



# User Testing to Refine an Electronic Behavioral Health Record for Wraparound: FidelityEHR

Eric J. Bruns, PhD | Alyssa N. Hook, BS

University of Washington Wraparound Evaluation & Research Team

Kelly L. Hyde, PhD | Kara Bergerson, M.Ed. FidelityEHR

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## Today's Presentation

- Overview & Acknowledgments
- Rationale and Functions of FidelityEHR
- Results of User Experience (UX) Testing
- Using of UX Feedback
- Discussion, Conclusions, and Next steps





## Acknowledgments

- Research and commercialization funded by a National Institute of Mental Health STTR grant (Small Business Technology Transfer; R42 MH95516)
- Collaboration between FidelityEHR as the commercialization partner and the University of Washington as the research partner
- Informed by NWI, NWIC, and the Center for Innovation and Implementation at the University of Maryland School of Social Work







## Who is FidelityEHR?

- Founder & CEO Dr. Kelly Hyde
- Formerly called Social TecKnowledgy
- TMS- Wrap Logic newly rebranded as FidelityEHR in January 2016
- Mission of the company is to improve outcomes for children and families through user-friendly technology





## Why was FidelityEHR developed?

 To provide Wraparound and System Of Care sites with a high-quality, field-tested electronic behavioral health system (EBHIS) that supports fidelity to research-based Wraparound and care coordination models.





## STTR Phase II Commercialization Product

FidelityEHR Mission Statement:

To support empowerment, engagement and healthy outcomes through innovations in technology for families and communities.





## STTR Phase II Commercialization Purpose

- Stimulate technological innovation
- Foster technology transfer through cooperative research and development between small businesses and research institutions
- Increase private sector innovations derived from research and development





## STTR Phase II Research Project

- Three phases:
  - Phase 1: Development: Program elements of FidelityEHR
  - Phase 2: UX Testing: Determine if FidelityEHR is feasible and user experience is positive
  - Phase 3: Randomized Control Study: Determine if FidelityEHR helps facilitate:
    - Better Wraparound implementation by providers and
    - Better outcomes for youth and families





## Wraparound

- Wraparound is the only defined, research-based care coordination process youth with serious emotional and behavioral disorders (SEBD) and their families
- Wraparound is implemented for over 100,000 youths annually, in nearly 1,000 programs across the U.S.
- Now considered "Evidence-Based"





## Quality matters!

- However, Wraparound quality matters
- Wraparound implementation often falls short of ideals
  - Teams of people important to the family working together effectively
  - Natural supports on teams
  - Youth and families truly in the driver's seat
  - Clear needs statements
  - Strategies based on needs
  - Strategies based on strengths and culture of the family
  - Collecting and using objective data on progress
- When implementation is poor, outcomes are poor





## Hypothesis: Electronic Health Records can facilitate efficiency, fidelity, positive outcomes



## FidelityEHR manages and reports on key information on the Wraparound process

#### Individuals engaged in the process

 Youth and family members, team members, providers, natural and community supports, coordination of care

#### Key documentation

 Plans of care, strengths, needs, family stories, family history timeline, meeting and appointment times, meeting notes, contact histories, critical incidents, services and costs

#### Service processes

Family satisfaction, fidelity, progress toward needs

#### Outcomes Monitoring and Feedback

- CANS data, youth and family support, residential status, educational environment and behavior, youth functioning
- Provider network management and billing functions





- Improve teamwork through:
  - Ease of data entry and management
    - Basic info is all in one place
    - Upload assessments and documents
  - Better communication
    - Internal emails, meeting reminders, team meeting notes
  - Ease of retrieval and access
    - By facilitator, family, and supervisor
  - Transparency
    - Everyone has access to same information





### • Improve fidelity:

- Workflow and records organized by critical
   Wraparound action steps
- Standardized assessments and evaluations keeps you "outcome based"
- Supervisors have real-time access to strategies, services, history, progress, satisfaction





