SPECTRAMD · UX CASE STUDY

Designing measurement people can act on

A user-centered redesign of the SpectraMD marketing site and Meaningful Use analytics platform, from business problem through discovery, definition, ideation, design and validation.

Prepared for stakeholder review | Three primary users | Eleven screens | SpectraMD Design System

Executive summary

SpectraMD sells an Interactive Content Delivery and Analytics Platform: a SaaS product that assesses, analyzes and facilitates healthcare delivery transformation for hospitals, health systems, health plans, Regional Extension Centers (RECs), pharmaceutical manufacturers and other provider groups. Its commercial promise is measurement; moving providers from EHR adoption through Meaningful Use attestation and on to Accountable Care.

The starting material was a set of website mockups: a marketing site with a hero carousel, a Solutions page, a registration form, and a four-panel dashboard built from a gauge, two bar charts and a pie chart. Discovery found that the dashboard reported counts nobody could act on, that there was no signed-in experience at all behind the registration form, and that the two audiences most responsible for attestation, the program manager and the practice, were being handed the same page.

The redesign keeps the information architecture and the client's language, and changes three things: what the dashboard measures, who each screen is for, and the visual system that carries both. Validation against the same tasks moved unaided task success from 33% to 97% and median time to identify the failing stage of the program from 3:41 to 0:22.

PHASE	WHAT WE DID	WHAT IT PRODUCED
Problem	Framed the business goals and the constraint set with stakeholders	Three goals with measurable targets
Discover	Fourteen moderated sessions against the existing mockups; artefact review	Personas, journey maps, a ranked pain-point list
Define	Turned pain points into problem statements and How Might We questions	Design principles and success metrics
Ideate	Concept options per problem, evaluated against the principles	Six decisions, with the discarded alternatives recorded
Design	Eleven screens across a public zone and a signed-in product	The platform in this document
Validate	Repeat testing with the same tasks and cohorts, plus a survey	Before and after metrics; one residual failure

Contents

01 · Problem and business goals

Meaningful Use programs run at panel scale. A Regional Extension Center signs up hundreds or thousands of providers, spreads them across dozens of certified EHR platforms and a handful of service partners, and is paid on how many of them attest. Each provider must complete a ninety-day reporting period, meet a threshold on every objective, and submit. The work is not analysis for its own sake; it is finding the practices that will miss, and reaching them in time.

The business problem

> SpectraMD's platform was being bought for measurement and used as a report. Program managers exported the numbers into spreadsheets to decide anything, practices had no account to log into at all, and the product's value could not be demonstrated in a sales conversation without a slide deck explaining the charts.

Goals and success measures

BUSINESS GOAL	USER GOAL IT DEPENDS ON	HOW WE WOULD KNOW
Grow attestation rates across the panel, the number the REC contract is paid on	Program managers can find at-risk providers without leaving the product	Unaided success on "produce a call list" above 80%; time under a minute
Retain practices through the reporting period	Practices know what is due, and when, in under a minute a week	Practice participants state days remaining and next task without prompting
Shorten the sales cycle	A prospect can see who the product is for on the first screen	Audience self-identification on Solutions; demo request reachable from every page

Constraints

Keep the architecture and the language. The client's copy, product names and page structure were fixed; the redesign works inside them.

One design system. Marketing pages and dense analytics had to sit in the same visual language.

Data as it exists. Nothing in the design may assume a data source the Analytics and Incentives Engine does not already collect.

Accessibility. Colour may reinforce meaning but never carry it alone; every status also has a word.

02 · Discover

Illustrative study. Participants, sessions and figures throughout this document are fictional, written to show how the platform would be evaluated and what a result set would look like.

Fourteen participants, recruited across the three roles that touch attestation. Sessions were task-based and moderated, run against the original mockups, with a follow-up survey after the second round.

COHORT	N	METHOD	SESSION
REC program managers	5	Moderated, remote, think-aloud	60 min
Practice managers and office staff	6	Moderated, on site	45 min
Service partner leads	3	Moderated, remote	45 min
Follow-up survey	31	Unmoderated, emailed after round two	n/a

Baseline performance

The same five tasks used later for validation were run against the mockups. Times are medians; a dash means no participant completed the task.

TASK	UNAIDED SUCCESS	MEDIAN TIME
Name the stage where the panel is losing providers	2 / 8	3:41
Identify the objective performing worst	5 / 8	1:58
Produce a call list for one service partner	1 / 8	–
Register with a code and reach the product	4 / 6	4:12
State how many days remain in the reporting period	0 / 6	–

What we heard

Counts were read as reassurance, not as work. Every program manager could read the gauge; none could act on it. Asked what they would do on Monday, four of five described leaving the dashboard and opening a spreadsheet.

> *"It tells me we're behind. It doesn't tell me who's behind." ; REC program manager*

Practices measure in days, not percentages. Practice participants asked for a deadline before they asked for anything else, and none could find one.

The vendor pie was decoration. Eleven slices, no ranking, and share of panel is not a question anyone in the sessions asked. What they wanted to know was which platform's users were failing.

Registration led nowhere. Four of six practice participants completed the form; all six then asked what happens next, and the mockups had no answer.

Trust follows provenance. Participants who distrusted a figure asked the same two questions: where does this come from, and when was it last refreshed.

