REAL WORLD TESTING RESULT

PracticeSuite’s 2024 Real World Testing Result

Abstract

This Real-World Testing result enlists result set of each criterion to provide an insight into the extent to which PracticeSuite 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.

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REAL WORLD TESTING PLAN

GENERAL INFORMATION

PracticeSuite

Plan Report ID Number: **20231103ps1**
Developer Name: **PracticeSuite, Inc**
Product Name(s): **PracticeSuite**
Version Number(s): **EHR-18.0.0**
Product List (CHPL) ID(s): **15.02.05.2198.PRAS.01.01.1.220113**
Developer Real World Testing Page URL: https://practicesuite.com/ehr-onc-certification/

FreeChiro

Plan Report ID Number: **20231103ps2**
Developer Name: **PracticeSuite, Inc**
Product Name(s): **FreeChiro**
Version Number(s): **EHR-18.0.0**
Product List (CHPL) ID(s): **15.02.05.2198.FREC.01.02.1.220113**
Developer Real World Testing Page URL: https://freechiro.com/onc-certification-stage-3/

CHANGES TO ORIGINAL PLAN

There was no change made to our original test plan.

WITHDRAWN PRODUCTS

No certified product was withdrawn by PracticeSuite.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Standard (and version)	USCDI Version 1.0
Updated certification criteria and associated product	(b)(1), (b)(2), (e)(1), (g)(9)
Health IT Module CHPL ID	PracticeSuite: 15.02.05.2198.PRAS.01.01.1.220113 Free Chiro: 15.02.05.2198.FREC.01.02.1.220113
Method used for standard update	Cures Update
Conformance measure	Measure 1 for b1, b2, e1 Measure 5 for g9
USCDI-updated certification criteria (and USCDI version)	USCDI v1 for b1, b2, e1, g9

SUMMARY OF TESTING METHODS AND KEY FINDINGS

PracticeSuite has performed real-world testing, and this report outlines the test results. PracticeSuite carried this out based upon the Testing measures described in the Test Plan. All the test scenarios outlined below apply to both PracticeSuite and FreeChiro, as FreeChiro is a white-labeled version of PracticeSuite. The test findings show that the EHR is working as expected and meeting the compliance. There hasn't been any non-compliance observed. The result displays that there are few features which were used widely such as e-prescription, C-CDA and Immunization while the usage of features such as VDT have potential to rise.

PracticeSuite EHR management logs, system logs, and email logs are used to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols and downloading or transmitting EHI by patients using the patient portal. Log files obtained during Real World Testing are de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the metric on the specific types of transport mechanisms used. This test methodology primarily tests the conformant of the implementation.

CARE SETTING(S)

Primary Care, Family Practice, Obstetrics and gynecology, Mental Health, Cardiology and Surgery/Vascular Surgery: PracticeSuite markets its certified product in multiple care settings. The EHR system supports the deployment and tracking of documentation within and outside of the mentioned specialty settings. This Real-World testing is performed in the above-mentioned care settings as representative of multiple care settings of varied clinical workflow.

MEASURES USED IN OVERALL APPROACH

RWT MEASURE #1. INTEROPERABILITY USING C-CDA

The Certified Heal IT Module is sold to multiple specialty care settings. For this reason, the Real-World Testing specific to interoperability scenario was applied to multiple care settings like Primary Care, Family Practice, Cardiology, Emergency Medicine, and Vascular Surgery. Since the EHR/patient portal system works on all types of documents, there are several certification criteria that can be tested simultaneously. All criteria involving the Consolidated Clinical Document Architecture (C-CDA) documents were tested, including § 170.315(b)(1) Transitions of care, § 170.315(b)(2) Clinical information reconciliation and incorporation, § 170.315(h)(1) Direct Project and § 170.315(e)(1) View, download, and transmit to 3rd party. Verification of the transmitted patient record does require interaction with a system external to the organization.

DESCRIPTION OF MEASUREMENT/METRIC

The following outlines the measures that have been identified to best demonstrate conformance to multiple certification criteria concerning the sharing of EHI for the following use cases demonstrated.

