

Real World Test Plan -Enable Healthcare, Inc -2022

Background

This document, Real World Test Plan (RWT) pertains to CY 2022 on behalf of Enable Healthcare Inc (EHI).

EHI's MDNET, a certified EHR solution, under the ONC Health IT Certification program will be testing on the most current version (v10) of MDNet, which is deployed to our user community.

Our objective of RWT plan is aligned with ONC's objective which is stated in its rule, "The objective of real-world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT's certification."

EHI Inc Product portfolio include CEHRT-EHR, Practice Management, Revenue Cycle Management, Remote Patient Monitoring, Chronic Care Management, and Patient Portal.

EHI Inc, products comply with ONC Standards and Certifications, as well as Interoperability specifications, in addition to complying with state and federal requirements.

RWT Plan document is part of the final testing measurements and metrics which we will utilize to test our product interoperability within the production environment. Within each use case, we document planned testing methodology, associated ONC criteria, justification for measurement, expected outcomes from the testing, care settings applied for the respective measure, and if applicable the number of clients to use our RWT approach, including how our test cases were created, test methodology, the number of client/practice sites to use, and our general approach and justification for decisions.

We have included our timeline and milestones for completing the real-world testing in Current Year-2022, and information about compliance with the Standards Version Advancement Process updates.

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Justification of Real World Testing Approach

EHI Inc-MDNet is a certified EHR technology, and it has established a plan to comply with interoperability and functionality in a real world setting and scenario within ambulatory care settings. Our MDNet EHR has adopted updated vocabularies and content standards for capture and exchange of health information. Our RWT test plan and testing will include using live practices, structured patient data, and clinic environment to ensure accuracy and transparency in the Real World Testing process and outcomes.

General Information

- Plan Report ID #: (For ONC authorized certification body use only)
- Developer Name: Enable Healthcare Inc, <https://ehiconnect.com>
- Product Name (s): MDNet
- Version No (s): V10
- Certified Health IT Product List (CHPL) IDs: 15.04.04.2719.MDnet.10.01.1.191231
- Certification Status: Active
- Developer Real World Testing Page (URL):

Schedule of Key Milestones

Key milestone	Care settings	Date/Timeframe
Submission of RWT plan documentation to ONC authorized representative-Drummond Group	Ambulatory	November 15, 2021
RWT Plan publicly made available on CHPL	Ambulatory	December 15, 2021
Begin communication with clients for RWT participation and sign up clients for participation	Ambulatory	1Q,2022
Create and perform test schedules. Document results	Ambulatory	2Q-2022
Submit Real World Testing report to ONC-ACB (per their instructions).	Ambulatory	3Q-2022
Make changes if non-compliance is observed	Ambulatory	4Q-2022

Standards Version Advancement Process (SVAP) Updates For CY 2022

(No version updates are planned on approved standards through the SVAP process).

Standard (and version)	
Updated certification criteria and associated product	
Health IT Module CHPL ID	15.04.04.2719.MDne.10.01.1.191231
Method used for standard update	

Date of ONC-ACB notification	
Date of customer notification (SVAP only)	
Conformance measure	
USCDI-updated certification criteria (and USCDI version)	

Real World Testing Measurements

The measurements for our real-world testing plan are described below. Each measurement contains:

- Description of the measurement/metric
- Associated ONC criteria/s
- Justification for the measurement/metric
- EHR Test Plan/plan
- Expected outcomes

All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

Testing Methodologies

For each measurement, a testing methodology is used. For our test plan, we use the following methodology:

Reporting/Logging: This methodology will be using the logging or reporting capabilities of the EHR to examine functionality performed in the system. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.

No of Client Sites: For each certification criteria, no of client sites used are **(3)** to test the measurements/metrics. The sample size varies depending on the methodology as well as overall used of associated EHR Module criteria by our users.

Care and Practice Settings

All mentioned certification criterias are applicable for ambulatory care settings -Private Practice. MDNet CEHRT for such settings include eligible providers and other authorized users performing such functions which are directly associated with the Real World Testing criteria and scenarios for RWT testing.