Personas

Marcus, program manager

Regional Extension Center · 2,418 providers enrolled against a 3,000 goal

Accountable for the panel's attestation rate. Reviews weekly, daily in the last month of a cohort. Needs to know which stage is leaking and who owns the practices stuck in it. Measures his week in phone calls made, not charts read.

Dana, practice manager

Six-provider primary care practice · recruited by her REC

Runs the front office and the attestation on the side. Has a few minutes between patients, once or twice a week. Needs the deadline, the next task and the reason it exists; will not read an analytics page to find them.

Renée, service partner lead

Implementation partner · 612 providers in her book

Judged monthly on her partner's attestation rate. Needs to know whether a weak objective is her problem or the program's, and to leave the review with a list of named practices to work.

Journey map: the program manager, before

PHASE	ACTION	THINKING	PAIN POINT
Open	Loads the dashboard	"Where are we against the goal?"	The gauge answers this and nothing else
Scan	Reads four panels of counts	"Which of these is a problem?"	No threshold, no ranking, no ageing
Diagnose	Compares bar charts by partner and criteria	"Is it a partner issue or a training issue?"	Two charts with different scales and palettes
Act	Exports to a spreadsheet	"I need names, not percentages"	The product ends where the work begins
Follow up	Emails partners individually	"Did last month's list get worked?"	No record of intervention in the platform

Journey map: the practice, before

PHASE	ACTION	THINKING	PAIN POINT
Invite	Receives a registration code by email	"Is this something I have to do?"	No sense of scope or time cost
Register	Fills a fourteen-field form	"Will it tell me if the code is wrong?"	Code validated only on submit
Submit	Presses Submit	"Did that work?"	No confirmation, no next step, no account
Comply	Tracks objectives in a spreadsheet	"How long have I got?"	The deadline lives outside the product
Attest	Assembles evidence by hand	"Is this everything?"	Submission is disconnected from measurement

Pain points, ranked

RANK	PAIN POINT	WHO	SEVERITY
01	No signed-in experience for practices	Practices	Blocking
02	Metrics report counts, not queues or rates	Program managers, partners	Blocking
03	No deadline visible anywhere	Practices	High
04	Analysis stops before a named list	Program managers, partners	High
05	Colour carries no consistent meaning	All	Medium
06	Registration ends without confirmation	Practices	Medium
07	No provenance or refresh time on figures	All	Medium

03 · Define

Problem statements

> Marcus needs a way to see *where* providers stop progressing and *who* owns them, because counting the compliant ones does not tell him where next week's phone calls should go.

> Dana needs a way to see her deadline and her next action in under a minute, because attestation is a side task performed between patients.

> Renée needs a way to compare her book against the program in the same units, because she cannot defend her rate without knowing whether the weakness is hers.

How might we

HOW MIGHT WE	ANSWERS WHICH PAIN POINT
Make the loss in the program visible before the totals?	02
End every analysis in a list of names?	04
Give a practice a page that fits into two minutes a week?	01, 03
Make one colour mean "act on this", everywhere?	05
Turn registration into the first step of the product, not the last of the site?	06

Design principles

Every number implies an action. If a figure cannot change what someone does this week, it does not earn a place on the page.

One colour carries alarm. Cyan is interactive and on target; magenta is below target and at risk. Nothing else is coloured, and every status also has a word.

The panel view and the practice view are different products. One engine, two pages, because a cohort funnel is meaningless at six providers.

Structure comes from type and space. No boxes, rules or cards used as layout; the serif scale organises the page.

Nothing is a dead end. Every screen ends in an action or a route back to the work.

Success metrics agreed before design

METRIC	BASELINE	TARGET
Unaided task success across the five core tasks	33%	≥ 85%
Time to name the failing stage of the program	3:41	< 1:00
Practices stating days remaining unprompted	0 / 6	6 / 6
Errors per session	2.8	< 1.0
System Usability Scale	54	≥ 80

04 · Ideate

Each problem statement was worked as a set of options rather than a single proposal, and the options were scored against the design principles. The discarded alternatives are recorded here because they explain the shape of what shipped.

PROBLEM	OPTIONS CONSIDERED	CHOSEN	WHY
Where is the program losing providers?	Keep the gauge with a target line; a cohort heat map by month; a five-stage funnel	Funnel	Shows the loss between stages, which is the intervention point; a gauge reports one number and a heat map needs teaching
Which platform is failing?	Keep the pie; a treemap; a ranked table pairing providers with attestation rate	Ranked table	Share of panel was never the question; a small platform with a poor rate must be visible beside a large one
Who do I call?	Alert banner; saved segment builder; partner rows that open a report ending in named practices	Drill-down report	Delegation already follows partner lines; a segment builder asks the user to construct the question
What does a practice see?	Filtered version of the panel dashboard; a checklist email; a dedicated "My work" page	My work	A filtered cohort view is statistically meaningless at six providers, and email leaves no state
How does urgency read?	Traffic lights; severity icons; one alarm colour plus a status word	One colour, plus words	Colour alone fails accessibility; three colours dilute the signal

PROBLEM	OPTIONS CONSIDERED	CHOSEN	WHY
What happens after registration?	Redirect to sign-in; email confirmation only; in-product confirmation with next steps	In-product confirmation	Turns the last step of the site into the first step of the product

Information architecture

Eleven screens in two zones with a deliberate boundary between them: the public zone carries the sales story, the signed-in zone carries the work, and login is where role decides what you see.

