AGASTHA

REAL WORLD TESTING

RESULTS FOR CY 2022

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EXECUTIVE SUMMARY

Agastha is an Electronic Health Records(EHR) software that is certified under the Office of the National Coordinator (ONC) for Health Information Technology (HIT) Health IT Certification Program. This document is Agastha's report for the calendar year 2022 Real World Testing Plan for the 2015 Edition and 2015 Cures Update Edition certification criteria subject to the Real World Testing Condition & Maintenance of Certification requirements at 45 CFR 170.405 that were certified as of August 31, 2021.

Our findings show that Agastha is working according to specs as no errors or non-compliance issues were observed.

Our results show that as of now the functionality that is widely used is patient portal, electronic prescription, and CCDA. The functionality that is not widely used yet is the data export, the QRDA Cat I importing, transmission to public registries and the API access

We have recorded our results and findings for any of the measures listed in our RWT plan for CY2022. If any non-conformities or errors were encountered, we also noted them.

Our signed attestation of compliance with the real world testing requirements is on attached.

GENERAL INFORMATION

Developer Name: **Agastha, Inc.**

Product Name: **Agastha Healthcare Information Software**

Version Number: **15.1**

Certified Health IT Product List (CHPL) Number: **15.04.04.1056.Agas.14.00.1.171231**

Developer Real World Testing Plan Page URL: **www.agastha.com**

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

We chose the methodology of tracking actual production activity across our U.S. client base as this reflects the actual real world use of the certified capabilities in the provision of healthcare for their intended purposes.

This is in stark contrast to testing of manufactured care scenarios in production environments or non-production environment activity and aligns closely with the Office of the National Coordinator for Health IT's (ONC) stated intent and purpose of Real World Testing.

It also provides a direct view of active use of certified software on a day-to-day basis across all applicable live care settings to avoid exclusion of particular settings or implementations.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

We did not do any SVAP updates for CY 2022 RWT.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
CHPL Product Number	15.04.04.1056.Agas.14.00.1.171231
Method used for standard update	N/A
Date of ONC ACB notification	Dec 31, 2017
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI updated certification criteria (and USCDI version)	N/A

MEASURES USED IN OVERALL APPROACH

CARE COORDINATION

RWT Measure #1. Transitions of Care

Associated Criteria: 170.315(b)(1)

Testing Methodology: Reporting/Logging

Measurement Description

Real World Testing of the Transitions of Care certified capabilities for *Agastha* is best performed by tracking the transmission of a conformant Consolidated Clinical Document Architecture (C-CDA) document between ambulatory providers.

This is done by specifically tracking how many C-CDAs are created and successfully sent from *Agastha* to a 3rd party during a transition of care event using Direct messaging over the course of a given interval.

Metrics

- Report the numbers of C-CDA documents (transition of care/referral summaries) sent over a three (3) month period (target +50%)
- Report the numbers of C-CDA documents (transition of care/referral summaries) received over a three (3) month period (target -25%)
- For the validation capabilities of the system settings, number of users who viewed human-readable renderings of C-CDAs and customized the data (target +/- 5%)

Justification

This metric will provide proof that the CCDA documents are accessed by the end users via the WCAG 2.0 patient portal. The activity logs will also indicate that proper credentials and security measures are applied as specified in the standards.

The metrics will provide statistics on the number of views of CCDA documents in both raw format and human readable format, generate CCDA with time range options, download CCDA individually, and prove that the system can transmit the CCDA securely.

This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission which reveals compliance to the associated criteria listed above.

Expected Outcome

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. This test will be used to validate the proper operations and adherence to the standard guides in §170.315 (b)(1).

Successfully completing this measure will mean that users have a general understanding of the EHR functionality.

Care Settings

- **Ambulatory**

We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 3
- Practices Reporting Results/Utilizing Certification Functionality: 3
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)
- Testing Metric/Measurement: Number of C-CDA Successfully Sent
- Numerator: 0
- Denominator: 18
- Percentage: 0

Relied Upon Software

We used PhiMail Web/ EMR Direct to demonstrate conformity with this certification criterion, and it performed as initially certified and in accordance with ONC criteria.

