2024 REAL WORLD TESTING PLAN & RESULTS

Keiser Computers, Inc.- Drs Enterprise

GENERAL INFORMATION

Plan Report ID Number: Drs Enterprise – 2024 RWT Plan

Developer Name: Keiser Computers, Inc.

Product Name(s): Drs Enterprise

Version Number(s): 12

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.1764.DrsE.12.01.1.221213

CHPL Listing: https://chpl.healthit.gov/#/listing/11072

Developer Real World Testing Plan Page URL: https://www.drsdoc.com/rwt.htm

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Consistent with the ONC's recommendation that "*Real World Testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange*", this test plan focuses on capturing and documenting the number of instances that certified capability is successfully utilized in the real world. The approach will focus on production-based based end-to-end and end-user-centric testing. This allows for appropriate conformity amongst the CEHRT client base reaching a spectrum of clinical and non-clinical end users. This end-to-end and end-user-centered approach will extend beyond the "developer's understanding" of feature and function usability related to the measures within this plan. This approach employs design and function assessment including user feedback and reporting of any non-conformities. Success will be defined by not just successful navigation and criteria specifications being met but also at least one specific metric per measure being fulfilled and documented through RWT testing. This RWT approach requires a commitment to real end-users in the production environment.

STANDARDS UPDATES (SVAP and USCDI)

Standard (and version)	All standards versions are those specified in USCDI v1. For the CY 2024, the developer is not planning to make updates through the SVAP process.
Updated certification criteria and associated product	N/A
CHPL Product Number	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	All the testing measures with the associated certification criteria were updated to support USCDI v1.

MEASURES USED IN OVERALL APPROACH

Each plan must include at least one measurement/metric that addresses each applicable certification criterion in the Health IT Module's scope of certification. Describe the method for measuring how the approach(es) chosen to meet the intent and purpose of Real World Testing.

For each measurement/metric, describe the elements below:

- ✔ Description of the measurement/metric
- ✔ Associated certification criteria
- ✔ Justification for selected measurement/metric
- ✔ Care setting(s) that is addressed
- ✔ Expected outcomes

Description of Measurement/Metric

Describe the measure(s) that will be used to support the overall approach to Real World Testing.

Measurement/Metric	Description
170.315(b)(1)	This measure will test the conformance and usage of the C-CDAs for the Transitions of Care (ToC) using the following: 1) Report the number of C-CDAs created and sent over a three (3) month period. 2) Generate two (2) C-CDAs without failure for functional validation in production.
170.315(b)(2)	This measure will test the conformance and usage of the clinical information reconciliation and incorporation (CIRI) functionality using the following: 1) Survey the medical practices to determine how often the C-CDAs are incorporated and reconciled into the patients' accounts. 2) Import and reconcile a C-CDA for a test patient without failure for functional validation in production.
170.315(b)(10)	This measure will test the conformance and usage of the Electronic Health Information (EHI) export function using the following: 1) Report how often a medical practice is using the EHI export function to export patient data. 2) Export EHI data for a test patient without failure for functional validation in production.
170.315(c)(1)	This measure will test the conformance and usage of the Clinical Quality Measures (CQMs) using the following: 1) Report how many CQMs have reported to CMS for MIPS or other quality programs. 2) Execute the CQM calculation and report the number and list of quality measures configured in the medical practice.

170.315(e)(1)	This measure will test the conformance and usage of the View. Download and Transmit (VTD) function using the following: 1) Report the numbers of C-CDAs viewed, downloaded, or transmitted to a third party over a three (3) month period. 2) Generate a C-CDA, send it to the patient portal, and view and download it for functional validation in production.
170.315(f)(1)	This measure will test the conformance and usage of the immunizations using the following: 1) Report the number of successful immunization messages generated and/or sent to public health registries. 2) Generate an HL7 immunization test message for functional validation in production.
170.315(f)(2)	This measure will test the conformance and usage of the syndromic surveillance using the following: 1) Report the number of successful syndromic surveillance messages generated and/or sent to public health registries. 2) Generate an HL7 syndromic surveillance test message for functional validation in production.
170.315(g)(7)	This measure will review how many different systems or applications are connecting to the EHR via the certified API technology for patient selection.
170.315(g)(9)	This measure will review how many different systems or applications are connecting to the EHR via the certified API technology for all data request(s).
170.315(g)(10)	This measure will review how many different systems or applications are connecting to the EHR via the certified API technology for patient and population services.

