REAL WORLD TESTING RESULTS REPORT

INTRODUCTION

This document contains a list of the steps taken to conduct the annual Real World Testing requirements for ONC certification. The Results within this document were reviewed as Screenshots and spreadsheets for their compliance with the criteria defined in the test plan. These artifacts will be maintained by the health IT developer for audit purposes or further requests.

GENERAL INFORMATION

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

Product Name(s): **CGM Plus**

Version Number(s): **4.1**

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2700.Plus.04.01.1.221229

Developer Real World Testing Plan Page URL: https://emds.com/certifications/

[OPTIONAL] WITHDRAWN PRODUCTS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):	eMDs Plus
Version Number(s):	4.0
CHPL Product Number(s):	15.04.04.2881.eMDs.04.00.1.181231
Date(s) Withdrawn:	12/31/2022
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products.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.]	All RWT data was collected using the Plus 4.0 version.

SUMMARY OF TESTING METHODS 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.

Note: A single Real World Testing results report may address multiple products and certification criteria for multiple care settings.

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***", our original test plan focused on capturing and documenting the number of instances that certified capability was successfully utilized in the real world. In instances where no evidence exists due to low or zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

As per the test plan, we leveraged a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate was used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might be accounted for by patient volume, location or provider preference among other reasons. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments were used to measure which certified actions were performed at the conclusion of a given time period where the minimum time period was 90 days and longer where possible. These results are typically obtained by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests were live tested as opposed to examining historical usage statistics. The goal being to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed for the successful testing and obtaining results for each criterion. Detailed below in the **Metrics and Outcomes** section the reader will find evidential data in the form of a Summative result(s) or Interactive test outcome for each certified criteria for **Plus EHR**.

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.

[X] No, none of my products include these voluntary standards.

Standard (and version)	Updated certification criteria and associated product	CHPL Product Number	Conformance Measure
N/A	*N/A*	*N/A*	*N/A*

Care Setting(s)

Plus EHR is marketed primarily to ambulatory practices. eMDs does not market differently for different specialties, nor does the certified Health IT function differently in different care settings.

Care Setting	Justification
Primary Care	Family Medicine, Pediatrics, OB/GYN, etc.
General Specialties	Internal Medicine, Neurology, Cardiology, etc.
Orthopedic Specialties	Physical Therapy, Orthopedics, Podiatry, etc.
Surgical Specialties	General Surgery, Plastic Surgery, Hand Surgery, etc.
Behavioral Health	All mental and behavioral health care settings

Metrics and Outcomes

Within this section is a list of the results collected from the **Plus EHR** solution Real World Testing measures as defined in its Real World Test plan. Most of the RWT data was gathered by tracking counts of user-actions, such as exporting a CCDA, and saving results to a central metrics database for reporting purposes. Data on electronic prescribing was gathered from a centralized routing database table that saves message transactions sent to pharmacies via Surescripts. Outcomes are listed as Pass, Pass with Exception, or Fail determined by the success of obtaining testing results. The results are not referenced in this document but are available to authorized personnel upon request.

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315(b)(1) Transitions of care	Over a 90-day period: 1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3) Number of CCDAs received via edge protocols	N/A	Pass 1. 2 2. 2 3. 20	
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1) 1)Number of times a user reconciled medication list data from a received CCDA 2) 2)Number of times a user reconciled allergies and intolerance list data from a received CCDA 3) 3)Number of times a user reconciled problem list data from a received CCDA	N/A	Pass 1. 368 2. 137 3. 151	
170.315(b)(3) Electronic prescribing	Over a 90-day period: 1) Number of prescriptions created 2) Number of prescriptions changed 3) Number of prescriptions canceled 4) Number of prescriptions renewed	First DataBank	Pass 1. 181,316 2. 2,223 3. 9,747 4. 43,586	
170.315(b)(6) Data export	Over a 90-day period: 1) Number of times a data export was performed for a patient 2) Number of times a data export was performed for multiple patients in a single transaction 3) Number of times a data export was performed for all patients in a single transaction	N/A	Pass 1. 8 2. 2 3. 2	

170.315(f)(1) Transmission to immunization registries	Over 3 separate unique 10-day periods within a 90-day window: 1) Number (or percentage) of immunization records submitted to the immunization record	N/A	Pass 1. 472	
170.315(g)(7) Application access — patient selection	1) Number of requests for a patient ID or token 2) Number of requests that provided sufficient information to provide a valid response 3) Number of follow-up requests made using the provided patient ID or token	Updox Patient Portal v2016.1	Pass – no customers using API functionality	
170.315(g)(8) Application access — data category request	1) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token 2) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token for a specific date range	Updox Patient Portal v2016.1	Pass – no customers using API functionality	
170.315(g)(9) Application access — all data request	1) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token 2) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range	Updox Patient Portal v2016.1	Pass – no customers using API functionality	

Outcome Details

The following sections contain additional descriptions and test results supporting documentation to provide more context for the testing outcomes defined in the **Metrics and Outcomes** table above.

