Transcription of UX Soup Episode 23: The UX of the Vaccine Rollout

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0:00:16.8 Derek Viita: Welcome to UX Soup, a short form podcast where we go beyond the buzzwords, to give you the latest on developments impacting the user experience of every kind of device and service. As always, UX Soup is presented by Strategy Analytics, a research and consulting firm, providing our clients all over the world with insights, analysis and expertise. In Derek Viita, joined as usual today by my co-hosts, Lisa Cooper.

0:00:39.3 Lisa Cooper: Hello.

0:00:41.0 DV: And Chris Schreiner.

0:00:42.3 Chris Schreiner: Hello.

0:00:43.5 DV: Today, we're discussing something top of the mind for folks all over the Western world, if not the entire planet; the pandemic, and specifically the distribution of vaccines that will hopefully get us out of this pandemic and back to something resembling normalcy.

0:00:56.4 DV: Vaccine distribution is one of the biggest user experience challenges of the past 100 years, because it touches on not just how to get vaccines where they need to go, but you also need to be able to understand who it is that needs these vaccines and all of their different needs. And it's not just different segments, the segment that we're looking at is the entire planet. So it's an enormous challenge for us undertake. So, what I propose that we do for this discussion today is look through certain time points that each of us needs to go through to get at least the first round of the vaccine and get to a point where we're getting the second vaccine scheduled. And then each of us will go through, for each time point, the important UX-specific aspects to keep in mind that we might already have understood, might have been dropped.

0:01:51.5 DV: I want to clarify here that we're not just talking about first responders or folks who live in care homes, where organizations who are distributing vaccine being a little bit more proactive. We're talking specifically about the experience of someone of a vulnerable population, who needs to proactively seek the vaccine and determine where it is, and so on and so forth. So step one of this process is this person of a vulnerable population, wondering if they're eligible to receive the vaccine. So how is that currently accomplished?

0:02:26.4 CS: I think that that differ somewhat state by state. Generally, what I'm seeing is that there are announcements made by the governor of a particular state here in the US or websites that would put out this information. Even with that though, it's not always clear if a particular profession falls under one of the ones that's eligible. There's always a gray area between what is an essential person, an essential worker, and what is not. And I think there are a number of people that kind of fall into that gray area. Now, from one side of the user experience, it's to make sure that we're not excluding people, but from the user's point of view, it creates a bit of a question as to, "Am I really eligible for this or not?"

0:03:17.2 DV: Chris hits on one important issue that I wanna make sure that we touch on even before we get further into this. Especially in the US, the experience is vastly different by state and by region. So recall that much of this is being controlled at the ground level by local Departments of Health. The United States has 50 states. In the state where I live, in Washington State, there are 39 counties, and each of those counties is dealing with this entirely differently as well. So at least speaking to the experience that I'm familiar with, as my parents happen to be in a vulnerable segment where they are eligible for the vaccine, but not necessarily initially. In order to determine whether or not they were even eligible to begin with, they watched local news reports, 'cause they tend to get their news from local television. And then went to a state-powered website where they had to punch in where they live,

their age, do they have any of these conditions. And then from that questionnaire, they get a, "Sorry, you're not eligible," or a "Congratulations, you're eligible." And then they print off the page, that says their eligible.

0:04:30.7 DV: What's fascinating to me is how it's... This didn't really land for me initially, it's entirely on the honor system. I could go in there and say I'm 78 years old and I have hypertension. I could get a letter that says, Congratulations, you're eligible, and then it would be up to the local drug store or local pharmacy to turn me away.

0:04:53.3 CS: So I'm in New York, and it's similar to that, again, where each county is very different and each state is gonna be very different. But here, at least they require you to bring in some proof that it's not on the honor system. So bring in your employee badge saying what company you work for, that should be on the list of what is essential, or a payslip or some letter from your employer; something to prove that you are eligible. And I know in the UK, this is all very different than this.

