REAL WORLD TESTING RESULTS REPORT

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**) ○ Section VII.B.5 — *"Real World Testing"*

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.

GENERAL INFORMATION

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

Developer Name: Binh Pham

Product Name(s): Universal EHR

Version Number(s): 2.0.0

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2478.Univ.02.00.1.180312

Developer Real World Testing Plan Page URL: https://www.universalehr.com/rwt/default.aspx

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

[OPTIONAL] CHANGES TO ORIGINAL PLAN

We, Universal EHR, have not made changes from our original Real World Testing Plan for 2024.

[OPTIONAL] WITHDRAWN PRODUCTS

We, Universal EHR, do not intend on withdrawing any products at this time.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Universal EHR is marketed to outpatient clinic care settings, and as such utilized Real World Testing with an outpatient clinic (Dao Medical Group) working closely to conduct and measure observations of interoperability. The measures used in the approach of our Real World Testing Plan for 2024 and this document uses metrics and data gathered from internal reporting and using audit logs.

Results within this document demonstrate successful interoperability through quantifiable values obtained through summative assessment and through surveying individuals involved in real world testing within the scope of the certification. Several measures have seen low to none adoption rate of the associated certified capability, which could be accounted by clinician/provider preference and protocol, alongside specific workflows which consider implementation of the given real-world measure to be an obstacle in day-to-day activities.

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.

Care Setting(s)

Outpatient Settings – Universal EHR is currently marketed to and provides services for ambulatory/outpatient settings.

Metrics and Outcomes

Values of outcomes reflect real results from within the reporting interval and not results of internal testing. Internal testing results are explained in the Analysis section.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes
Measure 1: Send Patient Health Information Via Direct Messaging	170.315(b)(1): Transitions of Care	PhiMail server	This measure tracks how many CCDAs were reportedly sent through Direct Messaging. Our clinicians have the ability to generate a CCDA within a patient chart and must then send it through the PhiMail server, in which can then be counted and tracked within the reporting interval. Because adoption rate was low, testing was done on the sandbox environment provided by PhiMail to verify successful functionality. Direct messages sent contained both XML and HTML versions the CCDAs being transmitted. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – December 31, 2024 Successfully transmitted Direct Messages: 71 CCDAs Transmitted through Direct Messaging: 71 Analysis: Providers at Dao Medical Group have access to our PhiMail server to send and check their direct message, but did not utilize the service according to our audit logs and provider feedback. We conducted internal testing by transmitting CCDAs generated from synthetic patient charts using EMRDirect provided Direct From and To addresses.
Measure 2: Incorporating Patient Health Information via Direct Messaging	170.315(b)(2): Clinical Information Reconciliation and Incorporation		This measure tracks how many CCDAS were reportedly received and incorporated into our system from a third party using direct messaging. While the functionality to import CCDAs from third parties is available to our clinicians, it has seen little to no adoption. Testing will be done on a mirrored production environment utilizing synthetic patient data, and synthetic incorporated data. Successfully reconciled patient charts: 73 Total number of patient charts attempted: 73 Successfully reconciled medication records: 176 Total number of medication records attempted: 176 Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – December 31, 2024

			Analysis: We performed testing of this functionality on test patients on a mirrored production environment, with imported data successfully imported and reconciliated with existing patient chart data. The patient charts tested were verified to contain the reconciled data in our EHR.
Measure 3: Number of Electronic Prescriptions Successfully Sent	170.315(b)(3): Electronic Prescribing	NewCropRX	This measure tracks and compares the number of new prescriptions created through our system using the NewCropRX interface. All prescriptions from our prescribers dating this year were queried to obtain the Final Status code, in which Success and Verified are counted as successful prescriptions, while Failure counted as failed prescriptions concerning this measure. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – December 31, 2024 Total Prescriptions Sent: 108,348 Successful/Verified Prescriptions: 102,837 Prescriptions with Failure: 5511 Analysis: The prescription data (including send status and medication information) is transmitted and updated in our system after the NewCropRX interface is closed. Feedback from providers reporting prescription failures indicates that most issues stemmed from user errors while interacting with the interface. Errors were often resolved by reissuing the prescription, suggesting that technical issues were minimal and that improved user training and interface design may help reduce failure rates.
Measure 4: Export Patient Data	170.315(b)(6): Data Export		This measure tracks the number of exports of individual and batches of patient data through the functionality available in the EHR. Authorized users should be able to create export summaries in real time to view and download. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – December 31, 2024 Individual Export Summaries: 86,983 Batch Export Summaries: 0 Unique EHI Exports: 65