All Plus customers were upgraded with the latest software version that tracked and reported metrics specific to the criteria listed below.

170.315(b)(1) Transitions of care

Summary Description
Pass **Method:** Summative Testing Over a 90-day period, a total of two customers posted metrics data for this criterion by performing one of the following actions: Exporting a Transition of Care CCDA, sending the CCDA via outbound direct message, and/or receiving a CCDA via inbound direct message.
Justification
This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive them. It is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Per 170.315(b)(1) if it is not feasible to determine what document types were attached to a Direct Message, the criteria being reported can be adapted to reflect the level of specificity you are able to obtain. Therefore, we intend to demonstrate the required certified capabilities by tracking how often CCDAs are created and the frequency with which direct messages are exchanged with external systems where an attachment has been included. Our expectation is that there will be moderate utilization by providers with a high success rate.
Results Supporting Documents
Please contact the CGM Plus team for any results spreadsheets, recordings and workflow screenshots if needed.

170.315(b)(2) Clinical Information Reconciliation and Incorporation

Summary Description
Pass **Method:** Summative Testing Over a 90-day period, a total of 27 customers posted metrics data for this criterion by reconciling one or more patient's allergies, medications and/or problems.
Justification
This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system, match it to the correct patient and reconcile the medication, allergy, and/or problem list, and then incorporate the data into the patient record. The expectation is that each of these steps is done electronically within the certified Health IT module.

While this certified capability is available to our users, most providers in the real world typically perform these steps manually and elect to save any CCDAs received from outside sources as documents attached to the patient's medical record.

Therefore, we intend to record the frequency at which providers are electronically reconciling and incorporating CCDA data that were received from outside providers to demonstrate the certified criteria is available.

Our expectation is that there will be low utilization by providers with a high success rate.

Results Supporting Documents

Please contact the CGM Plus team for any results spreadsheets, recordings and workflow screenshots if needed.

170.315(b)(3) Electronic Prescribing

Summary Description

Pass **Method:** Summative Testing

Over a 90-day period, electronic prescribing transactions were captured for a total of 145 Plus customers. In total, 236,872 electronic prescribing transactions were recorded across the following message types: New Rx, approved change response, approved renewal request, and Cancel Rx.

Justification

This criterion requires the ability of a certified Health IT module to perform prescription related electronic transactions (eRx) that meet required standards.

We intend to demonstrate the required certified capabilities are effective by demonstrating how often the various types of eRx transaction are performed by examining reports generated by our eRx partner, Surescripts. This will demonstrate that providers are actively electronically prescribing and that those eRx transactions are received by the eRx clearinghouse.

Our expectation is there will be high utilization by providers with a high success rate for created and cancelled prescriptions. For prescription changes and renewals, we expect moderate utilization.

Results Supporting Documents

Please contact the CGM Plus team for any results spreadsheets, recordings and workflow screenshots if needed.

170.315(b)(6) Data Export

Summary Description

Pass **Method:** Summative Testing

Over a 90-day period, a total of five Plus customers performed CCDA exports for a single patient, as well as two customers who performed a batch CCDA export for multiple patients.

Justification

This criterion requires the ability of a certified Health IT module to export a summary of a patient's record in CCDA format according to specified standards and vocabulary code sets.

We intend to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be very low utilization by providers with a high success rate.

Results Supporting Documents
Please contact the CGM Plus team for any results spreadsheets, recordings and workflow screenshots if needed.

170.315(g)(7) Application Access — Patient Selection

Summary Description
Pass **Method:** Interactive Testing Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.

Justification
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. To date, the Plus EHR has no implementations against our API technology by our customers or third-party developers.

Results Supporting Documents
Please contact the CGM Plus team for any results spreadsheets, recordings and workflow screenshots if needed.

170.315(g)(8) Application Access — Data Category Request

Summary Description
Pass **Method:** Interactive Testing Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.

Justification
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. To date, the Plus EHR has no implementations against our API technology by our customers or third-party developers.

Results Supporting Documents
Please contact the CGM Plus team for any results spreadsheets, recordings and workflow screenshots if needed.

170.315(g)(9) Application Access — All Data Request

Summary Description

Pass	**Method:** Interactive Testing
Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.	
Justification	
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. To date, the Plus EHR has no implementations against our API technology by our customers or third-party developers.	
Results Supporting Documents	
Please contact the CGM Plus team for any results spreadsheets, recordings and workflow screenshots if needed.	

ATTESTATION

This Real World Testing Results Report 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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[i] https://www.federalregister.gov/d/2020-07419/p-3582