myAvatar 2021 Real World Testing

2022 Results Report

Prepared for

Drummond

Netsmart

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General Information

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

Developer Name: Netsmart Technologies

Product Name(s): myAvatar Certified Edition

Version Number(s): 2022

Certified Health IT Product List (CHPL) ID(s): 15.04.04.2816.myAv.22.06.0.221227

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

[Optional] Changes to Original Plan

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

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
Time periods for the following criteria changed: (b)(1), (c)(1)-(c)(3), (g)(7)-(g)(9), (h)(1).	Change was due to an analysis of the data. It was determined there is not a need for year long or 90 day reporting periods due to breadth of data provided in the shortened durations.	No impact on the results of our Real World Testing activities.
Utilization of testing tools for some criterion.	Some criterions did not product Real World results because no clients were utilizing the criterion.	We utilized testing tools to verify compliance with the criterion.

[Optional] Withdrawn Products

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	myAvatar Certified Edition
Version Number(s):	2021
CHPL Product Number(s):	15.04.04.2816.myAv.20.05.0.210430
Date(s) Withdrawn:	12/31/2022
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products.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.]	The data captured for the purposes of this Results Report was drawn from this version of the product.

Summary of Testing Methods & Key Findings

Consistent with the ONC's recommendation that "Real World Testing verify that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange", Netsmart's original test plan focused on capturing and documenting the ability of certified capabilities to be successfully utilized in the real world.

To demonstrate real-world interoperability, Netsmart compiled end user data through calculated feedback automation, based on the number of instances a specific action is performed in the solution software. This approach did not require the end user to be actively involved in testing.

When no evidence existed due to low or zero adoption of a certified capability, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

Standards Updates ((Including Standards Version Advancement Process (SVAP) AND United States Core Data for Interoperability (USCDI))

Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made. Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

- [ ] Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.
- [**X**] No, none of my products include these voluntary standards

The Netsmart myAvatar certified product is not and has not participated in the Standards Version Advancement Process prior to August 31, 2021.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
CHPL Product Number	N/A
Conformance measures	N/A

Care Setting(s)

myAvatar supports the deployment and tracking of documentation within and outside of the behavioral health care specialty setting. This care setting comprises largest care setting among Netsmart's user base. Behavioral health specialties include the following: Psychology, Psychiatry, Addiction, and Pain Management. The majority of services are performed in the outpatient setting.

Metrics and Outcomes

Associated Criteria	Measurement /Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable
170.315(b)(1) Transitions of care	Over a 30 day period: 1) Number of XDR/XDM referral messages sent within a 90-day period. (CareConnect Inbox) 2) Number of XDR/XDM referral messages received withing a 90-day period. (CareConnect Inbox) 3) Number of successful CCD retrievals from external organizations within a 90-day period. (Carequality) 4) Number of successful CCDs provided to external organizations within a 90-day period. (Carequality)	CareConnect Inbox, A Netsmart solution. And Carequality.	1) 5359 2) 7471 3) 989700 4) 3234484	Reduced the original reporting period from 90 days to 30 days.
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 12 month period: 1) Numerator: Number of Clinical Reconciliations completed 2) Denominator: Number of unique Patients with a completed Clinical Reconciliation	N/A	1) 658 2) 211	There were no challenges encountered when testing and collecting data for these criteria.
170.315(b)(6) Data export	Over a 12 month period: • Numerator: # of scheduled batch jobs for patient data export summaries • Denominator: # of total patient data export summaries generated	N/A	1) 0 2) 314	There were no challenges encountered when testing and collecting data for these criteria.
170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 6-month period: Metric for (c)(1)) Numerator: Number of transactions written from CareRecord) Denominator: Number of unique CareRecord Instances that submitted transactions Metric for (c)(2) • Numerator: Sum of CQMs calculated on imported patients	CarePathways, a Netsmart measures reporting solution.	**C1** Tested 1/1/2022 – 6/30/2022 Numerator: Number of transactions written from the CareRecord: 496,363,688 Denominator: Number of Unique instances that submitted transactions: 362	Reduced the original reporting period from 12 months to 6 months.

	• Denominator: Number of unique patients imported Metric for (c)(3) • Numerator: Number of Clients (Agencies) to export a QRDA CAT-III File • Denominator: Number of Clients (Agencies) to generate a QRDA CAT-III File		**C2:** Tested 7/30/2022 – 12/31/2022 Numerator: Number of CQMs calculated on imported patients: 0 Denominator: Number of Unique patients imported: 0 **C3:** Tested 7/30/2022 – 12/31/2022 Numerator: Number of agencies to export a CAT III file: 4 Denominator: Number of agencies to generate a CAT III file: 4	
170.315(e)(1) View, download, and transmit to 3rd party	Over a 12 month period: 1) View Chart summary o Numerator: # of views of the chart summary o Denominator: # of clients that had an encounter during the reporting period 2) Download of chart summary • Numerator: # of downloads of chart summary • Denominator: # of clients that had an encounter during the reporting period 3) Transmission of chart summary 1. Numerator: # of transmissions of chart summary 2. Denominator: # of clients that had an encounter during the reporting period	Intellichart	❑ View Chart summary Numerator: # 59 Denominator: # 1,547,956 ❑ Download of chart summary Numerator: # of 6 Denominator: # 1,547,956 ❑ Transmission of chart summary Numerator: # 1 Denominator: # 1,547,956	There were no challenges encountered when testing and collecting data for these criteria.
170.315(f)(1) Transmission to Immunization Registries	Over a 12 month period: • Numerator: Number of distinct immunization records in the denominator that sent recorded immunizations to an immunization registry • Denominator: Number of distinct immunization records in a given month period	N/A	1) 23 2) 246	There were no challenges encountered when testing and collecting data for these criteria.

