CY 2024 Real World Testing Report

For

MedAZ.Net, LLC

General Information

Developer Name: MedAZ.Net, LLC

Product Name: Med A-Z

Version Number: 202001

CHPL Product Number: 15.05.05.3150.MDAZ.01.00.1.230616

Plan Report ID: 20231110maz

Developer Real World Testing Plan Page URL: https://medaz.net/RWT.html

Developer Real World Testing Results Page URL: https://medaz.net/RWT.html

Certified Criteria:

- 170.315 (b)(3) Electronic Prescribing
- 170.315 (b)(10) Electronic Health Information Export
- 170.315 (c)(1) Clinical Quality Measures – Record and Export
- 170.315 (c)(2) Clinical Quality Measures – Import and Calculate
- 170.315 (c)(3) Clinical Quality Measures – Report
- 170.315 (f)(1) Transmission to Immunization Registries
- 170.315 (f)(2) Transmission to Public Health Agencies – Syndromic Surveillance
- 170.315 (g)(7) Application Access – Patient Selection
- 170.315 (g)(10) Standardized API for Patient and Population Services

Summary of Testing Methods and Key Findings

Summary:

For this Real World Testing Result Report for 2024, we (Med A-Z.Net) intended to use our actual gross usage numbers to calculate reliability scores for each measure. Unfortunately, due to lack of use for certain modules, testing plans needed to be altered. Changes are specified by the measure below.

All testing was performed on client machines, or in a segregated mirrored test instance using dummy patient data.

Key Findings:

- For measure (B)(3), we achieved our target reliability score, indicating that the measure is functioning as expected
- For measure (F)(2), we had a lower-than-expected reliability score of .79, indicating that the measure is functioning worse than expected. A research item has been opened internally to review why we are seeing these results.
- For all other measures, since we were not able to get a full sample size, we had to shift from testing for reliability to testing for functionality. All measures are functioning as expected

Changes to Original plan

- 170.315 (b)(3) Electronic Prescribing:
  - Summary of Changes: We used count of SureScripts “ack” messages rather than server logs.
  - Reason: SureScripts “Ack” messages provided us with a greater level of detail on the final state om messages sent, given we had very few, if any, recorded server timeouts.
  - Impact: Reliability score is more reflective of the real-world success rate of E-prescribing requests.
- 170.315 (b)(10) Electronic Health Information Export:
  - Summary of Changes: Plan was altered to consist of a single bulk data export using patient data with permission from client and review of the QRDA-1 for validity.
  - Reason: Due to lack of usage, we were not able to use the reliability score as a metric for this measure.
  - Impact: We chose to validate functionality, since we were unable to get a base line for real world reliability. We intend to revisit the reliability score in 2025 RWT.
- 170.315 (c)(1) Clinical Quality Measures – Record and Export:

    - Summary of Changes: We used a mirrored test setup with patient data with permission from clients to export recorded information.
    - Reason: Due to the impacts from the Change Healthcare hacks, our reporting clients filed for MIPS exemptions for 2023.
    - Impact: We chose to validate functionality using 2024 data and settings, since we were unable to get a base line for real world reliability. We intend to revisit the reliability score in 2025 RWT.
- 170.315 (c)(2) Clinical Quality Measures – Import and Calculate:
    - Summary of Changes: We used a mirrored test setup with patient data with permission from client.
    - Reason: Due to the impacts from the Change Healthcare hacks, our reporting clients filed for MIPS exemptions for 2023.
    - Impact: We chose to validate functionality using 2024 data and settings, since we were unable to get a base line for real world reliability. We intend to revisit the reliability score in 2025 RWT.
- 170.315 (c)(3) Clinical Quality Measures – Report:
    - Summary of Changes: We generated this year's reports with 2024 version specific identifiers and date changes for SNOMED attribute dates. We verified that the XML is being generated and validated it against sample output files provided by CMS.
    - Reason: Due to the impacts from the Change Healthcare hacks, our reporting clients filed for MIPS exemptions for 2023.
    - Impact: We chose to validate functionality using 2024 data and settings, since we were unable to get a base line for real world reliability. We intend to revisit the reliability score in 2025 RWT.
- 170.315 (f)(1) Transmission to Immunization Registries:
    - Summary of Changes: A single test transmission with a dummy adult patient was executed. None of our clients see pediatric patients. We used the NIST Immunization Test Suite in the simulated production environment with added test data for VXUV04.
    - Reason: Due to lack of usage, we were not able to use the reliability score as a metric for this measure.
    - Impact: We chose to validate functionality, since we were unable to get a base line for real world reliability.
- 170.315 (f)(2) Transmission to Public Health Agencies – Syndromic Surveillance:
    - Summary of Changes: We used the count of ADT^ADT^ADT_A31 messages for the success counts.
    - Reason: Due to lack of inpatient hospitals in our current user base, we were unable to get usage numbers for this measure
    - Impact: We chose to validate functionality, since we were unable to get a base line for real world reliability. We intend to revisit the reliability score in 2025 RWT.
- 170.315 (g)(7) Application Access – Patient Selection:
    - Summary of Changes: We used a mirrored test setup with dummy data and our default FHIR endpoint. A single patient selection was executed using Inferno test endpoint with US Core 3.1.1 / USCDI v1, SMART App Launch 1.0.0, and Bulk Data 1.0.1.
    - Reason: Due to lack of usage, we were not able to use the reliability score as a metric for this measure.
    - Impact: We chose to validate functionality, since we were unable to get a base line for real world reliability. We intend to revisit the reliability score in 2025 RWT.

