myEvolv v11 Real World Testing

2024 Results Report

Prepared for

Drummond

Netsmart

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General Information

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

Developer Name: Netsmart Technologies

Product Name(s): myEvolv Certified Edition

Version Number(s): 11.0

Certified Health IT Product List (CHPL) ID(s): 15.04.04.2816.myEv.11.02.0.221227

Developer Real World Testing Page URL: https://www.ntst.com/lp/certifications

[Optional] Changes to Original Plan

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	Reason [Describe the reason this change occurred]	Impact [Describe what impact this change had on the execution of your Real World Testing activities
Update to (b)(10) EHI export criteria.	Required for ONC Certification.	Reported on new EHI export functionality.
Utilization of testing tools for some criterion.	Some criterions did not product Real World results because no clients were utilizing the criterion.	We utilized testing tools to verify compliance with the criterion.

[Optional] Withdrawn Products

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	N/A
Version Number(s):	N/A
CHPL Product Number(s):	N/A
Date(s) Withdrawn:	N/A
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	N/A

Summary of Testing Methods & Key Findings

Consistent with the ONC's recommendation that "Real World Testing verify that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange," Netsmart's original test plan focused on capturing and documenting the ability of certified capabilities to be successfully utilized in the real world.

To demonstrate real-world interoperability, Netsmart compiled end user data through calculated feedback automation, based on the number of instances a specific action is performed in the solution software. This approach did not require the end user to be actively involved in testing.

When no evidence existed due to zero adoption of a certified capability, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

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).

- [] Yes, 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

The Netsmart myEvolv certified product is not and has not participated in the Standards Version Advancement Process prior to August 31, 2024.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
CHPL Product Number	N/A
Conformance measures	N/A

Care Setting(s)

myEvolv supports the deployment and tracking of documentation within and outside of the behavioral health care specialty setting. This care setting comprises largest care setting among Netsmart's user base. Behavioral health specialties include the following: Psychology, Psychiatry, Addiction, and Pain Management. The majority of services are performed in the outpatient setting.

Metrics and Outcomes

Associated Criteria	Measurement /Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable
170.315(b)(1) Transitions of care	Over a 30-day period: • Number of XDR/XDM referral messages sent within a 90-day period. (CareConnect Inbox) • Number of XDR/XDM referral messages received withing a 90-day period. (CareConnect Inbox) • Number of successful CCD retrievals from external organizations within a 90-day period. (Carequality) • Number of successful CCDs provided to external organizations within a 90-day period. (Carequality)	CareConnect Inbox, a Netsmart solution. And CareQuality.	1) 0 2) 0 3) 3132 4) 15017	Reduced the original reporting period from 90 days to 30 days.
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 12-month period: • Numerator: Number of Clinical Reconciliations completed • Denominator: Number of unique Patients with a completed Clinical Reconciliation	N/A	Numerator: 3260 Denominator: 2628	There were no challenges encountered when testing and collecting data for these criteria.
170.315(b)(3) Electronic prescribing	Over a 12-month period • Number of e-prescriptions sent over number of e-prescriptions successfully received. ○ Numerator: # of prescriptions with a chosen output of eRx (e.g., send electronically) ○ Denominator: # of prescriptions successfully sent electronically	OrderConnect, a Netsmart solution.	• Number of e-prescriptions sent over number of e-prescriptions successfully received. ○ Numerator: 2314765 ○ Denominator: 2309428 • Electronic Prescribing: Request and respond to change prescriptions ○ Numerator: 406	There were no challenges encountered when testing and collecting data for these criteria. No clients have turned on their RxFill

	(Successfully accepted by Ultimate Receiver) • Electronic Prescribing: Request and respond to change prescriptions o Numerator: # of RxChange Requests responded to (approve and deny) and sent eRx o Denominator: # of ChangeRx requests successfully sent electronically (RxChangeResponse) • Electronic Prescribing: Request and respond to cancel prescriptions o Numerator: # of CancelRx prescriptions (e.g., discontinue) with a chosen output of eRx o Denominator: # of CancelRx prescriptions successfully sent electronically (CancelRxResponse) • Electronic Prescribing: Request and respond to renew prescriptions o Numerator: # of RxRenewal Requests responded to (approve and deny) and sent eRx o Denominator: # of RxRenewal requests successfully sent electronically (RxRenewalResponse) • Electronic Prescribing: Receive fill status notifications o Numerator: # of RxFill status requests sent to pharmacies o Denominator: # of RxFill status responses received from pharmacies • Electronic Prescribing: Request and receive medication history		o Denominator: 116 • Electronic Prescribing: Request and respond to cancel prescriptions o Numerator: 185179 o Denominator:178015 • Electronic Prescribing: Request and respond to renew prescriptions o Numerator: 83161 o Denominator: 76889 • Electronic Prescribing: Receive fill status notifications o Numerator: 0 o Denominator: 44894 • Electronic Prescribing: Request and receive medication history o Numerator: 26685 o Denominator: 19547	feature as of this reporting.

