# Real World Testing Plan ONC

2025

HealUs
Electronic Health Record

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## Executive Summary

This document outlines the real-world testing plan for the HealUs EHR for calendar year 2025. It details how we will measure and evaluate our EHR system's compliance with ONC certification criteria and its effectiveness in real-world healthcare settings.

As specified by ONC, the purpose of real-world testing is to ensure that our certified health IT system continues to meet certification standards and works effectively in the environments where it is used. Our goal is to demonstrate that HealUs EHR maintains compliance with certification criteria and operates effectively in real-world practice settings.

### Testing Measurements and Metrics:

**Planned Methodology:**
We will outline our approach to testing, including how we plan to collect and analyze data.
**ONC Criteria:**
We will reference the specific ONC certification criteria we are testing against.
**Justification:**
We will explain why each test is necessary and how it contributes to verifying compliance.
**Expected Outcomes:**
We will detail what we anticipate achieving from the tests.
**Care Settings:**
We will specify the healthcare specialties in which we will conduct our testing.

### Test Case Development:

**Creation:**
We will describe how we developed our test cases to ensure they are relevant and comprehensive.
**Methodology:**
We will outline the methods used to conduct tests and gather data.
**Timeline and Milestones:**
We will provide a schedule for completing the real-world testing, including key milestones and deadlines.
**Standards Version Advancement Process:**
We will detail how we are aligning our testing with updates to the Standards Version Advancement Process to ensure ongoing compliance.

By adhering to this plan, we aim to demonstrate that HealUs EHR meets all relevant certification standards and performs effectively in the settings where it is intended to be used. This approach will help ensure our EHR system's continued reliability and interoperability.

## General Information

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| **Plan Report ID Number:** | 20241010mdc |
| **Developer Name:** | Medcare MSO |
| **Product Name:** | HealUs EHR |
| **Version Number:** | 1.0 |
| **(CHPL) Product Number:** | 15.05.05. 3197.MDCR.01.00.1.240715 |
| **Real World Testing Plan Page URL:** | https://healusehr.com/real-world-testing/ |

## RWT Timeline and Key Milestones - 2025

**Q1 2025: Preparation and Strategic Alignment**

- Disseminate the finalized Real-World Testing (RWT) plan to all relevant stakeholders to ensure everyone is informed and aligned.
- Conduct a thorough review of the RWT project plan to confirm that all elements are accurately addressed and compliant with standards.
- Set clear expectations and define timeframes for all involved parties to ensure effective implementation and timely completion of the testing process.

**Q2 2025: System Readiness**

- Adopt the USCDIv3 standard.
- Achieve CEHRT certification.
- Ensure the Health IT system is fully enabled, optimized and operational for real-world testing.
- Successfully onboard clients and officially initiate the system's go-live phase.

**Q3 2025: Data Collection**

- Implement the data collection process as outlined in the RWT plans, ensuring all required metrics are captured effectively.
- If needed, reach out to clients to request their support and participation in the real-world testing process to facilitate smooth and effective testing.

**Q4 2025: Test Result Report Finalization and Submission**

- Complete the Real-World Test Plan for 2025, ensuring it meets all ONC requirements and expectations.
- Prepare and submit the finalized Real World Testing Results for review and approval.

## Justification for Real World Testing Approach

Our Real-World Testing (RWT) approach for HealUs EHR is meticulously designed to provide a thorough assessment of the system's performance and compliance within operational environments. The approach combines multiple methodologies to ensure a robust evaluation aligned with ONC certification criteria and tailored to the diverse settings where the system is used.

We utilize **Reporting/Logging Methodology** to leverage the EHR's built-in capabilities for analyzing system performance. This includes examining automated measure calculations, audit logs, and customized reports to track functionality and interoperability over time. This method offers valuable historical insights and benchmarks system performance, allowing us to monitor its effectiveness across different intervals.

To gauge **Adoption Rate**, we report on the number of users actively engaging with the certified Health IT Module(s). This metric helps us understand the extent of integration and user engagement, providing a clear picture of how well interoperability features are being utilized in real-world settings.

**Summative Testing** is employed to assess how frequently and effectively users incorporate interoperability features into their workflows. By tracking these interactions, we can evaluate the success of interoperability in supporting coordinated patient care and measure overall system performance.

