Real World Testing Plan for PulseCheck UrgiChart

CY 2022

Developer 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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PulseCheck UrgiChart

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General Information

Plan Report ID Number: 2022-01

Developer Name: Picis Clinical Solutions, Inc

Product Name(s): PulseCheck UrgiChart

Version Number(s): 2.0

Product List (CHPL) ID(s): 15.04.04.3009.Urgi.02.01.1.200204

Developer Real World Testing Page URL: https://pulsechecked.com/urgichart-certification/

Timeline and Milestones for Real World Testing CY2022

Key Milestone	Date/Timeframe
Development candidate list of clients to assist with the Real World Testing	Q1 2022
Release of documentation for the Real World Testing to be provided to authorized representatives and providers	Q2 2022
Collection of information as laid out by the plan	Q2 and Q3 2022
Follow-up with providers and authorized representatives to understand any issues arising with the data	Q2, Q3, Q4 2022 (as needed)
End of Real-World Testing period/final collection of all data for analysis	January 2023
Analysis and report creation	January 2023
Submit Real World Testing report to ACB	February 2023

Standards Version Advancement Process (SVAP) Updates

For CY 2022, we are not planning to make any version updates on approved standards through the SVAP process. We plan on implementing USCDI v1 in our C-CDAs and API support during CY 2022, but we have not finalized an exact date for rollout.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

Real World Testing Measurements

The measurements for our real world testing plan are described below. Each measurement contains:

- Associated ONC criteria
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Care settings which are targeted with the measurement/metric

For each measure, we elaborate specifically on our justification for choosing the measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI).

Care Settings Targeted

UrgiChart is an electronic medical record that supports documentation and patient tracking features needed for Urgent Care encounters.

Overall Justification

In each measurement description, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

We will gain further insight into how often our certified modules are being used, as well as their compliance to the requirement. This information can further support our customers in Urgent Care settings and the patient populations they serve as we determine real world interoperability and usability, specifically how often clinicians use these services in their intended applications.

Real World Testing Measure #1 – Electronic Prescribing

Measurement: Success rate of eRx messages over pertinent timeframe

Associated certification criteria: §170.315(b)(3) Electronic prescribing

Description: A 75%+ success rate (25% failure rate accounts for pharmacy or intermediary downtimes and intermittent connection issues) will be reported based on data from an identified group of clients.

Justification: The metric provides proof that NCPDP SCRIPT standards are used with UrgiChart to send prescription information from clinicians to pharmacies.

Expected Outcomes: Real World Testing will demonstrate the UrgiChart e-prescribing module is conformant to §170.315(b)(3) with less than 25% error rate experienced by users. A successfully sent message indicates compliance to the ONC criteria. Additionally, successful messages demonstrate user's ability to perform functions within the intended eRx use case.

Prescription information is logged during usage of the module and reports will be run in client's environments to gather information. The prescription data will be analyzed and formatted for reporting purposes.

Errors will be reviewed as part of base line reporting for the initial testing year.

Real World Testing Measure #2 – Syndromic Surveillance

Measurement: Number of transmissions to public health agency (syndromic surveillance) messages successfully created

Associated certification criteria: §170.315(f)(2) Transmission to public health agencies — syndromic surveillance

Description: This measure is tracking and counting how many syndromic surveillance messages are created successfully by UrgiChart over the course of a given interval.

Justification: This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that UrgiChart can successfully create syndromic messages for transmission to public health agencies. Syndromic surveillance enables faster and collaborative response from public health officials to support UrgiChart clients and their patients.

Expected Outcomes: The measurement will produce numeric results over a given interval. Real World Testing will demonstrate the ability of clients to use Syndromic Surveillance as described in § 170.315(f)(2). It is expected that UrgiChart will create Syndromic Surveillance messages with data as identified in the standards.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that UrgiChart can create a syndromic surveillance message, which can be used in means of health IT interoperability. Successfully completing this measure also implies users have a general understanding of the EMR functional operations for Syndromic Surveillance and an overall support for the user experience.

Reports will be run in client's environments and the data will be analyzed and formatted for reporting purposes.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #3 – Immunization Registry

Measurement: Number of transmission to immunization registry messages successfully created

Associated certification criteria: §170.315(f)(1) Transmission to Immunization Registries

Description: This measure is tracking and counting how many immunization registry messages are created successfully by UrgiChart over the course of a given interval.

