Real World Test Results

Acuitas activEHR

For Criteria

§170.315 (b)(1), §170.315 (b)(2), §170.315 (b)(3), §170.315 (b)(6), §170.315 (c)(1), §170.315 (c)(2), §170.315 (c)(3), §170.315 (e)(1), §170.315 (f)(2), §170.315 (g)(7), §170.315 (g)(8), and §170.315 (g)(9)

GENERAL INFORMATION

Plan Report ID Number: **221101**

Developer Name: Ocuco Limited

Product Name(s): Acuitas activEHR

Version Number(s): 2.0

Certified Health IT: 15.04.04.2087.Acui.02.00.1.180409

Product List (CHPL) ID(s): 15.04.04.2087.Acui.02.00.1.180409

Developer Real World Testing Page URL: https://myeyedata.com/RWT

WITHDRAWN PRODUCTS

Product Name(s):	Acuitas activEHR
Version Number(s):	2.0
CHPL Product Number(s):	15.04.04.2087.Acui.02.00.1.180409
Date(s) Withdrawn:	December 31st, 2022
Inclusion of Data in Results Report:	Although the product was withdrawn, all data captured for this report was from the withdrawn product

SUMMARY OF TESTING AND KEY FINDINGS

TESTING METHODOLOGY

Ocuco's approach to real world testing is to use a mirrored production environment with real patient data within the client's own infrastructure. Existing functionality within the software automatically records audit trail information when a user performs any action. Through configuration, additional information is collected that is used to help enhance the analysis of data. All data collected is verified and de-identified, if necessary, to ensure anonymous reporting of real-world statistics.

CHALLENGES

During the execution of the Real-World Test (RWT) plan, the following challenges occurred:

- **Virtual Meeting Sessions.** Doctors, opticians, and technicians are always remarkably busy. Coordinating appropriate times virtual meeting sessions was difficult. For future real-world testing, alternative methods of obtaining un-biased data are being considered. One method would be to enhance the data collection through automated processes and embedded functionality that captures workflow as well as statistics and ensures the ability to demonstrate real-world interoperability.
- **Mirrored environment.** Using a mirrored environment within the client's infrastructure was beneficial to use existing resources with a lower setup and configuration timeline, but it meant that the clinicians had to allocate time to be able to log in and use the mirrored environment and schedule with a virtual session for verifying interoperability. Alternate methods will be considered to capture workflows that allow clinicians to use their production system while maintaining demonstrable real-world interoperability**.**
- **Participation.** Doctors, opticians, and technicians are always remarkably busy. Participation in the real-world test was lower than originally anticipated. A new approach to embedding enhanced functionality to capture workflows is being considered. This will allow clinicians to opt-in to real-world testing without having to commit to any additional time and resources other than using their production system as they do in their day-to-day activities.

SUMMARY OF DEMONSTRABLE REAL-WORLD INTEROPERABILITY

Measure	Associated Certification Criteria / Summary
Measure 1	§ 170.315(b)(1) Transitions of care – Receive Demonstrated by examining direct messaging transaction logs, C-CDA visual inspection and virtual meeting session
Measure 2	§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation Demonstrated with a virtual meeting session
Measure 3	§ 170.315(b)(3) e-Prescribing Demonstrated by examining e-Prescribing transaction logs
Measure 4	§ 170.315(c)(1) Record and Export Demonstrated by reviewing captured MIPS CQM Dashboard
Measure 5	§ 170.315(c)(2) Import and Calculate Demonstrated by reviewing captured MIPS CQM Dashboard and import transaction logs
Measure 6	§ 170.315(c)(3) Report Demonstrated by reviewing captured MIPS CQM Dashboard
Measures 7	§ 170.315(b)(1) Transitions of care – Send Demonstrated by reviewing direct messaging transaction logs
Measure 8	§ 170.315 (e)(1) View, Download and Transmit to 3rd party Demonstrated by reviewing C-CDA document transmission logs for documents sent to the patient portal
Measure 9	§ 170.315 (g)(7, 8, 9) API Demonstrated by reviewing C-CDA document transmission logs for documents sent to the patient portal
Measure 10 – 12	§ 170.315(b)(6) Data export Demonstrated by reviewing generated files, audit trail and visual file inspection
Measure 13	§ 170.315(f)(2) Transmission to Public Health Agencies – Syndromic Surveillance Demonstrated by visual inspection of the HL7 output file