**Interactive Testing** involves partnering with users to demonstrate the real-time application of interoperability functionality, using actual patients and patient data where possible. This hands-on approach helps identify and address any challenges, informing necessary improvements and ensuring that the system performs effectively in real-world scenarios. In cases where live testing is not feasible, we utilize sample patient data to ensure compliance with certified capabilities and adherence to updated standards.

This multifaceted approach integrates real-world scenario testing and stakeholder feedback to ensure that HealUs EHR meets all required standards and performs reliably. By combining quantitative metrics, user engagement data, and practical demonstrations, our testing process provides a comprehensive evaluation that supports continuous improvement and maintains adherence to ONC standards.

## Standards Updates

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| **Standard (and version)** | 170.215(b)(1)(i) 4.0.0 HL7® FHIR® US Core Implementation Guide STU 4.0.0, June 2021 |
| **Updated certification criteria and associated product** | 170.315 (g)(10) Standardized API for patient and population services & HealUs EHR v1.0 |
| **Health IT Module CHPL ID(s)** | 15.05.05. 3197.MDCR.01.00.1.240715 |

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| **Date of ONC ACB notification** | 6/4/2024 |
| **Method used for standard update** | SVAP |
| **Date of customer notification (SVAP only)** | N/A |
| **Conformance method and measurement/metric(s)** | Use Case 6: Access Patient Medical Records via API |

## Real World Testing Elements

The following elements for our Real-World Test plan are described in detail for each measure chosen:

- ✓ Associated certification criteria (and Relied Upon Software needed for associated criteria, if applicable)
- ✓ Description of the measurement/metric
- ✓ Testing Methodology
- ✓ Justification for selected measurement/metric
- ✓ Care setting(s)
- ✓ Expected outcomes

## Measures Used in Overall Approach

### Use Case 1: Send Patient Health Records to External Providers

### Care Coordination

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| **Associated Certification Criteria:** | ⇨ 170.315 (b)(1): Transitions of Care<br>⇨ 170.315 (h)(1): Direct Project |
| **Relied Upon Software:** | EMR Direct Interoperability Engine 2023 |
| **Measurement / Metric:** | This measure tracks and records the number of Consolidated Clinical Document Architecture (C-CDA) documents created and successfully transmitted from the EHR module to a third party via direct messaging during transition of care events over a specified period. It evaluates the system's effectiveness in generating and sending C-CDAs, ensuring that these documents are accurately delivered and properly handled throughout the care transition process. This measure provides insights into the EHR module's interoperability and its capability to support seamless information exchange between healthcare providers. |

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| **Testing Methodology:** | Reporting / Logging |
| **Justification:** | Effective coordination between primary care providers and specialists is essential for comprehensive patient management. Our evaluation will showcase the system's ability to successfully exchange referral messages with external organizations through direct messaging and confirm its capacity to handle Consolidated Clinical Document Architecture (C-CDA) documents upon request via the HealUs EHR. By measuring these exchanges, we ensure that our system facilitates seamless information flow and supports efficient collaboration among healthcare providers, ultimately enhancing patient care and continuity across different care settings. |
| **Care Setting(s):** | HealUs EHR is used in outpatient settings, primarily for primary care, including internal medicine, family medicine, and pulmonology. |
| **Expected Outcome:** | The measurement will produce numeric results over a three-month interval, utilizing various reports and audit logs, including Automated Measure (g)(2) reports, to determine the count. A successful performance in this measure demonstrates compliance with the relevant ONC criteria, indicating that the EHR can generate C-CDA patient summary records with all required clinical data elements and exchange patient records with third parties, including support for the direct edge protocol when connecting to a Health Information Service Provider (HISP). Meeting this measure shows users have a sound understanding of the EHR's operations and generally supports the user experience, while failure may suggest issues like a lack of system understanding, insufficient utilization, or minimal need for the feature. The C-CDA documents should be generated and transmitted successfully during transition of care events, promoting effective information exchange between healthcare providers. Accuracy and reliability will be monitored, with error rates tracked and trended over time to improve interoperability, with the monthly error rate for combined transmissions expected to be less than 5%. |

