

2019 EHR Usability Test Report of Welligent MU3

EHR: Welligent Version: MU3

Date of Usability Test:

Date of Report:

November 8, 2019

November 15, 2019

System Test Laboratory:

Welligent Headquarters

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2024 EHR Usability Test Report of Welligent MU3

EHR: Welligent Version: 8MU3

Date of Usability Test: November 8, 2019 & November 25, 2024

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System Test Laboratory: Remote

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Introduction

Original 2019

The EHRUT tested for this study was the Welligent Version MU3, behavioral health software. Designed to chart assessments, treatment plans, and progress notes for behavioral health providers in community-based behavioral health and institutional facilities, the EHRUT is a web-based application consisting primarily of clinical documentation and billing functions. The usability testing attempted to represent realistic exercises and conditions.

The purpose of this study was to test and validate the usability of the current user interface, and provide evidence of usability in the EHR User Test (EHRUT). To this end, measures of effectiveness, efficiency and user satisfaction, such as specific tasks and time on tasks, were captured during the usability testing.

2024 Update

The EHRUT tested for this study was the Welligent Version 8MU3, behavioral health software. All other introduction philosophy for testing remains the same utilizing NISTIR 7741 for measuring usability, effectiveness, efficiency, and satisfaction. Appendix 6.

Method

Participants - Original 2019

A total of 10 participants were tested on the EHRUT. Participants in the test were a variety of non-health care providers with varying degrees of EHR experience. Tasks involved a combination of existing functionality and new components that have not yet been released. The participants were not compensated for their time.

NIST 7741 was utilized in the design and development of the features associated with the criteria tested. The Welligent team designed, developed and tested these features based on the understanding of specific user groups' needs, workflows, and environments. During implementation, the Welligent team works with customers, as customers take over the configuration of the system to more closely match customer's workflows.

The recruited participants had a mix of backgrounds. The following is a table of participants by characteristics, including demographics, professional experience, computing experience and user needs for assistive technology. Participant names were replaced with Participant IDs so that an individual's data cannot be tied back to individual identities.

Participant	Gender	Age	Education	Occupation	Professional	Computer	Product	Assistive
					Experience	Experience	Experience	Technology
					(months)	(months)	(months)	Needed?
1	Male	40-49	Bachelor's Degree	Billing Application Analyst	360	360	30	No
2	Female	40-49	Associate Degree	Billing Application Analyst	252	252	120	No
3	Female	50-59	Bachelor's Degree	Documentation Specialist	324	324	28	No
4	Female	20-29	Bachelor's Degree	Office Coordinator	60	60	1	No
5	Female	30-39	Bachelor's Degree	Customer Support Billing	96	96	1	No
				Specialist				
6	Female	40-49	Bachelor's Degree	Director of Customer	300	300	180	No
				Success				

7	Female	50-59	Master's Degree	Clinical Project Manager	120	336	2	No
8	Female	40-49	Master's Degree	Clinical Application Analyst	324	240	5	No
9	Female	40-49	Some College	EHR Software Trainer	396	96	12	No
10	Female	40-49	Bachelor's Degree	Clinical Application Analyst	312	180	180	No

All participants recruited participated. There were no no-shows.

Participants were scheduled for sessions of 60 minutes with a minimum of 20 minutes between each session for the administrator to reset systems to proper test conditions. A calendar was used to keep track of the participant schedule, and a Word document for each participant's demographic characteristics.

Participants – 2024 Update

A total of 10 participants were tested on the EHRUT. Participants in the test were a variety of non-health care and health-care providers with varying degrees of EHR experience. Participants are employees of Welligent, Inc., and/or clinicians, and none work in any capacity with the development of the application. Tasks involved a combination of existing functionality and new components that have not yet been released. The participants were not compensated for their time.

The recruited participants had a mix of backgrounds. The following is a table of participants by characteristics, including demographics, professional experience, computing experience and user needs for assistive technology. Participant names were replaced with Participant IDs so that an individual's data cannot be tied back to individual identities.

Participant	Gender	Age	Education	Occupation	Professional	Computer	Product	Assistive
					Experience	Experience	Experience	Technology
					(months)	(months)	(months)	Needed?
11	Female	50-59	Bachelor's degree	Technical Writer	108	384	84	No
12			Some college			264		No
	Female	50-59	credit, no degree	Clinical Analyst	360		234	
13	Female	50-59	Bachelor's degree	Account Manager	426	426	228	No
14	Female	30-39	Associate degree	EHR Support	204	480	69	No
15	Female	40-49	Master's degree	Director of BA	348	360	77	No
16	Male	50-59	Master's degree	Social Worker	408	420	78	No
17	Female	30-39	Bachelor's degree	EHR Support	252	426	10	No
18	Female	40-49	Bachelor's degree	Manager	372	480	180	No
19	Female	40-49	Bachelor's degree	Clinical Analyst	336	210	45	No
20	Female	40-49	Bachelor's degree	Billing Analyst	228	330	42	No

All participants recruited participated. There were no no-shows.

Participants were scheduled for sessions of 60 minutes with a minimum of 20 minutes between each session for the administrator to reset systems to proper test conditions. A calendar was used to keep track of the participant schedule, and an excel document for each participant's demographic characteristics.

