different floor; pt stays on the floor they're at while staff goes to set up.	Process gap External factor	Physician calls to Medica for scan justifications often involve being on hold and waiting. This ties up the physicians time and could be initiated by another role (HCA) and handed to the physician when Medica is on the line. Order doesn't go anywhere until justification happens.	Process gap	Patient doesn't always get adequate communication about add-ons and new prices to package. Provider should communicate this but can't - doesn't have pricing/ billing info.	Process gap	When patients leave, they are not provided with any communications or synopsis of their visit. There is a worry that this lack of communication doesn't provide the special touch needed for the patient to feel like they belong to Mayo (provide memorable, tangible, valuable summary).
Tech System gap	Prep work for colonoscopy orders is not prompted automatically in Cerner and can get forgotten.	External factor	If patients need a complex scan, MCH must go through a time-intensive approval process.	Tech System gap	Easy to forget to monitor multiple systems for results (i.e. CareLink for eConsult and Cerner for labs).	Tech System gap	MCH needs prescription workflows for refills
Process gap	There is no way of knowing if the doctor has joined the telemedicine call or If the patient is waiting.	Process gap	Scans are needed the day of the medical appointment, but cannot be scheduled in advance because no one knows what scans will be needed.	Process gap	Length of consult is different per package, but there aren't good ways to track length of consultation time - just spending whatever time is needed, if dr goes over pt isn't charged for it.	Tech System gap	Package patients often do not complete the package in a single visit and the episode cannot be closed until the package is complete.
Staffing gap	Reliance on external agency nurses who are trained in specific tests like smear tests makes MCH vulnerable because they tend to be unreliable and cancel frequently.	Process gap	MCH wants to provide on-demand imaging for patients as determined by the physician during the visit. Consequently, there are no set schedules for imaging and must be negotiated by the team every day.	External factor Process gap	It's difficult for patients to recall medications they take if they have more than four. This makes it hard to document and create care plans.	Process gap	Clinicians are wary of closing the order for the package for fear of losing orders within the package and causing rework and confusion.
Process gap	Running labs while patient is here can cause delays	Tech System gap	Patient's itinerary is never accurate because of how scanners are scheduled and the fluid changes during the visit.	Process gap	Different nurses/HCAs may guide patients from physician to test(s) and back again resulting in being asked the same questions over and over again, and having a fragmented experience. [Patient should have the same nurse and physician throughout their journey for continuity]	Tech System gap	Only one computer available for prepping home devices, which can cause a bottleneck.
Tech System gap	If the test is done before the order is placed, it's difficult to track and causes rework based on what physician has done.	Process gap	Delayed consults lead to imaging resources not being utilized at scheduled times.			Tech System gap	Documenting in the chart can be redundant with work done in other systems, resulting in more time to complete discharge and delays in billing.
Tech System gap Process gap	Some services are scheduled and some are not. Non-scheduled services need to happen in-between scheduled services and kept track of completion. Scheduled services (in-house and external referrals) are done with different scheduling systems.	Process gap	Scans need to be made on an empty stomach however waiting on approvals and nurse intake can elongate patient's stay before radiology happens.			Process gap	Is it clear how the episode is closed off? Who goes back to the patient once the episode is complete
		Process gap	Imaging could have multiple parts depending on package. Cost of package may change depending on if imaging add-ons were made. This isn't communicated well to patient.			Process gap	At the end of the visit, it's hard for the team to tell if the patient should go downstairs for follow up scheduling or if they should stay to complete tests.
		Process gap Training gap	Time needed for prep is not adequately accounted for in the scanning schedule			Process gap External factor	MCH physicians that also work at other sites have a hard time monitoring results and scheduling patient follow ups when off site. This is less of a problem the more frequently they're on site.
		Process gap Training gap	Scheduling too many consecutive scans are too time consuming and dangerous for a single patient's session			Process gap	Ordering eConsults with U.S. Mayo often takes a few days which delays ability to take action with patient without clear next steps to communicate to patient - episode remains open.
		Staffing gap	Some scans require (by law) multiple staff. Sometimes there is a shortage of trained, available staff to do it.				

Post Visit & Between Visit

Gap	Client leaves MCH → Summary received by client and referring provider	Gap	Client leaves MCH → Bill received by client
Tech System gap	When letters need to be sent to GPs a lot of time has to be spent looking for email addresses since we don't have a directory.	Tech System gap	If radiology order is wrong in Cerner, the invoice will be wrong. Cerner is not always accurate, which impacts billing.
Tech System gap	Lack of network connection to local PACs systems means team must manually copy/paste and encrypt contents for sending to referrers.	Process gap	Some orders are kept open even if they're done which holds up billing and payment.
Process gap	Is it clear how the episode is closed off? Who goes back to the patient once the episode is complete	Tech System gap	Cerner does not have the necessary information for billing, and its lack of templates (smart phrases, prepopulated fields) result in inefficiencies and inconsistencies for billing and finance.
Tech System gap	No network link between local hospitals and MCH's Cerner to share scan reports for referring physicians. Manual work to search for finished report, copy/paste into a word doc and email to referring physician.	Tech System gap	Billing for package patients cannot be completed until the episode is closed (and package is complete). This usually requires a lot of manual back tracking in order to ensure an accurate bill is created. It's hard to have conversations with physicians and team when orders are not closed.
Tech System gap	It's difficult to see what tests have been done that day and what are remaining in a patients package or schedule - remaining tests do not come back onto to list.	Tech System gap	Tests that were reordered due to accidental episode closure (package was not complete) results in multiple redundant invoices.
Tech System gap	Have to ask physician if it's ok to send results that have come in for the patient since we don't have a patient portal to do this automatically.	Tech System gap	Financial spreadsheet maintenance is manual and requires cross-checking among scheduling, Cerner, CRM, and invoicing. This comparison task is complicated and can be inaccurate due to issues with closing orders.
Process gap	When ordering an eConsult, the team doesn't know how long it will take for Mayo U.S. to respond which holds up what they might plan as next steps for the patient.		

