REAL WORLD TESTING RESULTS - 2022

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" 2 REAL WORLD TESTING RESU

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.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

VisionWeb has executed Real World Testing for 2022 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. 11 Optometrist 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. The challenges to interactive testing reside around getting tester participation. 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 2022 Real World Test Results.

CARE SETTINGS

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 were 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-day period 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.

None of the following criteria were updated to the Cures Update version of criteria prior to August 31, 2021. As a result, all testing is scheduled to be conducted against the 2015 Edition 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.

Associated Criteria	Measurement/Metric & Outcome	Observations & Challenges
§170.315(b)(1) Transitions of care	Over a 90-day period: 1. Number of CCDAs created = 17,272 2. Number of CCDAs sent via edge protocols = 230 3. Number of CCDAs received via edge protocols = 19	**Relied upon Software:** Secure Exchange Solution (SES) **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.
§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 = 19 2. Number of times a user reconciled allergies and intolerance list data from a received CCDA = 19 3. Number of times a user reconciled problem list data from a received CCDA =19	**Relied upon Software:** Newcrop **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 = 79,479 ~~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 = 41 4. Number of times the system responded that a transaction requesting a return receipt had been received = 12,211	**Relied upon Software:** Newcrop **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(b)(6) Data export	Over a 90-day period: 1. Number of times a data export was performed for a patient = 4 2. Number of times a data export was performed for multiple	**Relied upon Software:** None **Observations/Challenges:** As expected the number of data exports was extremely low.

	patients in a single transaction = 0 3. Number of times a data export was performed for all patients in a single transaction = 0	
§170.315(c)(1-3) Clinical quality measures(CQMs)	Over a 90-day period: 1. Number of measures recorded during the period = 11 2. Number of QRDA Category 1 files exported = 19 3. Number of QRDA Category 1 files imported (if applicable) = 0 4. Number of QRDA Category 3 aggregate report(s) created over the period = 58	**Relied upon Software:** None **Observations/Challenges:** Uprise supports a total of 11 CQMs. Overall, the number of CQMs exported and created were low. This number is expected given the 90-day timeframe the information was captured. CQMs have a higher usage during reporting period timeframe (January-March).
§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 = 466 2. Number of downloads of health information by a patient or authorized representative = 408 3. Number of transmissions of health information by a patient or authorized representative using unencrypted email = 0 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 either encrypted or unencrypted was zero as expected.**
§170.315(g)(7) Application access — patient selection §170.315(g)(8) Application access — data category request §170.315(g)(9) Application access — all data request	G7 1) Number of requests for a patient ID or token = 0 2) Number of requests that provided sufficient information to provide a valid response = 0 3) Number of follow-up requests made using the provided patient ID or token = 0 G8 4) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token = 0 5) Number of requests for a patient's data made by an application via a data category	**Relied upon Software:** Patient Health record Access v1 by Swagger **Observations/Challenges:** The number of API requests across patient, data category or all data was zero. Use of the Certification API adoption is little to none.

	request using a valid patient ID or token for a specific date range = 0 G9 6) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token = 0 7) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range = 0	
§170.315(h)(1) Direct Project	1. Number of Direct Messages sent = 318 2. Number of Direct Messages received = 163	**Relied upon Software:** Secure Exchange Solution (SES) **Observations/Challenges:** The number of direct messages send and received was moderate, with a high success rate.

INTERACTIVE TESTING

The following test plans was 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 was performed for the following care setting: Ambulatory – eyecare industry.
- Test Environment: All interactive testing was performed in a live, production environment.
- Test Data: Interactive testing was performed using test patient data in the live production environment in order not adversely impact patient care. All testing was captured with Go-To-Meeting.
- TESTERS: 11 Optometrist participated in interactive testing spanning from April to October.
- Flow:
    - An outline was used to walk TESTERS through the 4 core interactive areas (Data Export, CQMs, VDT, 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 11 participants were successfully able to complete all tasks and expected outcomes.
- Challenges: 5 CQMS were tested for creation and download. 3 out of the 11 participants tested a CQM that Uprise was certified to but no longer valid/active (CMS167 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity). After this was discovered all remaining 8 participants tested valid/active CQMs.