<table>
<tr><td></td><td></td><td></td><td>Analysis: Clinicians at Dao Medical Group regularly utilize individual patient data exports, particularly during encounters and for tasks like medication refills, demonstrating consistent use of this functionality. Batch exports and unique EHI exports remain underutilized by our clinicians and providers.</td></tr>
<tr><td>Measure 5:
Report of Clinical Quality Measures</td><td>170.315(c)(1): CQM – Record and Export
170.315(c)(2): CQM – Import and Calculate
170.315(c)(3): CQM – Report</td><td></td><td>This measure tracks which CQM through Prospect and Noble transmitted by Dao Medical Group which was generated and submitted from Universal EHR to CMS.

Practice Setting: Outpatient Primary Care

Reporting Interval: January 1, 2024 – December 31, 2024

CQMs Successfully Generated and Submitted:
Prospect: 2432
Noble: 2491
CQM Successfully Generated and Submitted:
Medi-Cal: 3097
OneCare: 20
CMS 2 (Depression screening) CMS 165 (Controlling Blood Pressure)

<table>
<tr><th>CQM Category</th><th>CPT Codes</th></tr>
<tr><td>Annual Wellness Visit (AWV)</td><td>G0438</td></tr>
<tr><td>Initial Health Assessment</td><td>99381-99385, 99391-99395</td></tr>
<tr><td>Medication Review</td><td>G8433</td></tr>
<tr><td>Pain Screening</td><td>G8730</td></tr>
<tr><td>Kidney Health Evaluation for Patients With Diabetes</td><td>G8723</td></tr>
<tr><td>Glycemic Status Assessment</td><td>82947, G8620</td></tr>
<tr><td>Flu Vaccine</td><td>G0008</td></tr>
<tr><td>Breast Cancer Screening</td><td>G0101</td></tr>
<tr><td>Colorectal Cancer Screening</td><td>G0105, G0121</td></tr>
<tr><td>Cervical Cancer Screening</td><td>G0101</td></tr>
<tr><td>Chlamydia Screening</td><td>87491</td></tr>
<tr><td>Child and Adolescent Well-Care Visits (18-21 years)</td><td>99381-99385
99391-99395</td></tr>
</table>
</td></tr>
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			Analysis: During the reporting period, Dao Medical Group successfully generated and transmitted a significant number of CQMs through Prospect (2,432) and Noble (2,491). Additionally, CMS submissions were successfully completed for Medi-Cal (3,097) and OneCare (20). Our results show that this module functionality is working as expected, but is not used regularly.
Measure 6: Patient Portal Use	170.315(e)(1): View, download, and transmit to 3rd party		This measure tracks the number of times a unique patient accessed their patient portal, such as to view encounter notes, lab and radiology results, audit log history, and other patient data. This value will be compared with the total number of patients seen by our providers this year, tracked by the number of unique patients with encounters from within the reporting interval. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – December 31, 2024 Unique Patient Portal Logins: 1750 Patients with Encounters: 15,932 Analysis: Patients can log in to view and download their individual patient data at any time using the Universal EHR patient portal but are not required to as test results and other information can also be obtained in-person at the clinic or through the patient's telephone. While our patient portal is not too often utilized by our patients, we have seen in increase in the proportion of patients accessing their records electronically.
Measure 7: Transmission to Immunization Registries	170.315(f)(1): Transmission to Immunization Registries		This measure tracks the number of immunization records successfully transmitted to Immunization Registries. Due to the expected low adoption rate from this clinic, we will test the generation and transmission of HL7 formatted immunization records through the sandbox environment. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – December 31, 2024 Immunization Records Successfully Transmitted: 19 Transmission Immunization Records Attempts: 21 Analysis: Internal testing was successfully performed in the majority of test cases regarding the generation of

