



Real World Testing Results

2024

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General Information

<i>Developer Name:</i>	MedOne Systems, LLC
<i>Product Name:</i>	BOLT
<i>Version Number:</i>	v3.5
<i>Certified Health IT Product List (CHPL) Product Number:</i>	15.04.04.1901.BOLT.03.02.1.211122
<i>Developer Real World Testing Plan Page URL:</i>	https://www.medonesystems.com/bolt-certification

Overview

Utilized in both the inpatient and ambulatory setting, BOLT is a software solution that enhances the existing enterprise EHR, augmenting its clinical documentation functionality and promoting efficiency, effectiveness, and clinical staff satisfaction. This document describes MedOne Systems’ results of assessing real world usage metrics as defined by the 2024 Real World Testing Plan.

Changes to Original Plan

<i>§ 170.315 (b)(2) Clinical Information Reconciliation and Incorporation</i>	
<i>Summary of Change</i>	The Real World Testing Plan for 2024 indicated that metrics would be obtained quarterly throughout the measurement period. The functionality of importing data for the reconciliation of problems, medications, and allergies was not used for the entire duration of the measurement period and therefore data was only collected during the final quarter of 2024.
<i>Reason</i>	The customer enabled functionality at the end of 2023 and due to dissatisfaction with a duplicate workload between two vendors being utilized, the customer temporarily elected not to adopt the functionality for the certification criteria during the entire measurement period. The customer transitioned from using the functionality in another vendor product into the BOLT product and it was enabled again in the last quarter of 2024.
<i>Impact</i>	As a result, measurement data was only collected for a portion of the period identified in the 2024 Real World Testing Plan.

<i>§ 170.315 (b)(3) Electronic Prescribing</i>	
<i>Summary of Change</i>	The Real World Testing Plan for 2024 indicated that metrics would be obtained throughout the measurement period. The functionality of medication history queries was not used by customers for the entire measurement period.
<i>Reason</i>	The customer utilizes the medication history query in another vendor product.
<i>Impact</i>	As a result, measurement data for encounters where medication history was queried was collected but identified no data.

Test Results

<i>§ 170.315 (b)(2) Clinical Information Reconciliation and Incorporation</i>	
Measurement/Metric	<ul style="list-style-type: none"> • The number of CCDs correctly matched with patient demographics and imported for reconciliation. • Number of encounters with Medications incorporated. • Number of encounters with Allergies incorporated. • Number of encounters with Problems incorporated.
Relied Upon Software	Dynamic Health IT (DHIT) ConnectEHR
Care Settings	Real World Testing was completed in 2024 for both inpatient and ambulatory care settings.
Expected Outcome	BOLT customers can import and reconcile problems, medications, and allergies into the electronic health record.
Key Milestones	Data was collected and analyzed at the following time intervals in 2024: October, November, and December.
Challenges Encountered	Low utilization of functionality by the customer during the measurement period.