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

CARE SETTING(S)

Care Setting	Justification
Facilities: • Ambulatory Specialties: • Optometry	The Acuitas activEHR software is in multiple points of service and multiple specialties. This test plan will demonstrate that the overall functionality is the same regardless of the facility or specialty. We will get feedback from Optometry specialties only. Additionally, we will document that the EHR performs the same in different facilities. The overall process will be the same in all specialties. However, we will confirm that the EHR accommodates the specific workflow of each specialty. We will conduct the Real-World Testing with clinicians from the listed care settings with between 1-5 clinicians, these are Ocuco Limited's target audience. Real patient data will be deidentified and the testing will be using a mirrored production environment. The ability to complete all measures successfully with these practices will be documented through observation of the completed tasks. Deviations from the designed process, if any, will be noted and addressed.

METRICS AND OUTCOMES

MEASURE 1 - § 170.315(B)(1) TRANSITIONS OF CARE – RECEIVE

Relied Upon Software

Secure Exchange Solutions SES Direct Version 2.0 was used to receive secure direct messages.

Metrics

Metric 1: Count of Messages Received – Transfer of Care

This metric is a count of all direct messages received during January to December 2023. It identifies that the users can receive messages successfully from external clinicians using a compliant and secure messaging protocol.

Metric 2: Count of Messages Received

This metric is a count of all direct messages received that were identified as **Transfer of Care** and included a C-CDA document from an external clinician.

Results

Metric	Direct Messages Received (January – December 2023)
Metric 1: Count of Messages Received – Transfer of Care	21
Metric 2: Count of Messages Received	21
Ratio: Percentage of Transfer of Care Messages to Total Messages Received	**100%**

Outcome

The results show that 100% of all messages received were for the purposes of transfer of care and to provide the clinician with appropriate data for the upcoming visit.

Metrics

Metric 1: Count of Transfer of Care Documents Reconciled

This metric is a count of all Transfer of Care documents received that were successfully reconciled.

Metric 2: Count of C-CDA Transfer of Care documents

This metric is a count of all Transfer of Care documents received.

Results

Metric	Direct Messages Received (January – December 2023)
Metric 1: Count of Transfer of Care Documents Reconciled	2
Metric 2: Count of C-CDA Transfer of Care documents	21
Ratio: Percentage of Transfer of Care Documents Reconciled	**10%**

Outcome

The results show that only 10% of all Transfer of Care documents received were reconciled into the patient's chart successfully and automatically. Upon investigating, this was primarily due to manual reconciliations for returning referrals in previous year(s). It should also be noted patients that were manually reconciled are not reflected in the results.

MEASURE 3 - § 170.315(B)(3) ELECTRONIC PRESCRIBING

Relied Upon Software

DrFirst Rcopia Version 4 was used to send and receive e-Prescribing data.

Metrics

Metric 1: Count of Prescriptions Sent to Pharmacies

This metric is a count of all electronic prescriptions signed and sent to a pharmacy.

Metric 2: Count of All Prescriptions

This metric is a count of all pharmacy notifications.

Metric 3: Count of Medication Reconciliation by Encounter

This metric is a count of all encounters / visits where a medication reconciliation was performed.

Metric 4: Count of All Unique Encounters

This metric is a count of all encounters performed in the year 2023

Results

Metric	Electronic Prescriptions (January – December 2023)
Metric 1: Count of Prescriptions Sent to Pharmacies	104
Metric 2: Count of All Prescriptions	106
Ratio: Percentage of All Prescriptions Sent to Pharmacies	**98%**
Metric 3: Count of Medication Reconciliation by Encounter	4363
Metric 4: Count of All Unique Encounters	5977
Ratio: Percentage of Medication Reconciliations per Encounter	**72%**

Outcome

The results show electronic prescriptions are being sent successfully and being incorporated into the patient record.

