REAL WORLD TESTING RESULTS REPORT-2024

BACKGROUND

Under the ONC Health IT 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.

While every effort has been made to ensure the accuracy of restatements of 45 CFR Part 170, this document is not a legal document. The official program requirements are contained in the relevant laws and regulations.

GENERAL INFORMATION

Report ID Number	20231031mdt
Developer Name	MedTrio, Inc.
Product Name(s)	MedTrioEHR™
Version Number(s)	v7.2034
Certified Health IT Product List (CHPL) ID(s)	15.02.05.2646.MEDT.02.02.1.230615
Developer Real World Testing PLAN Page URL	https://www.medtrio.com/home/cert
Developer Real World Testing RESULTS Page URL	https://www.medtrio.com/home/cert

SUMMARY OF TESTING METHODS AND KEY FINDINGS

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 indicate a potential problem, of which there could be several different causes. 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 period. These were conducted 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.

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

For CY 2024 none of the MedTrio, Inc. products include these voluntary standards.

Standard (and version)	USCDI v1
Updated certification criteria and associated product	b1, b2, g9
Health IT Module CHPL ID	15.02.05.2646.MEDT.02.02.1.230615
Conformance measure	Measure 1 for b1 Measure 2 for b2 Measure 4 for g9

Care Settings

The care settings tested were general ambulatory healthcare practices, and our measures were designed for this setting in mind. In each measure, we do also address the care settings targeted and note any necessary adjustment or specific factor to consider with this specific measure.

Metrics and Outcomes

The outcomes from MedTrio's testing demonstrate that MedTrioEHR™ is:

1. Compliant with the certification criteria, including the required technical standards and vocabulary codes sets.
2. Exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use; and/or,
3. EHI is received by and used in the certified health IT.

Details of outcomes that did not result from the measurement approach will be noted as well.

A minimum of sites varies (at least 3) as designated in the CY2024 Real World Testing Plan were met and exceeded as additional information was needed in most cases for more robust results.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Measure 1: Transition of Care CCDAs Functionality	315(b)(1), (h)(1)	Secure Exchange Solution	Clients use is 100% successful using MedTrioEHR™.	Clients surveyed indicated that most healthcare entities in their geographic area do not have a Direct Messaging address; however, this is not the case for some regions of the US, 1 in 7 tested had Direct Messaging entities in their area.
Measure 2: Incorporation and Updating of Medication List, Problem List, Allergy List	315(b)(2)		66.3% of test group reported "Never", 16.5% reported "Regularly", and 16.5% reported "Rarely" use this incorporating and updating feature.	Clients surveyed indicated that the low use rate was due to low adoption rate in their geographic area of Direct Messaging and CCDA use. 4 in 7 tested reported they never use the system for reconciling medications, problems, and allergies as they don't trust 3rd party data.
Measure 3: Number of Quality Measures Successfully Reported on to CMS	315(c)(1) - (c)(3)		Via Survey: The test group reported that they do not send the eCQMs electronically directly from the EHR to CMS (count = 0). Via Reporting: using the EHR eCQM reporting system, the average count is 10 eCQMs/client (sent to CMS via some form of outsourcing) that is calculated by the EHR indicating that the program functions as designed, and the user can easily get the eCQM calculations if and when they need them.	The test group indicated that they do not send electronically eCQMs directly to CMS because they either use the EHR calculations and send through a designated registry (mostly a specialty specific registry), MACRA consultant company, or ACO, or they do not participate in any form of MACRA. The biggest challenge noted was the users believe that MACRA has become so complicated that they must pay for some form of outsourcing to report to CMS.
Measure 4: API Access	315(g)(7) - (g)(9)		57% report 5 API connections, 29% report 4, and 14%	

			report 3.	

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Measure 1: Collection of information as laid out by the plan for the period CY2024. Data was collected via audit reports and in some cases a survey call was made to the client.	General ambulatory	July1 to September 30 of 2024
Measure 1: Validation of expected outcomes via audit reports and survey calls to the client.	General ambulatory	July1 to September 30 of 2024
Measure 2: Collection of information as laid out by the plan for the period CY2024. Information was collected via survey calls to the client.	General ambulatory	July1 to September 30 of 2024
Measure 2: Validation of expected outcomes via audit reports was completed at random for verification of survey information.	General ambulatory	July1 to September 30 of 2024
Measure 3: Collection of information as laid out by the plan for the period CY2024. Information was collected via survey calls to the client. Users said that they do not export eCQMs directly to CMS from the EHR any more either because their ACO does the attestation, or a MACRA consultant does the attestation, or they do not participate in MACRA, but the users that use the eCQM calculations from the EHR (needed for the outsourced entity) indicate it is easy to use, and functions as designed.	General ambulatory	July1 to September 30 of 2024
Measure 3: Validation of expected outcomes via audit reports and from the EHR eCQM calculations was completed at random for verification of survey information. It is important to note that initially users that participated in some form of MACRA in the past used the export program of the EHR but indicated that MACRA has become so complicated that they felt they were forced to join an ACO or hire a consultant group or felt forced to pay for a designated registry.	General ambulatory	July1 to September 30 of 2024
Measure 4: Collection of information as laid out by the plan for the period CY2024. Information was collected via survey calls to the client.	General ambulatory	July1 to September 30 of 2024
Measure 4: Validation of expected outcomes via audit reports was completed at random for verification of survey information.	General ambulatory	July1 to September 30 of 2024