Associated Certification Criteria

List certification criteria associated with the measure and if updated to the 2015 Edition Cures Update criteria. If conformance to the criteria depends on any Relied Upon Software, this should be noted in your Real World Testing plan for any metrics that would involve the use of that software in testing.

All the testing measures with the associated certification criteria were updated to the 2015 Edition Cures Update criteria.

Measurement/Metric	Associated Certification Criteria	Relied Upon Software
170.315(b)(1)	§170.315(b)(1) Transitions of care	Updox (Version 2016.1)
170.315(b)(2)	§170.315(b)(2) Clinical information reconciliation and incorporation	DrFirst (Rcopia Version 4)
170.315(b)(10)	§170.315(b)(10) Electronic Health Information export	N/A
170.315(c)(1)	§170.315(c)(1) CQMs - record and export	N/A
170.315(e)(1)	§170.315(e)(1) View, download, and transmit to 3rd party	Updox (Version 2016.1)
170.315(f)(1)	§170.315(f)(1) Transmission to immunization registries	N/A
170.315(f)(2)	§170.315(f)(2) Transmission to public health agencies syndromic surveillance	N/A
170.315(g)(7)	§170.315(g)(7) Application access - patient selection	N/A
170.315(g)(9)	§170.315(g)(9) Application access - all data request	N/A

170.315(g)(10)	§170.315(g)(10) Standardized API for patient and population services	N/A

Justification for Selected Measurement/Metric

Provide an explanation for the measurement/metric selected to conduct Real World Testing.

Measurement/Metric	Justification
170.315(b)(1)	This measure has two metrics to capture. It will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. The creation of the C-CDA in part one indicates that the EHR can generate the patient summary record, including the ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a third party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission which reveals compliance with the associated criteria listed above.
170.315(b)(2)	This measure will survey users to determine real-world interoperability and usability, specifically how often C-CDAs are received from third parties and incorporated into the patient record, and then update the patient's problem list, medication list, and medication allergy list with the clinical data contained in the C-CDA. A survey can better gauge the frequency of reconciliation occurrences than a standard software test. It will reveal if users are utilizing the C-CDA incorporate and update feature of their EHR to update patient records with new information from other sources. In addition, a functional test will be performed to validate the compliance with the associated criterion in real-world use.
170.315(b)(10)	This measure will survey users to determine real-world interoperability and usability, specifically how often clinicians use the Electronic Health Information (EHI) export function. A survey or self-test will provide information on the practical and successful function of the export as well as the impact and value of an interoperability element better than a standard software test evaluation. The Electronic Health Information export can be used for various use cases, including supporting a local Health Information Exchange (HIE) or registry as well as quality and population health metrics.

170.315(c)(1)	This measure will provide a successful count and list of electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS.
170.315(e)(1)	This measure will provide a numeric value and reporting documentation to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create C-CDAs and give the patient access to them for successful visibility, download, and third-party transmission. The patient portal is intended to support patient engagement with their health records. The ability to transmit their patient data, as a C-CDA or human-readable copy, can be a useful feature.
170.315(f)(1)	This measure will be used to determine real-world interoperability and usability, specifically how many successful immunization messages were sent to an immunization information system (IIS) or public health immunization registries by the provider. This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create an immunization message, including the ability to record all clinical data elements, and by sending the message (where applicable by practice need), the EHR demonstrates successful interoperability with an IIS/immunization registry.
170.315(f)(2)	This measure will provide a numeric value to indicate both how often this interoperability feature is being successfully used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create a syndromic surveillance message, including the ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with a public health registry.
170.315(g)(7)	This measure will survey users to determine real-world interoperability and usability, specifically how many third-party systems or applications are integrated and using the EHR's API interface. A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. API capabilities are an important component of the modern health IT system, and utilization of API resources will help improve patient care and care coordination.