MEASURE 4 - § 170.315(C)(1) RECORD AND EXPORT

MEASURE 5 - § 170.315(C)(2) IMPORT AND CALCULATE

MEASURE 6 - § 170.315(C)(3) REPORT

Metrics

Metric 1: Numerator of Documented Medications (CQM68)

This metric is a count of documented medications.

Metric 2: Denominator of Documented Medications (CQM68)

This metric is a count of total unique encounters.

Metric 3: Count of Exported/Imported CQM Data (QRDA I)

This metric is a count of all exported and imported QRDA I file(s).

Metric 4: Count of Exported CQM Data (QRDA III)

This metric is a count of all exported and imported QRDA I file(s).

Results

Metric	Clinical Quality Measures (January – December 2023)
Metric 1: Numerator of Documented Medications (CQM68)	4363
Metric 2: Denominator of Documented Medications (CQM68)	5977
Ratio: Percentage of Documented Medications per Encounter	72%
Metric 3: Count of Exported/Imported CQM Data (QRDA I)	1
Metric 4: Count of Exported CQM Data (QRDA III)	1

Outcome

The CQM dashboard is available for clinicians to use all year. The dashboard allows the provider to import and export QRDA I document as well as export a QRDA III document. In addition, the dashboard allows a user to generate documents for all eligible providers or a single provider. The above metrics and visual inspection demonstrate that CQMs are recorded, exported, imported, and automatically calculated for all certified eCQMs Acuitas activEHR is currently certified for.

For calculations, both clinically recorded data and imported data are de-duplicated and used for measure calculations.

Metrics

Metric 1: Count of all Transitions of Care documents Sent

This metric is a count of all transfer of care patients where a C-CDA was sent back to the original provider.

Metric 2: Count of all Transitions of Care documents Received

This metric is a count of all transfer of care patients where a C-CDA was received by a referral provider.

Results

Metric	Transitions of Care – Send (January – December 2023)
Metric 1: Count of all Transitions of Care documents Sent	21
Metric 2: Count of all Transitions of Care documents Received	21
Ratio: Percentage of Transitions of Care documents Received and Sent	**100%**

Outcome

The metrics above show that when a transitions of care C-CDA is received, the provider is sending a corresponding C-CDA document back to the referring provider.

Metrics

Metric 1: Count of all C-CDA documents sent to Patient Portal

This metric is a count of all C-CDA documents that are automatically sent to the Patient Portal for registered patients.

Metric 2: Count of all unique Encounters

This metric is a count of all unique encounters for participants from January to December 2023.

Metric 3: Count of all Patient Portal registered patients

This metric is a count of patients registered for the Patient Portal.

Metric 4: Count of all C-CDA documents viewed, transmitted or downloaded

This metric is a count of all C-CDA documents viewed, transmitted or downloaded by a patient or authorized representative.

Results

Metric	Patient Portal (January – December 2023)
Metric 1: Count of all C-CDA documents sent to Patient Portal	732
Metric 2: Count of all unique Encounters	5733
Ratio: Percentage of C-CDA documents sent to the Patient Portal per Encounter	**13%**
Metric 3: Count of all Patient Portal registered patients	**732**
Metric 4: Count of all C-CDA documents viewed, transmitted or downloaded	32

Outcome

The participant systems are, by default, configured to send *ALL* generated C-CDA document to the Patient Portal for *ALL* registered patients so they are immediately available for a patient or representative to view, download or transmit data to a 3rd party.

Many patients, prefer the electronic invoices and prescriptions provided by a provider rather than to use the Patient Portal for viewing health information. Metric 4 has always been low and there are plans to enhance the amount of data sent to the Patient Portal to encourage a higher usage.

