

How We Know Our Work Makes A Difference

Promoting Interoperability



HQR UX Research & Design Team



Tyreek HoustonUX Researcher





Mike EngSr. UX Researcher





Shahla Ashrafi UX Designer





Peter Crowe
UX Designer





Stephanie Warren UX Content Strategist



What is HQR?

- Hospital Quality Reporting
- The Centers for Medicare and Medicaid Services (CMS) collects quality data from healthcare provider organizations, with the goal of driving quality improvement through measurement and transparency by publicly displaying data to help consumers make more informed decisions about their health care.

"Better Hospital Quality Data = Better Care"

What is Promoting Interoperability (PI)?

- A program within HQR
- Used as an incentive to encourage facilities to move towards using electronic health records (EHR).
- In PI, providers submit clinical quality measures to meet program credit through web-based or file upload submissions as a delivery method.



We conducted a usability test and measured

1. Efficiency and effectiveness

 We want to minimize the number of errors and time it takes for users to complete the PI data form

2. Confidence after submitting quality measure for the PI program

 We want our prototype to allow users to feel confident in the accuracy and submissions of their data in the PI form

3. Satisfaction

We want to have a high user satisfaction upon completion of the form

Core interactions tested well, but there was still work to be done

- **Starting PI submission is super easy for users**
 - All users (experienced submitters / non-experienced submitters) knew exactly what to do (100% usability)
- **2** Registering for PI has a slight learning curve, but was mostly usable
 - Most users were able to figure out how to register for PI. (70% usability)
 Once on the registration page, completed with no problem. (90% usability)
- Nomenclature used during completion and submission of web-based data confused users "Meaningful Use" on attestation disclaimer. (75% usability)
- 4 Most users failed to complete and submit data via file upload submissions
 - Didn't remember to go to back data submissions to complete the attestation and objectives. One successful completion. (45% usability)



Focus on finding #3

- **Starting PI submission is super easy for users**
 - All users (experienced submitters / non-experienced submitters) knew exactly what to do (100% usability)
- 2 Registering for PI has a slight learning curve, but was mostly usable
 - Most users were able to figure out how to register for PI. (70% usability)
 Once on the registration page, completed with no problem. (90% usability)
- Nomenclature used during completion and submission of web-based data confused users "Meaningful Use" on attestation disclaimer. (75% usability)
- 4 Most users failed to complete and submit data via file upload submissions
 - Didn't remember to go to back data submissions to complete the attestation and objectives. One successful completion. (45% usability)

