StrateqEHR for Hospitals and Health Systems v5

2023 Real-World Testing

General Information

Plan Report ID Number	20221104str
Developer Name	Strateq Health
Product Name(s)	StrateqEHR
Version Number(s)	V5
Certified Health IT:	2015 Cures Edition
Certified Health IT Product List (CHPL) ID(s)	15.05.05.3097.STRQ.01.00.1.220105
Developer Real World Testing Page URL	https://strateqhealth.com/product-certification/

Changes to Original Plan

Strateq Health had no changes to the RWT plan in 2023.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

We utilized a two-fold approach to demonstrate successful real-world testing:

Summative Testing

Summative testing methods were used to determine which actions had been performed during a prescribed period.

This was measured utilizing internal reports, reviewing audit logs within StrateqEHR to determine the frequency with which these actions had been performed during this time-period, as well as, (when possible) the success of those actions.

The adoption rate was determined by the number of patient admissions during this period that demonstrated usage of our interoperability functionality, divided by the total number of admissions during the said 60-day period.

Interactive Testing

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of specific certified capability was zero. Interactive tests required a live test as opposed to examining 60-day usage statistics.

These tests were demonstrated by utilizing "user stories".

The goal was to allow a user to demonstrate the certified Health IT module being used in a way consistent with their own practice or care setting.

Standards Updates

StrateqEHR has not been changed/updated since our December 2021 2015 CURES Edition Certification.

Care Settings

StrateqEHR was used in Small/Prospective Payment System Hospitals and Free Standing Emergency Rooms during the time of testing.

Care Setting	Justification
Prospective Payment System Hospitals	PPS (Prospective Payment System) hospitals are reimbursed on a fixed payment schedule, are not limited to shortened hospital stays or location. These facilities may utilize their EHRs more robustly than CAH or Free-Standing Emergency Room facilities.
Free-Standing Emergency Rooms	Free-Standing Emergency Rooms, are licensed facilities, structurally separate from a hospital and provide emergency care. These facilities do not fall under CAH or PPS guidelines and until COVID were not approved to bill Medicare/Medicaid. Most of these facilities do not utilize interoperability functionality, nor are they certified to participate in the Promoting Interoperability Medicare Program. Although our system supports the use of interoperability for these facilities, adoption and utilization is rarely used.

Measures used in Overall Approach

For each metric we will describe these elements

- o   Description of metric
- o   Associated certification criteria
- o   Care setting addressed
- o   Justification for selected metric
- o   Expected Outcomes
- o   Key Findings

Summative Assessment Metrics and Findings

The following metrics were measured by reviewing audit logs and reporting systems.

Criterion	Metric	Relied Upon Software (if applicable)	Care Setting	Justification/Expected Outcomes	Key Findings
170.315 (b)(1) Transitions of Care	Over a defined 60-day period: 1. Number of CCDs created 2. Number of CCDs sent via edge protocol 3. Number of CCDs received via edge protocol *CCDs refer to Continuing Documents, Referral Notes, and Discharge Summaries	N/A	Prospective Payment System Hospitals	**DESCRIPTION/JUSTIFICATION:** This criterion requires a certified Health IT module to create CCDs according to specified standards and vocabulary code sets, as well as the ability to send and receive these CCDs utilizing edge protocols. Because it is not possible to demonstrate that all required standards and code sets are used (as not all CCDs may contain all elements) or that we can obtain CCD documents from outside system, we intend to demonstrate these capabilities by: Recording/documenting the frequency CCDs are created and exchanged with other systems to show the capability is available	**Key Findings** There was zero utilization during the testing period for the very few sites utilizing Strateq.

				and effective within StrateqEHR regardless of frequency of use. **Benchmark:** **Our benchmark is a rate of 80% or higher success in creating/sending documents of total attempts during a defined 60-day period, and 80% or more success in successful receipt compared with total attempts from eternal sources.** *NOTE: we do not control the content or frequency our sites will receive these documents from eternal systems.* **This data will be captured/calculated within StrateqEHR reports/monitoring.** **EXPECTATION:** Our expectation is (based on our current clientele), there will be minimal utilization by providers but a high success rate when this functionality is utilized.	
170.315 (b)(2) Clinical information reconciliation and incorporation	Over a defined 60-day period: Number of times user reconciles medication list data from a received CCD Number of times user reconciles allergies/intolerances from a received CCD Number of ties user reconciles the problem list data from a received CCD *CCDs refer to Continuing	First Data Bank (FDB)	Critical Access Hospitals Prospective Payment System Hospitals	**DESCRIPTION/JUSTIFICATION:** This criterion requires the certified Health IT module to take a CCD received via edge protocol from an outside system, match to correct patient, display, and allow a provider to reconcile the Medication, Allergy and Problem List data to the patient record. We are integrated with First Data Bank for our pharmacy module which includes RXNorm code translation as well as allergy interaction checking/database – this integration allows us to interpret the medication and allergens from incoming CCDs and	**Key Findings** There was zero utilization during the testing period for the few sites utilizing Strateq.

				utilizing the standardized coding systems, integrate this data into our patient record (EHR) if desired by the clinician. **BENCHMARK:** **The benchmark for reconciling and incorporating (medications/allergies/problems) data from an external CCD is 80% or greater success of total attempts during a defined 60-day period, understanding there are several factors not within our control – including receipt of document, the validity of data within the document received, as well as the clinician desire to reconcile and incorporate said data into our EHR. Based on these variations we will incorporate any/all attempt of reconciliation of any of the three data types into one test/result.** **This data will be captured/calculated within StrateqEHR reports/monitoring** **EXPECTATIONS:** Our expectation is (based on our current clientele) there will be minimal utilization by users, but a high success rate when this functionality is utilized.	
Documents, Referral Notes, and Discharge Summaries					
170.315 (b)(3) Electronic prescribing	Over a defined 60-day period: Number of prescriptions created Number of prescriptions changed Number of prescriptions cancelled	New Crop	Critical Access Hospitals Prospective Payment System Hospitals Free-	**DESCRIPTION/JUSTIFICATION:** This criterion requires the certified Health IT module to perform prescription-related electronic transactions (eRX) using required standards. We intend to demonstrate effectiveness by recoding how often eRX transactions are performed by examining reports from our certified eRX partner	**Key Findings** There was a 100% success rate for the number of prescriptions created using NewCrop.

	Number of prescriptions renewed		Standing Emergency Rooms	(NewCrop). This will demonstrate the eRX transactions are being entered within our system, successfully received by our partner and managed by the eRX clearinghouse. **Benchmark:** **The benchmark for Electronic Prescribing is 80% or greater success of all medications prescribed during a defined 60-day period will be handled successfully with ePrescribing via NewCrop** **NOTE: based on our current clientele, the number of prescriptions changed/cancelled and renewed will be minimal if at all as this is usually handled by the patients PCP not inpatient or ED provider.** **This data will be captured using internal reports/monitoring from StrateqEHR and NewCrop.** **EXPECTATIONS:** Based on our current clientele we expect the adoption of creating prescriptions within our system to be high with a high success rate, but, based on workflow for these care settings, we expect minimal if any usage of the changing/cancelling/renewing prescription functionality that is available within our system.	There were no prescriptions changed, prescriptions cancelled, or prescriptions renewed during the reporting period.
170.315 (f)(1) Transmission to immunization registries	Over a 60-day define period: Number of immunization records submitted to the immunization	N/A	Critical Access Hospitals Prospective Payment	**DESCRIPTION/JUSTIFICATION:** This criterion requires the certified Health IT module to transmit immunization data to a registry utilizing a standardized format, enable user to request/access, and display patient's immunization	**Key Findings** During the reporting period we did not have any sites

	registry Number of times a user pulls/requests immunization history and forecast from the immunization registry		System Hospitals	history and forecast from the registry. **BENCHMARK:** **The benchmark for transmission to an immunization registry is 80% of vaccines administered will be successfully transmitted to the immunization registry during a defined 60-day period.** **80% of attempted pulls/requests for history and forecast from the immunization registry will be successful during this defined 60-day period.** **EXPECTATIONS:** Based on our current clientele, we expect minimal usage of this functionality (as hospitals are not primary sources of immunization documentation), yet we expect the success rate of those minimal usage to be high.	connected with an immunization registry.
170.315 (f)(2) Transmission to public health agencies – Syndromic Surveillance	Over a 60-day defined period: Number of syndromic surveillance events created and submitted	N/A	Critical Access Hospitals Prospective Payment System Hospitals	**DESCRIPTION/JUSTIFICATION** This criterion requires the certified Health IT module to transmit syndrome-based public health surveillance data to a registry utilizing specific format. We will record the frequency that this data is submitted to the registry to demonstrate capability is available and effective. **BENCHMARK:** **The benchmark for the creation and submission of syndromic surveillance events successfully transmitting/accepted is 80% within a defined 60-day period.** **EXPECTATIONS:** Based on our current clientele, we expect minimal usage of this	**Key Findings** During the reporting period we did not have any sites transmit syndrome-based public health surveillance data to a registry.

			functionality, with high success rate.	

Interactive Testing

The following testing was executed to demonstrate Real World certified capabilities.

*Note: currently no current live sites are utilizing the interoperability functionality available within our system.

High Level Interactive Test Plan

Criterion	Interactive Test Plan	Justification/Expected Outcomes	Key Findings
170.315 (b)(1) Transitions of Care	Strateq has built this workflow to enhance the user experience – automating the creation/sending of any/all CCD documents (referral notes/discharge summary and CCD) to the patient portal upon discharge. This workflow requires our clients to utilize our partner Bridge Patient Portal, with integration points at registration and at discharge. Strateq also has the ability built in to send additional documents to other facilities/providers at discharge – this is currently a manual process. StrateqEHR will create 10 patients, each with unique captured data within the patient record, and integrated with Bridge Patient Portal. Once discharged, this data will be automatically sent to the patient's portal account where it can be viewed, downloaded and transmitted to other	**Justification:** Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms) If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our integrated functionality utilizing interactive testing in a simulated real-world environment. **Expected Outcomes:** All 10 patients we simulate, will upon discharge automatically send the appropriate CCD document (Discharge Instructions/CCD/Referral Note) to the patient portal account. The 5 patients/data we send to the ONC test tool will pass validation as well.	Currently none of our live sites are using this integrated functionality, so we conducted simulated testing with 100% pass rate.

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	systems as desired. We will also take 5 of these created patients/data and send to the ONC test tool for validation of successful transmission. **Codified data that will be captured within the patient record via registration process and clinical documentation will include:** ✓ **USCDI v1 data elements** ✓ **Assessment and plan of treatment** ✓ **Goals** ✓ **Health concerns** ✓ **Unique device identifier(s) for implantable devices** ✓ **Encounter diagnoses** ✓ **Cognitive status** ✓ **Discharge instructions**		
170.315 (b)(2) Clinical information reconciliation and incorporation	Strateq has developed the functionality/workflow for users to reconcile and incorporate data from incoming CCDs to the patient medical record in StrateqEHR. Once a patient's CCD is received from another system, the document is validated and attached to the correct patients record. The clinician then can view the incoming document in human-readable format, as well as having the ability to reconcile (side by side) the data and determine if/what data they wish to incorporate from the incoming document to our	**Justification:** Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms) If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our integrated functionality utilizing interactive testing in a simulated real-world environment. **Expected Outcomes:** All 10 patients/CCDs will contain Medication, Allergy/Intolerances and problems which will successfully be viewed and incorporated into the	Currently none of our live sites are using this integrated functionality, so we conducted simulated testing with 100% pass rate.

	system	patient record in StrateqEHR.	

	StrateqEHR will simulate receipt of 10 patient CCDs within the system, allowing the testing user to view/reconcile and incorporate data from the incoming CCD.
	
	The data fields we will demonstrate reconciliation and incorporation include:
	
	   ✓ **Medications**
	   ✓ **Allergies/Intolerances**
	   ✓ **Problems**		

170.315 (f)(1) Transmission to immunization registries	Strateq has developed the functionality to transmit immunization data to an immunization registry, as well as the ability to request/access and display a patients immunization history and forecast from this registry. StrateqEHR will simulate transmission of immunization data for 10 patients to the ONC test system, including all scenarios required for the ONC 2015 Cures Edition Certification.	**Justification:** Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms) If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our integrated functionality utilizing interactive testing in a simulated real-world environment. **Expected Outcomes:** StrateqEHR will demonstrate successful transmission and requesting/accessing and displaying patient forecast for all 10 patients utilizing the ONC test tool.	Currently none of our live sites are using this integrated functionality, so we conducted simulated testing with 100% pass rate.
170.315 (f)(2) Transmission to public health agencies – Syndromic Surveilance	Strateq has developed the functionality to send data to Syndromic Surveillance registries. StrateqEHR will simulate transmission of Syndromic Surveillance data to the ONC test system for 10 patients - including all scenarios required for the ONC 2015 Cures Edition Certification.	**Justification:** Currently none of our live sites have implemented or are using this functionality based on their Care Setting (Free-Standing Emergency Rooms) **Expected Outcomes:** StrateqEHR will demonstrate successful transmission of data for all 10 patients utilizing the ONC test	Currently none of our live sites are using this integrated functionality, so we conducted simulated testing with 100% pass rate.

		tool.	

Schedule of Key Milestones

Real World test began in Q1 2023 – the 60-day reporting period was completed between July - September 30, 2023.

Key Milestone	Care Setting	Date/Timeframe	Milestone Met/Not Met
Identification of participating sites/users	o Prospective Payment System Hospitals o Free-Standing Emergency Rooms o Critical Access Hospitals	Quarter 1-2 2023	Milestone was MET on February 29, 2023.
Data Collection	o Prospective Payment System Hospitals o Free-Standing Emergency Rooms	60 days (actual dates TBD) during Q3 7/1/2023-9/30/2023.	Milestone was MET on September 30, 2023.
Review/Collate data	o Prospective Payment System Hospitals o Free-Standing Emergency Rooms	October15, 2023 – November 15, 2023	Milestone was MET on November 15, 2023.
Write Report	o Prospective Payment System Hospitals o Free-Standing Emergency Rooms	November 16 – December 30, 2023	Milestone was not met according to the plan. However, the milestone was MET on February 15, 2024.

Attestation

This Real-World Testing is complete with all required elements, including measures that address all certification criteria and care settings. All information in the results is up to date and fully addresses the Health IT Developer's Real World Testing requirements.

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