Use case 1: Real world testing requirement for Certification Criteria Measurement-§ 170.315(b)(3) Electronic prescribing. MD-Net will apply the following scope for the usability and testing plan.

Description of Measure/s used to support the overall approach of Real-World Testing

Measurement/Metric	Description
Create and transmit electronic prescription	Use case here is count of New-Rx e-prescriptions generated and successfully transmitted from the EHR to a pharmacy over the course of time.

Justification for Real World Testing Approach

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.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Create and transmit electronic prescription	§ 170.315(b)(3) Electronic prescribing

EHR Test Plan

- Provider selects drug/s and create electronic prescription from patient chart>encounter>Rx writer module in EHR.
- Provider saves electronic prescription in patient chart> encounter>Rx writer module in EHR.
- Provider can send electronic prescription to a patient's preferred list of pharmacy from EHR.
- System supports Erx transmission patient wise Status, Error and Verify transactions via Erx Tracker in EHR

Expected Outcomes

Measurement /Metrics	Expected Outcomes
Create and transmit electronic prescription	<ul style="list-style-type: none"> • Create and send NewRx over a production network (Surescript, pharmacy)

Use case 2: Real world testing requirement for Certification Criteria Measurement under care coordination-

- § 170.315(b)(1) Transition of care
- § 170.315(b)(2) Clinical information reconciliation and incorporation
- § 170.315(b)(6) Data export
- § 170.315(b)(7) Security tags- summary of care – send
- § 170.315(b)(8) Security tags – summary of care – receive
- § 170.315(b)(9) Care plan
- § 170.315(b)(10) Electronic Health Information export

MDNet will apply the following scope for the usability and testing plan

§ 170.315(b)(1) Transition of care

Description of Measure/s used to support the overall approach of Real-World Testing

Measurement/Metric	Description
Send and Receive Transition of Care/Referral Summaries	Provider can send and receive TOC/Referral Summaries to the external health IT vendors using Direct Edge Protocols.

Justification for Real World Testing Approach

Transition of care measurement stated above will be able to demonstrate MDNet capabilities are consistent with the requirement of § 170.315(b)(1) criterion. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Send and Receive Transition of Care/Referral Summaries	§ 170.315(b)(1) Transition of care

EHR Test Plan

- Provider can select patient and send transition of care/referral summaries as a C–CDA document from **Encounter /Orders and Requisitions>Refer this patient and submit in EHR**
- **Provider can add referral reason, referral to and specialty.**
- **Provider can send to referring physician as direct message.**
- Provider can receive transition of care/referral summaries as a C–CDA document
- Display, and incorporate transition of care/referral summaries in the **selected patient chart through Direct transportation tracker/Received CCDA/Select Patient/View and Add in Chart in EHR**

- System supports Status, Error and Verify transactions in EHR

Expected Outcomes

Measurement Metrics	Expected Outcomes
Send and Receive Transition of Care/Referral Summaries	<ul style="list-style-type: none"> • Provider can send and receive transition of care/referral summaries as CCDA to/from external providers

§ 170.315(b)(2) Clinical information reconciliation and incorporation

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Accept and Match CCDA	User case here is that provider is able to accept CCDA and System can match to the correct patient
Reconcile and incorporate	Provider can display, validate, incorporate a patient's active data and the data elements from minimum two sources-Medication list, medication allergy list and problem list which includes the source and the last modification date.
Create a CCDA document	Provider can create a CCDA document using reconciled and incorporated patient data

Justification for Real World Testing Approach

Clinical information reconciliation and incorporation measurement stated above will be able to demonstrate MDNet capabilities are consistent with the requirement of § 170.315(b)(2) criterion. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Accept, Match, Reconcile, Incorporate and Create CCDA	§ 170.315(b)(2) Clinical information reconciliation and incorporation

EHR Test Plan

- Provider can approve incoming CCDA file for a patient from **Data transportation tracker/ Received CCDAs/View and Import into chart**

- Provider can complete the reconcile and incorporate process of a patient’s clinical information from patient chart under the chart/clinical reconciliation section (**Medications/Allergies/Problem List**).
- Review and capture audit logs in **Data Transportation tracker**

