REAL WORLD TESTING PLAN

GENERAL INFORMATION

Plan Report ID Number: 20231121cli

Developer Name: CliniComp, Intl.

Product Name: CliniComp|EHR

Version Number: 213.03

Certified Health IT Product List (CHPL) ID(s): 15.05.05.2695.CLIN.02.01.1.221013

Developer Real World Testing Page URL: https://www.clinicomp.com/cehrt.html

Justification For Real World Testing Approach

CliniComp has designed four real world testing measures that will address the applicable 15 real world testing criteria of which they are certified.

CliniComp is actively marketing its product's capabilities in an acute care hospital setting. Each of the 15 real world testing certification criteria will be tested in a way that produces measurable evidence of the product's ability to function successfully and demonstrate interoperability in the inpatient environment.

The entirety of the 15 real world testing certification criteria for CliniComp's certified product is not yet deployed or used by customers. Because of this, CliniComp cannot test the features that are certified to real world testing criteria in a production environment with real patient data. Instead, to demonstrate CliniComp's compliance with meeting the Real-World Testing Condition and Maintenance of Certification Requirements, CliniComp will test the 15 measures on an internal server. CliniComp engages clinical consultants that are familiar with CliniComp's non-CEHRT products. These consultants will perform the Real World Tests on a bi-annual basis.

Testing will occur in June and November of 2024. Four measures encompass the certified real world testing criteria. The measures will use de-identified patient data from one of CliniComp's non-certified products for testing.

Each of the four measures will consist of measurable criteria to demonstrate successful Real World testing. The results will depict consistency of the user experience, as well as usability trending.

The testing results for 2024 will be submitted to SLI by January 10th, 2025.

Standards Updates (Including Standards Version Advancement Process (SVAP) and United States Core Data for Interoperability (USCDI)

Standard (and version)	USCDI v1
Updated certification criteria and associated product Health IT Module CHPL ID	b1, b2, e1, g9 15.05.05.2695.CLIN.02.01.1.221013
Method used for standard update	Cures Update
Date of ONC ACB notification	12/29/22
Date of customer notification (SVAP only)	N/A
Conformance measure	Care Coordinator: b1, b2 Patient: e1 API: g9
USCDI updated certification criteria (and USCDI version)	USCDI v1 – b1, b2, e1, g9

Measure/Workflow Used in Overall Approach

Measure/Workflow	Description
CQM	1) User electronically creates a data file for transmission of clinical quality measurement data of all patients admitted during the testing period. a) Report percentage of successful file creation for all patients in the denominator of each Clinicomp certified CQM. §170.315(c)(3) 2) Report percentage of a user successfully exporting a single data file of a patient (admitted during the testing period) that meets criteria to be included in the denominator of each certified CQM. § 170.315(c)(1) 3) Report percentage of a user successfully importing a single file for each certified CQM. §170.315 (c)(2)

Care Coordinator	1) User selects 10 patients from the appropriate testing pool and reports percentage of successfully accomplishing the following tasks: a. Send a SOC document. §170.315 (b)(1) b. Viewing a received SOC document. §170.315 (b)(1) c. Viewing the reconciled list (1 allergy, 1 medication, 1 problem). §170.315 (b)(2)

Measure/Workflow	Description
	d. Creating an export summary on one patient, tagged as private, in real time. §170.315 (b)(7) e. Viewing a received SOC document, tagged as secure. §170.315 (b)(8). f. Creating an export file(s) with all of a single patient's electronic health information stored at the time of certification. §170.315 (b)(10) 2) For the same 10 test patients, user documents success rate of accomplishing the following Care Plan activities: §170.315 (b)(9) a. accessed and created; recorded; changed. b. Received. 3) For the same 10 test patients, user documents success rate of creating an immunization record for submission to a registry. §170.315 (f)(1) 4) For the same 10 test patients, user documents success rate of requesting and viewing imported immunization history and forecast from a registry. §170.315 (f)(1) 5) For the same 10 test patients, user documents success rate of creating a syndromic-based public health surveillance document for transmittal to a public health agency. §170.315 (f)(2) 6) For the same 10 test patients, user documents success rate of sending patient's health information to a recipient via direct address. §170.315 (h)(1) Relied Upon Software: EMR Direct Data Exchange Protocol API (Version 1.3.2)
Patient	1) User enacts the patient role from the appropriate testing pool of patients and documents success rate of viewing and sending the downloaded inpatient summary via the Patient Portal to a third party. The user will do this for 10 patients. §170.315 (e)(1)
API	1) User selects 10 patients from the appropriate testing pool and documents success rate of using a third-party application to access specific patient data for the desired patient for a given time frame. §170.315 (g)(7;9)

