KAISER PERMANENTE · CASE STUDY

Global Navigation Launch

One navigation system for more than 90 authenticated features: a single, task-first way for Kaiser Permanente members to reach care, pharmacy, benefits, billing, and records.

ROLE	SCOPE	DURATION	HEADLINE OUTCOME
Principal Product Designer	Authenticated KP.org · Web · iOS · Android	20 months · Launched June 2024	+65% navigation engagement

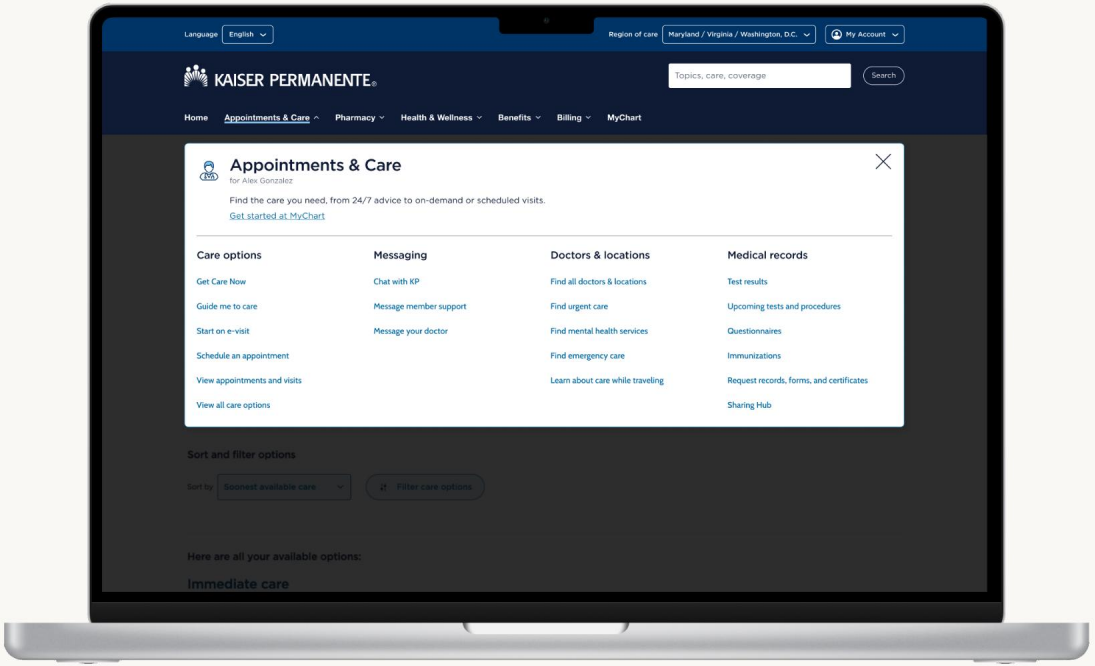
This case study is structured to Nielsen Norman Group standards for UX case studies.

SLIDE 2 · THE RESULT

The shipped navigation, and what it did

+65%

Lift in global navigation engagement after the June 2024 launch, compared with the legacy experience, across web and mobile.



The shipped model: task-oriented menus on desktop and mobile, exposing care, pharmacy, benefits and billing, and MyChart directly from the authenticated header. Design strategy and the header redesign were led by me; delivery was cross-functional.

SLIDE 3 · THE PROBLEM

Critical tasks were findable only if members already knew where to look

Authenticated KP.org had grown into a complex ecosystem, but the navigation model had not kept pace with member needs.

- High-value tasks were dispersed across authenticated pages and product areas, inside a system of more than 90 authenticated features.
- Members had to rely on memory, search, or multiple clicks to locate common actions.
- New programs needed a scalable destination; without one, every addition fragmented the experience further.

The stakes: this is how millions of members reach care, pharmacy, benefits, billing, and records.

THE GOVERNING CONSTRAINT

One navigation system had to feel simple to members while flexing by region, membership, proxy state, and profile, with no separate models.

SLIDE 4 · THE REFRAME

The brief said header. The evidence said information architecture.

IT STARTED AS

A redesign of the global header and footer: new menus on top of the existing structure.

THE EVIDENCE THAT BROKE IT

Discovery showed the failures were structural, not cosmetic: tasks dispersed across product areas, members navigating by memory and search, and regional and profile variation that no static header could absorb.

THE REFRAMED PROBLEM

Build one navigation model that organizes 90+ tasks around how members think: simple on the surface, flexible enough for enterprise complexity underneath. North star: help members reach the right healthcare task faster, with fewer missed paths and less cognitive effort.

SLIDE 5 · MY ROLE AND MANDATE

I owned the strategy and the model. Delivery was cross-functional.

I owned

Strategy and design leadership

- Design strategy for the authenticated global navigation system.
- The redesign of the global header and footer, and key healthcare UX experiences across web, iOS, and Android.
- Judging the launch on behavior (engagement and task completion), not on opinions about the design.