Expected Outcomes

Measurement Metrics	Expected Outcomes
Accept, Match, Reconcile, Incorporate and Create CCDA	<ul style="list-style-type: none"> • System can match patient with the received transfer of summaries/referral summary • Provider can Reconcile clinical information for the patient in patient chart-data from multiple sources can be simultaneously displayed in a single view for medications, allergies and intolerances, and problems, including both the source and last modification date. • Provider can create a C-CDA document (using the CCD template in C-CDA Release 2.1) that includes the reconciled and incorporated data.

§ 170.315(b)(6) Data export

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Send Export File	Use case here is that this functionality allows authorized users to automatically schedule export of data for all patients that represents the most current clinical information in the specified date and time range.

Justification for Real World Testing Approach

A successful generation and transmission of export file by MDNet CEHRT indicates support and compliance to the underlying ONC criteria. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Send an Export File	§ 170.315(b)(6) Data export

EHR Test Plan

- Authorized Provider/user can configure options for data elements, real time, date and time range, and storage location using **CCDA Export tracker/Add new Export Summary in EHR**
- System can transmit all required data (specific sections) for a specific date range specified
- Review and capture logs and audit events in the **CCDA Export tracker**

Expected Outcomes

Measurement Metrics	Expected Outcomes
Send Export File	<ul style="list-style-type: none"> • Authorized user can send all required data for a specific date range specified. • Limited Users authorized to execute data export functionality • Send export summaries using the Continuity of Care Document template

- § 170.315(b)(7) Security tags - summary of care - send
- § 170.315(b)(8) Security tags - summary of care – receive

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Send a Summary record tagged as restricted.	Use case here is that this functionality allows users to send a summary record formatted in accordance with the standard adopted in § 170.205(a)(4) that is tagged as restricted and subject to restrictions on re-disclosure according to the standard adopted in § 170.205(o)(1) at the: (i) Document, section, and entry (data element) level; or (ii) Document level for the period before December 31, 2022.

Receive a Summary record tagged as restricted	Use case here is that this functionality allows users to receive a summary record that is formatted in accordance with the standard adopted in § 170.205(a) (4) that is tagged as restricted and subject to restrictions on re-disclosure according to the standard adopted in § 170.205(o)(1) at the: <ul style="list-style-type: none"> (i) Document, section, and entry (data element) level; or (ii) Document level for the period before December 31, 2022. (ii) Preserve privacy markings to ensure fidelity to the tagging based on consent and with respect to sharing and re-disclosure restrictions.
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Justification for Real World Testing Approach

A patient's summary of care is sent and received tagged as restricted using CEHRT and exchanged electronically for purposes of the measurement under the Health Information Exchange objective. A successful exchange of summary of care indicates compliance to the underlying ONC criteria. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Create a Summary record tagged as restricted	§ 170.315(b)(7) Security tags - summary of care - send
Receive a Summary record tagged as restricted	§ 170.315(b)(8) Security tags - summary of care - receive

EHR Test Plan

- Provider can mask the section that needs to be confidential and submit to send summary of care to the referring provider in the **Data Transportation Tracker CCDA View Setup/CCDA section master order/hide or show sections in the EHR**
- Provider can select patient and accept the summary of care. The CCDA file will be display with associated security tags in the **Data Transportation tracker/Received CCDA**
- Review and capture logs and audit events in the **Data Transportation Tracker in EHR**

Expected Outcomes

Measurement Metrics	Expected Outcomes
Create a Summary record tagged as restricted	Send a summary record with sections tagged as restricted (hide)

Receive a Summary record tagged as restricted

Receive a summary record with sections tagged as restricted

§ 170.315(b)(9) Care plan

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Create and Receive care plan	Use case here is that this functionality allows users to record, change, access, create, and receive care plan information in a patient encounter according to the Care Plan document template - C-CDA document

Justification for Real World Testing Approach

A patients care plan sent/received using CEHRT for purposes of the measurement under the Health Information Exchange objective. A successful generation, transmission and receipt of care plan indicates compliance to the underlying ONC criteria. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Create and Receive care plan	§ 170.315(b)(9) Care plan

EHR Test Plan

- Provider can create a patient encounter with a care plan.
- Provider can print or publish care plan in CCDA format.

