2022 REAL WORLD TESTING PLAN & RESULTS

Keiser Computers Inc., Drs Enterprise

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: Keiser Computers, Inc.

Product Name(s): Drs Enterprise

Version Number(s): 11

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.1764.DrsE.11.00.1.191220

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

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Consistent with the ONC's recommendation that "Real World Testing verify 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 end-to-end 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 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 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 (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.

Describe approach(es) for demonstrating conformance to all certification requirements using each standard to which the health IT is certified. List each version of a given standard separately. For each version of a standard submit the following:

- Identify standard versions
- Indicate what certification criteria in which product(s) has been updated
- If reporting for multiple products, identify the certification criteria that were affected by the update for each of the associated products

- CHPL Product Number for each Health IT Module
- Method used for standard update (e.g., SVAP)
- Date notification sent to ONC-ACB
- If SVAP, date notification sent to customers
- Measure used to demonstrate conformance with updated standard(s)
- Which certification criteria were updated to USCDI and/or to which version of USCDI was the certification criteria updated?

Standard (and version)	N/A
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)	N/A

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 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)	Over a 90-day period: 1) Number of CCDAs created and sent 3) Number of CCDAs received via edge protocols
170.315(b)(2)	CCDA quantifiable utilization over a given period of time and CCDA functional validation in production
170.315(b)(6)	Data export validation in production using batch export
170. 315(c)(1)	Over a 90-day period: 1) Number and list of quality measures configured in instance 2) Number of quality measures with positive numerator values 3) Number of quality measures with positive denominator values
170.315(e)(1)	Quantifiable count of record over a given interval of time for view, download, and transmit (VDT).
170.315(f)(1)	A reporting measure to determine the number of successful immunization messages generated and/or sent to public health registries.
170.315(f)(2)	A survey measure to determine the number of successful syndromic surveillance registries in use.
170.315(g)(7)	A survey measure to determine how many different systems or applications are connecting to the EHR via the API for patient selection.
170.315(g)(8)	A survey measure to determine how many different systems or applications are connecting to the EHR via the API for data category request(s).
170.315(g)(9)	A survey measure to determine how many different systems or applications are connecting to the EHR via the API for all data request(s).

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 use of that software in testing.

Measurement/Metric	Associated Certification Criteria	Relied Upon Software (if applicable)
170.315(b)(1)	Criteria Link	Updox (Version 2016.1)
170.315(b)(2)	Criteria Link	DrFirst (Version Rcopia 4)
170.315 (b)(6)	Criteria Link	N/A
170. 315(c)(1)	Criteria Link	N/A
170.315(e)(1)	Criteria Link	Updox (Version 2016.1)
170.315(f)(1)	Criteria Link	N/A
170.315(f)(2)	Criteria Line	N/A
170.315(g)(7)	Criteria Link (g)(7)	N/A
170.315(g)(8)	Criteria Link (g)(8)	N/A
170.315(g)(9)	Criteria Link (g)(9)	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 use case has two measures 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 updating the patient's problem list, medication list, and medication allergy list with the clinical data contained in the C-CDA. A survey will provide information on the frequency of the reconciliation occurrence(s) better than a standard software test evaluation. This survey measure will reveal if users are using the C-CDA incorporate and update feature of their EHR to update their patient's record with current or new information from another source. Through this means of testing, we can determine compliance with the associated criteria listed above in real world use.
170.315(b)(6)	We do not know how many of our customers are actually using the batch patient data export feature, so we believe the best means to evaluate real world

	interoperability is to survey them on use of this criterion. This measure will survey users to determine real-world interoperability and usability, specifically how often clinicians use the batch patient data export feature. 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. Batch patient data export can be used for various use cases, including supporting a local 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 use case 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 CCDAs and give the patient access to it 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 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 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)	We do not know how many of our customers are actually using the API functionality. So we believe the best means to evaluate real world interoperability is to survey them on use of these criteria. 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)(8)	We do not know how many of our customers are actually using the API functionality. So we believe the best means to evaluate real world interoperability is to survey them on use of these criteria. 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)	We do not know how many of our customers are actually using the API functionality. So we believe the best means to evaluate real world interoperability is to survey them on use of these criteria. 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.

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

Care Setting	Justification
170.315(b)(1)	We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR using this function.
170.315(b)(2)	We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR using this function.
170.315 (b)(6)	We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR using this function.
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170.315(f)(2)	We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR using this function.
170.315(g)(7)	We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR using this function.

170.315(g)(8)	We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.
170.315(g)(9)	We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

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 codes 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 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 successful creation of the C-CDA patient summary record and recording the required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate ability to confirm successful interoperability of an exchanged patient record with a third party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience; not completing this measure may indicate lack of understanding or possibly 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 CCDAs by each practice without failure.

