CY 2024 Real World Testing Plan for MedTrio, Inc.

EXECUTIVE SUMMARY

This is the real-world test plan for CY 2024 for MedTrio, Inc.'s MedTrioEHR™ certified EHR solution. We have included our timeline and milestones for completing the real-world testing in CY 2024, and information about compliance with the Standards Version Advancement Process updates.

This document builds toward the final testing measurements and metrics we will use to evaluate our product interoperability within production settings. 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 real world testing approach, including how our test cases were created, our selected methodology, the number of client/practice sites to use, and our general approach and justification for decisions.

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.

Authorized Representative Name: Travis Luyet

Authorized Representative Email: tluyet@medtrio.com

Authorized Representative Phone: 501-221-6001

Authorized Representative Signature: 

Authorized Representative Signature Date: 10/11/2023

GENERAL INFORMATION

Plan Report ID Number:
Developer Name: MedTrio, Inc.
Product Name(s): MedTrioEHR
Version Number(s): 7.2034
Certified Health IT Product List (CHPL) ID(s): 15.02.05.2646.MEDT.02.02.1.230615
Real World Testing Page URL: to https://www.medtrio.com/home/cert

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

MedTrioEHR™ is currently sold to ambulatory care practices including primary care (family practice and pediatrics); obstetrics and gynecology; internal medicine, include subspecialties of nephrology, rheumatology, urology; pain management; and psychiatry.

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

It is important to note that Real World Testing is only one component of the Health IT Certification program used to demonstrate compliance with the program requirements. Real World Testing should augment and support testing that was conducted prior to certification being granted. It is not intended to duplicate the methods or results previously demonstrated. Instead, this test plan was developed to demonstrate that the certified capabilities have been successfully deployed for providers to use at their discretion in live settings.

We are using a 2-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing

Adoption rate will be 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 will be used to measure which certified actions were performed at the conclusion of a given period. These will be 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 the successful implementation of a given certified capability in a real-world setting.

TIMELINE AND MILESTONES FOR REAL-WORLD TESTING CY 2024

- 1Q-2024: Begin communication with clients to ask for their support and participation in real-world testing. The goal is to have enough clients committed to real world testing by the end of 1Q-2024.
- 2Q-3Q 2024. During the 2nd and 3rd quarters of CY 2024, the real-world testing with clients will be scheduled and performed. It is expected that a preparatory call will be made with clients to prepare them for testing activities. Results will be documented in the test results section of the test methods and ultimately used to build the test report. If any non-compliance is observed, we will notify the ONC-ACB of the findings and make the necessary changes required.
- 4Q-2024. During the last quarter of the year, the CY 2025 real-world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission before the end of the year.
- January 15, 2025. Document our CY 2024 test results into our RWT Test Report and submit them to our ONC-ACB.

STANDARDS UPDATES

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
Method used for standard update	Cures Update
Date of ONC-ACB notification	3/23/2023
Date of customer notification (SVAP only)	N/A
Conformance measure	Measure 1 for b1 Measure 2 for b2 Measure 4 for g9
USCDI- updated certification criteria (and USCDI version)	b1, b2, g9—USCDI v1

For CY 2024, we are not planning to make any version updates on approved standards through the SVAP process.

REAL WORLD TESTING MEASUREMENTS

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

- Associated ONC criteria
- Testing Methodology used
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Number of client sites to use in testing (if applicable)
- Care settings which are targeted with the measurement/metric

In each measurement evaluate, we elaborate specifically on our justification for choosing this measure and the 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 methodologies.

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides audit measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and to evaluate real world testing over multiple intervals.

Survey: This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. This methodology can provide insight into how clinicians employ and use a feature which reveals actual value and impact of interoperability of the EHR Module.

Number of Clients Sites

Within each measure, we note the minimum number of clients or client sites we plan to use for this measure evaluation. The numbers vary depending on the methodology as well as overall use of the associated EHR Module criteria by our users. For criteria that are not widely used by our customer base, we may test the respective measure in our own production-sandbox environment given of lack of customer experience with the criteria functionality.

Care and Practice Settings Targeted

MedTrioEHR™ is primarily targeted to general ambulatory practices (but includes family practice, pediatrics, obstetrics and gynecology, internal medicine, with subspecialties of nephrology, rheumatology, urology, pain management; and psychiatry); and our measures were design 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 each specific measure.

RWT Measure #1. Transition of Care CCDAs Functionality

Associated Criteria: 315(b)(1), (h)(1)

Testing Methodology:Reporting/Survey

Measurement Description
This use case is tracking how many C-CDAs are created and successfully sent from the EHR Module to a 3rd party during a transition of care event using Direct Trust messaging over the course of a given interval.