Use Case 1 (Single Patient) Metrics: As part of the Real-World Testing requirements for § 170.315(b)(1), § 170.315(b)(2), § 170.315(e)(1), and § 170.315(h)(1), the developer has developed the following metrics for their testing plan:

Measure 1: Sharing. This measure will catalogue the use of CCD standard document conformant, and the transport mechanisms used to share transitions of care documents and EHI, as well as track usage of the various transport mechanisms.

Certification Criteria	Requirement
§ 170.315(b)(1) Transitions of care	*(i)(A) Send transition of care/referral summaries using Edge Protocol*
	(i)(B) Receive transition of care/referral summaries using Edge Protocol.
§ 170.315(b)(2) Clinical information reconciliation and incorporation	*(2)(i) Able to reconcile and incorporate information from C-CDAs*
	(2)(ii) Match a received Transition of Care/referral Summary to the correct patient.
§ 170.315(e)(1) View, download and transmit	*(i)(A)(2) view ambulatory summary or inpatient summary using CCD Template.*
	(i)(B)(2) Download ambulatory summary or inpatient summary using CCD Template.
	(i)(B)(3) (inpatient setting only) Download of transition of care/referral summaries.
	(i)(C)(1) Transmit to third party.
	(i)(C)(2) (inpatient setting only) Transmit transition of care/referral summaries.
§ 170.315(h)(1) Direct Project	*(1)(i) Send and receive health information including formatted only as a "wrapped" message.*
	(1)(ii) Send and receive health information using Direct.

- **Justification**: The EHR system includes two functionalities of interest: (A) Send transition of care/referral summaries and (B) Receive transition of care referral summaries. Transitions of care documents are shared using Edge protocols (e.g., SMTP, Direct) while other EHI may be shared through the patient portal using downloads and encrypted or unencrypted transmissions. This metric will provide information on the types of transmissions deployed (e.g., what types of Edge protocols, downloads and unencrypted vs. encrypted transmission) and the frequency of usages. While the received CCDA is also reconciled, this matric will also provide reconciliation process (e.g. The population of CCDAs where a reconciliation is performed).

- **Test methodology**: We utilize ***EMR Direct*** interface as the relied upon software for Direct Message transmission and reception. EHR management logs, Interface logs, and email logs were reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols and downloading or transmitting EHI by patients using the patient portal. Log files and reports obtained during Real World Testing were de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the metric on the specific types of transport mechanisms used. Testing with ONC-approved testing tools, when appropriate. This test methodology primarily tests the conformant of the implementation.

- **Expected outcome(s):** It is expected that providers and patients (or their authorized representatives) will be able to share EHI using the transmission mechanisms provided. Provider will be able to reconcile clinical document. Error rates will be tracked and trended over time. Documentation evidencing send/receive of C-CDA's via Direct Messaging and reconciliation of C-CDA's into into the EHR.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria: § 170.315(b)(1) Transitions of care, § 170.315(e)(1) View, download, and transmit to 3rd party and.*
- *Real World Testing will demonstrate the ability of the system to perform § 170.315(b)(2) Clinical information reconciliation and incorporation and send or receive CCDA documents using 170.315(h)(1) Direct Project.*

CARE SETTING(S)

This Real-World testing plan for these criteria was specifically tested in Primary Care, Family Practice, Cardiology, Emergency Medicine, and Vascular Surgery care settings.

Metrics and Outcomes: Pass

Relied Upon Software

- EMR Direct
- Hello Health

This testing was performed on a sample size of 10 practice accounts with above mentioned care setting.

1. Number of C-CDAs successfully generated and sent from PracticeSuite.

QUARTER	COUNT
Q1 (Jan – Mar 2024)	70
Q2 (Apr – Jun 2024)	55
Q3 (Jul – Sep 2024)	3196
Q4 (Oct – Dec 2024)	8446

2. Number of C-CDAs received or imported via Integrated systems.

QUARTER	COUNT

Q1 (Jan – Mar 2023)	0
Q2 (Apr – Jun 2023)	0
Q3 (Jul – Sep 2023)	0
Q4 (Oct – Dec 2023)	8552

Our testing successfully demonstrates that the certified PracticeSuite:

- is compliant with the certification criteria 170.315(b)(1) and 170.315(b)(2)
- is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use.