Expected Outcomes

Measurement Metrics	Expected Outcomes
Create and Receive care plan	<ul style="list-style-type: none">• Generate care plan summary using CCDA template.• System receives a care plan from other CEHRT

§ 170.315(b)(10) Electronic Health Information export

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Create, execute export file for single patient	Use case here is that this functionality allows users to create, an export file for a single patient - C-CDA document format any time and execute it using direct message module in MDNet.
Create, execute export file for patient population	Use case here is that this functionality allows users to create an export file for patient population- C-CDA document format any time and and execute it using direct message module in MDNet.

Justification for Real World Testing Approach

An export file is generated and executed using CEHRT and exchanged electronically in C-CDA standard for purposes of the measures under the Health Information Exchange objective. A successful generation and transmission of export file for a single patient or patient population indicates compliance to the underlying ONC criteria. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Create, execute export file for single patient and patient population	§ 170.315(b)(10) Electronic Health Information export

EHR Test Plan

- Provider/Authorized user can create an export file anytime in CCDA Format for a patient or patient population from **Data transportation tracker/ Add new Export Summary in EHR/ select single or multiple patients, sections, date and time range.**
- Provider/Authorized user can execute an export file anytime in CCDA Format
- Review and capture logs and **audit events in data transportation tracker**

Expected Outcomes

Measurement Metrics	Expected Outcomes
Create, execute export file for single patient and patient population	<ul style="list-style-type: none"> • Export file can be executed in EHR using data transportation tracker module with date and time range for single or multiple patients • Limit ability of users who can create export • Electronic and computable forma

Use Case 3: Real world testing requirement for Certification Criteria Measurement under Patient Engagement: § 170.315(e)(1) View, download, and transmit to 3rd party
Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Publish CCDA to patient portal	Use case here is that this functionality allows providers to publish CCDA to patients who are registered with MDNet patient portal
View, Download and Transmit	Use case here is 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 3 rd party.

Justification for Real World Testing Approach

Patient CCDA is published in the patient portal using CEHRT for purposes of the measurement under the Health Information Exchange objective. A successful viewing, downloading and transmission of CCDA file from patient portal indicates compliance to the underlying ONC criteria. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Publish CCDA to patient portal	§ 170.315(e)(1) View, download, and transmit to 3rd party
View, Download and Transmit	§ 170.315(e)(1) View, download, and transmit to 3rd party

EHR Test Plan

- Provider/Authorized user can register a patient for PHR from EHR
- Patient can login in PHR and access the Clinical Summary or Summary of Care Record and system marks the CCD Export Summary Document status as Viewed or Downloaded or transmitted based on patient actions.
- System can track no of patients registered in PHR via **PHR Activity Tracker in EHR**
- System supports Status, Error and Verify transactions via **Data transportation tracker/ Available in PHR.**

Expected Outcomes

Measurement Metrics	Expected Outcomes
Publish CCDA to patient portal	<ul style="list-style-type: none"> A provider can publish necessary data (Common Clinical Data set) in patient portal.
View, Download and Transmit	<ul style="list-style-type: none"> Patient or authorized representative is able to register, view, download and transmit CCDA through patient portal using internet technology.

Use Case 4: Real world testing requirement for Certification Criteria Measurement under CQM:

- § 170.315(c)(1)—record and export
- § 170.315(c)(2)—import and calculate
- § 170.315(c)(3)—report

MDNet will apply the following scope for the usability and testing plan.

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Record and Export CQM Measure/s	Use case here is that this functionality allows users 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
Import and calculate CQM Measure/s	Use case here is that this functionality allows system 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.
Report CQM Measure/s	Use case here is that this functionality allows providers a count and list of electronic-Clinical Quality Measures (eCQMs) which are calculated and submitted to CMS for CMS Quality Reporting and Value-Based Programs.