0:05:29.3 LC: Yes. So in the UK, we have the National Health Service and they are coordinating this effort. So even though there's still confusion among everybody in the country about what's happening, there is basically more of a centralized approach to it. You know that you're eligible based on a letter that sent to you. So on their website, they will tell you, just like they do in these various states, they're going to tell you which demographic is eligible. But in the UK, in addition to doing that, they will initiate the contact. They will send you a letter, a text, or an email. And from there, they will give you a number that you call, so that you can make an appointment, but they will give you a designated place to go to.

0:06:17.7 LC: Now, that's something to talk about later on, about whether that place is close or not. But it's much more of a... The onus is not on the user to go ahead and figure out when they can go and find out if they're eligible. That's been taken away from them. They literally get the letter, text or email. And if they aren't able to contact them by text or email, because some people don't use email, especially elderly populations who are getting vaccinated first, that's when they'll get the letter. If they don't receive a response from someone they've sent a letter to, they will call that person and ask if they need any extra support or help in setting up an appointment.

0:07:01.8 CS: So from an end user point of view, that takes away a lot of the friction, a lot of the issues that we see people facing over here. Just, the word that just keeps coming into my mind is something we end up talking about a lot in our other day-to-day research, and that's fragmentation. In the US right now, the rollout is so fragmented, because they're trying to give the local authorities the leeway to give it as they see fit, but the impact of that is that on the end user, it's a very fragmented experience.

0:07:39.4 DV: So we already touched on this a little bit, but I'll formally introduce this next time point here. Now that you've determined whether or not you are eligible, the next challenge is determining, "Is it available in my area or in a region that I can easily and safely travel to. It sounds like from Lisa's story in the UK, that's still accomplished somewhat proactively, or at least the process is kicked off.

0:08:06.7 LC: That's a proactive measure on the NHS. So the NHS is saying, "Okay, when they send you that letter, they will either give you a vaccination center location to go to, or they'll give you a pharmacy location, or it could be the general practitioner. However, the vaccine centers aren't necessarily as local as some would like. And this has happened to a family member of mine who received their letter and they were asked to go to a vaccination center, but this vaccination center was in a different town, and this person, they didn't have any transport. So now they're going to have to wait until an opening happens at their local GP or pharmacy. So there is some variation depending on which local offices, which general practitioners have those vaccines, with some areas I'm sure getting them earlier than others. So it's not a perfect system, but at least there's support there and they can work with the authorities on how to get that vaccine.

0:09:11.1 CS: Here in New York, again, on fragmentation, there are at least three different ways. One is the state website has state sites that may or may not have an appointment available. So you have to go to the State Health Department site, look for a site closest to you and see if they're accepting appointments. You have the County Health Department. They have their own website with their own criteria and their own sign-up process. And so you have to go to their site and see if they have any vaccines available, any appointments available. And then to the

pharmacies. There are a number of pharmacies that are carrying vaccines. They have their own method for signing up and making an appointment.

0:09:52.1 CS: So when I talk to people in my area that have gotten the vaccine, they've either picked one of them like, "Oh okay, I'm gonna pick the County Health Department, and every day, I'm gonna go and check and see if they've got appointments available. And then if they do, I'm gonna be clicking on that button for an hour to see if I can get myself an appointment." And of course, everybody else is doing this and the servers for these county sites aren't set up necessarily to handle this amount of traffic, so websites are crashing, it's slow, and they're just continually clicking, clicking, clicking, hoping that they're successful.

0:10:27.5 DV: In Washington, it's very similar to what you're describing. There is this, as you call fragmentation between, am I eligible? And then going to all of these other sites to determine if it's available in my area and where I can even go. That's placing a lot of effort on the user themselves to take charge of their health journey, Whereas in the UK, it sounds like it's much more proactive.

0:10:53.6 CS: When we're talking about, at least in the phase one area, which is largely elderly people, they might not necessarily be online, they might not know how to make these appointments. So I know in so many cases where it's the children trying to make it for them, which is fine if they have children, if they have children that are able to do this for them. But those that aren't, since it is predominantly online, there can easily be a lot of people to that missed out in this.

