AdvancedMD
Real World Test Results for 2023
Plan Report ID Number: AdvancedMD2023-RWTPR

Summary and key findings:

As a developer of software certified under the Office of the National Coordinator for Health Information Technology Health IT Certification Program, AdvancedMD is pleased to submit this Real-World Testing Plan Result Report for calendar year 2023 in accordance with 2015 Edition and 2015 Cures Update Edition certification criteria. In review of the deployed certified features' interoperability and functionality, our findings show most of our certified modules are underused. Features supporting patient's access need education and outreach for awareness. Certified modules used for CMS QPP programs such as eCQM, Clinical Information Reconciliation and Incorporation and Transition of Care are utilized but mainly by those required to report. ePrescribing is the foundation of the EHR and is the most widely used certified feature available. As we continue to monitor the interoperable applications, we will be reviewing how to improve awareness and access to attempt to increase overall usage of our certified interoperable modules.

Product Name(s)/Versions:

1. AdvancedMD 23
   CHPL 15.04.04.2666.Adva.23.05.1.231213
2. AdvancedMD Mobile 6
   CHPL 15.04.04.2666.AdvM.06.02.1.231120

This report includes an analysis of the real-world testing for the following certified interoperable modules:

1. 170.315 (e)(1): View, Download, and Transmit to 3rd Party
2. 170.315 (b)(1): Transitions of Care

3. 170.315 (h)(1): Direct Project
4. 170.315 (b)(2): Clinical Information Reconciliation and Incorporation
5. 170.315 (b)(3): Electronic Prescribing*
6. 170.315(f)(1) Transmission to Immunization Registries
7. 170.315 (g)(7): Application Access - Patient Selection
8. 170.315 (g)(9): Application Access - All Data Request
9. 170.315 (g)(10) Standardized API for Patient and Population Services
10. 170.315 (c)(1): Clinical Quality Measures - Record and Export
11. 170.315 (c)(2): Clinical Quality Measures - Import and Calculate
12. 170.315 (c)(3): Clinical Quality Measures – Report

*AdvancedMD Mobile and AdvancedMD tested for real world interoperability

Withdrawn Product Name(s):

1. 170.315 (b)(6): Data Export
    - Date(s) Withdrawn: 12/2023
2. 170.315 (g)(8): Application Access - Data Category Request
    - Dates(s) Withdrawn 12/2022

SVAP: None of the products include voluntary SVAP standards

Developer Real World Testing Plan/Results Page URL:

www.advancedmd.com/emr-ehr-software/meaningful-use/ehr-certification

Schedule of Key Milestone:

Milestones	Dates/Timeframe
Collection of Data	Quarterly 2023
Analysis and report creation	January 2023

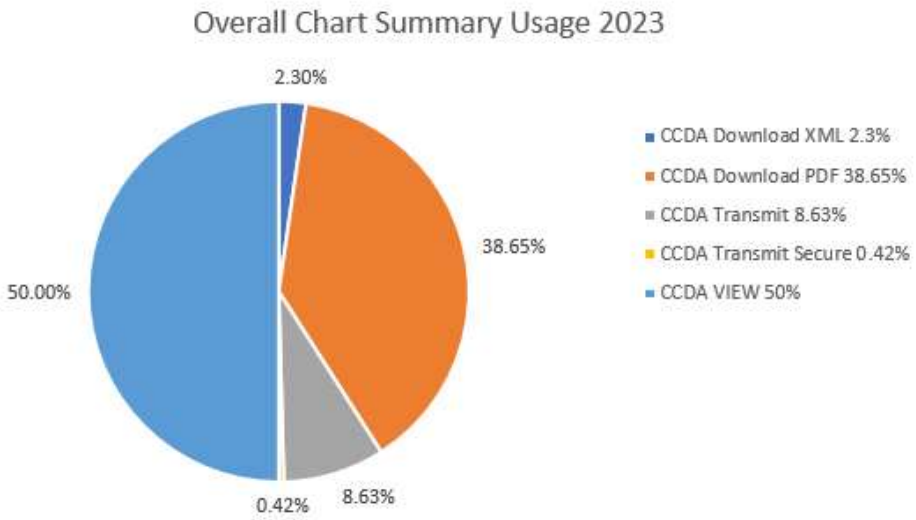
170.315 (e)(1): View, Download, and Transmit to 3rd Party
Relied Upon Software: Surescripts Clinical Direct Messaging

Care setting: Ambulatory and Mental Health Practices

Measure: This measure tracked the utilization of the Patient Portal Chart Summary screen where patients view, download, or electronically transmit a human readable C-CDA (secure/unsecure).

