

2023 Real World Testing Results Report

ChartAccess 7.0

Background

Under the ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify health IT developers' responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist health IT developers in developing their Real World Testing plans.

Health IT developers have maximum flexibility to develop innovative plans and measures for Real World Testing. As developers are planning how they will execute Real World Testing, they should consider the overall complexity of the workflows and use cases within the care settings in which they market their certified health IT to determine the approaches they will take. If adjustments to approaches are made throughout Real World Testing, the health IT developer should reflect these adjustments in their Real World Testing results report. ONC expects that the Real World Testing results report will include a description of these types of changes, the reasons for them, and how intended outcomes were more efficiently met as a result.

General Information

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: Azalea Health

Product Name(s): ChartAccess

Version Number: 7.0

Certified Health IT Product List (CHPL) ID: 15.04.04.2688.Char.07.01.1.221227

Developer Real World Testing Plan Page URL: <https://www.azaleahealth.com/real-world-testing/>

Developer Real World Testing Results Report Page URL (f different from above): same as above

Summary of Testing Methods and Key Findings

Adoption rate was used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might indicate a potential problem, of which there could be several different causes. Note, it was not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant. Adoption Rate data is included in each of the certified criterion testing results sections, with the exception of overall system usage.

Real-world interoperability was successfully demonstrated for most metrics by Summative Assessment. This was accomplished by gathering real-world data of the use of our certified capabilities by our clients. This data was then analyzed and compiled to demonstrate evidence of successful implementation and use by our clients.

There are some certified capabilities for which we have had little to no client adoption. For those metrics, we chose to test the capabilities interactively by following the documented workflows for those features and submitting to validation tools or witnessing successful use of the feature. These results will be shared in relation to the testing steps outlined in our 2022 Real World Testing Plan.

Standards Updates (Including SVAP and USCDI)

ChartAccess was not updated to any voluntary standards.

Care Settings

True to our mission of helping underserved healthcare providers improve patient care and profitability, ChartAccess largely focuses on providing solutions for the unique needs of Critical Access Hospitals (CAHs), Surgical hospitals, and Behavioral Health Hospitals.

Testing Results

Testing Method: Summative Assessment

The following metrics were measured by viewing audit logs and other reporting sources available to track the behavior of the certified Health IT module during the given timeframe. All metrics were designed to reflect the core elements of the criteria, demonstrate interoperability, and demonstrate the success rate of the certified capability being used. In most cases we elected to

record these metrics over a 90-day period to reflect the reporting periods typically required for compliance with the federal incentive programs.

The continued measurable use of certified capabilities will provide implicit evidence of successful implementation of the required certified capability. This is especially meaningful in cases where interoperability with outside systems is demonstrated. In cases where it was not possible to determine “success” via an explicit confirmation by a receiving system, success was defined as a transmission was made where no error was received from the destination system or its intermediaries. Additionally, we also reviewed internal customer and vendor issue tracking systems for reports of failures or unsatisfactory performance in the field.

Criterion 1: 170.315(b)(1) Transitions of Care

- **Changes to original plan:** None
- **Challenges encountered:** None
- **Testing Method:** Review and analysis of a report of custom queries for all CCDA creation activities during the specified timeframe. ChartAccess relies upon RosettaHealth for sending and receiving CCDA documents via Edge protocols.
- **Timeframe:** Data was collected over a 90-day period from April 1, 2023 - June 30, 2023
- **Metrics and Outcomes:**
 - **Metric 1: Number of CCDAs created**
 - 21 unique clients generated a total of 5049 CCDA documents
 - 2180 were created by Critical Access Hospitals
 - 2389 were created by other small, rural hospitals
 - 297 were created by surgical hospitals
 - 183 were created by Behavioral Health hospitals
 - **Metric 2: Number of CCDAs sent via edge protocols**
 - 7 unique clients sent a total of 460 CCDA documents
 - 265 were sent by Critical Access Hospitals
 - 3 were sent by other small, rural hospitals
 - 192 were sent by surgical hospitals
 - **Metric 3: Number of CCDAs received via edge protocols**
 - 3 unique clients received a total of 18 CCDA documents
 - 10 were received by Critical Access Hospitals
 - 8 were received by surgical hospitals