- 170.315 (g)(10) Standardized API for Patient and Population Services:
    - Summary of Changes: We used a mirrored test setup with dummy data and our default FHIR endpoint. A single patient selection was executed using Inferno test endpoint with US Core 3.1.1 / USCDI v1, SMART App Launch 1.0.0, and Bulk Data 1.0.1.
    - Reason: Due to lack of usage, we were not able to use the reliability score as a metric for this measure.
    - Impact: We chose to validate functionality, since we were unable to get a base line for real world reliability. We intend to revisit the reliability score in 2025 RWT.

Standards Updates (SVAP and USCDI)

No, none of my products include these voluntary standards.

Measures Used in Overall Approach

Care Setting: Ambulatory care

Metrics and Outcomes:

Measurement/Metric	Associated Criterion	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)	Changes to Test Plan
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (b)(3) Electronic Prescribing	SureScripts	Gross Successes: 57897 Gross Failures: 2,336 Reliability Score: .96	N/A	N/A
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (b)(10) Electronic Health Information Import	N/A	Exported a QRDA-I file for 1 patient and verified the ability to import the information. Permissions to access this information were	N/A	Yes

			obtained from client		
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (c)(1) Clinical Quality Measures – Record and Export	N/A	Verified the ability to import patient and export QRDA I file for the chosen patients was tested. Permissions to access this information were obtained from client.		Yes
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (c)(2) Clinical Quality Measures – Import and Calculate	N/A	CMS test data successfully imported		Yes
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (c)(3) Clinical Quality Measures – Report	N/A	Report successfully generated for six measures CMS2, CMS68, CMS122, CMS127, CMS129, CMS145, CMS147, CMS165)	Ability to generate QRDAIII with current year version specific identifiers and date attribute changes were verified using sample files. Actual validation will be available when client completes NIPS reporting by March 31, 2025	Yes
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (f)(1) Transmissio n to	N/A	Test transmission to immunizatio n registry	Simulated Data. The client uses the state portal to	Yes

	Immunization Registries		executed successfully	report and does not want to change the process. Others are specialists who work primarily on referrals from primary care.	
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (f)(2) Transmission to Public Health Agencies – Syndromic Surveillance	N/A	Gross Successes: 880 Gross Failures: 235 Reliability Score: .79		Yes
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (g)(7) Application Access – Patient Selection	N/A	Single patient selection was successfully executed	Simulated Data	Yes
Reliability Score (Gross Success Count/Gross Failure Count)	170.315 (g)(10) Standardized API for Patient and Population Services	N/A	Successfully connected to FHIR endpoint.	Simulated Data	Yes

Key Milestones:

Milestone	Care Setting	Date/Timeframe
Begin data collection as laid out in RWT Plan	Ambulatory Care	January 1 2024
Data Capture review	Ambulatory Care	October 2024
End data capture for all measures	Ambulatory Care	December 31 2024
Review data collected for all measures, and finalize results for report	Ambulatory Care	January 15 2025
Prepare results report	Ambulatory Care	January 31 2025
Submit Real World Testing Results to ACB	Ambulatory Care	February 12 2025