Analysis and Key Findings

Our results reveal that our EHR Module is working as expected. None of our clients are using this functionality in production. We used test data to verify that our product satisfies the functionality of the criteria.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We changed the metric for this measure to only C-CDA successfully sent. We did not test for C-CDA successfully received.

RWT Measure #2. Clinical Information Reconciliation and Incorporation

Associated Criteria: 170.315(b)(2)

Testing Methodology: Reporting

Measurement Description

Real World Testing for Clinical Information Reconciliation and Incorporation for *Agastha* will utilize reporting and analytics tools to provide real-time activity tracking of active production environment use of the relevant certified capabilities.

Metrics

The Real World Testing metrics for Clinical Information Reconciliation and Incorporation will be the following (all reconciliation actions being tracked are taken on external data parsed from C-CDA documents received inbound):

1. Total number of Problems added and rejected per month
2. Total number of Allergies added and rejected per month
3. Total number of Medications added and rejected per month
4. Number of patient visits during the measured period with at least one reconciliation workflow performed (target = +50%)

Justification

These metrics will help determine real world interoperability and usability, specifically, how often C-CDAs, that are received from 3rd parties, are incorporated into the patient record and then reconciled with the patient's problem list, medication list, and medication allergy list.

The measurements will reveal if users are using the C-CDA incorporate feature of *Agastha* to update their patient's record with current or new information from another source. Through this means of testing, we can determine compliance to the associated criteria listed above in real world use.

Expected Outcome

The overall expected outcome will be high volumes of reconciliation actions across the sampled client base. This provides indication of active client engagement with and use of Clinical Information Reconciliation and Incorporation capabilities in the real world.

This test will be used to validate the proper operations and adherence to the standard guides in §170.315 (b)(2).

Care Settings

- **Ambulatory**

We will test a minimum of two (2) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 2
- Practices Reporting Results/Utilizing Certification Functionality: 2

- Reporting Interval: 12 months (Jan 1, 2022 through December 31, 2022)
- Testing Metric/Measurement: Number of C-CDA Successfully Received/Incorporated
- Numerator: 5
- Denominator: 28,322
- Percentage: 0.02

Relied Upon Software
We used PhiMail Web/ EMR Direct to demonstrate conformity with this certification criterion, and it performed as initially certified and in accordance with ONC criteria.

Analysis and Key Findings
Our results reveal that our EHR Module is working as expected. But they also show that most of the clients are not using this functionality.

Non-Conformities or Errors Discovered
During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan
We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

RWT Measure #3. Electronic Prescriptions

Associated Criteria: 170.315(b)(3)

Testing Methodology: Reporting/Logging

Measurement Description

This test will determine the frequency of usage of electronic prescribing in the system.
This use case is tracking and counting the number of eRx messages transmitted through Surescripts network to a pharmacy destination over the course of a given interval.

Metrics

- Report and track the number of new electronic prescriptions(NewRx) sent over a three (3) month period
- Report and track the number of changed electronic prescriptions (RxChangeRequest, RxChangeResponse) sent over a three (3) month period
- Report and track the number of canceled electronic prescriptions (CancelRx, CancelRxResponse) sent over a three (3) month period
- Report and track the number of renewed electronic prescriptions (RxRenewalRequest, RxRenewalResponse) received over a three (3) month period

Justification

The metrics will indicate the frequency of usage of the Electronic Prescribing functionality in the system. This test will provide proof that the EHR can create electronic prescription messages and transmit them to a pharmacy, typically via the Surescripts Network.

By monitoring transactions within actual client production environments, it is possible to show use and the successful processing of transactions by both sending and receiving parties.

Expected Outcome

It is expected that this Real World Testing of the ePrescribing certified capabilities would show the ability to process a large volume of each transaction across the supported care settings with a high rate of success.

We will test a sample of our user base to get reporting values on electronic prescriptions sent as well as controlled substance usage.

This test will be used to validate the proper operations and adherence to the standard guides in §170.315 (b)(3).