	○ Numerator: # of medication history requests made (RxHistoryRequest) ○ Denominator: # of medication history responses received (RxHistoryResponse)			
170.315(b)(10) EHI export	Over a 12-month period: • Numerator: # of scheduled batch jobs for EHI export summaries • Denominator: # of total EHI export summaries generated	N/A	Numerator: 114 Denominator: 328629	There were no challenges encountered when testing and collecting data for these criteria.
170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 12-month period: (c)(1) • Numerator: Number of transactions written from CareRecord • Denominator: Number of unique CareRecord Instances that submitted transactions (c)(2) • Numerator: Sum of CQMs calculated on imported patients • Denominator: Number of unique patients imported (c)(3) • Numerator: Number of Clients (Agencies) to export a QRDA CAT-III File • Denominator: Number of Clients (Agencies) to generate a QRDA CAT-III File	CarePathways, a Netsmart measures reporting solution.	**(c)(1):** Numerator: 197,301,205 Denominator: 268 **(c)(2):** Numerator: 0 Denominator: 0 **(c)(3):** Numerator: 0 Denominator: 0	There were no challenges encountered when testing and collecting data for these criteria.

170.315(e)(1) View, download, and transmit to 3rd party	Over a 12-month period: 1) View Chart summary ○ Numerator: # of views of the chart summary ○ Denominator: # of clients that had an encounter during the reporting period 2) Download of chart summary ○ Numerator: # of downloads of chart summary ○ Denominator: # of clients that had an encounter during the reporting period 3) Transmission of chart summary 1) Numerator: # of transmissions of chart summary 2) Denominator: # of clients that had an encounter during the reporting period	myHealthPointe, Netsmart Patient Portal	1) View Chart summary ○ Numerator: 60 ○ Denominator: 107962 2) Download of chart summary ○ Numerator: 13 ○ Denominator: 107962 3) Transmission of chart summary ○ Numerator: 5 ○ Denominator: 107962	There were no challenges encountered when testing and collecting data for these criteria.
170.315(f)(1) Transmission to Immunization Registries	Over a 12-month period: • Numerator: Number of distinct immunization records in the denominator that sent recorded immunizations to an immunization registry • Denominator: Number of distinct immunization records in a given month period	N/A	Numerator: 494479 Denominator: 4275582	There were no challenges encountered when testing and collecting data for these criteria
170.315(f)(2) Transmission to Public Health Agencies-Syndromic Surveillance	Over a 12-month period: • Numerator: Number of distinct syndromic surveillance records in the denominator that sent syndromic surveillance	N/A	Numerator: 0 Denominator: 0	There were no challenges encountered when testing and collecting

	records to a public health agency • Denominator: Number of distinct syndromic surveillance records in a given month period			data for these criteria
170.315(g)(7) Application access — patient selection	Over a 30-day period: • Number of Patient searches conducted using the FHIR R4 Patient endpoint during a 90-day window.	N/A	1) 60	Reduced the original reporting period from 90 days to 30 days.
170.315(g)(9) Application access — all data request	Over a 30 day period: 1) Number of successful CCD retrievals using either the certified CCD or the FHIR R4 DocumentReference endpoints within a 90-day period.	N/A	1) 0	Reduced the original reporting period from 90 days to 30 days.
170.315(g)(10) Standardized API for Patient and Population Services	Over a 30-day period: • Number of successful requests to the FHIR R4 endpoints excluding Patient and DocumentReference within a 90-day period.	N/A	1) 0	Reduced the original reporting period from 90 days to 30 days.
170.315(h)(1) Direct Project	Over a 30 day period: • Number of XDR/XDM direct message sent and received by type within a 90-day period.	N/A	1) 14242	Reduced the original reporting period from 90 days to 30 days.

Outcomes Explained

§170.315(b)(1) – Transitions of Care

Outcomes Explained

A query was performed on audit logs for the 2024 year. The totals demonstrate providers and patients (or their authorized representatives) ability to share EHI using the transmission mechanisms provided. Error rates were tracked and trended over time. Specifically, the measurements selected demonstrate that referral messages can successfully be exchanged with external organizations using XDR/XDM direct messages. The measurements also show that an organization may successfully exchange CCDs upon request utilizing the Carequality network. For the 30 day period selected we did not have data for some of the metrics. However, the functionality is still present.

Justification & Test Methodology

Logs were reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols. Log files obtained during Real World Testing were de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the measure on the specific types of transport mechanisms used. This test methodology primarily tests the conformance of the implementation.