170.315(f)(2) Transmission to Public Health Agencies-Syndromic Surveillance	Over a 12 month period: 1) Numerator: Number of distinct syndromic surveillance records in the denominator that sent syndromic surveillance records to a public health agency 2) Denominator: Number of distinct syndromic surveillance records in a given month period	N/A	1)0 2)365	There were no challenges encountered when testing and collecting data for these criteria.
§170.315(f)(3) – Transmission to Public Health Agencies – Reportable Laboratory Tests and Values/Results	Over a 12 month period: 1) Number of distinct laboratory results that sent reportable records to a public health agency 2) Number of distinct laboratory results received electronically in a given month period	N/A	1)0 2) 150707	There were no challenges encountered when testing and collecting data for these criteria.
170.315(g)(7) Application access — patient selection	Over a 30 day period: 1) Number of Patient searches conducted using the FHIR R4 Patient endpoint during a 90-day window.	N/A	1)31	Reduced the original reporting period from 90 days to 30 days.
170.315(g)(8) Application access — data category request	Over a 30 day period: 1) Number of successful requests to the FHIR R4 endpoints excluding Patient and DocumentReference within a 90-day period.	N/A	1)1388	Reduced the original reporting period from 90 days to 30 days.
170.315(g)(9) Application access — all data request	Over a 30 day period: 1) Number of successful CCD retrievals using either the certified CCD or the FHIR R4 DocumentReference endpoints within a 90-day period.	N/A	1)0	Reduced the original reporting period from 90 days to 30 days.
170.315(h)(1) Direct Project	Over a 30 day period: 1) Number of XDR/XDM direct message sent and received by type within a 90-day period.	N/A	1) 58612	Reduced the original reporting period from 90 days to 30 days.

Outcomes Explained

§170.315(b)(1) – Transitions of Care

Outcomes Explained

A query was performed on audit logs for the 2022 year. The totals demonstrate providers and patients (or their authorized representatives) ability to share EHI using the transmission mechanisms provided. Error rates were tracked and trended over time. Specifically, 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.

Justification & Test Methodology

Logs were 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 were 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 primarily tests the conformance of the implementation.

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

Outcomes Explained

A query on historical audit logs from our centralized platform for a 30 day period was performed. The total demonstrates our end user's ability to utilize Clinical Information Reconciliation & Incorporation to ingest data from transitions of care/referrals.

Justification & Test Methodology

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

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

§170.315(b)(6) – Data Export

Outcomes Explained

A query on historical audit logs for the 2022 year was performed. The totals demonstrate the ability to view the number of patient data export summaries generated via a schedule in relation to the total number of patient data export summaries generated.

Justification & Test Methodology

The measurement selected demonstrates providers can generate a batch of CCDs for given criteria for a subset of their client population. In addition, this measurement demonstrates the ability to schedule batch patient data export for generation.

Log files provided audit of batches generated and user access. Database tables within the certified product application contain a record of all scheduled jobs created. If there's no record of client usage, then we will utilize internal testing systems to demonstrate the ability to generate batch patient data export summaries. Log files provided that none of our clients' scheduled bath jobs , but the capability is available should they decide to do so.

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

Outcomes Explained

End Users recorded EHI in the System and had that data available for use in calculation of CQM Results.

Justification & Test Methodology

The Measures Reporting System i.e., 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 provides information on the volume of transactions recorded, and the breadth of our client base utilizing this functionality.

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

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

Outcomes Explained

An Import of QRDA CAT-I files into Measures Reporting System was performed. Data was processed, and any potential duplicates removed. Results were generated across multiple CQMs.

Justification & Test Methodology

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, no results for the use of this functionality were identified during the measurement window. We did complete testing using the Cypress tool to confirm functionality was accessible should an agency choose to use this workflow over the optimized and integrated internal protocol

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

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

Outcomes Explained

Agencies calculated CQM results on a frequent basis, however, only exported their QRDA CAT-III file on an annual basis.

Justification & Test Methodology

The Measures Reporting System, Care Pathways, will generate a QRDA CAT-III on demand as part of the functionality within the solution, however Agencies will only utilize that file when the results are required to upload into QPP and/or State-based portals. Since the monitoring period fell outside of the MIPS submission window agency utilization of this feature was low as it is not required for their day-to-day operational needs of the platform.

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.

