REAL WORLD TESTING RESULTS for 2022

ASP.MD Inc Medical Office System v92

Results for plan 20211111ASP

3/7/2023

GENERAL INFORMATION

Report ID Number	20211111ASP
Developer Name	ASP.MD Inc
Product Name(s)	ASP.MD Medical Office System (AMOS)
Version Number(s)	92
Certified Health IT Product List (CHPL) ID(s)	Previous (2015 Edition): 15.02.02.1026.A107.01.00.0.191226 All data was gathered under 2015 edition Current (Cures Edition): 15.02.05.1026.ASPM.01.01.0.220203
Developer Real World Testing PLAN Page URL	https://www.asp.md/real-world-test-plan/
Developer Real World Testing RESULTS Page URL	https://www.asp.md/real-world-test-plan/

CHANGES TO ORIGINAL PLAN

No changes made

WITHDRAWN PRODUCTS

No products withdrawn

SUMMARY OF TESTING METHODS AND KEY FINDINGS

1. CCDs (Inbound)
   a. Queried the system to confirm that providers are receiving CCDs including hospital discharge summaries, referrals, and visit summaries from outside providers via direct messaging.
   b. Providers do view these CCDs; they rarely parse them, and, they never validate them (the validation process is obscure and really outside the realm of providers daily workflow and understanding)
   c. Patient matching accuracy is high; new patients are generated when a match cannot be found; these new patients are rarely merged to existing ones, indicating that the new patients are legitimate.
2. CCDs (Outbound)
   a. Queried system to demonstrate that practices are both generating and sending (with referrals) or releasing (to patient portal) CCDs for provider or patient consumption.
   b. Queried the system to demonstrate that patients are viewing CCDs in patient portal.
3. eRx messages
   a. Providers generate thousands of electronic prescription messages; this includes new rx, refill request responses, fill histories, and change/cancellation messages.
4. Immunization Messages Outbound
   a. Only one of the analyzed practices immunizes patients; this practice does successfully submit records to the Massachusetts Immunization Registry.
   b. The other 2 practices analyzed do not immunize patients.
5. Immunization Messages Inbound
   a. The practice which immunizes patients also regularly queries the registry for immunization history
   b. The other 2 practices do not immunize and are thus not granted access to the MA registry for history
6. Surveillance Messages
   a. None of the practices in question submit surveillance messages; because they are small practices, they are able to opt out of the PI section of the MIPS program
7. Data Exports
   a. No bulk data exports were requested/created against any of the analyzed practices. Normally bulk data exports are done only in the event of transition to another EHR (or occasionally for research purposes). ASP.MD did verify through testing that bulk data export still performs as expected.
8. Quality Measures
   a. Measures were successfully calculated for 2 of the analyzed practices. Only one practice chose to submit data, the other chose a COVID opt out.
   b. The third analyzed practice did not calculate measures in the EHR, as they are part of a larger organization which manages quality metrics for them.
9. FHIR data requests
   a. No FHIR apps were utilized against the FHIR interface for any of the practices in question.
   b. There is another practice on the ASP.MD EHR which does utilize a SMART on FHIR based growth chart on a regular basis. This app verifies that the API continues to function.

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).

_____ , 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

Standard (and version)	
Updated certification criteria and associated product	
Health IT Module CHPL ID	
Conformance measure	

Care Setting(s)

The expectation is that a developer's Real World Testing is conducted within each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use.

List each care setting that was tested.

Internal Medicine, Ambulatory Clinic
Pulmonary Medicine, Ambulatory Clinic
Dermatological Medicine, Ambulatory Clinic

Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
1. Analysis of inbound C-CDA formatted documents	170.315(b) 1, 2		2055 CCDs imported. 1573 XDM packages received. 1166 viewed (57% view rate). 0 parsed. 0 validated.	Providers used to parse CCDs in the past but the process proved too tedious / time consuming. Providers have never validated, this process is complex, requires domain knowledge, time consuming, and has little yield.
2. Analysis of outbound C-CDA documents	170.315(e) 1 170.315(h) 1		1305 Outbound CCDs generated.	2/3 practices does not generate outbound ccds but simply uses dictated or typed notes.
3. Analysis of eRx messages	170.315(b) 3		27,921 rx messages generated; new, refill response, change, cancel	
4. Analysis of outbound immunization messages	170.315(f) 1 Paragraph (f)(1)(i)		1072 outbound rx messages sent	2/3 practice do not immunize
5. Analysis of inbound immunization histories received	170.315(f) 1 Paragraph (f)(1)(ii)		4446 immunization histories queried	2/3 practices do not immunize and therefore cannot query registry
6. Analysis of surveillance messages	170.315(f) 2		0 surveillance messages generated; ability to generate tested	3/3 practices do not submit surveillance; as small practices, they are able to opt out of this MIPS PI requirement
7. Analysis of data exports	170.315(b) 6		0 bulk exports were performed. Ability to do so was tested.	There were no bulk export requests against 3/3 practices
8. Analysis of quality data collection / exports	170.315(c) 1		Quality Measures were autocalculated for 2/3 practices. 1/3 practices submitted measures via the CMS API	1/3 practices did not calculate quality measures in EHR because they belong to a group which manages this for them.
9. Analysis of audit logs for FHIR data requests.	170.315(g) 7 170.315(g) 8 170.315(g) 9		0 FHIR requests were performed against the data for 3/3 practices.	FHIR API confirmed to work via requests for another practice on the system.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Initial Data Analysis Made sure that query model was sufficient and necessary data could be collected. Located instance where log file analysis would be required instead of query (i.e. FHIR API Utilization)	All care settings	Q1 2022
Final Data Analysis Queries created in Initial Data Analysis executed and verified Server logs analyzed for FHIR data requests	All care settings	Q1 2023