Most of the C-CDA exchanges that occurred in Q4 were practice integrated HIE. A regular transaction of C-CDA has been conducted and it demonstrates that our EHR is working as expected.

3. Number of successful downloads, views and transmissions of patient C-CDAs within PracticeSuite Patient Portal as triggered by a patient's (or their authorized representative) action within our internet-based portal.

QUARTER	COUNT
Q1 (Jan – Mar 2023)	8
Q2 (Apr – Jun 2023)	22
Q3 (Jul – Sep 2023)	6
Q4 (Oct – Dec 2023)	2

Clients aren't using this feature extensively, however, counts indicate that there has been average usage, and this feature is working as expected.

4. Number of sent and received health information using Direct.

QUARTER	COUNT
Q1 (Jan – Mar 2023)	0
Q2 (Apr – Jun 2023)	0
Q3 (Jul – Sep 2023)	0

Q4 (Oct – Dec 2023)	0

The result indicates that the Direct feature is seldom used. Though in real-world testing, users haven't used this feature, we triggered the test plan using synthetic patient data in our mirror production environment to simulate real-world scenarios. We ran the ONC test scripts using the ETT tools, setting up 10 messages with Sender and Receiver scenario. The test results showed a 100% success rate, confirming that the system is working as expected.

Challenges Encountered: None

RWT MEASURE #2. ELECTRONIC PRESCRIBING

The following table lists the measures that have been identified to best demonstrate conformance to certification criteria concerning the electronic prescription.

Use Case 1 (ePrescription): As part of the Real-World Testing requirements for § 170.315(b)(3) the developer has developed the following metrics for their testing plan:

Measure 1: This measure will demonstrate the electronic transmission of all prescription related transactions. Associated certification criteria for the EHR system in a multi-specialty care setting include:

Certification Criteria	Requirement
§ 170.315(b)(3): Electronic prescribing	*(ii)(A) Send and Receive prescription transactions electronically per the NCPD SCRIPT Standard and using RxNorm codes.*
	(ii)(C) Send the reason for prescription using diagnosis elements along with prescription.

- **Justification:** The EHR system includes all prescription related electronic transactions like creation, update, cancellation, and refill in accordance with the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard version 10.6. system also have the provision to send the reason for prescription as diagnosis elements while prescribing. The population of prescription data and the transmission/receipt acknowledgement will be reviewed using system logs and activity data. Multiple care settings data will be analysed to ensure that it is working in multi care settings. We will also engage our partner ***NewCrop*** to verify the conformances of NCPD standards and transmission statistics.
- **Test methodology:** Querying of Data files, activity table and reviewing of Log files obtained during Real World Testing was de-identified and used for analysis of prescription data. We engaged our eRx partner to get the matrix of standard conformance and transmission matrix. A combination of the above reports and logs were reviewed to test the conformance of the criteria.
- **Expected outcome(s):** It is expected that a user can create prescriptions and transmit electronically per the standard. Errors in transmission will be tracked and analysed.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate the following for § 170.315(b)(3): Electronic prescribing:*

- *Electronic prescriptions can be created, edited, cancelled, and refilled.*
- *Reason for prescription can be sent along with prescription as diagnosis elements.*

CARE SETTING(S)

This Real-World testing plan for these criteria was specifically tested in Primary Care, Emergency Medicine, Neurology and Pediatrics care settings.

Metrics and Outcomes: Pass

Relied Upon Software

- NewCrop

This testing was performed on a sample size of 10 practice accounts.

a) Count of eRx prescribed

QUARTER	COUNT
Q1 (Jan – Mar 2024)	21334
Q2 (Apr – Jun 2024)	27518
Q3 (Jul – Sep 2024)	43907
Q4 (Oct – Dec 2024)	61659

b) Count of eRx Cancelled/Discontinued

QUARTER	COUNT
Q1 (Jan – Mar 2024)	52595
Q2 (Apr – Jun 2024)	48974
Q3 (Jul – Sep 2024)	48559
Q4 (Oct – Dec 2024)	34574

The result indicates that e-prescription is a widely used feature in PracticeSuite EHR. This result depicts that prescriptions can be created, edited, cancelled and refilled in PracticeSuite EHR.