Measurement/Metric	Interactive Test Plan	Outcomes and Challenges
§170.315(b)(6) Data export	DEVELOPER will work with TESTER to observe the following workflows: • Create Data Export for select patient(s) to be downloaded • Create Data Export for future time.	**Relied Upon Software:** None **Outcome:** • Data export can be created for single patient • Data export can be directly downloaded • Data export can be created at a future time **Challenges/Observations:** While TESTERS were able to complete the task very few were familiar with this area due to low usage/adopting.

§170.315(c)(1-3) Clinical quality measures(CQMs)	DEVELOPER will work with TESTER to observe the following workflows:
	• Create a MIPS/CQM export by:
	  ○ Date Range
	  ○ Specific Patient
	• Download generated CQM file
	• Import CQM file in Patient Import
	
	We are certified to 10 CQMs and will test 5 of them.
		Relied Upon Software: None
		
		Outcomes:
		• CQM reports can be generated based on date range
		• CQM reports can be generated based on specific patient
		• CQM reports successfully generated and can be downloaded
		• CQM import successfully creates patients and exam data
		
		Challenges/Observations:
		Half of the TESTERS were familiar with creating and downloading a CQM due to participation in Quality Payment Programs. The actions that triggered the 5 tested CQM reports where unfamiliar to users but accessible through guides if needed. No TESTER was familiar with Importing a CQM and overall had the most questions in regard to purpose and navigation.

§170.315(e)(1) View, download, and transmit to 3rd party (VDT)	DEVELOPER will work with TESTER to observe the following workflows: • Login to Patient Portal and validate CCDs (View, Download, and Transmit)	**Relied Upon Software**: None **Outcomes:** • TESTER can successfully view and download CCDs in Portal • TESTER can successfully Transmit CCDs in Portal

		Challenges/Observations: While TESTERS were familiar with Uprise Patient Portal in regard to view CCDs, none had transmitted CCDs from this context. Given all TESTERS were Optometrist the normal workflow would be to transmit records from within the EHR over the Patient Portal. CCDs do not contain eyecare specific data, leading to low/no adoption and access by patients.
§170.315(g)(7) Application access — patient selection §170.315(g)(8) Application access — data category request §170.315(g)(9) Application access — all data request	DEVELOPER will work with TESTER to observe the following workflows: • Access Certification API. Request login. • Login to Certification API. Enter demographics to request patient token. • Enter patient token and request clinical information based on date range and data category. • Enter patient token and request all data.	**Relied Upon Software**: None **Outcomes:** • Token successfully sent after entering patient demographics • CCD Data can be filtered by date range • CCD Data can be filtered by section • CCD Data can be viewed with all data **Challenges/Observations:** While TESTERS were able to complete the task none were familiar with this area and required login setup .

SCHEDULE OF KEY MILESTONES

Real World test planning commenced in first quarter of 2022. Each phase took an average of 90-days to complete, with report writing to occur end of 2022/early 2023

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics – Occurred over a 90-day period including setup of summative metric dashboards, and TESTER outreach.	Eyecare Specialty	90-days
Data Collection – Occurred for a consecutive 90-day period in 2022 for summative metrics collection. Interactive testing occurred for 90 days spanning 2022, given TESTER availability.	Eyecare Specialty	90-days
Review and collate data – Data Review of summative metrics occurred for 90 days spanning 2022 to ensure metrics were being captured in the audits to report.	Eyecare Specialty	90-days
Write report – Occurred over a 90-day period in 2022 and into early 2023 to ensure data completeness.	Eyecare Specialty	90-days

ATTESTATION

This Real World Testing plan results 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: Betty Barrs

Authorized Representative Email: bbarrs@visionweb.com

Authorized Representative Phone: 512-241-8652

Authorized Representative Signature: Betty Barrs

Date: 1/31/2023