	This metric will track and report a user's ability to successfully generate a CCDA 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)	The user will be asked the survey question of how often you 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, 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. In regard to functional use, we will also expect to see successful use of reconciliation and record incorporation across each practice tested.
170.315 (b)(6)	The user will be asked to create an export to gauge the successful creation of the export. The user will also be asked a survey question of how often they perform the batch patient data 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, 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.
170. 315(c)(1)	*The measurement will be considered complete and successful regardless of the count and list of practice specific eCQMs submitted to CMS over a given interval. We will ask our customer users to report on the number of eCQMs 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 eCQMs and that they are accepted by CMS. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience; not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.* *We will use the measure 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 CCDAs created over a three (3) month period. Separately this measure will also examine or enroll a patient and confirm that the patient (or respective proxy) 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 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 ability to record the required clinical data elements. In sending the immunization message, the EHR will demonstrate ability to confirm successful interoperability of patient's immunization data to an IIS/immunization registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience; not completing this measure may indicate 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 ability to record the required clinical data elements. In sending the syndromic surveillance message, the EHR will demonstrate ability to confirm successful interoperability of patient's immunization data to a public health registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience; not completing this measure may indicate 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 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)(8)	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.

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 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
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-2022.	Ambulatory out-patient practices	Q1 2022
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. Results will be documented in the test results section of the test plan and ultimately used to build the test report. If any non-compliances are observed, we will notify the ONC-ACB of the findings and make the necessary changes required.	Ambulatory out-patient practices	Q2 and Q3 2022
During the last quarter of the year, the CY 2023 real-world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission before the end of the year.	Ambulatory out-patient practices	Q4 2022
We will document our CY 2022 test results into our RWT Test Report and submit to our ONC-ACB.	Ambulatory out-patient practices	February 2023

ATTESTATION

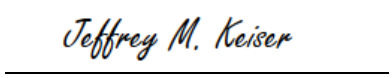
This Real World Testing plan and corresponding results summary below are complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the health IT developer's Real World Testing requirements.

Authorized Representative Name: Jeffrey Keiser

Authorized Representative Email: jkeiser@drsdoc.com

Authorized Representative Phone: 954-771-3511

Authorized Representative Signature:



Date: October 27, 2021

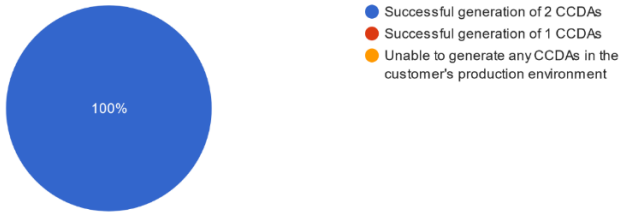
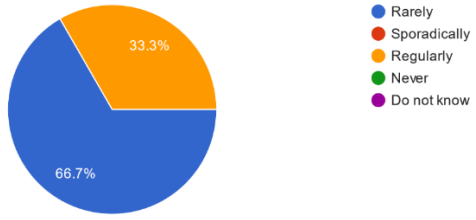
[i] Certified health IT continues to be compliant with the certification criteria, including the required technical standards and vocabulary codes sets; certified health IT is exchanging EHI in the care and practice settings for which it is marketed for use; and EHI is received by and used in the certified health IT. (85 FR 25766)

[ii] https://www.federalregister.gov/d/2020-07419/p-3582

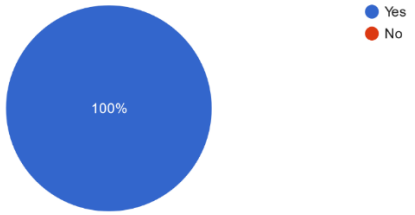
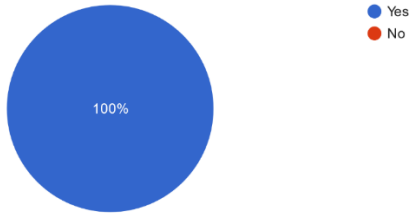
RWT Test Results Summary and Details

CEHRT Vendor RWT Testing Summary

Testing proceeded as planned within key millstones parameters of the original RWT plan. Care settings for user testing remained aligned with the 2022 RWT plan. All metrics were followed as written and provided to the ONC. No changes were made to the 2022 Real World Test plans since development or at any point before or after test sessions of metrics. No products have been withdrawn. Our overall findings show that EHR is working as it was certified as no errors or non-compliances were observed

