AllMeds Specialty EHR 2022 Real World Test Results

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General Information

Plan Report ID Number: AllMeds.RWTR.2022

Developer Name: *AllMeds*

Product Name(s): *AllMeds Specialty EHR*

Version Number(s): *12*

Certified Health IT Product List (CHPL) ID(s): *15.04.04.1061.AllM.12.01.1.230104*

Developer Real World Testing Page URL: https://officeemr.knowledgeowl.com/help/allmeds-2022-real-world-test-plan

Attestation

This Real-World Testing Report 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.

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2/3/2023

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Tara Cox
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Date: 2/3/2022

Changes to Original Plan

Scenario 1.B was modified to also include the reconciliation and incorporation of problem list items as this is required per the 170.315(b)(2) ONC criterion. Modifications to the test scenario are highlighted in yellow below. These changes did not significantly impact testing, they merely expanded the scope.

Scenario 1.B - Review clinical care summary and incorporate medication/allergy changes from the CCDA (170.315(b)(2) Clinical Information reconciliation and incorporation)

- Description: Review clinical care summary and incorporate medication/allergy changes from the CCDA
- Associated Certification Criteria: 170.315(b)(2) Clinical Information reconciliation and incorporation
- Justification: The use case will describe the case in which a provider receives a transition of care summary (CCDA) from a referring provider then subsequently associates the CCDA with a patient record in AllMeds. When the provider loads the chart that the CCDA was linked to, the user should be prompted to reconcile medications, problems and allergies from the CCDA with the medications, problems and allergies on files in the patient chart. Users will be able to manually see the comparison of medications, problems and allergies along with suggested changes. Once reconciled, we can use audit trails and manual verification to ensure the patient chart is correctly updated with the reconciled information.
- Testing Method: Manual Verification and Audit Trail Review
- Expected Outcomes:
    a. Audit trail verification of a new DIRECT E-Mail received for the desired user. The count of audit records should increase by 1 following the successful receipt.
    b. Manual verification of the CCDA Reconciliation Process should reveal medications, problems and allergies supplied in the CCDA and medication, problems and allergies stored on the patient record. For each new record merged into the chart, the count of rows in the audit table should increase by 1.
    c. Following the successful reconciliation of data, the audit trail and manual chart review should show the addition of added medications, problems or allergies or the status change of medication, problem or allergy.
- Care Settings and Number of Clients Site to Test: We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

Withdrawn Products

Product Name(s): *AllMeds Specialty EHR*

Version Number(s): *12*

Certified Health IT Product List (CHPL) ID(s): *15.04.04.1061.AllM.12.01.1.230104*

Date Withdrawn: *January 4, 2023*

Inclusion of Data in Results Report: *AllMeds Real World Testing was initially performed using CHPL ID: 15.04.04.1061.AllM.12.00.1.201023. Follow-up Real-World Testing in 2023, was performed on the current version of AllMeds Specialty EHR v12 CHPL ID 15.04.04.1061.AllM.12.01.1.230104*

Summary of Testing Methods and Key Findings

During AllMeds real world testing in 2022, non-conformities were found with the following criterion:

- §170.315(b)(1) Transitions of care
- 170.315(e)(1) View, download, and transmit to 3rd party
- 170.315(b)(6) Data export
- 170.315(g)(7)-(g)(9)

Any issues found are described in the Metrics and Outcomes section. AllMeds worked quickly to remediate the issues that were found, and we are pleased to report 100% conformance/success rates during follow-up real-world testing of the interoperable modules. AllMeds worked diligently to complete follow up testing for remediated criterion as quickly as possible, however, testing continued until 2/1/2023 to ensure remediations were successful. We used the following methodologies for our testing:

- **Audit Trail/ Reporting:** This methodology uses the audit logging or various reporting capabilities of the application to examine tasks performed in the system. This methodology often provides historical measurement reports which can be accessed at different times of the year to evaluate interoperability. It can serve as a benchmark for evaluating real-world testing over multiple time intervals.
- **Third-Party Software Confirmation or Attestation:** This methodology leverages industry-standard or industry-required technology and services to evaluate data sharing. By way of example, when submitting an electronic prescription in the 20170701 SCRIPT standard to Surescripts, it may be necessary to review logs stored in the Surescripts Admin Console to verify receipt and accuracy of data provided. Other third-party software may be used as well to simulate or confirm activities when another option is not available. It may also be necessary to receive attestation reports from third-party applications to verify the receipt and accuracy of data when access to the third-party system is unavailable or prohibited.
- **Manual Chart Review:** This methodology leverages human intervention to visually review and confirm changes to data as expected. When data is shared to the application that may cause a change to a patient's medical chart, it may be necessary for a human to review the expected change and sign-off that the update occurred as expected.
- **User Survey:** This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. This methodology can provide insight into how clinicians employ and use a feature that reveals the actual value and impact of interoperability of the EHR Module.