### • Improve efficiency:

- Managing:
  - Workflow
  - Meeting schedules
  - Team information
  - Referral and billing information
  - Task follow-through
- Auto-populate functions
- Ease of retrieval for supervision, team meetings
- Provides information mandated by MCOs





- Improve outcomes by:
  - Integrating monitoring of progress and feedback
  - Aid in decision making based on progress
  - Standardized assessment data readily available
  - "Supervision based on needs" (not crisis of the week)
  - Clinical alerts







## UX Testing Targets this part of the Theory

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### FidelityEHR Components

- •Information management: e.g., family, team, plan, providers, services, billing
- Fidelity support: e.g., Workflow pane, reminders, alerts, supervisor reports
- Standardized assessment: clinical alerts, treatment recommendations
- Feedback of information via dashboard reports on fidelity, services, progress, outcomes
- Supervisor, manager, administrative reports: e.g., services, costs, satisfaction, fidelity, outcomes, placements

### Impact on Staff/Teams

- Availability of information
- Transparency and efficiency
- Better collaboration and teamwork
- Adherence to elements of highfidelity Wraparound
- Options and treatments based on evidence for effectiveness
- More frequent progress review
- Decision-making based on objective data
- More focused, directive, datainformed supervision
- Staff more satisfied and self-efficacious
- Admin/manager-level accountability

### Paths to Family Outcomes

- Goal clarity
- •Team communication and consensus
- Better problemsolving
- •Greater treatment alliance
- Family and team better engaged, hopeful, and satisfied
- •Fidelity to core Wraparound principles
- •Shorter selfcorrection cycles
- •More effective treatment
- Reduced staff turnover

#### **Outcomes**

- Families retained in services
- Greater social support
- Greater progress and reduction in top problems
- Reduced youth emotional and behavioral problems
- •Improved youth functioning
- Reduced out of home/community placement
- Reduced costs to public systems/ MCOs/providers

## Stages of FidelityEHR User Experience (UX) Testing

- Lab-based testing of prototype
- Initial field-based testing ("site 1")
- Field-based testing of refined system with enhanced readiness promotion ("site 2")





### Overview of Measures

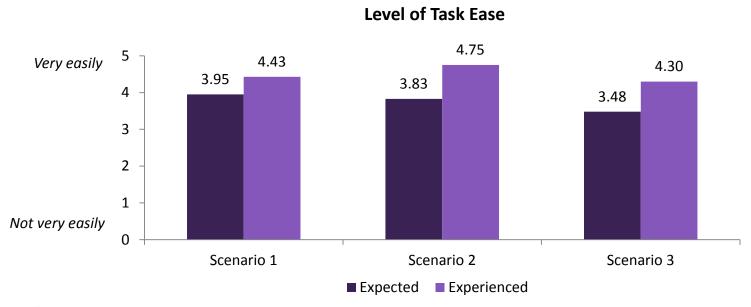
- Lab-based testing
  - System Usability Scale (SUS)
  - System Acceptability and Appropriateness Scale (SAAS)
  - Scenario-based "think aloud" procedure
  - Focus groups and debriefs
- Initial field-based testing
  - SUS, SAAS, focus groups
- Field-based testing of refined system with enhanced readiness
  - SUS, SAAS
  - User "click" patterns
  - Feedback in consultation calls





