



21st Century Cures Act - Real World Test Plan

Developer Attestation

As a developer of software certified under the Office of the National Coordinator for Health Information Technology Health IT Certification Program, Office Practicum is pleased to submit this Real World Test Plan for calendar year 2023 in accordance with 2015 Edition and 2015 Cures Update Edition certification criteria.

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.

Office Practicum

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Date: October 27, 2022 | 9:23 AM PDT



Plan Report ID Number:

Developer Name: Office Practicum <https://www.officepracticum.com/>

Product Name: Office Practicum

Version Number: 20

Certified Health IT Product List (CHPL) ID:

[15.04.04.3048.Offi.20.01.1.191011](#) ONC-ACB Certification ID:

15.04.04.3048.Offi.20.01.1.191011

Developer Real World Testing Page URL: officepracticum.com/21st-Century-real-world-test-plan-and-results



Summary and Goals:

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). As Health IT developers, Office Practicum have prepared the real world testing plan to adhere to the compliance requirements for certified criteria(s) listed below

- § 170.315(b) - Care Coordination
 - § 170.315(b1) - Transitions of Care
 - § 170.315(b2) - Clinical information reconciliation and incorporation
 - § 170.315(b6) - Data Export
 - § 170.315(b3) - Electronic Prescribing
- § 170.315(f) - Electronic Exchange
 - § 170.315(f1) - Transmission to immunization registries

This document covers the real world test plan for above criteria with measurement, metrics, care settings, justification, test methodology, expected outcome for the ONC Health IT Certification Program.

Reference:

[Real World Testing Plan Template \(healthit.gov\)](https://www.healthit.gov/real-world-testing-plan-template)

Schedule of Key Milestones

Key Milestones	Date frame
RWT Execution for certification criteria w/Practices Q4	By 12/15/2022
Analysis and test results report creation	1/1/2023-1/31/2023
Submit final 2022 RWT results to ONC	February 2023
Review results and address any issues that needs to be fixed within 30 days	03/01/2023
RWT Execution for certification criteria w/Practices Mid Year 2023	By 7/15/2023
RWT Execution for certification criteria w/Practices End of the year 2023	By 12/15/2023
Submit 2024 RWT Plan to Drummond	11/01/2023

Standards Updates (SVAP and USCDI)

Office Practicum has not updated CHITM to any new standards as part of the SVAP or the Cures Update criteria as of this date nor plan to prior to the execution of the 2022 Real World Test.

Standard (and version)	All standards versions are those specified in USCDI v1, HL7 v2.5.1, HL7 v3
Method used for standard update	Not applicable
Date of ONC ACB notification	Not applicable
Date of customer notification (SVAP only)	Not applicable

Justification for Real World Testing Approach

Office Practicum services over 1,098 clients (contracts are managed by practice entities, not by users or providers) which are ambulatory practices, primarily small to medium-sized primary care pediatricians which are independently managed and not part of a larger healthcare system. As part of the Pediatric ambulatory care setting, interoperability and exchange of electronic health data is fundamental to providing coordinated care for pediatric patients. As such, the Office Practicum Real World Testing Plan will encompass 3 general categories to evaluate and improve upon interoperability for our users in the real world:

- Adoption Rate: we will report the number of our users who are contracted for/have taken advantage of interoperability functionality
- Summative testing: we will monitor and report how often and successfully our users are incorporating interoperability in their workflow to support coordinated patient care
- Interactive Testing: we will partner with our users to demonstrate successful use of interoperability functionality within their workflow using real patients and patient data. This testing will be also used to identify challenges which will then be used to inform improvements and ongoing work. Where it is not possible to replicate RWT in a live setting with real patients, we will use sample patient data to ensure that certified capability demonstrates ongoing compliance with updated standards and code sets.

Care Settings

Primary Care Pediatrics (ambulatory setting)

Justification:

Certified Office Practicum is marketed primarily to Primary Care Pediatricians in the ambulatory setting as described above in Justification for Real World Testing Approach. All aspects of the Real World Testing Plan will be from the Primary Care Pediatrics setting and in partnership with practices using the certified technology in the real world.

Measures Used in Overall Approach

ADOPTION RATES

Metric	Description
Number of licensed installs/users of EHR: Will be defined as the number of practice licenses	Identify the total number of licensed installs/users of the certified Health IT, regardless of care setting, participation in incentive programs, or use of certified capabilities.
Number of active installs/users of EHR	Identify the total number of active installs and/or users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.