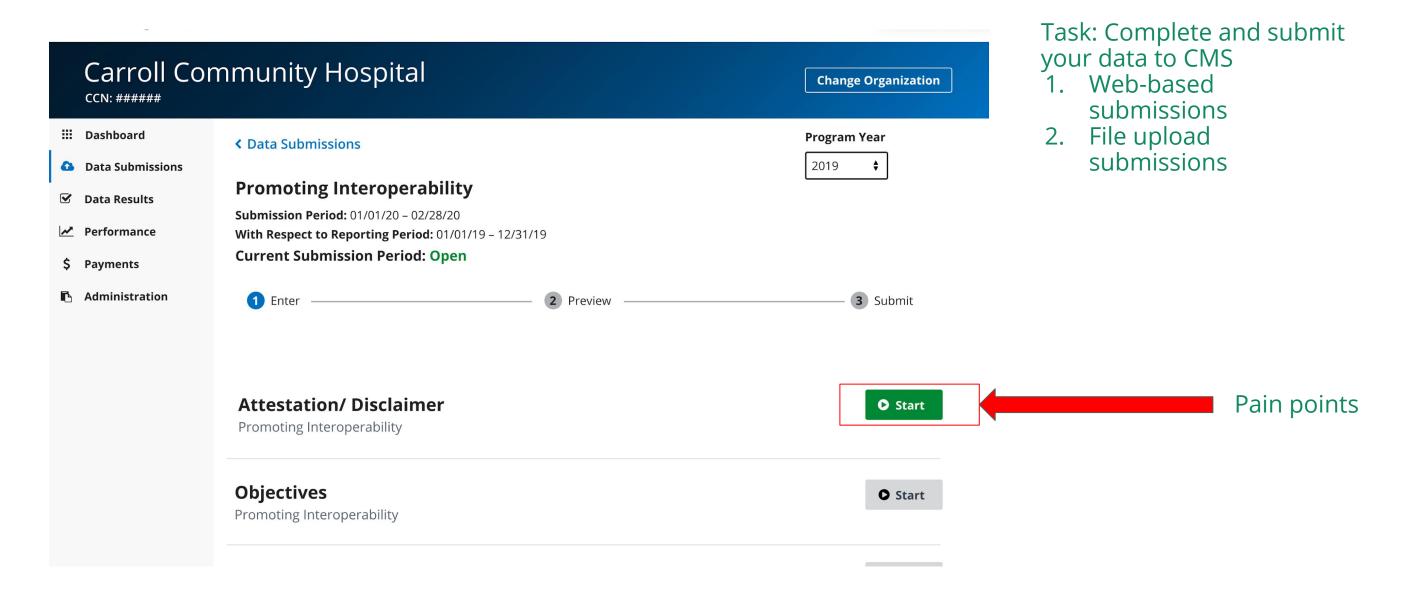


What does that mean?

Backstory

- Meaningful Use is the old program name for Promoting Interoperability
- Nothing about the program itself changed except for its name

We ask users to submit data on the prototype





Seeing "Meaningful Use" was something users did not want to see

Pl Data Form

On both pathways, users experienced confusion with the verbiage of the *Attestation Disclaimer*

Promoting Interoperability

- 1 Attestation Information
 - * Provide your EHR Certification Number

1234567890

* Please select the method that will be used for ALL Meaningful Use Objectives

An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Objectives.

- Observation Service Method
- O All ED Visits Method



Seeing "Meaningful Use" was something users did not want to see

Pl Data Form

Promoting Interoperability

Attestation Information

* Provide your EHR Certification Number

1234567890

* Please select the method that will be used for ALL Meaningful Use Objectives

An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Objectives.

- Observation Service Method
- O All ED Visits Method

On both pathways, users experienced confusion with the verbiage of the *Attestation Disclaimer*

"I had trouble the past year with the language. Some websites are still using meaningful use instead of PI."

- Data Analyst



Seeing "Meaningful Use" was something users did not want to see

Pl Data Form

Promoting Interoperability

1 Attestation Information

* Provide your EHR Certification Number

1234567890

* Please select the method that will be used for ALL Meaningful Use Objectives

An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Objectives.

- Observation Service Method
- O All ED Visits Method

On both pathways, users experienced confusion with the verbiage of the *Attestation Disclaimer*

"I had trouble the past year with the language. Some websites are still using meaningful use instead of PI."

- Data Analyst

"Language changes are difficult. I may have made a \$4 million mistake for us, but we were granted a hardship exception."

