myUnity v2021 Real World Testing Plan

2023 Measures

Prepared for

Drummond

Netsmart

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General Information

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: Netsmart

Product Name(s): myUnity

Version Number(s): 2021

Certified Health IT Product List (CHPL) ID(s): 15.04.04.2816.myUn.21.00.0.210122

Developer Real World Testing Page URL: https://www.ntst.com/lp/certifications

Justification for Real World Testing Approach

At this time, the myUnity product is marketed toward Post-Acute Care and specialty care settings including Palliative. For this reason, the myUnity Real World Testing plan will apply to this specialty care setting. myUnity is certified to a wide variety of Real World Testing (RWT) criteria. Netsmart identified use cases and measures for the criteria the myUnity product is certified to which falls within the RWT scope.

The following care coordination criteria will be tested, §170.315(b)(1) Transitions of care, §170.315(b)(2) Clinical information reconciliation and incorporation, §170.315(b)(3) Electronic Prescribing. Additionally, the product is certified to the applicable clinical quality measures § 170.315(c)(1)-(3) and will test those. The product does support the patient engagement criteria § 170.315(e)(1) View, download, and transmit to 3rd party. Lastly, the product will include measures for the following Application Programming Interfaces (APIs) criteria §170.315(g)(7) Application access — patient selection §170.315(g)(8) Application access — data category request §170.315(g)(9) Application access — all data request, as well as the electronic exchange criteria § 170.315(h)(1) Direct project.

Standards Updates (SVAP and USCDI)

The Netsmart myUnity certified product is not and has not participated in the Standards Version Advancement Process prior to November 1, 2022. Nor is the myUnity certified product updated to the new United States Core Data for Interoperability (USCDI) version 1. Therefore, Netsmart does not have any data to include in this section of the Real World Testing plan. Netsmart plans to update to the USCDI version 1 and other updates specified in the 21st Century Cures Act in accordance with the required deadlines.

Standard (and version)	All standards are those specified prior to August 31, 2022
Date of ONC-ACB notification (SVAP or USCDI)	Not applicable
Date of Customer notification (SVAP only)	Not applicable
USCDI-updated criteria	None

Relied Upon or Third-Party Software

myUnity does not rely upon any third-party software not developed by Netsmart (none is included in the certification), therefore, relied upon or other third- party software is not included in our Real World Testing plan.

Care Setting(s)

myUnity supports the deployment and tracking of documentation within and outside of the Palliative health care specialty setting. The majority of clients using certified technology are doing so in outpatient settings.

Overall Expected Outcomes

Real World Testing will demonstrate that myUnity is conformant to the following certification criteria:

- §170.315(b)(1) – Transitions of Care
- §170.315(b)(2) – Clinical Information Reconciliation and Incorporation
- §170.315(b)(3) – Electronic Prescribing
- §170.315(c)(1) – Clinical Quality Measures (CQMs) – Record and Export
- §170.315(c)(2) – Clinical Quality Measures (CQMs) – Import and Calculate
- §170.315(c)(3) – Clinical Quality Measures (CQMs) – Report
- §170.315(e)(1) – View, Download, and Transmit to 3rd Party
- §170.315(g)(7) – Application Access – Patient Selection
- §170.315(g)(8) – Application Access – Data Category Request
- §170.315(g)(9) – Application Access – All Data Request
- §170.315(h)(1) – Direct Project

Schedule of Key Milestones

Key Milestones	Date/Timeframe
Submit Real World Testing Plan documentation to Drummond.	November 1, 2022
Begin Collection of information as laid out by the plan for the period.	January 1, 2023
Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	Quarterly, 2023
End of Real-World Testing period/final collection of all data for analysis.	December 31, 2023
Analysis and report creation.	January 15, 2024
Submit Real World Testing report to ACB (per their instructions)	February 1, 2024

Measures Used in Overall Approach

§170.315(b)(1) – Transitions of Care

Description of Measurement/Metric

The following measures will demonstrate the ability to send and receive transitions of care/referral summaries across multiple protocols and/or networks.

- Number of XDR/XDM referral messages sent within a 90-day period. (CareConnect Inbox)
- Number of XDR/XDM referral messages received withing a 90-day period. (CareConnect Inbox)
- Number of successful CCD retrievals from external organizations within a 90-day period. (Carequality)
- Number of successful CCDs provided to external organizations within a 90-day period. (Carequality)

Associated Certification Criteria

§170.315(b)(1) Transitions of Care Not updated to 2015 edition Cures Update criteria.	*§170.315(b)(1)(i)(A)*
	§170.315(b)(1)(i)(B)

Justification for Selected Measurement/Metric

The measurements selected demonstrate that referral messages can successfully be exchanged with external organizations using XDR/XDM direct messages. The measurements also show that an organization may successfully exchange CCDs upon request utilizing the Carequality network.