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
CQM	(c)(1-3)
Care Coordinator	(b) (1-2); (b) (7-10); (f)(1- 2); (h)(1)
Patient	(e)(1)
API	(g) (7;9)

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
CQM	To demonstrate successful Real-World Testing, the results for each CQM criterion are measured as a percentage of successful transmission. The data can easily be compared on a bi-annual basis to ensure interoperability and verify the consistency of the user experience. It will also provide visibility on usability trending.
Care Coordinator	To demonstrate successful Real World Testing, the results of the Care Coordinator criterion are measured as a percentage of success. The results will be viewed as trending data for the two testing periods in the year.
Patient	To demonstrate successful Real World Testing, the results of the Patient criterion are measured as a percentage of successful transmission. The results will be viewed as trending data for the two testing periods in the year.
API	To demonstrate successful Real World Testing, the results of the API criterion are measured as a percentage of successful access. The results will be viewed as trending data for the two testing periods in the year.

Care Setting(s)

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Measurement/Metric	Care Setting	Justification
CQM	Inpatient Acute	Clinicomp is certified to several inpatient CQMs. Clinicomp is actively marketing its inpatient product. Inpatient acute is the appropriate care setting to demonstrate compliance and adherence to the Real World Testing criteria.
Care Coordinator	Inpatient Acute	Clinicomp is actively marketing its inpatient product. Inpatient acute is the appropriate care setting to demonstrate compliance and adherence to the Real World Testing criteria.
Patient	Inpatient Acute	Clinicomp is actively marketing its inpatient product. Inpatient acute is the appropriate care setting to demonstrate compliance and adherence to the Real World Testing criteria.
API	Inpatient Acute	Clinicomp is actively marketing its inpatient product. Inpatient acute is the appropriate care setting to demonstrate compliance and adherence to the Real World Testing criteria.

Expected Outcomes

Measurement/Metric	Expected Outcomes
CQM	The expected percentage of success for each criterion is 85%. Over the year, the expectation is that the rate of success will not decrease.
Care Coordinator	The expected percentage of success for each criterion is greater than 85% and to remain consistent with each testing phase. The usability of the tester is expected to be positive. Clinicomp also expects suggestions for ways to improve the user's experience.
Patient	The expected percentage of success for each criterion is greater than 85% and to remain consistent with each testing phase. Clinicomp will consider all suggestions made to improve workflow and the user experience.
API	The expected percentage of success for each criterion is greater than 85% and to remain consistent with each testing phase. Clinicomp will consider all suggestions made to improve workflow and the user experience.

Schedule Of Key Milestones

Key Milestone	Care Setting	Date/Timeframe
Collect patient data	Inpatient Acute	1/1/24 – 5/31/24
Test de-identified patient data	Inpatient Acute	6/1/24 – 6/30/24
Collect patient data	Inpatient Acute	6/1/24 – 10/31/24
Test de-identified patient data	Inpatient Acute	11/1/24 – 11/30/24
Report Real World Test Results to SLI	Inpatient Acute	01/10/25

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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Authorized Representative Signature: Julie Nagy

Date: 11.20.23

[i] Certified health IT continues to be compliant with the certification criteria, including the required technical standards and vocabulary codes sets; certified health IT is exchanging EHI in the care and practice settings for which it is marketed for use; and EHI is received

by and used in the certified health IT. (85 FR 25766)

[ii] https://www.federalregister.gov/d/2020-07419/p-3582

2024 Real World Testing Results

ONC HealthIT Certification Program

P/N: 250-16-0003-2 – Revision B
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Developer RWT Plan Page URL: https://www.clinicomp.com/cehrt.html
Developer RWT Results Page URL: https://www.clinicomp.com/cehrt.html

INITIAL PLAN MODIFICATION

In 2020, CliniComp, Intl. software underwent certification using Office of the National Coordinator (ONC) data and testing tools. However, developers are cautioned against only using open-source testing platforms, as doing so may diverge from the main goal of Real-World Testing, which is to replicate the intended usage scenarios and settings for certified health IT. Consequently, some of the revised tests are due to the absence of software deployment at a customer's location. In 2024, CliniComp had none of their certified software components deployed at any customer site.

