# REAL WORLD TESTING RESULTS REPORT TEMPLATE

## BACKGROUND & INSTRUCTIONS

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

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

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

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

- Real World Testing–What It Means for Health IT Developers – Fact Sheet
- Real World Testing Resource Guide
- Real World Testing Certification Companion Guide

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

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

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## TEMPLATE INSTRUCTIONS

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

## INTRODUCTION

This document contains a list of the steps taken to conduct the annual Real World Testing requirements for ONC certification. The Results within this document were reviewed as Screenshots and spreadsheets for their compliance with the criteria defined in the test plan. These artifacts will be maintained by the health IT developer for audit purposes or further requests.

## GENERAL INFORMATION

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

Developer Name: Enable Healthcare Inc

Product Name: MDnet

Version Number(s): V10

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2719.MDne.10.01.1.191231

Developer Real World Testing Plan Page URL: https://ehiehr.com/rwt

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

## [OPTIONAL] CHANGES TO ORIGINAL PLAN

*If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.*

| Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing] | Reason [Describe the reason this change occurred] | Impact [Describe what impact this change had on the execution of your Real World Testing activities] |
|---|---|---|
| N/A | | |

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## [OPTIONAL] WITHDRAWN PRODUCTS

*If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.*

| | |
|---|---|
| **Product Name(s):** | N/A |
| **Version Number(s):** | |
| **CHPL Product Number(s):** | |
| **Date(s) Withdrawn:** | |
| **Inclusion of Data in Results Report:** [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.] | |

## SUMMARY OF TESTING METHODS AND KEY FINDINGS

*Provide a summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability.*

*If any non-conformities were discovered and reported to the ONC-ACB during testing, outline these incidences and how they were addressed.*

*Note: A single Real World Testing results report may address multiple products and certification criteria for multiple care settings.*

Consistent with the ONC's recommendation that "Real World Testing verify that deployed Certified Health IT continues to *perform as intended by conducting and measuring observations of interoperability and data exchange*", our original test plan focused on capturing and documenting the number of instances that certified capability was successfully utilized in the real world. In instances where no evidence exists due to low or zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

As per the test plan, we leveraged a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate was used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might be accounted for by patient volume, location or provider preference among other reasons. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments were used to measure which certified actions were performed at the conclusion of a given time period where the minimum time period was 90 days and longer where possible. These results are typically obtained by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests were live tested as opposed to examining historical usage statistics. The goal being to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed for the successful testing and obtaining results for each criterion. Detailed below in the **Metrics and Outcomes** section the reader will find evidential data in the form of a Summative result(s) or Interactive test outcome for each certified criteria for the Enable Healthcare EHR.

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

*Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.*

*Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).*

☐ Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.

[ **X** ] No, none of my products include these voluntary standards.

| Standard (and version) | Updated certification criteria and associated product | CHPL Product Number | Conformance Measure |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

### Care Setting(s)

*The expectation is that a developer's Real World Testing is conducted within each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use.*

*List each care setting that was tested.*

- *Doctor's Office – Ambulatory Care Setting*

## Metrics and Outcomes

Within this section is a list of the results collected from the Enable Healthcare solution Real World Testing measures as defined in their Real World Test plan. Outcomes are listed as Pass, Pass with Exception, or Fail determined by the success of obtaining testing results. This determination was based on a thorough review by the Enable Healthcare team. A link is included within the **Outcomes** column in the table below to asubsequent **Outcomes Details** table. This second table matches each outcome with additional detailed information such as supporting resources and descriptions of the tests that were performed.

Key components include:
- Customer created a comprehensive Test Results Report which details customer environment, patient data utilized for tests, locations of testing
- Customer attempted Summative and/or Interactive Testing
- Customer collected audit logs to support spreadsheets and as necessary, screen shots that demonstrate proof of Interactive Testing for each criteria with "0" values in Summative Testing. These files are referenced and remain on file with Enable Healthcare.

