ACURUS

Capella EHR v6.1

REAL WORLD TEST PLAN

2025

Acurus Solutions, Inc.
840 Towne Centre Drive,
Pomona,
CA 91767-5900
www.acurussolutions.com

Table of Contents

1. General Information

Plan Report ID Number : 20241125acu

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

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

Version Number(s) **:** 6.1

Certified Health IT **:** 15.02.05.2669.ACUR.01.01.1.220131

Product List (CHPL) ID(s): 15.02.05.2669.ACUR.01.01.1.220131

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

2. Justification for Real World Testing approach

Capella EHR software is used by providers in various specialities in outpatient clinics. The workflow and functionality needed in all of the clinics is the same. Therefore, the Real World Testing plan will apply to the outpatient clinic setting for all specialty clinics. Since the EHR has functionality falling under the categories: Care Coordination, Clinical Quality Measures, Patient Engagement, Electronic Exchange, Public Health, and Application Programming Interfaces (API), all associated criteria listed in the following section will be tested. The certification criteria can be tested simultaneously in some cases therefore we bundled criteria in our testing approach. Our quantitative approach captures measurements of each bundle which demonstrate functional usage. The usage of the software is similar throughout the year; therefore, for the Real World Testing plan, we will collect data over a representative period of time in 2025.

3. Standards Updates

(INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP))

Standard (and version)	• 170.205(h)(3) 2022 CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2022 (November 2021) • 170.205(k)(3) 2022 CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2022 (December 2021)
Updated certification criteria and associated product	• § 170.315(c)(3)
CHPL Product Number	15.02.05.2669.ACUR.01.01.1.220131
Method used for standard update	SVAP
Date of ONC ACB notification	30-Sep-2022
Date of customer notification (SVAP only)	30-Sep-2022
Conformance measure	Clinical Quality Measures– (c)(3)

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

Method used for standard update	SVAP
Date of ONC ACB notification	04-Jan-2023
Date of customer notification (SVAP only)	04-Jan-2023
Conformance measure	Patient Engagement for (e)(1)

4. Certification Criteria for Real World Testing

Category	Criteria
Care Coordination	§ 170.315(b)(1) Transitions of care
	§ 170.315(b)(2) Clinical information reconciliation and incorporation
	§ 170.315(b)(3) Electronic prescribing
	§ 170.315(b)(9) Care plan
	§170.315(b)(10) Electronic Health Information export
Clinical Quality Measures	§ 170.315(c)(1)—record and export
	§ 170.315(c)(2)—import and calculate
	§ 170.315(c)(3)—report
Patient Engagement	§ 170.315(e)(1) View, download, and transmit to 3rd party
Electronic Exchange	§ 170.315(h)(1) Direct Project
Public Health	§ 170.315(f)(1) Transmission to immunization registries
	§ 170.315(f)(2) Transmission to public health agencies — syndromic surveillance
	§ 170.315(f)(5) Transmission to public health agencies — electronic case reporting
Application Programming Interfaces	§ 170.315(g)(7) Application access— patient selection
	§ 170.315(g)(9) Application access— all data request
	§ 170.315(g)(10) Standardized API for patient and population services

5. Measures used in overall approach

Interoperability: [Care Coordination & Electronic Exchange]	
Description of system usage	Our Providers share patient health records electronically to external organization such as hospitals or providers by exporting the CCDs and messaging using secured mail services. Similarly, if an external entity or providers share electronic data to our providers, we can import CCDs, reconcile and review the data.
Associated certification	**Criteria related to Measure:**

criteria	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(b)(10) Electronic Health Information export 5. §170.315(h)(1) Direct Project
Additional (relied upon) software	• Dr. First RCopia [for §170.315(b)(9) Care plan] • EMR Direct [for §170.315(b)(1) & §170.315(h)(1) Direct Project]
Standards Updates	None
Description of the measure	Capella EHR logs will be reviewed and analyzed to test the usage and frequency of events related to interoperability and care coordination. The following metrics will be collected: • # of patients for whom the Care notes/CCD were generated • # of users who exported CCD or care notes • # of mails sent • # of mails received • # of documents imported • # of CCDs extracted to human readable format • # of CCDs reconciled
Justification of the measure	The Interoperability measure helps the providers to electronically transmit and receive the structured and unstructured patient information using secured interfaces. This allows the provider to view and reconcile the patient data from an external source successfully. The metrics above will provide frequency of usage to demonstrate the interoperability functionality.
Expected outcomes	1. Providers will successfully be able to electronically transmit (send and receive) patient health information to external third-party service providers in a secured manner and in accordance with the standards specified and there will be less than 1% of errors in the electronic transmission 2. Providers will be able to reconcile data received from the external source with the pre-existing data and display the data as human readable format
Non-deployed and/or Low Use Capabilities	Users are notified and advised to use CCDs for data transfer and transmit documents to third party service providers