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

Outcomes Explained

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

The outcomes were determined by capturing the data points over 365 days with 24 clients that utilize a myHealthPointe connected myAvatar system. The outcomes determined that there were 59 views, 6 downloads and 1 transmission of the chart summary.

Justification & Test Methodology

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.

We utilized myHealthPointe (myHP), a Netsmart Product, to access data related to the ability of clients to view, download, and transmit their data to external parties. myHP utilizes log files to capture the relevant data points.

§170.315(f)(1) – Transmission to Immunization Registries

Outcomes Explained

A query on historical audit logs for 12 months was performed for this criterion. The totals demonstrate our client's ability to send data to immunization registries. We used internal testing tools to demonstrate compliance with the capability.

Justification & Test Methodology

We did not anticipate any myAvatar clients were utilizing this capability. However, we discovered during Real World Testing we had several clients who have begun utilizing this capability. We initially planned to utilize testing tools but did not have to do so.

§170.315(f)(2) – Transmission to Public Health Agencies- Syndromic Surveillance

Outcomes Explained

A query on historical audit logs was performed for the 2022 year. We received a zero result for our numerator, meaning that while we had a number of syndromic surveillance records that were created by our clients, none of our clients sent the syndromic surveillance records to a public health agency.

Justification & Test Methodology

No clients on the myAvatar certified product sent data to public health agencies for syndromic surveillance reporting. For this reason, we used testing tools to demonstrate that the capability is present should a client opt to begin sending data to public health agencies.

We utilized the NIST HL7v2 Syndromic Surveillance Test Suite to demonstrate our compliance with the certification criteria. And to demonstrate clients have a functioning ability to send syndromic surveillance data to public health agencies should they opt to do so in the future.

§170.315(f)(3) – Transmission to Public Health Agencies – Reportable Laboratory Tests and Values/Results

Outcomes Explained

We queried historical audit logs for the 2022 year. We received a zero result for the numerator meaning, no clients sent reportable records to a public health agency. We did receive a result for our denominator meaning, we received a number of distinct lab results electronically.

Utilization of the testing tool & results from the testing tool demonstrates the criterion can be supported if clients choose to begin reporting lab results to public health agencies.

Justification & Test Methodology

There are currently no clients on the myAvatar certified product that submit lab results to public health agencies. As a result, and to demonstrate our certified products ability to send results to public health agencies we utilized the testing tool leveraged during certification to prove the functionality is present.

We utilized the NIST HL7v2 Electronic Laboratory Reporting (ELR) Validation Tool (2014 and 2015 Edition) to demonstrate the overarching ability to send reportable lab tests and values/results should we have clients that opt to do so in the future.

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

Outcomes Explained

A query on historical audit logs was performed for a 30 day time period. The totals demonstrate the ability of our FHIR R4 Patient endpoint to search for a patient. The searches resulted in a "searchset" Bundle listing all Patients that match the provided criteria.

Justification & Test Methodology

The FHIR R4 Patient endpoint provides a variety of search parameters to support identification of a patient for subsequent searches. This measure demonstrates that the search capability is available and utilized. If no matches are found an empty Bundle will be returned to the requestor. Internal monitoring tools provided utilization over the specified time period.

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

Outcomes Explained

A query on historical audit logs was performed for a 30-day time period. The totals demonstrate the following capabilities in accordance with the criterion: the FHIR R4 endpoints ability to read or search for patient data of the following resource types:

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

Justification & Test Methodology

The FHIR R4 endpoints provide patient data upon request based on the selected resource and the supplied parameters. This measure demonstrates that the capability is available and utilized. Internal monitoring tools provided utilization over the specified time period.

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

Outcomes Explained

We performed a query on historical logs for a 30-day time period. We have zero adoption of this criterion for clients utilizing the myAvatar product.

Justification & Test Methodology

We utilized internal monitoring & testing tools to demonstrate our solutions ability to produce a certified CCD and the FHIR R4 DocumentReference endpoint that will provide a generated CCD upon request based on the supplied parameters. Testing demonstrates that the capability is available and can be utilized should clients opt to do so.

§170.315(h)(1) – Direct Project

Outcomes Explained

We performed historical queries for a 30-day time period. The totals demonstrate the products ability to send and receive the following types of messages during the reporting window:

- Message
- Notification
- Referral
- Referral Response

Justification & Test Methodology

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

Logs were 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 were 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.

Schedule of Key Milestones

Key Milestones	Care Setting(s)	Date/Timeframe
Submit Real World Testing Plan documentation to Drummond.	**Behavioral health care specialty setting**	**November 1, 2021**
Begin Collection of information as laid out by the plan for the period.	**Behavioral health care specialty setting**	**January 1, 2022**
Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	**Behavioral health care specialty setting**	**Quarterly, 2022**
End of Real-World Testing period/final collection of all data for analysis.	**Behavioral health care specialty setting**	**December 31, 2022**
Analysis and report creation.	**Behavioral health care specialty setting**	**January 15, 2023**
Submit Real World Testing report to ACB (per their instructions)	**Behavioral health care specialty setting**	**February 1, 2023**

Attestation

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

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Date: 2/1/2023