

170.315(f)(1) – Transmission to Immunization
Real World Testing 2021**GENERAL INFORMATION**

Plan Report ID Number: 2021v1_F1

Developer Name: Systemedx, Inc.

Product Name(s): Systemedx Clinical Navigator

Version Number(s): 2022.12

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2857.Syst.22.01.1.221215

Developer Real World Testing Plan and Result Page URL: <https://www.systemedx.com/mipssolutions.html>

WITHDRAWN PRODUCTS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):	Systemedx Clinical Navigator
Version Number(s):	2019.10
CHPL Product Number(s):	15.04.04.2857.Syst.19.01.1.191208
Date(s) Withdrawn:	12/31/2022
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products.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.]	Most data represented in this report period was captured utilizing this withdrawn version as the new version did not replace it prior to year end.

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SUMMARY OF TESTING METHODS AND KEY FINDINGS

The data used for reporting this comes from data tracked across 16 clinics.

Across all settings polled for the year 2022, only around 2% of attempted immunization transmissions had any sort of error occur. When comparing specialty to non-specialty settings, only one specialty setting significantly contributed to the results. All other significant results show that internal medicine (general practitioner) and urgent care settings are the primary settings concerned with this information. Among Specialty clinics polled, the error rate was only 1.3% of attempted submissions. Among non-specialty settings, the error rate was slightly higher at 2.3% of submissions having errors.

Percentages remained consistent throughout the year in each quarter.

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.

☒ No, none of my products include these voluntary standards.

Care Setting(s)

The expectation is that a developer's Real World Testing is conducted within each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use.

List each care setting that was tested.

Ambulatory Internal/Family Medicine
Ambulatory Orthopedics
Ambulatory Allergy Clinics
Other Specialties (including Rheumatology, surgery, neurology)

Metrics and Outcomes

DESCRIPTION OF MEASUREMENT/METRIC

The percentage of immunization records that had error syncing with immunization registry vs total eligible immunizations.

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ASSOCIATED CERTIFICATION CRITERIA

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OUTCOMES

The expected outcome for this measure is that there will be a greater percentage of immunizations uploaded and succeeded in non-specialist care settings owing to the fact that many specialties do not prioritize immunizations as part of their care plan.

The results of data obtained from the tracking implemented in tables show the predicted outcome to hold true, the success rate overall was quite high of immunization transmissions. Also, the relative amount of immunization uploads was higher in non-specialty settings.

RELIED UPON SOFTWARE

No third-party software was relied upon to meet requirements related to this Outcome.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
First Quarter: Observed data over a period of time	Internal Medicine Orthopedics Allergy	Jan - March
Second Quarter: Observed data over a period of time	Internal Medicine Orthopedics Allergy	March - June
Third Quarter: Observed data over a period of time	Internal Medicine Orthopedics Allergy	July - Sept
Fourth Quarter: Observed data over a period of time	Internal Medicine Orthopedics Allergy	Oct - Dec