Criterion 2: 170.315(b)(2) Clinical information reconciliation and incorporation

- **Changes to original plan:** None
- **Challenges encountered:** None
- **Testing Method:** Review and analysis of a report of custom queries for all CCDA creation activities during the specified timeframe.
- **Timeframe:** Data was collected over a 90-day period from April 1, 2023 - June 30, 2023
- **Metrics and Outcomes:**
 - **Number of times a user reconciled medication list data from a received CCDA**
 - 4 clients recorded a total of 14 med list reconciliations
 - Critical Access Hospitals = 5
 - Other small, rural hospitals = 0
 - Surgical hospitals = 5
 - Behavioral Health hospitals = 4
 - **Number of times a user reconciled allergies and intolerance list data from a received CCDA**
 - 3 clients recorded a total of 8 allergy list reconciliations
 - Critical Access Hospitals = 3
 - Other small, rural hospitals = 0
 - Surgical hospitals = 5
 - Behavioral Health hospitals = 0
 - **Number of times a user reconciled problem list data from a received CCDA**
 - 3 clients recorded a total of 12 problem list reconciliations
 - Critical Access Hospitals = 5
 - Other small, rural hospitals = 0
 - Surgical hospitals = 7
 - Behavioral Health hospitals = 0

Criterion 3: 170.315(b)(3) Electronic Prescribing

- **Changes to original plan:** None
- **Challenges encountered:** None
- **Testing Method:** Activity reports were obtained from our electronic prescribing partner, and relied upon software, DrFirst. Clients must have an Rcopia (DrFirst) license to perform Electronic Prescribing in ChartAccess. Data was aggregated for all clients for all metrics in demonstration of successful implementation and use of the certified capability. Data was also compiled for samples of 3 clients from each care setting being tested.
- **Timeframe:** Data was collected over a 90-day period from April 1, 2023 - June 30, 2023
- **Metrics and Outcomes:**
 - Totals are from 127 licensed providers across 17 clients

- **Metric 1: Number of prescriptions created**
 - Total = 3,749
 - Critical Access Hospitals = 747
 - Other small, rural hospitals = 2,980
 - Surgical hospitals = 13
 - Behavioral Health hospitals = 9
- **Metric 2: Number of prescriptions changed**
 - Total = 0
 - Critical Access Hospitals = 0
 - Other small, rural hospitals = 0
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 0
- **Metric 3: Number of prescriptions canceled**
 - Total = 13
 - Critical Access Hospitals = 1
 - Other small, rural hospitals = 12
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 0
- **Metric 4: Number of prescriptions renewed (refills)**
 - Total = 0
 - Critical Access Hospitals = 0
 - Other small, rural hospitals = 0
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 0

Criterion 4: 170.315(b)(6) Data Export

- **Changes to original plan:** Combined the data into one metric as users have the ability to generate data exports for single and multiple patients
- **Challenges encountered:** We were unable to distinguish between single and multiple patient data exports
- **Testing Method:** Review and analysis of a report of custom queries for all CCDA creation activities during the specified timeframe.
- **Timeframe:** Data was collected over a 90-day period from April 1, 2023 - June 30, 2023
- **Metrics and Outcomes:**
 - **Number of times a data export was performed for a patient**
 - unknown
 - **Number of times a data export was performed for multiple patients in a single transaction**
 - Unknown

- **Number of times a data export was performed**
 - Total = 1,654
 - Critical Access Hospitals = 907
 - Other small, rural hospitals = 268
 - Surgical hospitals = 296
 - Behavioral Health hospitals = 183

Criterion 5: 170.315(c)(1) Clinical quality measures (CQMs) - record and export

- **Changes to original plan:** None
- **Challenges encountered:** None
- **Testing Method:** Review and analysis of a report of custom queries for all CQM activities during the specified timeframe. The timeframe was chosen based on anticipated activity surrounding the reporting period for the Medicare Promoting Interoperability Program.
- **Timeframe:** Data was collected for January 1, 2023 - March 31, 2023
- **Metrics and Outcomes:**
 - **Number of measures recorded during the period**
 - ChartAccess is certified to and supports 9 eCQMs
 - **Number of QRDA Category 1 files exported**
 - Total = 187
 - Critical Access Hospitals = 62
 - Other small, rural hospitals = 45
 - Surgical hospitals = 45
 - Behavioral Health hospitals = 35

Criterion 6: 170.315(c)(2) Clinical quality measures (CQMs) - import and calculate

- **Changes to original plan:** Upon reviewing query data for this criterion, it was discovered that there was minimal record of clients importing QRDA Category 1 files and using those files to calculate eCQM data. Therefore, a plan was developed to test this certified capability interactively. The results of that testing will be covered below in the Interactive Testing section of the Results Report.
- **Challenges encountered:** Less than anticipated use of this functionality
- **Testing Method:** Review and analysis of a report of custom queries for all CQM activities during the specified timeframe. The timeframe was chosen based on anticipated activity surrounding the reporting period for the Medicare Promoting Interoperability Program.
- **Timeframe:** Data was collected for January 1, 2023 - March 31, 2023
- **Metrics and Outcomes:**
 - **Number of measures recorded during the period**
 - ChartAccess is certified to and supports 9 eCQMs

