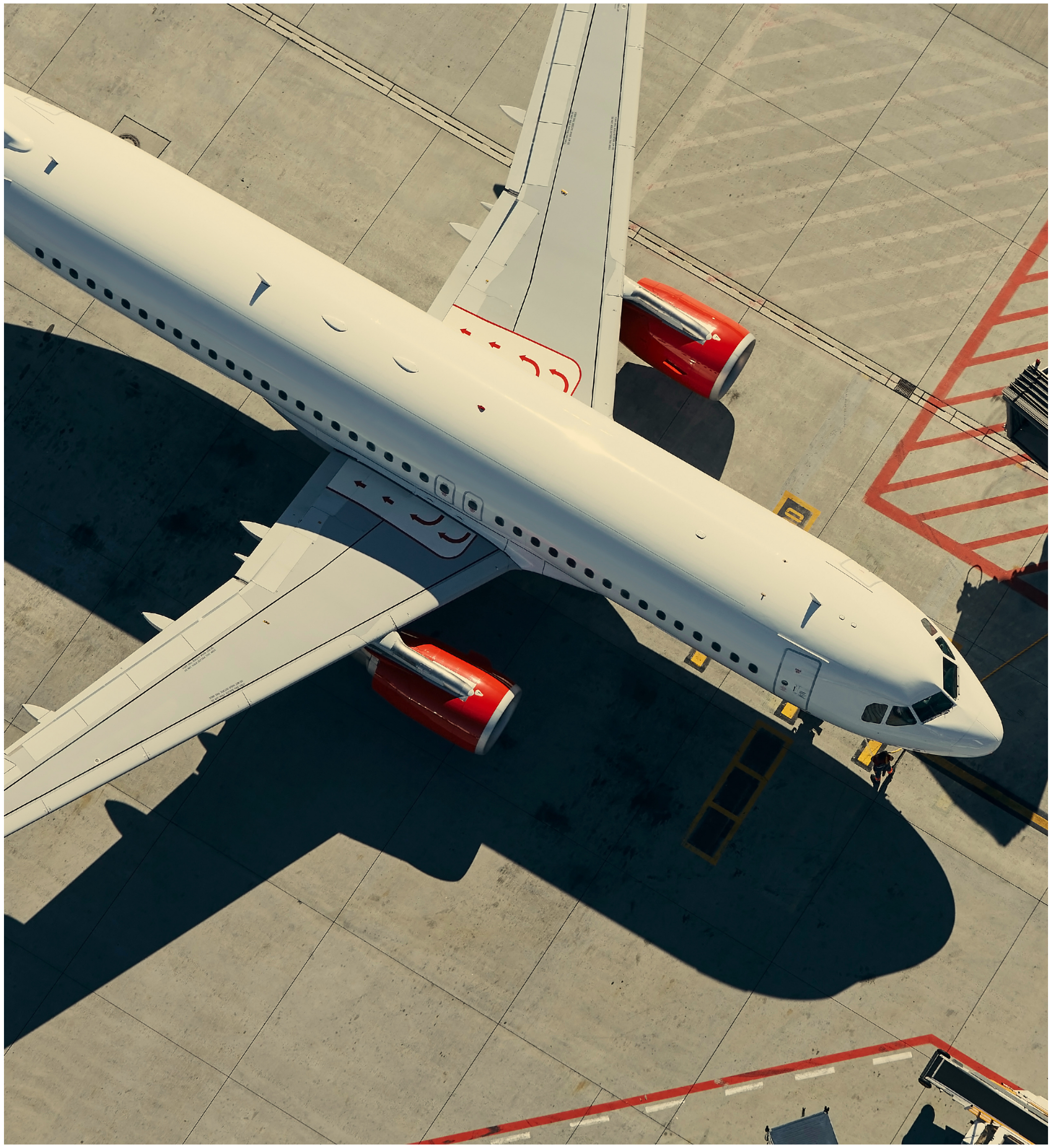
Orchestrating & Operationalizing Journeys

Journey Mapping, Service Blueprints and Stakeholder Maps



In my work I’m searching for the magical balance between…

BUSINESS & DESIGN

STRUCTURE & CHAOS

LOGIC & INTUITION

EXECUTION & CONCEPT

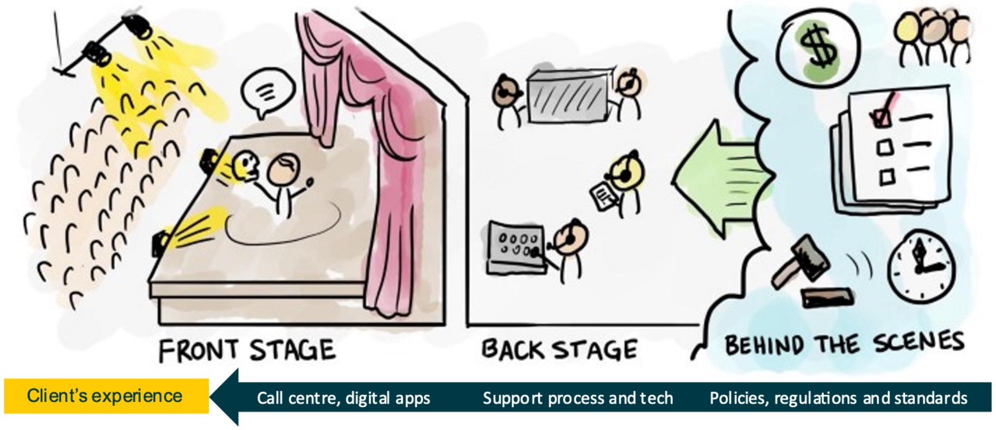
FORMALITY & CREAVITIY

CONTROL & EMPOWERMENT

Making Experiences Visible

As a designer, I look at everything involved in delivering a service – *end-to-end, front-to-back, digital and non-digital*

We look at the people, process and technology – and how they work together – to deliver client experience.



Client Actions: What the Client is doing in this moment

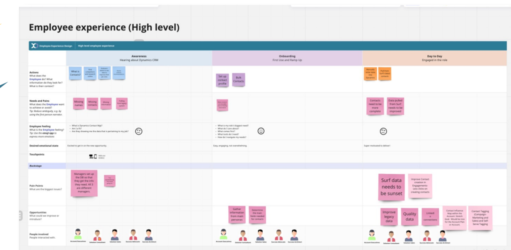
CXO Communications: Comms or content on the Evolve value proposition and supporting material being used by Advisors or sent to the Client in this moment

