myUnity v2022 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

Product Name(s): myUnity

Version Number(s): 2023

Certified Health IT Product List (CHPL) ID(s): 15.04.04.2816.myUn.23.02.0.231218

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

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
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.

Withdrawn Products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Date(s) Withdrawn:	N/A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	N/A

Report: [Provide a statement as to whether any data was captured on the withdrawn products.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.]	

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.

Only 10 clients were implemented on myUnity Certified Edition in 2024, which led to an outcome of low or zero adoption of specific certified capability. Due to the low live client adoption on those criteria, 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 myUnity 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)

myUnity supports the deployment and tracking of documentation within and outside of the Palliative health care specialty setting. The majority of clients using certified technology are doing so in outpatient settings.

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: 1) Number of XDR/XDM referral messages sent. (CareConnect Inbox) 2) Number of XDR/XDM referral messages received. (CareConnect Inbox). 3) Number of successful CCD retrievals from external organizations. (Carequality). 4) Number of successful CCDs provided to external organizations. (Carequality).	CareConnect Inbox, A Netsmart solution. And Carequality.	1) 0 2) 0 3) 1,649,798 4) 8,413	
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 12-month period: 1) Numerator: Number of Clinical Reconciliations completed. 2) Denominator: Number of unique Patients with a completed Clinical Reconciliation.	N/A	1) 395 2) 238	
170.315(b)(3) Electronic Prescribing	Over a 12-month period: 1) Number of e-prescriptions sent over number of e-prescriptions successfully received. • Numerator: # of prescriptions with a chosen output of eRx (eg, send electronically). • Denominator: # of prescriptions successfully sent electronically (Successfully accepted by Ultimate Receiver). 2) Electronic Prescribing: Request and respond to change prescriptions. • Numerator: # of RxChange Requests responded to (approve and deny) and sent eRx. • Denominator: # of ChangeRx requests successfully sent electronically (RxChangeResponse).	OrderConnect, a Netsmart electronic prescribing solution.	1) Number of e-prescriptions. • Numerator: 130,264 • Denominator: 130,053 2) Change prescriptions. • Numerator: 1 • Denominator: 0 3) Cancel prescriptions. • Numerator: 43,813 • Denominator: 42,978 4) Renew prescriptions. • Numerator: 59 • Denominator: 50 5) Fill notification. • Numerator: 0 • Denominator: 41,552 6) Medication history. • Numerator: 18	

	3) Electronic Prescribing: Request and respond to cancel prescriptions. • Numerator: # of CancelRx prescriptions (eg, discontinue) with a chosen output of eRx. • Denominator: # of CancelRx prescriptions successfully sent electronically (CancelRxResponse). 4) Electronic Prescribing: Request and respond to renew prescriptions. • Numerator: # of RxRenewal Requests responded to (approve and deny) and sent eRx. • Denominator: # of RxRenewal requests successfully sent electronically (RxRenewalResponse). 5) Electronic Prescribing: Receive fill status notifications. • Numerator: # of RxFill status requests sent to pharmacies. • Denominator: # of RxFill status responses received from pharmacies. 6) Electronic Prescribing: Request and receive medication history. • Numerator: # of medication history requests made (RxHistoryRequest). • Denominator: # of medication history responses received (RxHistoryResponse).		• Denominator: 12	
170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 6-month period: 1) Metric for C1. • Numerator: Number of transactions written from CareRecord. • Denominator: Number of unique CareRecord Instances that submitted transactions. 2) Metric for C2. • Numerator: Sum of CQMs calculated on imported patients.	CarePathways, a Netsmart measures reporting solution.	1) C1 • Numerator: 13,835,225 • Denominator: 10 2) C2 • Numerator: 0 • Denominator: 0 3) C3 • Numerator: 0 • Denominator: 0	