I led with partners

Alignment and launch readiness

- Aligning UX, product, engineering, analytics, accessibility, and regional teams around one model.
- Go-live planning: measurement, communications, feedback tracking, and iteration.

Partners owned

Their domains

- Research studies and behavioral evidence: the researchers.
- Product priorities: the product owners.
- Executive direction: the executive stakeholders.

SLIDE 6 · RESEARCH AND INSIGHTS

Evidence replaced opinion in the navigation debate

FINDINGS	DECISIONS
Findability failed first	Tree testing and usability testing showed where members could and could not find key tasks in the category model. Priority tasks moved into a one-click global menu.
Members think in tasks, not departments	Interviews surfaced how members think about benefits, care, pharmacy, billing, records, and appointments. Category names and link labels were rewritten in member language.
Scale patterns existed elsewhere	Comparative analysis of healthcare, financial, and large authenticated ecosystems showed how navigation flexes at scale. The answer was one context-aware model, not separate regional models.

Method note, in the Baymard style: six methods: tree testing, design workshops, usability testing, user interviews, A/B testing against the legacy experience, and comparative analysis. Participant counts are not published for this work; discovery moved the team from opinion-based debates to evidence-informed decisions about categories, labels, priority tasks, and launch readiness.

SLIDE 7 · DECISION 1 OF 2

High-value tasks moved to one click from the header

✓ CHOSEN

A drop-down global menu with one-click access to high-value tasks, visible from the authenticated header.

✕ REJECTED

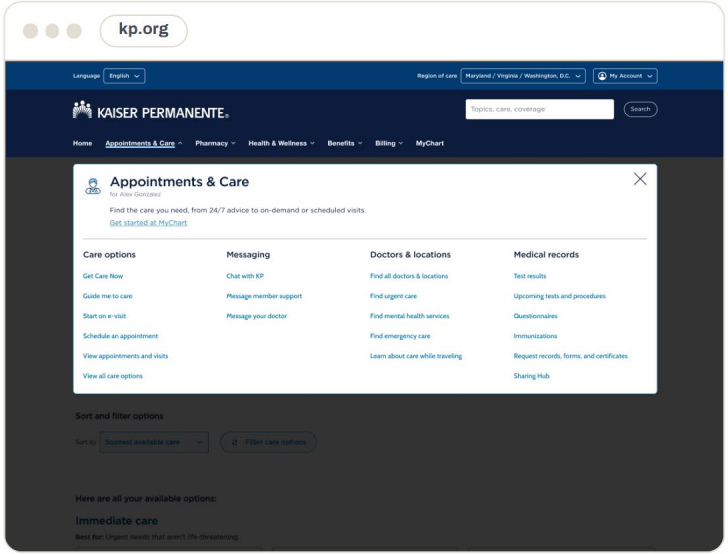
Keeping common tasks distributed across product areas, reached by memory, search, and multiple clicks: the legacy pattern.

? WHY

Members needed faster access to common tasks. Discovery starts at the header, not inside product pages.

WHAT EVIDENCE DECIDED IT

Tree testing validated whether members could find key tasks within the proposed IA and category model; usability testing observed whether users could locate high-value tasks and recover from ambiguous paths.



The chosen state, as designed: one menu in the authenticated header exposes the task areas, Appointments and Care, Pharmacy, Health and Wellness, Benefits and Billing, and MyChart, in place of tasks scattered across product areas.

One flexible model, not a different navigation for every region

✓ CHOSEN

One context-aware model that shows or hides features by region, membership, proxy state, profile type, and capability.

✕ REJECTED

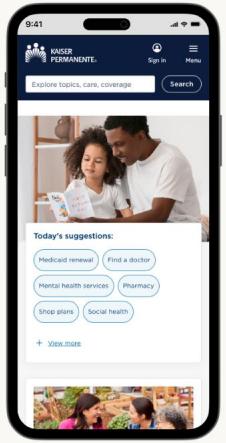
A one-size-fits-all navigation, unrealistic against regional and profile variation; and separate navigation models per region, which would fragment the experience.

? WHY

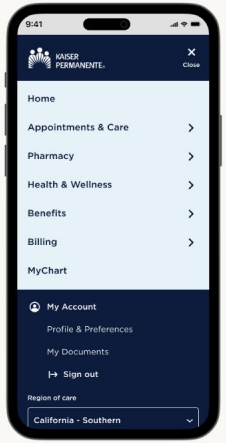
Regional variation could not be ignored, and new programs needed future placement without redesigning the entire navigation system.

🔍 WHAT EVIDENCE DECIDED IT

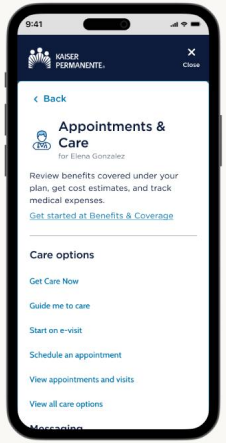
Design workshops aligned stakeholders around task groupings, naming, regional needs, and feasibility; the model was designed to absorb future additions, including MyChart Evolution.