Tasks - Original 2019

This study collected performance data on seven tasks:

- 1. Demographics Review, access, and edit client's date of birth, race and ethnicity, preferred language, sex, sexual orientation, and gender identity MU § 170.315.(a)(5)
- 2. Problem List access, view, and change active problems and add new problems MU § 170.315.(a)(6)

- 3. Medication List access, view, and edit active medications and add new medications MU § 170.315.(a)(7)
- 4. Medication Allergy List access, view, edit, and add medication allergies MU § 170.315.(a)(8)
- 5. Clinical Decision Support view alerts and take action based on the directive prescribed by the alert MU § 170.315.(a)(9)
- 6. Implantable Device List view a client's list of active and inactive implantable devices, update existing devices, and use SNOWMED codes to select new devices MU § 170.315.(a)(14)
- 7. Clinical Information Reconciliation and Incorporation reconcile a client's medications, medication allergies, and problems from multiple sources, retrieve and view a CCDA into a client record MU § 170.315.(b)(2)

Tasks - 2024 Update

This study collected performance data on four tasks:

- 1. Confirm inability to access clinical decision supports to make changes and inability to access the feedback report. \$170.315(b)(11)(ii)(A); \$170.315(b)(11)(v)(A)(1); \$170.315(b)(11)(v)(B)(2)
- 2. Confirm and review new data elements and action buttons on the clinical view of the decisions support interventions are available and written in pain language and submit feedback. §170.315(b)(11)(iv)(a), §170.315(b)(11)(iv)(b), §170.315(b)(11)(v),
- 3. Ensure new clinical decision supports using criteria from Social Determinants of Health and new Demographics requirements trigger through standard use of the system, confirm source attributes populate into clinical decision supports in plain language, through routine use of the system, and provide feedback, §170.315(b)(11)(i); §170.315(b)(11)(ii)(A)§170.315(b)(11)(iv)(a), §170.315(b)(11)(iii)(b), §170.315(b)(11)(v),
- 4. Ensure ability to access clinical decisions supports, update criteria, and run and review the feedback export \$170.315(b)(11)(ii)(A); \$170.315(b)(11)(v)(A)(1); \$170.315(b)(11)(v)(B)(2)

Test Environment – Original 2019

The EHRUT would typically be used in a behavioral health community or institutional setting.

In this instance, the testing was conducted in an office in the Welligent headquarters. Each participant had a scheduled time and arrived at that time. Only the participants and administrator were in the test room. To ensure that the environment was comfortable for users, noise levels were kept to a minimum with the ambient temperature within a normal range. All of the safety instruction and evacuation procedures were valid, in place, and visible to the participants.

For testing, the computer used was an HP PC running Windows 10 OS.

The participants used a mouse and keyboard when interacting with the EHRUT.

The monitor was set to a default Windows theme used a 1366 x 768 resolution with standard color settings. The application was set up by the administrator.

The application itself used a test database in a development environment on a LAN connection. Technically, the system performance (i.e., response time) was representative to what actual users would experience in a field implementation. Additionally, participants were instructed not to change any of the default system settings (such as control of font size).

During the usability test, various documents and instruments were used, including:

- Informed Consent
- Non-disclosure form
- Moderator's Guide
- Post-test Questionnaire

Examples of these documents can be found in Appendices 2-5 respectively. The Moderator's Guide was devised so as to be able to capture required data.

Test Environment – 2024 Update

The EHRUT would typically be used in a behavioral health community or institutional setting.

In this instance, the testing was conducted remotely using Microsoft Teams. Each participant had a scheduled time to join the meeting and joined on time. Only the participants and administrator were in the test room. All individuals were asked whether they were using a single monitor or multiple monitors.

The participants used a mouse and keyboard when interacting with the EHRUT.

The application itself used a test database in a development environment on a LAN connection. Technically, the system performance (i.e., response time) was representative of what actual users would experience in a field implementation. Additionally, participants were instructed not to change any of the default system settings (such as control of font size).

During the usability test, various documents and instruments were used, including:

- Informed Consent
- Non-disclosure form
- Moderator's Guide
- Post-test Questionnaire

Examples of these documents can be found in Appendices 2-5 respectively.

Testing Procedures – Original 2019

During the timed, one-on-one usability test, each participant was greeted by the administrator and asked to review and sign an informed consent (Appendix 3) and non-disclosure (Appendix 4) forms. Participants had varying degrees of prior experience with EHRs.

The administrator introduced the test, and instructed participants to complete a series of tasks (given one at a time) using the EHRUT. During the testing, the administrator timed the test and recorded user performance data on paper and electronically. The administrator did not give the participant assistance in how to complete the task.

Upon arrival, participants were greeted and assigned a participant ID. Each participant reviewed and signed informed consent and non-disclosure forms.

The usability testing staff conducting the test was an experienced HIT professional with 17 years of experience in EHR and Practice Management software development, and a Master of Science degree in Health Informatics with extensive research experience in Human Factors/Usability Engineering processes in Product Design and Development.

The administrator moderated the session including administering instructions and tasks. The administrator also monitored task times, obtained post-task rating data, and took notes on participant comments.

Participants were instructed to perform the tasks (see specific instructions below):

- As quickly as possible making as few errors and deviations as possible
- Without assistance; administrators were allowed to give immaterial guidance and clarification on tasks, but not instructions on use.

Task timing began once the administrator finished reading the question. The task time was stopped once the participant indicated they had successfully completed the task.

Following the session, the administrator gave the participant the post-test questionnaire (e.g., the System Usability Scale, see Appendix 2), and thanked each individual for their participation.

Participants' demographic information, task success rate, time on task, errors, deviations, verbal responses, and post-test questionnaire were recorded.

Testing Procedures - 2024 Update

During the timed, one-on-one usability test, each participant was greeted by the administrator and asked to review an informed consent (Appendix 3) and non-disclosure (Appendix 4) form. Participants had varying degrees of prior experience with EHRs.

The administrator introduced the test and instructed participants to complete a series of tasks (given one at a time) using the EHRUT. During the testing, the administrator timed the test and recorded user performance data on paper and electronically. The administrator did not give the participant assistance in how to complete the task.

Upon arrival, participants were greeted and assigned a participant ID.

The usability testing staff conducting the test was an experienced HIT professional with 15 years of experience in EHR software, and a Master of Business Administration degree. She was supported by staff with a Master's in Health Informatics with extensive research experience in Human Factors/Usability Engineering processes in Product Design and Development.

The administrator moderated the session including administering instructions and tasks. The administrator also monitored task times, obtained post-task rating data, and took notes on participant comments.

Participants were instructed to perform the tasks (see specific instructions below):

As quickly as possible making as few errors and deviations as possible

• Without assistance; administrators were allowed to give immaterial guidance and clarification on tasks, but not instructions on use.