Advisor Actions: What the Advisor is doing in this moment

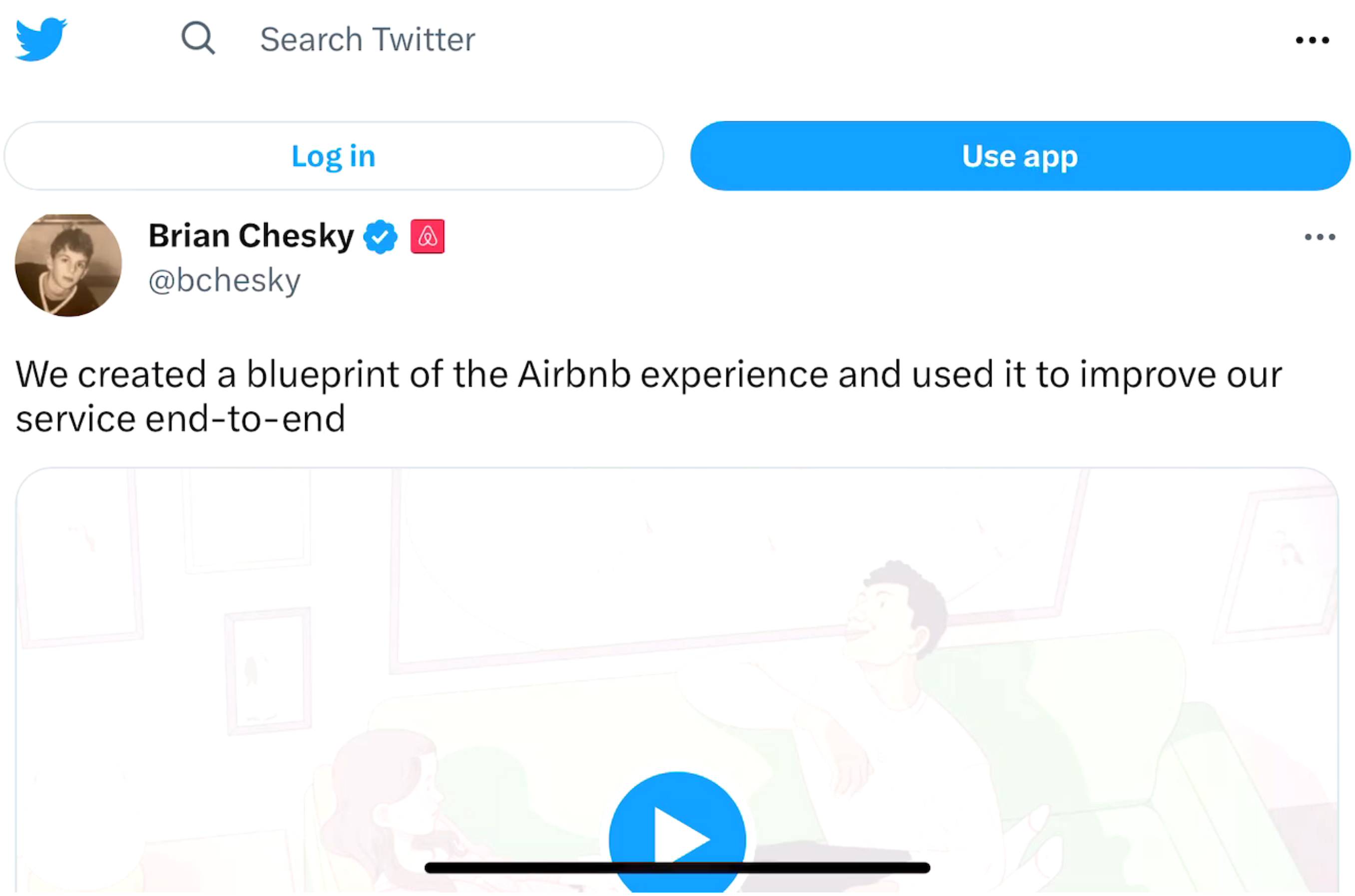
Dynamics Actions: What Dynamics teams are doing in this moment (often operations-based or back-stage)

Contact centre: Dynamics contact centre role and actions

Other Rows: Each moment can have business rules, pain points, operational data (e.g. % of clients who experience a certain pain point), projects which are relevant to the experiences and processes of that moment, and responsible teams who are most directly involved with the actions in that moment



Service blueprints have been adopted by many organizations –, IKEA, Walt Disney, Starbucks, Airbnb….and Dynamics!



Making the “invisible” visible, at different levels

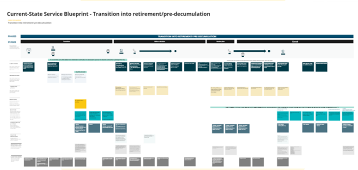
Current-State Feature

e.g., Appointment Booking Tool

MVP Feature

e.g., Advisor Nudges MVP

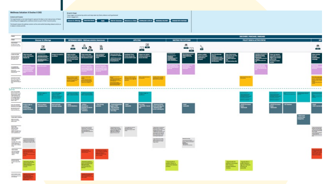
Current-State Experience



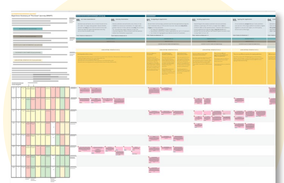
e.g., Decumulation – Transitioning into Retirement

Future-State Experience

e.g., Insurance: Wellness, Evolve, DSS



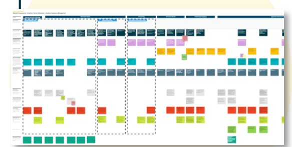
Current-State Business



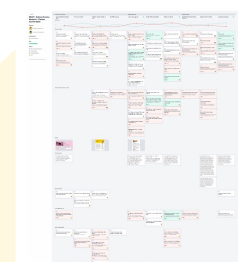
e.g., SLGI “Purchase Stage”

Future-State Go-to-Market

e.g., Evolve Term Launch

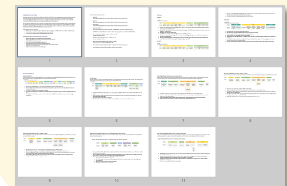


Implemented Future-State (New Current-State – *Cycle Repeats*)

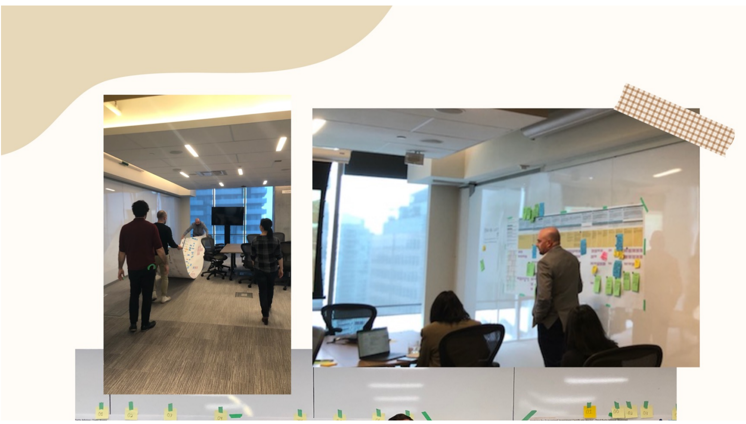


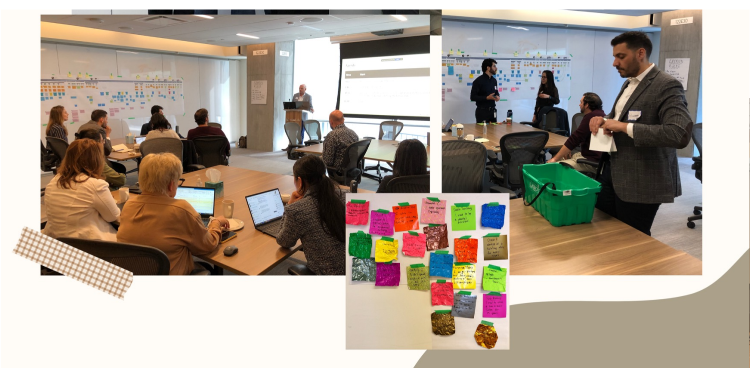
Future-State Business / Ecosystem

e.g., Financial Planning Advised and Self Serve Experiences



Service blueprints and journey maps as springboards for action





Hub-Level Thinking

My approach to service design and management aligns designers and non-designers alike on the problem, solutioning and roll-out

1 Set-up & framing

- Gathered key stakeholders across functions
- Aligned on common objective (First Contact Resolution and Client Experience)
- Defined initial scope and focus
- Mapped E2E journey and potential breaking-points

2 Integrated insights & alignment

- Collected data from various sources
- Uncovered and connected insights across the journey
- Aligned on a common understanding of pain points

3 Brainstorm & prioritization

- Brainstormed across key levers (digital, comms, CCC, process, product, etc.)
- Identified **55 unique ideas**, out of which **28 were potential in-year**
- Ranked in-year ideas based on effort and impact, and **prioritized 15 initiatives** for execution

4 Mobilization

- Identified owners for each initiative
- Folded initiatives into 3 key streams
- Established cadence and working model to deliver on identified initiatives

Service design requires journey design to effectively understand the problem and identify the breaking points and resolution towards an ideal, happy future state