Methodology: Tracking patient analytics with internal reporting tools for each segment: View, Download PDF, Download XML, Transmit Secure and Transmit Unsecure. Analyzed the patient transactions from a random sample of 10 ambulatory/mental health practices.

Results: Like 2022 results, most patients go to the chart summary screen in the patient portal to view their records. Our analysis of the sample data showed that 50% of patients viewed their chart summary, 39% downloaded the PDF, 9% transmitted to an unsecure email, 2% downloaded the XML and less than 1% transmitted their chart summary to another provider via clinical direct messaging. These findings were expected since a patient typically does not require XML files and would need a third party to send the files to via direct. Furthermore, there is additional views/screens the patient can access to view their data within the portal. AdvancedMD is currently researching/developing new views for the patient portal that will provide better clarity on the information available.



170.315 (b)(1): Transitions of Care and 170.315 (h)(1): Direct Project
Relied Upon Software: Surescripts Clinical Direct Messaging

Care Settings: All ambulatory specialties are included that AdvancedMD supports. All EHR providers are assigned a Direct Address at no additional cost.

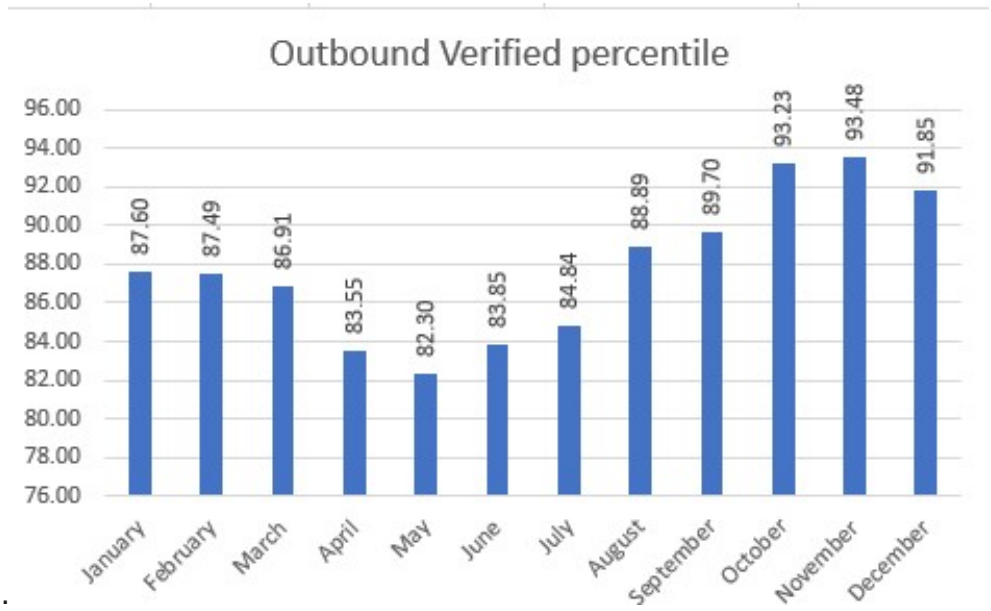
Measure:

- Transition of Care: Audit sent transition of care/referral summaries. It is expected that files are being sent successfully 90% of the time.
- Direct Project: Audit the success and error rate for all inbound and outbound direct message transmissions. It is expected that there will be less than 5% monthly error rate for each type of transmission.

Methodology

- Using the Surescripts Message Audit Report we will analyze the overall number of Outbound and Inbound documents exchanged in relationship to errors and validations.

Results: *Transition of Care Analysis:* Throughout the year we monitored and corrected issues that caused outbound direct messaging errors. There was a message validation error that was resolved mid-year resulting in nearly a 10% increase in successful transmitted messages. The annual average verified outbound CIE messages was 87.55% with the last quarter average increased to 92.06%.



