

Amrita Ventures ONC Real World Testing Results-2023

EXECUTIVE SUMMARY

This is the test report for CY 2023 Real World Testing results for our inpatient EHR - Amrita HIS. This is the companion document to our CY 2023 Real World Test Plan that described our approach for conducting Real World testing in CY 2023 and the testing measures we employed.

All measures were tested in an Inpatient care setting of a Critical Access Hospital that is a long-time user of the Certified Amrita EHR software.

Our findings show that EHR is working as it was certified. Our testing shows that in the Critical Access Hospital inpatient care setting of our hospital customer, some certified functionality like patient portal and electronic prescription are widely used; while other features, such as C-CDA transmission, Care Plan and API usage are rarely or completely not used.

For each our CY 2023 Real World Testing Measures, we have recorded our results and findings. If any non-conformities or errors were encountered, we noted them.

Our signed attestation of compliance with the Real World testing requirements is on the following page.

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 report is up to date and fully addresses the health IT developer's Real World Testing requirements.

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GENERAL INFORMATION

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

Developer Name: **Amrita Ventures, LLC**

Product Name(s): **Amrita HIS**

Version Number(s): **7.2**

Product List (CHPL) ID(s): **15.04.04.2678.Amri.AH.01.1.221228**

Developer Real World Testing Page URL: <https://amritamedical.com/testing/>

KEY MILESTONES ACHIEVED

Key Milestone	Date/Timeframe	STATUS
Inform the current Amrita Customer, and Scheduling and Logistics preparation.	Q4 2022 Initial discussion with the customer has occurred and permission granted to do RWT, to be followed in Q1 2023 with a detailed customer meeting reviewing the schedule and logistics.	This was completed in Q1 2023 as planned
Prepare Amrita HIS EHR for use in collecting data as per the RWT plan. This will include internal validation that system generated data used for testing measurements are functional. If we determine functional deficiencies that could result in not completing the RWT we will inform the ONC-ACB and correct the deficiency (s).	Q2 2023	This was met in Q2 2023 as planned
RWT Testing period and data collection.	Q3 2023	This was mainly done in Q3 2023 and few measures testing were completed in Q4-2023.
Collect and collate all the data from the RWT.	Q4 2023	Met in Q4-2023
Develop and submit 2024 RWT plan; we will use experience from the 2023 RWT to inform the 2024 plan as well as newly certified modules.	Q4 2023	Met in Q4-2022
Writing Report after analyzing all the collected data and Submit the RWT Test Report before deadline.	Q1 2024	Met in Q1-2024

CARE SETTING STATEMENT

Amrita HIS is a complete Inpatient EHR. Amrita HIS is currently marketed to small Critical Access, Community or Specialty Hospitals. All measures were tested in an Inpatient care setting of a Critical Access Hospital that is a long-time user of the Certified Amrita EHR software.

STANDARDS UPDATES)

For CY 2023 RWT testing, we did not do any SVAP updates.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

CHANGES TO TESTPLAN

1. In the test plan, we had listed all the measures individually. However, while testing, it was more efficient to group similar criteria together and combine the test cases.
2. We have updated the testing metrics to reflect withdrawal of 170.315(g)(8). We are using a 3rd party software BlueButtonPRO for 170.315(g)(10) capabilities. The published RWT plan for 2023 reflected the capabilities which were certified at the time of its publication.

None of these changes affected the outcome of the usability of the features of the criteria.