## Results of Lab-Based Testing

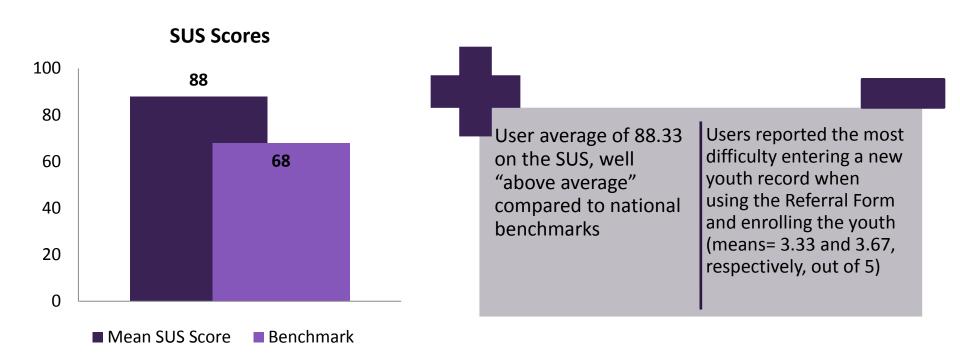
- Users performed tasks grouped into three main "scenarios" in FidelityEHR.
- Users were asked "How easily do you expect to perform this task?" prior to performing each task, and "How easily were you able to perform this task?" upon completion.
- Overall, users reported that tasks were easier to complete than anticipated.







## Results of Lab-Based Testing







## Results of Lab-Based Testing

#### • User Feedback:

"Like that the information is all in one place."

"Like that we can send reminders for team meetings through the system."

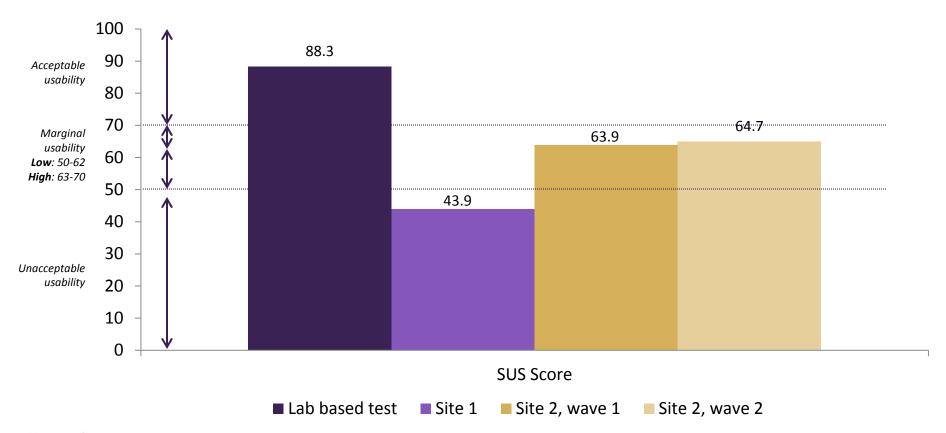
"The graph visuals help us track progress over time."





## Results of Field-Based Testing

#### **System Usability Scale (SUS) Scores**

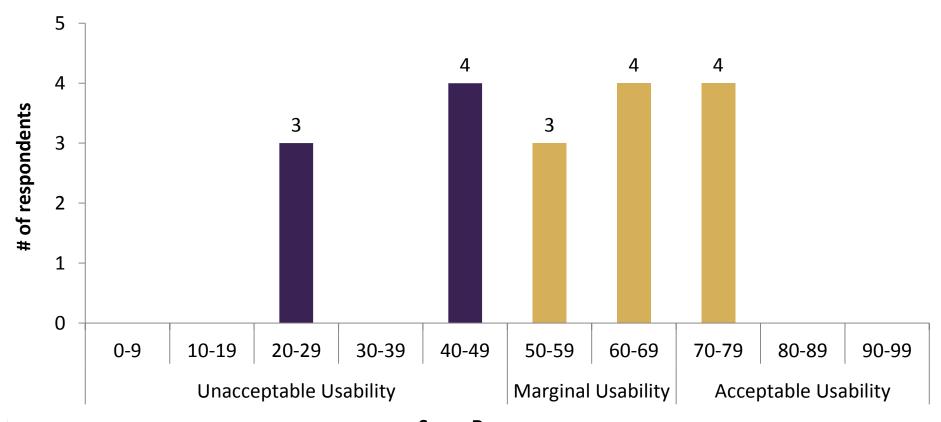






## Results of Field-Based Testing Site 2

11 of 18 respondents scored FidelityEHR with "Marginal" or "Acceptable" usability