Metrics

Metric 1: Count of all C-CDA documents sent to API

This metric is a count of all C-CDA documents that are automatically sent to the API.

Metric 2: Count of all unique Encounters

This metric is a count of all unique encounters for participants from January to December 2023.

Metric 3: Count of all patient application requests (authentication)

This metric is a count of patients that authorized an application to access the API.

Metric 4: Count of partial encounter summaries

This metric is a count of all partial encounter summaries requested by API.

Metric 5: Count of full encounter summaries

This metric is a count of all full encounter summaries requested by API.

Results

Metric	API (January – December 2023)
Metric 1: Count of all C-CDA documents sent to API	732
Metric 2: Count of all unique Encounters	5733
Ratio: Percentage of C-CDA documents sent to the API per Encounter	**13%**
Metric 3: Count of all patient request for access (authentication)	1
Metric 4: Count of partial encounter summaries	1
Metric 5: Count of full encounter summaries	1

Outcome

No official patient requests for authentication or access were received. This measure was met by using a sample client application and visually inspecting all operations performed by an office assistant for a single patient.

Metrics

Metric 1: Count of on demand exporting data files

This metric is a count of successfully exported data files performed on demand.

Metric 2: Count of on demand at a relative time exporting data files

This metric is a count of successfully exported data files performed on demand at a relative time.

Metric 3: Count of after-hours exporting data files

This metric is a count exporting data files after the practice is closed.

Results

Metric	Data Export (January – December 2023)
Metric 1: Count of on demand exporting data files	1
Metric 2: Count of on demand at a relative time exporting data files	1
Metric 3: Count of after-hours exporting data files	1

Outcome

No official data exports were required or needed during the year. This measure was met by visually inspecting an office assistant performing all export operations successfully for a single patient.

MEASURE 13 - § 170.315(F)(2) TRANSMISSION TO PUBLIC HEALTH AGENCIES – SYNDROMIC SURVEILLANCE

Metrics

Metric 1: Count of all Syndromic Surveillance problems

This metric is a count of all problems marked as syndromic surveillance

Metric 2: Count of all successfully created HL7 syndromic surveillance output files

This metric is a count of all successfully created HL7 syndromic surveillance output files for participants from January to December 2023.

Results

Metric	Syndromic Surveillance (January – December 2023)
Metric 1: Count of all Syndromic Surveillance problems	2
Metric 2: Count of all successfully created HL7 syndromic surveillance output files	2

Outcome

Ophthalmology and Optometry specialties are not required to submit syndromic surveillance files to a registry. However, when a patient problem has been marked as a "syndromic surveillance" problem, a HL7 data file can be generated and validated for that purpose. This measure was met by marking a couple patient problems and successfully generating the appropriate output data files. These files were then validated to be correct for the HL7 version.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Period
Prepare the Acuitas activEHR application for use in collecting data to support the RWT plan.	Facilities: • Ambulatory Specialties: • Optometry	December 2022
Identify the user practices that will participate in the test plan.	Facilities: • Ambulatory Specialties: • Optometry	December 2022 & January 2023
Confirm that the Real-World Test Plan participants can log into their accounts and are ready to start the RWT plan documentation	Facilities: • Ambulatory Specialties: • Optometry	January 2023
Conduct the series of Real-World Testing with the participants on a regular basis (minimum, once a quarter) to obtain feedback on their progress and or if there are any issues to address.	Facilities: • Ambulatory Specialties: • Optometry	Quarterly 2023
End the Real-World Test to coincide with the end of the Year.	Facilities: • Ambulatory Specialties: • Optometry	December 2023
Real World Test analysis and generation of the report	Facilities: • Ambulatory Specialties: • Optometry	January 2024
Submit Real World Test Report to ACB before established deadline	Facilities: • Ambulatory Specialties: • Optometry	February 2024

ATTESTATION

This Real-World Testing results report is complete with all required elements, including measures that address all certification criteria and care settings. All information in this report is up to date and fully addresses the health IT developer's Real World Testing requirements.

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