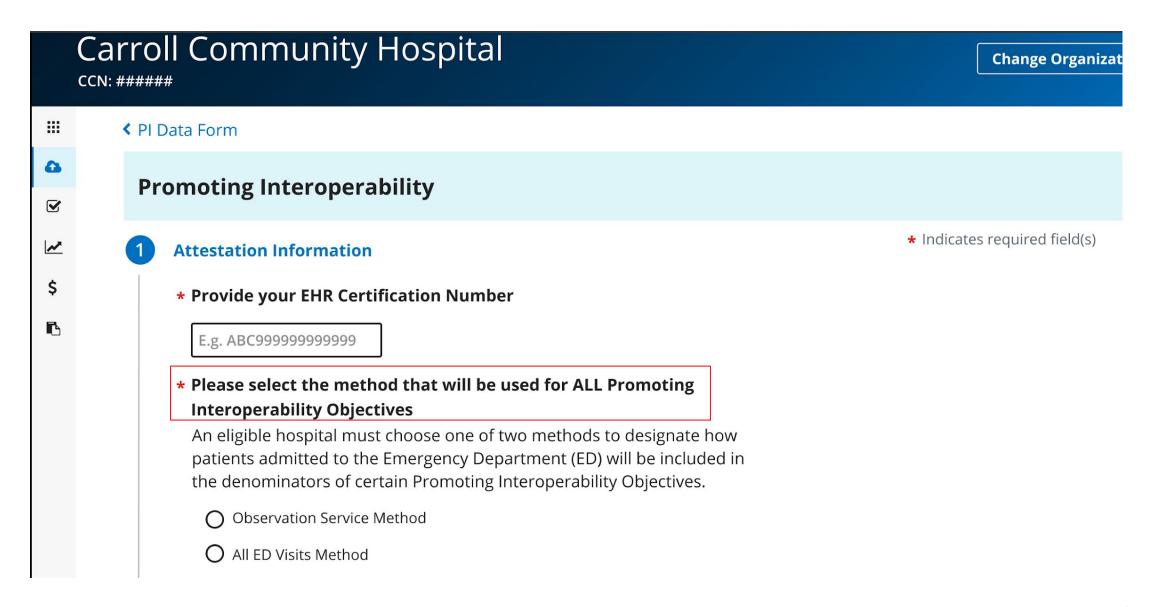
- Data Analyst

A \$4M cost from old program language

A mistake that wasn't the user's fault

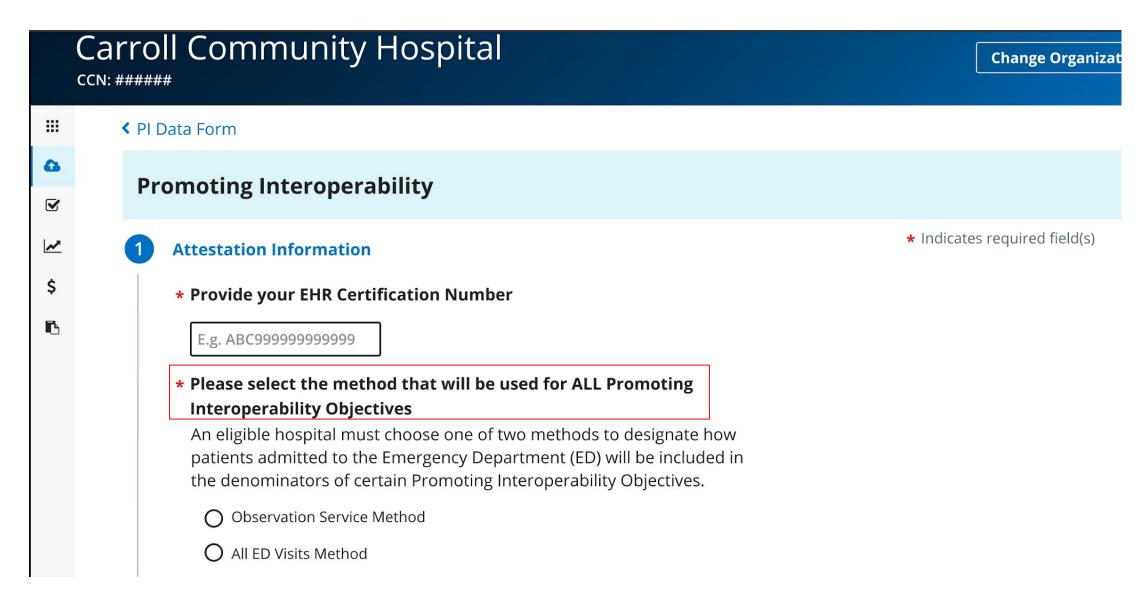
Luckily their facility was granted a hardship exception