The mobile homepage



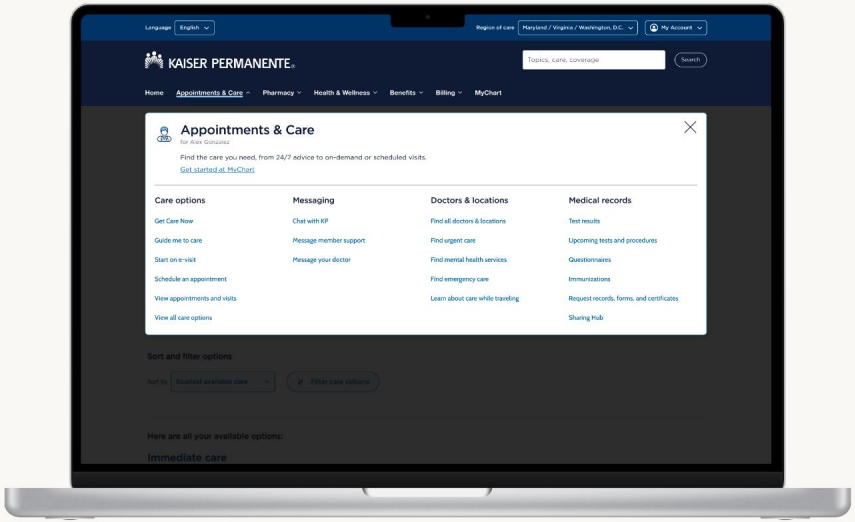
One tap opens the full menu



A section opens into its tasks

The mobile navigation in three states: the homepage, the full menu one tap away, and a section opened into its tasks. One context-aware system flexes by platform, region, and profile instead of forking into separate models.

From a narrow header pattern to task-oriented menus



The shipped header with its menu exposed. It proves the taxonomy changed, not just the header: the breadth of KP.org is visible from one place, in member language.

Waypoint navigation: the model members actually travel

MAIN NAVIGATION · THE HIGHWAY

Appointments & Care → Pharmacy → Benefits & Billing → MyChart

SECONDARY NAVIGATION · THE OFF RAMPS

Get care	Pharmacy	Benefits & billing
Get Care Now, schedule a visit, view test results	Refill prescriptions, see refill reminders, view all medications	View benefit summary, pay a bill, view statements

TERTIARY LINKS · THE NEIGHBORHOODS AND ADDRESSES

Appointment detail	Prescription status	Statement detail
One visit: its time, place, and preparation	One medication: its refill state and pickup	One bill: its amount, due date, and payment

The waypoint model behind the architecture: members read the main navigation like highway signposts, take an off ramp into a task area, and arrive at the specific page, the address, they came for. One model holds all three levels across 90+ features.

SLIDE 10 · OUTCOMES

Measured against the legacy experience

MEASURE	BEFORE	AFTER LAUNCH
Global navigation engagement	Legacy experience	**+65%**
Search engagement	Legacy experience	**+24%**
Task completion	Legacy experience	**+4 bp**
Authenticated features organized	Dispersed across product areas	**90+**

Timeframe and framing: measured after the June 2024 launch, the new navigation compared with the legacy experience; A/B testing during the work compared new patterns against legacy directly. The redesign contributed to these results as part of the wider authenticated KP.org experience; sole causation is not claimed. Members used the new navigation to reach a broader range of tasks with less friction, and task completion improved on key authenticated journeys.

MEMBER VOICES · CUSTOMER SURVEY FEEDBACK, POST-LAUNCH

"Drop-down menus with line-item info per subject excellent. Scheduling improved. General ease of use improved."

CUSTOMER SURVEY FEEDBACK · GENERAL IMPROVEMENTS

"Thank you for changing the names of the tabs at the top of the page to something more logical."

CUSTOMER SURVEY FEEDBACK · TASK ACCESS

"Good improvement to website putting the menu items at top of the workspace where I can see them."

CUSTOMER SURVEY FEEDBACK · DISCOVERABILITY

SLIDE 11 · WHAT I LEARNED

Navigation is a product-strategy problem, not a menu problem

Lesson 01

Prove it in behavior

Get members to care tasks faster, then let engagement and task completion deliver the verdict, not opinions about the design.

Lesson 02

Evidence ends arguments

Six research methods turned opinion-based navigation debates into decisions about categories, labels, priority tasks, and launch readiness.

Lesson 03

Build what outlasts you

A flexible foundation for future capabilities and regional variation is worth more than a one-off redesign, because the next team builds on it.

The operating lesson I carry into every platform project since: set the success measures before launch, build measurement into go-live, and let member behavior, tracked after launch, say whether the model worked.

SLIDE 12 · THANK YOU

Thank you for reviewing this case study.

The summary page holds the outcomes, the member voices, and the full document.