Care Coordination – eRx	
Description of system usage	1. Ability for a user to electronically handle the following: 1.1. e-Prescription 1.2. Refill Rx 1.3. Cancel Rx 1.4. Modify Rx 1.5. Handle Pharmacy requests

	2. Ability to prescribe controlled substances
Associated certification criteria	**Criteria related to Measure:** §170.315(b)(3) Electronic prescribing
Additional (relied upon) software	Dr. First RCopia
Standards Updates	None
Description of the measure	Capella EHR tracks the activities performed by the providers in the eRx interface. • # of prescriptions • # of refills • # of cancelled prescriptions
Justification of the measure	The eRx system give Providers a way to handle patient medications, allergies and electronically send prescriptions to pharmacies. The metrics show the functionality is in place and tracks usage.
Expected outcomes	Providers can successfully e-Prescribe patient medication to the pharmacy, receive notification of Pharmacy requests and can successfully Refill Rx electronically with less than 1% of of errors
Non-deployed and/or Low Use Capabilities	This feature is handled by DrFirst.

Patient Engagement	
Description of system usage	A patient portal enables Patients to access, view and download patient related medical data. This measure illustrates the functionality of engagement with patients
Associated certification criteria	**Criteria related to Measure:** 1. §170.315(e)(1) View, download, and transmit to 3rd party
Additional (relied upon) software	• EMR Direct (Version 2.0.50727) • accessWidget • MDofficeMail
Standards Updates	see Standards Updates section above
Description of the measure	Capella EHR tracks the activities performed by the patients in the patient portal using the following measurements • # of patients enrolled for portal • # of patients accessing patient portal • # of documents viewed/added/downloaded • # of patient communications from portal
Justification of the measure	The metrics selected provides usage information and the functionality of the patient portal to allow patients access to his/her medical data, capability to upload relevant documents and communicate with providers through the

	portal.
Expected outcomes	1. Patients can view, access and handle their health information successfully in a secured manner. 2. Patients can securely communicate with the providers using the portal. 3. It is expected most patients will access their record and download their medical records if required and tracked
Non-deployed and/or Low Use Capabilities	Clinics are trained to advise patients to use their EHR portal for checking on their health records and information.

Clinical Quality Measures	
Description of system usage	1. Capella EHR calculates the following parameters for all the 9 CQM measures 1.1. Initial Patient Population 1.2. Denominator 1.3. Numerator etc.. 2. EHR provides the report for all these measures 3. It has the capability to generate HL7 report for the reporting period and the selected provider
Associated certification criteria	**<u>Criteria related to Measure:</u>** 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
Additional (relied upon) software	NA
Standards Updates	see Standards Updates section above
Description of the measure	Clinical quality measure reporting for 9 CQM measures for a quarter in year 2025
Justification of the measure	Capella EHR helps our providers to improve their quality of service and enhance the payments using various quality initiatives obtained based on the analysis of the above measures. The clinical quality measure reporting shows the capability of recording and exporting data related to quality measures.
Expected outcomes	1. Successful exports of QRDA III for the reporting period are tracked and measured 2. Successful imports of QRDA III and aggregation in the eCQM report are tracked and measured
Non-deployed and/or Low Use Capabilities	Quality measure reports are run in a mirrored production environment to produce results if QRDA could not be exported or imported due to unforeseen circumstances

Public Health-Electronic Case Reporting	
Description of system usage	1. Providers register into the federal website for Controlled Substances 2. Search for a specified patient 3. Get the Patient activity Report 4. Download the PDF of the report and upload the same into the Capella EHR
Associated certification criteria	**Criteria related to Measure:** 1. §170.315(f)(5) Transmission to public health agencies — electronic case reporting
Additional (relied upon) software	NA
Standards Updates	None
Description of the measure	To monitor patient activity for controlled substances
Justification of the measure	providers are required to review / report Schedules II-V controlled substances prescription prescribed to the patient. We have initiated this feature with the help of Rcopia 4 which will help our providers to monitor the prescription of the controlled substances in real time without the need to navigate out of Capella EHR. This should demonstrate the capability for collecting the required data and reporting to federal agency
Expected outcomes	Successful real time monitoring of the prescription of Schedules II-V controlled substances from within Capella EHR are tracked and measured
Non-deployed and/or Low Use Capabilities	Providers are trained to monitor the use of controlled substances