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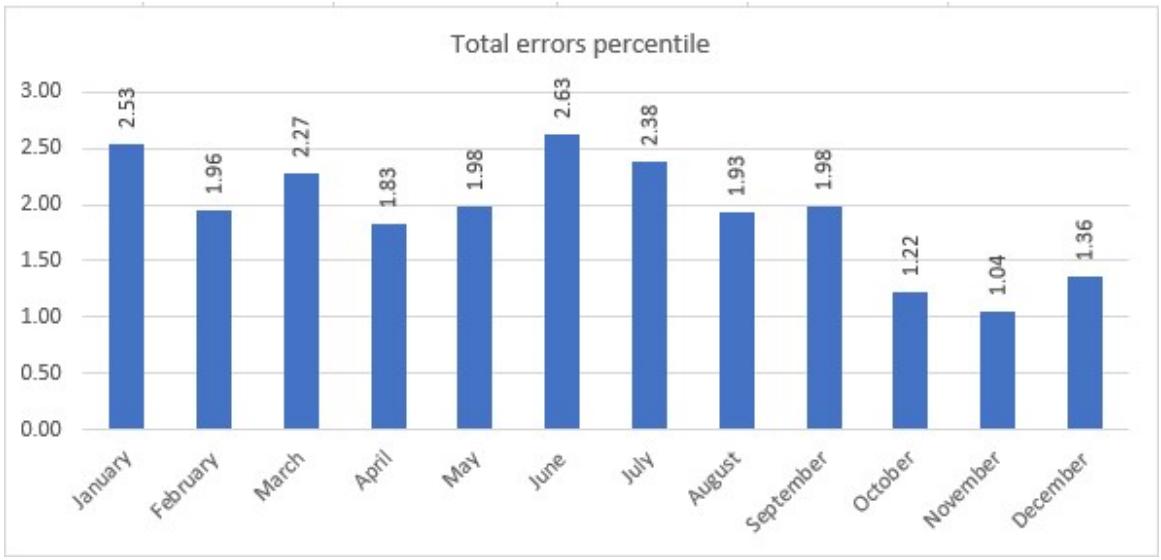
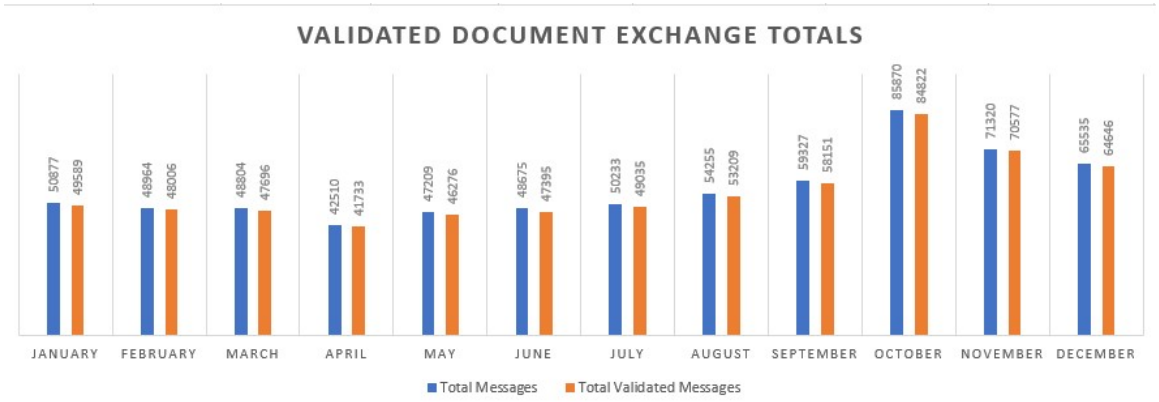
Direct Project Analysis: In 2023, there were approximately 430,000 successfully transmitted XML files sent and received. There are significantly more inbound direct messages received than sent due to the many different use case scenarios such as immunizations updates and prescription authorizations. The highest percentage of errors was 2.63% in June and the lowest percentage of errors was 1.04% in November.