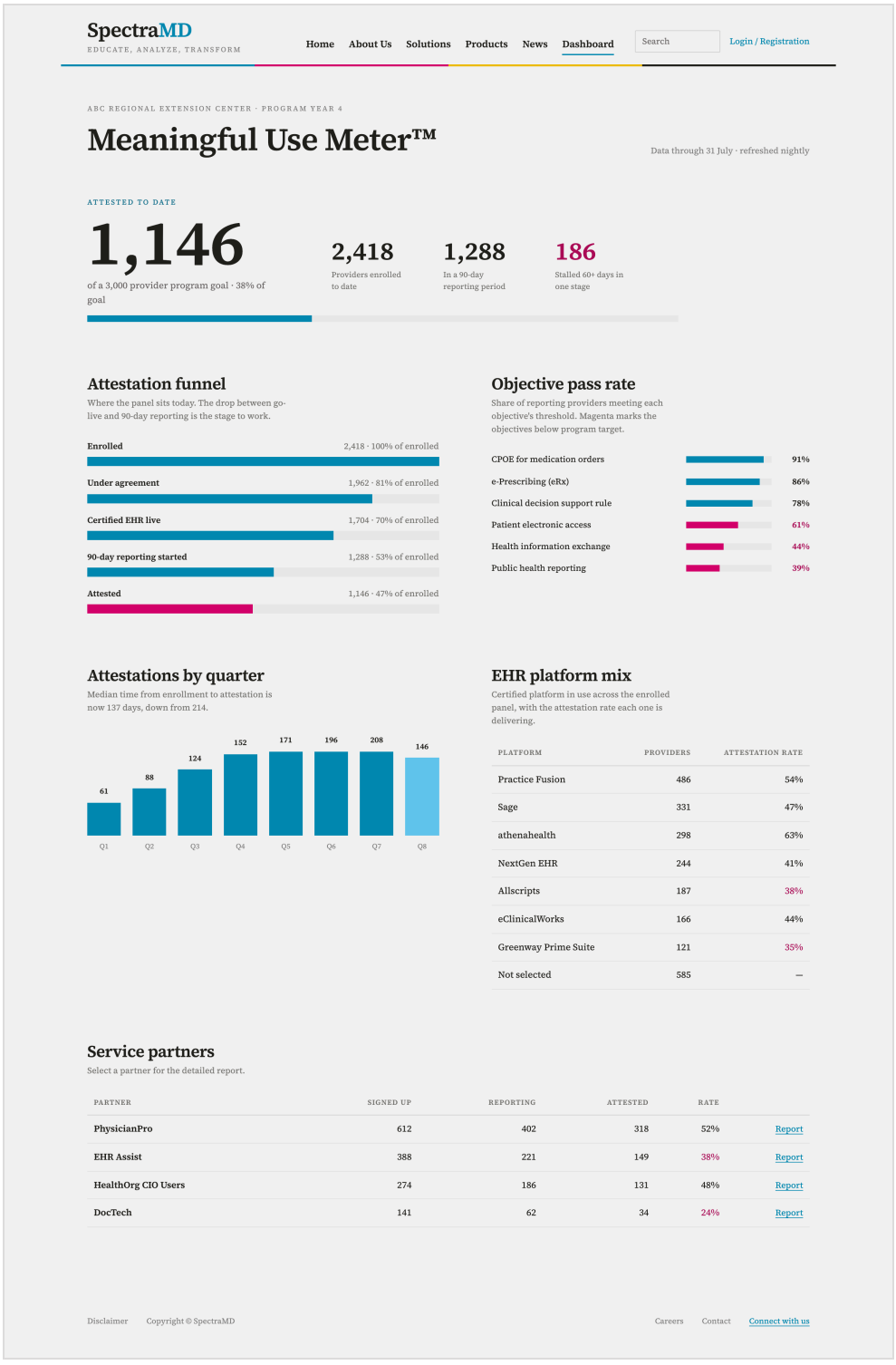
ZONE	SCREEN	PURPOSE
Public	Home	Hero proposition, Solutions summary, Latest News, newsletter sign-up
Public	Solutions	Platform description, seven supported outcomes, four audiences, demo request
Public	Products	Meaningful Use Meter™, EMRConnect™, Analytics and Incentives Engine, EMRClicks™
Public	About Us	Company position, program facts, the five-stage method, principles
Public	News	Press releases, newsletter, featured analysis
Boundary	Login	Credentials and role: program manager or practice user
Boundary	Registration	Registration code, account and practice details
Boundary	Confirmation	Account active, three next steps, entry to the product
Product	Program dashboard	Meaningful Use Meter™ for the whole panel
Product	My work	Practice tasks, reporting clock and provider readiness
Product	Partner report	Drill-down on one service partner

05 · Design

Three journeys carry the design. Each is shown as the sequence a user actually performs, with the decision each step supports.