Test Methodology

Logs will be reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the measure on the specific types of transport mechanisms used. This test methodology will primarily test the conformance of the implementation.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative health care facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

It is expected that providers and patients (or their authorized representatives) will be able to share EHI using the transmission mechanisms provided. Error rates will be tracked and trended over time.

§170.315(b)(2) – Clinical Information Reconciliation and Incorporation

Description of Measurement/Metric

The measure will demonstrate the certified products ability to capture, reconcile, and incorporate clinical information within the client systems as needed.

- Numerator: Number of Clinical Reconciliations completed
- Denominator: Number of unique Patients with a completed Clinical Reconciliation

Associated Certification Criteria

§ 170.315 (b)(2) Clinical information and reconciliation and incorporation Not updated to 2015 edition Cures Update criteria.	*§ 170.315 (b)(2)(i)* *§ 170.315 (b)(2)(iii)*

Justification for Selected Measurement/Metric

Clinical Information Reconciliation may be completed multiple times in a given period on a single patient. This measure will demonstrate the volume from both an end-user perspective (Numerator), and a Patient perspective (Denominator).

Test Methodology

Our platform utilizes a centralized platform for these transactions, with logging, monitoring, and reporting capabilities. We will be able to report on these measures from the data made available by this centralized platform.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

End Users will be able to utilize Clinical Information Reconciliation & Incorporation to ingest data from transitions of care/referrals.

Numerator will be larger than Denominator due to the ability to complete multiple Clinical Information Reconciliations on a single Patient in a given time period.

§170.315(b)(3) – Electronic Prescribing

Description of Measurement/Metric

These measurements will demonstrate the ability to transmit various types of electronic prescribing (e-prescribing) functions.

- Number of e-prescriptions sent over number of e-prescriptions successfully received.
    - Numerator: # of prescriptions with a chosen output of eRx (eg, send electronically)
    - Denominator: # of prescriptions successfully sent electronically (Successfully accepted by Ultimate Receiver)
- Electronic Prescribing: Request and respond to change prescriptions
    - Numerator: # of RxChange Requests responded to (approve and deny) and sent eRx
    - Denominator: # of ChangeRx requests successfully sent electronically (RxChangeResponse)
- Electronic Prescribing: Request and respond to cancel prescriptions
    - Numerator: # of CancelRx prescriptions (eg, discontinue) with a chosen output of eRx
    - Denominator: # of CancelRx prescriptions successfully sent electronically (CancelRxResponse)
- Electronic Prescribing: Request and respond to renew prescriptions
    - Numerator: # of RxRenewal Requests responded to (approve and deny) and sent eRx
    - Denominator: # of RxRenewal requests successfully sent electronically (RxRenewalResponse)
- Electronic Prescribing: Receive fill status notifications
    - Numerator: # of RxFill status requests sent to pharmacies
    - Denominator: # of RxFill status responses received from pharmacies
- Electronic Prescribing: Request and receive medication history
    - Numerator: # of medication history requests made (RxHistoryRequest)
    - Denominator: # of medication history responses received (RxHistoryResponse)

Associated Certification Criteria

§ 170.315 (b)(3) Electronic Prescribing Updated to 2015 edition Cures Update criteria.	*§ 170.315 (b)(3)(ii)(A)(1)*
	§ 170.315 (b)(3)(ii)(A)(2)
	§ 170.315 (b)(3)(ii)(A)(3)
	§ 170.315 (b)(3)(ii)(A)(4)
	§ 170.315 (b)(3)(ii)(A)(5)
	§ 170.315 (b)(3)(ii)(A)(6)

Justification for Selected Measurement/Metric

E-prescribing has been shown repeatedly to increase patient adherence to medications. As such, more and more states are requiring providers use e-prescribing. To fully receive the benefits of e-prescribing a prescriber should be able to send and receive information to and from pharmacies. This information is in the form of the proposed measures. The proposed measures will demonstrate the ability to send new prescriptions, receive renewal requests and change requests, and discontinues (cancel requests). In addition, the ability to receive a patient's medication fill history and external medication history increases medication adherence and decreases the prospect of drug overuse, abuse, and polypharmacy.

Test Methodology

After transactions are sent from our system to Surescripts (and then to the pharmacy) the Surescripts network sends messages back to our system indicating if they were or were not successful. During testing we will review our logs to ensure all prescribing transactions that are sent to the Surescripts network are successfully received. This includes transaction requests to receive Rx Fill data and Medication History.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

Based on the log files it is expected that e-prescribing transactions—our proposed measures—will continue to increase not only with new prescriptions being sent but also in the number of change requests, renewal requests, medication discontinue messages and the retrieval of Rx Fill information and medication history.