Care Settings

- **Ambulatory**

We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 2
- Practices Reporting Results/Utilizing Certification Functionality: 2
- Reporting Interval: 12 months (Jan 1, 2022 through Dec 31, 2022)
- Testing Metric/Measurement: Number of ePrescription Messages Sent
- Numerator: 11,744
- Denominator: 12,921
- Percentage: 90.89

Relied Upon Software

We used Surescripts to demonstrate conformity with this certification criterion, and it performed as initially certified and in accordance with ONC criteria.

Analysis and Key Findings

Our results reveal that our EHR Module is working as expected. Testing revealed that the volume of eRx transactions for NewRx is higher as compared to the other transactions (RxChange, CancelRx and RxRenewal).

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

RWT Measure #4. Data Export

Associated Criteria: 170.315(b)(6)

Testing Methodology: Logging

Measurement Description

The test approach will use performance analysis of the functionalities of the system to determine how often users are using the batch patient data export feature.

Metrics

- Creation. Create export summaries in real-time
- Timeframe. Create export summaries based on a relative date and time
- Location. Enable a user to set the storage location to which the export summary or export summaries are intended to be saved.

Justification

The metrics will illustrate that the end users can grant access to selected users of the export report function. The method will also be used to demonstrate that end users can generate reports with various configurations and filtering options, and can review patients included in the export as well as download CCDA in bulk.

Expected Outcome

It is expected that this measure will help determine real-world interoperability and usability, specifically how often do clinicians use the batch patient export feature.

The answer will provide insight into how clinicians view both the use and value of this interoperability feature.

This test will be used to validate the proper operations and adherence to the standard guides in §170.315 (b)(6).

Care Settings

- **Ambulatory**

We will test a minimum of two (2) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 2
- Practices Reporting Results/Utilizing Certification Functionality: 2
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)
- Testing Metric/Measurement: Number of C-CDA Batch Exports Sent
- Numerator: 0
- Denominator: 1250
- Percentage: 0

Analysis and Key Findings

Our results reveal that our clients are not yet using this functionality in production. We used test data to verify that our product satisfies the functionality of the criteria and the EHR Module worked as expected.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

CLINICAL QUALITY MEASURES

RWT Measure #5. CQM

Associated Criteria: 170.315(c)(1) - (3)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many CQM quality measures were successfully reported on by *Agastha* to CMS during the submission period for MIPS Quality reporting.

Metrics

Over a 90-day period:

1) Number of measures recorded during the period
2) Number of QRDA Category 1 files exported
3) Number of QRDA Category 1 files imported (if applicable)
4) Number of QRDA Category 3 aggregate report(s) created over the period

Justification

The metrics will provide a count and list of clinical quality measures (CQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS. The metrics derived from the system logs will prove that end users of *Agastha* can use the reporting function to calculate and report on their CQM.

Expected Outcome

It is expected that practices will be able to capture clinical data points and list of CQMs submitted to CMS over a given interval. It is expected that the metrics collected from the reports on the usage of the system will give an insight into the number CQMs clients successfully reported to CMS.

A successful measure submission indicates compliance to the underlying ONC criteria. It will show that the EHR can do calculations on the CQM and that they are accepted by CMS.

Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

This test will be used to validate the proper operations and adherence to the standard guides in §170.315 (c)(1) - (3).

Care Settings

- **Ambulatory**

We will test a minimum of two (2) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 2
- Practices Reporting Results/Utilizing Certification Functionality: 2
- Reporting Interval: 3 months (Oct 1, 2022 through Dec 31, 2022)
- Testing Metric/Measurement: Number of eCQMs Submitted to CMS
  Results varied based the measure being tested. We evaluated 7 different CQMs: 0018, 0059, 0064, 0004a, 0075a, 0421 and CMS22.