MCH staff voiced significant operational challenges as shown in this table. The challenges are organized between specific touchpoints in which metrics could readily be identified and data collected to measure conversion rates or efficiency improvement, if desired.

The MCH staff perspective outlined here looks different from the MCH clients' description of their healthcare experience (see page 11). This does not mean that operational tasks don't affect the patient experience. Efficient operations are a basic foundation to the patient experience strategy upon which medical concierge should be layered.

- Tech System gap
- Process gap
- Staffing gap
- External factor
- Training gap

Recommendations

Mayo Clinic Healthcare at London

1. Create a clear process for referrals.

Create a referral process and staff critical referral needs. Ensure that staff responsibilities are dedicated to outcomes and that roles and responsibilities are developed in concert with process development.

Reduce referral middlemen. Evaluate the number of middlemen involved in securing a referral with the understanding that more middlemen creates more delays and inaccuracies.

Utilize automation and technology to streamline redundant tasks that don't require empathic responses or human sense-making. Consider experimenting with self-scheduling for referring providers with a hotline number for those wishing to speak with someone or discuss extenuating circumstances.

Website design: List the following information on the MCH website:

+ Providers, their specialties, their medical secretaries, phone number for the medical secretary and email
+ Downloadable referral form, including patient contact number and a check box for who should contact the patient with the results.

Host luncheon visits and dinners for referring providers to get acquainted with MCH providers. Ensure the referral process is stable and clear, and share it at these visits.

2. Invest in a unified scheduling system.

Reduce the amount of cross-checking humans do to reconcile multiple calendars by investing in or building a unified scheduling system. Investigate existing technologies that help merge and manage multiple calendars.

Consider increasing scheduling staff as a temporary measure until this is in place.

Consider improving and creating more efficient processes around scheduling, however note that improved processes around poor systems is not sufficient.

Include imaging calendars in this effort. To maintain on-demand access to scanners, consider investigating predictive analytics that could show patterns of use and allow scheduling staff to avoid booking in high on-demand times.

3. Make MCH the home base and priority for all physicians working at MCH.

Make MCH a stronger node in the overall network of private UK healthcare in order to strengthen word of mouth and ability to offer clients broader knowledge and expertise. Clients are looking for this.

Consider moving all physicians' medical secretaries to MCH even if physicians also work in other locations.

Consider incentivizing physicians to work more than 50% at MCH in order to increase patient monitoring, engagement, patient volumes and follow through.

4. Create a streamlined eConsult process that meets UK competition standards.

Consider redesigning the eConsult process so that it offers faster and more reliable turn around times. Don't be afraid to reconceptualize eConsults to gain faster turn around and greater physician collaboration.

Consider including clinical insights and additional recommendations in the eConsult (upsell). Clients and referring providers are interested in this, and Mayo Clinic is positioned to provide this unique service in the UK.

Consider creating a collaboration communication opportunity between physicians (MCH provider, US Mayo provider, and UK private referring provider) in order to build network and open possibilities to refer to US.

5. Do a risk/benefit calculation for switching from Cerner to Epic.

Consider amount of staff needed to overcome lack of system integrations, staff morale & turn over, accuracy of information, patient communications, physicians ability to monitor when results come in and efficiency of communication with US Mayo, local PACs system, etc. Calculate this over the span of the Cerner contract and compare to the cost of implementing Epic. The MCH team could greatly benefit from stabilization that would come from system integration.

Consider the Epic CRM software that provides communication integration for creating a bespoke experience (i.e. when a client calls, the identity of the caller is displayed on the screen).

6. Improve package completion tracking.

Current MCH technologies require humans to monitor and reconcile package completion resulting in high manual effort, inaccuracies, rework and delays. If current technologies remain in place, we recommend an analogue solution that will also serve as patient communication: create a punch card system in which the item is checked off or punched upon completion of items in the package. Cards can be given to patients to keep (in which case, staff will scan/photo to include in records) and/or cards can be kept on site. QR code systems could also be employed.

7. Increase attention on key experience gaps.

+ Provide accurate and reliable itinerary for patient and referring providers.
+ Enhance MCH website to assist client decision-making and planning. MCH clients would benefit from having provider information and Mayo philosophy more prominently displayed. Additionally, offer clear advice on where to park or what transportation to use.
+ Call client 24-48 hours prior to appointment to confirm appointment, provide instructions, answer questions, make sure clients have directions and address, provide contact number, confirm ETA, and any need for special accommodations.
+ Create a process for tracking and sending results to patients and referring providers. Process should include who is contacting the patient and providing updates if there is a delay.
+ Establish a clinical hotline that clients can text or call anytime, like they would do if they could contact their physician directly.
+ Consider allowing MCH staff to receive healthcare at one of the US Mayo campuses so that they can have first-hand experience of Mayo Values at work. Provide shadowing opportunities, tours of Executive Health, and a meeting with Values leaders while on site. Have MCH staff reflect on 1) having things explained to them along the way and 2) the power of reassurance, because these skills are significant to MCH clients.
+ Consider establishing formal global care teams. In addition to the traditional domestic care team model responsibilities, these teams would do medical concierge, global medical coordination, bespoke healthcare treatments, and help MCH providers lead their client's care should it be distributed to the US.

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