170.315(g)(9)	This measure will survey users to determine real-world interoperability and usability, specifically how many third-party systems or applications are integrated and using the EHR's API interface. A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. API capabilities are an important component of the modern health IT system, and utilization of API resources will help improve patient care and care coordination.
170.315(g)(10)	This measure will survey users to determine real-world interoperability and usability, specifically how many third-party systems or applications are integrated and using the EHR's API interface. A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. API capabilities are an important component of the modern health IT system, and utilization of API resources will help improve patient care and care coordination.

Care Setting(s)

The expectation is that a developer's Real World Testing plan will address 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. Developers should address their choice of care and/or practice settings to test and provide a justification for the chosen approach.

Note: Health IT developers may bundle products by care setting, criteria, etc., and design one plan to address each, or they may submit any combination of multiple plans that collectively address their products and the care settings in which they are marketed

List each care setting that is covered by the measure and an explanation for why it is included.

Care Setting	Justification
Ambulatory out-patient practices	Keiser Computers markets its Drs Enterprise product for ambulatory outpatient practices only, and all the testing measures were designed with this clinical setting in mind. We will test a minimum of three (3) medical practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users using the certified EHR product and its modules.

Expected Outcomes

Health IT developers should detail how the approaches chosen will successfully demonstrate that the certified health IT:

1) is compliant with the certification criteria, including the required technical standards and vocabulary code sets;
2) is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use; and/or,
3) EHI is received by and used in the certified health IT.

(from 85 FR 25766)

Not all of the expected outcomes listed above will be applicable to every certified Health IT Module, and health IT developers may add an additional description of how their measurement approach best addresses the ongoing interoperability functionality of their product(s). Health IT developers could also detail outcomes that should not result from their measurement approach if that better describes their efforts.

Within this section, health IT developers should also describe how the specific data collected from their Real World Testing measures demonstrate expected results. Expected outcomes and specific measures do not necessarily have to include performance targets or benchmarks, but health IT developers should provide context for why specific measures were selected and how the metrics demonstrate individual criterion functionality, EHI exchange, and/or use of EHI within certified health IT, as appropriate.

Measurement/Metric	Expected Outcomes
170.315(b)(1)	We will test a sample of our user base to get reporting values on C-CDAs sent as well as the performance of C-CDA error detection. Metric #1: Report the numbers of C-CDAs sent over a three (3) month period. This metric can come from system reports. A successful measure increment indicates compliance with the underlying ONC criteria, including the successful creation of the C-CDA patient summary record and recording of the required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate the ability to confirm the successful interoperability of an exchanged patient record with a third party, including support for Direct Edge protocol in connecting to an HISP. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts. Metric #2: Confirm the successful creation of two unique C-CDAs by each medical practice without failure. This metric will track and report a user's ability to successfully generate a C-CDA in the production environment. Any failures or non-conformities will be documented. The outcome will be tracked using line-item reporting by practice.
170.315(b)(2)	Metric #1: The user will be asked a survey question about how often they are using the C-CDA incorporate and update feature and will be given the survey answer choices below: • Regularly • Sporadically • Rarely • Never • Don't Know The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, the response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system. Metric #2: The user will be asked to incorporate and reconcile a C-CDA for a test patient to measure the success of the medical reconciliation. We will expect to see successful use of the record incorporation and reconciliation across each practice test.

170.315(b)(10)	Metric #1: The user will also be asked a survey question about how often they perform the export during an average month and will be given the survey answer choices below: • Regularly • Sporadically • Rarely • Never • Don't Know The answer will provide insight into how clinicians generate and export patient data and view the value of this interoperability feature. For example, a response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system. Metric #2: The user will be asked to create an export to gauge the successful creation of the Electronic Health Information (EHI) export.
170.315(c)(1)	The measurement will be considered complete and successful regardless of the count and list of practice-specific CQMs submitted to CMS over a given interval. We will ask our customer users to report on the number of CQMs they successfully reported to CMS which reveals compliance with the associated criteria listed above. A successful measure submission indicates compliance with the underlying ONC criteria. It will show that the EHR can do calculations on the CQMs and that they are accepted by CMS. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. We will use the measured result to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.
170.315(e)(1)	We will contact a sample of our user base to get reporting values on patient portal access as well as patients' use of the portal's interoperability features. Report the number of patients C-CDAs created over a three (3) month period. Separately this measure will also examine or enroll a patient and confirm that the patient (or authorized representative) can see, download, and initiate transmission outside of the CEHRT. The measurement will produce a numeric result and a line-item report of patient usability congruent with the measure. We will utilize various reports and audit logs to determine our measure count. A successful measure increment indicates compliance with the underlying ONC criteria listed above. Line-item reporting for successful access to view, download, and transmit confirms the real-world use of this function.

