REAL WORLD TESTING RESULTS REPORT TEMPLATE

BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify health IT developers' responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist health IT developers in developing their Real World Testing plans and results reports.

A Real World Testing plan template was created to assist health IT developers in organizing the required information that must be submitted for each element in their Real World Testing plan. To accompany the plan template, ONC has also provided this results report template.

While the use of this template is voluntary, health IT developers may find it useful in preparing their Real World Testing results report(s). Health IT developers must submit one year of results to address the Real World Testing of eligible products as outlined in their previous year's Real World Testing plan(s). If adjustments to approaches are made throughout Real World Testing, the health IT developer should reflect these adjustments in their Real World Testing results report. ONC expects that the results report will include a list of these changes, the reasons for them, and how intended outcomes were more efficiently met as a result.

While every effort has been made to ensure the accuracy of restatements of 45 CFR Part 170, this template is not a legal document. The official program requirements are contained in the relevant laws and regulations. This resource should be read and understood in conjunction with the following companion resources, which describe in detail many of the Certification Program requirements referenced in this resource.

- Real World Testing–What It Means for Health IT Developers – Fact Sheet

- Real World Testing Resource Guide

- Real World Testing Certification Companion Guide

Health IT developers should also review the following regulatory materials, which establish the core requirements and responsibilities for Real World Testing under the Certification Program.

- 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program final rule, 85 FR 25642 (May 1, 2020) (**ONC Cures Act Final Rule**) ○ Section VII.B.5 — *"Real World Testing"*

TEMPLATE INSTRUCTIONS

The following template is organized by elements required to be submitted in the Real World Testing results report. Each section provides a field for submitting responses and/or explanations for how the health IT developer addressed each required element in their Real World Testing approach. These fields serve as a foundation of information required for developing a Real World Testing results report and can be expanded with additional rows or columns to address the specific needs of the Real World Testing results being submitted.

GENERAL INFORMATION

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

Developer Name: Binh Pham

Product Name(s): Universal EHR

Version Number(s): 2.0.0

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2478.Univ.02.00.1.180312

Developer Real World Testing Plan Page URL: https://www.universalehr.com/rwt/default.aspx

Developer Real World Testing Results Report Page URL [if different from above]:

[OPTIONAL] CHANGES TO ORIGINAL PLAN

We, Universal EHR, have not made changes from the original Real World Testing Plan for 2023.

[OPTIONAL] WITHDRAWN PRODUCTS

We, Universal EHR, do not intend on withdrawing any products at this time.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Universal EHR is marketed to outpatient clinic care settings, and as such utilized Real World Testing with an outpatient clinic (Dao Medical Group) working closely to conduct and measure observations of interoperability. The measures used in the approach of our Real World Testing Plan for 2023 and this document uses metrics and data gathered from internal reporting and using audit logs.

Results within this document demonstrate successful interoperability through quantifiable values obtained through summative assessment and through surveying individuals involved in real world testing within the scope of the certification. Several measures have seen low to none adoption rate of the associated certified capability, which could be accounted by clinician/provider preference and protocol, alongside specific workflows which consider implementation of the given real-world measure to be an obstacle in day-to-day activities.

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.

Care Setting(s)

Outpatient Settings – Universal EHR is currently marketed to and provides services for ambulatory/outpatient settings.

Metrics and Outcomes

Values of outcomes reflect real results from within the reporting interval and not results of internal testing. Internal testing results are explained in the Analysis section.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes
Measure 1: Send Patient Health Information Via Direct Messaging	170.315(b)(1): Transitions of Care	PhiMail server	This measure tracks how many CCDAs were reportedly sent through Direct Messaging. Our clinicians have the ability to generate a CCDA within a patient chart and must then send it through the PhiMail server, in which can then be counted and tracked within the reporting interval. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2023 – December 31, 2023 CCDAs Transmitted through Direct Messaging: 0 Successfully tested on production environment Analysis: Providers at Dao Medical Group have access to our PhiMail server to send and check their direct message, but within the testing period have not utilized the service according to our audit logs and interviewing these providers. We have conducted internal testing by transmitting a test patient chart's data in CCDA to some providers, of which were successful without error.
Measure 2: Incorporating Patient Health Information via Direct Messaging	170.315(b)(2): Clinical Information Reconciliation and Incorporation		This measure tracks how many CCDAS were reportedly received and incorporated into our system from a third party using direct messaging. Practice Setting: Outpatient Primary Care Reporting Interval: April 1, 2023 – June 30, 2023 CCDAs Received and Reconciled: 0 Successfully tested on production environment Analysis: While the functionality to import CCDAs from third parties is available to our clinicians, it has seen little to no adoption. Clinicians from Dao Medical Group state this to be due to manually inputting patient data per clinic protocol, leaving this functionality unutilized. We performed testing of this functionality on a test patient on the production environment, with imported data successfully imported and reconciled with existing patient chart data.