Challenges Encountered: None

RWT MEASURE #3. CLINICAL QUALITY MEASURES (CQM)

The following table lists the measures that have been identified to best demonstrate conformance to multiple certification criteria concerning the Clinical Quality Measures.

Use Case 1 (CQM): As part of the Real-World Testing requirements for § 170.315(c)(1), § 170.315(c)(2) and § 170.315(c)(3), the developer has developed the following metrics for their testing plan:

Measure 1: This measure will demonstrate the Clinical Quality Measure Reporting system that calculates and generates the aggregate report in both human readable and QRDA III file format for each CQM's based on the deduplicated clinical data that recorded in the EHR system and that imported to the system in QRDA I format. Also, the system allows us to export the CQM data in QRDA I file format. Associated certification criteria for the EHR system in a multi-specialty care setting include:

Certification Criteria	Requirement
§ 170.315(c)(1): Clinical Quality Measures (CQMs) - Record and Export	*(C)(1)(i) Record all necessary data to calculate CQMs*
	(C)(1)(ii) Export CQM data file in QRDA I format for one or more patients that includes all necessary data recorded for report calculation.
§ 170.315(c)(2): Clinical quality measures (CQMs) - Import and Calculate	*(C)(2)(i) Import a CQM data file in QRDA I format for one or more patients that includes all necessary data for calculating an aggregate report.*
	(C)(2)(ii) Calculates aggregate report for each CQM's based on the data recorded and received on the system
§ 170.315(c)(3): Clinical quality measures (CQMs) - Report	*(C)(3)(i) Electronically create a CQM data file for transmission of clinical quality measurement data in QRDA III format.*

- **Justification**: The EHR system can calculate and generate the report for various Clinical Quality Measures based on the clinical data recorded on the EHR system. Also, system have the functionality to Import and Export Clinical Quality Measure in QRDA I file format. The report is generated in both human readable and QRDA III file format based on both clinical data recorded on the EHR system as well as that received/imported to the system. While the record of all necessary data required for CQM's are recorded automatically during user input (during charting, user input etc), it is the time when a user generates QRDA import the system we will be able to determine the format and performance test. The generated QRDA samples collected during the testing process is verified against the conformant standards.

- **Test methodology**: EHR management logs, system logs, and activity logs, sample QRDA collected were reviewed to determine the frequency used by providers for generating reports and sending/receiving CQM data files. The Cypress Test Tool will be used to export, and the result obtained will be matched. Ability of the system to generate QRDA 1 and QRDA3 files and complies with the CMS QRDA implementation Guide will be verified.

- **Expected outcome(s)**: It is expected that providers will be able to Record, Import, Export, Calculate and Generate the CQM reports without any developer assistance. Documentation evidencing the ability of the EHR to export. Error rates will be tracked and trended over time.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate the ability of the EHR system to record the necessary data required to calculate the CQM's and to export CQM data in QRDA I format [§ 170.315(c)(1)]*
- *Real World Testing will demonstrate the ability of the system to import CQM data in QRDA I format. [§ 170.315(c)(2)]*
  Real World Testing will demonstrate the ability to calculate and generate the CQM report electronically in QRDA III file format. [§ 170.315(c)(3)]

CARE SETTING(S)

This Real-World testing plan for the criteria was specifically tested in Pain Management and Surgery care settings.

Metrics and Outcomes: Pass

The sampling was of 10 practice accounts with a cumulative 34 providers.

Quality Id	eCQM	Description
128	CMS69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
130	CMS68	Documentation of Current Medications in the Medical Record
226	CMS138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
236	CMS165	Controlling High Blood Pressure
238	CMS156	Use of High-Risk Medications in Older Adults
317	CMS22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
001	CMS122	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
We found that the above CQMs are active in these accounts, with significant values in both the numerator and denominator (greater than 0), indicating that the dashboard is functional and capable of calculating the CQMs. No errors noted in the report/export log.		

The result depicts that providers can Record, Import, Export, Calculate and Generate the eCQM reports without any developer assistance. This demonstrates that EHR can record the necessary data required to calculate the eCQM's and to export CQM data in QRDA- I format.