## Use Case 2: Receive, Reconcile and Incorporate Patient Health Records

## Care Coordination

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| **Associated Certification Criteria(s):** | 170.315 (b)(1): Transitions of Care<br>170.315 (b)(2): EHI reconciliation and incorporation<br>170.315 (h)(1): Direct Project |
| **Relied Upon Software:** | EMR Direct Interoperability Engine 2023 |
| **Measurement / Metric:** | This measure tracks the capability to effectively manage transition of care and referral summaries. It assesses the system's ability to receive, validate, display, and reconcile Consolidated Clinical Document Architecture (C-CDA) summaries for patients. Specifically, the measure tracks and quantifies the number of C-CDAs that are successfully received from third parties via direct messaging and accurately incorporated into the system. This process ensures that the EHR can handle and integrate transition of care data efficiently, reflecting its proficiency in maintaining continuity of care and supporting effective information exchange during patient transitions. |
| **Testing Methodology:** | Reporting / Logging |
| **Justification:** | Ensuring that the EHR system can effectively receive, reconcile, and incorporate patient data from C-CDA records is crucial for managing referrals and transitions of care seamlessly. This measure evaluates how well the system manages the reconciliation and incorporation of patient information, including problems, medications, and allergies. By assessing the frequency and success of these data exchanges, we ensure that the EHR supports seamless information flow and compliance with interoperability standards. |
| **Care Setting(s):** | HealUs EHR is used in outpatient settings, primarily for primary care, including internal medicine, family medicine, and pulmonology. |

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| **Expected Outcome:** | The measurement will generate numeric results over a three-month interval, utilizing various reports and audit logs, including Automated Measure (g)(2) reports, to determine the measure count. A successful outcome demonstrates that the EHR system can effectively receive a C-CDA patient summary record and accurately reconcile and incorporate associated problems, medications, and allergies into the patient's record, while also validating the system's ability to exchange data using the Direct Edge protocol through our Health Information Service Provider (HISP), EMR Direct. Achieving success in this measure indicates that users generally understand the functional operations of this EHR module and have a positive experience with its use, while failure to meet this measure may suggest a lack of understanding or underutilization of this functionality. The system is expected to successfully receive, validate, reconcile, and incorporate C-CDA summaries with minimal errors, with performance monitored over time and error rates tracked to ensure continuous improvement in data exchange and care coordination. |

## Use Case 3: Export Health Information for Single and Multiple Patients

## Care Coordination

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| **Associated Certification Criteria(s):** | 170.315 (b)(10): Electronic Health Information Export |
| **Relied Upon Software:** | N/A |
| **Measurement / Metric:** | This measure evaluates the EHR Module's capacity to perform batch exports of Patient Electronic Health Information (EHI) over a three-month period. It tracks the total number of successful batch exports, focusing on both individual and multiple patients. The measurement will assess the completeness and accuracy of the exported data, including key elements such as clinical information, medications, and problem lists. By analyzing the results, we aim to identify any operational challenges and ensure that the export functionality effectively supports care coordination and data sharing among healthcare providers. |
| **Testing Methodology:** | Reporting / Logging |

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| **Justification:** | Ensuring that the EHR system can efficiently create and export patient data in various formats, such as CCDs, PDFs, and CSV files, is essential for supporting coordinated care across multiple providers. This measure assesses the system's capability to generate batch exports of Electronic Health Information (EHI) for single and multiple patients based on specific criteria. By tracking the frequency and success of these batch exports, we can confirm that the EHR facilitates effective data sharing and meets interoperability standards, ultimately enhancing care continuity and provider collaboration in real-world healthcare settings. |
| **Care Setting(s):** | HealUs EHR is used in outpatient settings, primarily for primary care, including internal medicine, family medicine, and pulmonology. |
| **Expected Outcome:** | A successful measure increment will demonstrate compliance with ONC criteria, indicating that the EHR can generate batch exports of single and multiple patients in various formats, such as CCDs, PDFs, and CSV files, supporting health IT interoperability and reinforcing the EHR's role in facilitating effective data exchange among healthcare providers. Achieving this measure reflects users' proficiency in utilizing the EHR's diverse export capabilities, ensuring a positive user experience and highlighting the system's practical value in real-world applications. The system is expected to perform batch exports of Patient EHI with high accuracy and completeness, including key clinical information, allergies, medications, and problem lists. The number of successful exports will be tracked, with errors analyzed to identify trends and areas for improvement, ensuring seamless data sharing and effective care coordination. |

