GENERAL INFORMATION

Plan Report ID Number:

Developer Name: Eprosystem Inc.

Product Name(s): EproMedical

Version Number(s): 3.0.0

Certified Health IT Product List (CHPL) ID(s): 15.02.05.1449.EPRO.01.01.1.220202

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

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)(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

Description of Measurement/Metric

Measurement/Metric	Description
Data 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.
Patient Data Import and Export.	This measure will assess functionality used to import EHI for a single patient and to export EHI.
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.
Submit Data to 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.
Conformance to Application Access	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.
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. The data will be gathered from patients' encounters within their electronic medical records.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria	Relied Upon Software
Data Sharing	315(b)(1), 315(e)(1), 315(h)(1),	EMR Direct phimail Server (Version 1.3)
Patient Data Import and Export.	315(b)(2), 315(b)(6),	
Electronic Prescription	315(b)(3)	Surescripts
Submit Data to Public Health Agencies	315(f)(1), 315(f)(2),	
Conformance to Application Access	315(g)(7), 315(g)(9)	EMR Direct interoperability Engine

Clinical Quality Measures	315(c)(1)-(c)(3)	

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Data Sharing	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.
Patient Data Import and Export.	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.
Electronic Prescription	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.
Submit Data to Public Health Agencies	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.
Conformance to Application Access	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.
Clinical Quality Measures	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.

Care Setting(s)

Care Setting	Justification
Ambulatory	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.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Data Sharing	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.
Patient Data Import and Export.	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.
Electronic Prescription	It is expected that authorized providers will be able to electronic prescribing. Error rates will be tracked and trended over time.
Submit Data to Public Health Agencies	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.
Conformance to Application Access	It is expected that the health IT module will be conformant to 315(g)(7), and 315(g)(9) with error rates will be tracked and trended over time.
Clinical Quality Measures	It is expected the health IT module to produce error free reporting of client data to CMS to enable our clients to meet their reporting requirements from various quality programs with error rates will be tracked and trended over time.

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 15, 2022
Collection of information as laid out by the plan for the period.	January 1, 2023
Meet with previously identified providers and authorized representatives to ensure that Real World Testing protocols are effective.	February 2023

Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	Quarterly, 2023
End of Real-World Testing period/final collection of all data for analysis.	January 1, 2024
Analysis and report creation.	January 10, 2024
Submit Real World Testing report to ACB (per their instructions)	January 15, 2024

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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