RxTracker v9 Real World Test Results

CHPL #: 15.04.04.2925.RxTr.09.02.1.200330

https://junohealth.com/certifications

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Plan Report ID Number: RxTv9-2024-01

GENERAL INFORMATION

Plan Report ID Number:	RxTv9-2024-01
Developer Name:	DSS, Inc.
Product Name(s):	RxTracker
Version Number(s):	V9
Certified Health IT Product List (CHPL) Product Number(s):	CHPL # 15.04.04.2925.RxTr.09.02.1.200330
Developer Real World Testing Plan and Results Report Page URL:	https://junohealth.com/certifications

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Summary of Testing Methods

A series of reports were created within the RxTracker Administrative Module to allow the authorized representatives who had the required permissions to generate specific reports that do not include PHI and allow monitoring of ongoing performance in the production environment on a regular basis. These reports included:

Real World Testing - Prescription Percentages

- Real World Testing - Prescription Percentages
- Real World Testing - Create new prescriptions (NEWRX)
- Real World Testing - Change prescriptions (RXCHG, CHRES)
- Real World Testing - Cancel prescriptions (CANRX, CANRES)
- Real World Testing - Request and receive medication history information (RXHREQ, RXHRES)

Aggregate data for v9 was compiled based on the interoperability functionality for electronic prescriptions rather than based on the specific scenarios detailed in the plan. Except as noted, the size of the data samples analyzed include each of the scenarios, i.e.,

Scenario #	Approach/Description	Real World Test Results Data
1	Pull patient specific medication history to include current medication list	Data labeled "Rx History Query Success"
2	Updating patient med history	No specific data
3	Create and transmit new Rx and process request for change	Data labeled "New Rx Success" and "Change Rx Success"

4	Approve renewal requests received	Data labeled "Renewal Rx Success"
5	Cancel prescription after transmission	Data labeled "Cancel Rx Success"
6	View error messages	Data labeled "xxx Errors" and "xxx Error Exceptions"

Summary of Data for v9

	Jan'24	Apr'24	Jul'24	Oct'24	Total 4 mo. '24 Sample
New Rx Success	8700	8750	8850	39378	65678
Change Rx Success	8	11	8	32	59
Cancel Rx Success	131	221	154	1118	1624
Renewal Rx Success	167	165	198	246	776
Rx History Query Success	1107	1277	1202	5596	9182
Monthly Total (Numerator)	10113	10424	10412	46370	77319
New Rx Created	8705	8750	8863	39425	65738
Change Rx Created	8	11	8	34	61
Cancel Rx Created	133	221	154	1141	1649
Renewal Rx Created	167	166	199	247	779
Rx History Query Sent	1107	1279	1202	5596	9184
Monthly Total (Adjusted Denominator*)	10115	10427	10426	46443	77411
Monthly Total (Numerator)	10113	10424	10412	46370	77319
Monthly Total (Adjusted Denominator*)	10115	10427	10426	46443	77411
Successful transmission of electronic prescriptions	99.98%	99.97%	99.87%	99.84%	99.88%

* Excludes denominator exceptions

Key Findings

Data for v9 the four (4) one-month samples for 2024 showed a total of 77, 411 eRx transmissions with a 99.88% mean success rate. This is a significant increase in the sample size, i.e. 110.05%, based on a change in the source of the data for Q4 to a facility with a larger volume of transmissions. Detailed review of the errors associated with the various types of activity was done on the one-month samples for each quarter, i.e., Jan'24, Apr'24, Jul'24 and Oct'24.   Of the 210 errors analyzed for those 4 months, 118 (56.2%) were then classified as denominator exceptions and the majority of those were due to communication issues. This is consistent with the data for 2023, i.e., 55.8%. Of the 92 errors that were not either user permission issues or communication issues, the majority (58/92) need more timely evaluation by the facility to determine the specific cause and education was provided to assist in that

effort. Fourteen of the errors required sometime of configuration change or development of a software change.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

[ ] 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.

Care Setting(s)

Both inpatient and ambulatory care settings were included in the aggregated data. Since the data did not include PHI, data was not aggregated based on the setting. New Rx data includes both inpatients being discharged and ambulatory patients seen in the clinics. Renewals data includes the ambulatory patients seen in the clinics.

Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Successful transmission of electronic prescriptions created by Prescribers and/or mid-level providers in the RxTracker module to Surescripts in a format that can be utilized by the Retail Pharmacy for processing the prescriptions Numerator # electronic prescriptions created by Prescribers and/or mid-level providers in the RxTracker module and transmitted to Surescripts in a	§170.315(b)(3) Electronic Prescribing	Surescripts Mirth Exostar	Jan'24 10113/10115=99.98% Apr'24 10424/10427=99.97% Jul'24 10412/10426=99.87% Oct'24 46370/46443=99.84%	No issues- Changed data source in Q4 to a different client resulting in a significantly higher volume of eRx

format that can be utilized by the Retail Pharmacy for processing the prescriptions

Denominator:
electronic prescriptions created by Prescribers and/or mid-level providers in the RxTracker module and transmitted to Surescripts

Denominator Exception:
- Error or rejection due to user permissions
- Error or rejection due to communication issues

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Release of documentation for the Real World Testing to be provided to authorized representatives and providers running the RxTracker software. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements.	Inpatient and Ambulatory	December 1, 2023
Begin collection of information as laid out by the plan.	Inpatient and Ambulatory	January 1, 2024
Meet with previously identified providers and authorized representatives to ensure that Real World Testing protocols are effective.	Inpatient and Ambulatory	March 1, 2024
Follow-up with providers and authorized representatives to understand any issues arising with the data collection.	Inpatient and Ambulatory	Quarterly 2024
Data collection and review.	Inpatient and Ambulatory	Quarterly 2024
End of Real World Testing period/final collection of all data for analysis.	Inpatient and Ambulatory	January 2025
Analysis and report creation.	Inpatient and Ambulatory	January 15, 2025
Submit Real World Testing report to ACB (per their instructions).	Inpatient and Ambulatory	February 1, 2025

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