acurus

Capella EHR v6.1

REAL WORLD TEST RESULTS

2024

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GENERAL INFORMATION

Plan Report ID Number : : 20231130acu
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 and Results Report Page URL: https://rwt.acurussolutions.com/Capella/

CHANGES TO ORIGINAL PLAN

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-2024 to 30-Sep-2024. 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.
Data collected for the following RWT metric using simulated scenarios - Interoperability: [Care Coordination & Electronic Exchange] - Application Programming Interfaces	- Our providers did not get the opportunity/request for CCDs to be exported to the third party, nor did they receive any CCD from the other party, hence this measure could not be measured in real time - In Real time we did not receive any API requests for g7,g9,g10, hence we simulated the details in the replica to check the capability.	By trying the same scenario in the replica or the simulated environment, we confirm that the Capella can handle interoperability feature and API requests.
Data collected for the generation of Syndromic Surveillance data in real time and not on the submission as it is not supported by the federal state.	CA state is currently supporting only hospitals and EDs for the submission of Syndromic data	We tested the capability to generate the HL7 file for Syndromic Surveillance as our State [CA] does not support submission of Ambulatory services for Syndromic data
Made changes to the results by reporting the electronic case reporting separately into Public Health- eCR section	As per the feedback from ONC ACB, this measure does not go with the CQM measures We have removed the “Clinical Quality Measures – CURES” and added “Public Health- eCR” section	No impact as the reporting is separated out.
Included the measure “§170.315(c)(3) Clinical quality measures (CQMs) — report” in “Clinical Quality Measures” metrics and removed from the “Clinical Quality Measures – CURES”	As per the feedback from ONC ACB, we have regrouped the measure C3 and moved it to the “Clinical Quality Measures” metric The section “the “Clinical Quality Measures – CURES” is no longer available	No impact as the reporting is included.

[OPTIONAL] WITHDRAWN PRODUCTS

Product Name(s):	- N/A
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

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 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))

☒ 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)	**United States Core Data for Interoperability (USCDI), Version 1, July 2020 Errata**
Updated certification criteria and associated product	• § 170.315(b)(1) - Transitions of care • § 170.315(b)(2) - Clinical information reconciliation and incorporation • § 170.315(e)(1) - View, download, and transmit to 3rd party • § 170.315(f)(5) - Transmission to public health agencies - electronic case reporting • § 170.315(g)(9) - Application access - all data request
CHPL Product Number	15.02.05.2669.ACUR.01.01.1.220131
Conformance measure	• Interoperability: Care Coordination & Electronic Exchange for (b)(1), (b)(2) • Patient Engagement for (e)(1) • Clinical Quality Measures – CURES for (f)(5) • Application Programming Interfaces (g)(9)

Standard (and version)	**• 170.205(h)(3) 2022 CMS Implementation Guide for Quality Reporting Document** **• 170.205(k)(3) 2022 CMS Implementation Guide for Quality Reporting Document**
Updated certification criteria and associated product	§ 170.315(c)(3)
CHPL Product Number	15.02.05.2669.ACUR.01.01.1.220131
Conformance measure	Clinical Quality Measures – CURES

Standard (and version)	**170.204(a)(2) Web Content Accessibility Guidelines (WCAG) 2.1, June 05, 2018 (Level AA Conformance)**
Updated certification criteria and associated product	§ 170.315(e)(1)
CHPL Product Number	15.02.05.2669.ACUR.01.01.1.220131
Conformance measure	Patient Engagement

Care Setting(s)

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

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)(9) Care plan 4. §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 2. § 170.315(c)(2)— import and calculate 3. §170.315(c)(3) Clinical quality measures (CQMs) — report	NA	REFER: eCQM REPORT	
Public Health-Immunization Registries	1. §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	
Public Health- eCR	1. §170.315(f)(5) Transmission to public	NA	REFER: REAL WORLD TESTING REPORT	

