

CY 2023 Real World Testing Plan for MicroFour

Executive Summary

This is the real world test plan for CY 2023 for our MicroFour certified EHR solution PracticeStudio. It is virtually the same as last year's approved real world test plan with only minor alterations and updates.

As with last year's plan, it provides the real world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real world testing). We believe these test methods will be appropriate and value in accessing certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting of customers.

We have included our timeline and milestones for completing the real world testing in CY 2023, and information about compliance with the USCDI v1 and SVAP updates.



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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General Information

Developer Name: MicroFour

Product Name(s): PracticeStudio

Version Numbers(s): X20

Certified Health IT Criteria: 315(b)(1), (b)(2), (b)(3), (b)(6), (c)(1)-(c)(4), (e)(1), (g)(7)-(9), (h)(1)

Product List (CHPL) ID(s) and Link(s):

https://chpl.healthit.gov/#/listing/9590

15.04.04.1985.Prac.20.00.1.180810

Developer Real World Testing Page URL: <u>https://www.practicestudio.net/Company/CompanyInformation/Certifications.aspx</u>



Timeline and Milestones for Real World Testing CY 2023

- 1Q-2023: Begin communication with clients to ask for their support and participation in real world testing. The goal is to have a sufficient number of clients committed for real world testing by the end of 1Q-2023.
- 2Q-3Q 2023. During the 2nd and 3rd quarter of CY 2023, the real world testing with clients will be scheduled and performed. It is expected that a preparatory call will be done with clients to prepare them for testing activities. Results will be documented in the test results section of the test methods and ultimately used to build the test report. If any non-compliances are observed, we will notify the ONC-ACB of the findings and make the necessary changes required.
- 4Q-2023. During the last quarter of the year, the CY 2024 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission before the end of the year.



Standards Version Advancement Process (SVAP) Updates

Standard (and version)	All standards versions are those specified in USCDI v1.
	The developer plans to use SVAP to update its (c)(3) to the
	current CMS implementation guide version for eCQM reporting.
Date of ONC-ACB notification	February 2024 for CY 2022 CMS IG
(SVAP or USCDI)	
Date of customer notification	February 2024 for CY 2022 CMS IG
(SVAP only)	
USCDI-updated certification	The plan documents the support of all USCDI v1 data elements.
criteria (and USCDI version)	



Real World Testing Measurements

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

- Associated ONC criteria
- Testing Methodology used
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Number of client sites to use in testing (if applicable)
- Care settings which are targeted with the measurement/metric

In each measurement evaluate, 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.

Testing Methodologies

For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.

Compliance and/or Tool: This methodology uses inspection to evaluate if EHR is compliant to the ONC criteria requirements. It can be done through 1-v-1 inspection testing or utilize various tools to measure or evaluate compliance and interoperability. If an EHR Module capabilities is not widely used in production by current users, compliance inspection can provide assurance criteria is working as previously certified.

Survey: This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. This methodology can provide insight into how clinicians employ and use a feature which reveals actual value and impact of interoperability of the EHR Module.

Number of Clients Sites

Within each measure, we note the minimum number of clients or client sites we plan to use for this measure evaluation. The numbers vary depending on the methodology as well as overall



use of the associated EHR Module criteria by our users. For criteria that are not widely used by our customer base, we may test the respective measure in our own production-sandbox environment given lack of customer experience with the criteria functionality.

Care and Practice Settings Targeted

Our EHR is both locally hosted as well as cloud based, and it is used by medical practices in chiropractic, dermatology, orthopedic, and general ambulatory. The features work the same for all user types and process or workflow doesn't change for any of these settings. We developed our RWT measures to evaluate interoperability for all our care settings.



RWT Measure #1. Number of Transition of Care C-CDAs Successfully Sent

Associated Criteria: 315(b)(1), 315(h)(1)

Testing Methodology: Reporting/Logging

Measurement Description

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.

The interval for this measure testing and counting will be for approximately one (1) calendar month during the year.

Measurement Justification

This measure demonstrates interoperability use for both the 315(b)(1) Transition of Care criteria as well as the 315(h)(1) Direct messaging criteria. We will capture a numeric value to indicate both the how often this interoperability feature is being used, and this also reveals its compliance to the ONC criteria requirements.

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.

While the use of Direct messaging it not widely used by most of our customers, some do use it, and this measure selection will be indicate the interoperability and compliance features available to all customers.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize either data base scripts or report like 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 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.

Number of Clients Site to Test and Care Settings

As our EHR functionality work the same for all user types and care settings, this RWT measure is applicable for all the care settings we target.



RWT Measure #2. Number of C-CDAs Received and/or Incorporated

Associated Criteria: 315(b)(2)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many C-CDAs are successfully received and/or incorporated upon receipt from a 3rd party event over the course of a given interval.

The interval for this measure testing and counting will be for approximately one (1) calendar month during the year.

Measurement Justification

While some of our customers do record conciliation apart from the C-CDA, we do have some who utilize the C-CDA incorporation and reconciliation capabilities of the certified criteria. This measure will assist in determining how common of an event this is.