§170.315(c)(1) – Clinical Quality Measures (CQMs) – Record and Export

Description of Measurement/Metric

This measurement will demonstrate the certified products ability to record transactions in the record

- Numerator: Number of transactions written from CareRecord
- Denominator: Number of unique CareRecord Instances that submitted transactions

Associated Certification Criteria

§ 170.315 (c)(1) Clinical Quality Measures (CQMs) – Record and Export	*§170.315(c)(1)(i)*
	§170.315(c)(1)(ii)

Justification for Selected Measurement/Metric

The Measures Reporting System, Care Pathways, includes two functionalities of interest: (A) Recording transactions entered into the System Under Test, and (B) calculating CQM results based on the recorded transactions. This measure will provide information on the volume of transactions recorded, and the breadth of our client base utilizing this functionality.

Test Methodology

Our platform utilizes a centralized platform for these transactions, with logging, monitoring, and reporting capabilities. We will be able to report on these measures from the data made available by this centralized platform

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative health care facilities we support and target with this certified product. We will pull date to test over a 12 month period

Expected Outcomes

It is expected that End Users will be able to record EHI in the System and have that data available for use in calculation of CQM Results.

§170.315(c)(2) – Clinical Quality Measures (CQMs) – Import and Calculate

Description of Measurement/Metric

This measure will demonstrate the certified product's ability to import and calculate CQMs per patient.

- Numerator: Sum of CQMs calculated on imported patients
- Denominator: Number of unique Patients imported

Associated Certification Criteria

§ 170.315 (c)(2) Clinical Quality Measures (CQMs) – Import & Calculate	*§170.315(c)(2)(i)*

Justification for Selected Measurement/Metric

Our Measures Reporting System, Care Pathways, utilizes an internal protocol to share information between systems, therefore it is not necessary for our system to specifically use the QRDA CAT-I file for use on a day-to-day basis. For this reason, it will be highly unlikely for one of our Clients to utilize our available QRDA CAT-I file import feature. Therefore, we will be testing using the Cypress tool, noted below in the Test Methodology section.

Test Methodology

We will utilize Cypress to generate QRDA CAT-I files for import, and generate results based on that clinical data, across multiple CQMs.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative health care facilities we support and target with this certified product. We will run the required test during the 2023 calendar year.

Expected Outcomes

Import QRDA CAT-I files into Measures Reporting system, process data and remove any potential duplicates, and generate results across multiple CQMs.

§170.315(c)(3) – Clinical Quality Measures (CQMs) – Report

Description of Measurement/Metric

This measure will demonstrate the ability to export the required QRDA CAT-III File on demand.

- Numerator: Number of Clients (Agencies) to export a QRDA CAT-III File
- Denominator: Number of Clients (Agencies) to generate a QRDA CAT-III File

Associated Certification Criteria

§ 170.315 (c)(3) Clinical Quality Measures (CQMs) – Report Updated to 2015 edition Cures Update criteria.	*§170.315(c)(3)(i)* *§170.315(c)(3)(ii)*

Justification for Selected Measurement/Metric

The Measures Reporting System, Care Pathways will generate a QRDA CAT-III file for each Certified CQM calculation, however Agencies will only download that file when the results are being utilized to upload into QPP and/or State-based portals.

Test Methodology

Internal tooling is available for monitoring and reporting QRDA CAT-III file generation and exporting, to track how many agencies are utilizing our measures on a day-to-day basis vs. when they are being used to attest with generated CAT-III files. Reporting is available to calculate this measure.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

Agencies will calculate CQM results on a frequent basis, however, will only export their QRDA CAT-III file on an annual basis. Denominator will be much larger than Numerator.

§170.315(e)(1) – View, Download, and Transmit to 3rd Party

Description of Measurement/Metric

The measures identified will encompass the Number of Views, downloads, and transmits of patient chart summaries over number of successful views, downloads and transmits.

- View Chart summary
  - Numerator: # of views of the chart summary
  - Denominator: # of clients that had an encounter during the reporting period
- Download of chart summary
  - Numerator: # of downloads of chart summary
  - Denominator: # of clients that had an encounter during the reporting period
- Transmission of chart summary
  - Numerator: # of transmissions of chart summary
  - Denominator: # of clients that had an encounter during the reporting period

Associated Certification Criteria

§ 170.315 (e)(1) View, Download, and Transmit to 3rd Party Not updated to 2015 edition Cures Update criteria.	*§170.315(e)(i)(A)*
	§170.315(e)(i)(B)
	§170.315(e)(i)(C)

Justification for selected Measurement/Metric

The measurements selected demonstrate that chart summaries can successfully be viewed and downloaded by patients and that they are able to successfully transmit to external parties.