Measurement Justification
This use case has one measure capture. It will provide a numeric value to indicate both the how often this interoperability features are being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a C-CDA patient summary record, including ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a 3rd party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission which reveals compliance to the associated criteria listed above.

Measurement Expected Outcome
We will test a sample of our user base to get reporting values on CCDAs sent as well as performance of C-CDA error detection.

Measure #1: Report the numbers of CCDAs sent over a three (3) month period.

This metric can come from different reports, including Automated Measure (315.g.2) reports. A successful measure increment indicates compliance to the underlying ONC criteria, including successful creation of the C-CDA patient summary record and recording the required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate ability to confirm successful interoperability of an exchanged patient record with a 3rd party, including support for Direct Edge protocol in connecting to a HISP.

Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

Based on previous real-world testing, a benchmark for success will be an acceptable error rate of 0.5 to 3%. Error rates will be tracked and trended over time to maintain the lowest error rate possible.

Care Settings and Number of Clients Site to Test
We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practice(s). This number covers a

sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

Relied Upon Software: To demonstrate conformity for specific certification criterion, MedTrio, Inc. relies upon Secure Exchange Solutions as the HISP for the Direct Trust Secure Email interface.

RWT Measure #2. Incorporation and Updating of Medication List, Problem List, Allergy List

Associated Criteria: 315(b)(2)

Testing Methodology: Survey

Measurement Description
This is a survey measure to determine how often you are using the C-CDA incorporate and update feature.

Measurement Justification
This measure will survey users to determine real world interoperability and usability, specifically how often are C-CDAs received from 3rd parties incorporated into the patient record and then updating the patient's problem list, medication list, and medication allergy list with the clinical data contained in the C-CDA.

A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. This survey measure will reveal if users are using the C-CDA incorporate feature of their EHR to update their patient's record with current or new information from another source. Through this means of testing, we can determine compliance to the associated criteria listed above in real world use.

Measurement Expected Outcome
The user will be asked the survey question of how often you are using the C-CDA incorporate and update feature and given the survey answer choices below:

- Regularly
- Sporadically
- Rarely
- Never
- Don't Know

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. Response result tracking and trending over time will assist to evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system. The results of "Never" or

“Don’t Know” would be considered an error and an acceptable error rate would be 0.5 to 3%.

Care Settings and Number of Clients Site to Test
We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #3. Number of Quality Measures Successfully Reported on to CMS

Associated Criteria: 315(c)(1) - (c)(3)

Testing Methodology: Reporting/Survey

Measurement Description
This measure is tracking and counting how many eCQM quality measures were successfully reported on by the EHR Module to CMS during their submission period for MIPS Quality reporting. Measurement Justification This measure will provide a count and list of electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS. Because CQM criteria, 315(c)(1) - (c)(3), all work collectively together in the eCQM functionality of the EHR Module, this measurement is used for all three.

Measurement Justification
This measure will provide a count and list of electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS. Because CQM criteria, 315(c)(1)-(c)(3), all work collectively together in the eCQM functionality of the EHR Module, this measurement is used for all three.

Measurement Expected Outcome The measurement will count and list eCQMs submitted to CMS over a given interval. We will ask our customer users to report on the number eCQMs they successfully reported on to CMS which reveals compliance to the associated criteria listed above.

A successful measure submission indicates compliance to the underlying ONC criteria. It will show that the EHR can do calculations on the eCQM and that they are accepted by CMS. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

Based on previous real world testing, a benchmark for success will be an acceptable error rate of 0.5 to 3%. Error rates will be tracked and trended over time to maintain the lowest error rate possible.

Care Settings and Number of Clients Site to Test We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #4. API Access

Associated Criteria: 315(g)(7), (g)(9)

Testing Methodology: Survey

Measurement Description
This is a survey measure to determine how many different systems or applications are connecting to your EHR via the API.

Measurement Justification
We do not know how many of our customers are actually using the API functionality, so we believe the best means to evaluate real world interoperability is to survey them on this criteria use. This measure will survey users to determine real world interoperability and usability, specifically many 3rd party systems or applications are integrated and using the EHR's API interface.

A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. API capabilities are an important component of the modern health IT system, and utilization of API resources will help improve patient care and care coordination.

Measurement Expected Outcome
The user will be asked the survey question and given the survey answer choices below:

- How many clients or software systems are connected to your EHR via the API (numeric answer to the question, and if willing, the names of the other systems)?

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. By tracking and trending over time and to evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

Care Settings and Number of Clients Site to Test
We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.