GENERAL INFORMATION

Plan Report ID Number: 20211115EPR

Developer Name: Eprosystem Inc.

Product Name(s): EproMedical

Version Number(s): 3.0

Certified Health IT Product List (CHPL) ID(s): 15.02.02.1449.A092.01.00.1.181214

Developer Real World Testing Page URL: http://epromedical.com/real-world-testing/

Care Setting(s)

Primary care setting: The EHR system markets to small primary care settings, so this is the only care setting for the Real World Testing to occur.

Overall Expected Outcome(s)

- 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(b)(2) – Clinical Information Reconciliation and Incorporation, § 170.315(b)(3) – Electronic Prescribing, § 170.315(b)(6) – Data Export, § 170.315 (f)(1) – Transmission to Immunization Registries, § 170.315 (f)(2) – Syndromic Surveillance, § 170.315 (e)(1) – View, Download, and Transmit to 3rd Party, § 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, § 170.315(c)(1) – CQMs record and export, § 170.315(c)(2) –CQMs import and calculate, and § 170.315(c)(3) – CQM report, and § 170.315 (h)(1) – Direct Project.
- Real World Testing will demonstrate the ability exchange EHI in the primary care setting.
- Real World Testing will demonstrate that EHI is received by and used in the EHR as described in § 170.315(b)(2)
- Real World Testing will demonstrate the calculation and the generation of reports for clinical quality measures.

Schedule of Key Milestones

Key Milestone	Date/Timeframe
Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements.	December 1, 2021
Collection of information as laid out by the plan for the period.	January 1, 2022
Meet with previously identified providers and authorized representatives to ensure that Real World Testing protocols are effective.	February 2022
Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	Quarterly, 2022
End of Real-World Testing period/final collection of all data for analysis.	January 1, 2023

Analysis and report creation.	January 15, 2023
Submit Real World Testing report to ACB (per their instructions)	February 1, 2023

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

At this time, the Certified Health IT Module is sold to small less than 5 providers primary care setting. The Real World Testing plan will apply to this care setting. Since the system works on many levels of Care Coordination and data sharing, there are several certification criteria that can be tested simultaneously. Clinical quality measures calculation and reports will also be tested. The criteria involving the Care Coordination and data sharing will be tested including § 170.315(b)(1) – Transitions of Care, § 170.315(b)(2) – Clinical Information Reconciliation and Incorporation, § 170.315(b)(3) – Electronic Prescribing, § 170.315(b)(6) – Data Export, § 170.315 (f)(1) – Transmission to Immunization Registries, § 170.315 (f)(2) – Syndromic Surveillance, § 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, § 170.315 (e)(1) – View, Download, and Transmit to 3rd Party, and 170.315 (h)(1) – Direct project. The criteria involving Clinical Quality Measures will be tested including § 170.315(c)(1) –record and export, § 170.315(c)(2) –import and calculate, and § 170.315(c)(3) – report.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND

UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Standard (and version): None

Method used for standard update: N/A

Date of ONC-ACB notification: N/A

Date of customer notification (SVAP only): N/A

USCDI-updated criteria: None

MEASURES USED IN OVERALL APPROACH

The following outlines the measures that have been identified to best demonstrate conformance to multiple certification criteria concerning care coordination and the sharing of EHI (§ 170.315(b)(1), § 170.315(b)(2), § 170.315(b)(3), § 170.315(b)(6), § 170.315 (f)(1), § 170.315(f)(2), § 170.315 (g)(7), § 170.315 (g)(8), § 170.315 (g)(9), § 170.315(e)(1), § 170.315(h)(1)), and the measure to demonstrate conformance to clinical quality measures calculations and reports for the criteria (§ 170.315(c)(1) , § 170.315(c)(2) , and § 170.315(c)(3)). There will be two use cases demonstrated

Use Case 1-Single Patient Services Metrics: As part of the Real World Testing requirements for § 170.315(b)(1), § 170.315(b)(2), § 170.315(b)(3), § 170.315(b)(6), § 170.315 (f)(1), § 170.315(f)(2), § 170.315 (g)(7), § 170.315 (g)(8), § 170.315 (g)(9), § 170.315(h)(1), and § 170.315(e)(1)), the developer has developed the following metrics for their testing plan:

Measure 1: Sharing. This measure will catalogue 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 management system in a specialty care setting include:

Certification Criteria	Requirement
§ 170.315(b)(1) Transitions of care	(i)(A) Send transition of care/referral summaries
	(i)(B) Receive transition of care/referral summaries
§ 170.315(e)(1) View, download and transmit	(i)(B)(2) Download ambulatory summary using CCD Template
	(i)(C) Transmit to third party
§ 170.315(h)(1) Direct project	(i)(D) Send health information using Direct
	(i)(E) Receive health information using Direct

- Justification: The 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 Direct project (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 (downloads and unencrypted vs. encrypted transmission) and the frequency of usages.

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- Test methodology: Case management logs, system logs, and email logs will be reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care and downloading or transmitting EHI by patients using the patient portal. Log files obtained during Real World Testing will be 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 will primarily test the conformance 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. Error rates will be tracked and trended over time.