Public Health- Immunization Registries	
Description of system usage	1. Ability to generate the immunization message for the selected patient, this includes the immunization history and immunization orders made for the selected encounter 2. Ability to download the generated HL7 file
Associated certification criteria	**Criteria related to Measure:** 1. §170.315(f)(1) Transmission to immunization registries
Additional (relied upon) software	NA
Standards Updates	None
Description of the measure	Capella EHR tracks the submissions done to CAIR and logs the following: • # of patients for which Immunization registries are done • # of patients for which CAIR report is submitted

Justification of the measure	The system helps the care providers to store and access the immunizations history for all patients and successful report to immunization registries[CAIR] in the HL7 format. The selected metric shows the functionality of capturing immunization data and CAIR reporting.
Expected outcomes	Successful transmissions of Immunization HL7 messages with quantification of error rates. We track the errors post electronic submissions to California Immunization Registries.
Non-deployed and/or Low Use Capabilities	If production environment is not functioning due to unforeseen circumstances, the data will be transferred to registries using mirrored production environment

Public Health-Syndromic Surveillance	
Description of system usage	1. Ability to generate the Syndromic Surveillance message for the selected patient, using HL7 format for 1.1. Admin 1.2. Discharge 1.3. Register Patient 1.4. Update Patient Information
Associated certification criteria	**Criteria related to Measure:** 1. §170.315(f)(2) Transmission to public health agencies — syndromic surveillance
Additional (relied upon) software	NA
Standards Updates	None
Description of the measure	The EHR system allows the care providers to capture the data required for syndromic surveillance and helps to track the log for creation of the HL7 file for • # of Patients for whom Syndromic surveillance is done
Justification of the measure	Care Providers share the details of the diseases to the health department staff in real time to detect outbreak of any disease in public. The selected metric provides information on syndromic surveillance and transmission of surveillance data
Expected outcomes	Successful HL7 output of the Syndromic Surveillance Messages. Although we support data transmission, California Public Health Electronic Reporting currently does not require ambulatory electronic syndromic surveillance data. Therefore, we expect no submissions.
Non-deployed and/or Low Use Capabilities	If production environment is not functioning due to unforeseen circumstances, the data will be transferred to registries using mirrored production environment

Application Programming Interfaces	
Description of system usage	1. Other Health Organizations and Patient can request for PHI based on an Open API provided by the EHR 2. All data access request will follow a specified standard 3. Following are the parameters that will be passed by the external entity for each of the request made: 3.1. Patient selection request 1.1. Family Name 1.2. Date of Birth 3.2. Data Category request 2.1. Health Concern 2.2. Problem 2.3. Smoking Status 2.4. Vital Signs 2.5. Lab Tests & Results 3.3. All Data request 3.1. CCDA documents can be accessed within Document Reference resources. CCDAs are categorized as “Summary of Episode” Notes with LOINC code 34133-9.
Associated certification criteria	**<u>Criteria related to Measure:</u>** 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
Additional (relied upon) software	EMR Direct
Standards Updates	None
Description of the measure	Capella EHR tracks the requests received from external bodies and other health organisations: • # of API requests received by category • # of API requests handled and responded
Justification of the measure	1. Capella EHR facilitates external bodies and other health organisations to electronically request for patient health data using APIs in a secured manner 2. The number of API requests received and executed will show the use of the API over time.
Expected outcomes	We will be tracking API requests based on third party utilization
Non-deployed and/or Low Use Capabilities	If production environment is not functioning due to unforeseen circumstances, the data will be transferred to external bodies using mirrored production environment

6. Care Setting

Multispecialty Outpatient Clinics – Our certified product Capella EHR is specifically designed and certified for Ambulatory setting which can be utilized similarly in various specialties. Therefore, we conduct the Real World Testing in the multispecialty outpatient setting.

7. Schedule of Key Milestones

8. Attestation

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

Authorized Representative Name : Jared Goodner

Authorized Representative Email : jared@akidolabs.com

Authorized Representative Phone : +1 305 978 6705

Authorized Representative Signature : Jared Goodner

Date : 21-Nov-2024

Collection of data as laid out in the above Real World Testing plan	01-April-2025
End of Real-World Testing period/final collection of all data for analysis	30-Sep-2025
Result submission to ONC ACB	15-January-2026