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*In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE magazine meets with Amy Cueva, Founder and Chief Experience Officer Mad*Pow.*

Taren: Amy, thank you so much for being a part of our PharmaVOICE WoW Podcast program and congratulations again on your PharmaVOICE 100 Honor.

Amy: Thank you so much. I'm really excited to talk with you today.

Taren: You will be a really innovative company that is taking a non-traditional approach to improving the human condition. I'd love for you to share your philosophy and vision around the concept of human-centered design and why it's important as a way to change the current state of the healthcare industry. I'm totally intrigued.

Amy: Yeah, absolutely. We believe that the people who will be affected by the solutions we're creating should be involved in the process of creating them because they are the ones that are expert in their lives, their needs and hopefully designing a better future for themselves and so the system was sort of "designed by default." We ended up with this system that functions in some ways that some would argue is very dysfunctional in other ways and that's because really the nature of the pathways of data and money transfer and industry and it created all of these canyons and walls and barriers that really the patient is left in a maze to try to navigate and figure out on their own.

And so human-centered design is a term that reflects it, a philosophy and a methodology that says let's do the research and be inclusive and try to understand really what drives people's behavior, their mental model, their mindset and what they're facing, what they're needing, what they desire and what a positive experience for them will be like and then take that information and then again design with them if possible what would an ideal experience be like as they interact with various organizations and channels. And so typically we're doing some journey mapping and envisioning a more positive future through this experience mapping and service blueprinting and then figuring out how to bring that to bear through patient support material, through digital material, through human to human interaction, etc. and part of it too is like I said it's inclusive, it's interdisciplinary, it is also iterative and we'd have a test and learn approach.

We're obsessed with measurement, what KPIs are we going for, what ultimately is going to be a success for the patient and for the business and measuring that and seeing what works and what didn't work and then iterating because nothing is sort of set it and forget

it; we can always learn and improve. That human-centered research inspired, iterative, inclusive, interdisciplinary approach is sort of what defines human-centered design, and when we're seeing it happen in the marketplace we're seeing phenomenal results and so it's really taking off in health.

Taren: That's exciting. Can you share an example of a healthcare program where you are using this approach?

Amy: Yes, absolutely. So, we all hear about the promise of value-based care and we all sort of we're trying to accomplish sort of incremental innovation within our organization, but kind of always – many people that I know are kind of itching to disrupt. What would happen if we sort of invented things from scratch? What would we be able to imagine and create? We worked with a company called ImagineCare. Now, ImagineCare was spun off out of Dartmouth-Hitchcock health system in Vermont and it was a subsidiary that has since been sold through a European health company and is still doing really well.

But it was based on the idea that the Dartmouth-Hitchcock CEO had. What if we extended care outside the four walls of the hospital and to the places where people live and what would that look like? And so the solution focused on providing a smartphone app that would connect to Bluetooth biometric sensing devices and would be available for patients who are suffering from the top 5 most difficult chronic health conditions, so hypertension, COPD, diabetes, congestive heart failure and even mental health issues as well. And so these patients in their home could use a Bluetooth inhaler, scale, blood pressure cuff, etc. to monitor their stats everyday and the magic of the solution now was that the data would go up into the cloud and algorithms were put on it that represented Dartmouth-Hitchcock's excellence in treatment protocols and care pathways and if anything was out of threshold, so for example if a congestive heart failure patient steps on the scale and their body weight has spiked and that's a real issue, they would get a phone call from a clinician within two minutes of stepping on that scale.

So, there are a bank of clinicians that support this and are monitoring this and so with the tool they get to see the stats, they get to interact with some artificial intelligence. They're the digital health coach that kind of reminds them of goals and helps them set goals and track toward them, but there's a human element so they can secure a message with the clinician. They can set up an appointment. They can request a phone call and the beauty of this is so we work with these folks right from the point where they had the idea all the way through research, design, development, implementation and then iteration and now we work with the European company as well to continue the solution.

The beauty of this is that it cut 20% cost out of managing a population. Their satisfaction was upwards of 95% and more importantly from a human perspective people said I no longer feel alone. I feel like there's someone looking after me. I feel like I have a connection and it sort of cut through all of the typical nonsense that patients have to face so they could have a single source for managing their condition.

Taren: This is exciting stuff and so congratulations to you all in being able to look differently at how the world operates in the healthcare spectrum. Was there an aha moment that led you to connect your design background without it creating a new type of user experience? What was your aha moment?