Justification for Real World Testing Approach

1. CQM criteria, 315(c)(1)-(c)(3), all work collectively together in the eCQM functionality of the EHR Module hence this measurement is used for all three (Record and Export, Import and Calculate and Report).
2. We educate our customers on how to achieve the desired percentile benchmark and the metrics associated with each eCQM for successful reporting to CMS which translates to compliance to the associated criteria as per MIPS CQM Specifications, ensuring that they have a general understanding of the EHR functionalities and use of EHR in a meaningful use manger.
3. Clinical quality measures applicable for the practice is recorded, exported, imported, calculated, and reported using CEHRT for purposes of the CQMs under the Health Information Exchange objective. A successful reporting of CQMs indicates compliance to the underlying ONC criteria. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Record and Export	§ 170.315(c)(1)—record and export
Import and calculate	§ 170.315(c)(2)—import and calculate
Report	§ 170.315(c)(3)—report

EHR Test Plan

- System can display eligible eCQM measures for a patient/patient population **in Patient’s compliance console section in patient dashboard in EHR**
- 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**.
- MIPS Dashboard provides a count and list of electronic-Clinical Quality Measures (eCQMs) which are calculated and submitted to CMS for CMS Quality Reporting and Value-Based Programs.
- System can 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.
- System can export selected measures by the provider and practice.
- 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.
- Provider can export QRDA 3 for reportable selected measures for the applicable year.
- Providers can create a data file for transmission of CQM Data in QRDA category 1 (for individual level reports) and Category III (For aggregate reports) as per specified standards
- Created data file to be electronically accepted by CMS
- Review and capture audit events

Expected Outcomes

Measurement Metrics	Expected Outcomes
Record and Export	<ul style="list-style-type: none">A user is able to record and export for selected measure as identified by the provider and the practice
Import and calculate	<ul style="list-style-type: none">A user is able to import and calculate the QRDA III for selected measure as identified by the provider and the practice
Report	<ul style="list-style-type: none">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.

Use Case 5: Real world testing requirement for Certification Criteria Measurement under Electronic Exchange

- § 170.315(h)(1) Direct Project
- § 170.315(h)(2) Direct Project, Edge Protocol, and XDR/XDM.

MDNet will apply the following scope for the usability and testing plan

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Send and Receive EHI to and from a third party	Use case here is that this functionality allows providers to Transmit (send and receive) health information to and from a third party. Technology used- Secure Health Transport, Version 1.2 and ONC XDR and XDM for Direct Messaging Specification

Justification for Real World Testing Approach

Patient’s Health Information 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. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Send and Receive EHI to and from a third party	§ 170.315(h)(1) Direct Project § 170.315(h)(2) Direct Project, Edge Protocol, and XDR/XDM

EHR Test Plan

- Provider or authorized user can create and send **Direct message in EHR** to 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)
- Direct messages may include clinical data, consultation notes, medication information and other healthcare related information.
- System supports Status, Error and Verify transactions.

Expected Outcomes

Measurement Metrics	Expected Outcomes
Send and Receive EHI to and from a third party	<ul style="list-style-type: none"> • Authorized user can send Patient’s health information through direct message module to external providers or third party • Authorized user can receive Patient’s health information through direct message module from external providers or third party

Use Case 6: Real world testing requirement for Certification Criteria Measurement under Public Health:

- § 170.315(f)(1) Transmission to immunization registries
- § 170.315(f)(5) Transmission to public health agencies — electronic case reporting

MDNet will apply the following scope for the usability and testing plan

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Create and Transmit Immunization record	Use case here is that this functionality allows providers to create and transmit immunization information (historical and newly administered vaccines) to Immunization registry using CVX and NDC codes.
Create and Transmit encounter related to a reportable condition	Use case here is that this functionality allows providers to create and automatically transmit electronic case reports for a single patient to public health agency (example Covid 19)