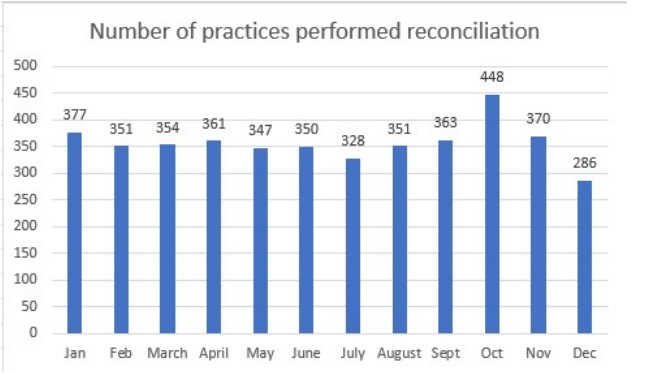
170.315 (b)(2): Clinical Information Reconciliation and Incorporation

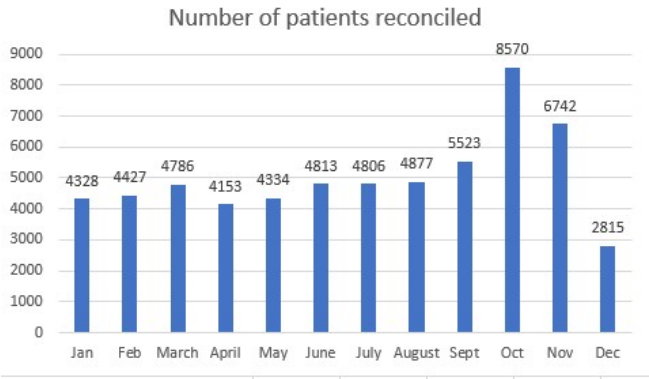
Care settings: All ambulatory practices supported including practices participating in the CMS QPP MIPS Promoting Interoperability category.

Measure: To determine engagement, this measure tracked the practices that reconciled data and incorporate the incoming file.

Methodology: Utilizing internal tracking logs, we tracked the practices that completed the reconcile action as well as the number of patient files reconciled.

Results: The number of practices that reconciled an inbound XML file continued to be lower than expected. In 2023, our auditing tools only showed on average 357 practices that engaged in reconciling the incoming data into the patient chart. This feature is under-utilized considering the number of files that are received. For better visibility, AdvancedMD displays an Inbound CIE counter and dashboard worklist to ensure high visibility of incoming patient records. There was a total of 60,174 patient files reconciled with an average of 5,000 files per month.



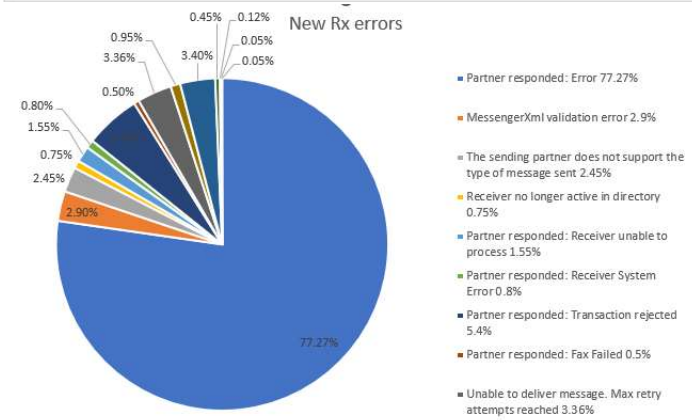


170.315 (b)(3): Electronic Prescribing
Relied Upon Software: Surescripts

Care settings: All ambulatory specialty types are included that AdvancedMD supports that is signed up to send electronic prescriptions.

Measure/Methodology: This measure tracked the monthly average error rate of New Prescription (NewRx) Retail messages sent from AdvancedMD EHR and AdvancedMD Mobile. Utilizing the monthly Surescripts Prescriber Report Card we monitored and tracked NewRx errors.

Results: For most of the year, there were less than 1% errors on New Retail Prescriptions. During September, due to technical server and communication issues, there was extreme slowness that caused timeouts errors. AdvancedMD has a dedicated team overseeing legacy prescriptions, controlled substance prescriptions and PDMP to ensure that the tool is operating safely. The most common error was "Partner Responded" error that encompasses issues on the receiving side.