0:11:23.9 DV: Which brings me to the next time point that Lisa actually hinted at a little bit, talking about the experience in the UK. "I have determined that I'm eligible, I can see that it's in my area, but I do need to travel there to get the vaccine. How can I get there safely?" In a lot of areas in the US, which admittedly is much more car-centric, these are being done via drive-in or drive-through clinics or at clinics where, for example, you go up to an office door and say, if it's a first-come-first-serve vaccine clinic, you sign up and then you go wait in your car for two hours. That's a lot of population, especially vulnerable population that we're leaving out. So how do I take public transit, for example, to safely wait for multiple hours and get this vaccine?

0:12:18.2 DV: So for example, there's a very large drive-through clinic in rural Washington State where I live. They were telling people to drive in and get there two hours early for your appointment. It's January, you're asking people to wait outside in January if they show up and they don't have a car. And then eventually, it came out that we're not going to accept walk-ins all together because they're not set up for this. So this "how can I get their safely" piece seems to be a big hole in the process.

0:12:50.9 LC: It seems to be the same in the UK in terms of how you get there, based on what a family member had experienced, in that their assigned place that they were supposed to go to was not close to their home. I'm not aware of any long waits. Everybody has a time slot that they book when they call in, so at least for that piece, it doesn't seem that there's an issue. I'm sure it's not perfect, but it certainly sounds a little different from what we're experiencing here. But yeah, there seems to be a hole there as well in the UK, as far as how you get there.

0:13:26.5 DV: Next time point. Let's imagine that we have determined we're eligible, we see that it's in our area. I know where to go. I know how to get there safely. What are the rules when I get to the vaccine site and how is that communicated to me? So we've talked a little bit previously about wait times and things like that, stay after shot times, and how that's communicated. From what I have heard, it sounds like, and again, this is a fairly narrow experience in my portion of the United States, Departments of Health have been doing a relatively decent job at communicating these requirements. So arriving two hours early, warning, either immediately or via media reports later that you're going to have to wait for a certain period of time, but there are convenience facilities. You might want to bring something to eat. There might be some guidance or some rules that change depending on some of these early rollouts, but at least from my experience, this has been communicated relatively well.

0:14:29.7 LC: Yeah, in the UK, they cover this extensively on their website, and they also let people who have booked an appointment, know all of these rules as well up front. They tell them that they have to wear a face covering, they have a booking reference number, that they can bring a carer, how long the appointment will take,

that they have to wait a certain time afterwards, about the cleaning that will happen when they're there. They're also given a leaflet to take home that will describe what will happen afterwards and what to expect, as well as what to expect from the second round, what will happen afterwards.

0:15:07.7 DV: That's great.

0:15:08.9 CS: From the people that I've talked to in New York, from this point forward, things tend to go very smoothly. This is where the UX has been a bit better optimized from communicating the safety elements of being there. The ones that I've talked to, at least in our county that I live in, the second appointment is made at the end, so you don't have to go through this whole difficult process that we talked about in the beginning. Once you get your first one, then you start to sign up for your second one.

0:15:41.2 DV: Let's have a voice of the user moment. I took this question directly to my parents who are still in the process of attempting to get their first vaccine dose and get that appointment set. I asked them if they know whether they will be proactively notified when a second dose can be given. And the answer, and I'm going to give as direct a quote as possible was, "I don't know."

[laughter]

0:16:09.7 LC: Oh dear.

0:16:10.3 DV: It's not exactly comforting or a good sign.

0:16:13.0 LC: Oh dear.

0:16:14.3 DV: From what Chris is saying that once that first dose is given, it's relatively easy, but the fact that that's still kind of a black box for people who haven't gone through that first experience is a little troubling from a UX perspective. I'm gonna lump together a couple of time points here, 'cause we already talked about the on-site UX and having folks stay there for certain periods of time, things like that. It's this, how is this vaccine progress tracked and will I be notified if a second dose is given? There's a whole lot that people don't really know. They either haven't heard anything or they'll watch news reports that say, "Well, I saw that people get these fancy little cards, but there's no real guidance on what the backend looks like.

0:16:58.4 CS: In the US, I think a lot of that comes down to that the people in charge of actually delivering this don't know what's happening. States have complained about not getting the number of vaccinations that they were promised, so they can't promise through to end user that they're going to get what they want. So I think this is very far up the chain that ends up leaving this spot, a bit of a black box.