Test Methodology

We will utilize a partner product, myHealthPointe, to access data related to the ability of clients to view, download, and transmit their data to external parties. myHealthPointe, utilizes log files to capture the relevant data points.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

It is expected that patients (or their authorized representatives) will be able to view, download and transmit their chart summaries using the mechanisms provided. Error rates will be tracked and trended over time.

§170.315(g)(7) – Application Access – Patient Selection

Description of Measurement/Metric

This measure will demonstrate utilization of the FHIR R4 resources to search for patients.

- Number of Patient searches conducted using the FHIR R4 Patient endpoint during a 90-day window.

Associated Certification Criteria

§ 170.315 (g)(7) Application Access – Patient Selection	*§170.315(g)(7)(i)*
	§170.315(g)(7)(ii)

Justification for Measurement/Metric

The FHIR R4 Patient endpoint will provide a variety of search parameters to support identification of a patient for subsequent searches. This measure will demonstrate that the search capability is available and utilized.

Test Methodology

Internal monitoring tools will provide utilization over the specified time period.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

We expect to see within the 90-day period utilization of the FHIR R4 Patient endpoint to search for a patient. The searches will result in a “searchset” Bundle listing all Patients that match the provided criteria. When no matches are found an empty Bundle will be returned to the requestor.

§170.315(g)(8) – Application Access – Data Category Request

Description of Measurement/Metric

This measure will demonstrate utilization of the FHIR R4 resources to read data for patients.

- Number of successful requests to the FHIR R4 endpoints excluding Patient and DocumentReference within a 90-day period.

Associated Certification Criteria

§ 170.315 (g)(8) Application Access – Data Category Request	*§170.315(g)(8)(i)*
	§170.315(g)(8)(ii)

Justification for selected Measurement/Metric

The FHIR R4 endpoints will provide patient data upon request based on selected resource and the supplied parameters. This measure will demonstrate that the capability is available and utilized.

Test Methodology

Internal monitoring tools will provide utilization over the specified time period.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

We expect to see within the 90-day period utilization of the FHIR R4 endpoints to read or search for patient data of the following resource types:

- AllergyIntolerance
- Condition
- Immunization
- MedicationRequest
- Observation
- Procedure
- QuestionnaireResponse

§170.315(g)(9) – Application Access- All Data Request

Description of Measurement/Metric

This measure will demonstrate utilization of the FHIR R4 document reference resource to generate or retrieve CCDs.

- Number of successful CCD retrievals using either the certified CCD or the FHIR R4 DocumentReference endpoints within a 90-day period.

Associated Certification Criteria

§ 170.315 (g)(9) Application Access – All Data Request	*§170.315(g)(9)(i)*
Not updated to 2015 edition Cures Update criteria.	*§170.315(g)(9)(ii)*

Justification for Selected Measurement/Metric

The certified CCD and the FHIR R4 DocumentReference endpoint will provide a generated CCD upon request based on the supplied parameters. This measure will demonstrate that the capability is available and can be utilized.

Test Methodology

Internal monitoring tools will provide utilization over time.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

We expect to see within the 90-day period utilization of the certified CCD and/or FHIR R4 DocumentReference endpoints to generate a CCD. The certified CCD endpoint will provide the generated CCD as XML. The FHIR R4 DocumentReference will provide the CCD as a Base64 encoded string attachment.

§170.315(h)(1) – Direct Project

Description of Measurement/Metric

This measure will demonstrate the ability to send and receive direct project messages.

- Number of XDR/XDM direct message sent and received by type within a 90-day period

Associated Certification Criteria

§ 170.315 (h)(1) Direct Project	*§170.315(h)(1)(i)*
	§170.315(h)(1)(ii)

Justification for Selected Measurement/Metric

This measure will demonstrate the types of messages that are supported for direct messaging.

Test Methodology

Logs will be reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the measure on the specific types of transport mechanisms used. This test methodology will primarily test the conformance of the implementation.

Care Setting(s)

Care Setting	Justification
Palliative care specialty setting	This measure was designed to test the Palliative care facilities we support and target with this certified product. We will pull data over a 90-day period.

Expected Outcomes

We expect to see messages successfully sent and received of the following types during the reporting window:

- Message
- Notification
- Referral
- Referral Response

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.

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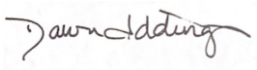
Authorized Representative Signature: 

Date: 10/11/2022