

# CY 2022 Real World Testing Plan for The Echo Group

## Executive Summary

This is the Real-World Test (RWT) Plan for CY 2022 for The Echo Group's certified electronic health record (EHR) solution, Visual Health Record. We have two versions of our certified solution available, vs 11 and vs 12, and this RWT plan covers both versions. We will focus our evaluation testing on the most current version 12 as we transition our clients from version 11. However, we will do some engagement with users of version 11 to have them self-report on RWT measures so that we can continue to improve the features of version 12.

This plan 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) to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting which it is targeted for use, which in Echo's instance is behavioral and addiction health practices.

As ONC has stated in its rule, "The objective of real-world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT's certification." We have worked toward this objective in designing our test plan and its subsequent real world testing measurements and metrics.

This document builds toward the final testing measurements and metrics we will use to evaluate our product interoperability within production settings. Within each use case, we document our testing methodology for the measure/metric we plan to employ. We also include the associated ONC criteria, our justification for measurement selection, our expected outcomes from the testing, the care settings applied for this measure, and if applicable the number of clients to use in our real-world testing.

We have included our timeline and milestones for completing the real-world testing in CY 2022, and information about compliance with the Standards Version Advancement Process (SVAP) updates.

A table of contents provides easy access to any section, including the testing measurements and metrics found at the end of this document. Our signed attestation of compliance with the real-world testing requirements is on the following page.

# Developer Attestation

This Real-World Testing (RWT) Plan is complete with all required elements, including measures that address all requisite certification criteria and applicable 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

Plan Report ID Number: Echo-RWT-2022

Developer Name: The Echo Group

Product Name(s): Visual Health Record

Version Numbers: Vs 12

Certified Health IT Criteria: 315(b)(1), (b)(6), (g)(7), (g)(8), (g)(9), (h)(1)

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

- 15.04.04.2425.Visu.12.01.1.200204
- <https://chpl.healthit.gov/#/listing/10289>

Version Numbers: Vs 11

Certified Health IT Criteria: 315(b)(1), (b)(2), (b)(6), (c)(1), (c)(2), (c)(3), (e)(1), (f)(1), (g)(7), (g)(8), (g)(9), (h)(1)

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

- 15.04.04.2425.Visu.11.00.1.171220
- <https://chpl.healthit.gov/#/listing/9330>

Developer Real World Testing Page URL:

<https://www.echobh.com/2014/06/05/meaningful-use-certification/>

# Timeline and Milestones for Real World Testing CY 2022

- 1Q-2022: Begin communication with clients to ask for their support and participation in real world testing. The goal is to have enough clients committed for real world testing by the end of 1Q-2022.
- 2Q-3Q 2022. During the 2<sup>nd</sup> and 3<sup>rd</sup> quarter of CY 2022, the real-world testing with clients will be scheduled and performed. 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-2022. During the last quarter of the year, the CY 2023 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. The test plan will be prepared for submission before the end of the year.
- 1Q-2023. Submit RWT Test Report to ONC-ACB.

# 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
- 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 evaluated, 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 electronic health record (EHR).

## Testing Methodologies

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

**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.

**User Reported/Survey:** This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. ONC has recognized that user reporting or self-testing can be a viable method for evaluation and compliance, and 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 primarily targeted to behavioral and addiction health care, and our measures were design for this setting in mind.

## **RWT Measure #1: Compliance of C-CDA Creation and C-CDA Scorecard Average**

### **Associated Criteria: 315(b)(1)**

Testing Methodology: Compliance and Tool

#### Measurement Description

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

#### Measurement 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.

#### Measurement Expected Outcome

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.

#### Care Settings and Number of Clients Site to Test

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 12 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.



## **RWT Measure #2: Compliance of C-CDA Error Detection**

### **Associated Criteria: 315(b)(1)**

Testing Methodology: Compliance

#### **Measurement Description**

This measure is tracking compliance of the EHR Module criteria functionality of detecting errors within a received or imported C-CDA.

#### **Measurement Justification**

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to detect any conformance or vocabulary standard errors of a received or imported in C-CDA.

C-CDA error detection provides assurance to the user of the validity of received or imported in C-CDAs which is both a certification requirement 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.

#### **Measurement Expected Outcome**

The user will import in, either through upload or inbound messages, C-CDAs with different known errors. The user will use the EHR functions to parse the C-CDA document and perform errors detection which will be reviewed by the user. We will confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production-type environment.

#### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 12 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #3: Compliance of Data Export C-CDA Export and C-CDA Scorecard Average Score**

### **Associated Criteria: 315(b)(6)**

Testing Methodology: Compliance and Tool

#### Measurement Description

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

#### Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to create a batch export of C-CDA patient records 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.