170.315(f)(1)	As the clinician user submits immunization messages in their normal workflow and clinical activities, we will obtain their messaging metrics to evaluate real-world interoperability. To capture this information, we will either use a special report to gather this information from our system or have the clinician user obtain the usage report from the registry. A successful measure increment indicates compliance with the underlying ONC criteria. It will show that the EHR can create the HL7 immunization record, including the ability to record the required clinical data elements. In sending the immunization message, the EHR will demonstrate the ability to confirm the successful interoperability of patient's immunization data to an IIS/immunization registry. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly lack of use or need for this functionality. In the event a practice is sampled that does not send to a local or state immunization registry or a practice that does this cannot be identified, the file generation itself will also be considered a successful outcome. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.
170.315(f)(2)	The measurement will produce validated, successful, numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count. A successful measure increment indicates compliance with the underlying ONC criteria. It will show that the EHR can create the HL7 syndromic surveillance message, including the ability to record the required clinical data elements. In sending the syndromic surveillance message, the EHR will demonstrate the ability to confirm the successful interoperability of patient immunization data to a public health registry. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. In the event a practice is sampled that does not send to a local or state public health agency or a practice that does this cannot be identified, the generation of a syndromic surveillance file itself will be considered a successful measure outcome. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.

170.315(g)(7)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, responses may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system.
170.315(g)(9)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, responses may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system.
170.315(g)(10)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, responses may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system.

SCHEDULE OF KEY MILESTONES

Include steps within the Real World Testing plan that establish milestones within the process. Include details on how and when the developer will implement measures and collect data. Key milestones should be relevant and directly related to the expected outcomes discussed in the next section.

For each key milestone, describe when Real World Testing will begin in specific care settings and the date/timeframe during which data will be collected.

Key Milestone	Care Setting	Date/Timeframe
Complete and submit the 2023 RWT Results to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	December 2023
Begin communication with clients to ask for their support and participation in real-world testing. The goal is to have enough clients committed for real-world testing by the end of 1Q-2024.	Ambulatory out-patient practices	Q1 2024
Real-world testing with clients will be scheduled and performed. It is expected that a preparatory call will be done with clients to prepare them for testing activities.	Ambulatory out-patient practices	Q2 2024
End of Real-World Testing period. Results will be documented in the test results section of the test plan and ultimately used to build the test report. If any non-compliance is observed, we will notify the ONC-ACB of the findings and make the necessary changes required.	Ambulatory out-patient practices	Q3 2024
Complete and submit the 2025 RWT Plan to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	November 2024
Complete and submit the 2024 RWT Results to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	December 2024

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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Date: 10/20/2023

REAL-WORLD TESTING RESULTS REPORT

CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

Summary Of Change Summarize each element that changed between the plan and the actual execution of Real World Testing.	**Reason** Describe the reason this change occurred	**Impact** Describe what impact this change had on the execution of your Real World Testing activities.
Added functional test for 170.315(b)(2) CIRI	A second metric for 170.315(b)(2) Clinical information reconciliation and incorporation (CIRI) was added to provide functional validation on the testing module.	No impact on the execution of the real-world testing activities
Replaced measurement 170.315(b)(6) Data Export with 170.315(b)(10) EHI Export	The measurement for 170.315(b)(6) Data Export was replaced with 170.315(b)(10) EHI Export according to the ONC certification program.	No impact on the execution of the real-world testing activities
Added functional tests for 170.315(g)(7), 170.315(g)(9), and 170.315(g)(10)	A second metric for 170.315(g)(7), 170.315(g)(9), and 170.315(g)(10) was added to provide functional validation on the testing modules for the API.	No impact on the execution of the real-world testing activities

SUMMARY OF TESTING RESULTS AND KEY FINDINGS

Provide a summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability.