Controlling High Blood Pressure

NQF 0018

Initial Patient Population 463
Denominator count 463
Numerator count 148
Exclusion count 12
Exception count 0
Eligible not met count 303
Report Rate (%) 97.41

Performance Rate (%) 32.82

Diabetes: Hemoglobin A1c Poor Control

NQF 0059

Initial Patient Population 264
Denominator count 264
Numerator count 264
Exclusion count 0
Exception count 0
Eligible not met count 0
Report Rate (%) 100.0

Performance Rate (%) 100.0

Diabetes: Low Density Lipoprotein (LDL) Management

NQF 0064

Initial Patient Population 264
Denominator count 264
Numerator count 111
Exclusion count 0
Exception count 0
Eligible not met count 153

Report Rate (%) 100.0

Performance Rate (%) 42.05

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Treatment

NQF 0004a

Initial Patient Population 20
Denominator count 20
Numerator count 0
Exclusion count 6
Exception count 0
Eligible not met count 14
Report Rate (%) 70.0

Performance Rate (%) 0.0

Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control - Complete Lipid Profile

NQF 0075a

Initial Patient Population 24
Denominator count 24
Numerator count 17
Exclusion count 0
Exception count 0
Eligible not met count 7
Report Rate (%) 100.0

Performance Rate (%) 70.83

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

NQF 0421

Initial Patient Population 1053
Denominator count 1053
Numerator count 75
Exclusion count 0
Exception count 0

Eligible not met count 978
Report Rate (%) 100.0

Performance Rate (%) 7.12

Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

NQF CMS22

Initial Patient Population 1025
Denominator count 1025
Numerator count 319
Exclusion count 0
Exception count 0
Eligible not met count 706
Report Rate (%) 100.0

Performance Rate (%) 31.12

Analysis and Key Findings
Our results reveal that our EHR Module is working as expected.

Non-Conformities or Errors Discovered
During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan
We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

PATIENT ENGAGEMENT

RWT Measure #6. View, Download, and Transmit to 3rd Party

Associated Criteria: 170.315(e)(1)

Testing Methodology: Reporting/Logging

Measurement Description

To perform Real World Testing for the View, Download, and Transmit to 3rd Party (VDT) criterion, *Agastha* will track real world use of the patient portal by patients credentialed for access to their health information. This use case will track and count how patients are given access to their patient portal account over the course of a given interval.

Metrics

- Report the number of new patient accounts created over a three (3) month period
- Success rate for patients being provided access to their health information (target = +90%)
- Success rate for Consolidated Clinical Document Architecture (C-CDA) documents received on time in the patient portal (target = +90%)

Justification

The use case measure will reflect the activity and interaction of *Agastha* users across our client base by indicating how often the VDT capabilities and interoperability features are being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a new patient portal account and give the patient access to it.

The patient portal is intended to support patient engagement with their health records, and the ability to transmit their patient data, as a C-CDA or human readable copy, can be a useful feature.

Expected Outcome

The expected outcome will be to get reporting values on patient portal access as well as patients use of the portal's interoperability features in a production environment. We anticipate active participation of the VDT criteria. The specific volumes and rates identified for the various metrics will provide a baseline for expected outcomes in future Real World Testing plans.

A successful measure increment indicates compliance to the underlying ONC criteria list above(170.315(e)(1)).

Care Settings

- **Ambulatory**

We will test a minimum of two (2) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 2
- Practices Reporting Results/Utilizing Certification Functionality: 2
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)

- Testing Metric/Measurement: Number of Patients Accessing the Portal
- Numerator: 3,153
- Denominator: 3,849
- Percentage: 81.92

Analysis and Key Findings

Our results reveal that our EHR Module is working as expected. Practices that we queried had most of patients credentialed for the portal and also accessing it. The only drawback was the number of times the patients actually downloaded or transferred documents.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

PUBLIC HEALTH

RWT Measure #7. Transmission to Immunization Registries

Associated Criteria: 170.315(f)(1)

Testing Methodology: Reporting

Measurement Description

This is a reporting measure to determine the number of immunization messages sent to public health registries.

Metrics

- Create immunization information for electronic transmission
- Enable a user to request, access, and display a patient's evaluated immunization history and the immunization forecast from an immunization registry
- Volume of successful transactions to an IIS over a three (3) month period
- Number of failure messages from state IIS data over a three (3) month period
- Success rate for submissions and queries to an IIS over a three (3) month period (target = +90%)

Justification

These metrics will be used to determine real world interoperability and usability, specifically how many immunization messages were sent to an immunization information system (IIS) or public health immunization registries by the provider.