- **Number of QRDA Category 1 files imported (if applicable)**
 - Total = 4
 - Critical Access Hospitals = 1
 - Other small, rural hospitals = 2
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 1

Criterion 7: 170.315(c)(3) Clinical quality measures (CQMs) - report

- **Changes to original plan:** None
- **Challenges encountered:** None
- **Testing Method:** Review and analysis of a report of custom queries for all CQM activities during the specified timeframe. The timeframe was chosen based on anticipated activity surrounding the reporting period for the Medicare Promoting Interoperability Program.
- **Timeframe:** Data was collected for January 1, 2023 - March 31, 2023
- **Metrics and Outcomes:**
 - **Number of measures recorded during the period**
 - ChartAccess is certified to and supports 9 eCQMs
 - **Number of QRDA Category 3 aggregate report(s) created during the timeframe**
 - Total = 121
 - Critical Access Hospitals = 12
 - Other small, rural hospitals = 31
 - Surgical hospitals = 5
 - Behavioral Health hospitals = 73

Criterion 8: 170.315(e)(1) View, download, and transmit to 3rd party

- **Changes to original plan:** Timeframe for data collection was limited to 10/1/23 - 10/31/23.
- **Challenges encountered:** This data collection was complex and expansive. Decision was made to limit the timeframe as specified to make data collection and analysis more feasible.
- **Testing Method:** Review and analysis of custom queries from portal request logs for all patient portal activity across all care settings. ChartAccess relies upon RosettaHealth for sending (transmitting) CCDAs to 3rd party recipients.
- **Timeframe:** Data was collected for activity from 10/1/23 - 10/31/23
- **Metrics and Outcomes:**
 - **Number of views of health information by a patient or authorized representative**
 - 259
 - **Number of downloads of health information by a patient or authorized representative**
 - 44

- **Number of transmissions of health information by a patient or authorized representative using unencrypted email**
 - 5
- **Number of transmissions of health information by a patient or authorized representative using encrypted method**
 - 4

Criterion 9: 170.315(f)(1) Transmission to public health agencies - immunization registries

- **Changes to original plan:** This data was easily accessible so the timeframe for data collection was expanded to April 1, 2023 - June 30, 2023
- **Challenges encountered:** None
- **Testing Method:** Review and analysis of custom queries for a sample of interface transmissions during the specified timeframe.
- **Timeframe:** Data was collected over a 90-day period from April 1, 2023 - June 30, 2023.
- **Metrics and Outcomes:**
 - **Number (or percentage) of immunization records submitted to the immunization record**
 - Critical Access Hospitals = 12513
 - Surgical hospitals = 17117
 - Behavioral Health hospitals = 19555

Criterion 10: 170.315(f)(2) Transmission to public health agencies - syndromic surveillance

- **Changes to original plan:** This data was easily accessible so the timeframe for data collection was expanded to April 1, 2023 - June 30, 2023
- **Challenges encountered:** None
- **Testing Method:** Review and analysis of custom queries for a sample of interface transmissions during the specified timeframe.
- **Timeframe:** Data was collected over a 90-day period from April 1, 2023 - June 30, 2023.
- **Metrics and Outcomes:**
 - **Total number of syndromic events created and submitted**
 - Critical Access Hospitals = 41621
 - Surgical hospitals = 17117
 - Behavioral Health hospitals = 0

Criterion 11: 170.315(f)(3) Transmission to public health agencies - reportable laboratory tests and value/results

- **Changes to original plan:** This data was easily accessible so the timeframe for data collection was expanded to April 1, 2023 - June 30, 2023
- **Challenges encountered:** None

- **Testing Method:** Review and analysis of custom queries for a sample of interface transmissions during the specified timeframe.
- **Timeframe:** Data was collected over a 90-day period from April 1, 2023 - June 30, 2023.
- **Metrics and Outcomes:**
 - **Total number of reportable laboratory results created and submitted**
 - Critical Access Hospitals = 2
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 961

Criterion 12: 170.315(g)(7) Application access - patient selection

- **Changes to original plan:** Timeframe for data collection was limited to 10/1/23 - 10/31/23
- **Challenges encountered:** This data collection was complex and expansive. Decision was made to limit the timeframe as specified to make data collection and analysis more feasible.
- **Testing Method:** Review and analysis of custom queries from API request logs for all API activity across all care settings
- **Timeframe:** Data was collected for activity from 10/1/23 - 10/31/23
- **Metrics and Outcomes:**
 - **Number of requests for a patient ID or token**
 - 3178
 - **Number of requests that provided sufficient information to provide a valid response**
 - 1952
 - **Number of follow-up requests made using the provided patient ID or token**
 - 511

