2024 REAL WORLD TESTING RESULTS

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 Program.

- 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program final rule, 85 FR 25642 (May 1, 2020) (**Century Cures final rule**)
  - ↳ *Section VII.B.5 — "Real World Testing"*

GENERAL INFORMATION

- Plan Report ID Number: **[For ONC-Authorized Certification Body use only]**
- Developer Name: **MedConnect, Inc.**
- Product Name(s): **MedConnectHealth**
- Version Number(s): **3.0**
- Certified Health IT Product List (CHPL) ID(s): **15.04.04.1889.MedC.03.00.0.171212**
- Developer Real World Testing Page URL: **https://www.medconnecthealth.com/realworldtestplan/**

SUMMARY OF TESTING METHODS AND KEY FINDINGS

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***", our original test plan focused on capturing and documenting the number of instances that certified capability was successfully utilized in the real world. In instances where no evidence exists due to low or zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

As per the test plan, we leveraged a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

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 be accounted for by patient volume, location or provider preference among other reasons. 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 where the minimum time period was 90 days and longer where possible. These results are typically obtained 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.

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests were live tested as opposed to examining historical usage statistics. The goal being to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed successful testing and obtaining results for each criterion. Detailed below in the **Metrics and Outcomes** section the reader will find evidential data in the form of a Summative result(s) or Interactive test outcome for each certified criterion for MedConnectHealth 3.0.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS-SVAP AND USCDI)

MedConnect has not updated MedConnectHealth 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 our Real World Test.

CARE SETTINGS

MedConnectHealth is marketed primarily to primary care providers. The overwhelming majority of our users are comprised of family medicine, internal medicine, and pediatrics.

Care Setting	Justification
Primary Care	Primary care providers make up close to 90% of our customer base. We do not market to any particular care setting or specialty.

METRICS AND OUTCOMES

Within this section is a list of the results collected from the MedConnect Real-World Testing measures as defined in their Real-World Test Plan. Outcomes are listed as Pass, Pass with exception, or Fail determined by the success of obtaining testing results. This determination was based on a thorough review by the MedConnect team. Subsequent Details can be found in the additional pages with the corresponding Associated Criterion below. These subsequent detail matches contain additional detailed information such as supporting resources and descriptions of the tests that were performed.

Key components include:

- Customer created a comprehensive Test Results Report which details customer environment, patient data utilized for tests, location of testing.
- Customer attempted Summative and/or Interactive Testing.
- Customer collected audit logs to support spreadsheets and as necessary, screen shots that demonstrate proof of Interactive Testing for each criterion with '0' values in Summative Testing. These files are referenced and remain on file with MedConnect.

The following metrics were measured by viewing audit logs in the client's live production system for the first quarter of 2024. For each test, a screen shot was taken of the audit report criteria screen showing the auditing information being reported. The resultant report was then saved to show the usage (or lack thereof) of the criterion.

Associated Criterion	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315(b)(1) Transitions of care	Over a 90-day period: 1. Number of CCDAs created. 2. Number of CCDAs sent via HISP. 3. Number of CCDAs received via HISP	N/A	**PASS** 1) 55,975 2) 1,839 3) 38,449	N/A
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1. Number of CCDA's received and matched to a patient. 2. Number of times a user reconciled medication list data from a received CCDA 3. Number of times a user reconciled allergies and intolerance list data from a received CCDA 4. Number of times a user reconciled problem list data from a received CCDA	N/A	**PASS** 1) 961 2) 661 3) 639 4) 345	N/A

