AMERICAN Medical Software®
Excellence in Medical Office Systems℠
www.americanmedical.com
1180 South State Route 157 | Edwardsville IL 62025-3614 | Toll Free 800.423.8836 | Office 618.692.1300 | Fax 618.692.1809

CY 2022 Real World Testing Report

American Medical Software is committed to maintaining compliance with the Office of the National Coordinator's (ONC) Health IT Certification Program. This document is to serve as the 2022 real world test results report for American Medical Software and the companion document to our previously published 2022 real world test plan. ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§170.405 Real World Testing) outlines requirements for developers to demonstrate interoperability and functionality of their Certified Health IT in real world settings and scenarios.

This report includes the findings and compiled test result information obtained from the practice(s)/client(s) who have authorized use of their de-identified medical records data. This report will further expand on the success or failure of the reporting efforts, any difficulties faced during the collection and analyzation of this data, as well as any adjustments made during the execution of the test plan.

Developer/Product Information

Plan Report ID Number:

Developer Name: American Medical Software

Product Name: Ultra Charts

Version Number: 27

Certified Health IT Criteria: §170.315(b)(1-3), (b)(6), (f)(1)

Product List (CHPL) ID and Link:

- 15.04.04.1085.Ultr.27.00.1.190530
- https://chpl.healthit.gov/#/listing/10002

Developer Real World Testing Page URL: https://americanmedical.com/rwt

Key Milestones met for Real World Testing CY 2022

- **First Quarter, 2022 – Finalization of client selection:**
    - After communicating with clients to verify use of certified EHR technology and participation in government reporting, three practice candidates of differing specialties were selected for data collection.
- **Second and Third Quarters, 2022 – Data collection and review:**
    - During the third quarter, data was collected from the selected test practices in order to review the use of the certified EHR technology captured during the three (3) month period of the second quarter (April 1st through June 30th). This data was then de-identified in order to anonymize the participants as well as to remove any identifiers that could potentially be connected to PHI.
- **Fourth Quarter, 2022 – Data Analysis and Report Compilation:**
    - Data that had been previously collected and de-identified for anonymity is extracted. Report tools are run against the sets of data in order to generate usable metrics for the real world test reporting. Any questions or clarification needed on the results is gathered from participants. Data is compiled in to the report format.
- **First Quarter, 2023 – Submission**
    - Real World Testing report is finalized and submitted.

Standards Version Advancement Process (SVAP) Updates

American Medical Software did not perform SVAP updates for CY 2022 Real World Testing.

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

Testing Methodologies used for this report:

Tracking/Logging: American Medical Software utilized tracking and logging available within the system of selected test clients to create use metrics of the certified criteria, as well as the success or failure of the actions taken over a given timeframe. This allowed American Medical Software to record the frequency of use for specific certified criteria as well as the success rate of the user's actions. This data has been compiled in to usable metrics, allowing American Medical Software to report on the use and functionality of the selected certified criteria in a real world environment.

Periods of measurement used in this report:

Data was captured over a three (3) month period during of the second quarter (April 1st through June 30th) of the 2022 calendar year in order to provide an accurate sample of the system's use for results and reporting.

Care Settings used in this report:

American Medical Software's Ultra Charts v27 is marketed to small, independent, ambulatory physician offices and medical practices looking for a comprehensive, simple, and affordable solution. The software itself is designed for a general practice/ambulatory setting and is highly customizable. It is therefore usable in nearly any type of practice environment or specialty but is not specialty specific, nor marketed as such.

Polling performed on the AMS client base has indicated that few practices participate in government reporting or were utilizing certified health information technology outside of occasional convenience. During the client selection process, fewer than ten candidates were identified as likely to have made meaningful use of the software's certified components. Of these candidates, four separate specialty types were identified. However, only three agreed to participate or consented to use of their data. Therefore, the three participating clients for this report consist of Family Medicine, Cardiology, and ENT specialties.

§170.315(b)(1) – Transitions of Care

Test Method Used: Reporting/Logging

Measures Used: Sharing

This measure will catalogue the success or failure of any referral C-CDA's generated and transmitted to, or received and imported from our secure direct messaging interface with Updox.

Participants and Care Setting:

Three (3) participants comprised of a Family Practice, Cardiology, and ENT specialty.

Results:

Action	Total Pass	Total Fail	Pass Percentage
C-CDA Sent	0	0	N/A
C-CDA Received	1	0	100%

Analysis and Findings:

Across all participants, zero (0) C-CDA transition of care documents were transmitted from the certified health IT. Only one (1) C-CDA transition of care document was received.

Queries to participants revealed that their use of C-CDA documents for exchange of medical records information is negligible. When asked why the ability to share and import medical information seamlessly between certified health IT systems was not utilized, practices reported that it was simply not used often by other entities or third parties that they interact with and that there were already preexisting methods of exchanging information that all parties were accustomed to. Two participants stated that there is no desire or demand for this functionality in their real-world day-to-day operations of their users. One participant indicated interest in utilizing the feature as it applies to transitions of care and follow-up review was scheduled.

Non-Conformities Found:

None.

Changes/Deviations from Initial Test Plan:

None.