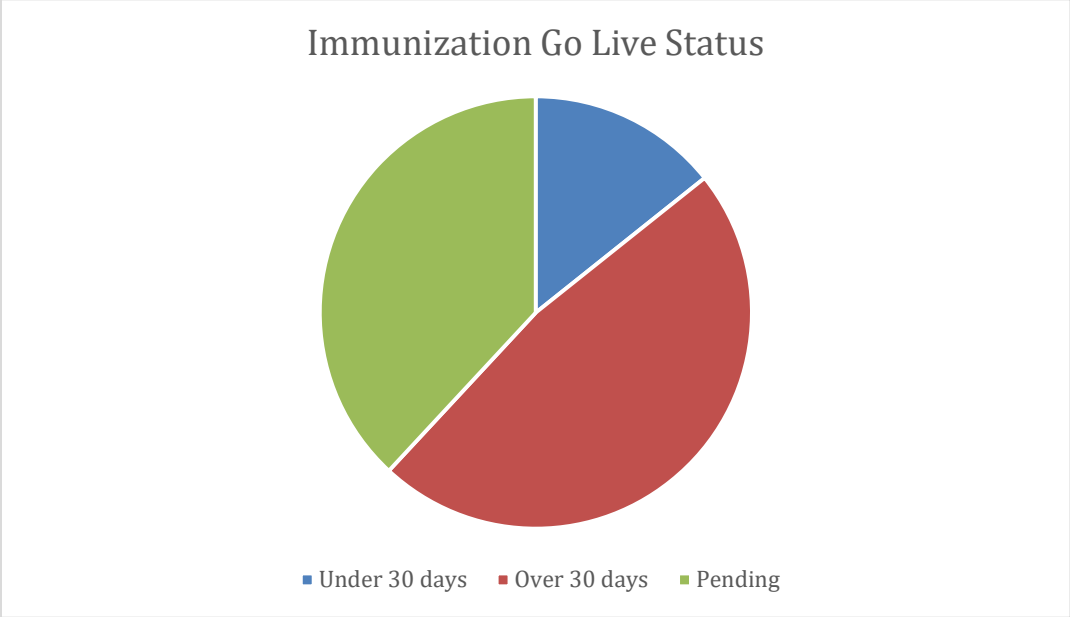


170.315(f)(1) Transmission to Immunization Registries
Relied Upon Software: Iron Bridge Corp

Care settings: Family Practices and Pediatric care settings are the primary users of the immunization module.

Measure /Methodology: Track immunization onboarding integration testing start date and go live date to determine if there are delays due to non-conformity. Using an internal tracking tool, we were able to document dates within the practice record.

Results: Once immunization integration testing has started with the state, it is the goal for the practice go-live date be within 30 days. During 2023 there were 21 practices that requested an integration for immunization reporting. Three practices went live under 30 days, ten practices went live over 30 days and eight practices are pending and have not gone live. The main reason for the delay is due to the specific state documentation requirements. With inadequate immunization documentation by the practice, the state has not cleared the practice to go live. Interoperability is being tracked by engagement and successful transmissions.



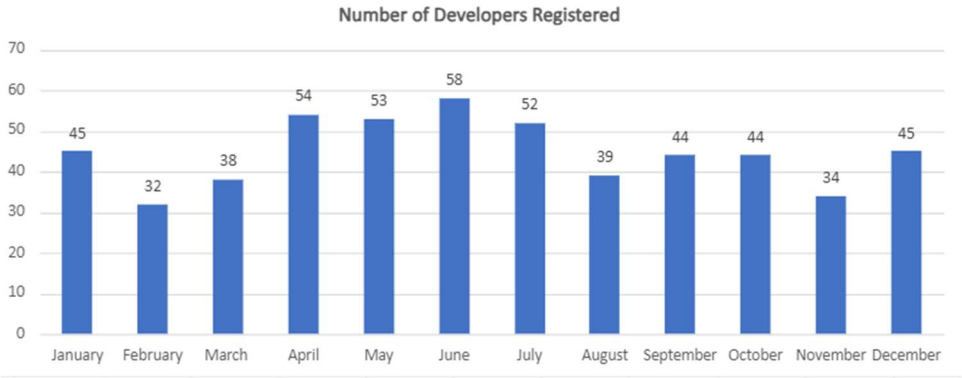
170.315 (g)(7): Application Access - Patient Selection
170.315 (g)(9): Application Access - All Data Request
170.315 (g)(10) Standardized API for Patient and Population Services
Relied Upon Software: Apigee