Amy: About 10 years ago, a little more, we had done a few projects in health and we're working across the health ecosystem, so a fair provider, government, nonprofit, health tech and pharma and life sciences. We had done a couple of projects, but honestly the majority of our projects were in finance and consumer and retail and ecommerce and it was great to help people understand financial products and help them transact or even help them to buy a sweater online. But in the health work that we had done in conducting research, we came to understand that the solutions we're creating could actually fundamentally improve the quality of somebody's life, be there for them when they need it most and even save a life in some cases. We were even doing interfaces in surgical environments that involve quality checklist that help prevent medical errors and so that really resonated with us.

Many of the people who work at my company at Mad*Pow they truly want to make an impact in people's lives and use their design superpowers for good so to speak. So we really decided to focus in health and we realize that there are a lot of conferences that focus on design and a lot of conferences that focus on health, but there wasn't any that explore the overlap of design, innovation and health. And so we founded that conference almost 10 years ago and over 500 people come each year and it's really helped stimulate a dialogue about the application of human-centered design in healthcare and how we can leverage empathy and behavior changes design and psychology to improve the lives of patients and clinicians.

Taren: And is that conference upcoming? April 2nd and 3rd, correct?

Amy: Yes, it is, right. It's in Boston the 2nd and 3rd and we're really excited this year because the conference is going to feature a futurist. We were talking about how we can get to this better state that we would all like to see in health leveraging things like transition design and as always exploring how do we turn innovation into execution, how do we take all of this innovation philosophy and actually put it into practice to improve lives of patients and the bottomline for our businesses as well as the behavior change design. So, that's an exciting discipline that we've really built out over the years and behavior change design looks at okay, it's great if we can use psychology and persuasive design to affect digital behaviors to get people to click or to view or to stay, but really the hardest thing is how do we get people to do things off the screen when no one is looking to help them stop smoking or just stay adherent to a treatment or to improve the quality of their sleep or their mood, etc.

So, these are the complicated things or problems we're trying to solve in health and we basically cracked the code on how to design for engagement and it involves the overlap of several disciplines, so human-centered design, motivational psychology, behavioral science and behavioral economics as well as data science. And so we've mashed these theories, methodologies and put them into practice and we've learned, we've iterated and we've come up with a really good process for getting people to do the things that are in their best interest by aligning with what motivates them intrinsically.

Taren: I think that's really exciting and I think that you're right. That's where the rubber meets the road turning that innovation into an actionable outcome for patients. Let's go to digital technology and artificial intelligence. How do you see those enhancing beyond the examples you just provided human interaction and I know A.I. is still evolving and trying to be adopted by the healthcare industry, but how is it really going to be used to support patients?

Amy: Yeah, absolutely. We hear about big data and A.I., but it's how do we leverage those things to give us the insights that we need to make decisions. The way health kind of works now is it's like you know I was talking about how do we get people to change their behavior and it's about sort of penalties and rewards or carrots and sticks or education or intervention and that's fantastic, but with A.I. and predictive analytics and machine learning and again leveraging human-centered design you would envision the fundamental redesign of our systems. We can start to figure out how do we design health into the fabric of our life so that making the best choice, the easy choice as opposed to right now where it's the most difficult choice.

And so we're actually going to be launching a design challenge on this topic of how do we design health into the O.S. meaning what if a house changes itself when it's bedtime, so the lights might dim, the temperature might change, your devices might turn off or you know, but how do we make it from an environmental perspective such as it supports the good decision to go to sleep and what's the role there. But of course, always driven by what people want and need and what's going to be best for them as determined by designing these things with them. And we're really conscious too of – we don't want A.I. to replace humans. We want artificial intelligence to be leveraged to improve the quality of the human interactions meaning they're more timely, there's better information and as a result the conversation can be even more effective so that it's just at the right time.

Taren: Obviously, you are a futurist and an ideator. Where do you draw creative inspiration from?

Amy: Oh wow, that's a phenomenal question. There's overlap between the work we do in design and in other industries as well, so I pull my inspiration from even personal projects I do on my house even like interior design. It's all the same design process and it's really dreaming and imagining and then taking steps to make that thing a reality, but

also I teach and the process of teaching has really helped me sort of distill concepts and explain them and understand that we're all teaching each other and so how do we bring these good concepts and ideas to different audiences in a way that they understand because you can have the best idea ever, but if you can't bring people along with you and explain to stakeholders and get the funding required and the sponsorship and to propel things forward then you can forget about it basically. Also, I do a good deal of volunteer work, service work which helps keep me grounded in the real need out there. I'm passionate about social determinants for health and the interconnectedness between health and finance and education and socioeconomic status and all of those things.