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

Outcomes Explained

A query on historical audit logs from our centralized platform for the 2024 year was performed. The total demonstrates our end user's ability to utilize Clinical Information Reconciliation & Incorporation to ingest data from transitions of care/referrals.

Justification & Test Methodology

Clinical Information Reconciliation may be completed multiple times in a given period on a single patient. This measure demonstrates the volume from both an end-user perspective (Numerator), and a Patient perspective (Denominator).

Our platform utilizes a centralized platform for these transactions, with logging, monitoring, and reporting capabilities. We reported on these measures from the data made available by this centralized platform.

§170.315(b)(3) – Electronic Prescribing

Outcomes Explained

As expected, our log files showed an increase in successful eprescribing transactions. The outcome for RxFill is at 0 because our myEvolv care record clients have not yet adopted the functionality. Regarding medication history requests, we have seen an uptick in prescriber adoption of it and expect to see more. Our RxChange and Renewal usage rates were not surprising. We are finding that while some prescribers greatly appreciate the feature others find it bothersome. We continue to educate our prescribers as to the value of these features in assisting with patient medication compliance.

Justification & Methodology

E-prescribing has been shown repeatedly to increase patient adherence to medications. As such, more and more states are requiring providers use e-prescribing. To fully receive the benefits of e-prescribing a prescriber should be able to send and receive information to and from pharmacies. This information is in the form of the measures. The measures demonstrate the ability to send new prescriptions, receive renewal requests and change requests, and discontinues (cancel requests). In addition, the ability to receive a patient's medication fill history and external medication history increases medication adherence and decreases the prospect of drug overuse, abuse, and polypharmacy.

After transactions are sent from our system to Surescripts (and then to the pharmacy) the Surescripts network sends messages back to our system indicating if they were or were not successful. During testing we review our logs to ensure all prescribing transactions that are sent to the Surescripts network are successfully received. This includes transaction requests to receive Rx Fill data and Medication History.

§170.315(b)(10) – EHI Export

Outcomes Explained

A query on historical audit logs for the 2024 year was performed. The totals demonstrate the ability to view the number of patient data export summaries generated via a schedule in relation to the total number of patient data export summaries generated.

Justification & Test Methodology

The measurement selected demonstrates providers can generate a batch of CCDs for given criteria for a subset of their client population. In addition, this measurement will demonstrate the ability to schedule batch patient data export for generation.

Log files provide audit of batches generated and user access. Database tables within the certified product application contain a record of all scheduled jobs created. If there's no record of client usage, then we will utilize internal testing systems to demonstrate the ability to generate batch patient data export summaries.

§170.315(c)(1) – Clinical Quality Measures (CQMs) – Record and Export

Outcomes Explained

End Users recorded EHI in the System and had that data available for use in calculation of CQM Results.

Justification & Test Methodology

The Measures Reporting System i.e., Care Pathways, includes two functionalities of interest: (A) Recording transactions entered into the System, and (B) calculating CQM results based on the recorded transactions. This measure provides information on the volume of transactions recorded, and the breadth of our client base utilizing this functionality.

Our platform utilizes a centralized platform for these transactions, with logging, monitoring, and reporting capabilities. We reported on these measures from the data made available by this centralized platform.

§170.315(c)(2) – Clinical Quality Measures (CQMs) – Import and Calculate

Outcomes Explained

An Import of QRDA CAT-I files into Measures Reporting System was performed. Data was processed, and any potential duplicates removed. Results were generated across multiple CQMs. For the 12 month period selected myEvolv did not have any client data.

Justification & Test Methodology

Our Measures Reporting System, Care Pathways, utilizes an internal protocol to share information between systems, therefore it is not necessary for our system to specifically use the QRDA CAT-I file for use on a day-to-day basis. For this reason, no results for the use of this functionality were identified during the measurement window. We did complete testing using the Cypress tool to confirm functionality was accessible should an agency choose to use this workflow over the optimized and integrated internal protocol

We utilize Cypress to generate QRDA CAT-I files for import, and generate results based on that clinical data, across multiple CQMs.

§170.315(c)(3) – Clinical Quality Measures (CQMs) – Report

Outcomes Explained

Agencies calculated CQM results on a frequent basis, however, only exported their QRDA CAT-III file on an annual basis. MyEvolv clients do utilize this functionality.

Justification & Test Methodology

The Measures Reporting System, Care Pathways, will generate a QRDA CAT-III on demand as part of the functionality within the solution, however Agencies will only utilize that file when the results are required to upload into QPP and/or State-based portals. Since the monitoring period fell outside of the MIPS submission window agency utilization of this feature was not present as it is not required for their day-to-day operational needs of the platform.

Internal tooling is available for monitoring and reporting QRDA CAT-III file generation and exporting, to track how many agencies are utilizing our measures on a day-to-day basis vs. when they are being used to attest with generated CAT-III files. Reporting is available to calculate this measure.