			HL7 formatted immunization record files. Verification of the HL7 format was tested through the context-free test tool by NIST HL7 Test Suite and the transmission was verified through context-based testing sent to the provided test IIS. We initially ran into issues at the beginning of testing due to malformed headers within the HL7 file, but this was resolved to continue testing.
Measure 8: Transmission to Public Health Agencies – Syndromic Surveillance	170.315(f)(2): Transmission to Public Health Agencies – Syndromic Surveillance		This measure tracks the number of successful transmissions of syndromic surveillance data to the state's registry via HL7 standard. Our associated clinic Dao Medical Group has not seen utilization of our symptom detection tools to transmit patient data due to being an ambulatory setting clinic. As a result, we will conduct internal testing of HL7 formatted syndromic surveillance data using synthetic patient data. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – December 31, 2024 Syndromic Surveillance Records Successfully Generated and Verified: 14 Syndromic Surveillance Record Generations Attempted: 18 Analysis: The transmission functionality has seen little to no adoption from our clinicians and providers as part of an ambulatory based clinic. Verification of the syndromic surveillance in HL7 standard format was tested in the context-free test tools provided by the NIST Syndromic Surveillance and visually verified for compliant formatting.
Measure 9: Transmission to Public Health Agencies – Electronic Case Reporting	170.315 (f)(5): Transmission to Public Health Agencies – Electronic Case Reporting		These measures track the number of successful detections of trigger diagnosis codes within patient encounters or lab results, and the resulting transmission of the HL7 file generated for electronic case reporting. At Dao Medical Group, reportable conditions regarding eCR did not utilize the automatic generation and transmission tools but instead manually reported detected conditions to their designated health department. Internal testing of this functionality will be conducted through test packages from APHL AIMS eCR to verify triggering and creation of associated eICRs. Reporting Interval: January 1, 2024 – December 31, 2024

			Patient charts with reportable conditions successfully triggered: 14 eICRs successfully generated from triggered codes in patient charts: 14 Total amount of patient charts with reportable conditions/diagnoses: 16 Analysis: Internal testing for the triggering of reportable codes and initiation of case reports for transmission were tested separately but with the same synthetic patient data sets. A majority of the patient charts set up to detect and trigger reportable codes were successfully captured but encountered some failures due to incorrect mapping diagnosis codes, preventing the trigger from activating. Patient charts that had successfully activated the triggers were able to have eICRs generated and their formats verified through the eICR Creation test package from APHL AIMS eCR.
Measure 10: Compliance of API Resource Query Support	170.315(g)(7): Application access – patient selection 170.315(g)(9): all data request 170.315(g)(10): Standardized API for patient and population services	PhiMail server	This measure tracks the number of successful API accesses through the Universal EHR API. Since the adoption rate for this API was expected to be low or none, testing the functionality instead using test patient data. The number of successful FHIR requests will be tracked compared to the number of total requests sent in the mirrored production environment using HTTP response codes where 200 and 202 are successes, 401 are failed authentication, and 429 is failure due to “too many requests” warning. Practice Setting: Outpatient Primary Care Reporting Interval: January 1, 2024 – April 31, 2024 Successful requests (200, 202): 1012 Failed requests with authentication failure (401): 2 Failed requests with “too many requests” warning (429): 24 Total requests: 1038 Analysis: After conducting internal tests on the API, our test results indicate that an authorized user can potentially successfully connect to and access the server. The two responses due to authentication failure were the results of invalid or missing token for API access. The “too many requests” warning resulting in failure can be pinpointed to our testing sending an amount of requests exceeding limitations set by the API.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Release of RWT Documentation provided to authorized providers and representatives testing the measurements and metrics.	Outpatient	12/15/2023
Initialize data collection of RWT measurements	Outpatient	1/1/2024
Meet with authorized providers and representatives to ensure RWT protocols are being followed.	Outpatient	2/1/2024
Follow up with authorized providers and representatives to check on data collection	Outpatient	3/1/2024
Meet with authorized providers and representatives to ensure RWT protocols and guidelines are being followed and are effective.	Outpatient	6/1/2024
End of Real World Testing data collection period, start of finalization of data for analysis.	Outpatient	1/1/2025

ATTESTATION

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Authorized Representative Signature: Binh Pham

Date: 1/23/2025