**Score Range** 

## Results of Field-Based Testing

Users rated FidelityEHR as a compatible addition to their agency

- Relevance to client population (mean=3.5/5.0)
- Align with treatment modality (3.5/5.0)
- Fit with overall service delivery approach (3.4/5.0)

Training tools were unhelpful and did not contribute to expertise

- User Manual (1.8/5.0)
- Video training library (2.0/5.0)
- Technical assistance (2.2/5.0)





## Results of Field-Based Testing

### • User Feedback Largely Positive:

- "I always use the Contact and Service Notes sections."
- "It's been very easy to update the Plan of Care."
- "It's really helpful to be able to log in remotely and type up notes after a meeting rather than going back to the office."
- 12 of 15 users reported the system "made their life better" in consultation calls





### **Data-informed System Improvement:**

Recommendations Based on Qualitative Feedback

- Improve the training tutorial(s) and materials
- Streamline how to enter demographic information in one place
- Ensure all features of FidelityEHR have the autosave functionality
- Make the Crisis Plan easier to read
- Improve the functionality of Adding/Editing Diagnoses
- Add a notification feature for new messages





# Data-Informed Consultation: Supporting Wraparound Fidelity

 UW WERT and FidelityEHR support high-fidelity Wraparound with consultation calls and checklists to guide users and maximize FidelityEHR potential

Checklist 1 for Using Checklist 2 for Using FidelityEHR to Support FidelityEHR to Support Wraparound Practice Wraparound Practice During Ongoing Wraparound Implementation: During Engagement and Team Prepara ☐ At each team meeting, enter a rating of the degree to which Priority Needs are ☐ After referral and the initial meetings, enter E.g., Youth/family, team members, fam ☐ At each team meeting or other regular interval, assess and enter into the system: and culture. Core assessments (Family Support, Youth Support, School Outcomes, ☐ After initial engagement meetings, identify 3) of Priority Needs in the system. Indicators of progress specific to this family's needs These Needs Statements will be revi ☐ Before each team meeting, review data on progress toward meeting needs and ☐ At the first 1-2 team meetings, brainstorr Get family/youth feedback on the accuracy of the assessments and the Priority Needs. ☐ After the first 1-2 team meetings, enter ☐ At all team meetings, bring printouts of the Plan of Care and progress ratings (on For each Strategy, enter Action St into TMS-WrapLogic. Use these data to review progress. ☐ As part of initial 1-2 team meetings, id ☐ At each team meeting, use progress data to determine whether: progress for each need, and enterint Lack of progress indicates strategies and services should be revised. ☐ As part of initial 1-2 team meetings, Progress has been made, so celebrations and praise for good work are in indicators of progress and enter in t Needs have been met, and transition should begin. ☐ Use Workflow Pane to ensure all re ☐ In all supervision sessions, review progress and other data (services, costs, information entered into the syste ☐ Provide family, team members, a Families that need attention TMS-WrapLogic. Plans that need to be revised due to lack of progress Provide basic guidance on ☐ Throughout implementation, use the system to maintain meeting schedules, send





## Data-Informed Consultation: User Clicks in FidelityEHR

Percent of page clicks by task category, as a function of all clicks

User Task Category	First month of use	Second month of use	% Change
Communicating with the Team	20.78%	40.53%	+95.0%
Core Assessments	0.30%	2.31%	+6.7%
Maintaining Service Notes	11.97%	14.95%	+24.9%
Managing Information	21.98%	1.20%	-94.5%
Updating & Developing the POC	36.84%	20.78%	-43.6%
User Settings	18.13%	20.23%	+11.6%





