REAL WORLD TESTING RESULT

PracticeSuite’s 2022 Real World Testing Result

Abstract

This Real-World Testing result enlists result set of each criteria to provide an insight into the extent to which PracticeSuite deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT’s certification.

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REAL WORLD TESTING PLAN

GENERAL INFORMATION

Report ID Number	20211020PRA
Developer Name	PracticeSuite Inc
Product Name(s)	PracticeSuite
Version Number(s)	EHR-18.0.0
Certified Health IT Product List (CHPL) ID(s)	**15.02.05.2198.PRAS.01.01.1.220113** (current), 15.02.02.2198.A058.01.00.1.180306 (previous)
Developer Real World Testing PLAN Page URL	https://practicesuite.com/ehr-onc-certification/
Developer Real World Testing RESULTS Page URL	https://practicesuite.com/ehr-onc-certification/

CHANGES TO ORIGINAL PLAN

There was no change made to our original test plan.

WITHDRAWN PRODUCTS

No certified product was withdrawn by PracticeSuite.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Standard (and version)	Not Applicable
Updated certification criteria and associated product	Not Applicable
Method used for standard update	Not Applicable
USCDI-updated certification criteria (and USCDI version)	None

SUMMARY OF TESTING METHODS AND KEY FINDINGS

PracticeSuite has performed real-world testing and this report outlines the test results. PracticeSuite carried this out based upon the Testing measures described in the Test Plan. The test findings show that the EHR is working as expected and meeting the compliance. There hasn't been any non-compliance observed. The result displays that there are few features which were used widely such as e-prescription, C-CDA and Immunization while the usage of features such as VDT have potential to rise.

PracticeSuite EHR management logs, system logs, and email logs are used to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols and downloading or transmitting EHI by patients using the patient portal. Log files obtained during Real World Testing are de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the metric on the specific types of transport mechanisms used. This test methodology primarily tests the conformant of the implementation.

CARE SETTING(S)

Primary Care, Family Practice, Obstetrics and gynecology, Mental Health, Cardiology and Surgery/Vascular Surgery: PracticeSuite markets its certified product in multiple care settings. The EHR system supports the deployment and tracking of documentation within and outside of the mentioned specialty settings. This Real-World testing is performed in the above-mentioned care settings as representative of multiple care settings of varied clinical workflow.

MEASURES USED IN OVERALL APPROACH

RWT MEASURE #1. INTEROPERABILITY USING C-CDA

The Certified Heal IT Module is sold to multiple specialty care settings. For this reason, the Real-World Testing specific to interoperability scenario was applied to multiple care settings like Primary Care, Family Practice, Cardiology, Emergency Medicine, and Vascular Surgery. Since the EHR/patient portal system works on all types of documents, there are several certification criteria that can be tested simultaneously. All criteria involving the Consolidated Clinical Document Architecture (C-CDA) documents were tested, including § 170.315(b)(1) Transitions of care, § 170.315(b)(2) Clinical information reconciliation and incorporation, § 170.315(h)(1) Direct Project and § 170.315(e)(1) View, download, and transmit to 3rd party. Verification of the transmitted patient record does require interaction with a system external to the organization.

Additionally, the EHR management system does support the export of EHI, so Real World Testing has been performed for the criterion, § 170.315(b)(6) Electronic Health Information export.

DESCRIPTION OF MEASUREMENT/METRIC

The following outlines the measures that have been identified to best demonstrate conformance to multiple certification criteria concerning the sharing of EHI across two use cases demonstrated (single patient and data export).

Use Case 1 (Single Patient) Metrics: As part of the Real-World Testing requirements for § 170.315(b)(1), § 170.315(b)(2), § 170.315(e)(1), and § 170.315(h)(1), the developer has developed the following metrics for their testing plan:

Measure 1: Sharing. This measure will catalogue the use of CCD standard document conformant, and the transport mechanisms used to share transitions of care documents and EHI, as well as track usage of the various transport mechanisms. Associated certification criteria for the EHR system in a multi-specialty care setting include:

Certification Criteria	Requirement
§ 170.315(b)(1) Transitions of care	*(i)(A) Send transition of care/referral summaries using Edge Protocol*
	(i)(B) Receive transition of care/referral summaries using Edge Protocol.
§ 170.315(e)(1) View, download and transmit	*(i)(A)(2) view ambulatory summary or inpatient summary using CCD Template.*
	(i)(B)(2) Download ambulatory summary or inpatient summary using CCD Template.
	(i)(B)(3) (inpatient setting only) Download of transition of care/referral summaries.
	(i)(C)(1) Transmit to third party.
	(i)(C)(2) (inpatient setting only) Transmit transition of care/referral summaries.
§ 170.315(h)(1) Direct Project	*(1)(i) Send and receive health information including formatted only as a "wrapped" message.*
	(1)(ii) Send and receive health information using Direct.
§ 170.315(b)(2) Clinical information reconciliation and incorporation	*(2)(i) Able to reconcile and incorporate information from C-CDAs*
	(2)(ii) Match a received Transition of Care/referral Summary to the correct patient.

- **Justification**: The EHR system includes two functionalities of interest: (A) Send transition of care/referral summaries and (B) Receive transition of care referral summaries. Transitions of care documents are shared using Edge protocols (e.g., SMTP, Direct) while other EHI may be shared through the patient portal using downloads and encrypted or unencrypted transmissions. This metric will provide information on the types of transmissions deployed (e.g., what types of Edge protocols, downloads and unencrypted vs. encrypted transmission) and the frequency of usages. While the received CCDA is also reconciled, this matric will also provide reconciliation process (e.g. The population of CCDAs where a reconciliation is performed).

- **Test methodology**: We utilize ***EMR Direct*** interface as the relied upon software for Direct Message transmission and reception. EHR management logs, Interface logs, and email logs were reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols and downloading or transmitting EHI by patients using the patient portal. Log files and reports obtained during Real World Testing were de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the metric on the specific types of transport mechanisms used. Testing with ONC-approved testing tools, when appropriate. This test methodology primarily tests the conformant of the implementation.

- **Expected outcome(s):** It is expected that providers and patients (or their authorized representatives) will be able to share EHI using the transmission mechanisms provided. Provider will be able to reconcile

clinical document. Error rates will be tracked and trended over time. Documentation evidencing send/receive of C-CDA's via Direct Messaging and reconciliation of C-CDA's into in to the EHR.

CARE SETTING(S)

Primary Care, Family Practice, Cardiology, Emergency Medicine, and Vascular Surgery: PracticeSuite markets its certified product in multiple care settings. The EHR system supports the deployment and tracking of documentation within and outside of the mentioned specialty settings. This Real-World testing plan is intended to be tested in these in these care settings.

Metrics and Outcomes:

RELIED UPON SOFTWARE

- EMR Direct

This testing was performed on a sample size of 10 practice accounts with above care setting.

1. Number of C-CDAs successfully generated and sent from PracticeSuite.

QUARTER	COUNT
Q1 (Jan – Mar 2022)	2993
Q2 (Apr – Jun 2022)	3099
Q3 (Jul – Sep 2022)	3141
Q4 (Oct – Dec 2022)	3261

2. Number of C-CDAs received via Direct Messaging or via integrated systems.

QUARTER	COUNT
Q1 (Jan – Mar 2022)	7
Q2 (Apr – Jun 2022)	0
Q3 (Jul – Sep 2022)	20582
Q4 (Oct – Dec 2022)	0

Our testing successfully demonstrates that the certified PracticeSuite:

- is compliant with the certification criteria 170.315(b)(1) and 170.315(b)(1)
- is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use.
- In Q3, we had an import of C-CDA for migrated client hence the large count.

Most of the C-CDA exchange occurs with the practice integrated HIE. A regular transaction of C-CDA is happening and it demonstrates that our EHR is working as expected.

3. Number of successful downloads, views and transmissions of patient C-CDAs within PracticeSuite Patient Portal as triggered by a patient's (or their authorized representative) action within our internet-based portal.

QUARTER	COUNT
Q1 (Jan – Mar 2022)	9
Q2 (Apr – Jun 2022)	42
Q3 (Jul – Sep 2022)	67
Q4 (Oct – Dec 2022)	65

Clients aren't using this feature extensively however usage has shown growth over each quarter. The data indicates that clients are successfully using this in production and this feature is working as expected.

