REAL WORLD TESTING RESULTS REPORT-2023

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	20221208mdt
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 (current) 15.02.05.2646.MEDT.01.01.1.220311 (previous)
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 time 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 2023 none of the MedTrio, Inc. products include these voluntary standards.

Standard (and version)	None
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Conformance measure	N/A

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 3 sites as designated in the CY2023 Real World Testing Plan were met and exceeded as additional information was needed in most cases for more robust results.

Measurement	Associated	Relied Upon	Outcomes	Challenges

/Metric	Criterion(a)	Software (if applicable)		Encountered (if applicable)
Measure 1: Transition of Care CCDAs Functionality	315(b)(1), (h)(1)	Secure Exchange Solution	Clients use is 75% successful using MedTrioEHR™. The 25% error rate came from the receivers EHR system.	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 4: Batch Patient Data Export	315(b)(6)		86% of test group reported “Never” use this function whereas 14% reported “Rarely”.	Most Clients surveyed indicated that they never use Batch Patient Data Export because they would not need it unless there was cause, i.e., healthcare provider leaving the practice; others reported outsourcing such services such as Chronic Care Management in which a batch patient data export was very welcomed and used.
Measure 5: Number of Quality Measures Successfully Reported on to CMS	315(c)(1) - (c)(3)		The test group reported that they do not send the eCQMs electronically to CMS.	The test group indicated that they do not send electronically eCQMs to CMS because of errors in the past on the CMS side due to format errors but send 9 or more eCQMs from the MedTrioEHR™ calculations through a designated registry or MACRA consultant company.
Measure 9: 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 CY2023. 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 2023
Measure 1: Validation of expected outcomes via audit reports and survey calls to the client.	General ambulatory	July1 to September 30 of 2023
Measure 2: Collection of information as laid out by the plan for the period CY2023. Information was collected via survey calls to the client.	General ambulatory	July1 to September 30 of 2023
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 2023
Measure 4: Collection of information as laid out by the plan for the period CY2023. Information was collected via survey calls to the client.	General ambulatory	July1 to September 30 of 2023
Measure 4: Validation of expected outcomes via internal database audit was completed at random for verification of survey information.	General ambulatory	July1 to September 30 of 2023
Measure 5: Collection of information as laid out by the plan for the period CY2023. Information was collected via survey calls to the client.	General ambulatory	July1 to September 30 of 2023
Measure 9: Collection of information as laid out by the plan for the period CY2023. Information was collected via survey calls to the client.	General ambulatory	July1 to September 30 of 2023