Challenges Encountered: None

RWT MEASURE #4. TRANSMIT TO IMMUNIZATION REGISTERIES & PUBLIC HEALTH AGENCIES

The following list of measures have been identified to best demonstrate conformance to multiple certification criteria concerning the transmission to public registries.

Use Case: As part of the Real-World Testing requirements for §170.315(f)(1) and §170.315(f)(2), the developer has developed the following metrics for their testing plan.

Measure 1: *Transmission to immunization registries. This measure will catalogue the use of HL7 V2 standard document conformant, and the ability of the system to transmit to state immunization registry. The associated certification criterion is to be tested in the primary care and pediatrics care setting.*

Certification Criteria	Requirements
§170.315(f)(1) Transmission to immunization registries	i) *Create immunization information according to the IG) IM Release 1.5, and the July 2015 Addendum, using CVX codes for historical vaccines and NDC codes for newly administered vaccines.*
	ii) *Transmit the immunization message to the connected organization.*

Measure 2: *Transmission to public health agencies — syndromic surveillance. This measure will assess the conformance of the certified syndromic surveillance transmission using the PracticeSuite Application to any of the public agencies. The associated certification criterion in the pediatric care setting listed below.*

Certification Criteria	Requirements
§170.315(f)(2) Transmission to public health agencies — syndromic surveillance	*i) Create syndrome-based public health surveillance information for electronic transmission according to the HL7 2.5.1 standard.*
	ii) Transmit the syndrome-based public health surveillance message to the connected agencies.

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

- **Justification**: This immunization registry test is targeted in certain care settings like Primary Care, Pediatrics providers who intend to report on to meet Objective 8: Public Health and Clinical Data Registry Reporting. Neurological care settings are used to test syndromic surveillance. It is a known fact that each state has their own way of submission of data. While the periodicity of the submission and transport standard requirement are not set by ONC, it will be difficult to find out the registry settings practices might be submitting. As the health IT developer our intention in this real-world testing scenario is to check if immunization and syndromic files are generated in the system and are formatted according to the adopted standards referenced by the certification criteria. This will be verified through the review of the data tables, activity tables and log files.

- **Test methodology**: Querying of Data files, activity table and reviewing of Log files obtained during Real World Testing were de-identified and used for analysis of the output files generated. The HL7 samples collected were also tested with a validation tool for conformance of standards. This test methodology primarily tests the conformance of the implementation.

- **Expected outcome(s)**: Documentation evidencing the ability to generate Syndromic surveillance message and VXU message for administered immunization as well as the successful transmission of both the transactions to public health agency via HL7 2.5.1. Error rates will be tracked and trended over time.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate that the Health IT Module is conformant to the certification criteria "§170.315(f)(1) Transmission to immunization registries" and "§170.315(f)(2) - Transmission to public health agencies — syndromic surveillance"*
- *Real World Testing will demonstrate the ability of the system to generate and transmit electronically to the government and public health agencies according to the HL7 2.5.1 standard*

CARE SETTING(S)

This Real-World testing plan for transmission to immunization criteria was specifically tested in Primary Care and Pediatrics care setting. Syndromic surveillance criteria were tested with Neurology care setting.

Metrics and Outcomes: Pass

This testing was performed on a sample size of 10 practice accounts with above care setting.

a. Immunization Registry transferred data Count.

QUARTER	COUNT
Q1 (Jan – Mar 2023)	816
Q2 (Apr – Jun 2023)	3955
Q3 (Jul – Sep 2023)	2045
Q4 (Oct – Dec 2023)	1278

b. Syndromic Surveillance Count

QUARTER	COUNT
Q1 (Jan – Mar 2023)	43
Q2 (Apr – Jun 2023)	8
Q3 (Jul – Sep 2023)	3
Q4 (Oct – Dec 2023)	1

The result derived over four quarters indicates that the immunization information is getting generated and transmitted successfully from the EHR to the Immunization registries. This also indicates that these approved agencies are receiving and consuming this information which demonstrates that the EHR is not only successfully generating and transmitting but also generating in the required HL7 standards.