If any non-conformities were discovered and reported to the ONC-ACB during testing, outline these incidences and how they were addressed.

Measurement/Metric	Testing Results	Key Findings
170.315(b)(1) - 1	**§170.315(b)(1) Transitions of care – Metric 1:** Report the numbers of C-CDAs sent over a three (3) month period. **Practice A:** Date Range: 01/01/2024 – 03/31/2024 Total: 0 **Practice B:** Date Range: 01/01/2024 – 03/31/2024 Total: 1 **Practice C:** Date Range: 01/01/2024 – 03/31/2024 Total: 0 **Aggregated Total**: 1	The tested practices are not currently using C-CDA documents. We identified that some practices were using C-CDAs last year; however, they have since transitioned to other methods for transmitting medical data, such as referral reports.
170.315(b)(1) - 2	**§170.315(b)(1) Transitions of care – Metric 2:** Confirm the successful creation of two unique C-CDAs by each practice without failure. **Practice A:** Successfully created two C-CDAs **Practice B:**	The tested practices successfully created two unique C-CDA documents for transitions of care from a test patient without any issues.

	Successfully created two C-CDAs **Practice C:** Successfully created two C-CDAs **Total Successful Rate**: 100%	
170.315(b)(2) - 1	**§170.315(b)(2) Clinical information reconciliation and incorporation – Metric 1:** How often are you using the C-CDA incorporation and reconciliation feature given the survey answer choices below? • Regularly • Sporadically • Rarely • Never • Do not know **Practice A:** Survey answer: Never Period: 01/01/2024 – 03/31/2024 Database records: 0 **Practice B:** Survey answer: Rarely Period: 01/01/2024 – 03/31/2024 Database records: 0 **Practice C:** Survey answer: Never Period: 01/01/2024 – 03/31/2024 Database records: 0 **Aggregated Total**: 0	The C-CDA incorporation and reconciliation feature is underutilized in production. During the testing period, the tested practices did not receive any or incorporate C-CDA documents.

170.315(b)(2) - 2	**§170.315(b)(2) Clinical information reconciliation and incorporation – Metric 2:** Import and reconcile a C-CDA for a test patient without failure for functional validation in production. **Practice A:** Successfully imported and reconciled C-CDA **Practice B:** Successfully imported and reconciled C-CDA **Practice C:** Successfully imported and reconciled C-CDA **Total Successful Rate**: 100%	The tested practices successfully imported a test C-CDA into a test patient's record and reconciled the medical data (problems, medications, and allergies) without any issues.
170.315(b)(10) - 1	**§170.315(b)(10) EHI Export – Metric 1:** How often does the practice perform the EHI data export during an average month given the survey answer choices below? • Regularly • Sporadically • Rarely • Never • Do not know **Practice A:** Never **Practice B:** Never **Practice C:** Never	Based on the survey responses and data analysis, we found that the Electronic Health Information (EHI) Export functionality is not currently being utilized by the tested practices, and there is no identified need for its use.
170.315(b)(10) - 2	**§170.315(b)(10) EHI Export – Metric 2:** Export EHI data for a test patient without failure for functional validation in production. **Practice A:** Successfully exported EHI data. **Practice B:** Successfully exported EHI data. **Practice C:** Successfully exported EHI	The tested practices successfully exported the Electronic Health Information (EHI) data for a test patient without any issues.

