acurus

Capella EHR v6.1

REAL WORLD TEST RESULTS

2023

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GENERAL INFORMATION

Plan Report ID Number : 20221213acu

Developer Name **:** Acurus Solutions, Inc.

Product Name(s) **:** Capella EHR

Version Number(s) **:** 6.1

Certified Health IT Product List (CHPL) Product Number(s): 15.02.05.2669.ACUR.01.01.1.220131

Developer Real World Testing Plan Page URL: https://rwt.acurussolutions.com/Capella/

Developer Real World Testing Results Report Page URL [if different from above]:

[OPTIONAL] CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	**Reason** [Describe the reason this change occurred]	**Impact** [Describe what impact this change had on the execution of your Real World Testing activities]
Data Collection period: The Original data collection period given in the final plan was 01- Apr-2023 to 30-Jun-2023. We modified our data collection to occur over the course of the year.	We modified the data collection period so that we could monitor the data and ensure that by the end of the year, we were able to demonstrate the real world capabilities of our product.	This change in data collection allowed us to ensure, we could show the real world capabilities of our product Specifically, for features that were being underutilized, we were able to work with our users to use our product more effectively.

[OPTIONAL] WITHDRAWN PRODUCTS

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	- None
Version Number(s):	
CHPL Product Number(s):	
Date(s) Withdrawn:	
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Provide a summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability. If any non-conformities were discovered and reported to the ONC-ACB

during testing, outline these incidences and how they were addressed. Note: A single Real World Testing results report may address multiple products and certification criteria for multiple care settings.

Our Capella EHR product supports clinical teams as they deliver care in the ambulatory setting. Therefore, our real world testing approach was to show real world interoperability in the outpatient clinics.

Our certified EHR product collects data that can be used and shared seamlessly by our users to care for patients. Some examples of these capabilities include:

- ePrescription
- Secure messaging
- Patient and Care plan communication amongst providers and clinical teams within and across organizations
- Health information exchange

Overall, our Real World Testing approach was to capture and track actual user activity over the data collection period for the various measures to demonstrate real world interoperability.

Our results show the significant usage of our eRx module and secure messaging during the testing period for coordinating the care of patients.

We did encounter challenges with underutilization of some features. Since we were collecting data and monitoring results, we learned that CCDs were not really being used by the clinical teams to transfer clinical data. We subsequently worked with our users to facilitate transfer of clinical information.

We demonstrated Interoperability in Real time by exporting CCDs and mailing them to respective care givers. We also received care documents via secured email which were imported into the system to facilitate sharing of data.

We have the capability to receive API requests and provide corresponding API responses. However, we did not receive any such API requests from third party developers.

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

Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made. Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

☐ Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below

☒ No, none of my products include these voluntary standards.

Standard (and version)	
Updated certification criteria and associated product	
CHPL Product Number	
Conformance measure	

Care Setting(s)

The expectation is that a developer's Real World Testing is conducted within each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use. List each care setting that was tested.

Multispecialty Outpatient Clinics – Our certified product Capella EHR is specifically designed and certified to support multiple clinical specialties in the ambulatory setting. Therefore, this is where we conducted our Real World Testing.

METRICS AND OUTCOMES

Health IT developers should detail outcomes from their testing that successfully demonstrate that the certified health IT:

1. is compliant with the certification criteria, including the required technical standards and vocabulary codes sets;

2. is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use; and/or,

3. EHI is received by and used in the certified health IT. Health IT developers could also detail outcomes that did not result from their measurement approach if that better describes their efforts.

Within this section, health IT developers should also describe how the specific data collected from their Real World Testing measures demonstrate their results. Where possible, context should be provided to the measures and results to understand the number of sites/users/transactions tested for the specified measures (i.e., the denominator for comparison to the reported results). If applicable, any Relied Upon Software that is used to meet a criterion's requirements should be included in this section

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Interoperability: [Care Coordination & Electronic Exchange]	1. §170.315(b)(1) Transitions of Care 2. §170.315(b)(2) Clinical information reconciliation and incorporation 3. §170.315(b)(6) Data export 4. §170.315(b)(9) Care plan 5. §170.315(h)(1) Direct Project	Dr. First RCopia [for §170.315(b)(9) Care plan] EMR Direct [for §170.315(h)(1) Direct Project & §170.315(b)(1) Transitions of care]	REFER: REAL WORLD TESTING REPORT	
Care Coordination – eRx	1. §170.315(b)(3) Electronic prescribing	Dr. First RCopia	REFER: REAL WORLD TESTING REPORT	
Clinical Quality Measures	1. §170.315(c)(1) Clinical quality measures (CQMs) — record and export	NA	REFER: eCQM REPORT	
Clinical Quality Measures – CURES	1. §170.315(c)(3) Clinical quality measures (CQMs) — report (Cures)	NA	REFER: eCQM REPORT	