	1 Welcome	2 Look up coverage	3 Understand coverage	4 File a claim	5 Check status
Feeling	Curious	Confused	Uncertain	Frustrated	Frustrated
Happy path	Member looks-up and finds coverage and booklet on secure site or mobile	Member fully understand coverage info	Member submits claim via secure site/mobile and completes COB as required	Member logs-in to check the claim status and/or address additional requirements	Member receives alert that claim is paid and can see status/EOB
Breaking points resulting in a call	Member can't find coverage info (any channel) Member calls prior to looking for info themselves (e.g., online, physical) Member finds different levels of detail on various channels	Member doesn't understand Coverage info that they find Member cannot access enough info Member disagrees with the coverage info	Member does not know how to file a claim Member files a claim and hits an error Member does not understand the claim filing interface/form Member wants to make sure the claim was submitted	Member cannot find status Member does not understand status (e.g. completed, but not paid) Member does not understand next steps Member cannot complete additional requirements (e.g. attach receipt)	Member disagrees with payment amount Member sees claim paid, but does not see amount Member cannot find EOB Member cannot understand EOB

Cross-journey pain points

- Call drops or wait time is too long
- Chat is not responsive
- Follow-up does not happen within promised time
- Client forgets info
- Multiple transfers
- Splitting with HSA
- Cannot log-in (forgets credentials)

Similarly, using qualitative and quantitative data to better understand **client behaviours** is critical to aligning stakeholders

Emotions & behaviours

Welcome/Look up coverage

Curious

*"I was **just wondering** how much coverage I have for physio?"*

Many members want basic information but do not have ingrained digital habits when it comes to checking coverage

Understand Coverage

Confused

*"I wanted to see what my coverage was and it's a bit **confusing** … I had contacts. …. I saw there it said there $44 …My limit is $200…I'm just **confused**… "*

Members find it hard to understand coverage and want to connect with a human to feel secure

Submit Claim

Uncertain

*"I have an orthodontic claim, to submit and I tried to do it online…I just **wanted to confirm** if you have received the treatment plan"*

Members have low confidence in the submission process and feel the need to confirm completion

Check Status & Decision

Frustrated

*"I feel like I've done my homework in the past and they've required more information, …**I shouldn't have to fight** with my benefits provider."*

Members are often surprised by claim decisions and are frustrated by a lack of clarity up-front

Integrated Insights: examples

Welcome/Look up coverage

Over 90% of members calling about coverage are **digitally registered, but**

~70% of coverage callers did not sign-in to web or mobile *1* business day before call

Natural language processing on calls reveals Members call out of curiosity (e.g. "just wondering")

Caller type = Client	Call Category = Coverage	Number of calls = 77

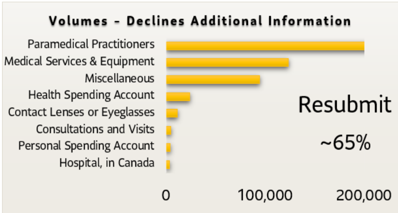
```
Topic 0:  ['client', 'ccr', 'confirms', 'asks', 'ccr confirms']
Topic 1:  ['just', 'just wondering', 'wanted', 'benefits', 'wondering']
Topic 2:  ['exception', 'form', 'medication', 'wants', 'just']
Topic 3:  ['know', 'wanted', 'claim', 'wanted know', 'hsa']
Topic 4:  ['dental', 'son', 'client calling', 'appt', 'dental appt']
Topic 5:  ['know', 'glasses', 'wants', 'benefit', 'exception']
Topic 6:  ['client calling', 'said', 'calling', 'letter', 'informs']
Topic 7:  ['just wondering', 'wondering', 'just', 'health', 'equipment']
```

Understand Coverage

- Only 1/3 of users are able to find and complete key tasks such as checking coverage and submitting a claim without difficulty[2]
- Call Listening[3] analysis revealed top 2 reasons for Coverage related calls are:
  1) **"Confirm" coverage:** Do I have coverage, am I eligible for, how much will I get paid… (~45%)
  2) **Unclear how to navigate web & mobile** (e.g., find coverage, submit claim) (~25%)

Submit Claim

~65% of declines are **resubmitted**, often because we require additional information (e.g., Dr.'s note)



Check Status & Decision

Top reasons for claims declined (based on reason codes):

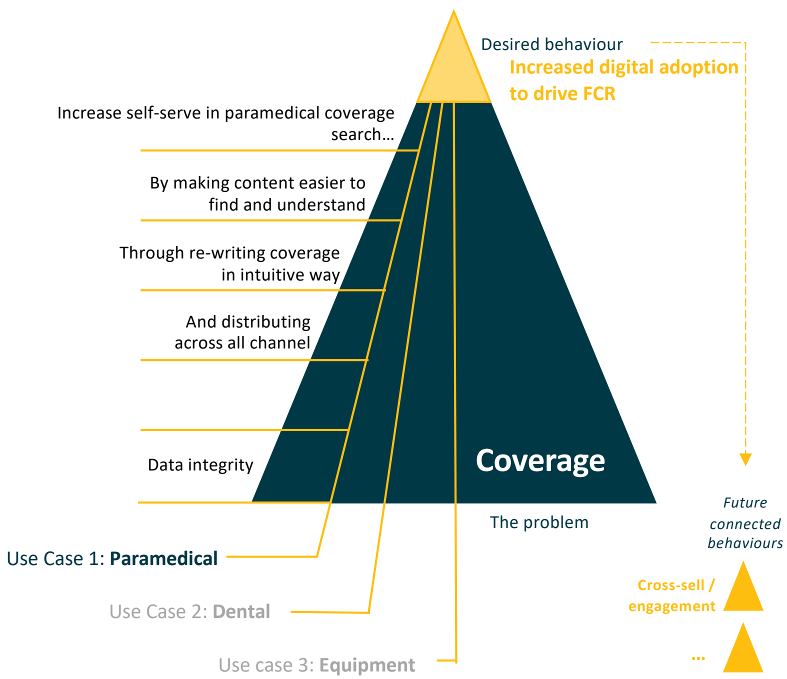
- Reasonable & Customary charges (higher rate than standard market rate)
- Reached max in coverage
- Reached max in HSA
- Not covered

Dynamics **Sources**: 1) Business Analytics, Jan to May 2021 2) 2020 Usability study 3) Lean Solutions Call Listening analysis 4) Lean Solutions FCR analysis

Use-cases are critical to making services tangible for brainstorming and solutioning

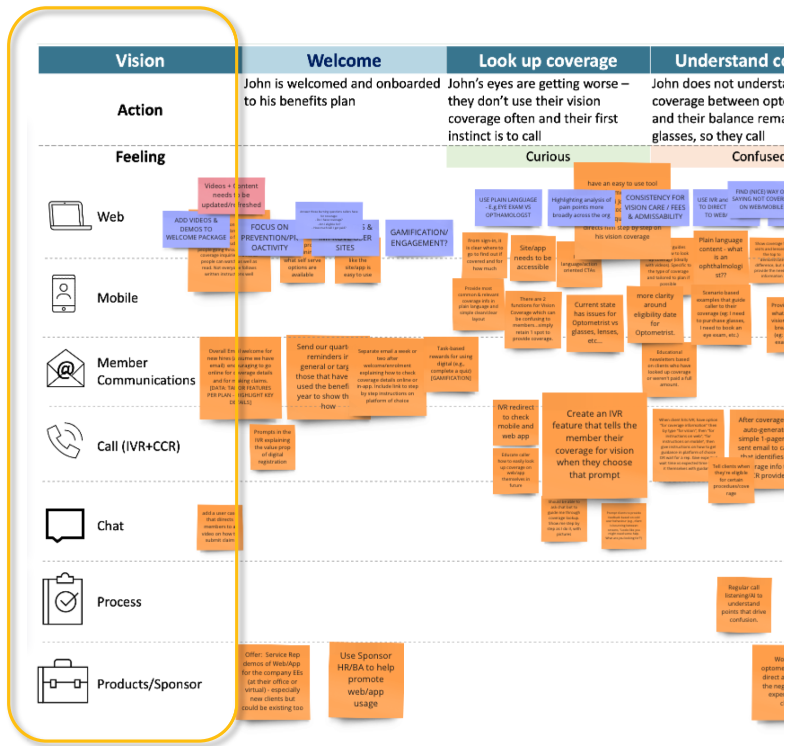
Scenarios based on top drivers

Focusing on use-cases allow time-bound, focused and overall efficient delivery to key moments that driver client behaviour, desired journeys and business strategy/outcomes.