4. Number of sent and received health information using Direct.

QUARTER	COUNT
Q1 (Jan – Mar 2022)	7
Q2 (Apr – Jun 2022)	0
Q3 (Jul – Sep 2022)	0
Q4 (Oct – Dec 2022)	0

The result indicates that the Direct feature is sparingly used. It was used in Q1, 2022 and not thereafter. However, the successful transfer of message shows that the feature is working as expected in the EHR.

Use Case 2 (Data Export): As part of the Real-World Testing requirements for § 170.315(b)(6), the developer has developed the following metrics for their testing plan:

Measure 1: Patient Population Export. This measure will assess the functionality used to export EHI for a patient population. The associated certification criterion is:

Certification Criteria	Requirement
§ 170.315(b)(6) Data export	(ii) Create an export summary file

- **Justification**: The export of the health information associated with a patient population is another way to share health information with an external organization. It is typically used for research or quality purposes to look for specific trends on patient population. Export of a patient population is an administrative function only available to credentialed users. It is assumed that this function will be run as a scheduled activity as it will have significant impact on the Health IT Module. This will provide a metric on the use of the export of EHI for a patient population associated with the Health IT Module.

- **Test Methodology**: EHR management logs and system logs were reviewed for each period to determine the frequency of use. Log files obtained during Real World Testing were de-identified and used for analysis in several areas to validate the proper operation of the export. This test methodology primarily tests the conformance of the implementation.

- **Expected outcome(s):** It is expected that authorized users will be able to share EHI for a patient population using the export function as a set of C-CDA's. Errors in transmission will be tracked and analysed.

CARE SETTING(S)

Primary Care, Family Practice, Cardiology, Emergency Medicine, and Vascular Surgery: PracticeSuite markets its certified product in multiple care settings. The EHR system supports the deployment and tracking of documentation within and outside of the mentioned specialty settings. This Real-World testing plan is intended to be tested in these care settings.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria: § 170.315(b)(1) Transitions of care, § 170.315(e)(1) View, download, and transmit to 3rd party and.*
- *Real World Testing will demonstrate the ability of the system to perform § 170.315(b)(2) Clinical information reconciliation and incorporation and send or receive CCDA documents using 170.315(h)(1) Direct Project.*
- *Real World Testing will demonstrate the ability to export EHI as described in § 170.315(b)(6).*

Metrics and Outcomes:

This testing was performed on a sample size of 10 practice accounts with above care setting.

Count of EHI exported:

QUARTER	COUNT
Q1 (Jan – Mar 2022)	693
Q2 (Apr – Jun 2022)	925
Q3 (Jul – Sep 2022)	989
Q4 (Oct – Dec 2022)	883

The count each quarter show that this feature is widely used by the users and is working as expected in the EHR.

RWT MEASURE #2. ELECTRONIC PRESCRIBING

The following table lists the measures that have been identified to best demonstrate conformance to certification criteria concerning the electronic prescription.

Use Case 1 (ePrescription): As part of the Real-World Testing requirements for § 170.315(b)(3) the developer has developed the following metrics for their testing plan:

Measure 1: This measure will demonstrate the electronic transmission of all prescription related transaction. Associated certification criteria for the EHR system in a multi-specialty care setting include:

Certification Criteria	Requirement
§ 170.315(b)(3): Electronic prescribing	*(ii)(A) Send and Receive prescription transactions electronically per the NCPD SCRIPT Standard and using RxNorm codes.*
	(ii)(C) Send the reason for prescription using diagnosis elements along with prescription.

- **Justification:** The EHR system includes all prescription related electronic transactions like creation, update, cancellation, and refill in accordance with the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard version 10.6. system also have the provision to send the reason for prescription as diagnosis elements while prescribing. The population of prescription data and the transmission/receipt acknowledgement will be reviewed using system logs and activity data. Multiple care settings data will be analysed to ensure that it is working in multi care settings. We will also engage our partner ***NewCrop*** to verify the conformances of NCPD standards and transmission statistics.

  Test methodology: Querying of Data files, activity table and reviewing of Log files obtained during Real World Testing was de-identified and used for analysis of prescription data. We engaged our eRx partner to get the matrix of standard conformance and transmission matrix. A combination of the above reports and logs were reviewed to test the conformance of the criteria.

- **Expected outcome(s):** It is expected that a user can create prescription and transmit electronically per the standard. Errors in transmission will be tracked and analysed.

