REAL WORLD TESTING PLAN RESULTS - 2024

BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (**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.

Health IT developers have maximum flexibility to develop innovative plans and measures for Real World Testing. As developers are planning how they will execute Real World Testing, they should consider the overall complexity of the workflows and use cases within the care settings in which they market their certified health IT to determine the approaches they will take. This 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. While the use of this template is voluntary, health IT developers may find it useful in preparing their Real World Testing plans. Health IT developers must submit one plan for each year of Real World Testing (see resources listed below for specific timelines and due dates). ONC does not encourage updating plans outside the submission timeline and will not post updates on the Certified Health IT Product List (CHPL). 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 Real World Testing results report will include a description of these types of 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 Program requirements referenced in this resource.**

- Real World Testing–What It Means for Health IT Developers – Fact Sheet
- Real World Testing Resource Guide – Coming Soon
- 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 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"*

GENERAL INFORMATION

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

Developer Name: VisionWeb

Product Name(s): Uprise

Version Number(s):3.1

Certified Health IT Product List (CHPL) ID(s): 15.04.04.2514.Upri.31.00.1.181031

Developer Real World Testing Page URL: https://visionweb.com/wp/costs-and-limitations/

CHANGES TO ORIGINAL PLAN

Summary of Changes	Reason	Impact
Under the Summative metrics portion for (§170.315(b)(3) Electronic prescribing), the following task was not able to be captured in the audit logs - Number of acceptance of a transaction relayed back to the sender prescriptions changed	Due to available system data and relied upon third party integration (NewCrop), the following data was unable to be captured.	Given the remaining 3 metrics for electronic prescribing were captured, the impact to electronic prescribing is minimal. Overall, the main goal of observing exchange and interoperability of medications was still successfully observed.
Under the Interactive Metrics portion, c1-3 and e1 criteria have been removed.	The reason for this is because these criteria are captured in the Summative metric portion, and provided with detailed numbers. To reduce redundancy, these criteria were removed.	Given these criteria were captured under Summative Metric, overall there is no impact.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

VisionWeb has executed Real World Testing for 2024 for the following care setting: Ambulatory – eyecare industry. To demonstrate real-world interoperability VisionWeb has used the following methods to observe and collect data: summative assessment and interactive testing.

Summative assessment utilizes audit logs and reporting systems to track core interoperability and certification workflows. This information can provide insight into adoption and usage in a live setting. Summative metrics were reported across a 90-day period. Counts/numbers for each measured metric vary depending on the 90-day period observed.

Interactive testing was used to observe criteria where metrics are not available due to low adoption. 10 internal participants performed testing of outlined measures in a live production environment. All observed certification and interoperability measures were successfully able to complete all tasks and expected outcomes. Given the observed criteria had low usage, most users were not familiar with the core areas being tested. While they were able to navigate and successfully complete all tasks most users were unfamiliar the workflows and modules being tested.

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

VisionWeb has not updated Uprise to any new standards as part of SVAP or the Cures Update criteria as of this date nor plan to prior to the execution of the 2024 Real World Test.

CARE SETTING

Care Setting	Justification
Ambulatory – Eyecare Specialty	Uprise is a single focus specialty on the eyecare industry.

METRICS AND OUTCOMES

SUMMATIVE ASSESSMENT METRICS

The following metrics will be measured by viewing audit logs and reporting systems available to track the behavior of the certified Health IT module during a given time frame. All metrics are designed to reflect the core elements of the criteria, demonstrate interoperability, and demonstrate the success rate of the certified capability being used. In most cases we elected to record these metrics over a 90-dayperiod to reflect the reporting periods typically required for compliance with the federal incentive programs.

The continued measurable use of certified capabilities will provide implicit evidence of successful implementation of the required certified capability. This is especially meaningful in cases where interoperability with outside systems is demonstrated. In cases where it is not possible to determine "success" via an explicit confirmation by a receiving system, success will be defined as a transmission was made where no error was received from the destination system or its intermediaries. Additionally, we will review internal customer and vendor issue tracking systems for reports of failures or unsatisfactory performance in the field. All criteria listed below were tested for the following care setting: Ambulatory – eyecare industry.

All testing was performed against the 2015 Edition Cures version of the criteria.

The outcomes from testing successfully demonstrate that the certified health IT:

1. is compliant with the certification criteria, including the required technical standards and vocabulary codes sets;
2. is 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

Criteria	Metric	Observations and Challenges
§170.315(b)(1) Transitions of care	Over a 90-day period: 1. Number of CCDAs created = 15978 2. Number of CCDAs sent via edge protocols = 106	**Relied upon Software:** Secure Exchange Solutions HISP **Observations/Challenges:** The number of CCDs created is high, compared to the relative number of CCDs sent and received. The observed numbers are expected due to Uprise is an eyecare industry specialty, and CCDs lack specific eyecare data, leading to low exchange volume.