Measure /Methodology: Using internal tracking tools, track FHIR API app developer usage from registration to live production API requests.

Results: Starting in 2023, app developers were able to register on the AdvancedMD developer portal for patient and population FHIR API. The AdvancedMD Interop team received communication regularly from app developers clarifying the FHIR API capabilities to test the Single and Bulk FHIR applications. Although there were over 500 app developers that registered, there were no patients using a third-party app to pull live data. Furthermore, there were no bulk data export using the population FHIR API. All the applications that registered used the available sandbox for testing. As this is a new feature to AdvancedMD, we have analyzed the data and processes to determine why developers and patients have not successfully utilized the FHIR API in production.

Key findings:

1. *Partly automated process for developer's application approval and usage.* Developers have the capabilities to test all the FHIR APIs freely with no assistance on the sandbox environment using the AdvancedMD test data. However, after testing app developers need to communicate with the AdvancedMD Interop Team to finalize the configuration for production. The requirement to contact AdvancedMD could be impeding or slowing down the process.
2. *Issues with setting up the JWKS files or client id usage for the application testing.* Initially we had questions around the JWKS files, client ids. To resolve this issue and make the test process clearer, we added additional detailed instructions to the documentation.
3. *Lack of clarity on available apps that are available.* Once an app developer has tested, there is not a list or page that details which apps are available for patients to access data. Furthermore, there is a lack of education from the practice to educate their patients on the availability of patient-access FHIR apps.


Number of Developers Registered
70
60
50
40
30
20
10
0
45
32
38
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53
58
52
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34
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January
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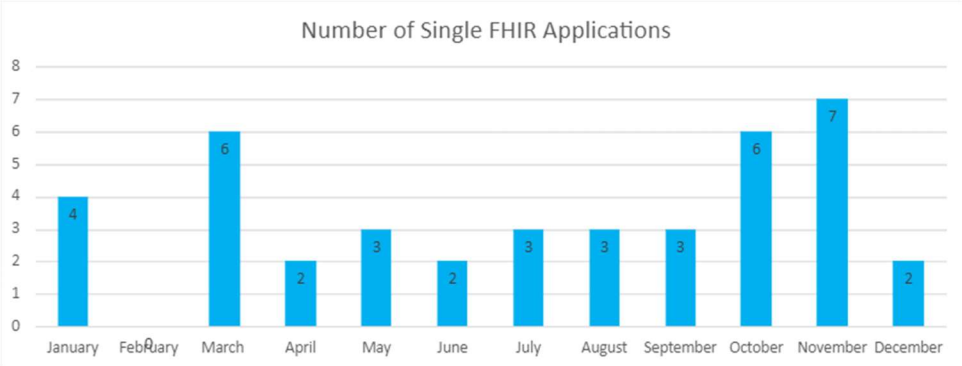
Number of Single FHIR Applications
8
7
6
5
4
3
2
1
0
4
0
6
2
3
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3
6
7
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January
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March
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May
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July
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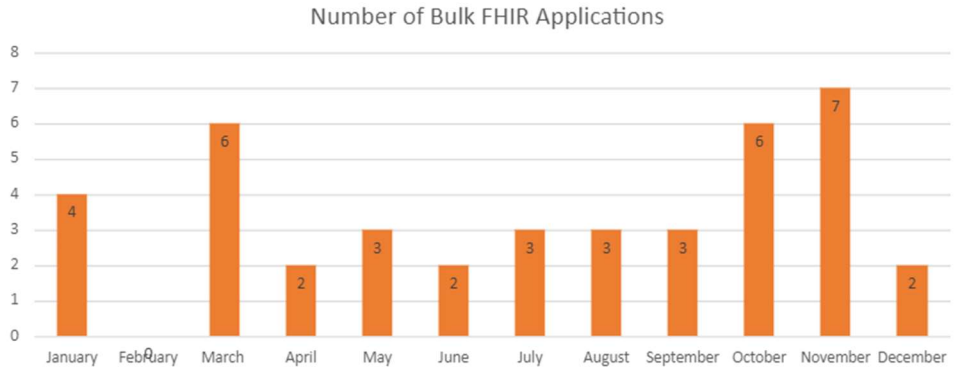
September
October
November
December