CARE SETTING(S)

Emergency Medicine, Neurology, Pediatrics, Primary Care: PracticeSuite markets its certified product in multiple care settings. The eRx module within PracticeSuite supports all type of electronic prescription related transaction and validations. The Real-World testing will occur in these care settings.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate the following for § 170.315(b)(3): Electronic prescribing:*
  - *Electronic prescriptions can be created, edited, cancelled, and refilled.*
  - *Reason for prescription can be sent along with prescription as diagnosis elements.*

Metrics and Outcomes:

RELIED UPON SOFTWARE

- NewCrop

This testing was performed on a sample size of 10 practice accounts.

a) Count of eRx prescribed

QUARTER	COUNT
Q1 (Jan – Mar 2022)	8122
Q2 (Apr – Jun 2022)	8605
Q3 (Jul – Sep 2022)	9200
Q4 (Oct – Dec 2022)	13809

b) Count of eRx Cancelled/Discontinued

QUARTER	COUNT
Q1 (Jan – Mar 2022)	13525
Q2 (Apr – Jun 2022)	13709
Q3 (Jul – Sep 2022)	13395
Q4 (Oct – Dec 2022)	9832

The result indicates that e-prescription is a widely used feature in PracticeSuite EHR. This result depicts that prescriptions can be created, edited, cancelled and refilled in PracticeSuite EHR.

RWT MEASURE #3. CLINICAL QUALITY MEASURES (CQM)

The following table lists the measures that have been identified to best demonstrate conformance to multiple certification criteria concerning the Clinical Quality Measures.

Use Case 1 (CQM): As part of the Real-World Testing requirements for § 170.315(c)(1), § 170.315(c)(2) and § 170.315(c)(3), the developer has developed the following metrics for their testing plan:

Measure 1: This measure will demonstrate the Clinical Quality Measure Reporting system that calculates and generate the aggregate report in both human readable and QRDA III file format for each CQM's based on the deduplicated clinical data that recorded in the EHR system and that imported to the system in QRDA I format. Also, system allows to export the CQM data in QRDA I file format. Associated certification criteria for the EHR system in a multi-specialty care setting include:

Certification Criteria	Requirement
§ 170.315(c)(1): Clinical Quality Measures (CQMs) - Record and Export	*(C)(1)(i) Record all necessary data to calculate CQMs*
	(C)(1)(ii) Export CQM data file in QRDA I format for one or more patients that includes all necessary data recorded for report calculation.
§ 170.315(c)(2): Clinical quality measures (CQMs) - Import and Calculate	*(C)(2)(i) Import a CQM data file in QRDA I format for one or more patients that includes all necessary data for calculating an aggregate report.*
	(C)(2)(ii) Calculates aggregate report for each CQM's based on the data recorded and received on the system
§ 170.315(c)(3): Clinical quality measures (CQMs) - Report	*(C)(3)(i) Electronically create a CQM data file for transmission of clinical quality measurement data in QRDA III format.*

- **Justification**: The EHR system can calculate and generate the report for various Clinical Quality Measures based on the clinical data recorded on the EHR system. Also, system have the functionality to Import and Export Clinical Quality Measure in QRDA I file format. The report is generated in both human readable and QRDA III file format based on both clinical data recorded on the EHR system as well as that received/imported to the system. While the record of all necessary data required for CQM's are recorded automatically during user input (during charting, user input etc), it is the time when a user generates QRDA import the system we will be able to determine the format and performance test. The generated QRDA samples collected during the testing process is verified against the conformant standards.

- **Test methodology**: EHR management logs, system logs, and activity logs, sample QRDA collected were reviewed to determine the frequency used by providers for generating reports and sending/receiving CQM data files. Log files obtained during Real World Testing were de-identified and used for analysis in several areas to validate the proper operation of CQM and input for the calculation of the metric.

- **Expected outcome(s)**: It is expected that providers will be able to Record, Import, Export, Calculate and Generate the CQM reports without any developer assistance. Documentation evidencing the ability of the EHR to export. Error rates will be tracked and trended over time.