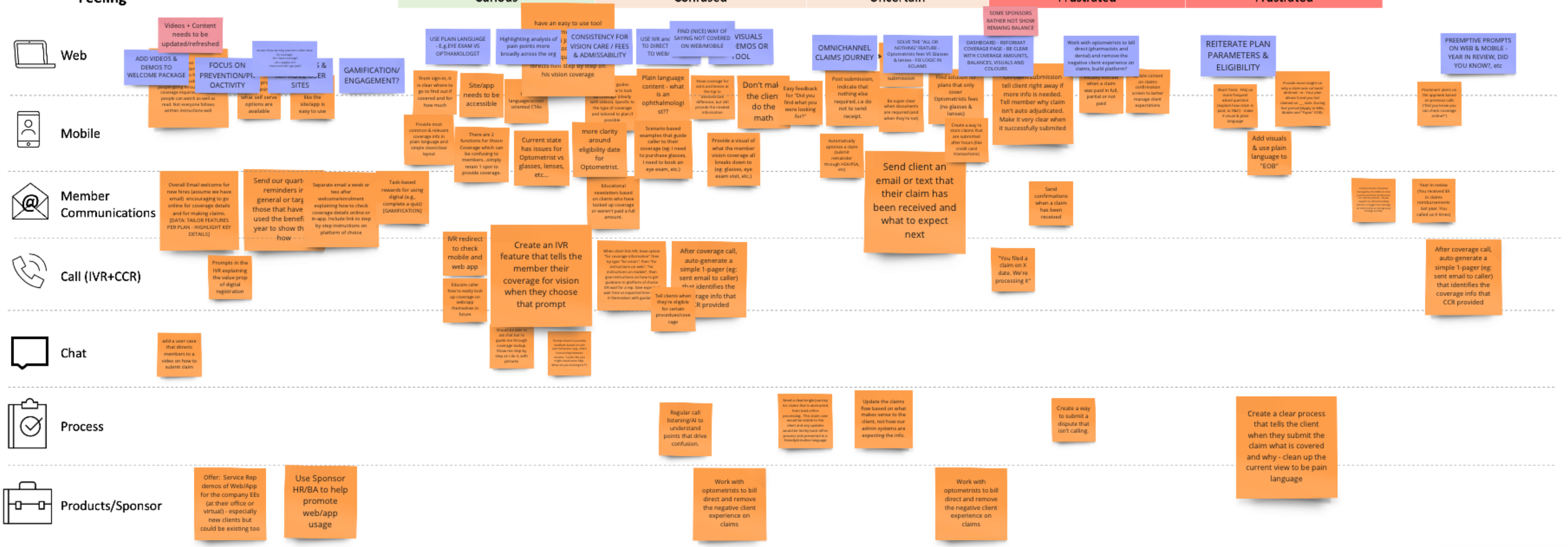


Solutioning across channels

I brainstormed ideas across channels in each scenario to identify solutions at across all stages of the journey



Vision	Welcome	Look up coverage	Understand coverage	File a claim	Check status and triage	Receive paid claim	Reinforce
Action	John is welcomed and onboarded to his benefits plan	John's eyes are getting worse – they don't use their vision coverage often and their first instinct is to call	John does not understand their coverage between optometrist visits and their balance remaining for glasses, so they call	John is uncertain of claim submission success due to previous lack of clarity and calls to validate submission	John's claim status is pended due to a receipt being required, they were not warned of this, so they call	John misunderstood the original coverage discussion, disagrees with the EOB and calls to dispute	John receives communications between coverage and claims checks
Feeling		Curious	Confused	Uncertain	Frustrated	Frustrated	



My brainstorming revealed **55** unique ideas (28 in-year, 27 medium & long term) that will help us close the gap between current and future state across journey stages

<table>
<tr><th></th><th></th><th>Welcome</th><th>Look up coverage</th><th>Understand coverage</th><th>File a claim</th><th>Check status</th><th>Claim decision</th></tr>
<tr><td rowspan="2">In-year ideas</td><td>Journey stages</td>
<td>• Encourage digital habits during onboarding (e.g. use value prop language to promote digital, email campaign after 1 week, push email based on when people make their first claim)
• Ensure accurate and complete member data collection at onboarding (e.g. emails, etc.)
• Enable people to setup banking in mobile app, allowing for initial claim to be setup/completed in mobile-only</td>
<td>• Create tool to easily search coverage eligibility and amount (eligibility calculator)
• Reorganize coverage pages and to prioritize most relevant information and rewrite in plain language
• Add ability to lookup dental coverage on the mobile app</td>
<td>• Reveal claim submission requirements and mandatory document upload based on policy
• Visualize coverage breakdown and consolidated balances
• Re-write drug look-up content (e.g., clear outline of process, use user centric language, describe alternative drugs and tiers)
• Redesign and simplify benefits booklet in line with Bill 96 requirements
• Rewrite optometrist eligibility coverage date using plain language
• Clarify meaning and consequences of "reasonable and customary amounts" with plain language across paramedical, devices, etc.
• Use scenario-based examples to explain coverage through members' perspective (e.g. I need to purchase glasses, I need to book an eye exam)</td>
<td>• Create a 'Repeat my last claim' feature driven by previous claims interactions
• Trigger an e-mail closer to drug renewal date and give clear instructions, links, and forms for renewing drug approvals
• Auto-generate and send simple 1-pager with coverage info after coverage call
• Create an on-screen celebratory moment to confirm claims submission and next steps (e.g. how long, what to expect)
• Send out plain-language confirmation and next steps email following a digital claim submission (e.g. how long, what to expect)</td>
<td>• Rewrite status updates on mobile and web in user-centric language</td>
<td>• Rewrite decline e-mails with more detail and plain language (e.g. "immediate action required", be more specific on the reason for decline)</td></tr>
<tr><td>Cross-cutting</td>
<td colspan="3">• Digitize and streamline drug digital form (pre-approvals, special approvals)
• Provide digital self-serve knowledge on IVR to nudge to digital channels
• Improve public site SEO to find relevant coverage/claims content, and direct to secure site when needed
• Assess value and appropriateness of showing CCC phone number across all channels</td>
<td colspan="3">• CCR to educate the caller on how to look up coverage on web/app, and promote usage of digital channels referring to Bright Tiles
• Create how-to video guides for checking coverage and claims
• Create a FAQ on top questions using plain language and visuals (e.g. how do I file abroad)
• Expose live chat to be more easily findable</td></tr>
<tr><td rowspan="2">Medium/long-term ideas</td><td>Journey stages</td>
<td>• Offer demos of Web/app for the company EEs (at the office or virtually) - for new and existing Clients
• Create a place to store and put information from doctors/physicians including photos of prescriptions, recommendations and voice notes</td>
<td></td>
<td>• Have an automated read out of the category balance while on hold ("Calling about coverage? We see you recently claimed Chiropractor; you have $$ remaining across all paramedical)
• Clarify when a member should go to Dynamics with questions vs their Sponsor</td>
<td>• Work with Optometrists to bill direct and remove the negative Client experience on claims
• Work directly with Pharmacy/Pharmacist to flag that approval is required
• Reduce the amount of repeat paperwork for renewal; remove member from this process
• Inform claim wait times at various channels (e.g. on claims screen, in IVR)
• Email confirmation campaign with BD & Sponsor (Make sure you confirm your email address by X date, otherwise you may not receive xyz comms!)
• Create a way to store claims that are submitted after hours (e.g., credit card transactions)
• A feature to capture doctor's visit notes through voice or text</td>
<td>• Optimize claim automatically e.g., submit remainder through HSA/PSA
• Notifications (email, push, text) on all claim status with estimated dates
• Inform Client immediately upon submission if NIGO and what additional info is needed</td>
<td>• Create educational newsletters based on Clients who have looked up coverage or weren't paid a full amount
• Declined email deep link to your claim details (Face ID)
• Create a online dispute process to prevent calls</td></tr>
<tr><td>Cross-cutting</td>
<td colspan="3">• Push sponsors to promote digital adoption
• Make product changes to make it easier to use; rethink pooling of topics per category
• Leverage Ella to capture Clients' thoughts and proactively use information to address the concern
• Task-based rewards for using digital (e.g., complete a quiz)
• Smart call routing and using account history data
• In-journey support through Ella, clear steps, and dynamic instructions</td>
<td colspan="3">• Create a one-click renewal button or push the renewal notification
• Create app/web based notifications based on previous calls (e.g., did you know you can check coverage online?)
• Create spousal/dependent access to web/moble channels to allow for checking coverage
• After coverage call, auto-generate a simple 1-pager with coverage info and send to caller</td></tr>
</table>