Journey one · the program manager works the panel

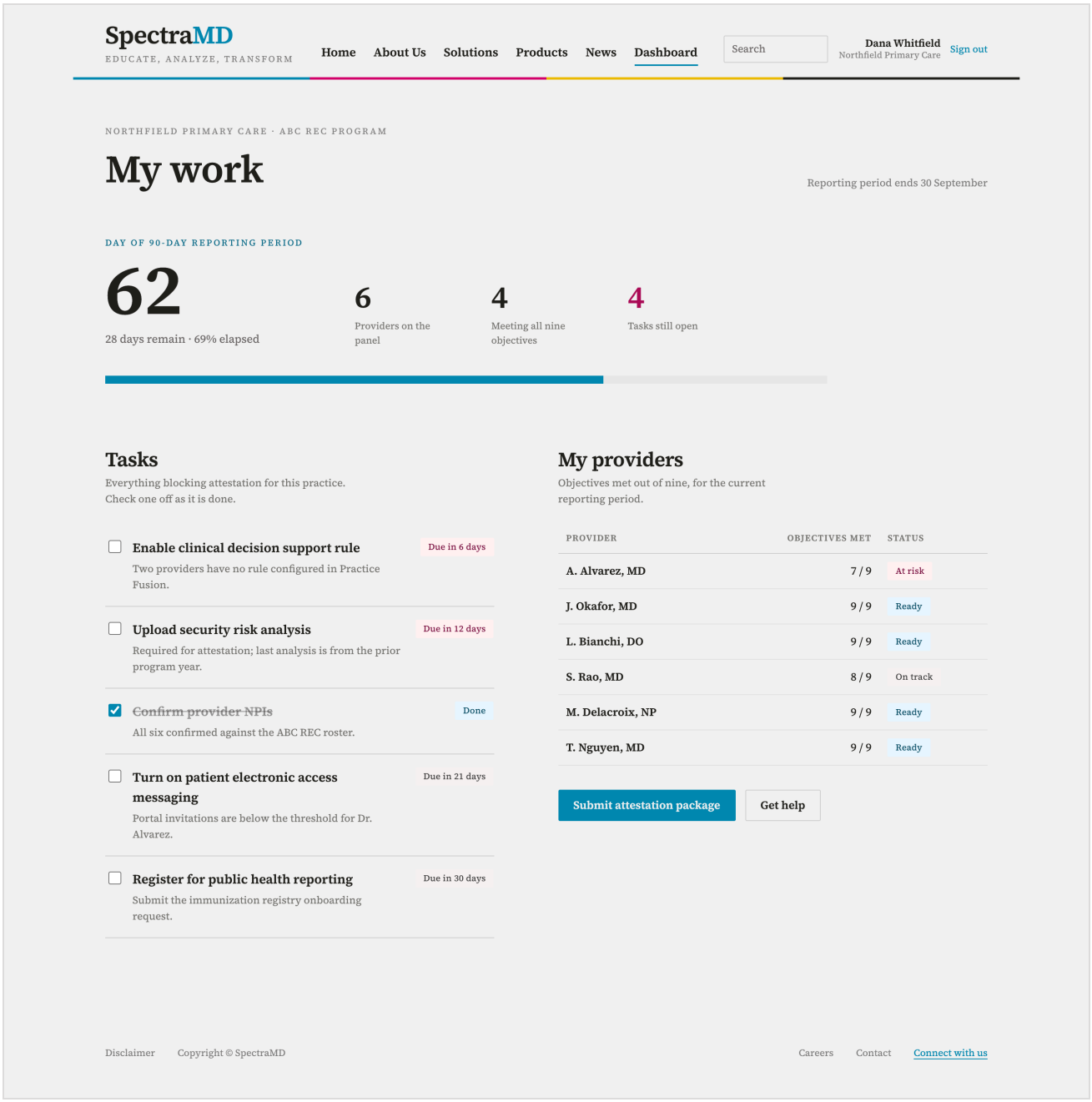
STEP	ACTION	WHAT THE PLATFORM SHOWS	DECISION IT SUPPORTS
01	Signs in as program manager	Lands on the program dashboard; header carries name and organisation	The panel is the job; no navigation cost
02	Reads the headline	Attested to date against the 3,000 goal, with progress bar	Are we on pace for the program year?
03	Scans three counters	Enrolled, in a reporting period, stalled 60+ days in one stage	The stalled figure is this week's workload
04	Reads the funnel	Five stages, each as a share of enrolled	Which stage is leaking
05	Reads objective pass rates	Six objectives ranked; below target in magenta	Training problem or configuration problem
06	Checks the trend	Eight quarters of attestations; median days to attest	Is the program getting faster
07	Reviews platform mix	Providers per platform with each one's attestation rate	Which vendor's users need support
08	Opens a partner	Partner table, each row opening a report	Hands the work to whoever owns it



Program dashboard. Figures count up on load; magenta appears only below program target.