The following metrics were measured by viewing audit logs in the client's live production system for April 1 – June 30, 2022 for Interactive tests. For each test, a screen shot was taken of the audit report criteria screen showing the auditing information being reported. The resultant report was then saved to show the usage (or lack thereof) of the criterion.

| Associated Criterion(a) | Measurement/Metric | Relied Upon Software (if applicable) | Outcomes | Challenges Encountered (ifapplicable) |
|---|---|---|---|---|
| 170.315(b)(1) Transitions of care | Over a 90-day period: <br> 1) Number of CCDAs created <br> 2) Number of CCDAs sent <br> 3) Number of CCDAs received | Surescripts- Direct Message Interface API | Pass | |
| 170.315(b)(2) Clinical information reconciliation and incorporation | Over a 90-day period: <br> 1) Number of times a user reconciled medication list data from a received CCDA <br> 2) Number of times a user reconciled allergies and intolerance list data from a received CCDA <br> 3) Number of times a user reconciled problem list data from a received CCDA | CCDA are received using Surescripts -Direct Message Interface | Pass | |

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|---|---|---|---|---|
| 170.315(b)(3) Electronic prescribing | Over a 90-day period:<br>1) Number of prescriptions created<br>2) Number of prescriptions changed<br>3) Number of prescriptions canceled<br>4) Number of prescriptions renewed | | [Pass](#) | |
| 170.315(b)(6) Data export | Over a 90-day period:<br>1) Number of times a data export was performed for a patient<br>2) Number of times a data export was performed for multiple patients in a single transaction<br>3) Number of times a data export was performed for all patients in a single transaction | | [Pass](#) | |
| 170.315(c)(1-3) Clinical quality measures (CQMs) | Over a 90-day period:<br>1) Number of measures recorded during the period<br>2) Number of QRDA Category 3 aggregate report(s) created over the period | | [Pass](#) | |
| 170.315(e)(1) View, download, and transmit to 3rd party | Over a 90-day period:<br>1) Number of views of health information by a patient or authorized representative<br>2) Number of downloads of health information by a patient or authorized representative<br>3) Number of transmissions of health information by a patient or authorized representative | | [Pass](#) | |

| | | | | |
|---|---|---|---|---|
| 170.315(f)(1) Transmission to immunization registries | Over a 90-day period:<br><br>1) Number (or percentage) of immunization records submitted to the immunization record | | Pass | |
| 170.315(g)(7) Application access — patient selection | 1) Number of requests for a patient ID or token<br>2) Number of requests that provided sufficient information to provide a valid response<br>3) Number of follow-up requests made using the provided patient ID or token | | Pass | |
| 170.315(g)(8) Application access — data category request | 1) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token<br>2) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token for a specific date range | | Pass | |

| | | | | |
|---|---|---|---|---|
| 170.315(g)(9) Application access — all data request | 1) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token <br> 2) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range | | Pass | |
| 170.315(h)(1) Direct Project | 1) Number of Direct Messages sent <br> 2) Number of Delivery Notifications received <br> 3) Number of Direct Messages received <br> 4) Number of Delivery Notifications sent | Surescripts- Direct Message Interface | Pass | |

## Outcome Details

The following sections contain additional descriptions and test results supporting documentation to provide more context for the testing outcomes defined in the **Metrics and Outcomes** table above.

## 170.315(b)(1) Transitions of care

| Summary Description |
|---|
| **Pass**                          **Method:** Interactive Testing <br> The purpose of this test was to show that providers can send and receive transition of care/referral summaries as C-CDA to/from external providers. During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(b)(1) criterion. Due to low or zero adoption of this criteria, Enable Healthcare demonstrated the module function in their system as an interactive test demonstrating a compliant result. |
| **Justification** |
| This criterion necessitates that a certified Health IT module be able to generate C-CDAs in accordance with predetermined standards and vocabulary code sets as well as transmit and receive C-CDAs. Moreover, Certification criteria 170.315(b)(1) is applicable for ambulatory care settings -Private Practice. MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. Obtaining copies of C-CDA records from outside providers who have no incentive to take part in this activity is not practical. As the certified capability must be available and effective regardless of how frequently it is utilised, we plan to demonstrate the necessary certified capabilities by showing how frequently C-CDAs are generated and exchanged with other systems. We anticipate that there will be a high success rate. |
| Results Supporting Documents |

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|---|
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