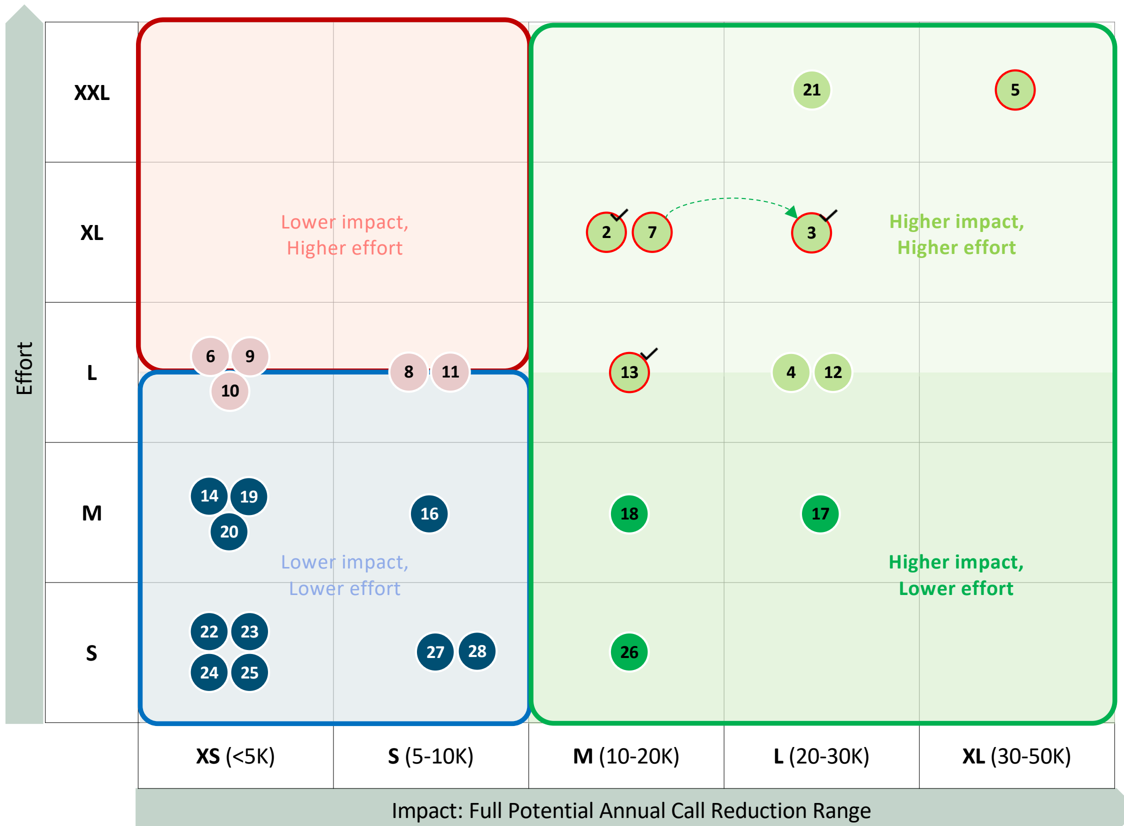
The results of my rankings reveal three key segments of ideas to review

6	Re-write drug look-up content (e.g., clear outline of process, use user centric language, describe alternative drugs and tiers)
8	Provide digital self-serve knowledge on IVR to nudge to digital channels
9	Improve public site SEO to find relevant coverage/claims content, and direct to secure site when needed
10	Enable people to setup banking in mobile app, allowing for initial claim to be setup/completed in mobile-only
11	Create a 'Repeat my last claim' feature driven by previous claims interactions

14	Trigger an e-mail closer to drug renewal date and give clear instructions, links, and forms for renewing drug approvals
16	Encourage digital habits during onboarding (e.g., use value prop language to promote digital, email campaign after 1 week, push email based on when people make their first claim)
19	Create how-to video guides for checking coverage and claims
20	Create a FAQ on top questions using plain language and visuals (e.g., how do I file abroad)
22	Rewrite optometrist eligibility coverage date using plain language
23	Expose live chat to be more easily findable
24	Clarify meaning and consequences of "reasonable and customary amounts" with plain language across paramedical, devices, etc.
25	Use scenario-based examples to explain coverage through members' perspective (e.g., I need to purchase glasses, I need to book an eye exam)
27	Create an on-screen celebratory moment to confirm claims submission and next steps (e.g., how long, what to expect)
28	Send out plain-language confirmation and next steps email following a digital claim submission (e.g., how long, what to expect)

Dynamics

Idea ranking by Impact & Ease



2	Reveal claim submission requirements and mandatory document upload based on policy
3	Create tool to easily search coverage eligibility and amount (eligibility calculator)
4	Digitize and streamline drug digital form (pre-approvals, special approvals)
5	Visualize coverage breakdown and consolidated balances
7	Re-organize coverage pages to prioritize most relevant and important information
12	Redesign and simplify benefits booklet in line with Bill 96 requirements
13	Add ability to lookup dental coverage on the mobile app
21	Rewrite status updates on mobile and web in user-centric language

17	CCR to educate the caller on how to look up coverage on web/app, and promote usage of digital channels referring to Bright Tiles
18	Auto-generate and send simple 1-pager with coverage info after coverage call
26	Rewrite decline e-mails with more detail and plain language (e.g., "immediate action required", be more specific on the reason for decline)

CXO digital team

Currently on CXO digital roadmap

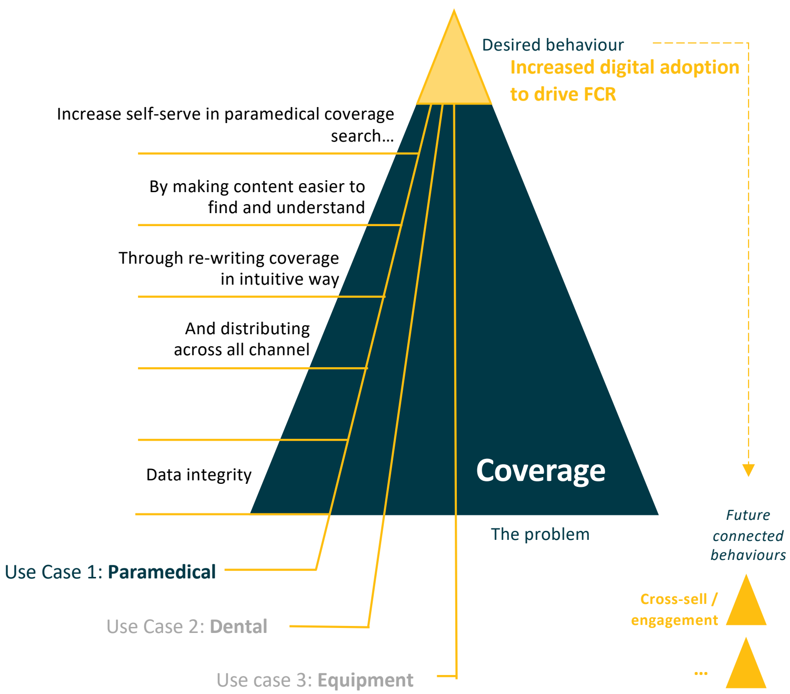
"Piggy-back" opportunity

Service Management and Solution Implementation

I continue to evolve the way I work, with deeper collaboration centred around the E2E journey and focused on tackling strategic 'slivers' of problems to drive behavioural change

RECALL: Sliver approach to define the use case

Focusing on use-cases allow time-bound, focused and overall efficient delivery to key moments that driver client behaviour, desired journeys and business strategy/outcomes.