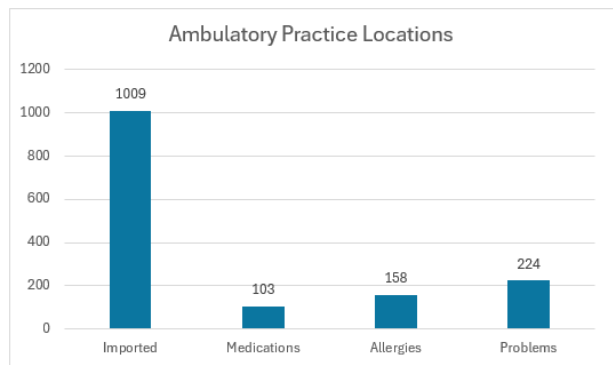
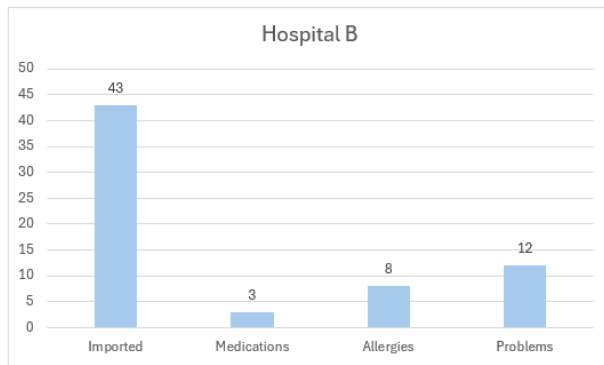
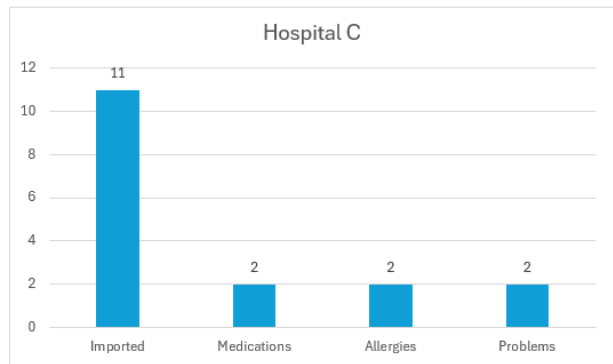
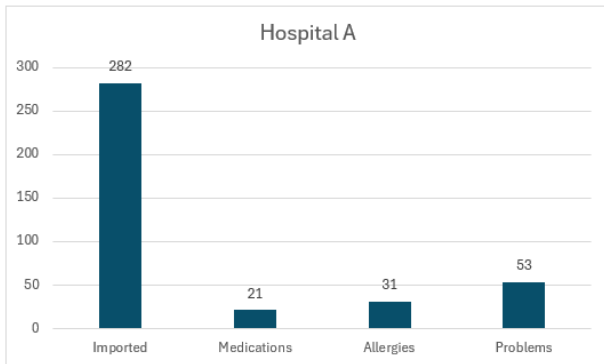
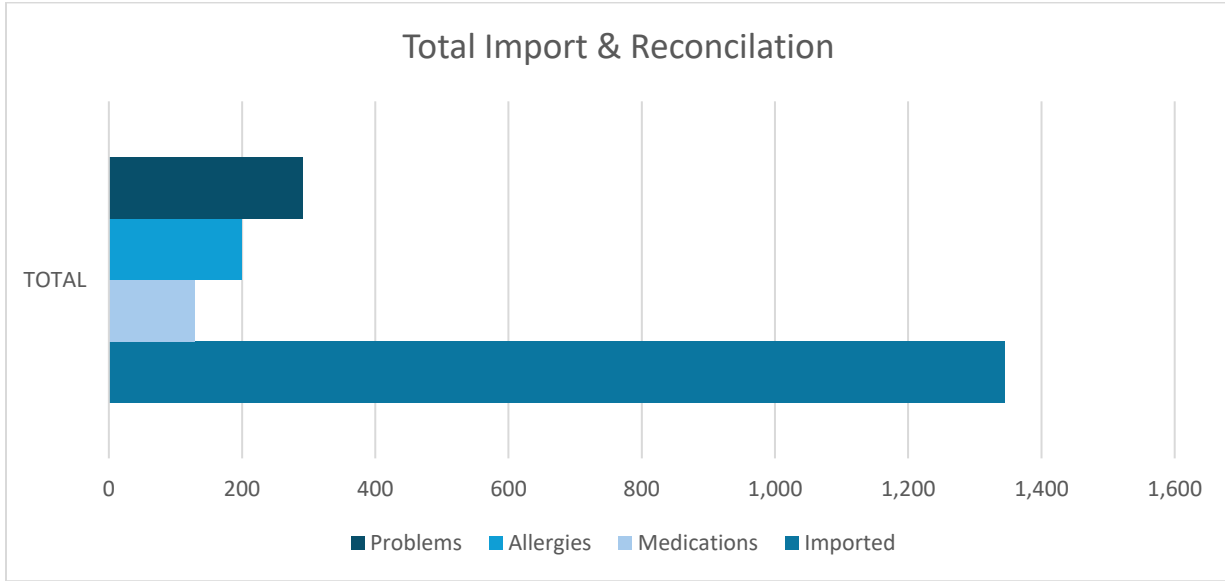
Summary of Testing Methods and Key Findings

Clinical Information Reconciliation and Incorporation was tested in a real-world scenario. We specifically focused on customers who had used this functionality in their electronic health records. During the last quarter of 2024, one customer with a total of one hundred twenty-eight (128) provider ambulatory practice locations and three (3) hospitals was identified. These locations were chosen to participate in data collection and analysis for the real-world testing results. As part of this process, BOLT ran SQL scripts from the production environment to gather the necessary data for analysis, as outlined in our 2024 Real World Testing Plan.