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Participants' demographic information, task success rate, time on task, errors, deviations, verbal responses, and post-test questionnaire were recorded.

Usability Metrics Narrative - Original 2019 & 2024 Update

According to the NIST Guide to the Processes Approach for Improving the Usability of Electronic Health Records, EHRs should support a process that provides a high level of usability for all users. The goal is for users to interact with the system effectively, efficiently, and with an acceptable level of satisfaction. To this end, metrics for effectiveness, efficiency and user satisfaction were captured during the usability testing. The goals of the test were to assess:

Effectiveness of Welligent by measuring participant success rates and errors

Efficiency of Welligent by measuring the average task time and path deviations

Satisfaction with Welligent by measuring ease of use ratings

Overall, the objective of this test was to uncover areas where the application performed well – that is, effectively, efficiently, and with satisfaction – and areas where the application failed to meet the needs of the participants. In short, this testing serves as both a means to record or benchmark current usability, but also to identify areas where improvements must be made.

During the usability test, participants interacted with the EHR being tested for Meaningful Use Stage 3. Each participant used the system in the same location, and was provided with the same instructions. The system was evaluated for effectiveness, efficiency and satisfaction as defined by measures collected and analyzed for each participant:

- 1. Number of tasks successfully completed
- 2. Time to complete the tasks
- 3. Number and types of errors
- 4. Path deviations
- 5. Participant's verbalizations (comments)
- 6. Participant's satisfaction ratings of the system

A number of tasks were constructed that would be realistic and representative of the kinds of activities a user might do with this EHR for Meaningful Use, including:

1. Demographics – Review, access, and edit client's date of birth, race and ethnicity, preferred language, sex,

- sexual orientation, and gender identity MU § 170.315.(a)(5)
- 2. Problem List access, view, and change active problems and add new problems MU § 170.315.(a)(6)
- 3. Medication List access, view, and edit active medications and add new medications MU § 170.315.(a)(7)
- 4. Medication Allergy List access, view, edit, and add medication allergies MU § 170.315.(a)(8)
- 5. Clinical Decision Support view alerts and take action based on the directive prescribed by the alert MU § 170.315.(a)(9)
- 6. Implantable Device List view a client's list of active and inactive implantable devices, update existing devices, and use SNOWMED codes to select new devices MU § 170.315.(a)(14)
- 7. Clinical Information Reconciliation and Incorporation reconcile a client's medications, medication allergies, and problems from multiple sources, retrieve and view a CCDA into a client record MU § 170.315.(b)(2)

2024 Update

A number of tasks were constructed that would be realistic and representative of the kinds of activities a user might do with this EHR for Meaningful Use, including:

- 1. Confirm inability to access clinical decision supports to make changes and inability to access the feedback report. \$170.315(b)(11)(ii)(A); \$170.315(b)(11)(v)(A)(1); \$170.315(b)(11)(v)(B)(2)
- 2. Confirm and review new data elements and action buttons on the clinical view of the decisions support interventions are available and written in pain language and submit feedback. §170.315(b)(11)(iv)(a), §170.315(b)(11)(iv)(b), §170.315(b)(11)(v),
- 3. Ensure new clinical decision supports using criteria from Social Determinants of Health and new Demographics requirements trigger through standard use of the system, confirm source attributes populate into clinical decision supports in plain language, through routine use of the system, and provide feedback, §170.315(b)(11)(i); §170.315(b)(11)(ii)(A)§170.315(b)(11)(iv)(a), §170.315(b)(11)(iv)(b), §170.315(b)(11)(v),
- 4. Ensure ability to access clinical decisions supports, update criteria, and run and review the feedback export §170.315(b)(11)(ii)(A); §170.315(b)(11)(v)(A)(1); §170.315(b)(11)(v)(B)(2)

Tasks were selected based on Meaningful Use testing criteria.

Data Scoring Narrative Original 2019 and 2024 Update

The following table (Table 3) details how tasks were scored, errors evaluated, and the time data analyzed.