Measure 3: Number of Electronic Prescriptions Successfully Sent	170.315(b)(3): Electronic Prescribing	NewCropRX	This measure tracks and compares the number of new prescriptions created through our system using the NewCropRX interface. All prescriptions from our prescribers dating this year were queried to obtain the Final Status code, in which Success and Verified are counted as successful prescriptions, while Failure counted as failed prescriptions concerning this measure. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2023 – December 31, 2023 Total Prescriptions Sent: 89,611 Successful/Verified Prescriptions: 89,039 Prescriptions with Failure: 622 Analysis: The prescription data (including send status and medication information) is transmitted and updated in our system after the NewCropRX interface is closed. We surveyed various providers that had reported failures, most of whom had stated that the majority of prescription failures were due to user errors with the interface, most of which were resolved by redoing the prescription.
Measure 4: Export Patient Data	170.315(b)(6): Data Export		This measure tracks the number of exports of individual and batches of patient data through the functionality available in the EHR. Authorized users should be able to create export summaries in real time to view and download. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2023 – December 31, 2023 Individual Export Summaries: 91,276 Batch Export Summaries: 0 Analysis: Individual summary export of patient data is used regularly by the clinicians of Dao Medical Group, often utilized each encounter throughout the day including medication refills. On the other hand, functionality to export data for multiple patients has not been adopted by our clinicians and providers. Batch summary export for §170.315 (b)(6) was not extensively tested as we prepared to adopt new functionality for §170.315(b)(10) Electronic Health Information Export.

Measure 5: Report of Clinical Quality Measures	170.315(c)(1): CQM – Record and Export 170.315(c)(2): CQM – Import and Calculate 170.315(c)(3): CQM – Report		This measure tracks which CQM measures were generated and submitted from Universal EHR to CMS. Practice Setting: Outpatient Primary Care Reporting Interval: October 1, 2023 – December 31, 2023 CQMs Successfully Generated and Submitted: 2 CMS 2 (Depression Screening), CMS 165 (Controlling Blood Pressure) Analysis: Only two CQMs were generated within the three month period and were all able to be submitted to Cal-Optima. Our results show that this module functionality is working as expected, but is not used regularly.
Measure 6: Patient Portal Use	170.315(e)(1): View, download, and transmit to 3rd party		This measure tracks the number of times a unique patient accessed their patient portal, such as to view encounter notes, lab and radiology results, audit log history, and other patient data. This value will be compared with the total number of patients seen by our providers this year, tracked by the number of unique patients with encounters from within the reporting interval. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2023 – December 31, 2023 Patient Portal Logins: 1061 Patients with Encounters: 10,314 Analysis: Patients are able to log in to view and download their individual patient data at any time using the Universal EHR patient portal, but are not required to as test results and other information can also be obtained in-person at the clinic or through the patient's telephone. While our patient portal is not too often utilized by our patient, we have seen in increase in the proportion of patients accessing their records electronically.
Measure 7: Transmission to Immunization Registries	170.315(f)(1): Transmission to Immunization Registries		This measure tracks the number of immunization records successfully transmitted to Immunization Registries. This value will be compared with the total number of immunization records reported within the reporting interval.

			Practice Setting: Outpatient Primary Care Reporting Interval: April 1, 2023 – June 30, 2023 Immunization Records: 1442 Transmissions: 0 Successfully tested on production environment Analysis: Our clinicians reported that all immunizations were manually inputted to CAIR (California Immunization Registry) as the immunization was being administered. Internal testing was successfully performed on our production environment without issue.
Measure 8: Transmission to Public Health Agencies – Syndromic Surveillance	170.315(f)(2): Transmission to Public Health Agencies – Syndromic Surveillance		This measure tracks the number of successful transmissions of syndromic surveillance data to the state's registry via HL7 standard. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2023 – December 31, 2023 Transmissions of Syndromic Surveillance: 0 Analysis: This functionality has seen little to no adoption from our clinicians and providers. The outpatient clinic we are working with has not been requested to transmit syndromic surveillance data to another agency as of date. As Universal EHR only provides service only to ambulatory settings (no urgent care/emergency services), internal testing was not conducted due to lack of certification requirements.
Measure 9: Compliance of API Resource Query Support	170.315(g)(7): Application access – patient selection 170.315(g)(8): data category request 170.315(g)(9): all data request	PhiMail server	This measure tracks the number of successful API accesses through the Universal EHR API concerning certifications 170.315(g)(7), 170.315(g)(8), 170.315(g)(9). Since adoption rate for this API was expected to be low or none, testing the functionality instead using test patient data. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2023 – December 31, 2023 Testing Results: 3 Successful API accesses Successfully tested on production environment

			Analysis: Although the Universal EHR API functionality is available to third parties and patients, it has seen little adoption. Our test results indicate that an authorized user is able to successfully connect to and access the server.
Measure 10: Direct Project	170.315(h)(1): Electronic Exchange – Direct Project	PhiMail server	This measure tracks electronic exchange of patient data and health information through wrapped messages to a third party. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2023 – December 31, 2023 Successfully tested on production environment Analysis: Because none of the providers had used the functionality to exchange patient data through Direct Messaging (including using wrapped messages), internal testing was successfully conducted alongside Measure 1: Send Patient Health Information Via Direct Messaging with no issues or errors.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Release of RWT Documentation provided to authorized providers and representatives testing the measurements and metrics.	Outpatient	12/15/2022
Initialize data collection of RWT measurements	Outpatient	1/1/2023
Meet with authorized providers and representatives to ensure RWT protocols are being followed.	Outpatient	2/1/2023
Follow up with authorized providers and representatives to check on data collection	Outpatient	3/1/2023
Meet with authorized providers and representatives to ensure RWT protocols and guidelines are being followed and are effective.	Outpatient	6/1/2023
End of Real World Testing data collection period, start of finalization of data for analysis.	Outpatient	1/1/2024