Number of Bulk FHIR Applications
8
7
6
5
4
3
2
1
0
4
0
6
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2
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3
3
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170.315 (c)(1): Clinical Quality Measures - Record and Export
170.315 (c)(2): Clinical Quality Measures - Import and Calculate
170.315 (c)(3): Clinical Quality Measures – Report

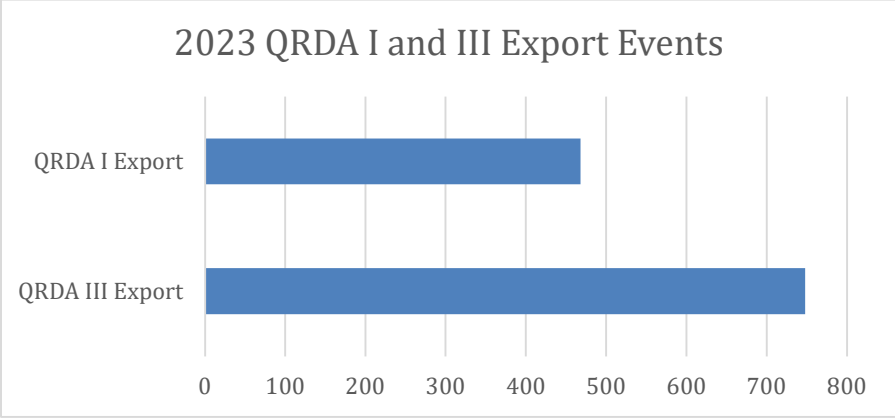
Care Settings: Practices participating in CMS QPP MIPS Quality category

Measure: Rate of successful QRDA I and III downloads and rate of successful Import/calculate requests by clients.

Metric/Methodology:

- Total number of QRDA III downloads will be reported in the Denominator and total successful QRDA III downloads will be reported in the Numerator.
- Total number of QRDA I downloads will be reported in the Denominator and total QRDA I successful downloads will be reported in the Numerator.
- Total number of clients that require the import of a third party QRDA I file in the Denominator and total number of clients that can successfully calculate measures in the Numerator.

Results:
100% of AdvancedMD practices that report to CMS QPP MIPS were able to report successfully using a QRDA III file. AdvancedMD requires users to export a QRDA III file and import the file to CMS QPP. Users can run reports and export independently as well as run both QRDA I and QRDA III. Most clients exported QRDA III; however, we did see an increase in QRDA I exports due to practices participating with third party vendors or alternatively value-based programs. There were no events that required an import of the QRDA I file to aggregate for CMS QPP Submission.



Relied Upon Software

AdvancedMD partners with Surescripts. The following criteria are supported by Surescripts:

- 170.315 (b)(1): Transitions of Care: Surescripts Clinical Direct Messaging
- 170.315 (e)(1): View, Download, and Transmit to 3rd Party: Surescripts Clinical Direct Messaging
- 170.315 (h)(1): Direct Project: Surescripts Clinical Direct Messaging
- 170.315 (b)(3): Electronic Prescribing: Surescripts ePrescribing

AdvancedMD partners with Iron Bridge for Immunization Registry Reporting.

- 170.315 (f)(1): Transmission to Immunization Registries

AdvancedMD uses Apigee Edge for API criteria

- 170.315 (g)(9): Application Access - All Data Request Apigee Edge version: 4.51.00
- 170.315 (g)(7): Application Access - Patient Selection Apigee Edge version: 4.51.00
- 170.315 (g)(10) Standardized API for Patient and Population Services

Attestation

This Real-World Testing Result 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 Results requirements.

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