

Client Care Search Referral Pilot, Design Research Report

Have feedback on this report? We would love to hear it! Email cdhs_bha_provider_support@state.co.us with questions or comments. Submissions will be reviewed by the team that conducted this design research. This feedback will be used to update this report and/or inform future design research.

Design Research Summary

- **Product:** Client Care Search
- **Product Description:** Client Care Search is used by inpatient and residential behavioral health providers in Colorado to track bed availability and facilitate care coordination.
- **Team:** Abigail Fisher (designer), Alex Mayo (product manager)
- **Timeline:** September 3-13, 2024
- **Participants:** 3 provider organizations, 5 individuals
- **Goal:** Test users ability to submit and respond to referral requests within Client Care Search in order to improve design and usability of those features.

Method

From September 3-13, 2024, we tested live referral features within Client Care Search allowing all users to submit client referrals to 3 participating inpatient and residential behavioral health organizations. We met with the 3 participating organizations before and after the pilot period to conduct usability testing and qualitative interviews about their care coordination processes. Additionally, we performed usability testing with 5 individuals to capture the perspective of users who would be submitting client referrals, though the 3 participating organizations had the ability to both send and receive referrals.

Findings

- **User Base:** To make Client Care Search impactful, the user base needs to be grown to include the most common referral sources across different types of inpatient/residential settings in addition to State care coordination teams.
- **Adoption:** Accepting referrals through Client Care Search, at least at first, would mean an additional channel to monitor for incoming referrals in addition to the emails, phone calls, and faxes care coordination teams manage today. Adoption strategy must consider this additional burden and mitigate duplication where possible.
- **Hierarchy:** We found that both referring and accepting providers were looking for contact with a specific unit/program rather than an overarching provider location. Many provider locations contain several distinct units/programs, and those units/programs can be where provider to provider contact takes place to facilitate client referrals.
- **Data Fields:** Providers gave excellent suggestions for additional data fields like "Smoking/Non-Smoking," "Campus Description" and "Campus Pictures" that could help providers and clients make more informed decisions about care options.
- **Features:** Providers suggested additional features like the ability to attach documents and forms when they request more information on a client to reduce administrative back and forth. They

also felt that a filter/map overlay showing different RAE and future BHASO regions would improve the efficiency of determining care options for a client.

- **Form Logic:** When reviewing the referral request form, providers had feedback on fields more specific to substance use treatment. This allowed us to understand the necessity of creating form logic, so when someone checks “substance use treatment” additional fields specific to that type of care appear for the referring provider to fill out.
- **Usability:** Many participants had trouble finding where to begin a referral, so we will be evaluating a redesign on the entry point for that action within the system.

Limitations

No referrals were sent to the 3 participating organizations during the pilot period. During our closing interviews, participating providers had several potential explanations. Two weeks was likely not enough time for providers to change well established processes of calling direct contacts at the participating organizations. Only having 3 participating organizations accepting referrals was limiting. Also the user base of Client Care Search is still primarily inpatient and residential facilities when many referrals come to those care levels from outpatient settings, hospitals, and care teams across the State.

Future Research

In our next pilot we will work with an organization to onboard their most common referring organizations into Client Care Search, and over a three week period manage referral exchanges between those organizations within the product. This will address some of the limitations with our first pilot, and allow us to collect feedback on the full referral exchange process and evaluate strategies for growing the user base and adoption.