170.315(b)(3) Electronic prescribing	Over a 90-day period: 1. Number of prescriptions created. (NewRx). 2. Number of prescriptions changed. (RxChangeResponse). 3. Number of prescriptions canceled. (CancelRx). 4. Number of prescriptions renewed. (RxRenewalResponse).	SureScripts	**PASS** 1) 1,140,308 2) 10,182 3) 226 4) 213,660	N/A
170.315(b)(6) Data export	Over a 90-day period: 1. Number of times a data export was performed for a patient. 2. Number of times a data export was performed for multiple patients in a single transaction. 3. Number of times a data export was performed for all patients in a single transaction	N/A	**PASS** 1 18 2) 1 3) 0	Low Usage/Adoption rate and synthetic data were provided
170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 90-day period: 1. Number of measures recorded during the period. 2. Number of QRDA Category 1 files exported. 3. Number of QRDA Category 1 files imported (if applicable) 4. Number of QRDA Category 3 aggregate report(s) created over the period	N/A	**PASS** 1) 18 2) 4,664 3) 0 4) 536	N/A
170.315(e)(1) View, download, and transmit to 3rd party	Over a 90-day period: 1. Number of views of health information by a patient or authorized representative 2. Number of downloads of health information by a patient or authorized representative 3. Number of transmissions of health information by a patient or authorized representative using un-encrypted email. 4. Number of transmissions of health information by a patient or authorized representative using an encrypted method.	N/A	**PASS** 1) 24,415 2) 24,415 3) 0 4) 853	N/A
170.315(f)(1) Transmission to immunization registries	Over 3 separate unique 10-day periods within a 90-day window: 1. Number (or percentage) of immunization records submitted to the immunization record	N/A	**PASS** 1) 37,062	N/A
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Over 3 separate unique 10-day periods within a 90-day window: 1. Total number of syndromic surveillance events created and submitted	N/A	**PASS** 1) 1	Low Usage/Adoption rate and synthetic data was provided
170.315(f)(4) Transmission to cancer registries	Over 3 separate unique 10-day periods within a 90-day window: 1. Total number of cancer registry data records created and submitted	N/A	**PASS** 1) 1	Low Usage/Adoption rate and synthetic data was provided
170.315(g)(7) Application access — patient selection	1. Number of requests for a patient ID or token 2. Number of requests that provided sufficient information to provide a valid response. 3. Number of follow-up requests made using the provided patient ID or token	Dynamic Health IT ConnectEHR +BulkFHIR (Version FHIR4-B)	**PASS** 1) 1 2) 1 3) 1	Low Usage/Adoption rate and synthetic data was provided

170.315(g)(9) Application access — all data request	1. 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. 2. 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	Dynamic Health IT ConnectEHR +BulkFHIR (Version FHIR4-B)	**PASS** 1) 1 2) 1	Low Usage/Adoption rate and synthetic data was provided
170.315(g)(10) Standardized API for patient and population services	Over a 90 Day Period 1. Number of authorized Patient Applications. 2. Number of authorized Provider Applications. 3. Number of authorized Bulk Applications. 4. Number of patient data requests.	Dynamic Health IT ConnectEHR +BulkFHIR (Version FHIR4-B)	**PASS** 1) 2 2) 2 3) 1 2) 3	Low Usage/Adoption rate and synthetic data was provided
170.315(h)(1) Direct Project	Over a 90 Day Period 1. Number of Direct Messages sent. 2. Number of Delivery Notifications received. 3. Number of Direct Messages received. 4. Number of Delivery Notifications sent.	N/A	1) 1,839 2) 38,449 3) 38,449 4) 1,839	N/A

OUTCOME DETAILS

The following sections contain additional supporting documentation to provide more context for the testing outcomes defined in the Metrics and Outcomes table, etc....

170.315(b)(1) Transitions of care

Summary Description

PASS **Method: Summative Testing/Audit Logs**
The purpose of this test was to show that CDA Documents can be created and exported.
A query on historical audit logs for 90-day periods was performed for the 170.315(b)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

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 CCDA 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.

Results Supporting Documents

Please contact MedConnect for any results spreadsheets if needed.

170.315(b)(2) Clinical Information Reconciliation and Incorporation

Summary Description

PASS **Method: Summative Testing/Audit Logs**
The purpose of this test was to show that CDA Documents can be imported, matched to a patient, reconciled and new CDA documents can be created and exported.
A query on historical audit logs for 90-day periods was performed for the 170.315(b)(2) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

This criterion requires the ability of a certified Health IT module to take a CDA 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 that 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.

Results Supporting Documents

Please contact MedConnect for any results spreadsheets if needed.

170.315(b)(3) Electronic Prescribing

Summary Description
PASS **Method: Summative Testing/Audit Logs** The purpose of this test was to show that an active connection from EHR customer sites to a SureScripts e-Prescribing solution was deployed. A query on historical audit logs for 90-day periods was performed for the 170.315(b)(3) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
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.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(b)(6) Data Export

Summary Description
PASS **Method: Interactive Testing** The purpose of this test was to show that our customers can export patient data from our EHR without any assistance from MedConnect. Due to low or zero adoption of this criteria, health IT developers demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to export a summary of a patient's record according to specified standards and vocabulary code sets. 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. Therefore, we intend to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be very low utilization by providers with a high success rate.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(c)(1-3) Clinical Quality Measures (CQMs)