#### Measurement Expected Outcome

The user with special access rights, like an admin, selects batch patient option to export all selected record as CCD C-CDA. The user must be able to do this without any developer assistance. The user selects a timeframe period to export patient summaries and a location for the export file to be saved. The EHR will create the batch export of C-CDA files. We will run some C-CDAs 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.

#### Care Settings and Number of Clients Site to Test

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 12 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #4: Compliance of API Resource Query Support**

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

Testing Methodology: Compliance and Tool

#### **Measurement Description**

This measure is tracking compliance of the EHR Module criteria functionality of support of API query of patient data resources.

#### **Measurement Justification**

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to connect to the EHR's API resources and query patient clinical data through the API.

Because API criteria, 315(g)(7)-(g)(9), all work collectively together in the API functionality of the EHR Module, this measurement is used for all three.

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.

#### **Measurement Expected Outcome**

The user connects to the EHR through a client application via the API and is prompted for credentials and authentication according to the EHR's publicly available API documented specification. After supplying the correct credentials, the EHR returns a valid ID or token for the API Client to access the patient data. The user will query the patient clinical data resources via the API and receive access to them through the client application. Next, the user will query the C-CDA of the patient record and 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.

#### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 12 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #5: Compliance of DirectTrust and Certificate Discovery/Authorization**

### **Associated Criteria: 315(h)(1)**

Testing Methodology: Compliance and Tool

#### **Measurement Description**

This measure is tracking compliance of the EHR Module criteria functionality of compliance with DirectTrust network and certificate discovery/authorization.

#### **Measurement Justification**

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to connect to the DirectTrust network and send Direct message. We will use our HISP, EMR Direct phiMail, to support this measure test.

DirectTrust maintains a secure communication network based on a trust framework for EHRs and HISP and other entities to securely exchange patient health data. Virtually all production systems which utilize Direct messages utilize the DirectTrust network.

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.

#### **Measurement Expected Outcome**

The user will create a C-CDA from the patient record and select a destination containing a valid Direct address. The EHR and its HISP partner will authorize access through DirectTrust certificates and securely deliver the message to the destination and then receive back a MDN success response. 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.

#### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 12 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #6: Do you often get errors in received C-CDAs and does the EHR detect them and notify you of them?**

**Associated Criteria: 315(b)(1)**

Testing Methodology: User Reported/Survey

### **Measurement Description**

This is a survey measure to determine use and value of C-CDA error detection.

### **Measurement Justification**

This measure will survey users to determine real world interoperability and usability, specifically how often C-CDAs received from 3<sup>rd</sup> parties contains errors as detected by the EHR.

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. This survey measure will reveal if users are observing and utilizing the C-CDA error detection capabilities of their certified EHR which can help reduce data errors.

### **Measurement Expected Outcome**

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.

### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #7: Error Rate in Problem/Medication/Allergy Incorporation from C-CDA**

### **Associated Criteria: 315(b)(2)**

Testing Methodology: Reporting/Logging

#### **Measurement Description**

This measure metric is the error rate of the EHR Module incorporating problem/medication/allergy from C-CDAs into the respective patient records.

#### **Measurement Justification**

This measure will evaluate the ability of EHR to incorporate the problems, medications, and allergies values into the patient record from an external C-CDA. We will obtain an error rate of failures to properly reconcile any problems, medications, or allergies and report on this result to show level of interoperability of this criterion.

Incorporating external clinical data into the patient record is critical for patient care, and a high measurement will give assurance of this functionality.

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.

#### **Measurement Expected Outcome**

Upon receipt of the C-CDA document, the EHR should allow the user to identify the correct patient and then incorporate the problems, medications, and medication allergies of this document into the patient record, and merge and reconcile the problems, medications, and medication allergies into their respective lists. 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.

We will use many different patient C-CDAs to test this capability and report on its success or errors. A success means all identified and selected problems, medications, and allergies could be reconciled into the patient's record while an error means at least one of the items failed to be fully reconciled into the EHR.

#### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #8: Controlled Substances Electronically Sent**

### **Associated Criteria: 315(b)(3)**

Testing Methodology: User Reported

#### **Measurement Description**

This is a survey measure to determine how often you are electronically prescribing controlled medications from the EHR.

#### **Measurement Justification**

This measure will have users report on how often they submit electronically prescribed controlled substance medications from their EHR and if they encounter any errors. We will contrast that compared to non-controlled substances that are electronically sent to verify the controlled substances are supported in real world interoperability.

Controlled substances are not an explicit requirement of ONC certification, but the electronic prescribing features should support controlled substances if the provider and support health IT system have the necessarily capabilities enabled for electronic prescribing of controlled substances.

#### **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, or user reported metrics to determine our measurement count.

#### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #9: Do you use the patient medication history query functionality of your EHR?**

**Associated Criteria: 315(b)(3)**

Testing Methodology: User Reported/Survey

### **Measurement Description**

This is a survey measure to determine how often you are using the patient medication history query feature.

### **Measurement Justification**

This measure will survey users to determine real world interoperability and usability, specifically how often providers query the patient's medication prescription history from the pharmacy or pharmacy benefit manager (PBM).

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. Medication patient history can be useful in providing quality patient care and care coordination.

### **Measurement Expected Outcome**

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.

### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.



## **RWT Measure #10: Do you use batch patient data export to obtain large volumes of patient data?**

**Associated Criteria: 315(b)(6)**

Testing Methodology: User Reported/Survey

### Measurement Description

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

### Measurement 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.

### Measurement Expected Outcome

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.

### Care Settings and Number of Clients Site to Test

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #11: Do you successfully record, calculate, and submit clinical quality measures to CMS using the EHR and if so, which CQMs were submitted?**

**Associated Criteria: 315(c)(1)-(c)(3)**

Testing Methodology: User Reported/Survey

### **Measurement Description**

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

### **Measurement 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)).

### **Measurement Expected Outcome**

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.

### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #12: Do you import in QRDA Cat I files from other systems to use in your quality measure calculations?**

**Associated Criteria: 315(c)(1)-(c)(3)**

Testing Methodology: User Reported/Survey

### **Measurement Description**

This is a survey measure to determine how often you import in QRDA Cat I files for quality measure calculation.

### **Measurement Justification**

This measure will survey users to determine real world interoperability and usability, specifically how often QRDA Category I files are imported in from an external source for quality measure calculation.

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. This survey measure will reveal if users are using QRDA Cat Is from external systems or instead relying on the patient data just contained within their EHR. This measure covers all three of the CQM criteria (315(c)(1)-(c)(3)).

### **Measurement Expected Outcome**

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.

### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #13: Patient Portal Error Rates**

### **Associated Criteria: 315(e)(1)**

Testing Methodology: User Reported

#### **Measurement Description**

This is a measure is the number of errors observed with patients accessing portal accounts.

#### **Measurement Justification**

This measure will have users report patient errors are identified compared to the number of patients successfully accessing the portal. This error rate will provide quantifiable means to evaluate real world interoperability of this criteria.

#### **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, as well as user reported observations to determine our metric.

A successful measure means the patient is accessing their portal account without any identified failures while errors indicate the user was not able to access their accounts.

#### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #14: How many different IIS/immunization registries do you connect with?**

**Associated Criteria: 315(f)(1)**

Testing Methodology: User Reported/Survey

### **Measurement Description**

This is a survey measure to determine the number of immunization public health registries you use.

### **Measurement Justification**

This measure will survey users to determine real world interoperability and usability, specifically many different immunization information systems (IIS) or public health immunization registries are used by the provider.

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. This survey measure will the number and names of immunization public health registries which are integrated with the EHR.

### **Measurement Expected Outcome**

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.

### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #15: Do you use patient immunization history query with your IIS/immunization registry?**

**Associated Criteria: 315(f)(1)**

Testing Methodology: User Reported/Survey

### Measurement Description

This is a survey measure to determine how often you are using the patient immunization history query feature.

### Measurement Justification

This measure will survey users to determine real world interoperability and usability, specifically how often do providers query for patient's immunization history from the immunization information system (IIS) or public health immunization registries.

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. Patient immunization history can be useful in providing quality patient care and care coordination.

### Measurement Expected Outcome

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.

### Care Settings and Number of Clients Site to Test

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #16: How many different applications/3rd party systems are using your API capabilities?**

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

Testing Methodology: User Reported/Survey

### **Measurement Description**

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

### **Measurement Justification**

This measure will survey users to determine real world interoperability and usability, specifically many 3<sup>rd</sup> party systems or applications are integrated and using the EHR's API interface.

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.

### **Measurement Expected Outcome**

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.

### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## **RWT Measure #17: How many different HIEs/HINs do you connect with?**

**Associated Criteria: 315(h)(1)**

Testing Methodology: User Reported/Survey

### **Measurement Description**

This is a survey measure to determine if Direct messaging is used to connect to different HIEs or HINs.

### **Measurement Justification**

This measure will survey users to determine real world interoperability and usability, specifically how many different exchange partners, such as HIEs or HINs have connected with your EHR for exchanging of data.

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. This survey measure will reveal the number of different interoperability solutions for C-CDA data exchange that have successfully integrated with the certified EHR.

### **Measurement Expected Outcome**

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.

### **Care Settings and Number of Clients Site to Test**

We designed this measure to test the behavioral health setting that we support and target. We will test a minimum of two (2) client practice(s) using version 11 of our certified EHR. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.