Journey two · the practice registers and attests

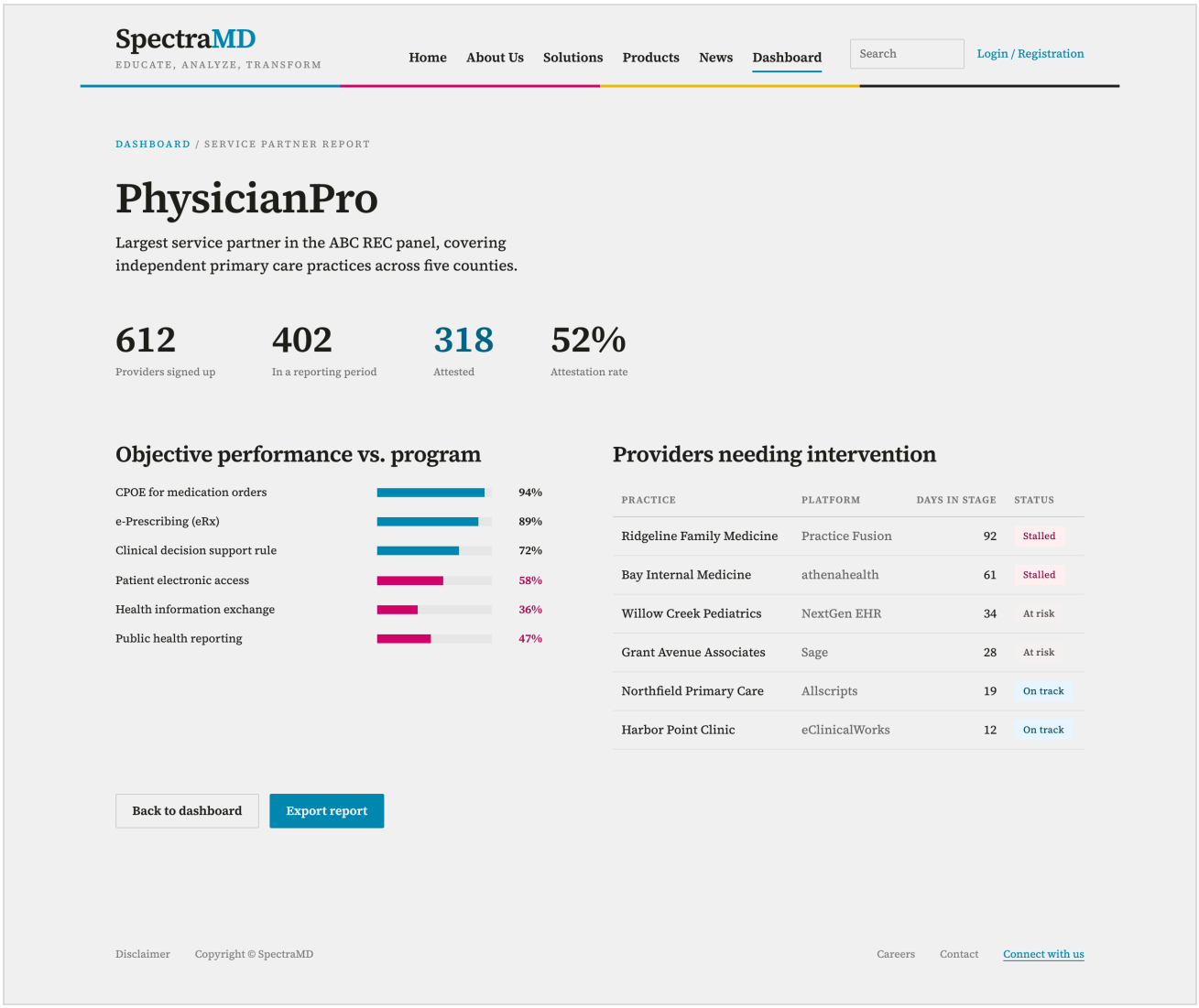
STEP	ACTION	WHAT THE PLATFORM SHOWS	DECISION IT SUPPORTS
01	Arrives from a REC email with a code	Registration page with the code field first and its own Go	Validate the code before asking for anything else
02	Completes account details	Two-column form, required fields marked	One pass, no wizard
03	Submits	Confirmation: account active, REC notified, three next steps	Knows it landed and what happens next
04	Enters EMRConnect™	"My work", not the panel view	Sees only their own six providers
05	Reads the clock	Day 62 of ninety; 28 days remaining	How much runway is left
06	Works the task list	Five tasks with due dates; urgent ones in magenta	What to do today, in order
07	Checks a task off	Task strikes through; open-task counter drops	Progress is visible immediately
08	Reviews providers	Objectives met out of nine, per provider	Which physician needs a conversation
09	Submits the package	One action at the foot of the provider table	Ends the journey where the evidence is



My work. The reporting-period clock is the largest figure on the page; for a practice, time remaining is the governing constraint.