	3. Number of CCDAs received via edge protocols = 39	
§170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1. Number of times a user reconciled medication list data from a received CCDA = 32 2. Number of times a user reconciled allergies and intolerance list data from a received CCDA = 32 3. Number of times a user reconciled problem list data from a received CCDA = 32	**Relied upon Software:** Newcrop Rx **Observations/Challenges:** The number of reconciled CCD data is the same across all 3 categories (medications, allergies, and problems). Overall, the general number of reconciliation is low as expected due to providers electing to save CCDs as attachments and manually add this information
§170.315(b)(3) Electronic prescribing	Over a 90-day period: 1. Number of prescriptions created = 79,898 ~~2. Number of acceptance of a transaction relayed back to the sender prescriptions changed~~ 3. Number of times the system responded that there was a problem with the transaction = 59 4. Number of times the system responded that a transaction requesting a return receipt had been received = 20,604	**Relied upon Software:** Newcrop Rx **Observations/Challenges:** The overall number of medications transmitted is high as expected with high success rate. Given Uprise works with a third party to provide electronic prescribing functionality, not all intended metrics were able to be captured; specifically, number of acceptance of a transaction relayed back to the sender prescriptions changed.
§170.315(c)(1-3) Clinical quality measures(CQMs)	Over a 90-day period: 1. Number of measures recorded during the period = 10 2. Number of QRDA Category 1 files exported = 40 3. Number of QRDA Category 1 files imported (if applicable) = 0 4. Number of QRDA Category 3	**Relied upon Software:** None **Observations/Challenges:** Uprise supports a total of 10 CQMs. Overall, the number of CQMs exported and created were low. This number is expected given only a small population of users participate in Quality Payment Programs, and track these reports.

	aggregate report(s) created over the period =43	
§170.315(e)(1) View, download, and transmit to 3rd party (VDT)	Over a 90-day period: 1. Number of views of health information by a patient or authorized representative = 356 2. Number of downloads of health information by a patient or authorized representative = 295 3. Number of transmissions of health information by a patient or authorized representative using unencrypted email = 15 4. Number of transmissions of health information by a patient or authorized representative using encrypted method = 0	**Relied upon Software:** None **Observations/Challenges:** The number of portal view was moderate, including downloads of health information. Transmission of health information using unencrypted method was zero as expected.
§170.315(h)(1) Direct Project	1. Number of Direct Messages sent = 172 2. Number of Direct Messages received = 49	**Relied upon Software:** Secure Exchange Solution (SES) **Observations/Challenges:** The number of direct messages send and received was moderate, with a high success rate.

The following test plans will be executed to demonstrate Real World certified capabilities for criteria where metrics are not available, either because:

- There is 0 adoption of the criteria in the real world, either due to unanticipated lack of interest or other factors. Where applicable, these factors are described below.
- There is good adoption of the criteria, but the certified capabilities were developed without anticipating the collection of metrics in mind, so real world demonstration of the criteria is provided to demonstrate that it functions in the real world.

Interactive Test Plan Result Summary:

- Care Settings: All interactive testing will be performed for the following care setting: Ambulatory – eyecare industry.
- Test Environment: All interactive testing will be performed in a live, production environment.
- Test Data: Interactive testing will be performed using test patient data in the live production environment in order not adversely impact patient care.
- Tester: The approach will be to test functionality using internal testers. This will help ensure certified capability in a live mirrored-setting while aiming to increase participation and reduce time/negative impact to Clinicians.
- Flow:
    - An outline was used to walk TESTERS through the core interactive area (API) to ensure workflow consistency and data completeness.
    - All TESTERS were taken to the starting point in Uprise and ask to perform a task. TESTERS performed the task without guidance but could ask questions if needed.
- Results: All 10 participants were successfully able to complete all tasks and expected outcomes.

Measurement/Metric	Interactive Test Plan	Justification and Expected Outcomes
§170.315(g)(7) Application access — patient selection §170.315(g)(9) Application access — all data request §170.315(g)(10) Standardized API for patient and population services	DEVELOPER will work with TESTER to observe the following workflows: • Access API based on limited access grated to the app based on user input • Access API in a single patient context • Access API in a multi-patient context.	**Relied Upon Software:** Dynamic Health IT **Outcomes:** • Patient standalone launch of FHIR is granted based on resource access • Clinical data transmitted and retrieved in a FHIR format for single and multi-patient. **Challenges/Observations:** VisionWeb supports g7,9,10 criteria via a third party Dynamic Health IT in order to support the FHIR standard. In order to demonstrate logging in and requesting data via FHIR, testing was performed using Inferno API and a SMART application. Only 1 participate went through the entire end to end testing to validate the certified functionality was working as expected. Real world testing of the certified capability of FHIR would be done through an integrated SMART application

		for live practices. In addition, 10 participants were testing via an integrated SMART application (MyLinks). 10 API integration calls were made that validated connection between Uprise and the relied upon third party. 10 successful response were returned allowing all tested users to access and view test clinical data.

SCHEDULE OF KEY MILESTONES

Real World test planning will commence in first quarter of 2024. Each phase is expected to take 90-days to complete, with report writing to occur end of 2024/early 2025.

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	Eyecare Specialty	90-days
Data Collection	Eyecare Specialty	90-days
Review and collate data	Eyecare Specialty	90-days
Write report	Eyecare Specialty	90-days

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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