Our strategy is to perform testing with actual patient data on a production server as soon as we have a customer using any or all our certified software. However, we were unable to secure a customer in 2024. We are actively promoting our services to acute inpatient hospitals and anticipate acquiring a customer in 2025. Until that time, our testing is confined to employing use cases and conducting tests on internal, certified software servers using simulated data. We also use internal simulators to test inbound and outbound messages to mock immunization registries and mock public health endpoints.

Summary of Change: The purpose and procedure of Real-World Testing entail vendors utilizing their deployed software to assess production data and actions, and then publicly disclosing the outcomes to showcase compliance. Given this objective and the fact that CliniComp's certified software wasn't operational at customer locations in 2024, it was decided that the most effective way for CliniComp to adhere to this certification requirement would be to conduct testing for each measure using a single user story with simulated data on internal servers featuring the certified software.

Rationale: The extraction of patient data from client production servers and the semi-annual testing of each measure were excluded from the test plan because they were found to be technically unfeasible given the fact that CliniComp's certified software was not operational at customer locations in 2024. The intricacy of the test plan did not contribute any value or provide additional clarification regarding compliance with the measures, given that the software is not operational in a production setting at this time.

Limitation: Performing real-world testing on client production servers using certified software that has not been deployed in actual production environments poses significant challenges. Several of the measures can only be partially duplicated without the presence of certified software on a client production server.

SUMMARY OF TESTING METHODS

In the initial year of RWT results collection and monitoring in 2024, CliniComp did not have their certified software actively running in production. Although the primary goal of Real-World Testing as a certification requirement was linked to deployed software, CliniComp is currently showcasing interoperability and data exchange capabilities on internal servers using certified software and user stories.

In 2020, CliniComp, Intl. software obtained certification through ONC data and testing tools. However, developers are advised against utilizing open-source testing platforms because this may deviate from the primary objective of Real-World Testing, which is to emulate the intended usage scenarios and settings for certified health IT.

The Metrics and Outcomes section outlines all fifteen certified criteria, summarizing their original testing method, the specific modifications made to the test plan along with the rationale, interoperability results, and any associated risks.

METRICS AND OUTCOMES

In this section, we outline the compliance of the data gathered from our Real-World Testing with the certification criteria and the exchange of Electronic Health Information (EHI) in an acute setting.

Refer to the Expected Outcomes and Limitations sections for a detailed listing of the fifteen criteria.

Clinical Quality Measure (CQM) – Record and Export: §170.315(c)(1)

Test Method: Record percentage of successful user attempts to export a single data entry of a patient for all certified CQMs. System logs will be reviewed to ensure the export function is operating properly and 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 export. This test methodology will primarily test the conformance of the implementation.

Modified Test Plan: On the internal server, documentation was completed in the supporting fields of the CMS9v11CQM. A user generated a Quality Reporting Document Architecture (QRDA) file for a patient included in the denominator of the CMS9v11CQM.

Rationale: Since the software has not been deployed, repeating this User Story for all eight CQMs was redundant and did not enhance the fulfillment of the ONC certification purpose.
Expected Outcomes: It is expected that authorized users will be able to document CQM measures in CliniComp|EHR and generate a QRDA file for submission to the Centers for Medicare & Medicaid Services (CMS). Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: QRDA file has been successfully created to facilitate data exchange/interoperability, ensuring that the reports can be submitted electronically to CMS.
Success rate: Document on CQM & Generate Export File in QRDA Format: 1/1 = 100%
Risk: When the software is deployed, the customer may request minor defect corrections. Successfully generating a QRDA file renders the risk low.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

CQM – Import and Calculate: §170.315(c)(2)

Test Method: Report percentage of a user successfully importing a single file for each certified CQM. System logs will be reviewed to ensure the import function is operating properly and 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.
Modified Test Plan: On the internal server, a user imported a Quality Reporting Document Architecture (QRDA) file for a patient included in the denominator of the CMS9v11CQM.
Rationale: Since the software has not been deployed, repeating this User Story for all eight CQMs was redundant and did not enhance the fulfillment of the ONC certification purpose.
Expected Outcomes: It is expected that authorized users can import the QRDA submission file and that it is an exact match in measure calculations with CMS. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: QRDA file has been successfully imported to facilitate data exchange/interoperability.
Success Rate: Import File in QRDA Format: 1/1 = 100%
Risk: When a customer uses this certified software, there might be some minor defect corrections requested. Successfully importing a QRDA file renders the risk low
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

CQM – Report: §170.315(c)(3)

Test Method: User creates a data file for all patients in the denominator for all certified CQMs. Report percentage of successful file creation for all patients in the denominator of each CliniComp certified CQM. System logs will be reviewed to ensure the file creation function is operating properly and 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 file creation. This test methodology will primarily test the conformance of the implementation.