Final Outcome(s) & Measurements

BOLT, in conjunction with relied upon software, has enabled customers to receive CCDs into the electronic health record. Clinical users can validate patient identification, assess usefulness, and incorporate the information into the electronic health record for reconciliation as indicated. Customers are not required to implement this functionality and therefore it was expected that we would need to identify customers during the year that had functionality enabled. During the last quarter of 2024, we conducted customer identification, data collection, and analysis. The customer did not have high utilization of the functionality. As a result, the data collected was lower than our initial projections. However, data analysis demonstrates that the functionality for this certification criteria can be implemented in a real-world scenario. Based on data analysis customers most frequently incorporated patient problems into the medical record.

Inpatient & Ambulatory Locations	Hospital A	Hospital B	Hospital C	Ambulatory Locations	TOTAL
Number of CCDs correctly matched with patient demographics and imported for reconciliation.	282	43	11	1,009	1,345
Patients with Medications Reconciled	21	3	2	103	129
Patients with Allergies Reconciled	31	8	2	158	199
Patients with Problems Reconciled	53	12	2	22	291



Test Results (Continued)

<i>§ 170.315 (b)(3) Electronic Prescribing</i>	
Measurement/Metric	<ul style="list-style-type: none"> Count of prescription messages sent from BOLT using the NCPDP SCRIPT Standard Version 2017017, and successfully received by the pharmacy – NewRx, CancelRx, RxRenewalResponse, RxChangeResponse, NewRxResponseDenied. Outgoing Status, Verify and Error message acknowledgements will not be counted. Count of messages using the NCPDP SCRIPT Standard Version 2017071, containing prescription information received from pharmacies – RxFill, RxChangeRequest, RxRenewalRequest, CancelRxResponse, NewRxRequest. Incoming Status, Verify and Error message acknowledgements will not be counted. Count of encounters where a patient’s medication history was queried (RxHistoryRequest) and received (RxHistoryResponse) using the NCPDP SCRIPT Standard Version 2017071 and contained information about at least one medication.
Relied Upon Software	Non-Applicable.
Care Settings	Real World Testing was completed in 2024 for both inpatient and ambulatory care settings.
Expected Outcome	Electronic communication between BOLT and pharmacies occurs regarding creating, cancelling, renewing, and changing prescriptions. The software also has the ability to query for and receive a patient’s medication history for review by a clinical user.
Key Milestones	Data was collected and analyzed at the following time intervals in 2024: January, February, March, April, May, June, July, August, September, October, November, December.
Challenges Encountered	Lack of utilization for querying a patient’s medication history. The customer currently utilizes another application to perform this function.

