Real World Test Results

Acuitas activEHR

For Criteria

§170.315 (b)(1), §170.315 (b)(2), §170.315 (b)(10), §170.315 (c)(1), §170.315 (c)(2), §170.315 (c)(3), §170.315 (e)(1), §170.315 (f)(2), §170.315 (g)(7), and §170.315 (g)(9)

GENERAL INFORMATION

Plan Report ID Number: **241031**

Developer Name: Ocuco Limited

Product Name(s): Acuitas activEHR

Version Number(s): Version 2

Certified Health IT: 15.04.04.2087.Acui.02.01.1.221217

Product List (CHPL) ID(s): 15.04.04.2087.Acui.02.01.1.221217

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

SUMMARY OF TESTING AND KEY FINDINGS

TESTING METHODOLOGY

Ocuco's approach to real-world testing is conducted through remote data collection from production environments using de-identified patient data. No virtual screens are viewed, and no direct interactions with clients occur. The software's built-in audit trail functionality records user actions, and additional configurations allow for comprehensive data collection. Data is analyzed remotely to verify interoperability, functionality, and compliance with certification criteria.

All collected data is verified and de-identified as necessary to ensure anonymous reporting of real-world statistics. This process ensures unbiased, consistent testing without requiring direct engagement with clients.

CHALLENGES

- **Virtual Meeting Sessions.** Originally, virtual meeting sessions were used for validation, but this proved challenging due to clinician availability. To resolve this, all data collection is now fully automated and remotely analyzed without requiring direct user interaction.
- **Mirrored environment.** While using a mirrored environment within a client's infrastructure or ours reduced setup time, it previously required clinician participation. The new approach ensures that data collection is performed passively without disrupting clinical workflows.
- **Participation.** Doctors, opticians, and technicians are always remarkably busy. The new approach eliminates the need for clinician participation by embedding automated data collection within the production system. This ensures real-world data is captured without additional time commitments from healthcare providers.

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 for select patient(s)
Measure 2	§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation Demonstrated through remote data collection and analysis
Measure 3	§ 170.315(c)(1) Record and Export Demonstrated by remote review of MIPS CQM Dashboard data
Measure 4	§ 170.315(c)(2) Import and Calculate Demonstrated by remote review of MIPS CQM Dashboard data and import transaction logs
Measure 5	§ 170.315(c)(3) Report Demonstrated by remote review of MIPS CQM Dashboard data
Measures 6	§ 170.315(b)(1) Transitions of care – Send Demonstrated by reviewing direct messaging transaction logs
Measure 7	§ 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 8	§ 170.315 (g)(7, 9) API Demonstrated by reviewing C-CDA document transmission logs for documents sent to the patient portal
Measure 9 – 11	§ 170.315(b)(10) Data export Demonstrated by reviewing generated files, audit trail and visual file inspection
Measure 12	§ 170.315(f)(2) Transmission to Public Health Agencies – Syndromic Surveillance Demonstrated by visual inspection of the HL7 output file after marking a single patient as having a Health Risk.

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 operates across multiple points of service and specialties. This test plan demonstrates that the software functions consistently across facilities and specialties based on remote data collection and analysis. Feedback will be gathered exclusively from Optometry specialties, and the data will confirm that the EHR system supports unique workflows across different specialties while maintaining overall process consistency. Real-world testing is conducted solely through remote data collection from clinicians within the designated care settings. Data is automatically logged from production systems, de-identified, and analyzed remotely. Testing requires no direct interaction with clinicians, eliminating additional time commitments.

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 2025. 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 2025)
Metric 1: Count of Messages Received – Transfer of Care	40
Metric 2: Count of Messages Received	40
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 2025)
Metric 1: Count of Transfer of Care Documents Reconciled	6
Metric 2: Count of C-CDA Transfer of Care documents	60
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(C)(1) RECORD AND EXPORT

MEASURE 4 - § 170.315(C)(2) IMPORT AND CALCULATE

MEASURE 5 - § 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 2025)
Metric 1: Numerator of Documented Medications (CQM68)	6300
Metric 2: Denominator of Documented Medications (CQM68)	7000
Ratio: Percentage of Documented Medications per Encounter	90%
Metric 3: Count of Exported/Imported CQM Data (QRDA I)	2
Metric 4: Count of Exported CQM Data (QRDA III)	2

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 2025)
Metric 1: Count of all Transitions of Care documents Sent	45
Metric 2: Count of all Transitions of Care documents Received	45
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 2025.

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 2025)
Metric 1: Count of all C-CDA documents sent to Patient Portal	5200
Metric 2: Count of all unique Encounters	8000
Ratio: Percentage of C-CDA documents sent to the Patient Portal per Encounter	**65%**
Metric 3: Count of all Patient Portal registered patients	**2000**
Metric 4: Count of all C-CDA documents viewed, transmitted or downloaded	0

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 or zero 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 2025.

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 2025)
Metric 1: Count of all C-CDA documents sent to API	5200
Metric 2: Count of all unique Encounters	8000
Ratio: Percentage of C-CDA documents sent to the API per Encounter	**65%**
Metric 3: Count of all patient request for access (authentication)	3
Metric 4: Count of partial encounter summaries	3
Metric 5: Count of full encounter summaries	3

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 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 2025)
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 the output of all export operations successfully for a single patient.

MEASURE 12 - § 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 2025.

Results

Metric	Syndromic Surveillance (January – December 2025)
Metric 1: Count of all Syndromic Surveillance problems	5
Metric 2: Count of all successfully created HL7 syndromic surveillance output files	5

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 2024
Identify the user practices that will participate in the test plan.	Facilities: • Ambulatory Specialties: • Optometry	December 2024 & January 2025
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 2025
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 2025
End the Real-World Test to coincide with the end of the Year.	Facilities: • Ambulatory Specialties: • Optometry	December 2025
Real World Test analysis and generation of the report	Facilities: • Ambulatory Specialties: • Optometry	January 2026
Submit Real World Test Report to ACB before established deadline	Facilities: • Ambulatory Specialties: • Optometry	February 2026

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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