Modified Test Plan: On internal server, generated a file with patients in denominator for CMS9v11.

Rationale: Demonstrating compliance with 1 CQM, rather than all. There is no value added to duplicate proven compliance with every certified clinical quality measures.

Expected Outcomes: It is expected that authorized users can successfully create a data file for the appropriate patient group. Errors will be tracked and analyzed.

Results Demonstrating RW Interoperability: QRDA file successfully generated to support data exchange/interoperability and ensure the reports can be electronically submitted to CMS.

Success rate: QRDA file generated with multiple pts from denominator of single measure: 1/1 = 100%

Risk: When the software is deployed, the customer may request minor defect corrections. The risk is minimal with the successful generation of a QRDA file.

Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Transitions of Care: §170.315 (b)(1)

Test Method: For ten test patients: create, send, receive and view a SOC document. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.

Relied Upon Software/Standard: USCDI v1

Modified Test Plan: User story for one patient, instead of ten to demonstrate user can create a SOC, take action to send the document and view the SOC document.

Rationale: There is no value added to duplicate user stories for the same measure. One User Story sufficiently demonstrates compliance. Sending, receiving and viewing the SOC

document was demonstrated successfully on internal servers with simulated data but is not feasible using customer data until the software is deployed at a customer site.
Expected Outcomes: It is expected that authorized users can create, view, send, and receive SOC documents. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: User can create, send, receive and view an SOC document.
Success Rate:

- creating and sending SOC: 1/1 = 100%
- receiving and viewing SOC: 1/1 = 100%

Risk: A customer may request defect corrections when the software is deployed but the risk is minimal with the successful demonstration of sending, receiving and viewing a SOC document using the internal servers and simulated data.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Clinical Info Rec & Incorp: §170.315 (b)(2)

Test Method: For ten test patients: Viewing the reconciled list (1 allergy, 1 medication, 1 problem) and incorporating CDA data. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.
Relied Upon Software/Standard: USCDI v1
Modified Test Plan: User story for one patient, rather than ten, to demonstrate user can view a reconciled list of allergies, medications, and problems.
Rationale: There is no value added to duplicate user stories for the same measure. One User Story sufficiently demonstrates compliance. Incorporating CCD into clinical reconciliation was demonstrated successfully using internal servers and simulated data but is not feasible using customer data until the software is deployed at a customer site.
Expected Outcomes: It is expected that authorized users can incorporate CDA and reconcile clinical information within the CliniComp|EHR. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: User can view pre-post reconciliation of meds, allergies, and problems.
Success Rate:

- viewing a reconciled list of meds, allergies, & problems: 1/1 = 100%

- incorporating CDA data: 1/1 = 100%

Risk: A customer may request defect corrections when the software is deployed but the risk is minimal with the successful demonstration of viewing clinical information and incorporating CDA data using internal servers and simulated data.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Security Tags-Summary of Care Send: §170.315 (b)(7)

Test Method: Creating an export summary for ten patients, tagged as private, in real-time. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.
Modified Test Plan: User Story to create an export summary for one private patient.
Rationale: Duplicating user stories for the same measure would be redundant. One User Story sufficiently demonstrates compliance.
Expected Outcomes: It is expected that authorized users can create an SOC file for the selected patient. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: Export summary successfully created.
Success Rate: Export Summary: 1/1 = 100%
Risk: Receiver of exported summary may not be able to read the summary. The risk is low since we successfully demonstrated the summary was readable by the receiver when we validated the test using the internal servers and simulated data.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Security Tags – SOC – Receive: §170.315 (b)(8)

Test Method: User selects ten patients from the appropriate testing pool and reports percentage of successfully viewing a received SOC document, tagged as secure. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.

Modified Test Plan: User story for one patient, instead of ten to demonstrate user can receive a SOC document tagged as secure.

Rationale: Duplicating user stories for the same measure would be redundant. One User Story sufficiently demonstrates compliance.