## Use Case 4: Record and Export QRDA 1 Files for Patients

## Clinical Quality Measures

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| **Associated Certification Criteria(s):** | 170.315 (c)(1): CQMs – Record and Export |
| **Relied Upon Software:** | N/A |
| **Measurement / Metric:** | This measure evaluates the ability of the EHR Module to successfully generate QRDA I files over a specified period. It tracks the total number of successful file generations, focusing on both individual and batch processes. The measurement will assess the completeness and accuracy of the generated files in accordance with eCQM specifications, ensuring that key elements are correctly represented. By analyzing these results, we aim to identify any operational challenges and confirm that the generation functionality effectively supports quality reporting and data sharing in healthcare settings. |
| **Testing Methodology:** | Reporting / Logging |
| **Justification:** | Ensuring that the EHR system can accurately identify customers who have activated CQM functionality is essential for evaluating its effectiveness in quality reporting. This measure assesses the system's capability to generate and track the volume of files produced across all supported measures, as C1 mandates that a certified Health IT module records the necessary data, calculates CQMs from that data, and exports it in a QRDA I format. By confirming these functionalities, we can ensure that the EHR system supports compliance with regulatory standards, ultimately enhancing the quality of transitioning of patient care. |
| **Care Setting(s):** | HealUs EHR is used in outpatient settings, primarily for primary care, including internal medicine, family medicine, and pulmonology. |

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| **Expected Outcome:** | A successful outcome in this measure will demonstrate that the EHR system can reliably export QRDA Category I Files while maintaining accuracy and compliance with regulatory standards, confirming the system's effectiveness in facilitating quality reporting and ensuring seamless data transfer for clinical quality measures. Error cases will be tracked and logged during the testing period, providing insights for future improvements. Achieving this measure indicates that users are adept at utilizing the export functionality, contributing to a positive user experience and reinforcing the EHR's role in data exchange, while failure to meet this measure may highlight gaps in user engagement or understanding, suggesting a need for further training or support. The system is expected to consistently generate QRDA I files with high accuracy and completeness, meeting eCQM specifications for the entire 12-month period, with the number of successful file generations recorded and errors systematically analyzed to identify trends, ensuring accurate quality reporting and efficient data exchange in healthcare settings. |

## Use Case 5: Transmission of immunization data to state registries and retrieval of vaccination history and forecasts.

## Public Health

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| **Associated Certification Criteria(s):** | 170.315 (f)(1): Transmission to Immunization Registries |
| **Relied Upon Software:** | N/A |
| **Measurement / Metric:** | This measure evaluates the ability of the EHR Module to successfully transmit patient immunization data to state registries and retrieve evaluated immunization history and forecasts over a specified period. It tracks the total number of successful data transmissions and retrievals, focusing on both individual patient records and batch processes. The measurement will assess the completeness and accuracy of the transmitted data, ensuring compliance with state reporting requirements and public health standards. |
| **Testing Methodology:** | Reporting / Logging |

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| **Justification:** | Ensuring that the EHR system can effectively transmit patient immunization data to state registries and retrieve evaluated immunization history and forecasts is vital for enhancing public health reporting and patient care. State registry integration testing serves as the first real-world test for a bi-directional immunization registry interface, where onboarding a practice with a state immunization registry involves a series of live testing events using actual patient data. This measure evaluates the system's capability to accurately send and receive immunization information, aligning with state and federal reporting requirements. By confirming these functionalities, we can ensure that the EHR supports seamless communication between healthcare providers and state registries, ultimately improving vaccination compliance and population health management. |
| **Care Setting(s):** | HealUs EHR is used in outpatient settings, primarily for primary care, including internal medicine, family medicine, and pulmonology. |
| **Expected Outcome:** | A successful outcome in this measure will demonstrate that the EHR system can reliably submit vaccines to the registry, ensuring accurate recording of all valid submissions, and effectively query the registry for patient immunization history and forecasts, including scenarios where no matches or too many results are returned for a single patient. While some state registries may not support the Query Registry functionality, limiting testing, the system should still transmit immunization data and retrieve evaluated histories with high accuracy and completeness. The number of successful transmissions and retrievals will be tracked, with errors monitored and analyzed to identify trends, ensuring compliance with state reporting requirements and supporting public health standards. Once immunization integration testing has commenced with the state, the practice’s go-live date will be within 30 days. |