Criterion 13: 170.315(g)(9) Application access - all data request

- **Changes to original plan:** Timeframe for data collection was limited to 10/1/23 - 10/31/23
- **Challenges encountered:** This data collection was complex and expansive. Decision was made to limit the timeframe as specified to make data collection and analysis more feasible.
- **Testing Method:** Review and analysis of custom queries from API request logs for all API activity across all care settings
- **Timeframe:** Data was collected for activity from 10/1/23 - 10/31/23
- **Metrics and Outcomes:**
 - **Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token**
 - 260

- Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range
 - 13

Criterion 14: 170.315(g)(10) Standardized API for patient and population services

- **Changes to original plan:** None
- **Challenges encountered:** None
- **Testing Method:** Activity logs were reviewed and analyzed to determine the number of external applications active on the FHIR R4 API and the types of launches utilized as well as the frequency that patient data requests are received and fulfilled via the API.
- **Timeframe:** Data was collected for the month of November 2023.
- **Metrics and Outcomes:**
 1. **Number of active applications on the API**
 - a. Number of provider apps = 3
 - b. Number of patient apps = 2
 2. **Number of launch types used**
 - a. Number of stand-alone launches = 1,170
 - b. Number of EHR launches = 272
 3. **Number of requests made by all applications to the FHIR API**
 - a. Number of requests for single patient's data = 7,420
 - b. Number of requests for multiple patients' data = 0

Testing Method: Interactive Demonstration

The following test plans were executed to demonstrate Real World certified capabilities for criteria where metrics were not available. Azalea EHR is focused on helping underserved providers, including those designated as Rural Health Clinics. Due to a lack of adoption of the available functionality for the following certified criteria, these criteria required and underwent testing via interactive demonstration.

All interactive testing was performed in a cloud-hosted production or near-production environment. A near-production test database is representative of all Azalea EHR practices and identifies in all aspects to the way the EHR is deployed to each practice, except with regards to the data contained in the database. Therefore, all interactive testing demonstrates that the certified capability works in the real world as deployed in the current production environment. Azalea Health captured screenshots where appropriate to document these tests to maintain as evidence of the results in the event that the ONC should wish to verify the reported results. Precautions will be taken to reduce any risk of exposure of PHI.

Criterion 1: 170.315(c)(2) Clinical quality measures (CQMs) - import and calculate

- **Changes to original plan:** Upon reviewing query data for this criterion, it was discovered that there was minimal record of any clients importing QRDA Category 1 files and using those files to calculate eCQM data. Therefore, a plan was developed to test this certified capability interactively.
- **Challenges encountered:** Less than anticipated use of this functionality
- **Testing Method:** Azalea Health leveraged 2 unique clients for this testing.
 - Within Client #1
 - Aggregate CQM reports were generated for CQMs VTE-1 and VTE-2
 - QRDA Category 1 files were generated for these 2 measures
 - Within Client #2
 - Initial aggregate reports were generated for CQMs VTE-1 and VTE-2
 - QRDA Cat I files were imported into Client #2 and extracted
 - New aggregate reports were generated for CQMs VTE-1 and VTE-2
 - Verified that the IPP, Denominator and Numerator increased as expected for VTE-1 and VTE-2
 - Verified that the expected patients were present in the new reports
- **Timeframe:** Interactive testing process was conducted during the month of October 2023
- **Outcomes:**
 - QRDA Category 1 files were successfully imported into Client #2
 - eCQMs were accurately calculated in Client #2 as verified by expected changes in populations and values for the 2 eCQMs tested
 - This functionality and certified capability is operational and available for clients who wish or need to import QRDA Category 1 files and calculate eCQMs from those imports.

Key Milestones

Key Milestone	Care Setting	Date/Timeframe
Scheduling/Logistics Necessary audits and reports created by engineering teams, care setting samples identified, timeframes identified for data collection	All	January 1, 2023 - June 30, 2023
Data Collection Data requests sent to partners as needed, early data collection reviewed for completeness, additional audits or reports created as needed, began identifying additional criterion that would require interactive testing due to low utilization, some interactive testing completed	All	July 1, 2023 - September 30, 2023
Review and Collate Data Intermittent work on data as it was finalized, remaining interactive testing completed	All	October 1, 2023 - December 1, 2023
Writing Report	All	December 1, 2023 - January 15, 2024