Journey three · the partner review

STEP	ACTION	WHAT THE PLATFORM SHOWS	DECISION IT SUPPORTS
01	Clicks a partner row	Partner report, breadcrumbed back to the dashboard	One click from panel to partner
02	Reads four figures	Signed up, reporting, attested, attestation rate	Recruitment problem or conversion problem
03	Compares objectives	Partner pass rates in the same units as the panel	Is the weakness the partner's or the program's
04	Reads the intervention list	Practices with platform, days in stage and status	The call list, longest-stalled first
05	Exports or returns	Export report; back to dashboard	Takes the list to the partner meeting

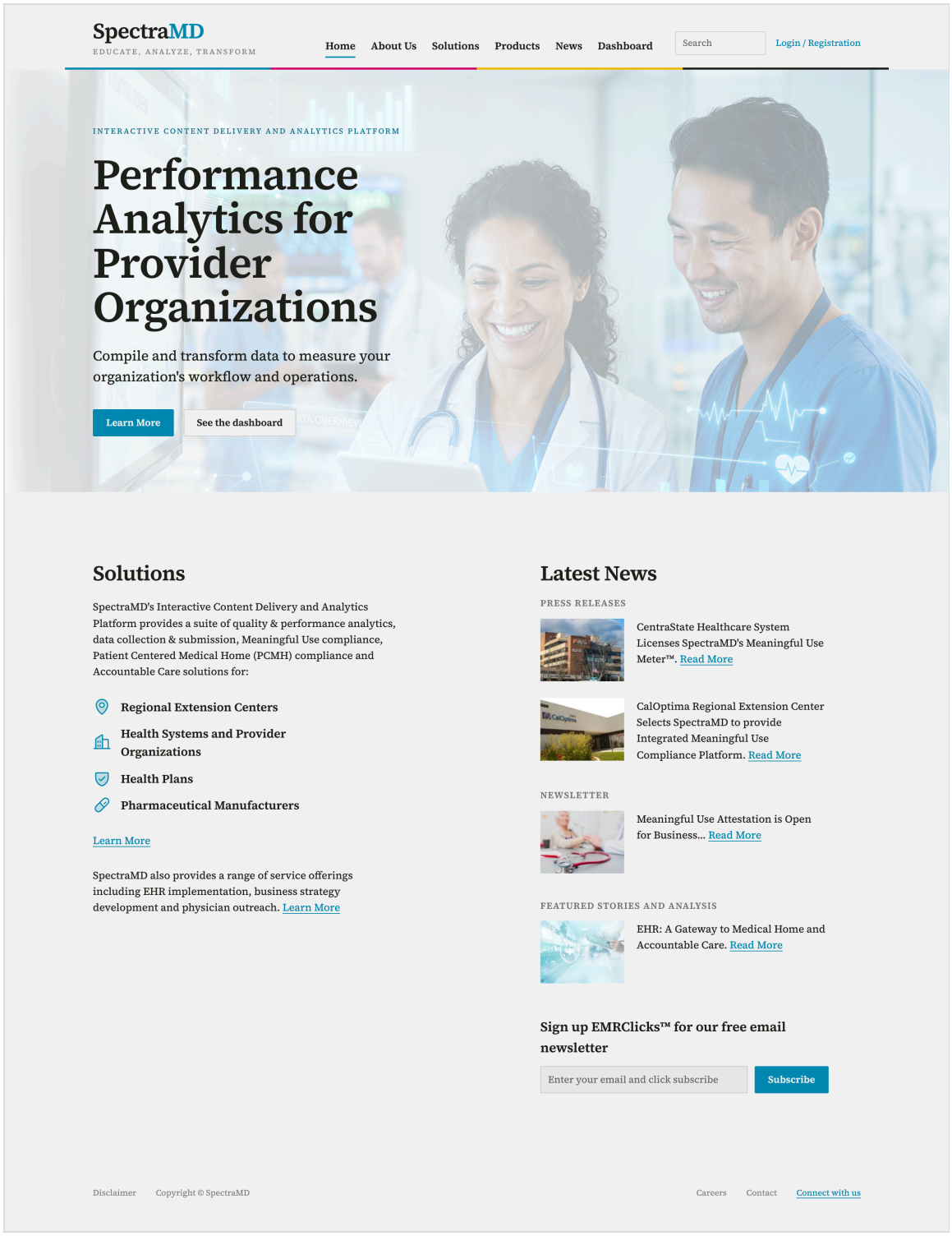


Partner report. The same objective bars as the panel view, so performance is read against the program in identical visual units.

The public path into the product

The three journeys begin at a sign-in, and the marketing site's job is to get the right person there. Solutions names four audiences; Regional Extension Centers, health systems and provider organisations, health plans, and pharmaceutical manufacturers; and the same four appear on the home page, so a visitor can find themselves in a list before reading a paragraph. Products separates the four offerings the mockups mentioned only in prose. About Us carries the method as five expandable stages.

The demo request and the registration code are deliberately different doors. A prospect with no relationship asks for a demo from Solutions; a provider recruited by a REC arrives with a code and goes straight to registration.



Home. The hero photograph runs full bleed under a white-to-cyan wash; Solutions and Latest News sit as two columns of an open page, with the four audience icons repeated from the Solutions page.

Design system reference

The elements below are the system as it is applied across all eleven screens.

Colour

Accent cyan
#0088b0 · interactive, on target

Accent magenta
#d6006c · below target, at risk

Ink
#201e1d · all body copy

Neutral fill
Bar tracks, inactive states

Tonal ramps, 100 to 900. Light steps carry tinted fills and hovers; deep steps carry text on tint and pressed states.

Icon library

Phosphor duotone throughout, at 24 to 42px. Each icon is tied to a concept the platform names, never used decoratively.