Dynamics [1]Examples of data sources leveraged: CCC stats, call listening, UX pain points, digital analytics, VoC

Service implementation: build the use case

Pods (a.k.a services teams) enable key elements of each sliver to be delivered. The structure of the pod should depend on the requirements of the use-case. For example, a heavy process or back-end focused use case may not require participation from web and mobile teams.

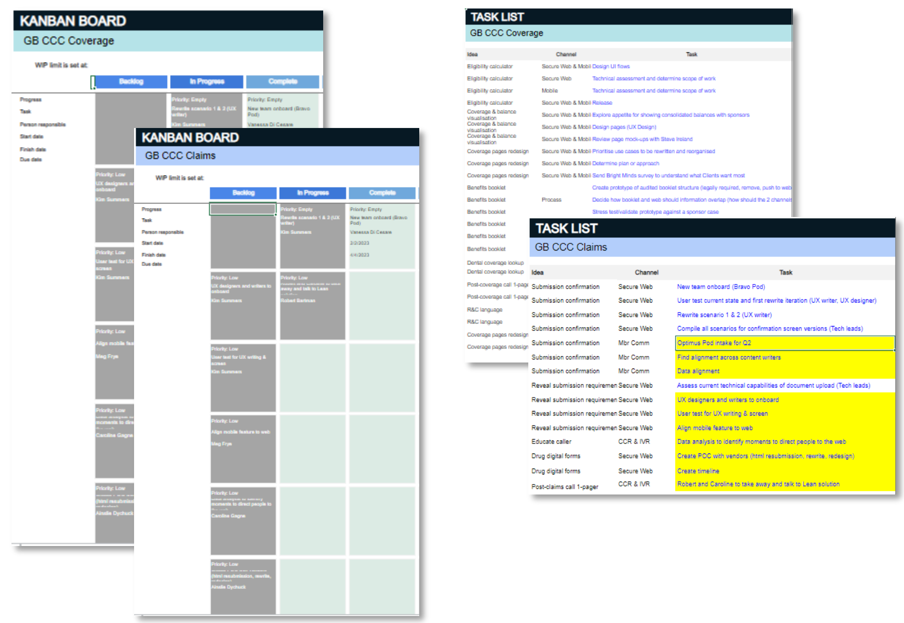
Element	Team representation required
Use case: Paramedical We want to increase insurance conversion…	
by reinforcing the value of Evolve term during application	RA&S product development
Through delivering personalised content during onboarding	CXO marketing
Based on existing client and policy data collected during onboarding	Data and analytics (XP) Operations
Delivered through web, mobile and email	Web, mobile, UX

We've already established a cadence and working model to deliver on identified initiatives

Cadence to coordinate and track progress

Rhythm	Meeting	Attendees
Monthly	**Program check-in** FCR/CCC check-in on initiative statuses (update before meeting)	• <u>Drivers:</u> Robert and James • <u>Sponsors:</u> Yan and Varesh • <u>Attendees:</u> Key initiative drivers and decision-makers across BUs involved
Quarterly	**Program reflection/prioritization** Review progress to date and explore adjustments based on new information, impact, learnings etc.	
Weekly/ bi-weekly	**Stream groups** Frequent updates on findings, blockers, changes to initiatives and alignment within pillar on dependencies and new information – to adapt	• Execution teams

KANBAN boards and task lists established across streams



Recap on learnings and next steps

Learnings

- Rich and integrated insights allow us to better frame the opportunity and yield fruitful and data-driven discussions (Client data, business data, ops data, call listening, etc.)
- Holistic and common understanding of pain points across E2E journey is critical to ensure we have the same understanding of the problem
- Cross-functional collaboration drives deeper understanding, innovation, better solutions, and enables synergies in execution
- Bias for action and assigning ownership of outcomes holds teams accountable
- Service design requires service management and ownership

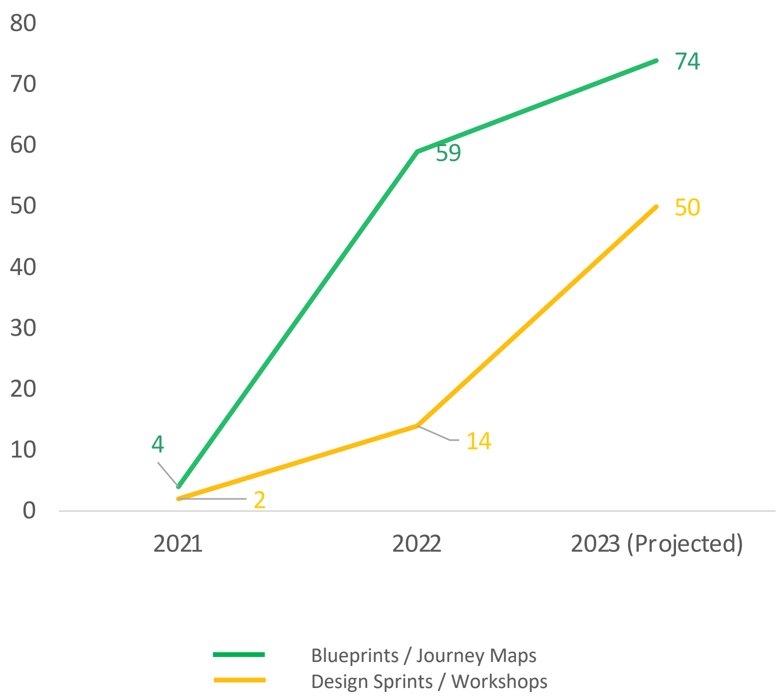
”[I am]…super encouraged by this approach…and want to do it more often…trying to do this again.”

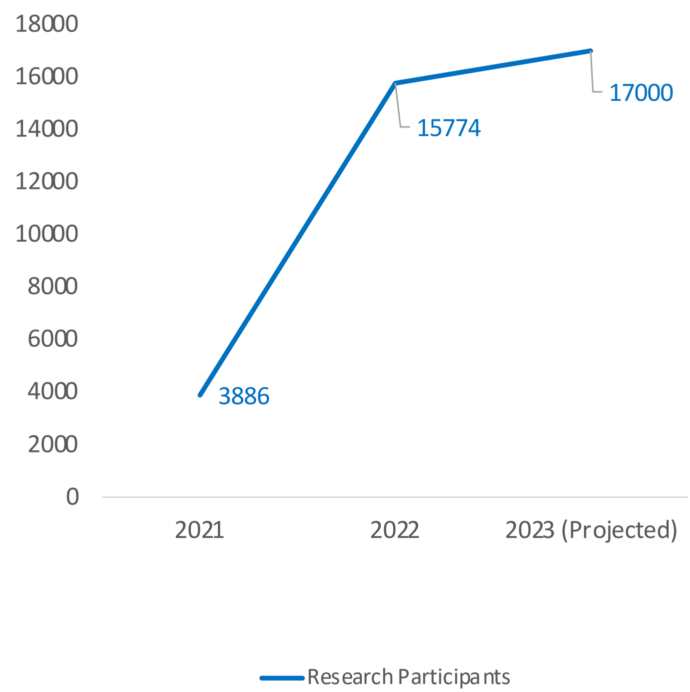
”I couldn't tell who was on GB/CXO or Ops - the purpose was to solve for the client”