The use case measure will reflect the activity and interaction of *Agastha* users across our client base by showing the number of syndromic surveillance message successfully generated as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create an immunization message, including ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with an IIS/immunization registry.

Expected Outcome

As the clinician user submits immunization messages in their normal workflow and clinical activities, it is expected that we will obtain their messaging metrics to evaluate real world interoperability. To capture this information, we will either use a special report to gather this information from our system or have the clinician user obtain the usage report from the registry.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the HL7 immunization record, including ability to record the required clinical data elements. In sending the immunization message, the EHR will demonstrate ability to confirm successful interoperability of patient's immunization data to an IIS/immunization registry.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings

- **Ambulatory**

We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 3
- Practices Reporting Results/Utilizing Certification Functionality: 3
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)
- Testing Metric/Measurement: Number of Immunization Results Sent
- Numerator: 0
- Denominator: 3052
- Percentage: 0

Analysis and Key Findings

Our results reveal that our clients are not yet using this functionality in production. We used test data to verify that our product satisfies the functionality of the criteria and the EHR Module worked as expected.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

RWT Measure #8. Transmission to Public Health Agencies - Syndromic Surveillance

Associated Criteria: 170.315(f)(2)

Testing Methodology: Reporting/Logging

Measurement Description

This is a survey measure to determine the number of syndromic surveillance registries in use.

Metrics

- Create syndrome-based public health surveillance information for electronic transmission over a three (3) month period

Justification

These metrics will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a syndromic surveillance message, including ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with a public health registry.

Expected Outcome

It is expected that the measurement will produce numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the HL7 syndromic surveillance message, including ability to record the required clinical data elements. In sending the syndromic surveillance message, the EHR will demonstrate ability to confirm successful interoperability of patient's immunization data to public health registry.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings

- **Ambulatory**

We will test a minimum of two (2) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 2
- Practices Reporting Results/Utilizing Certification Functionality: 2
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)
- Testing Metric/Measurement: Number of Syndromic Surveillance in Use
- Numerator: 0
- Denominator: 1526
- Percentage: 0

Analysis and Key Findings
Our results reveal that our EHR Module is working as expected. But they also show that most of the clients are not using this functionality.

Non-Conformities or Errors Discovered
During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan
We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

RWT Measure #9. Transmission to Public Registries - Cancer Registries

Associated Criteria: 170.315(f)(4)

Testing Methodology: Survey

Measurement Description

This is a survey measure to determine the number of cancer public health registries in use.

Metrics

- Report the number of cancer cases created for electronic transmission over a three (3) month period

Justification

We do not know how many of our customers are actually using the cancer case transmission functionality so we believe the best means to evaluate real world interoperability is to survey them on this criterion use. This measure will survey users to determine real world interoperability and usability, specifically many different cancer registries are used by the provider.

A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. This survey measure will the number and names of cancer registries which are integrated with the EHR.

Expected Outcome

The user will be asked the survey question and given the survey answer choices below:

- How many cancer registries do you connect with?
- What are the names of the systems?

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

Care Settings

- **Ambulatory**

We will test a minimum of one (1) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha*.

Testing Results

- Practices queried: 1
- Practices Reporting Results/Utilizing Certification Functionality: 1
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)
- Testing Metric/Measurement: Number of Cancer Cases Transmitted to Public Registries
- Numerator: 0

- Denominator: 651
- Percentage: 0

Analysis and Key Findings

Our results reveal that our clients are not yet using this functionality in production. We used test data to verify that our product satisfies the functionality of the criteria and the EHR Module worked as expected.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

RWT Measure #10. Transmission to Public Registries – Health Care Surveys

Associated Criteria: 170.315(f)(7)

Testing Methodology: Reporting

Measurement Description

National Health Care Surveys (NHCS) is a sample-based public health registry with providers/facilities being selected by the Office of National Statistics, a division of the Centers for Disease Control and Prevention (CDC). Providers/facilities sign up to participate in the NHCS registry and are notified throughout the year if they have been sampled and are required to submit data.