§170.315(e)(1) – View, Download, and Transmit to 3rd Party

Outcomes Explained

It is expected that patients (or their authorized representatives) will be able to view, download and transmit their chart summaries using the mechanisms provided. Error rates will be tracked and trended over time.

The outcomes were determined by capturing the data points over 365 days with two clients that utilize a myHealthPointe connected myEvolv system. The outcomes determined that there were 31 views, 2 downloads and 2 transmissions of the chart summary.

Justification & Test Methodology

The measurements selected demonstrate that chart summaries can successfully be viewed and downloaded by patients and that they are able to successfully transmit to external parties.

We will utilize myHealthPointe (myHP), a Netsmart Product, to access data related to the ability of clients to view, download, and transmit their data to external parties. myHP utilizes log files to capture the relevant data points.

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

Outcomes Explained

A query on historical audit logs for 2024 year. The totals demonstrate the client's ability to send data to immunization registries.

Justification & Test Methodology

We did not anticipate any myEvolv clients were utilizing this capability. However, we discovered during Real World Testing we had several clients who have begun utilizing this capability. We initially planned to utilize testing tools but did not have to do so.

§170.315(f)(2) – Transmission to Public Health Agencies- Syndromic Surveillance

Outcomes Explained

A query on historical audit logs was performed for the 2024 year. We received a zero result for our numerator, and denominator, meaning none of our clients generated or the syndromic surveillance records to a public health agency. We anticipated this result for our myEvolv clients.

Justification & Test Methodology

No clients on the myEvolv certified product generated records and sent data to public health agencies for syndromic surveillance reporting. For this reason, we used testing tools to demonstrate that the capability is present should a client opt to begin sending data to public health agencies.

We utilize the NIST HL7v2 Syndromic Surveillance Test Suite to maintain our compliance with the certification criteria. Clients have a functioning ability to send syndromic surveillance data to public health agencies should they opt to do so in the future.

§170.315(g)(7) – Application Access – Patient Selection

Outcomes Explained

One myEvolv client for the 30-day period utilized the FHIR R4 Patient endpoint to search for patients. Adoption & utilization for this criterion is currently low to zero for our myEvolv clients.

Justification & Test Methodology

The FHIR R4 Patient endpoint provides a variety of search parameters to support identification of a patient for subsequent searches. The searches will result in a "searchset" Bundle listing all Patients that match the provided criteria. When no matches are found an empty Bundle will be returned to the requestor. This measure demonstrates that the search capability is available and utilized.

§170.315(g)(9) – Application Access- All Data Request

Outcomes Explained

We performed a query on historical logs for a 30-day time period. We have zero adoption of this criterion for clients utilizing the myEvolv product.

Justification & Test Methodology

We utilized internal monitoring & testing tools to demonstrate our solutions ability to produce a certified CCD and the FHIR R4 DocumentReference endpoint that will provide a generated CCD upon request based on the supplied parameters. Testing demonstrates that the capability is available and can be utilized should clients opt to do so.

§170.315(g)(10) – Standardized API for Patient and Population Services

Outcomes Explained

A query on historical audit logs was performed for a 30-day time period. We have no myEvolv clients that have adopted this functionality at this time.

Justification & Test Methodology

The FHIR R4 endpoints provide patient data upon request based on the selected resource and the supplied parameters. This measure demonstrates that the capability is available and utilized. Internal monitoring tools provided utilization over the specified time period. We certified to and maintain compliance with this criterion via the Inferno Testing Tools.

§170.315(h)(1) – Direct Project

Outcomes Explained

We performed historical queries for a 30-day time period. The totals demonstrate the products ability to send and receive the following types of messages during the reporting window:

- Message
- Notification
- Referral
- Referral Response

We did not have any myEvolv clients that sent or received the above message types during the reporting window.

Justification & Test Methodology

This measure demonstrates the types of messages that are supported for direct messaging.

Logs were reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols. Log files obtained during Real World Testing were de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the measure on the specific types of transport mechanisms used. This test methodology primarily tests the conformance of the implementation.

Schedule of Key Milestones

Key Milestones	Care Setting(s)	Date/Timeframe
Submit Real World Testing Plan documentation to Drummond.	**Behavioral health care specialty setting**	**November 1, 2023**
Begin Collection of information as laid out by the plan for the period.	**Behavioral health care specialty setting**	**January 1, 2024**
Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	**Behavioral health care specialty setting**	**Quarterly, 2024**
End of Real-World Testing period/final collection of all data for analysis.	**Behavioral health care specialty setting**	**December 31, 2024**
Analysis and report creation.	**Behavioral health care specialty setting**	**January 15, 2025**
Submit Real World Testing report to ACB (per their instructions)	**Behavioral health care specialty setting**	**February 3, 2025**

Attestation

This Real World Testing Results 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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Date: 1/31/2025