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 receive a C-CDA patient summary record, and by incorporating the C-CDA patient summary record, the EHR demonstrates successful interoperability of problems, medications, and medication allergies of patient record with a 3rd party.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize either data base scripts or report like 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 create the EHR can receive a C-CDA patient summary record. In incorporating the C-CDA patient summary record, the EHR will demonstrate successful interoperability of problems, medications, and medication allergies of 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.



Number of Clients Site to Test and Care Settings

As our EHR functionality work the same for all user types and care settings, this RWT measure is applicable for all the care settings we target.



RWT Measure #3. Number of NewRx Prescriptions Messages Successfully Sent

Associated Criteria: 315(b)(3)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many NewRx electronic prescriptions were created and successfully sent from the EHR Module to a pharmacy destination over the course of a given interval.

The interval for this measure testing and counting will be for approximately one (1) calendar month during the year.

Measurement Justification

Electronic prescribing is a very common and widely used feature of our EHR, and this RWT measure will reveal how prevalent this event is. 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 NewRx SCRIPT electronic prescription message and transmit it to a pharmacy, typically via the Surescripts Network.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize either data base scripts or report like 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 create a new electronic prescription (NewRx) message and send over a production network, like the Surescripts Network, to a pharmacy. 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.



Number of Clients Site to Test and Care Settings

As our EHR functionality work the same for all user types and care settings, this RWT measure is applicable for all the care settings we target.



RWT Measure #4. Number of Quality Measures Successfully Reported on to CMS

Associated Criteria: 315(c)(1)-(c)(4)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many eCQM quality measures were successfully reported on by the EHR Module to CMS over the course of a given interval.

The measure interval will be for the yearly attestation submission to CMS.

Measurement Justification

This measure will provide a count and list of the different electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for their MIPS program. 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)(4), all work collectively together in the eCQM functionality of the EHR Module, this measurement is used to evaluate the interoperability performance of all four.

Measurement Expected Outcome

The measurement will create a count and list of eCQMs submitted to CMS for their annual submission process. We will utilize various reports and audit logs to determine our measure count or potentially inquire with the customer on the eCQMs they submitted.

A successful measure submission indicates compliance to the underlying ONC criteria. It proves that the EHR can do calculations on the eCQM and that they are accepted by CMS. 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.

Number of Clients Site to Test and Care Settings

As our EHR functionality work the same for all user types and care settings, this RWT measure is applicable for all the care settings we target.





RWT Measure #5. Number of Patients Who Accessed/Logged in to Portal

Associated Criteria: 315(e)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many patients are successfully logged into and accessed their patient portal account over the course of a given interval.

The interval for this measure testing and counting will be for approximately one (1) calendar month during the year.

Measurement Justification

Our patient portal is widely used, and it is an important component of patient-provider engagement. We will measure the patient use of the portal by counting the number of different patients who actively logged into their portal account to use its various features.

This measure will provide a numeric value to indicate both the how often the portal is being used as well as its compliance to the VDT (315(e)(1)) criterion.

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 reveals that patients can log into their patient portal which allow them view, download, or transmit their health data.

Successfully completing this measure also implies patients have a general understanding of the EHR functional operations for this EHR Module and that clinician customers are enabling the portal.

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.

Number of Clients Site to Test and Care Settings

As our EHR functionality work the same for all user types and care settings, this RWT measure is applicable for all the care settings we target.



RWT Measure #6. Number of API Client Applications Successfully Connected to our API Service

Associated Criteria: 315(g)(7)-(g)(9)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many successful 3rd party API client applications can access patient data elements via our API over the course of a given interval.

The interval for this measure will be three (3) months.

Measurement Justification

This measure is counting how many API applications can be registered, authenticated, and actively working with our EHR. The metric will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that a 3rd party application can be registered and authenticated with our EHR and then can successfully query the clinical resources of the patient health record via the API interface and thus demonstrate API interoperability.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs and other means to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that a 3rd party client can be authenticated, that the patient record can be properly identified and selected, and that the EHR can make patient data accessible via its API interface. Successfully completing this measure also implies the public API documentation is accurate and sufficient for 3rd parties to connect and use the API while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality. We will document any errors and investigate them as necessary.

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.

Number of Clients Site to Test and Care Settings

As our EHR functionality work the same for all user types and care settings, this RWT measure is applicable for all the care settings we target.





RWT Measure #7. Number of monthly batch patient data exports to obtain large volumes of patient data

Associated Criteria: 315(b)(6)

Testing Methodology: Survey/Reporting

Measurement Description

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

Measurement Justification

It is our understanding that this is not a feature widely used, and it is also a difficult to measure event. Because of this, we have chosen to test this via customer survey attestation. We will survey users to determine real world interoperability and usability, specifically how often do clinicians use the batch patient export feature and record a numeric metric of usage to determine real world interoperability.

A survey 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.

Measurement Expected Outcome

The user will be asked the survey question – How many batch patient data exports do you do perform each month to obtain large volumes of patient data? - and then by given the survey answer choices below:

- Regularly (more than 10 per month)
- Sporadically (3-10 per month)
- Rarely (1-2 per month)
- Never (0 per month)
- Don't Know

We will also ask them to provide any additional feedback on the use of this functionality.

The answers 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.



Number of Clients Site to Test and Care Settings

As our EHR functionality work the same for all user types and care settings, this RWT measure is applicable for all the care settings we target.