

2024 Real World Testing Results Report

ChartAccess 7.0

Background

Under the ASTP/ONC Health IT Certification Program, health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/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 ASTP/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. ASTP/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 ASTP/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 (If 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 all 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.

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 one-quarter 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 one-quarter period from January 1, 2024 - March 31, 2024
- **Metrics and Outcomes:**
 - **Metric 1: Number of CCDAs created**
 - 9 unique clients generated a total of 1,530 CCDA documents
 - 951 were created by Critical Access Hospitals
 - 418 were created by other small, rural hospitals
 - 1 was created by surgical hospitals
 - 160 were created by Behavioral Health hospitals
 - **Metric 2: Number of CCDAs sent via edge protocols**
 - 9 unique clients sent a total of 32 CCDA documents
 - 32 were sent by Critical Access Hospitals
 - **Metric 3: Number of CCDAs received via edge protocols**
 - 9 unique clients received a total of 3 CCDA documents
 - 1 was received by Critical Access Hospitals
 - 1 was received by small, rural hospitals
 - 1 was 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 one-quarter period from January 1, 2024 - March 31, 2024
- **Metrics and Outcomes:**
 - **Number of times a user reconciled medication list data from a received CCDA**
 - 9 clients recorded a total of 5 med list reconciliations

- Critical Access Hospitals = 2
 - Other small, rural hospitals = 0
 - Surgical hospitals = 1
 - Behavioral Health hospitals = 2
- **Number of times a user reconciled allergies and intolerance list data from a received CCDA**
 - 9 clients recorded a total of 5 allergy list reconciliations
 - Critical Access Hospitals = 1
 - Other small, rural hospitals = 3
 - Surgical hospitals = 1
 - Behavioral Health hospitals = 0
- **Number of times a user reconciled problem list data from a received CCDA**
 - 9 clients recorded a total of 7 problem list reconciliations
 - Critical Access Hospitals = 0
 - Other small, rural hospitals = 2
 - Surgical hospitals = 5
 - 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 one-quarter period from April 1, 2024 - June 30, 2024
- **Metrics and Outcomes:**
 - Totals are from 38 licensed providers across 8 clients
 - **Metric 1: Number of prescriptions created**
 - Total = 4,939
 - Critical Access Hospitals = 2,103
 - Other small, rural hospitals = 2,816
 - Surgical hospitals = 15
 - Behavioral Health hospitals = 5
 - **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 = 20
 - Critical Access Hospitals = 14
 - Other small, rural hospitals = 6
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 0
- **Metric 4: Number of prescriptions renewed (refills)**
 - Total = 18
 - Critical Access Hospitals = 18
 - Other small, rural hospitals = 0
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 0

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

- **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 one-quarter period from January 1, 2024 - March 31, 2024
- **Metrics and Outcomes:**
 - **Number of times a data export was performed for single or multiple patients in a single transaction**
 - Total = 758
 - Critical Access Hospitals = 224
 - Other small, rural hospitals = 415
 - Surgical Hospitals = 1
 - Behavioral Health Hospitals = 118

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, 2024 - March 31, 2024
- **Metrics and Outcomes:**
 - **Number of measures recorded during the period**

- ChartAccess is certified to and supports 13 eCQMs
- **Number of QRDA Category 1 files exported**
 - Total = 201
 - Critical Access Hospitals = 28
 - Other small, rural hospitals = 79
 - Surgical hospitals = 37
 - Behavioral Health hospitals = 57

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

- **Changes to original plan:** There was significantly higher than anticipated usage of QRDA Category 1 file import and calculation. Therefore, the plan to test this certified capability interactively was removed, as we feel these data strongly support the certified capability of the product.
- **Challenges encountered:** Significantly higher 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, 2024 - March 31, 2024
- **Metrics and Outcomes:**
 - **Number of measures recorded during the period**
 - ChartAccess is certified to and supports 13 eCQMs
 - **Number of QRDA Category 1 files imported (if applicable)**
 - Total = 168
 - Critical Access Hospitals = 0
 - Other small, rural hospitals = 168
 - Surgical hospitals = 0
 - Behavioral Health hospitals = 0

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, 2024 - March 31, 2024
- **Metrics and Outcomes:**
 - **Number of measures recorded during the period**
 - ChartAccess is certified to and supports 13 eCQMs
 - **Number of QRDA Category 3 aggregate report(s) created during the timeframe**
 - Total = 40

- Critical Access Hospitals = 22
- Other small, rural hospitals = 13
- Surgical hospitals = 2
- Behavioral Health hospitals = 3