Standards Version Advancement Process (SVAP)

For CY 2022, AllMeds did not make any version updates on approved standards through the SVAP process. This applies to all test scenarios described within.

Care Settings

AllMeds performed real world testing in 2022 for the following care settings:

- Otolaryngology (ENT)
- Peripheral Vascular Disease

Metrics and Outcomes

Scenario 1.A - Receive a clinical summary for an upcoming visit from an alternate provider via DIRECT Email (170.315(h)(1) Direct Project)

Expected Outcome	Results	Challenges Encountered
Audit trail verification of a new DIRECT E-Mail received for desired user. The audit trail should accurately reflect the count of records to increase by 1 following a successful transmission.	100% success rate	None
Manual verification of a DIRCT E-Mail received in AllMeds Communications Inbox should review 1 new record in the inbox.	100% success rate	None
Successful validation of the CCDA via CCDA Validation in AllMeds with an error rate less than 10%.	100% success rate	None

Scenario 1.B - Review clinical care summary and incorporate medication/allergy changes from the CCDA (170.315(b)(2) Clinical Information reconciliation and incorporation)

Expected Outcome	Results	Challenges Encountered
Audit trail verification of a new DIRECT E-Mail received for the desired user. The count of audit records should increase by 1 following the successful receipt.	100% success rate	None
Manual verification of the CCDA Reconciliation Process should reveal medications, problems and allergies supplied in the CCDA and medication, problems and allergies stored on the patient record. For each new record merged into the chart, the count of rows in the audit table should increase by 1.	100% success rate	None
Following the successful reconciliation of data, the audit trail and manual chart review should show the addition of added medications, problems or allergies or the status change of medication, problem or allergy.	100% success rate	None

Scenario 2.A - Refer a patient to a different provider for additional care (§170.315(b)(1) Transitions of care)

Expected Outcome	Results	Challenges Encountered
Audit trail should reveal a new transition of care summary being sent via DIRECT Email. For each new record sent, the audit trail record count should increase by 1.	2022 - Failed 2/1/2023 - 100% success rate	In 2022, DIRECT emails were initiated; however, the CCDA's were in an excessive "backlog" to generate, and the DIRECT messages exceeded the time allotment to send. AllMeds upgraded our DHIT ConnectEHR database and prioritized the CCDA generation for DIRECT messages and were able to get them to successfully generate for our test scenarios on 2/1/2023.
Third-Party Attestation from the provider that the DIRECT Email was sent to should be obtained with 0 errors.	2022 – Failed 2/1/2023 - Receipt of DIRECT messages confirmed by receiving partners.	In 2022, DIRECT emails were initiated; however, the CCDA's were in an excessive "backlog" to generate, and the DIRECT messages exceeded the time allotment to send. AllMeds upgraded our DHIT ConnectEHR database and prioritized the CCDA generation for DIRECT messages and were able to get them to successfully generate for our test scenarios on 2/1/2023.

Scenario 3.A - Patient obtains access to their clinical summary following a medical visit (170.315(e)(1) View, download, and transmit to 3rd party)

Expected Outcome	Results	Challenges Encountered
Audit trail should reveal a new summary of care document being generated for a patient upon completion of the visit. For each new CCDA generated, the audit trail should increase by 1.	100% success rate	None
Audit trail should reveal a successful connection by the patient to the Patient Portal.	100% success rate	None
Audit trail should reveal a successful view or download of the CCDA by the patient via the patient portal. Each time the record is accessed, the audit trail records should increase by a count of 1.	2022 Testing Failed 2/1/2023 - 100% success rate	We could see that patient CCDA's were queued to be generated by the EHR and sent to the patient portal. However, they were not making it to the patient portal. After updating our ConnectEHR database and putting prioritization on CCDA generation, the patients were able to view/download their CCDA files from the patient portal during testing on 2/1/2023.