Justification: This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that UrgiChart can successfully report Immunization administration to registries. Immunization registry interfaces enable a unified immunization record for patients.

Expected Outcomes: The measurement will produce numeric results over a given interval. Real World Testing will demonstrate the ability of clients to use Immunization Registry interface as described in § 170.315(f)(1). It is expected that UrgiChart will create Immunization Registry messages with data as identified in the standards.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that UrgiChart can create an immunization registry message, which can be used in means of health IT interoperability. Successfully completing this measure also implies users have a general understanding of the EMR functional operations for immunization registry and an overall support for the user experience.

Reports will be run in client's environments and the data will be analyzed and formatted for reporting purposes.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #4 – Clinical Information Reconciliation

Measurement: Number of patient records received and reconciled in UrgiChart

Associated certification criteria: 170.315 (b)(2): Clinical Information Reconciliation and Incorporation

Description: This measure is tracking and counting how patient records are reconciled into a a patient's record in UrgiChart.

Justification: This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that a C-CDA has been received via Direct Messaging and Problems, Medications, and/or Allergies are reconciled into the patient's medical record.

Expected Outcomes: The measurement will produce numeric results over a given interval. Real World Testing will demonstrate the ability to reconcile Problems, medications and allergies received in C-CDA's as described in § 170.315(b)(2).

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that UrgiChart can receive C-CDA message and reconcile Problems, Medications, and Allergies into the patient record. Successfully completing this measure also implies users have a general understanding of the EMR functional operations for clinical information reconciliation and an overall support for the user experience.

Reports will be run in client's environments and the data will be analyzed and formatted for reporting purposes.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #5 – Direct Messages Received

Measurement: Number of direct messages successfully received

Associated certification criteria: §170.315(h)(1) Direct Messaging

Description: This measure is tracking and counting how many Direct Messages are successfully received in UrgiChart from a 3rd party via Direct over the course of a given interval.

Justification: This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can receive a Direct message and demonstrates successful interoperability of an exchanged message from a 3rd party.

Expected Outcomes: The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count. It will show that the EHR can be authenticated with DirectTrust, receive a Direct message, return a MDN, and demonstrate interoperability of an exchanged message with a 3rd party. During the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts

Real World Testing Measure #6 – Direct Messages Sent

Measurement: Number of direct messages successfully sent

Associated certification criteria: §170.315(h)(1) Direct Messaging

Measurement Description: This measure is tracking and counting how many Direct messages were successfully sent from the EHR Module to a 3rd party over the course of a given interval. We will capture this measure for a minimum of three (3) months. Measurement Justification This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a Direct message and demonstrates successful interoperability of an exchanged message with a 3rd party. Measurement

Expected Outcome: The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count. A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can be authenticated with DirectTrust, create a Direct message, and demonstrate interoperability of an exchanged message with a 3rd party. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #7 – Transition of Care C-CDA

Measurement: This measure is tracking and counting how many C-CDAs are created and successfully sent from the EHR Module to a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

Associated certification criteria: §170.315(b)(1) Transitions of Care

Description: This measure is tracking and counting how many C-CDAs are created and successfully sent from the UrgiChart to a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

Justification: This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a C-CDA patient summary record, including ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a 3rd party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

Expected Outcomes: The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count. During the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the C-CDA patient summary record, including record required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate ability to confirm successful interoperability of an exchanged patient record with a 3rd party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #8 – Clinical Quality Measures

Measurement: . Number of Quality Measures Successfully Reported on to CMS

Associated certification criteria: : 315(c)(1)-(c)(3)

Description: This measure is tracking and counting how many eCQM quality measures were successfully created by the EHR Module to CMS during their submission period for MIPS Quality reporting.

Justification: This measure will provide a count and list of electronic clinical quality measures (eCQMs) which are calculated for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS. Because CQM criteria, 315(c)(1)-(c)(3), all work collectively together in the eCQM functionality of the EHR Module, this measurement is used for all three.