Embracing Journey Management at Scale

As I scale XD activities across Dynamics, need to better connect and organize journeys and insights at a whole company level

Client-Focused and Cross-Functional Design Activities Across Dynamics Canada





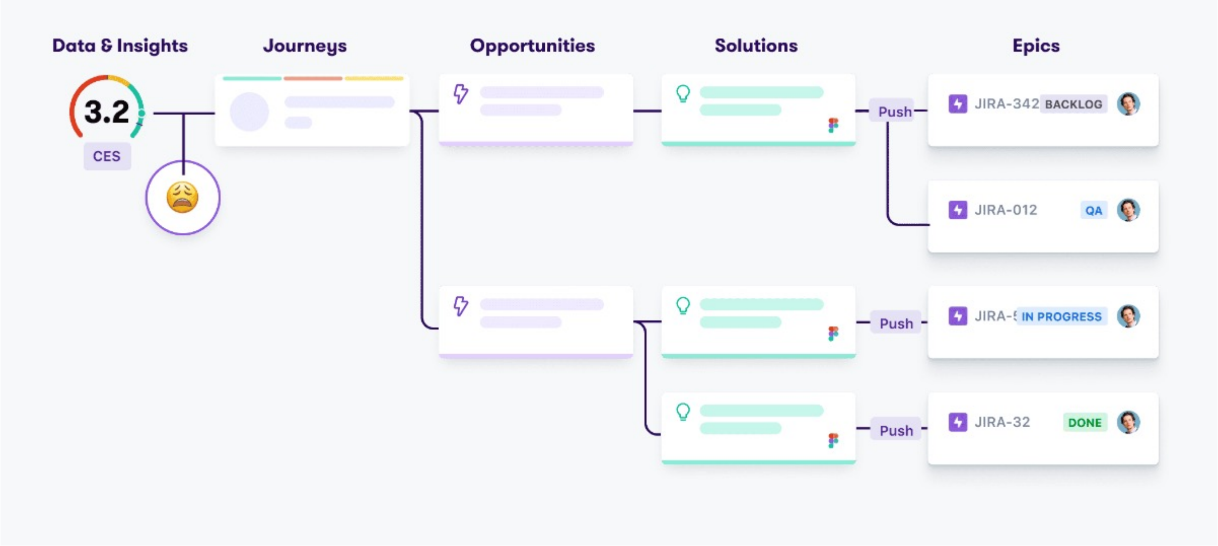
What is Journey Management?

Journey Management consists of 3 key parts:

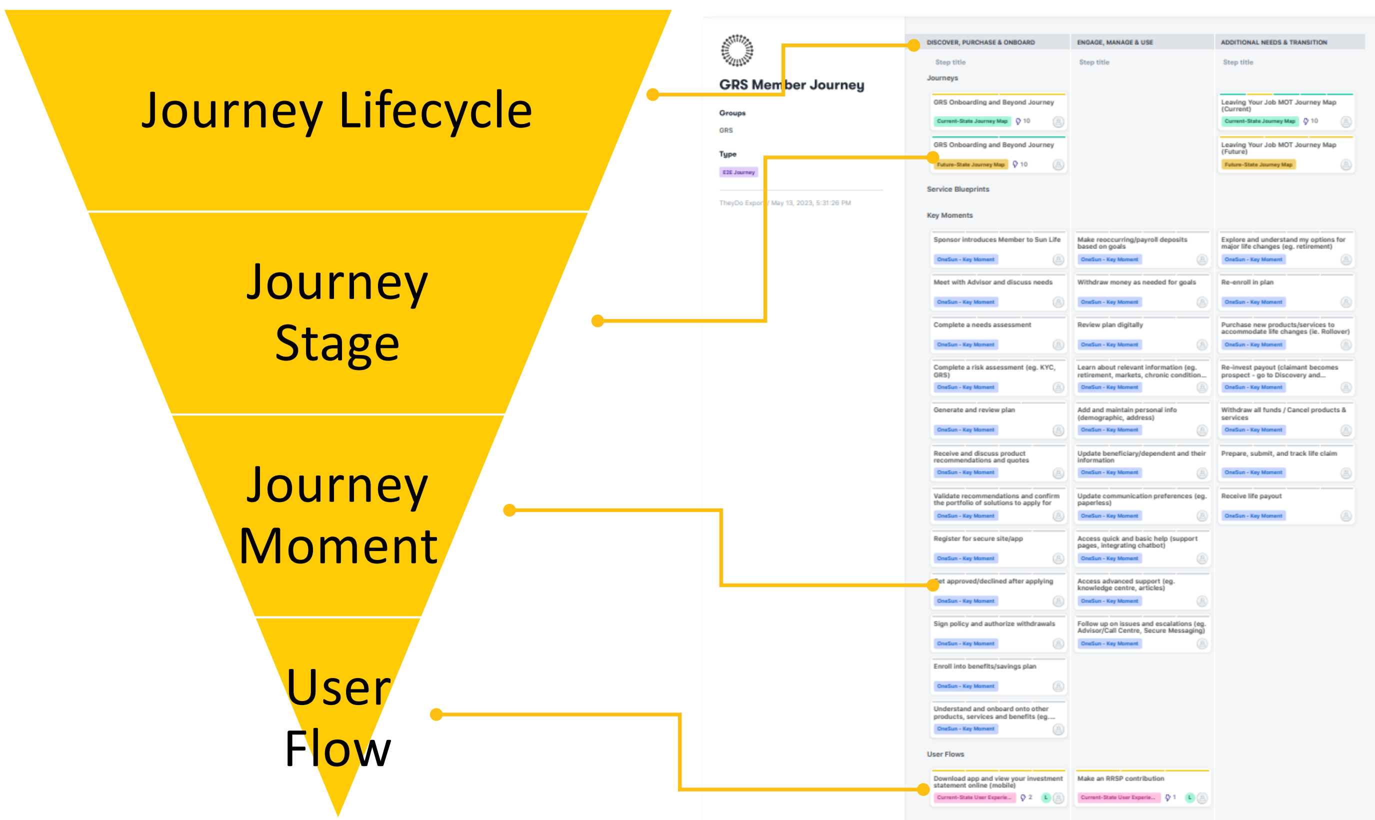
• **Visualizing:** Mapping Client journeys and blueprints in a standardized and collaborative way.

• **Structuring:** Structuring journeys and data / insights in a common hierarchy to create an overview of the full Client lifecycle.

• **Orchestrating:** Collaborating together to improve the experience, from gathering insight to implementing.



It’s XD’s responsibility to deeply understand ALL the journeys My Clients go through, and to champion high-quality experience design

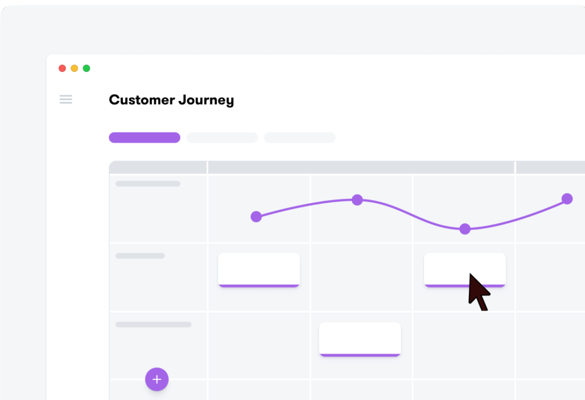


We now have a tool to help manage the complexity of ALL journeys.