CARE SETTING(S)

Pain Management, Surgery: The Certified Health IT Developer markets its modules in multiple care settings. The EHR system supports the CQM Report generation based on the data recorded. The Real-World testing will occur in these care settings.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate the ability of the EHR system to record necessary data required to calculate the CQM's and to export CQM date in QRDA I format [§ 170.315(c)(1)]*
- *Real World Testing will demonstrate the ability of the system to import CQM data in QRDA I format. [§ 170.315(c)(2)]*
  Real World Testing will demonstrate the ability to calculate and generate the CQM report electronically in QRDA III file format. [§ 170.315(c)(3)]

Metrics and Outcomes:

Quality Id	eCQM	Description
226	CMS138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
128	CMS69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
317	CMS22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
130	CMS68	Documentation of Current Medications in the Medical Record
236	CMS165	Controlling High Blood Pressure
238	CMS156	Use of High-Risk Medications in Older Adults
110	CMS147	Preventive Care and Screening: Influenza Immunization

The sampling was of 10 practice accounts with a cumulative 54 providers. The result depicts that providers can Record, Import, Export, Calculate and Generate the CQM reports without any developer assistance. This demonstrates that EHR can record necessary data required to calculate the CQM's and to export CQM data in QRDA I format.

RWT MEASURE #4. TRANSMIT TO IMMUNIZATION REGISTERIES & PUBLIC HEALTH AGENCIES

The following list of measures have been identified to best demonstrate conformance to multiple certification criteria concerning the transmission to public registries.

Use Case: As part of the Real-World Testing requirements for §170.315(f)(1) and §170.315(f)(2), the developer has developed the following metrics for their testing plan.

Measure 1: *Transmission to immunization registries. This measure will catalogue the use of HL7 V2 standard document conformant, and the ability of the system to transmit to state immunization registry. The associated certification criterion is to be tested in the primary care and pediatrics care setting.*

Certification Criteria	Requirements
§170.315(f)(1) Transmission to immunization registries	i) *Create immunization information according to the IG) IM Release 1.5, and the July 2015 Addendum, using CVX codes for historical vaccines and NDC codes for newly administered vaccines.*
	ii) *Transmit the immunization message to the connected organization.*

Measure 2: *Transmission to public health agencies — syndromic surveillance. This measure will assess the conformance of the certified syndromic surveillance transmission using the PracticeSuite Application to any of the public agencies. The associated certification criterion in the pediatric care setting listed below.*

Certification Criteria	Requirements
§170.315(f)(2) Transmission to public health agencies — syndromic surveillance	*i) Create syndrome-based public health surveillance information for electronic transmission according to the HL7 2.5.1 standard.*
	ii) Transmit the syndrome-based public health surveillance message to the connected agencies.

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

- **Justification**: This immunization registry test is targeted in certain care settings like Primary Care, Pediatrics providers who are intends to report on to meet Objective 8: Public Health and Clinical Data Registry Reporting. Neurology care settings is used to test syndromic surveillance. It is a known fact that each state has their own way of submission of data. While the periodicity of the submission and transport standard requirement are not set by ONC, it will be difficult the find out the registry settings practices might be submitting. As the health IT developer our intention in this real-world testing scenario is to check if immunization and syndromic files are generated in the system and are formatted according to the adopted standards referenced by the certification criteria. This will be verified through the review of the data tables, activity tables and log files.

- **Test methodology**: Querying of Data files, activity table and reviewing of Log files obtained during Real World Testing were de-identified and used for analysis of the output files generated. The HL7 samples collected were also tested with a validation tool for conformance of standards. This test methodology primarily tests the conformance of the implementation.

- **Expected outcome(s)**: It is expected that providers will be able to create and transmit the immunization and syndrome-based public health surveillance information to the authorized government and public agencies.

CARE SETTING(S)

Primary Care and Pediatrics care setting: The PracticeSuite application supports the transmission of immunization information to public agencies.

Neurology setting: Since syndromic surveillance are not a requirement of ambulatory settings, we have chosen a Neurology setting for this testing.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate that the Health IT Module is conformant to the certification criteria "§170.315(f)(1) Transmission to immunization registries" and "§170.315(f)(2) - Transmission to public health agencies — syndromic surveillance"*
- *Real World Testing will demonstrate the ability of the system to generate and transmit electronically to the government and public health agencies according to the HL7 2.5.1 standard*

Metrics and Outcomes:

This testing was performed on a sample size of 10 practice accounts with above care setting.

a. Immunization Registry transferred data Count.