Measurement/ Metric	Results	Key Finding(s)
170.315(b)(1)	Care Coordination § 170.315(b)(1) Transitions of care Metric #1: Report the numbers of C-CDAs sent over a three (3) month period. Record a numeric total below. 3 responses Time frame 5/1/2022-8/1/2022 1341 CCDAs generated - Note report tracks CCDA by unique patient count Date range (5/1/2022 - 8/1/2022) Total number of CCDs is 0 Date range (5/1/22-8/1/22) 1 CCDAs sent over this time frame.	CCDAs can and are being successfully utilized in production but on a very limited basis based on our results.
	Care Coordination § 170.315(b)(1) Transitions of care Metric #2: Confirm the successful creation of two unique CCDAs by each practice without failure. 3 responses 	
170.315(b)(2)	Care Coordination § 170.315(b)(2) Clinical information reconciliation and incorporation: How often you are using the C-CDA incorporate and update fe...nd will be given the survey answer choices below: 3 responses 	The use and incorporation of CCDAs is being utilized successfully in production with moderate utilization

170.315 (b)(6)	Care Coordination§ 170.315(b)(6) Data export: How often does the practice perform the batch patient data export during an average month and will be given the survey answer choices below: 3 responses 	The use of data export is not being utilized at present within this criteria.
170. 315(c)(1)	Clinical Quality Measures § 170.315(c)(1)—record and export: Which CQMs have you (or your practice) successfully reported to CMS for MIPS or other quality measures? i.e. Quality Measure ID 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%). List each measure below. 3 responses While the practice is not using the CQMs within the CEHRT the following measure are shown as enabled for tracking: CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan, CMS50: Closing the Referral Loop: Receipt of Specialist Report, CMS68: Documentation of Current Medications in the Medical Record, CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, CMS90: Functional Status Assessments for Congestive Heart Failure, CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, CMS156: Use of High-Risk Medications in the Elderly, CMS165: Controlling High Blood Pressure Preventive Care and Screening: Screening for Depression and Follow-Up Plan, Closing the Referral Loop: Receipt of Specialist Report, Documentation of Current Medications in the Medical Record, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, Functional Status Assessments for Congestive Heart Failure, Diabetes: Eye Exam, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, Use of High-Risk Medications in the Elderly, Controlling High Blood Pressure Controlling High Blood Pressure, Use of High-Risk Medications in the Elderly, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, Diabetes: Eye Exam, Functional Status Assessments for Congestive Heart Failure, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, Documentation of Current Medications in the Medical Record, Closing the Referral Loop: Receipt of Specialist Report, Preventive Care and Screening: Screening for Depression and	The list of CQMs in production is aligned with CEHRT development and all measures are highly utilized in production.
170.315(e)(1)	Patient Engagement § 170.315(e)(1) View, download, and transmit to 3rd party: How many CCDAs have been created over the last 3 months? Record a numeric response below. 3 responses Time frame 5/1/2022-8/1/2022 114 VDTs reported in output- Note report tracks VDT by unique patient count Date range (5/1/2022 - 8/1/2022) Total number of VDTs is 3 Date range (5/1/2022 - 8/1/2022) Total number of VDTs is 5	There is limited use of VDTs over 90-day intervals.
	Patient Engagement § 170.315(e)(1) View, download, and transmit to 3rd party: Can you generate and see a CCDA for a real or test patient? Is the CCDA able to be downloaded? 3 responses Yes Yes - generated and downloaded Date range (5/1/22-8/1/22) 5 VDTs over this time frame.	

170.315(f)(1)	Public Health § 170.315(f)(1) Transmission to immunization registries - How often is the practice or site using an immunization registry entries and submissions over the last 90 days? If you are not using the immunization registry document "N/A" and proceed to the next question. 3 responses The practice does not provide or track immunizatons due to the speciality/line of service, orthopedics. N/A - Never the doctors does not administer immunizations N/A	There is no production level utilization of immunizations registries at this time.
	Public Health § 170.315(f)(1) Transmission to immunization registries - If not using the immunization registry, can you enter a immunizatio...cessfully generate an immunization registry file? 3 responses 	
170.315(f)(2)	Public Health § 170.315(f)(2) Transmission to public health agencies syndromic surveillance - How often is the practice or site using the syndromic surveillance registry entries and submissions over the last 90 days? If you are not using the syndromic surveillance registry document "N/A" and proceed to the next question. 3 responses Never, The practice does not diagnose or treat these conditions due to the speciality/line of service, orthopedics. No - 0 does not diagnose or treat N/A	There is no production level utilization of syndromic registries at this time.
	Public Health § 170.315(f)(2) Transmission to public health agencies syndromic surveillance - If not using the syndromic surveillance registry, can y...ly generate a syndromic surveillance registry file? 3 responses 	

170.315(g)(7),(8), and (9)	Application Programming Interfaces § 170.315(g)(7) Application access— patient selection § 170.315(g)(8) Application access— data category request§ 170.315(g)(9) Application access— all data request: Do you or your practice utilize any API functionality? If, so how many systems or applications are you connected to? 3 responses The practice uses no APIs at present. No current APIs in use. No API in use.	The use of APIs is non-existent at this time.