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## 170.315(b)(2) Clinical Information Reconciliation and Incorporation

| Summary Description |
|---|
| **Pass**          **Method:** Interactive Testing<br><br> This test was designed to demonstrate the importability of C-CDA documents, their compatibility with patient charts, their ability to be reconciled, as well as the ability to create and export new C-CDA documents.<br>During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(b)(2) criterion. Due to low or zero adoption of this criteria, Enable Healthcare demonstrated the module function in their system as an interactive test demonstrating a compliant result. |
| **Justification** |
| According to this criterion, a certified Health IT module must be able to match a C-CDA received from an external system to the appropriate patient, reconcile and incorporate clinical information from the patient's chart under the section "Medications", "Allergies," and "Problem Lists," and then incorporate the lists into the patient records. Each of these stages should ideally be completed electronically within a certified Health IT module. The majority of providers in the actual world often chose to carry out these processes manually and choose to save any externally received C-CDAs as attachments to the patient record, even though this certified capability is provided to our users. In order to prove the certified capability is available and useful, independent of the frequency it is used, we plan to track the frequency that providers are electronically reconciling and incorporating C-CDAs that were received from outside providers. We anticipate that providers will use their resources wisely and with a high success rate. |
| **Results Supporting Documents** |
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## 170.315(b)(3) Electronic Prescribing

| Summary Description |
|---|
| **Pass**          **Method:** Summative Testing<br><br>The purpose of this test was to show that providers have been given a functionality to create and transmit with track count of New-Rx e-prescriptions to surescripts and pharmacy using EHR over the course of time. During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(b)(3) criterion. |
| **Justification** |
| This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. MDNet application supports Erx transmission to external pharmacies via Surescripts certified Health IT system. A successful Erx transmission to pharmacy indicates compliance to the underlying ONC criteria. Provider/authorized user can view Eprescription Tracker for count and details of Transmitted newRx, Delivered NewRx, Failed NewRx. This will indicate that the eRx transactions are delivered from the certified Health IT module and that the eRx clearinghouse successfully receives them. Certification criteria 170.315(b)(3) is applicable for ambulatory care settings -Private Practice. MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. |
| Results Supporting Documents |
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## 170.315(b)(6) Data Export

| Summary Description |
|---|
| **Pass**                     **Method:** Interactive Testing |
| The purpose of this test was to show that authorized users have been given a functionality to automatically schedule export of data for all patients that represents the most current clinical information in the specified date and time range.

During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(b)(3) criterion. Due to low or zero adoption of this criteria, Enable Healthcare demonstrated the module function in their system as an interactive test demonstrating a compliant result. |
| **Justification** |
| This criterion requires the ability of a certified Health IT module to export a summary of a patient's record in C-CDA format according to specified standards and vocabulary code sets. MDNet application supports a successful generation and transmission of export file C-CDA of single/multiple patients which indicates support and compliance to the underlying ONC criteria. Authorized Provider/user can configure options for data elements, real time, date and time range, and storage location using C-CDA Export tracker/Add new Export Summary in EHR. Certification criteria 170.315(b)(6) is applicable for ambulatory care settings -Private Practice. MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. |
| Results Supporting Documents |
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## 170.315(c)(1-3) Clinical Quality Measures (CQMs)

| Summary Description |
|---|
| **Pass**                     **Method:** Interactive Testing |
| The purpose of this test is to show that users are allowed to record and export for selected measure, import and calculate the QRDA III for selected measure and Generate CQM files (QRDA category III for ambulatory measures in 170.205 (k)(3) and report for the applicable measure that was selected by the provider/practice.

During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(c)(1-3) criterion. |
| **Justification** |
| 170.315(c)(1) requires a certified Health IT module to record necessary numerator data points automatically or manually for eligible measures related to patient and patient population and export QRDA 1 for identified clinical quality measures for the practice/provider. 170.315(c)(2) requires a certified Health IT module must be to calculate and depict Total Patient Denominator Count, Numerator Count, Numerator Percentage, and Decile Value of each measure reported in accordance with MIPS CQM Specifications as per CMS guidelines, demonstrating successful interoperability and functionality in production environment. 170.315(c)(3) count and list of electronic-Clinical Quality Measures (eCQMs) which are calculated and submitted to CMS for CMS Quality Reporting and Value-Based Program. Provider can record numerator for the displayed measures for a patient/patient population in EHR. System calculates the scores for numerator, denominator automatically based on current year decile scoring criteria in MIPS Dashboard in EHR. Provider can import QRDA received from an external system and calculate the measure. (HL7 QRDA Category 1 Release 3 for one or multiple patients to perform calculations on the CQMs that providers are attesting. MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. |
| Results Supporting Documents |
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## 170.315(e)(1) View, Download, and Transmit to 3rd Party

| Summary Description |
| --- |

| **Pass** | **Method:** Interactive Testing |
| --- | --- |

The purpose of this test is to show that this functionality allows Patient and their authorized representatives can access their patient portal and view, download and transmit Common Clinical Data set to a 3rd party.