	data. **Total Successful Rate**: 100%	
170.315(c)(1) - 1	**§170.315(c)(1) CQMs - record and export – Metric 1:** How many CQMs have you (or your practice) successfully reported to CMS for MIPS or other quality measures? **Practice A:** None, the practice is not using the CQM module. **Practice B:** None, the practice is not using the CQM module. **Practice C:** None, the practice is not using the CQM module.	The tested practices do not utilize the Clinical Quality Measures (CQMs) from the tested module. These small practices are not required to participate in the Merit-based Incentive Payment System (MIPS) using the Certified Electronic Health Record Technology (CEHRT) product.
170.315(c)(1) - 2	**§170.315(c)(1) CQMs - record and export – Metric 2:** Which CQMs have you (or your practice) successfully reported to CMS for MIPS or other quality measures? List each measure below. The tested practices are not using the CQMs within the CEHRT, however, the CQMs are enabled and tracking the data. **Practice A:** There are 10 CQMs available for the practice. Successfully ran the CQM report. **Practice B:** There are 10 CQMs available for the practice. Successfully ran the CQM report. **Practice C:** There are 10 CQMs available for the practice. Successfully ran the CQM report.	The list of CQMs in production is aligned with the CEHRT development. A CQM report was run for all 10 CQMs listed on the tested practices for the period from 01/01/2024 to 12/31/2024. The following CQMs are available on the tested practices: CMS2v13, CMS50v12, CMS68v13, CMS69v12, CMS90v13, CMS122v12, CMS130v12, CMS131v12, CMS138v12 and CMS165v12

170.315(e)(1) - 1	**§170.315(e)(1) View, download, and transmit to 3rd party. Metric 1:** How many C-CDAs have been viewed, downloaded, or transmitted (VDT) over a three (3) month period? **Practice A:** Date Range: 01/01/2024 – 03/31/2024 Total: 3 **Practice B:** Date Range: 01/01/2024 – 03/31/2024 Total: 4 **Practice C:** Date Range: 01/01/2024 – 03/31/2024 Total: 3 **Aggregated Total**: 10	The tested practices are utilizing the VDT (View, Download, or Transmit) functionality according to practice needs and patient requests for medical records. We identified that the reported number of VDTs includes data sent last year, with some patients recently viewing, downloading, or transmitting this information.
170.315(e)(1) - 2	**§170.315(e)(1) View, download, and transmit to 3rd party. Metric 2:** Can you generate and see a C-CDA for a real or test patient in the Portal? Is the C-CDA able to be downloaded? **Practice A:** Yes, the practice was able to create a C-CDA and send it to the portal, view it, and download it. **Practice B:** Yes, the practice was able to create a C-CDA and send it to the portal, view it, and download it. **Practice C:** Yes, the practice was able to create a C-CDA and send it to the portal, view it, and download it. **Total Successful Rate**: 100%	The tested practices successfully created a C-CDA document and sent it to the patient portal. The C-CDA was then accessed, viewed, and downloaded from the portal without any issues.

170.315(f)(1) - 1	**§170.315(f)(1) Transmission to immunization registries. Metric 1:** How often is the practice or site using the immunization registry entries and submissions over the last 90 days? **Practice A:** The tested practice is not using the immunization module. **Practice B:** The tested practice is not using the immunization module. **Practice C:** The tested practice is not using the immunization module.	The tested practices do not utilize the immunizations module, and they are not required to record or report immunization information.
170.315(f)(1) - 2	**§170.315(f)(1) Transmission to immunization registries. Metric 2:** If not using an immunization registry, can you enter an immunization for a test patient and successfully generate an immunization message? **Practice A:** Successfully created an immunization message. **Practice B:** Successfully created an immunization message. **Practice C:** Successfully created an immunization message. **Total Successful Rate:** 100%	The tested practices successfully created an immunization message message for a test patient.
170.315(f)(2) - 1	**§170.315(f)(2) Transmission to public health agencies syndromic surveillance. Metric 1:** How often is the practice or site using the syndromic surveillance registry entries and submissions over the last 90 days? **Practice A:** The tested practice is not using the syndromic surveillance module. **Practice B:** The tested practice is not using the syndromic surveillance module.	The tested practices don't use the syndromic surveillance module, and they are not required to report such information.