	• Denominator: Number of unique patients imported. 3) Metric for C3. • Numerator: Number of Clients (Agencies) to export a QRDA CAT-III File. • Denominator: Number of Clients (Agencies) to generate a QRDA CAT-III File.			
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. 2) Download of chart summary. • Numerator: # of downloads of chart summary. • Denominator: # of clients that had an encounter. 3) Transmission of chart summary. • Numerator: # of transmissions of chart summary. • Denominator: # of clients that had an encounter.	myHealthPointe, a Netsmart patient portal solution.	1) View Chart summary • Numerator: 0 • Denominator: 0 2) Download of chart summary • Numerator: 0 • Denominator: 0 3) Transmission of chart summary • Numerator: 0 • Denominator: 0	
170.315(g)(7) Application access — patient selection	Over a 30-day period: 1) Number of Patient searches conducted using the FHIR R4 Patient endpoint.	N/A	1) 0	
170.315(g)(9) Application access — data category request	Over a 30-day period: 1) Number of successful CCD retrievals using either the certified CCD or the FHIR R4 DocumentReference endpoints.	N/A	1) 0	
170.315(g)(10) Standardized API for Patient and Population Services	Over a 30-day period: 1) Number of successful requests to the FHIR R4 endpoints excluding Patient and DocumentReference.	N/A	1) 44,524	
170.315(h)(1) Direct Project	Over a 30-day period: 1) Number of XDR/XDM direct message sent and received by type within a 30-day period.	N/A	1) 213	

Outcomes Explained

§170.315(b)(1) – Transitions of Care

Outcomes Explained A query was performed on audit logs for a 30-day period. 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.
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 a 12-month period was performed. The totals demonstrate providers ability to reconcile and import medications, allergies and problems from a CCD into the patient's chart in myUnity.
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 A query on historical audit logs from our centralized platform for a 12-month period was performed. As expected, our log files showed an increase in successful eprescribing transactions as 2024 was the first year of functionality adoption for myUnity clients. Our RxChange, Renewal and Medication History usage rates are expected to be very low as those features are not widely used by myUnity clients at this time.
Justification & Test 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 eprescribing a prescriber should be able to send and receive information to and from pharmacies. This information is in the form of the proposed measures. The proposed measures will 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 will 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(c)(1) – Clinical Quality Measures (CQMs) – Record & 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 Under Test, 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 are able to report 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. We have zero adoption of this criterion for clients utilizing the myUnity product.
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 utilized 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.
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 low 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) be able to view, download and transmit their chart summaries using the mechanisms provided. We have zero adoption of this criterion for clients utilizing the myUnity product.
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 utilized 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(g)(7) – Application Access – Patient Selection

Outcomes Explained A query on historical audit logs was performed for a 30-day period. The totals should demonstrate the ability of our FHIR R4 Patient endpoint to search for a patient. The searches result in a "searchset" Bundle listing all Patients that match the provided criteria. It is interesting that our usage count for Patient Selection is 0, but the (g)(10) Standarized API usage is much higher. At this time, all of our FHIR API vendors are using HL7 ADT messages to keep patient demographic data in sync, including the PatientID. This all but eliminates their need to perform the Patient Selection through our FHIR R4 Patient endpoint.
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 period. We have zero adoption of this criterion for clients utilizing the myUnity 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 We performed a query on historical logs for a 30-day period. The totals should demonstrate the ability of our FHIR R4 Patient endpoint to retrieve patient Resource data excluding Patient and DocumentReference. The searches result in a “searchset” Bundle listing all Resource data that match the provided criteria.
Justification & Test Methodology We utilized internal monitoring & testing tools to demonstrate our solutions ability to respond through our FHIR R4 Resource endpoints to provides a variety of search parameters to support patient data. The searches will result in a “searchset” Bundle listing all Resource data 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(h)(1) – Direct Project

Outcomes Explained We performed historical queries for a 30-day 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
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 will primarily test the conformance of the implementation.

Schedule of Key Milestones

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