Scenario 4.A - Upon completion of a visit, the clinical summary will be automatically downloaded and transmitted to a third-party registry that can receive CCDA files (170.315(b)(6) Data export)

Expected Outcome	Results	Challenges Encountered
Audit trail should reveal a new CCDA being queued up for download. For each new CCDA generated, 1 new record should be added to the audit trail.	2022 - Failures 1/31/2023 - 100% success rate	During 2022 testing, we were sporadically able to see CCDA files queued for export; some files would export, some would not. This issue was fixed and verified in production on 1/31/2023.
Audit trail should reveal the CCDA was successfully downloaded at the designated timeframe. Once the record is download, the audit trail should update to reflect the fact that 1 new record was obtained.	2022 - Failures 1/31/2023 - 100% success rate	During 2022 testing, we were sporadically able to see CCDA files queued for export; some files would export, some would not. This issue was fixed and verified in production on 1/31/2023.
Third-Party Attestation from the provider that the CCDA is stored as expected in the folder they had configured. A screenshot of the folder should reveal 1 new record downloaded for each visit.	2022 - Failures 1/31/2023 - 3 separate practice vendors confirmed successful exports	During 2022 testing, we were sporadically able to see CCDA files queued for export; some files would export, some would not. This issue was fixed and verified in production on 1/31/2023.

Scenario 5.A: Application access - patient selection (170.315(g)(7))

Expected Outcome	Results	Challenges Encountered
Third Party Application (Webservice Test Suite) is able to make a call to our production endpoint (https://dhitweb.allmeds.com:4435/fhir) utilizing the "Patient" FIHR resource method. When passing in a matching patient string a patient resource object should be returned.	2022 – Unable to Test 1/31/2023 - 100% success rate	AllMeds originally planned to use a test client to test the FHIR resources. However, after many meetings with our 3rd party partner, DHIT, it was recommended we upgrade to the latest version of our API's and we switched to testing with Post Man. Testing was successful in January 2023 after the API update and through using Post Man.

Scenario 5.B: Application access - data category request 170.315(g)(8)

Expected Outcome	Results	Challenges Encountered
Third Party Application (Webservice Test Suite) is able to make a call to our production endpoint (https://dhitweb.allmeds.com:4435/fhir) utilizing the patient ID and desired FIHR resource method. When passing in a valid request the API should return the requested FIHR resource object and all accompanying data. The response from the API call should match the API documentation.	2022 – Unable to Test 1/31/2023 - 100% success rate	AllMeds originally planned to use a test client to test the FHIR resources. However, after many meetings with our 3rd party partner, DHIT, it was recommended we upgrade to the latest version of our API's and we switched to testing with Post Man. Testing was successful in January 2023 after the API update and through using Post Man.
Manual verification of the data elements in the patient chart should match the data returned in the API response.	2022 – Unable to Test 1/31/2023 - 100% success rate	See previous row

Scenario 5.C: Application access – all data request 170.315(g)(9)

Expected Outcome	Results	Challenges Encountered
Third Party Application (Webserivce Test Suite) is able to make a call to our production endpoint (https://dhitweb.allmeds.com:4435/fhir) utilizing the Document Reference FIHR Resource. When passing in a valid patient ID, the API should return the complete CCDA document for the patient. The response from the API call should match the API documentation.	2022 – Unable to Test 1/31/2023 - 100% success rate	AllMeds originally planned to use a test client to test the FHIR resources. However, after many meetings with our 3rd party partner, DHIT, it was recommended we upgrade to the latest version of our API's and we switched to testing with Post Man. Testing was successful in January 2023 after the API update and through using Post Man.
Manual verification of the data elements in the patient chart should match the data returned in the API response.	2022 – Unable to Test 1/31/2023 - 100% success rate	None

Key Milestones

Key Milestone	Care Setting	Date/Timeframe
Real World Test Clients Identified for all test scenarios	Otolaryngology (ENT)	August 2022
Scenario 1.A; 1.B; Real World Testing Completed	Otolaryngology (ENT)	12/30/2022
Scenario 2.A Real World Testing Completed – Nonconformities Found	Otolaryngology, Peripheral Vascular Disease	November 2022
Scenario 2.A Follow-up Real World Testing Completed – 100% Conformance	Otolaryngology, Peripheral Vascular Disease	2/1/2023
Scenario 3.A Real World Testing Completed – Nonconformities Found	Otolaryngology, Peripheral Vascular Disease	12/30/2022
Scenario 3.A Follow-up Real World Testing Completed – 100% Conformance	Otolaryngology, Peripheral Vascular Disease	2/1/2023
Scenario 4.A Real World Testing Completed – Nonconformities found	Otolaryngology, Peripheral Vascular Disease	August 2022
Scenario 4.A Follow-up Real World Testing Completed – 100% Conformance	Otolaryngology, Peripheral Vascular Disease	1/31/2023
Scenario 5.A; 5.B; 5C Real World Testing Unable to Complete	Otolaryngology, Peripheral Vascular Disease	December 2022
Scenario 5.A; 5.B; 5C Follow-up Real World Testing – 100% Conformance	Otolaryngology, Peripheral Vascular Disease	1/31/2023