Challenges Encountered: None

RWT MEASURE #5. APPLICATION ACCESS AND STANDARDIZED API

The following outlines the measures that have been identified to best demonstrate conformance to multiple criteria concerning the sharing of EHI using API.

Use Case (Application Access): As part of the Real-World Testing requirements for "Application Access § 170.315(g)(7), § 170.315(g)(9) and §170.315(g)(10) the developer has developed the following metrics for their testing plan:

Measure 1: This measure will test the conformance of access of the patient identifier using the PracticeSuite Application through a published API. This API will accept sufficient information to uniquely identify a patient and return the patient ID to the external system. The associated certification criterion in the selected care setting is listed below. Since API access is independent of any care settings, this is functionality is applicable to all care settings where this is marketed. Associated certification criteria includes the following:

Certification Criteria	Requirements
§170.315(g)(7) Application access — patient selection	**(i)** Health IT can receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for that patient's data.
§170.315(g)(9) Application access — *all data request*	**(i)(A)** The API must be able to respond to requests for patient data (using an ID or other token) for all of the data categories specified in the United States Core Data for Interoperability Standard (USCDI) at one time in a summary record formatted according to the Consolidated CDA Release 2.1 Continuity of Care Document (CCD) template.
§170.315(g)(10) Standardized API for patient and population services	**(i)(A)** The API must be able to respond to requests for patient data (using an ID or other token) for each of the individual categories listed in the Common Clinical Data Set and return the full set of data for that category, according to the required data standards in a computable format.

- **Justification**: PracticeSuite application has a centralized API interface services that caters the access to patient data. This will provide a metric on the use of APIs to access patient data. Additionally, credentialling requirements will be tested indirectly, as only authorized users will have access to the patient data. Each practice setting also has an access log which logs request and the requester information. This metric will be further verified through the review of the log files and by the audit tables.

- **Test methodology**: Spot check of evidence in production environment API log will be checked. This test methodology will primarily test the conformance of the implementation.

- **Expected outcome(s)**: Documentation evidencing a patient's ability to request and retrieve a C-CDA from the EHR's FHIR R2 API into a 3rd party application. It is expected that PracticeSuite will be conformant to application access criteria for §170.315(g)(7), §170.315(g)(9) and §170.315(g)(10). Error rates will be tracked and trended over time.

EXPECTED OUTCOMES

- *Real World Testing will demonstrate that the Health IT Module is conformant to the certification criteria "§170.315(g)(7) Application access — patient selection", "§170.315(g)(9) Application access — all data request and §170.315(g)(10) Standardized API for patient and population services".*

- *Real World Testing will demonstrate the ability of the system to accept the external request through an API and respond with the patient data formatted according to the Consolidated CDA Release 2.1 Continuity of Care Document (CCD) template.*

CARE SETTING(S)

This Real-World testing plan for the criteria was specifically tested in Primary Care settings.

Metrics and Outcomes: Pass

This testing was performed on a sample size of 10 practice accounts with above care setting.

Count of patient health data pushed via API

QUARTER	COUNT
Q1 (Jan – Mar 2023)	56607
Q2 (Apr – Jun 2023)	45580
Q3 (Jul – Sep 2023)	48497
Q4 (Oct – Dec 2023)	42725

The test outcome indicates that the EHR users are using the API feature consistently to access patient data successfully. This demonstrates that the EHR is conformant to the above-mentioned certification criteria.

Challenges Encountered: None

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Release Documentation for the Real-World Testing to authorized representatives and providers. This included surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements.	All Care Settings	January, 2024
Collection of Information as laid out by the plan for the period.	All Care Settings	January, 2024
Meeting with previously identified providers and authorized representatives to ensure that Real World Testing protocols are effective.	All Care Settings	Quarterly, 2024
End of Real-World Testing period/final collection of all data for analysis.	All Care Settings	January , 2025
Analysis and report creation.	All Care Settings	January, 2025
Submit Real World Testing report to ACB (per their instructions)	All Care Settings	February, 2025

ATTESTATION

This Real-World Testing Result Report is complete with all required elements, including measures that address all certification criteria and care settings. All information in this results report is up to date and fully addresses the health IT developer's Real World Testing requirements.

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