	Practice C: The tested practice is not using the syndromic surveillance module.	
170.315(f)(2) - 2	**§170.315(f)(2) Transmission to public health agencies syndromic surveillance. Metric 2:** If not using the syndromic surveillance registry, can you enter a syndromic surveillance result (e.g. HIV or Hepatitis) for a test patient and successfully generate a syndromic surveillance message? **Practice A:** Successfully created a syndromic surveillance message. **Practice B:** Successfully created a syndromic surveillance message. **Practice C:** Successfully created a syndromic surveillance message. **Total Successful Rate**: 100%	The tested practices successfully created a syndromic surveillance message for a test patient.
170.315(g)(7) - 1	**§170.315(g)(7) Application access - patient selection. Metric 1:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? **Practice A:** The tested practice does not utilize API technology. **Practice B:** The tested practice does not utilize API technology. **Practice C:** The tested practice does not utilize API technology.	There is currently no production-level utilization of the certified API technology by the tested practices.
170.315(g)(7) - 2	**§170.315(g)(7) Application access - patient selection. Metric 2:** Conduct a comprehensive validation test to assess the technology's capability and performance in alignment with the specified testing criterion.	An internal test was conducted to validate the testing module within a controlled environment. By adhering to this methodology, we ensure that the certified module complies with the 170.315(g)(7) requirements and specifications.

	Methodology: Used the Inferno Test Kit version 7.0.2 to send a request with patient information to the testing module and verified that returns a unique ID. **Result**: The tested module successfully identified the test patient and returned a valid ID. **Pass Rate:** 100%	
170.315(g)(9) - 1	**§170.315(g)(9) Application access - all data requests. Metric 1:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? **Practice A:** The tested practice does not utilize API technology. **Practice B:** The tested practice does not utilize API technology. **Practice C:** The tested practice does not utilize API technology.	There is currently no production-level utilization of the certified API technology by the tested practices.
170.315(g)(9) - 2	**§170.315(g)(9) Application access - all data requests. Metric 2:** Conduct a comprehensive validation test to assess the technology's capability and performance in alignment with the specified testing criterion. **Methodology**: Utilized the official ETT C-CDA R2.1 validator to validate the requested C-CDA documents for testing the 170.315(g)(9) criterion. **Result**: The tested module successfully generated C-CDA documents for three test patients via API requests. The output data was validated and passed using the ETT C-CDA R2.1 Validator for USCDI v1.	An internal test was conducted to validate the testing module within a controlled environment. By adhering to this methodology, we ensure that the certified module complies with the 170.315(g)(9) requirements and specifications.

	Pass Rate: 100%	
170.315(g)(10) - 1	**§170.315(g)(10) Standardized API for patient and population services. Metric 2:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? **Practice A:** The tested practice does not utilize API technology. **Practice B:** The tested practice does not utilize API technology. **Practice C:** The tested practice does not utilize API technology.	There is currently no production-level utilization of the certified API technology by the tested practices.
170.315(g)(10) - 2	**§170.315(g)(10) Standardized API for patient and population services. Metric 2:** Conduct a comprehensive validation test to assess the technology's capability and performance in alignment with the specified testing criterion. **Methodology**: Used the ONC Certification (g)(10) Standardized API Test Kit to test all the requirements of the Standardized API for Patient and Population Services criterion 170.315(g)(10). **Result**: The tested module successfully passed all the required tests for the ONC Certification (g)(10) Standardized API Test Kit version 7.0.2. **Pass Rate:** 100%	An internal test was conducted to validate the testing module within a controlled environment. By adhering to this methodology, we ensure that the certified module complies with the 170.315(g)(10) requirements and specifications.

STANDARDS UPDATES

For the 2024 real-world testing, we tested the certified modules with USCDI v1.

Standard (and version)	All standard versions are those specified in USCDI v1. For the CY 2024, the developer did not make updates through the SVAP process.
Updated certification criteria and associated product	N/A
CHPL Product Number	N/A
Conformance measure	N/A

CARE SETTING(S)

Care Setting	Justification
Ambulatory out-patient practices	We tested a minimum of three (3) medical practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users using the certified EHR product and its modules.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Completed the real-world test for Practice A	Ambulatory out-patient practice	December 11, 2024
Completed the real-world test for Practice B	Ambulatory out-patient practice	December 12, 2024
Completed the real-world test for Practice C	Ambulatory out-patient practice	December 17, 2024
Completed tests for G.7, G.9, and G.10 for API technology.	Ambulatory out-patient practice	December 24, 2024
Completed the test results report	Ambulatory out-patient practices	December 27, 2024