Expected Outcomes: It is expected that an authorized user can receive an SOC document tagged as secure. Errors will be tracked and analyzed.

Results Demonstrating RW Interoperability: SOC document tagged as secure successfully received.

Success Rate: Receive a SOC document tagged as secure 1/1 = 100%

Risk: A customer may request defect corrections when the software is deployed but the risk is minimal with the successful demonstration of receiving a SOC document tagged as secure using internal servers and simulated data.

Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Care Plan: §170.315 (b)(9)

Test Method: User documents success rate of accomplishing Care Plan activities (accessed & created, recorded, changed, and received) for ten patients. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.

Modified Test Plan: User Story to demonstrate accessing, creating, recording, changing and receiving care plans for one patient.

Rationale: One User Story sufficiently demonstrates compliance. Duplicating user stories will have the same result.

Expected Outcomes: It is expected that an authorized user can access, create, record, change and receive a Care Plan. Errors will be tracked and analyzed.

Results Demonstrating RW Interoperability: Demonstrated ability to access, create, record, change and receive a Care Plan.

Success Rate:

- Compliant with criterion to create and manipulate Care Plan: 1/1 = 100%
- Interoperability – receiving Care Plan: 1/1 = 100%

Risks: A customer may request defect corrections when the software is deployed but the risk is minimal with the successful demonstration of the ability to access, create, record, change and receive a Care Plan using internal servers and simulated data.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Electronic Health Information Export: §170.315 (b)(10)

Test Method: User selects ten patients from the appropriate testing pool and reports percentage of successfully creating an export file(s) with all patients and of a single patient's electronic health information stored at the time of certification. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.
Modified Test Plan: User story for ten patients to demonstrate user can successfully create an export file(s) with all patients and of a single patient's electronic health information.
Rationale: There is no value added to duplicate user stories for the same measure. One User Story sufficiently demonstrates compliance
Expected Outcomes: It is expected that an authorized user can successfully create an export file with all patients and of a single patient's electronic health information. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: Demonstrated ability to successfully create an export file with all patients and of a single patient's electronic health information
Success Rate:

- Create an export file with a single patient's electronic health information 1/1=100%
- Create an export file with all patient's electronic health information 1/1=100%

Risks: A customer may request defect corrections when the software is deployed but the risk is minimal with the successful demonstration of the ability to successfully create an export file of a single patient's electronic health information using internal servers and simulated data.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Transmission to Immunization Registries: §170.315 (f)(1)

Test Method: For ten test patients, user documents success rate of creating and submitting an immunization record to a registry; requesting and viewing imported immunization history and forecast from a registry. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.
Modified Test Plan: User story for one patient, rather than ten, to demonstrate user can successfully create and submit an immunization record to a mock registry, and request and view and imported immunization history and forecast from a mock registry. Internal simulators were used to test inbound and outbound messages to a mock immunization registry.
Rationale: There is no value added to duplicate user stories for the same measure. One User Story sufficiently demonstrates compliance.
Expected Outcomes: It is expected that an authorized user can successfully create and submit an immunization record to a mock registry, and request and view and imported immunization history and forecast from a mock registry. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: Demonstrate the ability create and submit an immunization record to a mock registry, and request and view and imported immunization history and forecast from a mock registry.
Success Rate:

- Create and submit an immunization record to a mock registry 1/1 = 100%
- Request and view and imported immunization history and forecast from a mock registry 1/1 = 100%

Risk: When a customer uses this certified software, there might be some minor defect corrections requested depending on the immunization registries capabilities. The risk is low since the test was successfully performed using internal servers, simulated data and internal simulators for mock registries.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Transmission to Public Health Agencies: §170.315 (f)(2)

Test Method: For ten test patients, user documents success rate of creating a syndromic-based public health surveillance document for transmittal to a public health agency for ten patients. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.

Modified Test Plan: User story for one patient, rather than ten, to demonstrate user can create a syndromic-based public health surveillance document for transmittal to a mock public health agency using internal simulators.

Rationale: There is no value added to duplicate user stories for the same measure. One User Story sufficiently demonstrates compliance.

Expected Outcomes: It is expected that an authorized user can create a syndromic surveillance document for transmission to a mock public health agency. Errors will be tracked and analyzed.

Results Demonstrating RW Interoperability: Demonstrate ability to create a syndromic surveillance document for transmission to a mock public health agency.