Justification for Real World Testing Approach

- The Health IT Module enables 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.
- Patient’s Laboratory Tests and Values Information is transmitted to a public health agency using CEHRT module for purposes of the measurement under the Health Information Exchange objective.
- Patient’s reportable condition, example Covid-19 is transmitted to a public health agency to report outbreaks and public health emergencies.
- A successful secure transmission to immunization registry and public agencies indicates compliance to the underlying ONC criteria.
- This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Create and Transmit Immunization record	§ 170.315(f)(1) Transmission to immunization registries
Create and Transmit encounter related to a reportable condition	§ 170.315(f)(5) Transmission to public health agencies— electronic case reporting

EHR Test Plan

- Provider/Authorizer user can create immunization information for a patient in **immunization history module in patient chart in EHR**

- System can transmit patient’s immunization information to state immunization registries electronically (example NJIIS, CIR) and track in **Interface/Immunization tracker in EHR**.
- Provider can request for immunization record from immunization registries
- Provider can order covid test with LOINC code (94531-1) SARS-CoV-2 (COVID-19) RNA panel - Respiratory specimen by NAA with probe detection
- Provider receives result with LOINC code (94500-6) -Positive, Presumptive Positive, Negative, Invalid (Snomed CT code, example 260373001^Detected^SCT)
- System can transmit the report to VDH (HL7 interface).
- Review and capture information logs and messages.

Expected Outcomes

Measurement/Metrics	Expected Outcomes
Create and Transmit Immunization record	<ul style="list-style-type: none"> • Authorized user is able to create and transmit immunization information to state immunization registry (example NJIIS, CIR) using CVX and NDC Codes.
Create health care survey data for electronic transmission	<ul style="list-style-type: none"> • Encounters with specific reportable encounter and lab results for Covid-19 transmits a case report to public health agency.

Use Case 7: Real world testing requirement for Certification Criteria Measurement under Application Programming Interface:

- § 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(g)(10) Standardized API for patient and population services

MDNet will apply the following scope for the usability and testing plan

Description of measure/s used to support the overall approach of Real World Testing

Measurement/Metric	Description
Request for patient record	<ul style="list-style-type: none"> • User case here is that external vendor can 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. • MDNet queries a patient using the third party vendor (example Healthix) and retrieves the patient record

Requests for a specific data category	<ul style="list-style-type: none"> User case here is 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 CCD A and return the full set of data for that data category. MDNet requests a specific data category from the third party API
Requests for complete CCD A	<ul style="list-style-type: none"> User case here is 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 CCD A from the third party API
Standardized API for patient and population services	<ul style="list-style-type: none"> Use case here is that MDNet respond to requests for a single patient’s data or respond to requests for multiple patients’ data as a group using standardized API that enables an application to register and establish a secure connection with authentication during first time connection.

Justification for Real World Testing Approach

Information is exchanged using CEHRT 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. This will be achieved through the scenarios included in the EHR Test Plan.

Certification criteria associated with the list of measures stated above.

Measurement/Metric	Certification Criteria
Request for patient record by external vendor	§ 170.315(g)(7) Application access— patient selection
Third party requests for a specific data category	§ 170.315(g)(8) Application access— data category request
Third party requests for complete CCD A	§ 170.315(g)(9) Application access— all data request

Standardized API for patient and population services	§ 170.315(g)(10) Standardized API for patient and population services
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EHR Test Plan

- Provider selects patient and requests for patient record or specific data from third-party vendor (example Healthix) or through secure messaging in EHR.
- CCDA from 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 CCDA standard.
- System responds to patient, specific data requests through secure messaging in EHR in CCDA standard.
- Review and capture audit events/logs.

Expected Outcomes

Measurement Metrics	Expected Outcomes
Request for patient record	Provider will be able to request/query a patient from a third-party system using FHIR mechanism.
Third party requests for a specific data category	Provider will additionally have the capability to request/query a patient specific data.
Third party requests for complete CCDA	<p>Provider will additionally have the capability to request/query a patient’s complete CCDA</p> <p>Provider will be able to receive the data and verify/approve the incoming CCDA with clinical reconciliation.</p>

Developer Attestation

This Real-World Testing plan is complete with all required elements, including measurements/metrics that address all certification criteria and ambulatory 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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