## Use Case 6: Access Patient Medical Records via API

### Application Programming Interfaces

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| **Associated Certification Criteria(s):** | ⇨ 170.315 (g)(7): Application Access - Patient Selection<br>⇨ 170.315 (g)(9): Application Access - All Data Request<br>⇨ 170.315 (g)(10) Standardized API for patient and population services |
| **Relied Upon Software:** | N/A |
| **Measurement / Metric:** | This measure evaluates the ability of the certified Health IT module to provide APIs that allow external applications to request a unique patient identifier and retrieve a Continuity of Care Document (CCD) for that patient. It specifically tracks the total number of requests made to these APIs for unique patient identifiers and CCD documents.<br>Additionally, the measure evaluates the capability of the FHIR APIs that enable patient-facing applications, provider-facing applications, and system or bulk export applications to request resources from the US Core v4.0.0 profiles. This includes monitoring the number of token requests made by these applications, ensuring that the FHIR APIs are effectively utilized. The assessment will evaluate the frequency and success rate of these APIs transactions to ensure that the certified capabilities are functioning as intended and are available for potential users. Furthermore, the measure will track the engagement of various systems and applications connecting to the EHR via the FHIR APIs, allowing us to gauge adoption levels and identify opportunities for improved interoperability. |
| **Testing Methodology:** | Reporting / Logging |

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| **Justification:** | Ensuring that our EHR system effectively integrates with third-party applications through our certified APIs is vital for advancing data interoperability and improving patient care. This measure assesses the capability of our certified APIs to facilitate access to all USCDI v1 data classes and resources from the US Core v4.0.0 profiles. By tracking the number of third-party systems and applications that successfully integrate and utilize our APIs, we can confirm that these interfaces are functioning as intended and providing seamless access to essential patient data. This integration not only enhances data sharing but also fosters better care coordination, ultimately leading to improved healthcare outcomes for patients. |
| **Care Setting(s):** | HealUs EHR is used in outpatient settings, primarily for primary care, including internal medicine, family medicine, and pulmonology. |
| **Expected Outcome:** | A successful outcome in this measure will demonstrate that our EHR system can effectively integrate with third-party applications through certified APIs, enabling access to all USCDI v1 data classes and resources from the US Core v4.0.0 profiles. It will provide a count of FHIR applications registered with our server for patient access, as well as those actively connecting to our FHIR server, using our FHIR API registration form and additional reports and audit logs to track the number of enabled applications. This data will help monitor engagement levels and assess the effectiveness of our FHIR API in facilitating patient access and interoperability, ensuring it functions as intended and supports improved care coordination among healthcare providers. External applications are expected to successfully request CCDs for patients via certified APIs, while FHIR APIs facilitate access to US Core v4.0.0 resources for patients, provider, and system applications. The number of token requests and API transactions will be tracked, with success rates monitored to ensure effective functionality. |

## Use Case 7: Direct Messaging

### Electronic Exchange

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| **Associated Certification Criteria(s):** | ⇨ 170.315 (b)(1): Transitions of Care<br>⇨ 170.315 (b)(2): EHI reconciliation and incorporation<br>⇨ 170.315 (h)(1): Direct Project |
| **Relied Upon Software:** | EMR Direct Interoperability Engine 2023 |
| **Measurement / Metric:** | This measure evaluates the ability of the EHR module to record and report the frequency of direct messages and CCDAs, such as Continuity of Care Documents (CCDs) and Referral Notes, sent and received by the providers. It tracks the total number of direct messages and CCDAs exchanged over a specified period, regardless of Message Delivery Notifications (MDNs). The measurement will assess both the volume and success rate of these exchanges, ensuring that the certified capability is effective and available for facilitating care coordination among providers. |
| **Testing Methodology:** | Reporting / Logging |
| **Justification:** | Ensuring that the EHR system can effectively track interoperability exchange success and error rates is essential for improving data interoperability and overall healthcare delivery. This measure evaluates the system's capability to record and report the frequency of direct messages and CCDAs exchanged between providers. By focusing on both the volume and success rate of these exchanges, we can ensure that the EHR supports seamless communication among healthcare providers. This ultimately enhances care coordination, leading to better patient outcomes and more efficient healthcare processes. |
| **Care Setting(s):** | HealUs EHR is used in outpatient settings, primarily for primary care, including internal medicine, family medicine, and pulmonology. |

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| **Expected Outcome:** | Providers will be able to effectively exchange direct messages and CCDAs to support care coordination. The volume of these exchanges will be monitored, and error rates or issues with message delivery will be tracked and trended over time, ensuring that the system remains reliable and effective in facilitating secure communication between providers. The monthly error rate for the combined transmissions should be less than 5%. |

## 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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**Date:** 10/08/2024