QUARTER	COUNT
Q1 (Jan – Mar 2022)	1902
Q2 (Apr – Jun 2022)	1843
Q3 (Jul – Sep 2022)	1719
Q4 (Oct – Dec 2022)	523

b. Syndromic Surveillance Count

QUARTER	COUNT
Q1 (Jan – Mar 2022)	30
Q2 (Apr – Jun 2022)	54
Q3 (Jul – Sep 2022)	30
Q4 (Oct – Dec 2022)	33

The result derived over four quarters indicates that the immunization information is getting generated and transmitted successfully from the EHR to the Immunization registries. This also indicates that these approved agencies are receiving and consuming this information which demonstrates that the EHR is not only successfully generating and transmitting but also generating in the required HL7 standard 2.5.1.

RWT MEASURE #5. APPLICATION ACCESS AND STANDARDIZED API

The following outlines the measures that have been identified to best demonstrate conformance to multiple criteria concerning the sharing of EHI using API.

Use Case (Application Access): As part of the Real-World Testing requirements for "Application Access § 170.315(g)(7), § 170.315(g)(8), § 170.315(g)(9), the developer has developed the following metrics for their testing plan:

Measure 1: This measure will test the conformance of access of the patient identifier using the PracticeSuite Application through a published API. This API will accept sufficient information to uniquely identify a patient and return the patient ID to the external system. The associated certification criterion in the selected care setting listed below. Since API access is independent of any care settings, this is functionality is applicable to all care settings where this is marketed. Associated certification criteria includes the following:

Certification Criteria	Requirements
§170.315(g)(7) Application access — patient selection	**(i)** The health IT can receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for that patient's data.
§170.315(g)(8) Application access — data category request	**(i)(A)** The API must be able to respond to requests for patient data (using an ID or other token) for each of the individual categories listed in the Common Clinical Data Set and return the full set of data for that category, according to the required data standards in a computable format.
§170.315(g)(9) Application access — *all data request*	**(i)(A)** The API must be able to respond to requests for patient data (using an ID or other token) for all of the data categories specified in the United States Core Data for Interoperability Standard (USCDI) at one time in a summary record formatted according to the Consolidated CDA Release 2.1 Continuity of Care Document (CCD) template.

- **Justification**: PracticeSuite application has a centralized API interface services that caters the access to patient data. This will provide a metric on the use of APIs to access patient data. Additionally, credentialling requirements will be tested indirectly, as only authorized users will have access to the patient data. Each practice settings also have the access log which logs request and the requester information. This the metric will be further verified through the review of the log files and by the audit tables.

- **Test methodology**: Log files and audit data obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the API. This test methodology will primarily test the conformance of the implementation.

- **Expected outcome(s)**: It is expected that PracticeSuite will be conformant to application access criteria for §170.315(g)(7), §170.315(g)(8) and §170.315(g)(9).

CARE SETTING(S)

Primary Care: The Certified Health IT Developer markets its modules in multiple care settings. The Real-World testing pertaining to these criteria will occur in Primary Care settings.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate that the Health IT Module is conformant to the certification criteria "§170.315(g)(7) Application access — patient selection", "§170.315(g)(8) Application access — data category request" and "§170.315(g)(9) Application access — all data request"*
- *Real World Testing will demonstrate the ability of the system to accept the external request through an API and respond with the patient data formatted according to the Consolidated CDA Release 2.1 Continuity of Care Document (CCD) template.*

Metrics and Outcomes:

This testing was performed on a sample size of 10 practice accounts with above care setting.

Count of patient health data pushed via API

QUARTER	COUNT
Q1	2723
Q2	2457
Q3	2615
Q4	2491

The test outcome indicates that the EHR users are using the API feature consistently to access patient data successfully. This demonstrates that the EHR is conformant to the above-mentioned certification criteria.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Release Documentation for the Real-World Testing to authorized representatives and providers. This included surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements.	All Care Settings	January, 2022
Collection of Information as laid out by the plan for the period.	All Care Settings	March, 2022 June, 2022 Sep, 2022 Dec, 2022
Meeting with previously identified providers and authorized representatives to ensure that Real World Testing protocols are effective.	All Care Settings	March, 2022
End of Real-World Testing period/final collection of all data for analysis.	All Care Settings	January 1, 2023
Analysis and report creation.	All Care Settings	Jan 30, 2023
Submit Real World Testing report to ACB (per their instructions)	All Care Settings	Feb 28, 2023

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:2/28/2023