Measure 2: Single Patient Data Import and Export. This measure will assess functionality used to import EHI for a single patient and to export EHI. The associated certification criterion is:

Certification Criteria	Requirement
§ 170.315(b)(2) Clinical information reconciliation and incorporation	(ii)(A) Receive transition of care/referral summaries
	(ii)(B) Process and display data
	(ii)(C) Reconcile and incorporate the data
§ 170.315(b)(6) Data export	(i)(D) Export summaries using CCD template

- Justification: The data import of EHI associated with a patient is a way to incorporate information from external sources. Data import is typically used when there is a need to incorporate the data from outside

sources. Data export is used to export summaries using CCD template to external sources. This metric will provide information on the type of data imported and exported for a single patient and the frequency of usage.

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

- Expected outcome(s): It is expected that authorized users will be able to receive, reconcile and incorporate EHI from external sources. Error rates will be tracked and trended over time.

Measure 3: Electronic prescription. This measure will assess functionality used to create and send new prescriptions electronically to the pharmacies, to receive and respond to prescription renewal requests, and to receive response to medication history. The associated certification criterion is:

Certification Criteria	Requirement
§ 170.315(b)(3) Electronic prescribing	(iii)(A) Create and send new prescriptions electronically (iii)(B) Receive and respond prescription renewal requests (iii)(C) Receive response to medication history

- Justification: The electronic prescribing associated with a patient include to create and send new prescriptions electronically, to receive and respond to prescription renewal requests, and to receive response to medication history. This metric will provide information on the frequency of usages.

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

- Expected outcome(s): It is expected that authorized providers will be able to electronic prescribing. Error rates will be tracked and trended over time.

Measure 4: Submit data to immunization registries and syndrome surveillance public health agencies. This measure will assess functionality used to create immunization and syndrome-based surveillance contents correctly and to submit the contents to immunization registries and public health agencies.

Certification Criteria	Requirement
§ 170.315(f)(1) Transmission to Immunization Registries	(iv)(A) Create immunization content (iv)(B) Submit to immunization registries.
§ 170.315(f)(2) Transmission to public health agencies - Syndromic Surveillance	(iv)(A) Create syndrome-based surveillance content (iv)(B) Submit to public health agencies.

- Justification: The transmission to immunization registries associated with a patient include to create immunization content and to submit the content to immunization registries. The transmission to syndromic surveillance public health agencies associated with a patient include to create syndrome-

based surveillance content and to submit the content to public health agencies. This metric will provide information on the frequency of usages.

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

- Expected outcome(s): It is expected that authorized providers will be able to submit immunization content to immunization registries and syndromic-based surveillance content to public agencies. Error rates will be tracked and trended over time.

Measure 5: Conformance to § 170.315(g)(7) Application access – patient selection, § 170.315(g)(8) Application access –data category request and to § 170.315(g)(9) Application access – all data request. This measure will test conformance to API technology for the health IT to receive a request with sufficient information to uniquely identify a patient and return an ID that can be used by an application to subsequently execute requests for that patient's data.

Certification Criteria	Requirement
§ 170.315(g)(7) Application access – patient selection	(v)(A) Receive request to uniquely identify a patient
	(v)(B) Return an ID
§ 170.315(g)(8) Application access – data category request	(v)(C) Receive request to specific patient data for individual categories listed in the CCDA
	(v)(D) Return data to requesting application
§ 170.315(g)(9) Application access – all data request	(v)(E) Receive request to all patient data
	(v)(F) Return data to requesting application

- Justification: Since the health IT only provides access to specific patient data through the FHIR® interfaces, this will provide a metric on the use of FHIR® APIs to access patient data.

- Test Methodology: Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of § 170.315(g)(7) Application access – patient selection and to § 170.315(g)(9) Application access – all data request. For FHIR® APIs, this includes proper credentialing and validation that all required USCDI data elements are supported.

- Expected outcome(s): It is expected that the health IT module will be conformant to § 170.315(g)(7), § 170.315(g)(9) with error rates will be tracked and trended over time.

Use Case 2-Population Metrics: 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 metric for their testing plan:

Measure 1: Clinical quality measures This measure will test the record of data entry and import of CQMs data and the calculation of aggregate reports for the CQMs, and the export of QRDA cat 1 data file. It will also test the generation of an aggregate report with the calculated summary data for the patient population of the CQMs in accordance with the standard for QRDA category III.

Certification Criteria	Requirement
§ 170.315(c)(1) record and export	(i)(A) Record data entry
	(i)(B) Export QRDA 1 data file
§ 170.315(c)(2) import and calculate	(i)(C) Import CQM data
	(i)(D) Calculate QRDA Cat III
§ 170.315(c)(3) report	(i)(C) Create QRDA Cat I and Cat III

- Justification: The system will test the record of data entry and import of data and the generation of QRDA I and QRDA cat III reports will be tested for accuracy.

- Test Methodology: Log files and reports obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the measure. This test methodology will primarily test the conformance of the QRDA I and QRDA cat III reports of the CQMs

- Expected outcome(s): It is expected that the health IT module will be conformant to § 170.315(c)(1), § 170.315(c)(2) and § 170.315(c)(3) with error rates will be tracked and trended over time.

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.

Authorized Representative Name: Karl Nguyen

Authorized Representative Email: knguyen@eprosystem.com

Authorized Representative Phone: 805-584-2802

Authorized Representative Signature:

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