User Experience Design Process

Presented to



Presented by

David Luke

SCOPE OF WORK

This document and the work contained within it are designed to demonstrate David Luke's Overall User Experience (UX) Design philosophy and process to American Well. The nature of this document is also intended to demonstrate David's written communication and organizational skills.

ASUMPTIONS

For the purpose of this document and its intent the following assumptions will be made. Each assumption listed below would be adhered to throughout this process.

- 1. Design Standards Any design and documentation standards put forth by American Well.
- 2. Style Guide(s) Any Style Guide related items such as fonts, colors, layouts, etc.
- 3. **Coding/Development Standards** –Code practices and/or language choices as well as any specific standard tools or technologies.
- 4. **Desktop Browser Design** It is assumed that this design is based on implementation for standard desktop browsers. Responsive styling techniques could be implemented to offer content resizing based on detected screen size.

PROJECT OVERVIEW

The following overview was provided by American Well.

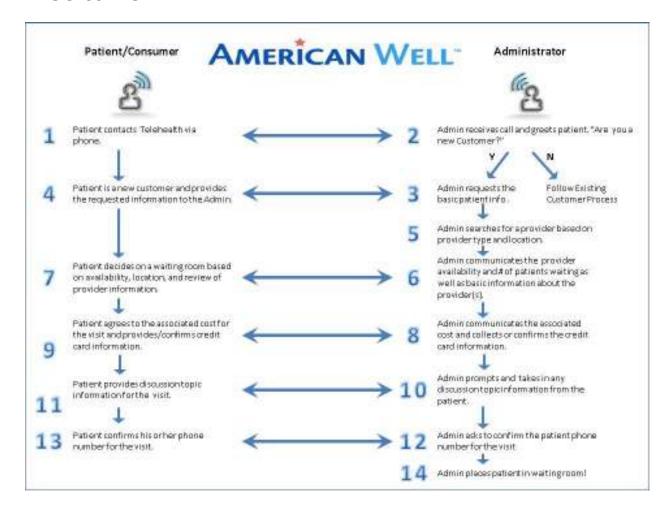
One of the features in our upcoming release allows a Customer Support Administrator to enroll a patient in our platform, and place them in the "online queue" for a provider. Assume the patient is calling in via the phone and dictating information to the CSR. Below are some high-level requirements that I extracted from our PRD for this feature. Could you please mock up some screens in a tool of your choice (Visio, PPT, etc.) depicting the flow of a Customer Support Admin going through this process? No right or wrong answer obviously, just gives us something to discuss regarding a positive user experience.

BUSINESS REQUIREMENTS

The following business requirements were provided by American Well.

- 1.1.1. VIEW USER ACCOUNTS
 - 1.1.1.1. CREATE NEW ACCOUNT
 - **1.1.1.1.** Administrators shall be able to create new consumer accounts.
 - **1.1.1.1.2.** When creating a new account, the following information shall be specified:
 - 1.1.1.2.1. Demographic information (Name, Date of Birth, Gender, Zip Code)
 - 1.1.1.2.2. State of current location
 - 1.1.1.2.3. Health insurance information
 - 1.1.1.2.4. Pharmacy information (optional)
 - 1.1.1.2.5. Credit card information (optional)
- 1.1.2. ADD TO WAITING ROOM
 - 1.1.2.1. ADD PATIENT TO WAITING ROOM
 - **1.1.2.1.1.** Administrators shall be able to add a patient to a specific provider's waiting room.
 - **1.1.2.1.2.** Administrators shall be able to find providers by the following criteria:
 - 1.1.2.1.2.1. Provider type (e.g., OBGYN)
 - 1.1.2.1.2.1.1. "Any" shall also be an option for searching, which will find providers in all types.
 - 1.1.2.1.2.2. Current location
 - 1.1.2.1.2.2.1. The current location shall be pre-populated with the value in the consumer's profile; if it is changed here, it shall also update the consumer's profile.
 - **1.1.2.1.3.** The search shall return the first provider using the following criteria:
 - 1.1.2.1.3.1. Current availability
 - 1.1.2.1.3.2. Number of patients waiting
 - **1.1.2.1.4.** The Administrator shall be able to review the following information about a provider:
 - 1.1.2.1.4.1. Type (e.g., OBGYN)
 - 1.1.2.1.4.2. Languages spoken
 - 1.1.2.1.4.3. Years of experience
 - 1.1.2.1.4.4. Residency
 - 1.1.2.1.4.5. Cost for the visit
 - 1.1.2.1.5. If there is a cost to speak with the provider, the administrator shall be able to collect new credit card information, or enter the security code from an existing card on the consumer's account.
 - **1.1.2.1.6.** The administrator shall be able to enter topics that the consumer would like to discuss during the visit.
 - **1.1.2.1.7.** The administrator shall be prompted to confirm the consumer's phone number for the visit.

PROCESS FLOW



WIREFRAMES – Whiteboard Sketches

REATE NEW ACCOUNT 1.1.1.1	
AMERICAN WELL HOME USER	ACOTS WAITN & ROOM WARTS LADD/SEARCH
PLATIENT INFO	- LOCATION -
FIRST NAME:	1
LASE NAME:	
BIRTH DATE:	
GENDER: OMBLE OFEMPLE	STATE:
ZIP CODE:	.
Heulth Provider	- pharmacy
NAME:	NAME:
Time OF . [V]	From : ID
DLAN NAME OF	Nama of
DIAN	Pian .
CREDIT CARD/DAY MENT	INF3
CARD TYPE: []F]	Address #1
CARD#:	Address #2
EXPIRY:	CITY [
Expline .	
CANCEL	(SUBMIT)
CAUCKS	
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SEARCH)	PROVIDERTYPE PROVIDERNAME \$ 95.00 VISIT COST	
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WIREFRAMES - Formalized

Create New Account

MERICAN	WELL HOME USER ACCOUNTS	WALTING ROOMS
	First Name Last Name Birth Date mm dd yyyy	- Location - Open
V	Gender	- Select a State Thermocy *
V	Mame: — Select a Provider- ▼	Name: - Select a Provider-
Α.	Plan Type	Plan Type: Select a Type ▼
Λ	Plan Name	Plan Name: — Select a Plan-
1	Payment * Card Type — Card Type- Card Number	Address 1.
1	CVN. Card Expiry — Month— ▼ — Year— ▼	City.
	Canool	Add New Accou

Waiting Room(s)