So we fixed that right away



Up-to-date program language

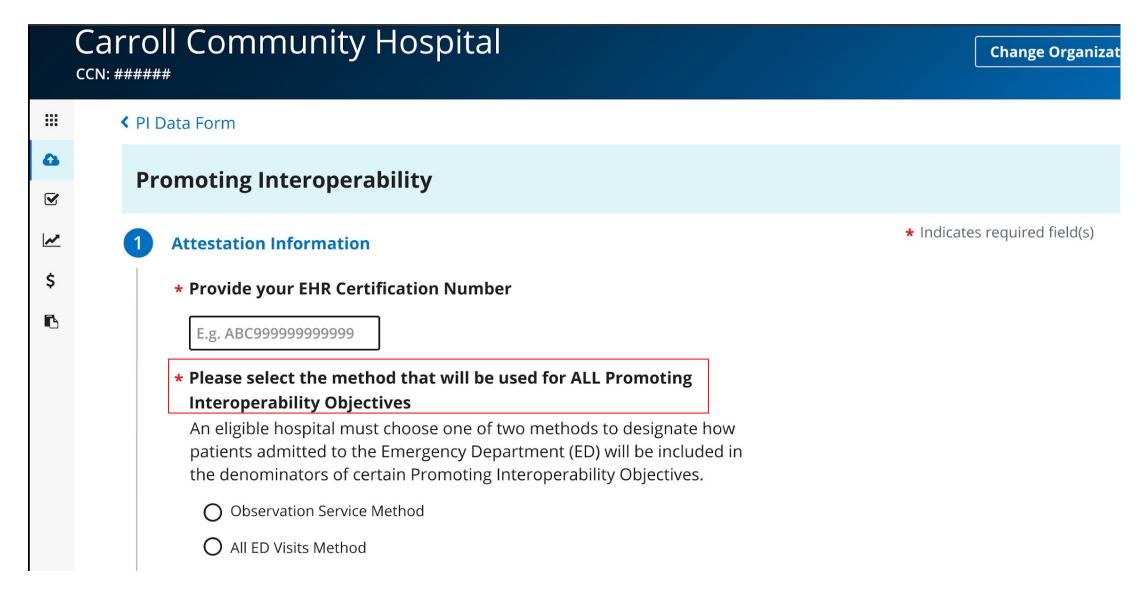
No more "Meaningful Use" verbiage



Up-to-date program language

No more "Meaningful Use" verbiage

No more old program language.



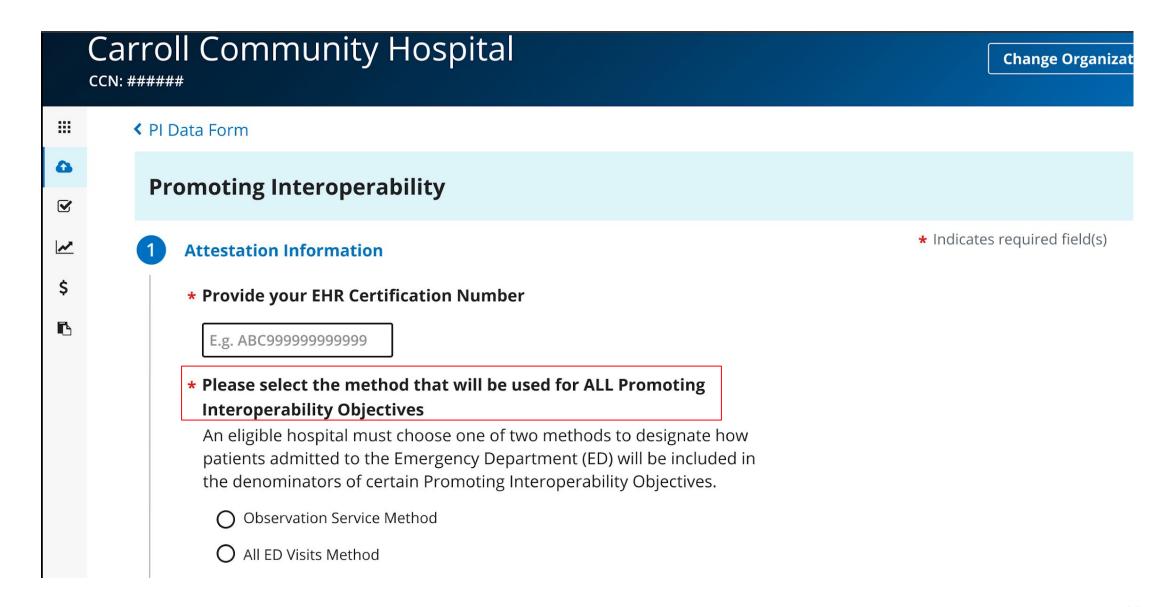


Up-to-date program language 🥶

No more "Meaningful Use" verbiage

No more old program language.

Making it very clear to users what program they are submitting for.





Lesson from this one finding

Small things can have big impacts, and sometimes that impact can cost you.



Key numbers after usability study

"Very Easy" to understand Objective Scores and CQM Measure Requirement

4.6/5

"Much Easier" to use than Legacy

4.4/5

"Less" time on task than legacy

3.2/5

Aggregate usability score

79%



"We listen to our users because we know our work makes a difference."