Dynamics

I will continue to pioneer Journey Management practices that unlock efficiency, E2E orchestration, and experience consistency

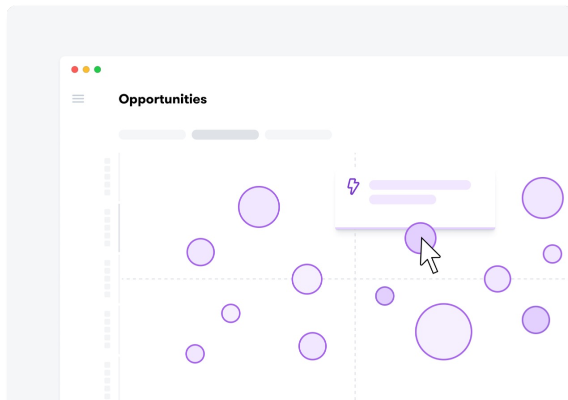
Efficiency
From "knowledge harvest" to "knowledge buffet"



Future Examples:

- Ability to search and immediately build on prior journeys and insights instead of starting from scratch.
- Reporting and on-going governance to maintain a high-quality system of journeys.

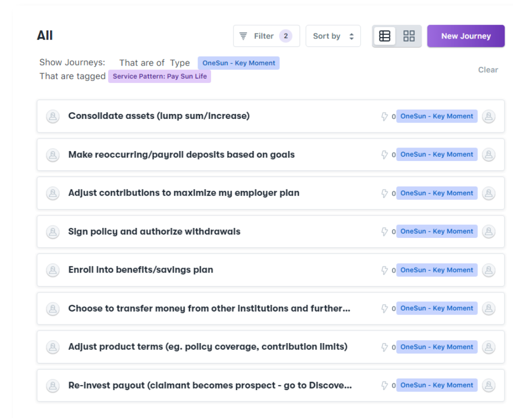
Orchestration
More systematic ways of connecting discovery to development



Future Examples:

- Ability to systematically log and categorize opportunities and tag to multiple journeys / segments across BUs.
- Early and ongoing identification and prioritization of opportunities and solutions.

Consistency
Identifying common service patterns across Key Moments



Future Examples:

- "Service Pattern: Pay Dynamics" has been tagged to 8 Key Moments within My Journey Hierarchy.
- Connect measurement data (e.g. Qualtrics) to journeys for comparison across areas.

Dynamics

Takeaways, Questions & Discussion

Key Takeaways

Service Design at Dynamics Canada	• From no service design to a team of experts
Making Experiences Visible	• From “invisible” to “visible”
Hub-Level Thinking	• From silos to collective
Service Management & Solution Implementation	• From mappers to orchestrators
Embracing Journey Management at Scale	• From knowledge harvest to knowledge buffet

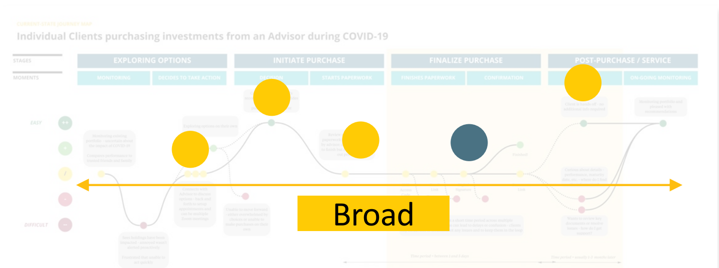
Appendix

CX and UX practitioners work in a human-centered, co-creative, and iterative way - key differences are scope, activities and deliverables between the two roles

What is CX / Journey Design?

SCOPE

- **Journey Design refers to everything that affects a user's end-to-end journey (multiple touchpoints)**
- CX professionals are interested in how Clients and businesses can achieve their desired outcomes
- Journey Design also considers how the various elements among Client Experience, Employee Experience, and back-end system should be aligned
- **Activities / Deliverables**: e.g. User research and insight development, mapping current-state journeys, envisioning "north star" journeys

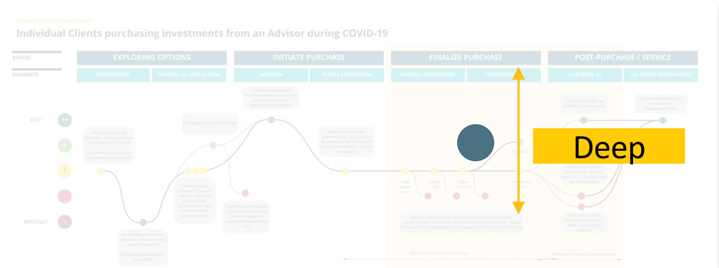


Multiple touchpoints - end-to-end journey design
Interactions outside of Dynamics too

What is UX Design?

SCOPE

- **User Experience (UX) refers to everything that affects a user's interaction with a digital product**
- UX professionals are interested in the what, why, and how of digital product use
- UX Design also focuses on balancing user needs with business goals and technology constraints
- **Activities / Deliverables**: e.g., Information architecture, interaction design, content design, visual design, usability testing



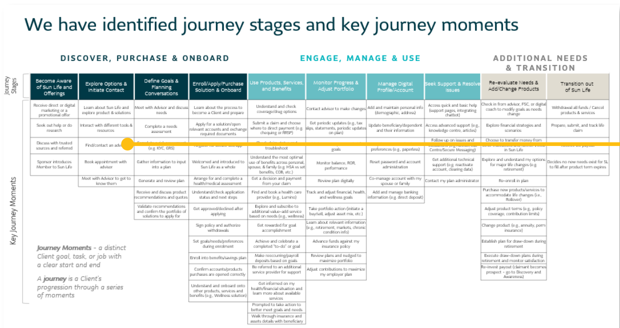
Single touchpoints - digital product design
Primarily Dynamics Interactions

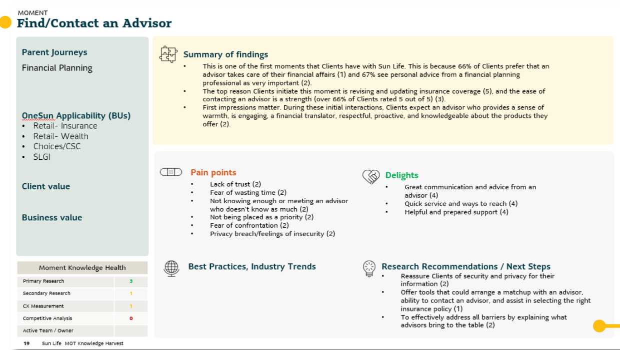
To start, we're orienting around Key Moments – these are building blocks for CX strategy, journeys, insights, opportunities, solutions

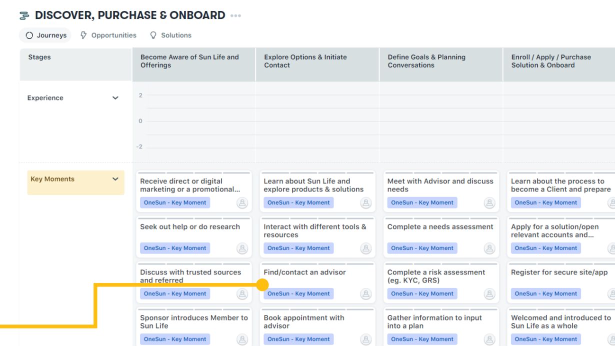
Journey Hierarchy
Organizing ~80 Key Moments under 10 Journey Stages from the ground up

Research Knowledge Harvest
Documenting all data / insights I already have across Key Moments

Journey Management Tool
Building a centralized and accessible repository for insights & journeys







Each moment represents a distinct Client goal, task, or job with a clear start and end.

A journey is a Client's progression through a series of moments.

Key Moments exist across multiple BUs and can be standardized to eliminate arbitrary uniqueness.

Some are more important to Clients than others, which are called "Moments of Truth".

Journeys and Insights capture needs and behaviours, which don't need to be re-learned.

Bringing together all journeys and insights is a first step towards more efficient orchestration.