During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(e)(1) criterion.

| Justification |
| --- |

According to this criterion, a certified health IT module must be able to offer patients and their authorised representatives access to their patient portals where they can view, download, and send Common Clinical Data sets in C-CDA format to a third party using either encrypted or unencrypted transmission methods. According to the patient's activities, the system updates the status of the CCD Export Summary Document as Seen, Downloaded, or Sent after they log in to their PHR account and access the Clinical Summary or Summary of Care Record. With PHR Activity Tracker in EHR, the system keeps track of the number of patients registered in PHRs and supports Status, Error, and Verify transactions through Data Transportation Tracker available in PHR. Thus, MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing.

| Results Supporting Documents |
| --- |

Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed.

## 170.315(f)(1) Transmission to Immunization Registries

| Summary Description |
| --- |

| **Pass** | **Method:** Summative Testing |
| --- | --- |

The purpose of this test was to show that the EHR allows providers to create and transmit immunization information (historical and newly administered vaccines) to Immunization registry using CVX and NDC codes.

During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(f)(1) criterion.

| Justification |
| --- |

MDNet application supports a user to request, access and display the evaluated immunization history and forecast from an immunization registry for a patient in accordance with the HL7 2.5.1 standard, the HL7 2.5.1. IG for Immunization Messaging, Release 1.5, and July 2015 Addendum. A successful secure transmission to immunization registry and public agencies indicates compliance to the underlying ONC criteria. Provider/Authorizer user can create immunization information for a patient in immunization history module in patient chart in EHR. Thus, MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing.

| Results Supporting Documents |
| --- |

Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed.

## 170.315(g)(7) Application Access — Patient Selection

| Summary Description |
| --- |
| **Pass**          **Method:** Interactive Testing |
| The purpose of this test is to show that when external vendor query the patient using MDNet API and retrieves the patient record, system can receive a request with sufficient information to uniquely identify a patient and return an ID or token that can be used by an application to subsequently execute requests for that patient's data using FHIR specifications.<br>During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(g)(7) criterion. Due to low or zero adoption of this criteria, Enable Healthcare demonstrated the module function in their system as an interactive test demonstrating a compliant result. |
| **Justification** |
| MDNET supports providers are able to retrieve patient information of single and multiple patients using standard API service for patient information exchange for purposes of the measurement under the Health Information Exchange objective. A successful secure and trusted API transaction between MDNet and external application indicates compliance to the underlying ONC criteria. Provider can add a new request as "Patient Request" from Data Transportation Tracker/Add New Request Button, and search and select patient (last name, First Name) and requests for patient record. Provider will be able to Add a new request/query a patient from a third-party system using FHIR mechanism. Thus, MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. |
| Results Supporting Documents |
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## 170.315(g)(8) Application Access — Data Category Request

| Summary Description |
| --- |
| **Pass**          **Method:** Interactive Testing |
| The purpose of this test is to show that Third party requests for a specific data category from MDNet (e.g. immunization/demographics/problem list) and system responds to requests for patient data token for each of the individual data categories specified in the C-CDA and return the full set of data for that data category. MDNet requests a specific data category from the third party API.<br><br>During the year, examination of the log information will be performed for a minimum period of three (3) months to |

determine an appropriate sample for the 170.315(g)(8) criterion. Due to low or zero adoption of this criteria, Enable Healthcare demonstrated the module function in their system as an interactive test demonstrating a compliant result.

| Justification |
|---|
| MDNET supports providers are able to retrieve patient information of single and multiple patients using standard API service for patient information exchange for purposes of the measurement under the Health Information Exchange objective. A successful secure and trusted API transaction between MDNet and external application indicates compliance to the underlying ONC criteria. Providers can Select specific data from external provider/third-party vendor (example Healthix) or through secure messaging in EHR. Provider will additionally have the capability to request/query a patient specific data. Thus, MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. |

| Results Supporting Documents |
|---|
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## 170.315(g)(9) Application Access — All Data Request

| Summary Description |
|---|
| **Pass**          **Method:** Interactive Testing |