The following metrics are applicable to all criteria that are licensed separately from the base license and all care settings.

Certified capabilities that are licensed separately	Identify which certified capabilities are licensed separately from the base EHR license: Direct Messaging, Bidirectional IIS Integration, eRx.
Number of practices who licensed a certified capability	Identify the number of practices who licensed the following capabilities which are outside the base EHR license: <ul style="list-style-type: none"> ● Direct messaging ● Bidirectional IIS integration
Number of practices that have used the certified capability in the preceding 365 days	Identify the number of active practices using given certified capabilities.

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 document the success rate of the certified capability being used. In most cases we elected to record these metrics over a 90-day period.

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 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.

None of the following criteria were updated to the Cures Update version of criteria prior to August 31, 2022. As a result, all testing is scheduled to be conducted against the 2015 Edition version of the criteria. At the time of submitting the RWT results in March 2023, Office Practicum will reflect additional criteria based on the Cures Update certification status that is planned to be completed by the end of December 2022.

Criterion	Metric	Care Setting	Justification and Expected Outcome
170.315(b) (1) Transitions of care	Over a 90-day period: 1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3) Number of CCDAs received via edge protocols	Primary Care Pediatrics	This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Furthermore, it is not feasible to obtain copies of CCDAs documents from “outside” developers or providers who have no incentive to participate in this exercise. Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often CCDAs are created and exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a

			high success rate.
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<p>170.315 (b)(2): Clinical Information Reconciliation and Incorporation</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> 1) Number of CCDA received into OP that were parsed Successfully 2) Number of CCDA that user viewed without errors 3) Number of CCDA documents that user was able to successfully reconcile and incorporate the data into patient chart 	<p>Primary Care Pediatrics</p>	<p>This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. The expectation is each of these steps is done electronically within the certified Health IT module. While this certified capability is available to our users, most providers in the real world typically prefer to perform these steps manually and elect to save any outside received CCDAs as attachments to the patient record. Therefore, we intend to record the frequency that providers are electronically reconciling and incorporating CCDAs that were received from outside providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.</p>
<p>170.315(b)(3) Electronic prescribing</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> 1) Number of prescriptions created 2) Number of prescriptions changed 3) Number of prescriptions canceled 4) Number of prescriptions renewed 5) Number of EPCS prescriptions 	<p>Primary Care Pediatrics</p>	<p>This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. However, it is not possible to demonstrate the correct standards were used because it is not feasible to obtain copies of eRx documents from "outside" companies or pharmacies who have no incentive to participate. Therefore, we intend to demonstrate the required certified capabilities are effective by demonstrating how often eRx transactions are performed by examining reports from our eRx partner. This will demonstrate that not only are the eRx transactions sent from the certified Health IT module, but that the transactions are successfully received by the eRx clearinghouse. Our expectation is there will be high utilization by providers with a high success rate.</p>

170.315(f) (1) Transmissi on to immunizati on registries	Over 90-day window: 1) Number (or percentage) of immunization records submitted to the Immunization record (VXU) messages from OP to State Registry) 2)Number of QBP requests sent 3) Number of RSP responses received	Primary Care Pediatrics	This criterion requires the ability of a certified Health IT module to transmit immunization data to a registry using a specified format. We intend to record the frequency that immunization data is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Because immunizations are a crucial element of ambulatory pediatric practice, expectation is there will be high utilization by providers with a high success rate.
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INTERACTIVE TEST PLAN

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

- There is no 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 usage metrics, so real world demonstration of the criteria is provided to demonstrate that it functions in the real world.
- To ensure that the interoperability and exchange of data in real world settings is functioning as designed, in a usable format and to guide future developments and improvements in order to increase adoption and utilization across all practices.