0:17:23.4 DV: It's a combination of heartening, but also annoying, is some of these heartwarming stories that you read about that are best case scenarios for vaccine distribution. So I saw a story the other night about how rollout is going in the US state of West Virginia. And they followed around a pharmacist in this tiny town in West Virginia, who basically went to all of the town's residents and gave out vaccines personally. And that's a great and heart-warming story. And you love to see it, and there's just zero chance that that's scalable.

0:18:01.0 CS: I read some stories about this where a lot of that has to do with laws within each state. So in West Virginia and in one other state, they don't allow chain pharmacies. So it's all local pharmacies. So if you are using a pharmacy as a site, state health department gives it to the local health department, which can give it to a local pharmacy, which doesn't have any chain of command to go through and can develop its own policies and give it to the people. Whereas if you have a chain pharmacy, that word has gotta come up from corporate, how they're gonna handle it. And that just creates another layer of bureaucracy where things get slowed up, where things aren't rolled out optimally.

0:18:43.5 DV: To be fair, as a way to tie this all up, this is a once every 100 year pandemic. We have the technology to make things easier, but this is the first time that we're encountering something like this in our lifetimes, and we're

all doing the best we can. And so props to our local public health officials and federal health officials who are trying to make this work. We still have a long way to go, and there's some bits of design thinking that could be a little bit more helpful in some parts of this process.

0:19:15.7 DV: Okay, that was a very heavy topic. Let's cheer ourselves up with some condensed soup.

0:19:21.1 CS: Yes.

0:19:22.5 LC: Condensed soup.

0:19:23.8 DV: In this episode, let's talk about the things that we are going to do when we are fortunate enough to have a vaccine that is widely available, and we return to something resembling normalcy, and we can gather in groups together and travel without restrictions. What's the first thing that you would do in this magical future time?

0:19:44.2 CS: Well, the first thing I'd like to do is actually go give my parents a hug, 'cause it's been a long time since I've done that. The second thing I'd do, as soon as I do that and leave their house, is I'm hopping on a plane going somewhere. In our jobs, we travel a lot, and that's been a year since I've been anywhere. And that's the first time in 13 years that that's happened. So I'm ready to go see somewhere else.

0:20:10.2 LC: First thing I would love to do is hop on a plane and go back to the UK and hug my family and friends and see them, because when all this hit, I was actually in the process of doing that, and I had to return. And I didn't actually get to see anyone that trip. So that would be one of the first things I would do. Well, that'd take some planning, so in the interim, my second thing or should I say the first immediate thing I would do is go say hi to my neighbors and give them hugs too.

0:20:40.0 DV: I'm going to be very unoriginal and agree with both of you on that first point. First thing I would do is go and visit my parents and my family over on the East Coast. So that's a given. Beyond that, I don't necessarily need to get on a plane or take a restriction-free road trip. There's just the level of experience that I have missed that I'd love to get back to. And the best way I know how to describe it is to describe an evening that I had in Tokyo a few years ago, where I went out to... There's a neighborhood in Tokyo called the Golden Gai, where it's a series of extremely tiny pubs, some have no more like three or five seats, and just sitting there elbow to elbow with people. And I spent a lovely evening in one of these pubs, letting the local citizens practice their English with me, mostly baseball stories about [0:21:35.5] ____. But I would love to just have some experience like that, even if it's in my local neighborhood watering hole a few blocks away. Just something like that, just being in close proximity with people and just having an impromptu experience like that. I would love to have something like that again.

0:21:56.4 DV: Alright, that's it for this week, but we're curious what you think about the vaccine rollout and how it could be improved for everybody who needs it in your particular region. Email us your thoughts at UXsoup@strategyanalytics.com. Be curious to hear what our listeners think about this. For now, thanks very much for joining us. A reminder that UX soup is presented as always by Strategy Analytics. Check out our latest user-focused insights on a variety of topics by visiting Sa-ux.com. Please also visit Ux-soup.com to check out other episodes of our podcast. Subscribe on your preferred podcast platform, or connect with Lisa, Chris or myself on LinkedIn or Twitter. Thanks again, bye for now.

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