MEASURES AND OUTCOMES

MEASURE & CRITERION	RELIED UPON SOFTWARE	OUTCOME
<p><u>§ 170.315(b)(1) Transitions of care</u> <u>§ 170.315(b)(6) Data export</u> <u>§ 170.315(h)(1) Direct Project</u></p>	<p>MaxDirect (Version 3.0)</p>	<p>Only C-CDAs sent using the DIRECT protocol are included in this measure.</p> <p>During the testing period of Q3-2023, a total of 68 C-CDAs were sent from the hospital. Of these 67 were sent to the PCP of the patient at the facility clinics and only 1 was sent to an outside facility. Of the 67 sent to the hospital clinics there is confirmation of C-CDA being received by the clinic EHR. Regarding the C-CDA that was sent outside, it is assumed that non-delivery would have resulted in a call-back to the hospital.</p> <p>Hence this measure = 100%</p>
<p><u>§ 170.315(b)(2) Clinical information reconciliation and incorporation</u> <u>§ 170.315(h)(1) Direct Project</u></p>	<p>MaxDirect (Version 3.0)</p>	<p>Only C-CDA sent using the DIRECT protocol are included in this measure.</p> <p>The hospital receives CCDA from the hospital based physician clinics for patients seen there. Not all these patients get admitted into the hospital. These CCDA were not included in the count.</p> <p>Total 4 C-CDA were received during the testing period of Q3-2023 from external sources. Of these, 1 CCDA did not have all the data included. Only 3 C-CDA had all the data and were successfully incorporated into the patients' medical record.</p> <p>Hence this measure = 100%</p>
<p><u>§ 170.315(b)(3) Electronic prescribing</u></p>	<p>Nextech with NewCropRx</p>	<p>The hospital does ePrescription only for discharge medications.</p> <p>During the testing period of Q3-2023, a total of 203 electronic prescriptions were sent using NewCrop the relied upon ePrescription software. No errors were reported by the hospital for these ePrescriptions sent.</p> <p>Hence this measure = 100%</p>

<p><u>§ 170.315(b)(7) Security tags - summary of care - send</u> <u>§ 170.315(b)(8) Security tags-summary of care- receive</u></p>	None	<p>The hospital is not using the Security tag feature. Hence none of the C-CDA sent had a security tag in them</p> <p>The hospital did not receive any CCDA with any security tags</p> <p>Total Count = 0</p>
<p><u>§ 170.315(b)(9) Care plan</u></p>	None	<p>During testing we found that the hospital is not using the Care Plan feature that is certified for this measure.</p> <p>Total Count = 0</p>
<p><u>§ 170.315(c)(1)—record and export</u> <u>§ 170.315(c)(2)—import and calculate</u> <u>§ 170.315(c)(3)—report</u></p>	None	<p>We support the 2023 versions for all thirteen (13) Inpatient hospital clinical quality measures. The hospital was able to run the quality measures for Q3-2023 and view the results of the relevant measures in the Clinical Quality Measure dashboard.</p> <p>The hospital does not import QRDA 1 files and hence this could not be tested at the hospital in production. We tested this feature in a production like environment by using the Cypress tool and was able to successfully import the file and generate the QRDA1 files.</p> <p>The Export functionality is not being used by the hospital to report to the Agency. The hospital is using a 3rd party vendor to do the reporting or otherwise manually reports the numbers. We demonstrated to the hospital the capability of the application to generate the QRDA 1 files and the hospital was able to generate the QRDA 1 files for the Safe Use of Opioid Measure. Hence, we consider this a SUCCESS.</p>
<p><u>§ 170.315(e)(1) View, download, and transmit to 3rd party</u></p>	None	<p>Total InPatients in Q3-2023 period = 161</p> <p>Total Patients given access to their health information = 161. Measure = 100%</p> <p>Patients who logged in and accessed their health information as per audit logs = 131 Measure = 81.3%</p>
<p><u>§ 170.315(f)(1) Transmission to immunization registries</u></p>	N/A	<p>At the hospital, extremely few immunizations are done at the hospital inpatient care setting. Due to this low volume, the State immunization registry was not able to setup a production interface with the hospital.</p>

<p><u>§ 170.315(f)(2)</u> <u>Transmission to public health agencies — syndromic surveillance.</u> <u>§ 170.315(f)(3)</u> <u>Transmission to public health agencies — reportable laboratory tests and value/results</u> <u>§ 170.315(f)(6)</u> <u>Transmission to public health agencies — antimicrobial use and resistance reporting</u> <u>§ 170.315(f)(7)</u> <u>Transmission to public health agencies — health care surveys</u></p>	<p>N/A</p>	<p>Currently the hospital has not yet enabled or operationalized all the public health interfaces listed. The hospital and Amrita are in active engagement with public health agencies to develop some of these interfaces.</p> <p>Hence the hospital is not currently using these features.</p> <p>Total PHA interfaces = 0</p>
<p><u>§ 170.315(g)(7) Application access— patient selection</u></p> <p><u>§ 170.315(g)(9) Application access— all data request</u></p> <p><u>§170.315(g)(10) Application Access - Standardized API for Patient and Population Services</u></p>	<p>BlueButtonPRO version 2</p>	<p>The hospital does not use this feature and hence could not be tested in the production environment. No patient is using any 3rd party application for API production.</p> <p>We used a production like test environment and tested this feature and verified functionality.</p>