Summary Description
PASS **Method: Summative Testing/Audit Logs** The purpose of this test was to show that the EHR meets the QRDA reporting requirement for the designated care settings. A query on historical audit logs for 90-day periods was performed for the 170.315(c)(1-3) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
These criteria will be tested together. C1 requires a certified Health IT module to record required data, calculate CQMs from the recorded data, and export the data in QRDA Category 1 format. C2 requires a certified Health IT module to be able to import data from a QRDA Category 1 formatted file and calculate the CQMs based on that data. C3 requires a certified Health IT module to be able to create a QRDA Category 1 formatted file and a QRDA Category 3 aggregate report to be used for transmitting CQM data to CMS. We intend to record the frequency that CQM files are imported and/or exported by providers 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.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(e)(1) View, Download, and Transmit to a 3rd party

Summary Description
PASS **Method: Summative Testing/Audit Logs** The purpose of this test was to show that the EHR provides patients access to a patient portal with the ability to view, download, and send their health care records for the designated care settings. A query on historical audit logs for 90-day periods was performed for the 170.315(e)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result. Exception made for number of transmissions of health information by a patient or authorized representative using unencrypted email due to security requirements that prevent unencrypted email and/or connections. Internal security requirements override need for unencrypted email as well as functionality was proven to be available via encrypted connections.
Justification
This criterion requires the ability of a certified Health IT module to provide patients access to a patient portal with the ability to view, download, and send their health care records to other providers via encrypted or unencrypted transmission methods in CCDA format. We intend to record the frequency that patients are viewing, downloading, and transmitting their records from the portal using the certified capabilities 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 patients for view and lower utilization for download and transmit with a high success rate for all certified capabilities.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(f)(1) Transmission to Immunization Registries

Summary Description
PASS **Method: Summative Testing/Audit Logs** The purpose of this test was to show that the EHR can transmit immunization data to a registry and meets the reporting requirement for the designated care setting. A query on historical audit logs for 90-day periods was performed for the 170.315(f)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
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. Our expectation is there will be low utilization by providers with a high success rate.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(f)(2) Transmission to Public Health Agencies – Syndromic Surveillance

Summary Description
PASS **Method: Interactive Testing** The purpose of this test was to show that the EHR can transmit syndrome-based public health surveillance data to a registry and meets the reporting requirement for the designated care settings. A query on historical audit logs for 90-day periods was performed for the 170.315(f)(2) criterion. Due to low or zero adoption of this criteria, health IT developers demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to transmit syndrome-based public health surveillance data to a registry using a specified format. We intend to record the frequency that syndromic surveillance data is submitted to registries by 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.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(f)(4) Transmission to Cancer Registries

Summary Description
PASS **Method: Interactive Testing** The purpose of this test was to show that the EHR can generate cancer CCDA documents. A query on historical audit logs for 90-day periods was performed for the 170.315(f)(4) criterion. Due to low or zero adoption of this criteria, health IT developers demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to transmit cancer case information to a registry using a specified format. We intend to record the frequency that cancer case information is submitted to registries by 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.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(g)(7) Application Access – Patient Selection

Summary Description
PASS **Method: Interactive Testing** The purpose of this test was to show that the EHR can fulfill an API request that enables external applications to request a unique patient identifier form the certified Health IT module that can be used to request additional patient data. A query on historical audit logs for 90-day periods was performed for the 170.315(g)(7) criterion. Due to low or zero adoption of this criteria, health IT developers demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. We intend to record the frequency that patient ID requests are received by providers via API 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.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(g)(9) Application Access – All Data Request

Summary Description
PASS **Method: Interactive Testing** The purpose of this test was to show that the EHR can fulfill an API request that enables external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. A query on historical audit logs for 90-day periods was performed for the 170.315(g)(9) criterion. Due to low or zero adoption of this criteria, health IT developers demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the certified Health IT module to provide an API and supporting documentation that enables external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. We intend to record the frequency that patient data requests for all categories are received by providers and fulfilled via API 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.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

170.315(h)(1) Direct Project

Summary Description
PASS **Method: Summative Testing** The purpose of this test was to show that the EHR can process Direct messages bi-directionally as well as track MDNs. A query on historical audit logs for 90-day periods was performed for the 170.315(h)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to record the frequency that direct messages are sent and received by providers, along with how often MDNs are sent and received. Since not all systems respond with MDNs, we cannot reliably use that metric to define success. Furthermore, it is not feasible to obtain copies of Direct Messages 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 Direct Messages are 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.
Results Supporting Documents
Please contact MedConnect for any results spreadsheets if needed.

ATTESTATION

The Real-World Testing Results are 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 Results requirements.

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Signature: