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## GENERAL INFORMATION

Developer Name: ChartLogic, a Division of Medsphere Systems Corporation

Plan Report ID Number: 20241028chl

Product Name(s): ChartLogic EHR

ChartLogic EHR Classic

Version Number(s): ChartLogic EHR v. 1

ChartLogic EHR Classic v. 9

Product List (CHPL) ID(s): ChartLogic EHR - 15.05.05.1223.CEHR.02.01.1.230103

ChartLogic EHR Classic - 15.05.05.1223.CHRT.02.01.1.221222

ONC-ACB Certification ID: ChartLogic EHR - 15.05.05.1223.CEHR.02.01.1.230103

ChartLogic EHR Classic - 15.05.05.1223.CHRT.02.01.1.221222

Developer Real World Testing Page URL:

<https://www.medsphere.com/certifications/RealWorldTesting/ChartLogic>

## JUSTIFICATION FOR REAL WORLD TESTING APPROACH

At this time, ChartLogic is only utilized within Ambulatory Practices. Therefore, the Real World Testing plan will apply to this care setting. We feel it is best to test functionality as a whole workflow rather than by individual measure as this is how it is utilized in the real world. Our Real World Testing approach will consist of three main components, Electronic exchange of information for Care Coordination and Patient Engagement, Population Health, and Application Programming Interfaces.

### **Electronic exchange of information for Care Coordination and Patient Engagement**

ChartLogic has developed functionality and created a best practice workflow around sending, receiving, reconciling, and exporting electronic health information. This workflow will allow us to test several certification criteria simultaneously. All criteria involving the Consolidated Clinical Documentation Architecture (C-CDA) documents will be tested, including 170.315(b)(1) Transitions of Care, 170.315(b)(2) Clinical Information Reconciliation and Incorporation, 170.315 (e)(1) View, Download and Transmit (ChartLogic v1 only) and 170.315(h)(1) Direct Project.

Additionally, ChartLogic has the ability to export electronic health information for single patients and bulk which is key piece in the interoperability of the data. The methods involved in these exports will be tested to ensure that functionality is working as intended and certified through 170.315 (b)(10) Electronic Health Information Export.

### **Population Health**

As the product is targeted for ambulatory practices in which a wide variety of patient ailments are seen and across multiple populations, we find it important to be able to communicate to public health registries as well as immunization registries. Being able to efficiently transmit certain clinical information to external specialized registries is foundational to population health. This plan will also incorporate the testing of 170.315(f)(1) Transmission to immunization registries, and 170.315(f)(2) Transmission to public health agencies – syndromic surveillance and 170.315(f)(5) Transmission to public health agencies – electronic case reports.

### **Application Programming Interfaces**

ChartLogic has also developed Application Programming Interfaces to enable ways for our providers to communicate and transfer data to external systems. ChartLogic also will test multiple measures simultaneously around the criteria involving Application programming interfaces, including 170.315(g)(7) Application access – patient selection, and for ChartLogic v1 only 170.315(g)(9) Application access – all data request.

### **STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP))**

This product has no voluntary SVAP standards updates.

### **MEASURES USED IN OVERALL APPROACH**

The following outlines our measures that have been identified to best demonstrate how our product is in and maintains conformance to multiple certification criteria.

#### **Electronic exchange of information for Care Coordination and Patient Engagement**

*Measure 1 (Care Coordination Exchange Thresholds and Mechanisms)*

*As part of the Real World Testing requirements for 170.315(b)(1) Transitions of Care, 170.315(b)(2) Clinical Information Reconciliation and Incorporation, 170.315 (e)(1) View, Download, and Transmit (ChartLogic v1 only) and 170.315(h)(1) Direct Project, this measure will assess the sending and receiving of CCD-A documents, reconciling information received through the CCD-A, the methods of transmission for information shared between providers.*

Metric 1 – This metric will determine the thresholds of the types of transport mechanism used to share transitions of care documents and EHI, as well as the success rate of transmission. Associated certification criteria for the electronic exchange of information for Care Coordination and Patient Engagement in the ambulatory care setting include:

Certification Criteria	Associated Criteria	Relied Upon Software
<b>170.315(b)(1) Transitions of Care</b>	Send Transition of care/referral summaries	Surescripts Clinical Direct Messaging
	Receive transition of care/referral summaries	
<b>170.315(b)(2) Clinical Information Reconciliation and incorporation</b>	Reconcile transition of care summary	N/A
<b>170.315(h)(1) Direct Project</b>	Transmit summary using one of the methods of direct exchange	Surescripts Clinical Direct Messaging
<b>170.315(e)(1) View, download and transmit (ChartLogic V1 only)</b>	Download ambulatory summary or inpatient summary using CCD Template	N/A
	Download of transition of care/referral summaries	
	Transmit to third party	

Rationale: The system includes three functionalities of interest transmitting, receiving and reconciling electronic health information. These transitions of care documents can be shared using various transmission methods such as XDM processing, direct, SMTP, while other documents can be shared through the patient portal either encrypted or unencrypted. This metric will provide ChartLogic with information on the types of transmissions that are used and the frequency of the individual usages. We feel that these findings could help us determine which methods are the most advantageous to our target base and also help us identify those best practices that we can target those providers with low thresholds in order to reach out to them and provide them logic as to how to increase utilization. For ChartLogic V 1 only, we also feel that the metrics captured in test approach 2 will help us identify the usage of download and transmit functions by patients.

Test Approach 1: De-identifiable data from system logs, will be extracted in order to produce analytic reports that will be reviewed to determine thresholds of transmission used by the providers for transmitting and receiving transitions of care.

Expected Outcome(s): It is anticipated that providers and patients will be able to share their electronic health information with no limitations and in compliance with the certification criteria, including the technical standards and vocabulary code sets.

Transmission errors will be tracked and trended over time and trended to determine utilization rates.

Test Approach 2: Information of actions of download and transmit will be extracted from system logs to determine the success rate of patients downloading and transmitting documents.

Expected Outcome: It is expected that patients will be able to share their information using the transmission methods provided with no limitations. The success/failure of the events will be logged and reviewed over time.

*Measure 2 (EHI Export)*

This measure will capture the number of times a data export was performed for individual patients as well as the frequency for bulk export.

Certification Criteria	Associated Criteria	Relied Upon Software
<b>170.315(b)(10) Electronic Health Information export</b>	Individual export of EHI Bulk export	N/A

Rationale: ChartLogic gives clinicians and/or internal staff the ability to export electronic health information in bulk as well as individual patients in the event that they need to export the data for any reason.

Test Approach 1: System logs will be used to extract the frequency in which these action types were performed. Frequency and success rates will be monitored and reported on a quarterly basis to the compliance director for review. Overall results for the year will be compiled and submitted on an annual basis. In addition, we will also review support cases to add those requests to the bulk export numbers in the event clients go through support to obtain their data in bulk.

Expected Outcome(s): It is expected that clients and internal staff will be able to perform these actions without limitations. We anticipate higher numbers for the individual export than bulk however, both numbers will be monitored.

Measure 3 (Transmission of HL7 messages)

This measure will capture the error rates of HL7 messages being transmitted. Specifically, we will extract the VXU message types to analyze error rates related to Immunization registries and extract ADT messages to analyze error rates for public health agencies. We will also extract the entries that indicate when an electronic case report was generated to determine the utilization rate of generating electronic case reports.

Certification Criteria	Associated Criteria	Relied Upon Software
<b>170.315(f)(1) Transmission to Immunization Registries</b>	Transmit VXU message to external entity	Notepad++ (ChartLogic v1 only)
<b>170.315(f)(2) Transmission to Public Health Agencies – Syndromic Surveillance</b>	Transmit ADT message to public health agency.	N/A
<b>170.315(f)(5) Transmission to Public Health Agencies – Electronic Case Reports</b>	Number of electronic case reports generated	N/A

Rationale: ChartLogic allows clinicians the ability to generate and transmit certain information to external entities using HL7 standards. These message types are transmitted through an HL7 engine and logged in the system. When immunization data or communicable disease data is captured within the system, these data elements are parsed into an HL7 message and transmitted to the respective external entity. This will provide an analytical view of the success rates of transmission. ChartLogic also allows users to generate electronic case reports based on consumption of a list of trigger codes.

Test Approach 1: System logs will be used to extract certain message types related to immunization and syndromic surveillance activities. Success rates of VXU message types being delivered to immunization registries as well as ADT messages being delivered to public health agencies will be reviewed and trended. System logs will also be used to extract a total number in which electronic case reports were generated.

Expected Outcome(s): It is expected that clients will be able to transmit HL7 messages without limitations and in compliance with the certification criteria, including the technical standards and vocabulary code sets. We do anticipate some clients will experience some delay on first attempt due to network connectivity so we anticipate that 90% of messages will be successfully transmitted and the 10% error rate accounts for issues with network. It is also expected that clients will be able to generate electronic case reports without error. Tracking the number of times electronic case reports are generated will identify usability metrics within our client base.

Measure 4 (API Requests)

This measure will capture the volume of API transactions across the measurement period.

Certification Criteria	Associated Criteria	Relied Upon Software
<b>170.315(g)(7) Application Access- patient selection Immunization Registries</b>	API query for patient	N/A
<b>170.315(g)(9) Application Access – all data request - ChartLogic v1 only</b>	API query for all data related to patient	N/A

Rationale: ChartLogic has developed API's that can be used by external entities. These API's can be used to ping the system in order to retrieve certain information based on a query for a single patient, requesting specific data categories for that patient or requesting all data for the selected patient.

Test Approach 1: (in the event we have an external system using the API's)System logs will be used to capture the success rate of API transactions over time.

Expected Outcome(s): It is expected that external entities will be able to connect to the ChartLogic system without error using these API's without limitation and in compliance with the certification criteria, including the technical standards and vocabulary code sets. These successful transaction thresholds will be used to demonstrate the utilization of the API in the real world over the testing year. The numbers reflected in the all data request will only come from the ChartLogic v1 product.

Test Approach 2: (in the event we do not have any external system using the API's). Quarterly tests will be done in a test environment to ensure the API's are functional. This will be done by using a test system to ping the host application for each level of access and the success/failure of the ping will be captured. This test will be done quarterly.

Expected Outcome(s): It is expected that the test system will be able to connect to the ChartLogic system without error using these API's without limitation and in compliance with the certification criteria, including the technical standards and vocabulary code sets. We anticipate that the test system will be able to perform patient/data requests successfully during each quarter. At the end of the testing year, we anticipate to have 4 successful events for each of the request types.

### Care Setting(s)

*ChartLogic is only marketed to the ambulatory practice setting, therefore, only ambulatory practices will be used for Real World Testing.*

### SCHEDULE OF KEY MILESTONES

Key Milestone	Date/Timeframe
Begin collection of data laid out by plan	March 2025
Data Collection and Review	Quarterly
End of Real World Testing for all measures.	December, 2025
Final data review and analytics, create results report	January 2026
Submit Real World Testing Results Report to ACB	January 2026

## ATTESTATION

This Real World Testing plan 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 the health IT developer's Real World Testing requirements.

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