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
	health agencies — electronic case reporting			
Patient Engagement	2. § 170.315(e)(1) View, download, and transmit to 3rd party	EMR Direct MDofficeMail accessWidget	REFER: REAL WORLD TESTING REPORT	
Application Programming Interfaces	1. §170.315(g)(7) Application access — patient selection 2. §170.315(g)(9) Application access — all data request 3. § 170.315(g)(10) Standardized API for patient and population services	EMR Direct	REFER: REAL WORLD TESTING REPORT	

REAL WORLD TESTING REPORT

#	RWT Measures	Outcomes	Justification/Comments
Interoperability: [Care Coordination & Electronic Exchange]			Our users did not have the necessity to export/import the CCDs during the measurement period. Hence, we have tested the ability using the simulated scenario as given in "Changes to Original" Plan section
1.	# of Care documents generated	5	
2.	# of Care documents exported	2	
3.	# of mails sent	6	
4.	# of mails received	3255	
5.	# of care documents imported	1	
6.	# of CCDs extracted to human readable format	1	
7.	# of CCDs reconciled	1	
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 multispecialty outpatient clinics
1.	# of prescriptions	49773	
2.	# of refills	22014	
3.	# of cancelled prescription	482	
Public Health			
	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	174	
2.	# of Patients -CAIR report is submitted	2025	
	Syndromic Surveillance		
1.	# of Patients handled in Syndromic Surveillance	3	
	eCR		
1.	# of Patients handled in eCR	1	
Patient Engagement			We had 77 patients enrolled over the course of the year. They have accessed their portals multiple times throughout the Last year by accessing their documents and communicating through the portal.

#	RWT Measures	Outcomes	Justification/Comments
1.	# of patients enrolled for portal	77	
2.	# of times Patient Portal is accessed	48	
3.	# of documents viewed/added/downloaded	33	
4.	# of patient communications from portal	0	
Application Programming Interfaces			During the measurement period, we did not receive any real time API request. Hence, we have tested the ability using the simulated scenario as given in "Changes to Original" Plan section
	All Data Request		
1.	# of API requests received	1	
2.	# of API requests handled and responded	1	
	Data Category Request		
1.	# of API requests received	4	
2.	# of API requests handled and responded	4	
	Patient Selection		
1.	# of API requests received	1	
2.	# of API requests handled and responded	1	
Report Generated Date and Time: 10-Mar-2025 08:36:33 AM			

eCQM REPORT

Measure #	Measure Name	Initial Population	Denominator	Denominator Exception	Denominator Exclusion	Numerator	Numerator Exclusion
CMS22v12	Screening for High Blood Pressure and Follow-Up Documented	32174	32174	5	7712	9511	0
CMS68v13	Documentation of Current Medications	83179	83179	0	0	67836	0
CMS69v12	Body Mass Index (BMI) Screening and Follow-Up Plan	32289	32289	33	8	23601	0
CMS122v12	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	4683	4683	0	7	3807	0
CMS125v12	Breast Cancer Screening	9608	9608	0	29	452	0
CMS130v12	Colorectal Cancer Screening	19109	19109	0	35	3142	0
CMS138v12_1	Tobacco Use: Screening and Cessation Intervention	21186	21186	0	0	4895	0
CMS138v12_2	Tobacco Use: Screening and Cessation Intervention	21186	303	0	0	1	0

Measure #	Measure Name	Initial Population	Denominator	Denominator Exception	Denominator Exclusion	Numerator	Numerator Exclusion
CMS138v12_3	Tobacco Use: Screening and Cessation Intervention	21186	21186	0	0	4594	0
CMS165v12	Controlling High Blood Pressure	9560	9560	0	9	7109	0

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Collection of data as laid out in the above Real World Testing plan	Ambulatory setting	01-Jan-2024
Collection of Interoperability data	Ambulatory setting	01-Mar-2024 to 31-Dec-2024
Collection of eRx data	Ambulatory setting	01-Jan-2024 to 30-Nov-2024
Collection of Immunization Registry submission to CAIR	Ambulatory Setting	01-Jan-2024 to 31-Dec-2024
Collection of Patient Engagement data	Ambulatory Setting	01-Jan-2024 to 31-Dec-2024
End of Real-World Testing period/final collection of all data for analysis	Ambulatory setting	31-Dec-2024
Result submission to ONC ACB	Ambulatory setting	31-January-2025