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

Test Method Used: Reporting/Logging

Measures Used: Reconciliation

This measure will catalogue the success or failure of any C-CDA's received that are reconciled and then imported in to the certified health IT.

Participants and Care Setting:

Three (3) participants comprised of a Family Practice, Cardiology, and ENT specialty.

Results:

Action	Total Pass	Total Fail	Pass Percentage
C-CDA Reconciled	2	0	100%
C-CDA Imported	0	0	N/A

Analysis and Findings:

Across all participants, two (2) C-CDA documents were reconciled within the certified health IT. Zero (0) of these reconciled C-CDA documents were further imported or saved to the corresponding patient account.

As previously reported, queries to participants revealed that their use of CCDA documents for exchange of medical records information is negligible. This is found to be the primary reason for the low volume of reconciled C-CDA documents. When asked why a user might reconcile but not import the data to a patient's health records, the explanation given was that it was likely a test or a user familiarizing themselves with the tool without wanting to actually edit any information withing the certified health IT. Two participants stated that there is no desire or demand for this functionality in their real-world day-to-day operations of their users. One participant indicated interest in utilizing the feature as it applies to importing C-CDA documents and follow-up review was scheduled.

Non-Conformities Found:

None.

Changes/Deviations from Initial Test Plan:

None.

§170.315(b)(2) – Electronic Prescribing

Test Method Used: Reporting/Logging

Measures Used: Electronic Prescribing

This measure will catalogue the success or failure of any NewRx electronic prescriptions created and sent to a pharmacy from the certified health IT.

Participants and Care Setting:

Three (3) participants comprised of a Family Practice, Cardiology, and ENT specialty.

Results:

Action	Total Pass	Total Fail	Pass Percentage
NewRx Created/Sent	4985	20	99.6%

Analysis and Findings:

Across all participants, 4985 NewRx prescriptions were created and successfully sent to pharmacies. Twenty (20) were created but failed to transmit successfully to the pharmacies.

Electronic prescription writing is a popular feature across all specialties. All participants were found to be utilizing these functions reliably and consistently. State requirements also seemed to have played a strong role in mandating use of these features. Additional research in to the 20 failed transmission cases found that these were due to connectivity problems related to the participants' local network and/or Internet Service Provider (ISP), not the result of errors within the system. The results of this report are in line with expectations.

Non-Conformities Found:

None.

Changes/Deviations from Initial Test Plan:

None.

§170.315(b)(6) – Data Export

Test Method Used: Reporting/Logging

Measures Used: Export

This measure will catalogue the success or failure of utilizing the data export features of the certified health IT, either manually or automatically.

Participants and Care Setting:

Three (3) participants comprised of a Family Practice, Cardiology, and ENT specialty.

Results:

Action	Total Pass	Total Fail	Pass Percentage
C-CDA Manual Export	0	0	N/A
C-CDA Automatic Export	0	0	N/A

Analysis and Findings:

Across all participants, zero (0) C-CDA documents were generated out manually from within the certified health IT. Additionally, zero (0) C-CDA documents were generated out automatically using the automated export functions from within the certified health IT

As previously reported, queries to participants revealed that their use of CCDA documents for exchange of medical records information is negligible. This is found to be the primary reason for the lack of C-CDA document exports. One participant stated that they would not have a need to mass export/automatically export C-CDA information as the previously reviewed C-CDA export abilities was already enough to cover any needs that they may have should they implement use of it further. The general consensus from all participants was that there is no desire or demand for this functionality in the real-world day-to-day operations of their users.

Non-Conformities Found:

None.

Changes/Deviations from Initial Test Plan:

None.

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

Test Method Used: Reporting/Logging

Measures Used: Export

This measure will catalogue the success or failure of utilizing the data export features of the certified health IT, either manually or automatically.

Participants and Care Setting:

Three (3) participants comprised of a Family Practice, Cardiology, and ENT specialty.

Results:

Action	Total Pass	Total Fail	Pass Percentage
Immunization Export	0	0	N/A
History/Forecast Import	0	0	N/A

Analysis and Findings:

Across all participants, zero (0) Immunizations were transmitted to registries from within the certified health IT. Additionally, zero (0) immunization histories or forecasts were imported from registries in to the certified health IT.

Inquiries regarding the lack of use for immunizations reporting revealed that two of the three participants did not administer immunizations and so did not interact with registries. The third participant stated that since the outbreak of Covid-19, the increased accessibility of vaccines from other sources had rendered their revenue stream from vaccine administration less profitable. Because of this, they stopped offering this service to patients with the rare exception of occasional seasonal influenza vaccines. This participant further stated that they had issues related to their registry account with the state itself, leading them to stop reporting the current low volume of administrations altogether.

Non-Conformities Found:

None.

Changes/Deviations from Initial Test Plan:

None.

Developer Attestation

This Real World Test report is complete with all required elements as outlined by ONC. This includes measures that address all certification criteria required to be tested through real world testing, and has been performed within the care settings marketed for use by American Medical Software's certified Health IT.

Authorized Signature: 

Authorized Signer Name: Timothy J. Scott

Authorized Signer Title: Chief Operating Officer

Date: January 23rd, 2023