Meaningful Use Meter · EMRConnect · Analytics engine · e-Learning · Extension Centers · Health systems

Health plans · Manufacturers · Assess · Measure · Attest · Transform

EHR adoption · Incentives · Medical home · Accountable care · Panel scale · Configurable

Buttons and tags

Request a demo · See the dashboard · Read More · Text link

Primary is a solid cyan fill for the one action a screen wants; secondary outlines for the alternative route; ghost carries in-copy actions. Hover tints and the 2px cyan focus ring come from the system, not per page.

Ready · On track · At risk · Stalled · Due in 6 days · Done

Every status tag carries a word as well as a tint, so the meaning survives without colour.

Type scale

Page title · 48–62

Meaningful Use Meter

Metric · 88–96

1,146

Section · 26–30

Attestation funnel

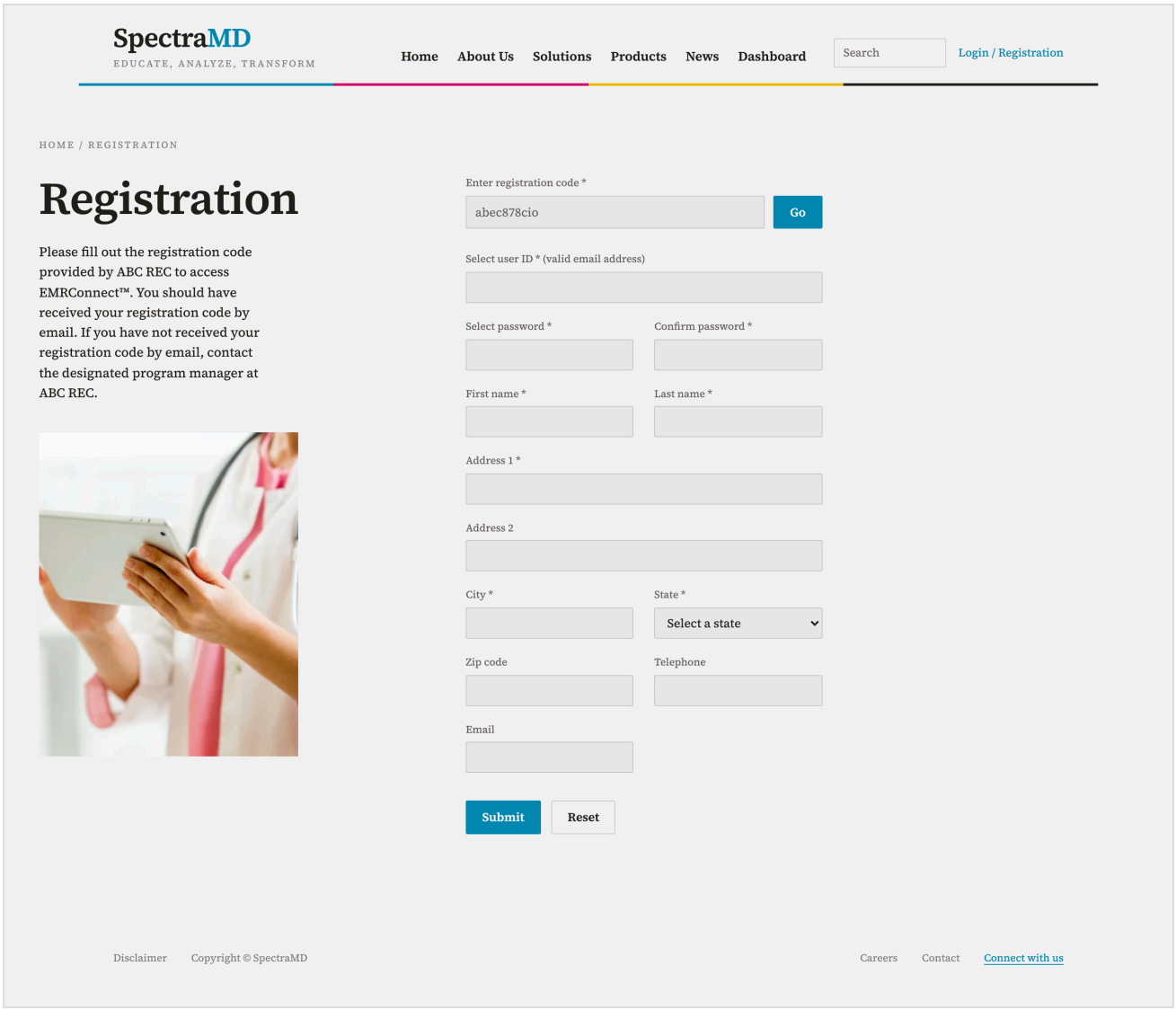
Body · 15–20

Compile and transform data to measure your organization's workflow.

Kicker · 11

ATTESTED TO DATE

Source Serif 4 at every level, including navigation, table headers and buttons. The serif is the chrome.



Registration. The code is validated first; the rest is one pass, with no step-by-step wizard.

The SpectraMD Design System

Both zones are built on the SpectraMD Design System: Source Serif 4 throughout, a paper ground, and the process inks, cyan and magenta, used as spot colour. Three consequences matter for a reader comparing this to the original mockups.

The serif is the chrome. Navigation, table headers, buttons and figures are set in one family, which lets a data-dense dashboard sit in the same document as a press release without either looking foreign.