Table 3

Task success Outcome, without assistance, within allotted on a per task basis. The total number of successes were total number of times that task was percentage. Task times were recorded for succestime for each task is a measure of competition of the compet	e calculated for each task and then divided by the sattempted. The results are provided as a sses. Observed task times divided by the optimal ptimal efficiency. benchmarked by expert performance under when constructing tasks. Target task times in the laby using the mean time of the optional with the path and screens and multiplying by 1.25
Task success allotted on a per task basis. The total number of successes were total number of times that task was percentage. Task times were recorded for succestime for each task is a measure of completion, was recorded with Moderator's Guide were developed performance of three users familiate to allow for a time buffer because the expert performance. Effectiveness: If the participant abandoned the tast performed it incorrectly, or reached completion, the task was counted as for errors. The total number of errors was calculated as for errors was calculated as for errors.	e calculated for each task and then divided by the sattempted. The results are provided as a sses. Observed task times divided by the optimal ptimal efficiency. benchmarked by expert performance under when constructing tasks. Target task times in the laby using the mean time of the optional with the path and screens and multiplying by 1.25
The total number of successes were total number of times that task was percentage. Task times were recorded for succestime for each task is a measure of complete to the complete time for each task is a measure of complete time, as realistic conditions, was recorded where Moderator's Guide were developed performance of three users familiate to allow for a time buffer because the expert performance. Effectiveness: If the participant abandoned the taperformed it incorrectly, or reached completion, the task was counted a for errors. The total number of errors was calculated to the completion of the task was counted as for errors.	sattempted. The results are provided as a sses. Observed task times divided by the optimal ptimal efficiency. benchmarked by expert performance under when constructing tasks. Target task times in the laby using the mean time of the optional with the path and screens and multiplying by 1.25
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Optimal task performance time, as realistic conditions, was recorded were developed performance of three users familiate to allow for a time buffer because texpert performance. Effectiveness: If the participant abandoned the tax performed it incorrectly, or reached completion, the task was counted a for errors. The total number of errors was calculated as the completion of the task was counted as the completion of the complet	ptimal efficiency. benchmarked by expert performance under when constructing tasks. Target task times in the law by using the mean time of the optional with the path and screens and multiplying by 1.25
Optimal task performance time, as realistic conditions, was recorded were developed performance of three users familiate to allow for a time buffer because texpert performance. Effectiveness: If the participant abandoned the tax performed it incorrectly, or reached completion, the task was counted a for errors. The total number of errors was calculated as the completion of the task was counted as the completion of the c	ptimal efficiency. benchmarked by expert performance under when constructing tasks. Target task times in the law by using the mean time of the optional with the path and screens and multiplying by 1.25
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expert performance. Effectiveness: If the participant abandoned the tale performed it incorrectly, or reached completion, the task was counted a for errors. The total number of errors was cale	ho norticinante ara muca ma la lumente tura la culta l
Effectiveness: If the participant abandoned the tale performed it incorrectly, or reached completion, the task was counted a for errors. The total number of errors was cale	he participants are presumably not trained to
performed it incorrectly, or reached completion, the task was counted a for errors. The total number of errors was cald	
Task Failures completion, the task was counted a for errors. The total number of errors was calc	sk, did not reach the correct answer or
for errors. The total number of errors was cald	the end of the allotted time before successful
The total number of errors was cald	s "Not Completed." No task times were taken
	ulated for each task and then divided by the
	s attempted. Not all deviations would be
	be expressed as the mean number of failed
tasks per participant.	·
On a qualitative level, an enumerat	ion of errors and error types should be
collected.	
Efficiency: The participant's path (i.e., steps) t	9
	articipant, for example, went to a wrong screen,
	followed an incorrect link, or interacted
	ol. This path was compared to the optimal path.
•	d path is divided by the number of optimal
steps to provide a ratio of path dev	ation.
Efficiency: Each task was timed from when the	administrator said "Begin" until the
· · · · · · · · · · · · · · · · · · ·	e failed to say "Done," the time was stopped
Task Time when the participant stopped perfo	· · · · · · · · · · · · · · · · · · ·
	orming the task. Only task times for tasks that
· · · · · · · · · · · · · · · · · · ·	orming the task. Only task times for tasks that ncluded in the average task time analysis.
deviation and standard error) were	orming the task. Only task times for tasks that ncluded in the average task time analysis. ed for each task. Variance measures (standard
	orming the task. Only task times for tasks that ncluded in the average task time analysis. ed for each task. Variance measures (standard

Measures	Rationale and Scoring
Satisfaction:	Participant's subjective impression of the ease of use of the application was
	measured by administering both a simple post-task question as well as a post-
Task Rating	session questionnaire. After each task, the participant was asked to rate "Overall,
	this task was:" on a scale of 1 (Very Easy) to 5 (Very Difficult).
	Common convention is that average ratings for systems judged easy to use should be
	3.3 or above.
	To measure participants' confidence in and likeability of the Welligent EHR overall, the testing team administered the System Usability Scale (SUS) post-test questionnaire.
	Questions included, "I think I would like to use this system frequently," "I thought the system was easy to use," and "I would imagine that most people would learn to use this system very quickly." See full System Usability Score questionnaire in Appendix 2.

Results Original 2019 and 2024 Update

Data Analysis & Reporting

The results of the usability test were calculated according to the methods specified in the Usability Metrics section above. Participants who failed to follow session and task instructions had their data excluded from the analyses. There were no exclusions. There were no testing irregularities or issues that affected data collection or interpretation of results.

The usability testing results for the EHRUT are detailed below (see Table 4 for 2019 data and table 5 for 2024 data).

Table 4 – Original 2019

Task Identifier	Task	Task Success - Mean (%)	Task Success - Standard Deviation	Task Path Deviation - Observed -Mean	Task Path Deviation - Optimal #	Task Time - Mean (seconds)	Task Time - Standard Deviation (seconds)	Task Time Deviation - Mean Observed Seconds	Task Time Deviation - Mean Optimal Seconds	Task Errors Mean	Task Errors - Standard Deviation	Task Rating - Scale Type	Task Rating Mean	Task Rating - Standard Deviation
	Record and view client's DOB, Race, Ethnicity, Preferred Language, Sex,													
Task 1:	Sexual													
	Orientation, and				_									
§170.315(a)(5)	Gender Identity. Review, edit,	100	0	1.3	0	247	98.8	1.4	0	1.0	0.63	Likert Scale	1.5	0.5
Task 2: Problem List	and add to client's problem													
§170.315(a)(6)		100	0	1.6	0	112	76.8	12	0	1.0	0.77	Likert Scale	1.9	0.7
Task 3: Medication List	Review, edit, and add to					,								
§170.315(a)(7		100	0	2.1	0	260	201.5	1.7	0	1.6	1.2	Likert Scale	2.2	0.75
Medication	Review, edit, and add to client's medication allergies.	100	0	1.5	0	156	110	1.9	0	1.2	0.98	3 Likert Scale	2.1	0.89
Task 5: Clinical Decision Support (CDS) §170.315(a)(9)	Clinical Decision Support – view an alert and take action based on what is prescribed by		0	2.4	0	289	252	3.2	0	2.8	1.78	3 Likert Scale	2.5	1.00
Implantable Device List §170.315(a)(14	Review and update client's list of active and inactive		0	1.7	0	100	53.6	,	0	1.0		D Likert Scale	1.9	0.78
Task 7: Clinical Information Reconciliation and Incorporation §170.315(b)(2)	Reconcile client's medication, medication allergies, problems, and retrieve and view CCDA within the client record.					000								0.70
/ / / - /		100	0	2.1	0	286	116.4	1.1	0	2.6	1.5	Likert Scale	2.3	0.78