Success Rate: Create a syndromic surveillance document for transmission to a mock public health agency 1/1 = 100%

Risk: When a customer uses this certified software, there might be some minor defect corrections requested depending on the public health agency capabilities. The risk is low since the test was successfully performed using internal servers, simulated data and internal simulators for mock public health agencies.

Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Care Coordinator – Direct Project: §170.315 (h)(1)

Test Method: For ten patients, user documents success rate of sending patient's health information to a recipient via direct address. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.

Relied Upon Software/Standard: EMR Direct Data Exchange Protocol API (Version 1.3.2)

Modified Test Plan: User story for one patient, rather than ten, to demonstrate the ability to send a patient's health information to a recipient via direct address.

Rationale: There is no value added to duplicate user stories for the same measure. One User Story sufficiently demonstrates compliance.

Expected Outcomes: It is expected that an authorized user can electronically send EHI to a third party. Errors will be tracked and analyzed.

Results Demonstrating RW Interoperability: Demonstrate ability to electronically send EHI to a third party.

Success Rate: Send a patient's health information to a third party direct address 1/1 = 100%
Risk: When a customer uses this certified software, there might be some minor defect corrections requested depending on the third party capabilities. The risk is low since the test was successfully performed using internal servers, simulated data and internal simulators.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

Patient – View, download & Transmit (VDT): §170.315 (e)(1)

Test Method: User enacts the patient role, for ten patients, from the appropriate testing pool of patients and documents success rate of viewing and sending the downloaded inpatient summary via the Patient Portal to a third party. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.
Relied Upon Software/Standard: USCDI v1.
Modified Test Plan: User story – view and email SOC from patient portal.
Rationale: Duplicating user stories for the same measure would be redundant. One User Story sufficiently demonstrates compliance.
Expected Outcomes: It is expected that an authorized user can perform VDT without assistance from the patient portal. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: SOC sent successfully.
Success Rate: SOC VDT: 1/1 = 100%
Risk: When a customer uses this certified software, there might be some minor defect corrections requested
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

API – Application Access: Patient Selection & Data Request: §170.315 (g)(7)(9)

Test Method: User selects ten patients from the appropriate testing pool and documents success rate of using a third-party application to access specific patient data for the desired patient for a given time frame. System logs will be reviewed to ensure the functionality is operating properly and 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 functionality. This test methodology will primarily test the conformance of the implementation.
Relied Upon Software/Standard: USCDI v1.

Modified Test Plan: User story for one patient, rather than ten, to demonstrate the ability to access specific patient data for the desired patient from a third party application.
Rationale: Duplicating user stories for the same measure would be redundant. One User Story sufficiently demonstrates compliance.
Expected Outcomes: It is expected that an authorized user can use an API to access specific patient data from a third party for the desired patient. Errors will be tracked and analyzed.
Results Demonstrating RW Interoperability: Demonstrated ability to use an API to access specific patient data from a third party for the desired patient.
Success Rate: Use an API to access specific patient data for the desired patient 1/1 = 100%
Risk: When a customer uses this certified software, there might be some minor defect corrections requested depending on the third party API capabilities. The risk is low since the test was successfully performed using internal servers, simulated data and internal simulators.
Limitation: Practical testing on production servers with certified software not yet deployed in production presents considerable limitations.

STANDARDS UPDATES

X Yes, I have products certified with voluntary SVAP or USCDI standards.
No, none of my products include these voluntary standards.

Standard (and version)	USCDI v1
Updated certification criteria and associated product	b1, b2, e1, g9
Health IT Module CHPL ID	15.05.05.2695.CLIN.02.01.1.221013
Method used for standard update	Cures Update
Date of ONC ACB notification	12/29/22
Date of customer notification (SVAP only)	N/A
Conformance measure	Care Coordinator: b1, b2 Patient: e1 API: g9
USCDI updated certification criteria (and USCDI version)	USCDI v1 – b1, b2, e1, g9

CARE SETTING

- **Inpatient Acute*:*** CliniComp is proactively promoting its inpatient EMR solutions. The acute inpatient setting is the appropriate setting for demonstrating compliance and adherence to the Real-World Testing criteria.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Revised test plan	Inpatient Acute	2/19/2024
Simulate data	Inpatient Acute	3/1/24-10/31/24
Analyze simulated data	Inpatient Acute	11/1/24-11/30/24
Report RWT Results to SLI	Inpatient Acute	1/10/25