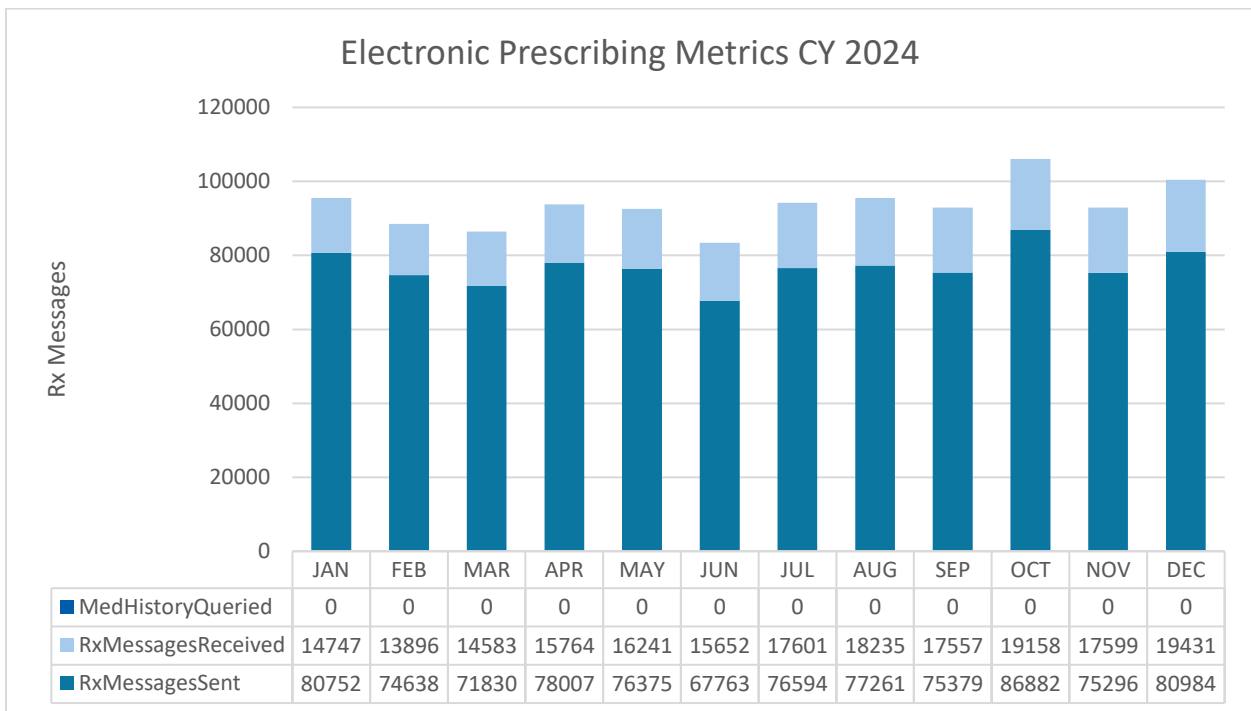
Summary of Testing Methods and Key Findings