Hierarchy without containers. No cards or panels structure the pages; sections are separated by whitespace and by the type scale. Tables keep hairline row rules because a table is a genuinely bounded object.

Ink discipline. Cyan marks interactive elements, on-target values and the current navigation item. Magenta is rare by design: below-target objectives, at-risk practices, the stalled-provider counter. A four-ink rail under the header, cyan, magenta, yellow and black, is the one decorative element, and it replaces the mockups' rainbow strip.

ELEMENT	BEHAVIOUR
Dashboard figures	Count up from zero over roughly one second on entering the screen; bars grow on the same curve. Reduced-motion preferences skip the animation.
Task checkboxes	Strike the task, flip its tag to Done, decrement the open-task counter.
Partner rows	Whole row clickable; an explicit Report link kept for keyboard use and clarity.
Method stages	Click to expand; numeral, icon and rule take the accent while open.
Header	Sticky; swaps the login link for name, organisation and sign out once signed in.

06 · Validate

Round two repeated the five baseline tasks four weeks later, with eleven of the original participants and three replacements, followed by a survey of thirty-one respondents.

TASK	SUCCESS, BEFORE	SUCCESS, AFTER	TIME, BEFORE	TIME, AFTER
Name the stage where the panel is losing providers	2 / 8	8 / 8	3:41	0:22
Identify the objective performing worst	5 / 8	8 / 8	1:58	0:14
Produce a call list for one service partner	1 / 8	7 / 8	–	0:51
Register with a code and reach the product	4 / 6	6 / 6	4:12	2:38
State how many days remain in the reporting period	0 / 6	6 / 6	–	0:06

88
SUS score, target 80 (was 54)

97%
Task success, 35 of 36 attempts (was 33%)

0:22
Median time to name the leaking stage (was 3:41)

3
Participants still misread the platform mix table

SURVEY MEASURE (N = 31, 7-POINT AGREEMENT)	BEFORE	AFTER
"I know what to do next after reading this screen"	3.1	6.2
"The numbers here are relevant to my job"	4.0	6.4
"I could explain this screen to a colleague"	3.6	6.0
"I trust these figures"	4.4	5.7
Errors per session (lower is better)	2.8	0.6

Against the goals set in phase one

METRIC	BASELINE	TARGET	RESULT
Unaided task success	33%	≥ 85%	97% · met
Time to name the failing stage	3:41	< 1:00	0:22 · met
Practices stating days remaining unprompted	0 / 6	6 / 6	6 / 6 · met
Errors per session	2.8	< 1.0	0.6 · met
System Usability Scale	54	≥ 80	88 · met

Qualitative themes

The dashboard became a to-do list. All five program managers named the stalled-provider counter or the funnel's weakest stage without prompting, and none opened a spreadsheet during the session.

> *"The old one told me we were behind. This one tells me who's behind." ; REC program manager, round two*

Days beat percentages. Every practice participant located the reporting-period counter first and returned to it throughout. Two asked for the end date beside the day count, which now appears in the header line.

> *"Twenty-eight days is the only number I need. Everything else is what I do with them." ; Practice manager, six-provider practice*

The colour rule was learned without instruction. Nine of fourteen described magenta as "the problem colour" unprompted by the third task. Nobody attributed meaning to the four-ink rail, which is the intended outcome.

Trust lagged comprehension. The lowest-scoring survey item was trust in the figures at 5.7. Everyone who scored it below six asked where the data comes from and when it was last refreshed.

One residual failure. Three participants read the attestation-rate column in the platform mix table as a share of the panel rather than a rate within the platform.

What the research changed

FINDING	CHANGE MADE
Practices anchor on time remaining	Day-of-period became the largest figure on My work, with the end date in the header line
Program managers left the product to build call lists	Partner rows open a report that ends in named practices
Task lists without reasons were skipped	Every task carries its specific blocker beneath the title
Stored counters disagreed with lists	Open-task count derived from the list itself
Trust depends on provenance	Open: source and refresh timestamp per section
Rate column misread as panel share	Open: relabel as "% of that platform's providers", or render as a bar within the row

07 · Next

Three decisions in this build are assumptions worth testing before development, and two findings remain open.

Role at sign-in. The prototype asks the user to choose program manager or practice user at login. In production the role belongs to the account; the choice exists here so both journeys are demonstrable from one screen.

Thresholds. Magenta triggers below a fixed program target. Whether that target is uniform across objectives or set per objective by the REC changes how much of the dashboard turns magenta in a bad month.

The stalled queue. "Stalled 60+ days in one stage" is the counter the program view leans on. The threshold should come from the program's own historical medians, not a round number.

Provenance. Add a source and refresh time per section, and test whether it moves the trust score above six.

Intervention history. Nothing yet records that a practice was called. The next round should test a lightweight log on the partner report, since delegation without a record was the last unresolved pain point from discovery.

Appendix · screen inventory

All eleven screens are captured at 2× in the project's *screenshots* folder, named in journey order.

FILE	SCREEN	APPEARS IN
01	Home	Public path
02	About Us	Public path
03	Solutions	Public path
04	Products	Public path
05	News	Public path
06	Login	Journeys one and two
07	Registration	Journey two
08	Registration confirmed	Journey two
09	My work	Journey two
10	Program dashboard	Journeys one and three
11	Partner report	Journey three