Taren: You mentioned that you do a lot of work in the nonprofit area and that you're also a teacher. You run Mad*Pow and you are a chief ideator and the Chief Experience Officer and you have a family, how do you balance all of that?

Amy: Yeah. Of course, it's the big question right now and eternally. I mean we talk about balance, but really it's about designing our lives to include all of the things that fulfill us and how are they going to integrate and how are they going to work together. So, being an entrepreneur of course you work extremely hard, but it also does afford you the opportunity to design with intentionality what do you want your work schedule to be, what do you want your priorities to be and it does provide a level of flexibility that's absolutely fantastic. But I mean what I learned three kids, they're older now, but when the business was growing they were young and you have to decide today I need to show up and be a mom and that might mean I'm not being the best from a contributor perspective at work, but that's okay.

With so many balls in the air and aiming for perfection with every single thing going on you can drive yourself crazy and so to be honest and I am a perfectionist, I had to lower my standards in some areas. I had to let the host be messy. I had to say "Hey, can I have one more day to work on that?" Because if you don't do that you're going to head straight toward burnout, so being a little forgiving with myself, you can't do everything perfectly 100% of the time and learning to prioritize and say no to a few things is still a challenge for me to be honest, but the better I get it the better things go.

Taren: That's funny. How do you gauge success for yourself? And then the follow on is that how do you celebrate those successes? You have a lot of stuff going on that you just noted, so how do you take the time to reward yourself?

Amy: Oh wow, that's a great question. So to measure success is really the success of our clients and the people they serve. If we're able to accomplish what we're setting out to do, which is helping people stop smoking, helping people to get on a path to better health, that's extremely fulfilling and for our clients when we see them be successful and get excited and of course come back for more, that's extremely fulfilling as well. In my career I've done things that I never thought I could do. I definitely suffered from the impostor syndrome and say I don't really have a place here.

I mean I won – in 2009, I won Mass High Tech’s Top 10 Women to Watch or something like that and I won it alongside the woman who invented the flying car and I was like should I be here and it’s funny because all of those things are great, but it’s really the relationships that I have everyday that are fulfilling to me and it is hard to take time to take a step back and celebrate. I’m the type of person what’s next, let’s go and I forgot about what happened yesterday and so I’ve had to train myself to say no. Take a moment and relish this and know that whatever happens in the future, it might be success, it might be failure, but no one can take away from you the things that you’ve done and that’s a good thing.

Taren: That’s a great sentiment. I know you probably get this question asked of you a lot, so at the risk of being predictable, why Mad*Pow? How did the company name come about?

Amy: Too funny. I have a phenomenal business partner and co-founder. His name is Will Powley and he is a very passionate, creative. About 20 years ago, mad cow disease is in the news and he was getting all fired up in a meeting about a creative idea he had and someone said, “You have Mad*Pow disease.” And it became his nickname and when we started freelancing together around that time that was the name of his company and we went with that because – and it’s been great because at the time I think I was thinking Intentional UX as a company name, which of course is terrible. With Mad*Pow we can just evolve as the industry evolves and there’s a little mystique around it, so it served us well.

Taren: It’s very memorable, so that’s a great story. Thank you for sharing. Finally, what’s the one piece of advice you would give to your younger self if you could go back in time?

Amy: This is a great question. For me personally I’ve always battled fear and worry, sort of descendant in a long line worriers and it really – they do say only the paranoid survive so you have to be like what are the competitors doing and how do we stay ahead and how are going to – and you need manage risk and everything and I do well with that in business, but personally fear has sort of gripped my life in many ways and so I guess as cheesy as it sounds I’d work on the whole self-love and in battling that fear earlier. Now, my spirituality sort of has helped me with that and I’ve come to a place of peace and everything happened for a reason at the time it’s supposed to happen, but I would love to have started the whole process sooner I guess.

The thing I tell younger women too is to really listen to that inner voice and have faith in themselves and to not settle for less than they deserve especially as it pertains to their partner in life because they say you’ll settle for the love that you think you deserve, so to believe that you deserve more and to not give up until you have that. And so I often tell

younger audiences to if you're dating somebody that isn't wonderful to you, you've got to kick them to the curb and find somebody who is. They love that.

Taren: That's great and that's not cheesy at all. That's really heartfelt. I want to thank you so much for being so open and candid in sharing your story with our listeners.

Amy: Yeah, it's my pleasure.

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