The purpose of this test is to show that Third party requests for complete Common clinical dataset from MDNet and system responds to requests for patient data token for all the data categories specified in the Common clinical dataset and return such data in a summary record according to CCD document template. MDNet requests a complete C-CDA from the third party API.
During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(g)(9) criterion. Due to low or zero adoption of this criteria, Enable Healthcare demonstrated the module function in their system as an interactive test demonstrating a compliant result.

| Justification |
|---|
| MDNET supports providers are able to retrieve patient information of single and multiple patients using standard API service for patient information exchange for purposes of the measurement under the Health Information Exchange objective. A successful secure and trusted API transaction between MDNet and external application indicates compliance to the underlying ONC criteria. C-CDA from external provider/third party vendor is received and available to review and incorporate in patient chart. System can receive request from external providers through secure messaging in EHR in C-CDA standard. Furthermore, system responds to patient request, specific data requests through secure messaging in EHR in C-CDA standard. Thus, MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. |

| Results Supporting Documents |
|---|
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## 170.315(h)(1) Direct Project

| Summary Description |
|---|
| **Pass**  **Method:** Interactive Testing<br><br>The purpose of this test was to show that providers have been given a functionality called Direct Messaging to Transmit (send and receive) health information to and from a third party technology used- Secure Health Transport, Version 1.2.<br><br>During the year, examination of the log information will be performed for a minimum period of three (3) months to determine an appropriate sample for the 170.315(h)(1) criterion. |
| **Justification** |
| MDNet application supports providers to send and receive C-CDA to/from external providers which is exchanged using CEHRT Direct Messaging module for purposes of the measurement under the Health Information Exchange objective. A successful secure transmission using Direct Messaging Specification indicates compliance to the underlying ONC criteria. Provider or authorized user can create and send Direct message in EHRto external provider/third party over a production network (via Superscript) with orig-date as per RFC 5322 and message ID as per RFC 5322.Provider or authorized user can receive direct messages in EHR for a patient from other providers or third party (example Walgreens, CVS Pharmacy, Healthix). Thus, MDNet CEHRT for such settings include eligible providers and other authorized users performing and fulfilling RWT functions for RWT testing. |
| Results Supporting Documents |
| Please Contact Enable Healthcare for any Results spreadsheets and screenshots if needed. |

## KEY MILESTONES

Includes a list of key milestones that were met during the Real World Testing process. Includes details on how and when Enable Healthcare implemented measures and collected data.

| Key Milestone | Care Setting | Date/Timeframe |
|---|---|---|
| Scheduling and logistics | Doctor's Office – Ambulatory Care Setting | Q3 2023 |
| Data collection | Doctor's Office – Ambulatory Care Setting | Q3 2023 |
| Review and Collect Data | Doctor's Office – Ambulatory Care Setting | Q3 2023 |
| Writing Report | Doctor's Office – Ambulatory Care Setting | Q3 2023 |
| Enable Healthcare executed summative testing to show that the criteria are functional. The following metrics were pulled from transaction logs as detailed in the outcomes section above:<br>• 170.315 (b)(3) Electronic Prescribing<br>• 170.315 (f)(1) Transmission to immunization registries | Doctor's Office – Ambulatory Care Setting | Q3 2023 e-prescribing Immunizations |
| Enable Healthcare executed interactive testing to show that the criterion are functional. The following metrics were tested interactively as detailed in the outcomes section above:<br>• 170.315 (b)(1) Transitions of care<br>• 170.315 (b)(2) Clinical Information Reconciliation and Incorporation<br>• 170.315 (b)(6) Data Export<br>• 170.315 (c)(1-3) Clinical Quality Measures (CQMs)<br>• 170.315 (e)(1) View, Download, and Transmit to 3rd Party<br>• 170.315(g)(7) Application access—patient selection<br>• 170.315(g)(8) Application access—data category request<br>• 170.315(g)(9) Application access—all data request<br>• 170.315 (h)(1) Direct Project | Doctor's Office – Ambulatory Care Setting | Q3 2023 |

## ATTESTATION

The Real World Testing Results Template must include the following attestation signed by the Health IT Developer Authorized representative.

*Note: The Results must be approved by a Health IT Developer authorized representative capable of binding the Health IT Developer for execution of the plan and include the representative's contact information.[i]*

This Real World Testing Results Report 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: <u>Anandkumar J</u>

Authorized Representative Email: <u>Andy@ehiehr.com</u>

Authorized Representative Phone: <u>973-795-1137</u>

Authorized Representative Signature: <u>*Anandkumar j*</u>

Date: <u>01/30/2024</u>

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