## Data-Informed Consultation: User Clicks in FidelityEHR

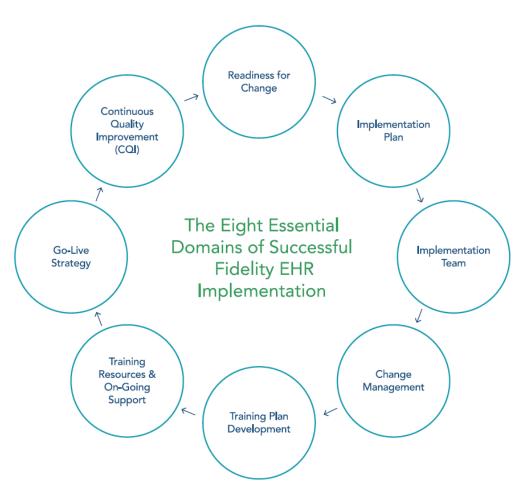
Example report of clicks by user for one month by task category, Compared to mean number of clicks for the site overall

User Task Category	Facilitator 1	Facilitator 2	Site Mean
Communicating with the Team	440	817	720
Core Assessments	35	26	29
Maintaining Service Notes	214	576	326
Managing Information	191	386	323
Updating & Developing the POC	489	377	597
User Settings	257	540	469





## Utilizing User Feedback







## Utilizing User Feedback

Observations about User Training	Training Development
<ul> <li>Usability likely related to         Training more than system.     </li> <li>Improvement needed in training resources and structure of methods.</li> </ul>	<ul> <li>Assess User learning preferences</li> <li>Utilize PowerPoint presentations</li> <li>Demonstration in Software</li> <li>Role-based practice scenarios</li> <li>Team-based activities</li> <li>User Videos and Manuals</li> <li>Increase Structure of Training</li> </ul>





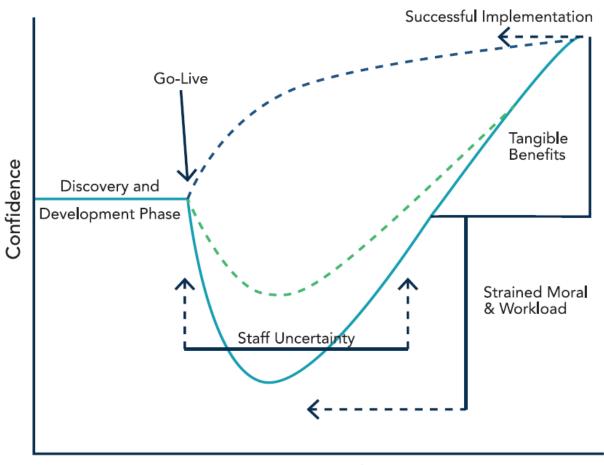
## Utilizing User Feedback (cont'd)

User Software Feedback	Software Development
<ul> <li>System changes suggested to increase ease of use.</li> <li>Develop more Wraparound-centered features.</li> <li>User adoption of new POC process requires additional training.</li> </ul>	<ul> <li>User feedback led system improvements:</li> <li>Removed duplicate data entry</li> <li>Implemented Auto-Save</li> <li>Increased usability of ICD and DSM search and diagnostic add/edit fields</li> <li>User friendly Search function for Youth Record and Service/Contact Notes</li> <li>Family friendly POC and Crisis Plan Reports</li> <li>Implemented Inbox and Client Portal messaging with notifications</li> </ul>





#### User Confidence Levels During Fidelity EHR Implementation



Time & EHR Adoption





## Conclusion: Impact of User Testing on Software Development and Usefulness

- 1. Developed expertise in EHR implementation science and best practices in team-based training
- 2. Improved training structure and support materials for on-site and ongoing team-based learning
- 3. Strengthened Wraparound-centered software features

The application of family-centered Wraparound practice principles applied to the crisis plan, client portal, and POC report

4. Implemented feedback to improve User Experience and Acceptability





## Lessons Learned from Research and Experience

- Findings emphasize importance of:
  - Assessment & procedures for development customization
  - Collaborative implementation planning
  - Initial workflow analysis
  - Comprehensive user- and site-specific training









### For more information:

wrapeval@uw.edu www.wrapinfo.org info@FidelityEHR.com www.FidelityEHR.com