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

- **Changes to original plan:** We have added this certification criterion to Interactive Demonstration (see below) to show the transmission of health information by patient or authorized representative functionality of the (e)(1) certification criterion
- **Challenges encountered:** We had no adoption of the *Number of transmissions of health information by a patient or authorized representative* metric in 2024 which is much lower than our results for 2023
- **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 8/1/2024 - 8/31/2024
- **Metrics and Outcomes:**
 - **Number of views of health information by a patient or authorized representative**
 - 96
 - **Number of downloads of health information by a patient or authorized representative**
 - 38
 - **Number of transmissions of health information by a patient or authorized representative**
 - 0

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

- **Changes to original plan:** None
- **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 one-quarter period from April 1, 2024 - June 30, 2024.
- **Metrics and Outcomes:**
 - **Number (or percentage) of immunization records submitted to the immunization record**
 - Critical Access Hospitals = 19,083
 - Surgical hospitals = 5,196
 - Behavioral Health hospitals = 25,495

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

- **Changes to original plan:** None
- **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 one-quarter period from April 1, 2024 - June 30, 2024.
- **Metrics and Outcomes:**
 - **Total number of syndromic events created and submitted**
 - Critical Access Hospitals = 46,656
 - Surgical hospitals = 18,011
 - 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:** None
- **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 one-quarter period from April 1, 2024 - June 30, 2024.
- **Metrics and Outcomes:**
 - **Total number of reportable laboratory results created and submitted**
 - Critical Access Hospitals = 0
 - Surgical hospitals = 182
 - Behavioral Health hospitals = 36

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

- **Changes to original plan:** None
- **Challenges encountered:** None
- **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 8/1/2024 - 8/31/2024
- **Metrics and Outcomes:**
 - **Number of requests for a patient ID or token**
 - 3,501
 - **Number of requests that provided sufficient information to provide a valid response**
 - 1,978
 - **Number of follow-up requests made using the provided patient ID or token**
 - 574

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

- **Changes to original plan:** None
- **Challenges encountered:** None
- **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 8/1/2024 - 8/31/2024
- **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**
 - 96
 - **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**
 - 4

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 activity from 8/1/2024 - 8/31/2024
- **Metrics and Outcomes:**
 1. **Number of active applications on the API**
 - a. Number of provider apps = 153
 - b. Number of patient apps = 8
 2. **Number of launch types used**
 - a. Number of stand-alone launches = 1,215
 - b. Number of EHR launches = 532
 3. **Number of requests made by all applications to the FHIR API**
 - a. Number of requests for single patient's data = 8,738
 - b. Number of requests for multiple patients' data = 272

Testing Method: Interactive Demonstration

The following test plans were executed to demonstrate Real World certified capabilities for criteria where metrics were not available. ChartAccess is focused on helping underserved providers, including those designated as Critical Access Hospitals. Due to a lack of adoption of the available functionality for the following certified criterion, this criterion 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 ChartAccess practices and identities 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 ASTP/ONC should wish to verify the reported results. Precautions will be taken to reduce any risk of exposure of PHI.

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

- **Changes to original plan:** We have added this certification criterion to Interactive Demonstration to demonstrate the transmission of health information by patient or authorized representative functionality of the (e)(1) certification criterion. Internal testing was conducted in two different test environments on our production servers. These are not development servers and directly mirror functionality available to our hospital customers. We used three test patients between these two test environments. From these three patients, we were able to successfully send nine CCDAs from nine separate encounters. Five were sent to encrypted Direct Message accounts and four were sent to encrypted email accounts.
- **Challenges encountered:** We had no adoption of the *Number of transmissions of health information by a patient or authorized representative* metric in 2024 which is much lower than our results for 2023
- **Testing Method:** Azalea Health leverages a demonstration production environment
 - Log in as a patient to the patient portal
 - Review patient encounters
 - Select an encounter and send the health information to an unencrypted email account or encrypted Direct Message account
 - Log in to the API
 - Check the logs to confirm successful completion of the send capability for both
- **Timeframe:** Interactive testing process was conducted during the month of December 2024
- **Metric and Outcome:**

- Four encounter CCDAs were successfully sent to the unencrypted email account
- Five encounter CCDAs was successfully sent to the encrypted Direct Message account

Key Milestones

Key Milestone	Date/Timeframe
Scheduling/Logistics Necessary audits and reports created by engineering teams, care setting samples identified, timeframes identified for data collection	December 1, 2023 - May 31, 2024
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	October 1, 2024 - December 31, 2024
Review and Collate Data Intermittent work on data as it was finalized, remaining interactive testing completed	December 1, 2024 - January 31, 2025
Writing Report	January 1, 2025 - January 31, 2025