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
	2. §170.315(f)(5) Transmission to public health agencies — electronic case reporting (Cures)			
Patient Engagement	1. § 170.315(e)(1) View, download, and transmit to 3rd party	EMR Direct MDofficeMail accessWidget		
Public Health-Immunization Registries	2. §170.315(f)(1) Transmission to immunization registries	NA	REFER: REAL WORLD TESTING REPORT	
Public Health-Syndromic Surveillance	1. §170.315(f)(2) Transmission to public health agencies — syndromic surveillance	NA	REFER: REAL WORLD TESTING REPORT	
Application Programming Interfaces	1. §170.315(g)(7) Application access — patient selection 2. 170.315(g)(8) Application access — data category request 3. §170.315(g)(9) Application access — all data request	EMR Direct	REFER: REAL WORLD TESTING REPORT	We reported no transactions here because we did not receive any API requests

REAL WORLD TESTING REPORT

#	RWT Measures	Outcomes	Comments
Interoperability: [Care Coordination & Electronic Exchange]			
1.	# of Care documents generated	26	
2.	# of Care documents exported	4	
3.	# of mails sent	0	
4.	# of mails received	2753	
5.	# of care documents imported	0	
6.	# of CCDs extracted to human readable format	0	
7.	# of CCDs reconciled	0	
Care Coordination – eRx			The data is collected for the year by working with DrFirst as they track the transactions by all our providers across all of multispecialty outpatient clinics
1.	# of prescriptions	171639	
2.	# of refills	114057	
3.	# of cancelled prescription	1959	
Public Health			

#	RWT Measures	Outcomes	Comments
	Immunization Registries		Our Clinical users are accessing and submitting the immunization records to CAIR throughout the year. We keep track of the transactions for the year
1.	# of Patients handled in Immunization Registries	138	
2.	# of Patients -CAIR report is submitted	478	
	Syndromic Surveillance		
1.	# of Patients handled in Syndromic Surveillance	1	
Patient Engagement			We had 81 patients enrolled over the course of the year. They have accessed their portals 116 times throughout the Last Quarter by accessing their documents and communicating through the portal.
1.	# of patients enrolled for portal	81	
2.	# of times Patient Portal is accessed	116	
3.	# of documents viewed/added/downloaded	32	
4.	# of patient communications from portal	5	
Application Programming Interfaces			We reported no transactions here because we did not receive any API requests
	All Data Request		
1.	# of API requests received	0	
2.	# of API requests handled and responded	0	
	Data Category Request		
1.	# of API requests received	0	
2.	# of API requests handled and responded	0	
	Patient Selection		
1.	# of API requests received	0	
2.	# of API requests handled and responded	0	
Report Generated Date and Time: 2023-01-02 08:36:33 AM			

eCQM REPORT

Measure #	Measure Name	Initial Population	Denominator	Denominator Exception	Denominator Exclusion	Numerator	Numerator Exclusion
CMS22v11	Screening for High Blood Pressure and Follow-Up Documented	34238	34238	40	8919	10201	0
CMS68v12	Documentation of Current Medications	88179	88179	0	0	67886	0
CMS69v11	Body Mass Index (BMI) Screening and Follow-Up Plan	34487	34487	75	5	26190	0
CMS122v11	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	5080	5080	0	6	4506	0

Measure #	Measure Name	Initial Population	Denominator	Denominator Exception	Denominator Exclusion	Numerator	Numerator Exclusion
CMS125v11	Breast Cancer Screening	9991	9991	0	50	423	0
CMS130v11	Colorectal Cancer Screening	19927	19927	0	82	3350	0
CMS138v11_1	Tobacco Use: Screening and Cessation Intervention	22177	22177	0	0	7061	0
CMS138v11_2	Tobacco Use: Screening and Cessation Intervention	22177	507	0	0	3	0
CMS138v11_3	Tobacco Use: Screening and Cessation Intervention	22177	22177	0	0	6557	0
CMS165v11	Controlling High Blood Pressure	10733	10733	0	14	7790	0

KEY MILESTONES

Include a list of key milestones that were met during the Real World Testing process. Include details on how and when the developer implemented measures and collected data. Key milestones should be relevant and directly related to outcomes discussed.

For each key milestone, describe when Real World Testing began in specific care settings and the date/timeframe during which data was collected.

Key Milestone	Care Setting	Date/Timeframe
Collection of data as laid out in the above Real World Testing plan	Ambulatory setting	01-Jan-2023
Collection of Interoperability data	Ambulatory setting	01-Mar-2023 to 31-Dec-2023
Collection of eRx data	Ambulatory setting	01-Jan-2023 to 30-Nov-2023
Collection of Immunization Registry submission to CAIR	Ambulatory Setting	01-Jan-2023 to 31-Dec-2023
Collection of Patient Engagement data	Ambulatory Setting	01-Jan-2023 to 31-Dec-2023
End of Real-World Testing period/final collection of all data for analysis	Ambulatory setting	31-Dec-2023
Result submission to ONC ACB	Ambulatory setting	29-January-2024