Table 5 – 2024 Update

Task Identifier	Task Description	Task Success -	Task Success -	Task Path	Task Path Deviation -	TaskTime - Mean	Task Time - Standard		Task Time Deviation -		Task Errors - Std Dev	Task Rating - Scale	Task Rating	Task Rating - Standard
identinei		Mean (%)	Std Dev		Optimal #		Deviation	Observed		Mean (%)	- Std Dev (%)	Type		Deviation
		(,	(%)	#		(,	(seconds)		Seconds		(/	.,,,,		
	Confirm inability to access clinical decision													
	supports to make changes and inability to													
	access the feedback report.													
b11.1	§170.315(b)(11)(ii)	100.00	0.00	0	4	16	1	5	0	0.00	0.00	Likert	1.00	0.00
	Review new data elements and action buttons													
	on the clinical view of the decisions support													
	interventions and submit feedback													
	170.315(b)(11)(iv)(a), 170.315(b)(11)(iv)(b),													
b11.2	§170.315(b)(11)(v),	100.00	0.00	1	3	80	13	21	0	0.20	0.60	Likert	1.60	0.97
	Trigger new clinical decision supports using													
	criteria from Social Determinants of Health													
	and new Demographics requirements													
	§170.315(b)(11)(iv)(a), §170.315(b)(11)(iv)(b),													
b11.3	§170.315(b)(11)(v),	100.00	0.00	4	16	155	10	68	0	1.00	1.60	Likert	1.80	0.63
	Ability to access clinical decisions supports,													
	update criteria, and run an view the feedback													
b11.4	report §170.315(b)(11)(ii)	100.00	0.00	0	8	75	3	19	0	0.00	0.00	Likert	1.20	0.63

Discussion of the Findings - Original 2019

EFFECTIVENESS

All participants found success. Some participants were new users to the application but were successful in completing the tasks without assistance. Some participants were not familiar with SNOMED codes which led to some hesitation on what search criteria to use.

EFFICIENCY

Overall the participants commented that the system was easily navigated. No participant failed to complete a task. In a few cases, the participant realized an incorrect selection, but corrected before the task time ended.

SATISFACTION

Participants reported an overall positive experience with the application.

MAJOR FINDINGS

Most users were familiar with the application, but not with some of the screens used for this test. Two participants were new users to the system. All users were able to successfully follow the workflow for all tasks. Some users were not familiar with SNOMED codes or drug formularies, which led to some minimal confusion on selection of search criteria on some tasks. All test participants completed the assigned tasks. There were no failures or tasks not completed.

AREAS FOR IMPROVEMENT

Participants noted some areas where additional close buttons would be helpful, as there were some screens where they were unsure how to exit the screen after task completion. The newer users were not as familiar with standard terminology used within the application, which did lead to some path deviations as the instructions were misinterpreted. In the future, this could be avoided by conducting a brief overview of system navigation with new users, as it would be expected that any user of the EHR would at least have basic training on the system before using it for these types of tasks.

Discussion of the Findings - 2024 Update

EFFECTIVENESS

All participants found success. Some participants were newer users to the application but were successful in completing the tasks without assistance. Most participants did not have extensive experience with Welligent's Clinical Decision Support functionality.

EFFICIENCY

Overall, the participants commented that the system was easily navigated. No participant failed to complete a task. In a few cases, the participant realized an incorrect selection but corrected before the task time ended.

SATISFACTION

Participants reported an overall positive experience with the application.

MAJOR FINDINGS

Most users were familiar with the application, but not with some of the screens used for this test. All users were able

to successfully follow the workflow for all tasks. All test participants completed the assigned tasks. There were no failures or tasks not completed.

AREAS FOR IMPROVEMENT

Some participants noted that having clinical decisions supports in their own section of the dashboard would be useful and also noted that a more prominent location for the dashboard button would be useful for navigation.

Appendices

The following appendices include supplemental data for this usability test report. Following is a list of the appendices provided:

- 1. Participant demographics
- 2. System Usability Scale Questionnaire
- 3. Informed Consent Form
- 4. Non-Disclosure Agreement (NDA)
- 5. Example Moderator's Guide

Appendix 1: Participant Demographics

2019

Appendix 1: Participant Demographics

Following is an overview of the participants for the 2019 study.

Gender

ivien	1
Women	9
Total	10

Age

20-29	1
30-39	1
40-49	6
50-59	2
Total	10

Occupation/Role

Customer Support Billing Specialist	1
EHR Software Trainer	1
Director of Customer Success	1
Billing Application Analyst	2
Clinical Application Analyst	2
Documentation Specialist	1
Clinical Project Manager	1
Office Coordinator	1
Total	10

Years of Experience Using EHR

0	1
1	1
2	2
5	1
7	1
8	1
10	1

15	1
19	1
Total	10

2024

Following is an overview of the participants in the 2024 study.

Gender

Men	1
Women	9
Total	10

Age

30-39	2
40-49	4
50-59	4
Total	10

Occupation/Role

Technical Writer	1
Clinical Analyst	2
Billing Analyst	1
Account Manager	1
EHR Support	2
Social Worker	1
Manager	1
Director BA	1

Total 10

Years of Experience Using EHR

0	1
4	2
6	3
7	1
15	1
19	1
-	
Total	10

Appendix 2: System Usability Scale Questionnaire (2019 & 2024)

Welligent Meaningful Use EHR Usability Study

Participant #
Date:
SYSTEM USABILITY SCALE QUESTIONNAIRE

Circle your answer.

	Strong Disagree	<u> </u>		Str	ong Agree
1. I think I would like to use this system frequently.	1	2	3	4	5
2. I found this system unnecessarily complex.	1	2	3	4	5
3. I thought the system was easy to use.	1	2	3	4	5
4. I think I would need the support of a technical person to use this system.	1	2	3	4	5
5. I found the various functions in this system were well integrated.	1	2	3	4	5
6. I thought there was too much inconsistency in this system.	1	2	3	4	5
7. I imagine that most people would learn to use this system.	1	2	3	4	5
8. I found the system very cumbersome to use.	1	2	3	4	5
9. I felt very confident using the system.	1	2	3	4	5
10. I needed to learn a lot of things before I could get going with this system.	1	2	3	4	5

Appendix 3: Informed Consent Form (2019 & verbal review 2024)

Informed Consent – Welligent EHR Meaningful Use Usability Study

Welligent, Inc. would like to thank you for participating in this study. The purpose of this study is to evaluate an electronic health records system. If you decide to participate, you will be asked to perform several tasks using the prototype and give your feedback. The study will last about 60 minutes.

Agreement

I understand and agree that as a voluntary participant in the present study conducted by Welligent, Inc. I am free to withdraw consent or discontinue participation at any time. I understand and agree to participate in the study conducted by Welligent, Inc.

I understand and agree that the purpose of this study is to make software applications more useful and usable in the future.

I understand and agree that the data collected from this study may be shared with outside of Welligent, Inc. I understand and agree that data confidentiality is assured, because only de-identified data – i.e., identification numbers not names – will be used in analysis and reporting of the results.

I agree to immediately raise any concerns or areas of discomfort with the study administrator. I understand that I can leave at anytime.

Please check one of the following:		
☐ YES, I have read the above statement	and agree to be a participant.	
□ NO,I choose not to participate in this	study.	
Participant's printed name:		
Signature:	Date:	

Appendix 4: Non-Disclosure Agreement (2019 only)

Welligent Meaningful Use EHR Usability Study

Non-Disclosure Agreement	
THIS AGREEMENT is entered int	betweenbetween
	("the Participant") and the testing organization
Welligent, Inc. located at 5005 (colley Ave, Norfolk, VA 23505.
The Participant acknowledges h	s or her voluntary participation in today's usability study may
bring the Participant into posses	sion of Confidential Information. The term "Confidential
Information" means all technica	l and commercial information of a proprietary or confidential
nature which is disclosed by We of today's study.	lligent, Inc., or otherwise acquired by the Participant, in the course
By way of illustration, but not lin	mitation, Confidential Information includes trade secrets, processes,
formulae, data, know-how, prod	lucts, designs, drawings, computer aided design files and other
computer files, computer softwa	are, ideas, improvements, inventions, training methods and
materials, marketing techniques	, plans, strategies, budgets, financial information, or forecasts.
Any information the Participant	acquires relating to this product during this study is confidential
and proprietary to Welligent, In	c. and is being disclosed solely for the purposes of the Participant's
participation in today's usability	study. By signing this form the Participant acknowledges that s/he
will receive monetary compensa	tion for feedback and will not disclose this confidential information
obtained today to anyone else o	r any other organizations.
Participant's printed name:	
Signature:	Date

Appendix 5: Administrator's/Moderator's Guide (2019 & 2024)

Participant #	<u> </u>		
Welligent Meaningful	Use EHR Usability Study		
EHR Usability Test			
Administrator			
Date	Time	Location	
	ating in this study. Our session lectronic health record system	today will last less than 60 minutes.	. During that time you

I will ask you to complete a few tasks using this system and answer some questions. We are interested in how easy (or how difficult) this system is to use, what in it would be useful to you, and how we could improve it. You will be asked to complete these tasks on your own trying to do them as quickly as possible with the fewest possible errors or deviations. Do not do anything more than asked. If you get lost or have difficulty I cannot answer or help you with anything to do with the system itself. Please save your detailed comments until the end of a task or the end of the session as a whole when we can discuss freely.

I am not a developer for this system, so please be honest with your opinions.

The product you will be using today is a behavioral health electronic health record being modified to meet Meaningful Use requirements. Some of the data may not make sense as it is placeholder data.

Do you have any questions or concerns?

What is your job title / appointment?
How long have you been working in this role?
What are some of your main responsibilities?
Tell me about your experience using electronic health records.

Preliminary Questions (2019 and 2024 verbal)

Task 1 2019: Demographics §170.315(a)(5)

Take the participant to the starting point for the task.

This task requires you to access client demographics and update according to items below.

Task 1 – Record, view, or access client's date of birth

1.	Client A Find the client's date of birth.
	Done: Yes □ No □ Time (in secs):
2.	Client B Find the client's date of birth and change the date.
	Done: Yes \square No \square Time (in secs):
Click Cli	al Path: narts are open ent Information > Select 'Demographics' from dropdown > Basic Tab the indicated fields and complete. Save and Close .
Task 14	A – Record or change client's race and ethnicity
1.	Client A Races: Asian/White/Native Hawaiian, Ethnicity: Not Hispanic Enter the client's races and ethnicity.
	Done: Yes □ No □ Time (in secs):
2.	Client B Declines to specify race and ethnicity Indicate the client declines to specify race and/or ethnicity.
	Done: Yes □ No □ Time (in secs):
Click Cli	l Path: nart is open ent Information > Select 'Demographics' from dropdown > Click the Extended Tab the indicated fields and complete. Save and Close .

<u>Task 1B – Record or change client's preferred Language</u>

1.	Client A Preferred language is English Enter the client's preferred language.
	Done: Yes □ No □ Time (in secs):
2.	Client B: Declines to specify preferred language Indicate the client declines to specify their preferred language.
	Done: Yes □ No □ Time (in secs):
Click Cli	Il Path: hart is open ent Information > Select 'Demographics' from dropdown > Click the Extended Tab the indicated fields and complete. Save and Close .
Task 10	C – Record client's sex
1.	Client A Sex: Male Change the client's sex at birth from unknown to male.
	Done: Yes □ No □ Time (in secs):
Click Cli	Il Path: hart is open ent Information > Select 'Demographics' from dropdown > Click the Extended Tab the indicated fields and complete. Save and Close .
Task 1E	D — Record client's sexual orientation
1.	Client A Sexual Orientation: Declines to specify sexual orientation Indicate the client declines to specify sexual orientation.
	Done: Yes □ No □ Time (in secs):
2.	Client B

Sexual orientation: Something else, please describe

	indicate the client's sexual orientation is something else and include a description					
	Done: Yes \square No Time (in secs):					
Client Click C	-	Select 'Demographics' from and complete. Save and (-	nded Tab		
Task 1	1E – Record client's	gender identity				
1.		: Declines to specify nt declines to specify gen	nder identity.			
	Done: Yes \square No Time (in secs):					
2.	Client B: Gender Identity: Enter the client's	: Female s gender identity as fema	ıle.			
	Done: Yes \square No Time (in secs):					
Client Click C	Optimal Path: Client chart is open Click Client Information > Select 'Demographics' from dropdown > Click the Extended Tab Locate the indicated fields and complete. Save and Close .					
Total	time for all of Task	1: seconds				
Ea	Rate Success: Easily completed Completed with difficulty or help (Describe below) Not completed					
Comn	nents:					
Rate:						
Overa	III, this task was:					
	Very Easy	Easy	Average	Difficult	Very Difficult	
	1	2	3	4	5	

Task 2 2019: Problem List §170.315(a)(6)

Take the participant to the starting point for the task.

This task requires you to access a client's problem list to view or change active problems and add new problems.

1.		the client's active proble					
	Done: Yes □ No Time (in secs):						
2.		the client's active proble odes, add a new problen					
	Done: Yes ☐ No Time (in secs):						
Client cl	Client charts are open Click Client Information > Select 'Problems/Conditions' from dropdown Select 'Active/Current' and click Search to view existing problems Click 'Edit' to open an existing problem and update > Save and Close. Select 'New' > select SnoMed code > add required fields > Save and Close						
Total ti	me for all of Task	2: seconds					
Co	sily completed	culty or help (Describe be	elow)				
Comme	ents:						
Rate: Overall	, this task was:						
	Very Easy	Easy	Average	Difficult	Very Difficult		
	1	2	2	1	5		

Task 3 2019: Medication List §170.315(a)(7)

Take the participant to the starting point for the task.

This task requires you to access a client's medication list to view or change active medications and add new medications.

1.	Update an active of Close the medicat				
	Done: Yes ☐ No Time (in secs):				
2.	Using the formula Close the medicat Using the formula Done: Yes □ No	ry, add acetaminophen		ent.	
	Time (in secs):				
Client c	Click 'Edit' to open	an existing medication ar	itus and click Refresh to vie nd update > Save and Close ect medication > add requii	2.	
Total t	ime for all of Task 3	3: seconds			
Co	sily completed	ulty or help (Describe b	elow)		
Comm	ents:				
Rate:					
Overal	l, this task was:				
	Very Easy	Easy	Average	Difficult	Very Difficult

Very Easy	Easy	Average	Difficult	Very Difficult
1	2	3	4	5

Task 4 2019: Medication Allergy List §170.315(a)(8)

Take the participant to the starting point for the task.

This task requires you to access a client's allergy list to view, change, and add allergies to medications.

1.	Client A Locate and view the clie Update a medication alle Close the medication red Update another medicat	ergy by changing the scord.	•	moderate.	
	Done: Yes \square No \square Time (in secs):				
2.	Client B Locate and view the clien Add penicillin as a new n Close the medication red Update the penicillin alle	nedication allergy for toord.		the severity moderate.	
	Done: Yes \square No \square Time (in secs):				
Client c	al Path: harts are open ient Information > Allergies Select 'Active Current' as t Click 'Edit' to open an exis Select 'New' > select drug, Save and Close	ting allergy and update	> Save and Close.	isting medications g glass and select medicati	ion > add required fields >
Total t	ime for all of Task 4:	seconds			
Co	uccess: sily completed impleted with difficulty or ot completed	help (Describe below)		
Comm	ents:				
Rate:					
Overal	l, this task was:				
	Very Easy	Easy	Average	Difficult	Very Difficult

Very Easy	Easy	Average	Difficult	Very Difficult
1	2	3	4	5

Task 5 2019: Clinical Decision Support (CDS) §170.315(a)(9)

Take the participant to the starting point for the task.

This task requires you to view an alert and take an action based on what is prescribed by the alert (e.g., lab test, depression screening, etc.)

1.	Open and view t	al Decision Support in the he citation (expect a page s program history; note th	e error)		
	Done: Yes ☐ No Time (in secs):				
2.	Add the followin Major Depressive	t's birth date and if the cli g problem to the client's _l e Disorder oard and program history	problem list, selecting the	e program and making it	
	Done: Yes ☐ No Time (in secs):				
Client ci Dashbo Prograi Client I	m History > Progra nformation > Dem	am > Edit nographics > Basic Tab > u plems/Conditions > New >	•	re and Clos e	
Total ti	me for all of Task	5: seconds			
Co	sily completed	culty or help (Describe be	elow)		
Comme	ents:				
Rate:					
Overall	, this task was:				
	Very Easy	Easy	Average	Difficult	Very Difficult

Task 6 2019: Implantable Device List §170.315(a)(14)

Take the participant to the starting point for the task.

This task requires you to view a client's list of active and inactive implantable devices, update existing devices, and use SNOMED codes to select new devices.

1.	. Client A View the client's list of implantable devices. Select a SNOMED code to add a new device to the list.						
	Done: Yes ☐ No Time (in secs):						
2.	 Client B View the client's list of active implantable devices. View the inactive devices Update an existing device by making it inactive. 						
	Done: Yes ☐ No Time (in secs):						
Client cl	Optimal Path: Client charts are open Client > Information > Implantable Devices Select Implant Status > Search Select Implant Status > Search > Edit > Save and Close New > Select SNOMED > add required fields > Save and Close						
Total ti	me for all of Task	6: seconds					
Co	sily completed	culty or help (Describe be	low)				
Comme	ents:						
Rate:							
Overall	, this task was:						
	Very Easy	Easy	Average	Difficult	Very Difficult		

Task 7 2019: Clinical Information Reconciliation and Incorporation §170.315(b)(2)

Take the participant to the starting point for the task.

This task requires you to reconcile the client's medications, medication allergies, and problems from multiple sources. You will also retrieve and view a CCDA into a client record.