Expected Outcomes: The measurement will a count and list of eCQMs reports generated over a given interval. We will utilize audit reports to determine the measure count. A successful measure submission indicates compliance to the underlying ONC criteria. It will show that the EHR can do calculations on the eCQM. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality. We will use the measure result to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #9 – Data Export

Measurement: Number of data extracts performed

Associated certification criteria: 170.315 (b)(6): Data Export

Description: This measure is tracking and counting how many batch exports of C-CDAs were successfully performed by the EHR Module over the course of a given interval.

Justification: This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a batch export of multiple C-CDA patient summary records.

Expected Outcomes: The measurement will produce numeric results over a given interval. Real World Testing will demonstrate the ability of clients to export C-CDAs as described in § 170.315(b)(6).

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count. During the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement. A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create a batch export of multiple C-CDA patient summary records, which can be used in means of health IT interoperability.

Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #10 – C-CDA Compliance

Measurement: This measure is tracking compliance the EHR Module criteria functionality of creating a C-CDA and measuring its C-CDA Scorecard average.

Associated certification criteria: : 315(b)(1) Transitions of Care

Description: This measure will generate a numeric C-CDA Scorecard average for C-CDA's generated from UrgiChart.

Justification: This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to create a C-CDA and evaluate it against the ONC C-CDA Scorecard tool. The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices. The Scorecard will both indicate any C-CDA errors as well provide a numeric scoring result to indicate how well our C-CDA complies with certification requirements and supports interoperability within production setting. To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Expected Outcomes:

Once a year, we will conduct this use case to confirm this functionality is working as expected. The user will have the EHR create C-CDA from a patient record containing clinical data elements required in the criteria. We will run C-CDA through the Scorecard tool to obtain a result.

We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment. A high score from the Scorecard indicates strong support for interoperability, and a lower score indicates opportunity for improvement. We will use this measure to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Real World Testing Measure #11 – Survey Data Export

Measurement: Do you use batch patient data export to export large volumes of patient data?

Associated certification criteria: : 315(b)(6) Data Export

Description: This is a survey measure to determine how often you are using the batch patient data export feature.

Justification: This measure will survey users to determine real world interoperability and usability, specifically how often do clinicians use the batch patient export feature. A survey or self-testing can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. Batch patient export can be used for various use cases, including supporting working a local HIE or registry as well as quality and population health metrics.

Expected Outcomes: The user will be asked the survey question and given the survey answer choices below: • Regularly • Sporadically • Rarely • Never • Don't Know

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

Real World Testing Measure #12 – Survey CQMS

Measurement: . Do you successfully record, calculate, and submit clinical quality measures to CMS using the EHR and if so, which CQMs were submitted?

Associated certification criteria: : 315(c)(1)-(c)(3)

Description: This is a survey/self-test measure to determine if users were able to successfully submit CQMs to CMS using EHR CEHRT functionality.

Justification: This measure will survey users to which of their CQMs they were able to successfully calculate and submit to CMS using their EHR's functionality. CQMS submission is done by the user so a survey/self-test report is the best way to document this interoperability feature. It will reveal if users are using the CQM certified capabilities of CQM recording, calculation, and submission are working as expected. This measure covers all three of the CQM criteria (315(c)(1)-(c)(3)).

Expected Outcomes: The user will be asked the survey question and given the survey answer choices below: • Numeric answer to the question, and if willing, the CQMs submitted. The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

Real World Testing Measure #13 – APIs Survey

Measurement: . How many different applications/3rd party systems are using your API capabilities?

Associated certification criteria: : 315(g)(7)-(g)(9)

Description: This is a survey measure to determine how many different systems or applications are connecting to your EHR via the API.

Justification: This measure will survey users to determine real world interoperability and usability, specifically many 3rd party systems or applications are integrated and using the EHR's API interface. We do not believe many of our clients are using API capabilities and therefore do no believe a measurement metric will be sufficient. Instead, we believe best

means to do real world testing in this initial year of the program is to survey users to determine API usage and then factor that information into future real world testing efforts. A survey or self-testing can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. API capabilities are an important component of the modern health IT system, and utilization of API resources will help improve patient care and care coordination.

Expected Outcomes: The user will be asked the survey question and given the survey answer choices below:

- Numeric answer to the question, and if willing, the names of the other systems.

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.