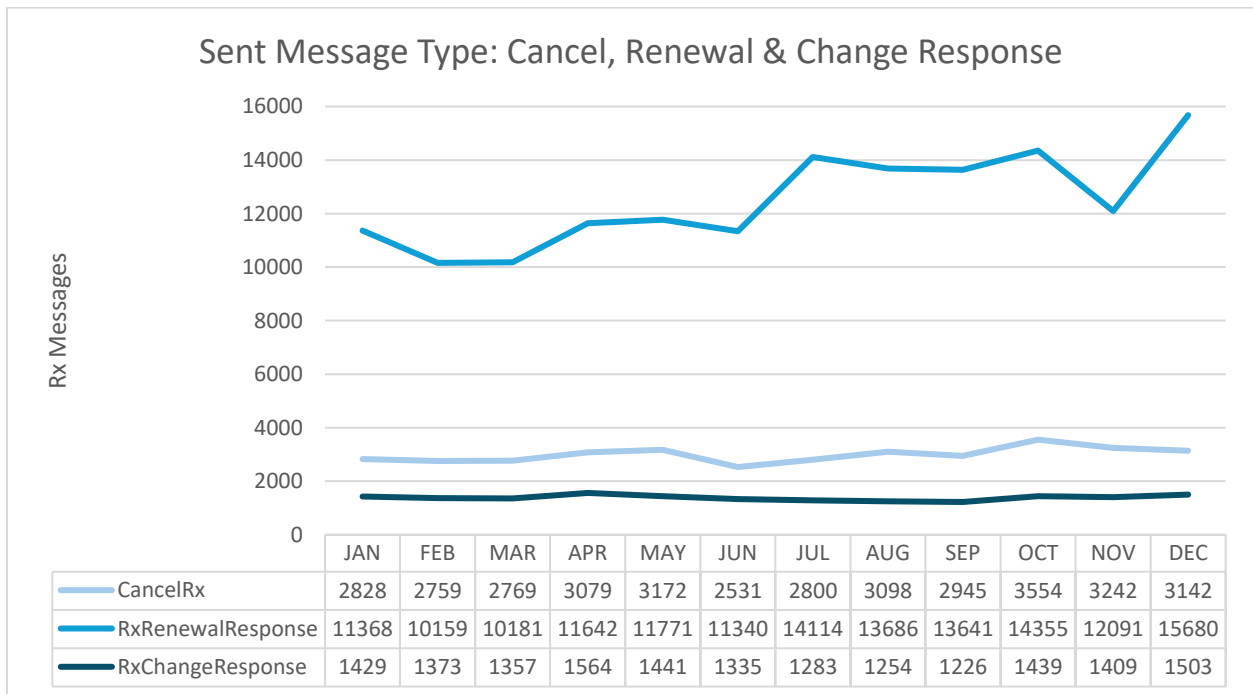
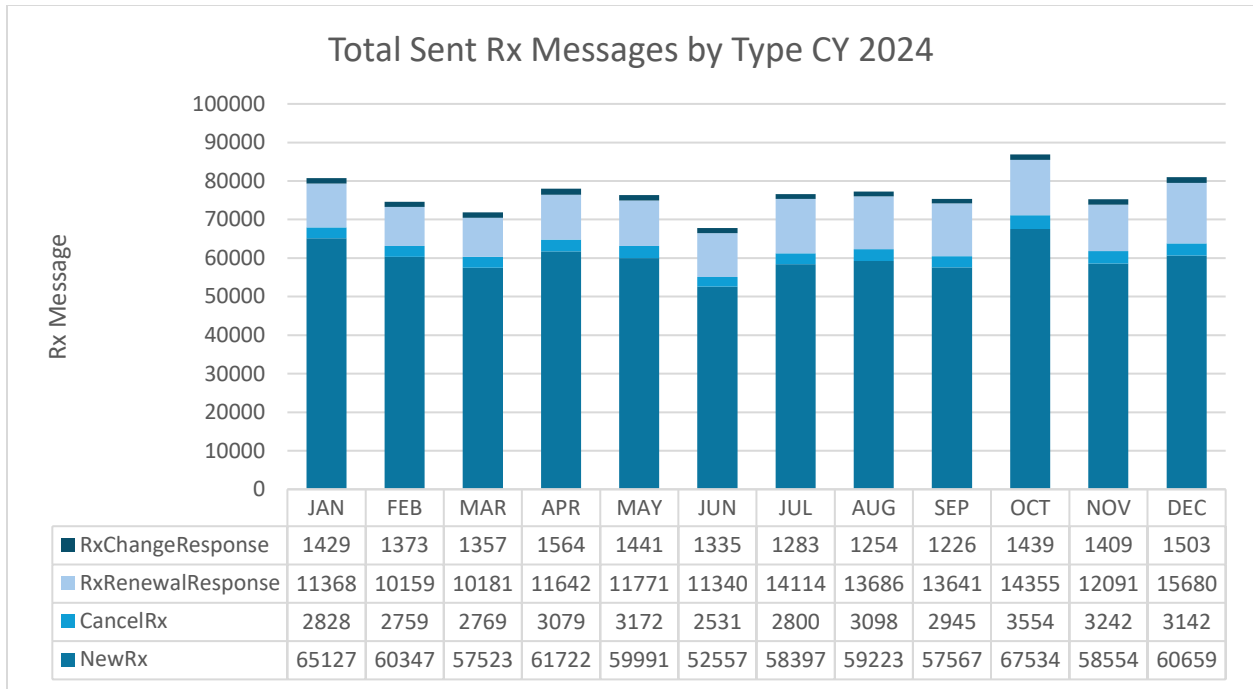
Electronic prescribing was tested in a real-world scenario. We specifically focused on customers who had enabled this functionality in their electronic health records. One customer, with a total of one hundred twenty-eight (128) provider ambulatory practice locations and three (3) hospitals, was identified. These locations were chosen to participate in data collection and analysis for the real-world testing results. As part of this process, BOLT ran SQL scripts from the production environment to gather the necessary data for analysis, as outlined in our 2024 Real World Testing Plan.

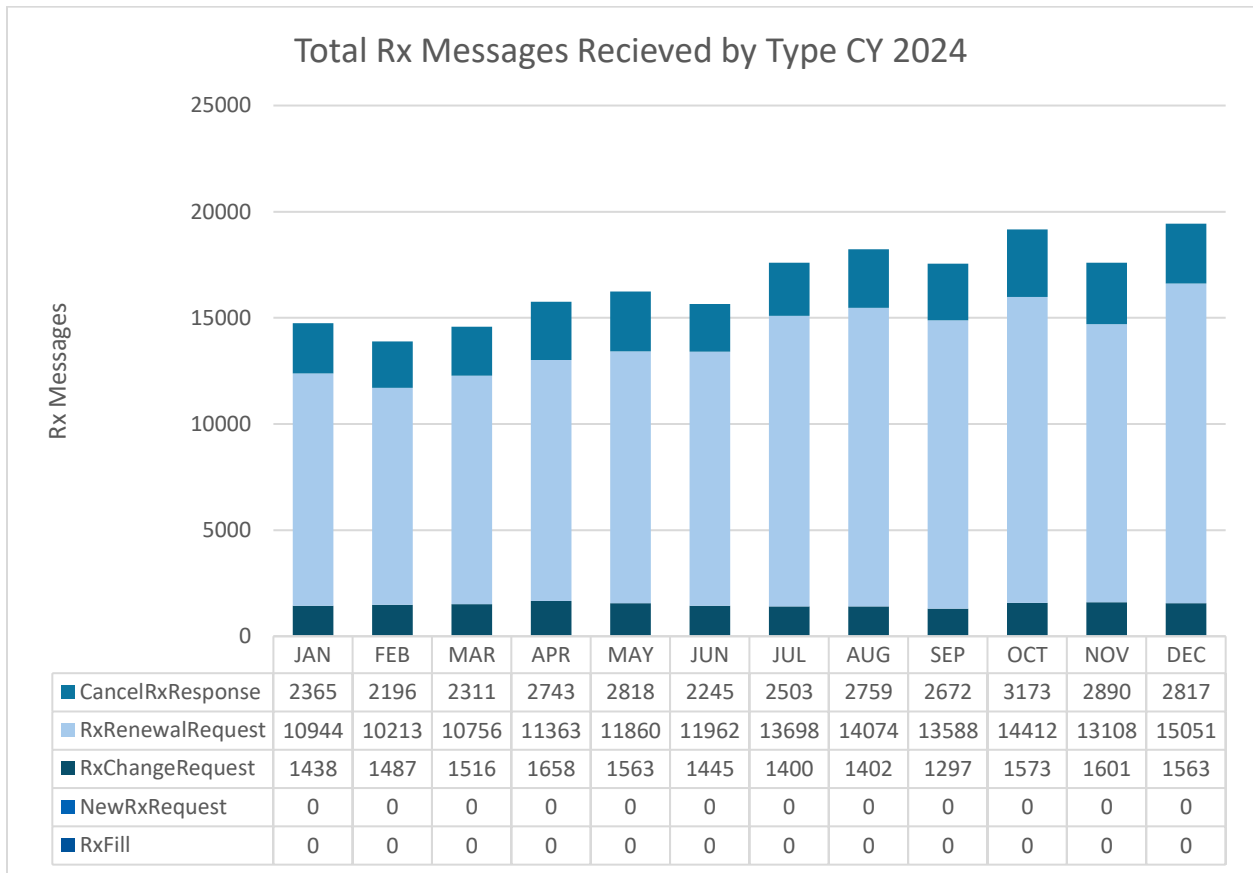
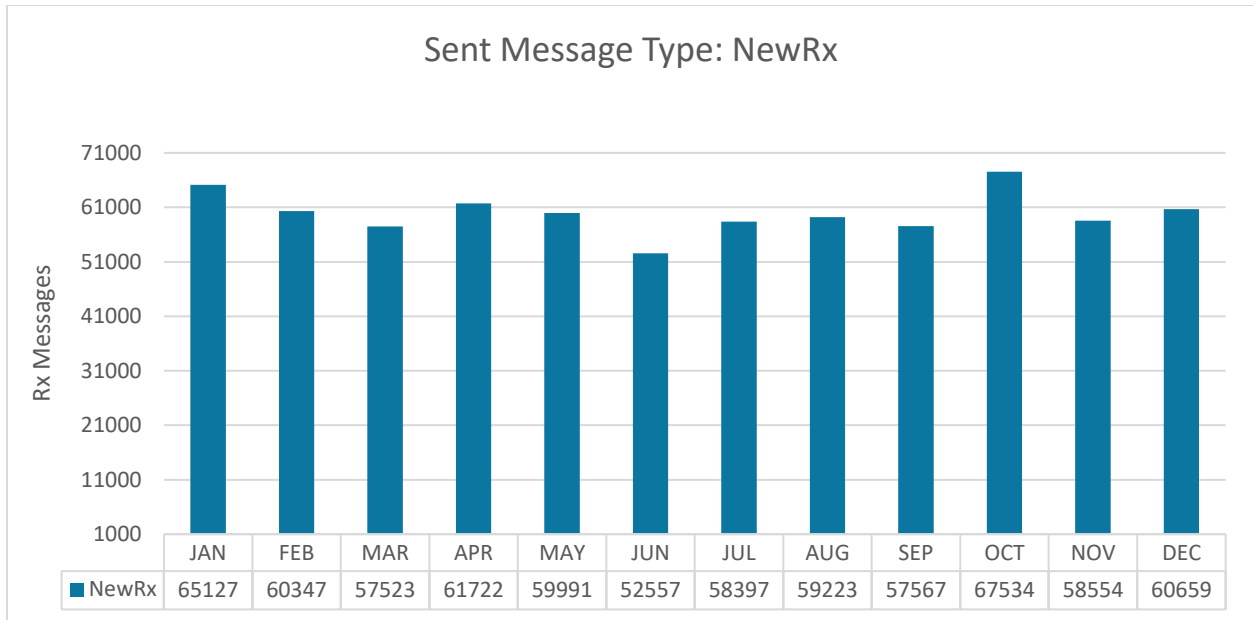
Final Outcome(s) & Measurements

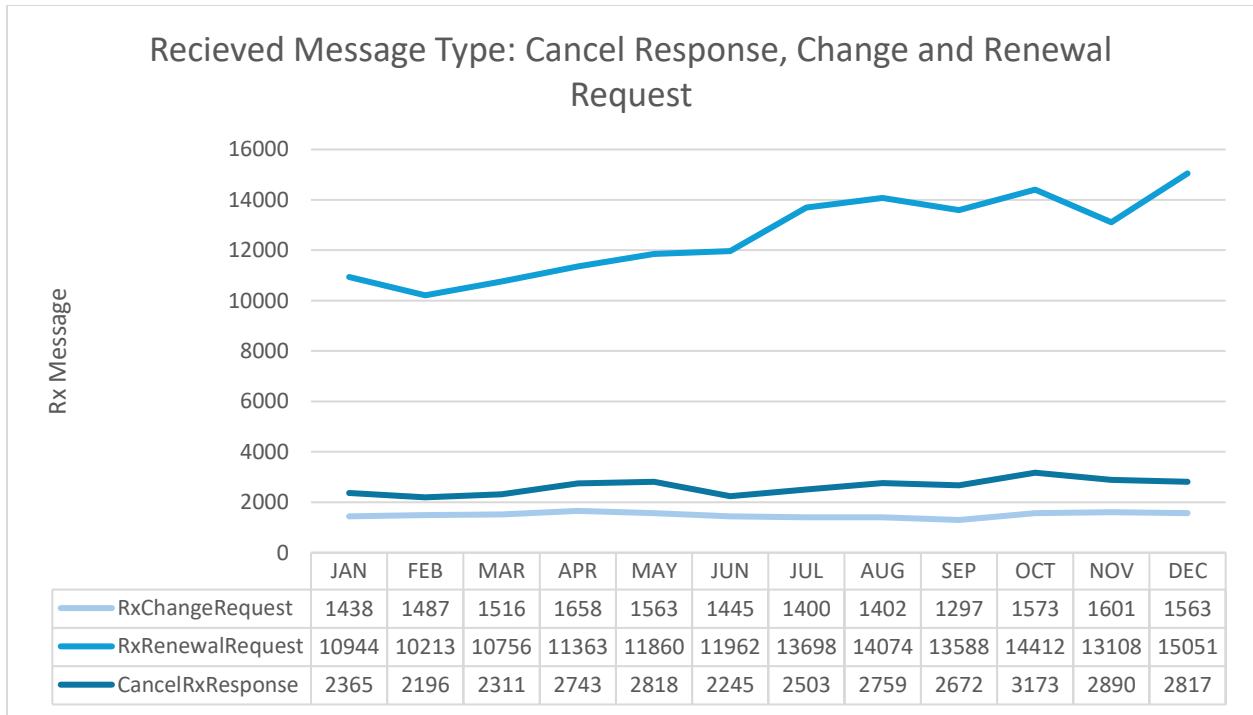
BOLT customers enabled the functionality for sending and receiving electronic prescription messages to the pharmacy for the entirety of 2024. The functionality for querying a patient’s medication history was not used by the customer although it was available for the entirety of 2024. Since the customer elected not to have the functionality enabled as they utilize a different application, the data collected was lower than our initial projections for querying a patient’s medication history. Data analysis demonstrates that the functionality for this certification criteria can be implemented in a real-world scenario.

MONTH (CY 2024)	JAN	FEB	MAR	APR	MAY	JUN
Rx Messages Received	14,747	13,896	14,583	15,764	16,241	15,652
Rx Messages Sent	80,752	74,638	71,830	78,007	76,375	67,763
Medication Hx Queried	0	0	0	0	0	0
MONTH (CY 2024)	JUL	AUG	SEP	OCT	NOV	DEC
Rx Messages Received	17,601	18,235	17,557	19,158	17,599	19,431
Rx Messages Sent	76,594	77,261	75,379	86,882	75,296	80,984
Medication Hx Queried	0	0	0	0	0	0









Test Results (Continued)

<i>§ 170.315 (c)(1) Record and Export</i>	
Measurement/Metric	Count of exported CQM Data Reports. Number of exported QRDA I files.
Relied Upon Software	Dynamic Health IT (DHIT) CQM Solutions.
Care Settings	Real World Testing was completed in 2024 for the inpatient and ambulatory setting.
Expected Outcome	Customers will be able to track performance and report to CMS for compliance with quality programs.
Key Milestones	Data was collected and analyzed at the following time intervals in 2024: March, June, September, December.
Challenges Encountered	No challenges were encountered in 2024.

Summary of Testing Methods and Key Findings

Clinical Quality Measures were tested in a real-world scenario by collecting data on the frequency in which CQM reports and QRDA I files are exported. We specifically focused on customers who had enabled this functionality in their electronic health records. One customer, with a total of one hundred twenty-eight (128) provider ambulatory practice locations and three (3) hospitals, was identified. These locations were chosen to participate in data collection and analysis for the real-world testing results.

Data was collected on a quarterly basis for all hospital and ambulatory locations recording electronic information in the medical record. The first metric determines how many reports based on individual report ID were exported during the performance period. These reports may include one or more electronic clinical quality measures. The second metric determines how many QRDA I files were exported for Eligible Hospital/CAH quality measures. This process validates effective real-world use as organizations have ongoing monitoring of recorded CQM data to measure performance over time and export valid QRDA I files for submission to CMS based on program deadlines.


Final Outcome(s) & Measurements

As expected, customers were able to export reports throughout the measurement period to track performance and report to CMS and test systems without errors. This demonstrates real-world compliance with recording and exporting according to the certification criteria.

Calendar Year 2024	Q1	Q2	Q3	Q4
Count of exported CQM Data Reports	174	177	242	116
Number of QRDA I Files Exported	264	239	240	163

Attestation

These Real World Testing results are complete with all required elements, including measures that address all certification criteria and care settings. All information in this document is up to date and fully addresses metrics defined in the Real World Testing Plan.

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