1.	Client A View the client's list of medications and compare to the outside medications log. If already on the client list, make one of the medications inactive. If not on the client list, add the medication to it. View the client's list of medication allergies and reconcile with the outside allergy log (if any outside allergies). View the client's list of problems and reconcile with the outside problems log (if any outside problems).
	Done: Yes □ No □ Time (in secs):
2.	Client B (<i>use Rachel Hellstrom as the client</i>) Retrieve the client's C-CCDA. View the client's name, medications, medication allergies, and outside problems. Done: Yes No Time (in secs):
Medicat Client In Client Ir Client Ir	narts are open tions > Other>> Outside Med Log/Reconcile formation > Allergies > Reconcile nformation > Problems/Conditions > Reconcile nformation > EHR Extracts > C-CDA Message type > Formatted view
Total ti	me for all of Task 7: seconds
Cor	ccess: ily completed mpleted with difficulty or help (Describe below) t completed
Comme	nts:
Rate:	
Overall,	this task was:

Very E	asy	Easy	Average	Difficult	Very Difficult
1		2	3	4	5

Task b11.1 2024: Decision Support Interventions $\S 170.315(b)(11)(ii)(A)$; $\S 170.315(b)(11)(v)(A)(1)$; $\S 170.315(b)(11)(v)(B)(2)$

Take the participant to the starting point for the task.

This task requires you to confirm inability to access clinical decisions supports to make changes and the inability to access the feedback report.

- 3. Open the Welligent Mega Menu and confirm Clinical Decision Support setup is not available under the admin list
- 4. Click on the Reports button and search for report 6582, no report should appear

Done: Yes No

Time (in secs): 10 seconds

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റ	nti	ma	ם ו	.+h	
u	ULI	HIId	170	ILII	_

Welligent Mega Menu

Reports > Enter Report Id > Search

Total time for all of Task 1: _ seconds

Rate Success:
Easily completed
Completed with difficulty or help (Describe below Not completed
Comments:

Rate:

Overall, this task was:

Very Easy	Easy	Average	Difficult	Very Difficult
1	2	3	4	5

Task b11.2 2024: Decision Support Interventions (CDS) §170.315(b)(11)(iv)(a), §170.315(b)(11)(iv)(b), §170.315(b)(11)(v)

Take the participant to the starting point for the task.

This task requires you to review new data elements and buttons on the clinical view of the decision support interventions.

	\sim 1			
1	11	ier	۱+	Λ
1.	<u> </u>	ıcı	ΙL	$^{-}$

Locate the Clinical Decision Support in the client dashboard and open Confirm the presence of a Connect EHR button, Provide Feedback button, and Reject button Record and Submit Feedback

Confirm Sexual Orientation, Gender Identity, Social Determinants of Health, and Health Assessments have been added to the left-hand side of the page, data may be null on the right side of the page Confirm 9 sections with a total of 31 fields have been added.

Confirm 7 custom data elements have been added

Click on and confirm inability to edit 5 fields on the screen, excluding the feedback field

Done: Yes \square No \square Time (in secs):
Optimal Path: Client charts are open Dashboard Blue Edit Pencil
Total time for all of Task 2: seconds
Rate Success: Easily completed Completed with difficulty or help (Describe below) Not completed

Overall, this task was:

Comments:

Rate:

Very Easy	Easy	Average	Difficult	Very Difficult
1	2	3	4	5

Task b11.3 2024: Decision Support Interventions $\S170.315(b)(11)(i)$; $\S170.315(b)(11)(ii)(A)\S170.315(b)(11)(iv)(a)$, $\S170.315(b)(11)(iii)(b)$, $\S170.315(b)(11)(iv)(a)$, $\S170.315(b)(11)(iv)(b)$, $\S170.315(b)(11)(v)$

Take the participant to the starting point for the task.

Very Easy

1

Easy

2

This task requires you to change chart information in order to trigger decision support interventions based on new criteria in 170.315.

age

1.	Client B
	Review the client's birth date and if the client is not between 20 and 100, change the birthdate to reflect that range.
	Review the client's identified gender and update to Female-to-Male(FTM)/Transgender Male/Trans Man
	Review the client's sexual orientation and update to bisexual
	Save
	Complete an AHC HRSN Screening Tool Core Questions (SDOH) assessment tool
	Select "I do not have a steady place to live"
	Save
	Open the client dashboard
	Confirm the presence of 3 clinical decision supports
	Done: Yes □ No □
	Time (in secs):
Optima	l Path:
	narts are open
	oformation > Demographics > Extended Tab > update > Save and Close Thent tools > Select type of screening tool > new > core questions > select first radio button > save > close
	Client Dashboard
Total ti	me for all of Task 3: seconds
Rate Su	ccess.
	ily completed
	npleted with difficulty or help (Describe below)
No	completed
Comme	nts:
Rate:	
Overall,	this task was:

Average

3

Difficult

4

Very Difficult

5

Task b11.4 2024: Decision Support Interventions $\S 170.315(b)(11)(ii)(A)$; $\S 170.315(b)(11)(v)(A)(1)$; $\S 170.315(b)(11)(v)(B)(2)$

Take the participant to the starting point for the task.

This task requires you to confirm ability to access clinical decisions supports to make changes and access the feedback report.

- 1. Open the "individual may have unmet health-related social needs" clinical decision support and update data on the predictive details tab
- 2. Click on the Reports button and search for report 6582 and run report with date ranges of 11/1/2024 11/19/2024, confirm Location, Acknowledgement Date, Action, Feedback, and Feedback/Acknowledgement columns appear on the report

Time (in secs):
Optimal Path: Edit button Reports > Enter Report Id > Search
Total time for all of Task 4: seconds
Rate Success: Easily completed Completed with difficulty or help (Describe below Not completed
Comments:
Rate:

Done: Yes □ No □

Overall, this task was:

Very Easy	Easy	Average	Difficult	Very Difficult	_
1	2	3	4	5	

Appendix 6 - References

NISTIR 7741 - NIST Guide to the Processes Approach for Improving the Usability of Electronic Health Records, Robert M. Schumacher, User Centric, Inc., Svetlana Z. Lowry, Information Access division, Information Technology Laboratory, National Institute of Standards and Technology, U.S. Department of Commerce, National Institute of Standards and Technology, Version 0.2, 15- Nov.2010.