The CDC and their contractor communicate a project plan and engage with the provider/facility (and their developer, if requested) to review procedures and specifications for data submission, including the applicable date ranges for their survey.

Metrics

- Success rate of health care survey information for electronic transmitted and submitted for sampled clients in accordance with the standard specified in §170.205(s)(1)

Justification

This metric will indicate that Agastha's capabilities can be successfully in accordance with the certification standard specified in 170.315(f)(7). We fully anticipate that any sampled client who will participate in the NHCS submission will do so successfully through either our direct engagement with CDC for submission data, or via direct engagement with our partners.

Expected Outcome

The expected outcomes for the Real World Testing plan will be a confirmation from the CDC that all sampled providers/facilities utilizing Agastha's certified EHR module have submitted successfully.

Care Settings

- **Ambulatory**

We will test a minimum of one (1) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of Agastha.

Testing Results

- Practices queried: 1
- Practices Reporting Results/Utilizing Certification Functionality: 1
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)
- Testing Metric/Measurement: Number of health care survey information for electronic transmitted and submitted for sampled clients.
- Numerator: 0
- Denominator: 0
- Percentage: 0

Analysis and Key Findings

Our results reveal that our clients are not yet using this functionality in production. We used a test environment to verify that our product satisfies the functionality of the criteria and the EHR Module worked as expected.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

APPLICATION PROGRAMMING INTERFACES

RWT Measure #11. API Access

Associated Criteria: 170.315(g)(7) - (9)

Testing Methodology: Reporting/Logging/Survey

Measurement Description

This measure will help determine how many different systems or applications are connecting to *Agastha* via the API. The activity logs will be used to examine the details of the API responses for full data requests made by patients in the system. The logs will also be used for checking if there are errors and status of the API responses.

Metrics

- Be able to receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for that patient's data
- Respond to requests for patient data (based on an ID or other token) for each of the individual data categories specified in the Common Clinical Data Set and return the full set of data for that data category (according to the specified standards, where applicable) in a computable format
- Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range

Justification

The test approach includes the examination and assessment of the activity logs and review of API documentations to ensure that the API services of *Agastha* conforms to the operational standards. We do not know how many of our customers are actually using the API functionality so we believe another way to evaluate real world interoperability is also to survey them on this criterion.

API capabilities are an important component of the modern health IT system, and utilization of API resources will help improve patient care and care coordination.

Expected Outcome

Expected outcomes for the *Agastha* APIs Real World Testing will include high volumes of successful API transactions across multiple live production endpoints. This would be observed over a 3-month period showing application usage for the certified APIs. Additionally, we anticipate that surveys will help determine the level of usage among providers.

The users will be asked the survey question and given the survey answer choices below:

- How many patients or software systems are connected to your EHR via the API?
- If applicable, what are the names of the other systems?

The answers will provide insight into how clinicians view both the use and value of this interoperability feature. This measure will use the dashboard metrics showing access, request and response activities, number of authorized requests and origins, successful patient retrieval, data category requested, and response statuses.

Care Settings

- **Ambulatory**

We will test a minimum of two (2) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of *Agastha.*

Expected Outcomes

- Practices queried: 2
- Practices Reporting Results/Utilizing Certification Functionality: 2
- Reporting Interval: 3 months (Apr 1, 2022 through June 30, 2022)
- Measurement/Metric: Number of C-CDA Successfully Received/Incorporated

We tested the FHIR API functionality of 2 providers in two different practices using test patient data with the Inferno FHIR test tool. For each one, we reported 100% success across all test scenarios.

Analysis and Key Findings

Our results reveal that our EHR Module is working as expected. While we do not yet have any FHIR applications using our APIs in production, our results indicate they should be able to successfully connect with our server.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes for this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.

DEVELOPER ATTESTATION

Agastha affirms that 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 plan is up to date and fully addresses Agastha's Real World Testing requirements.

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