High Level Interactive Test Plan:

- Care Settings: All interactive testing will be performed for our single care setting (Primary Care Pediatrics) as listed above.
- Test Environment: All interactive testing will be performed in a live, production environment.
 - Developer uses recorded Webexes for training and issues with existing clients in all care settings. In order to demonstrate functionality in the real world, existing practice workflows and real patients will be used. PHI will be protected according to Office Practicum’s HIPAA policy for storing and protecting PHI.
- The plan for interactive testing of the criteria described below in the real world will be to engage with a Clinician in 5 sites for our care settings where the certified Health IT module is deployed, as a representative sample to show that this certified capability works in the real world and that it works the same way in all practice sites.
- Test Data: Wherever possible, live patient data will be used in a production setting in the real world. Where it is not possible to use real patient data, simulated patient data will be used in production environments in order to be as representative as possible of real-world deployments. Precautions will be taken to reduce the risk of exposure of PHI.
- Testing Partners: As part of the Pediatric ambulatory care setting, interoperability and

exchange of electronic health data is fundamental to providing coordinated care for pediatric patients. This includes receiving reports from settings outside the primary care office (including, but not limited to, Emergency Departments, Hospitals, and Specialists), and reconciling the data to update the medical record inside the EHR. Pediatricians often refer patients to specialists and healthcare settings outside the Primary Care setting. In order to facilitate exchange of patient data, those PCP care teams often send a referral with CCDA via Direct Messaging with important healthcare information to provide coordinated patient care.

- Practices for Interactive Testing will be chosen to represent our aggregate client base, while all share the same care setting (Pediatric Primary Care). Our plan is to identify and select:
 - 2 small-sized practices (1-5 providers)
 - 2 medium-sized practices (6-15 providers)
 - 1 larger enterprise practice (16+)
 - These practices ideally will all do the following:
 - Send Direct Messages and CCDAs to other care settings (such as specialists for referrals)
 - Receive Direct Messages and CCDAs from at least 2 different sources on a regular basis (ideally from more than one external EHR vendor)
 - Participate in immunization data exchange through Bidirectional IIS functionality which is incorporated into their daily workflow
 - Have implemented the IntelliChart Patient portal to facilitate View/Download/Transmit of CCDAs by patients
 - We will attempt to identify at least one practice who uses bulk CCDA data export at least episodically. If we are unable to accomplish this, we will demonstrate functional capability with fidelity in their practice setting.

Criterion	Interactive Test Plan	Care Setting	Justification and Expected Outcome
170.315(b)(1) Transitions of care	Office Practicum EHR Real World Testing Team	Primary Care Pediatrics (single care setting)	Outbound transitions of care will be tested in the real world as this workflow is common in the pediatric ambulatory setting in order to send information to specialists for care coordination
170.315(b)(2)- Clinical information reconciliation and incorporation	member will work with identified providers at testing partner sites to: -Log on to the client site with a provider and additional identified care team member -Send a patient referral with attached CCDA to someone in their referral network -Choose 5 incoming Direct Messages with attached CCDAs and perform clinical reconciliation according to usual		Office Practicum did not certify for 170.315(h1) - Direct Project, but did incorporate functionality within the EHR to send Direct Messages through our partner, EMR Direct. Access to this functionality comes through our EHR and is integrated into the product, and so the integrated functionality will be incorporated into testing. Office Practicum did not certify for (170.315 (g)(6)-CCDA creation, but relies on certified partner IntelliChart to create CCDAs. As part of interactive testing, we will test to ensure that this process launched from inside the EHR

<p>170.315 (b)(3): Electronic Prescribing</p> <p>170.315(h) - Public Health 170.315(h1) - Direct Project</p> <p>170.315 (g)(6): CCDA creation</p>	<p>workflow -Send at least one prescription successfully</p>		<p>works as designed.</p> <p>Expected outcomes:</p> <ul style="list-style-type: none"> • User will be able to choose a patient and send a Direct Message with a CCDA attachment to a healthcare provider without experiencing an error
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			<ul style="list-style-type: none"> ● If possible, will confirm with Direct network that the message with CCDA transmitted successfully without errors ● If unable to confirm successful transmission, will work to send Test Patient information in practice's EHR (used for testing/practicing) to another EHR partner to confirm it is received and the attached CCDA can be reconciled without errors. <p>Inbound transitions of care, an integral part of primary care pediatrics care coordination (to receive external information from specialists, Emergency Departments, Hospitals within the practice care network) will be tested in the real world by selecting five inbound Direct Messages with CCDA attachments in the provider's external inbox.</p> <p>Expected outcomes:</p> <ul style="list-style-type: none"> ● User will recognize external Direct Message has been received within the EHR. ● User will confirm that the source patient has been matched correctly with the EHR record. ● User will follow trained workflow and confirm that the following certified USCDiv1 criteria can be reconciled without errors: allergies, problem lists, medications (if included in incoming CCDA) ● User will confirm that reconciled data displays as expected in the EHR <p>Electronic prescribing will be tested as part of normal prescribing workflow.</p> <p>Expected outcomes:</p> <ul style="list-style-type: none"> ● User will select a medication for a patient and write a medication ● User will affirm that liquid medications can only be sent using mL ● User will affirm that EHR appropriately avoids trailing 0s and always inserts leading 0s as appropriate ● Medication will be sent without errors
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			<ul style="list-style-type: none"> • Verification of receipt by the pharmacy will be acknowledged as prescription status is changed to <i>delivered</i>
<p>170.315 (f)(1): Transmission to Immunization Registries</p>	<p>Office Practicum EHR Real World Testing Team member will work with identified providers at testing partner sites to: -Select at least one patient who has an appointment in the future and synchronize immunization information -Observe a practice team member administering an immunization and follow transmission to the IIS</p>	<p>Primary Care Pediatrics (single care setting)</p>	<p>Synchronization of immunization information between the pediatric practice and the jurisdictional IIS is an integral part of pediatric care workflows. This will be tested in the real world to confirm functioning interoperability.</p> <p>Expected outcomes:</p> <ul style="list-style-type: none"> • User will query the IIS for history on a single patient and receive a response without errors • User will confirm patient matching is appropriate or chose an appropriate match if multiple IDs returned in response • User will view incoming historical IIS information without errors • User will import/reconcile any immunization information as indicated • User will affirm any reconciled information displays in the EHR as intended • User will review IIS forecasting and affirm it can be used to make clinical point of care decisions <p>Since immunizations are often not administered by physicians, but by others who are integral to the care team, the Office Practicum EHR Real World Testing Team member will observe the practice immunization administration process for a real patient.</p> <p>Expected outcomes:</p> <ul style="list-style-type: none"> • User will be able to successfully

			<p>document vaccine administration without errors</p> <ul style="list-style-type: none"> ● Information will be transmitted to the IIS by the EHR ● Practice will confirm successful transmission to the registry by inspecting the transmission status on the Vaccine Complete list in the EHR
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<p>170.315(b)(6)- Data Export</p>	<p>Office Practicum EHR Real World Testing Team member will work with identified providers at testing partner sites to:</p> <ul style="list-style-type: none"> -Identify if they use this functionality in their workflow -Demonstrate functionality with Test patients already in their system if not part of their usual workflow 	<p>Primary Care Pediatrics (single care setting)</p>	<p>Bulk CCDAs creation has limited real world adoption for most primary care pediatrics. One typical scenario might be a practice leaving the EHR vendor, which will be difficult to test. A second scenario might be that a practice participates in a CIN or other outside entity and wants to schedule a bulk CCDAs export to satisfy their integration agreements. There is little current adoption of this functionality among our clients. Recognizing that this may not be possible to test as part of a practice's usual workflow, instead a real world environment will be used to simulate and test the functionality.</p> <p>Practice will select several test patients and date range and will create CCDAs for that group within the EHR.</p> <p>Expected outcomes:</p> <ul style="list-style-type: none"> ● User will be able to create CCDAs files for several patients and a date range without errors ● User will confirm that the result contains the appropriate patients and date range ● User will identify where the bulk CCDAs are located for later transmission
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Collaborative Partners

In order to experience the full benefit of interoperable data exchange, Office Practicum partners with the following organizations to ensure our clients/practices can fully participate in the sharing of information:

EMR Direct

EMR Direct serves as Office Practicum's HISP so that practices can exchange information, including CCDAs via Direct Messaging. EMR Direct will be providing their Real World Testing Plan to satisfy this component.

InteliChart Patient Portal

The InteliChart Patient Portal serves as Office Practicum's collaborative partner in providing CCDA creation (170.315 (g)(6): Consolidated CDA Creation) and the patient's ability to View, Download and Transmit CCDAs (170.315 (e)(1): View, Download, and Transmit to 3rd Party). InteliChart will be providing their Real World Testing Plan to satisfy this component.

Change Log

Date Changed	Change Details	Version	Updated By
October 2021	Created 2022 RWT Plan	2021v1	Susan Kressly
October 2022	Updated to reflect 2023 plan including Metrics	2022v1	Bharath Perugu