REAL WORLD TESTING RESULTS REPORT TEMPLATE

BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify health IT developers' responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist health IT developers in developing their Real World Testing plans and results reports.

A Real World Testing plan template was created to assist health IT developers in organizing the required information that must be submitted for each element in their Real World Testing plan. To accompany the plan template, ONC has also provided this results report template.

While the use of this template is voluntary, health IT developers may find it useful in preparing their Real World Testing results report(s). Health IT developers must submit one year of results to address the Real World Testing of eligible products as outlined in their previous year's Real World Testing plan(s). If adjustments to approaches are made throughout Real World Testing, the health IT developer should reflect these adjustments in their Real World Testing results report. ONC expects that the results report will include a list of these changes, the reasons for them, and how intended outcomes were more efficiently met as a result.

While every effort has been made to ensure the accuracy of restatements of 45 CFR Part 170, this template is not a legal document. The official program requirements are contained in the relevant laws and regulations. This resource should be read and understood in conjunction with the following companion resources, which describe in detail many of the Certification Program requirements referenced in this resource.

- Real World Testing–What It Means for Health IT Developers – Fact Sheet
- Real World Testing Resource Guide
- Real World Testing Certification Companion Guide

Health IT developers should also review the following regulatory materials, which establish the core requirements and responsibilities for Real World Testing under the Certification Program.

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

TEMPLATE INSTRUCTIONS

The following template is organized by elements required to be submitted in the Real World Testing results report. Each section provides a field for submitting responses and/or explanations for how the health IT developer addressed each required element in their Real World Testing approach. These fields serve as a foundation of information required for developing a Real World Testing results report and can be expanded with additional rows or columns to address the specific needs of the Real World Testing results being submitted.

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only] Developer Name:

Product Name(s): AWARDS

Version Number(s): 3.0

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.1500.AWAR.03.00.1.171220

Developer Real World Testing Plan Page URL:
https://footholdtechnology.com/human-services-software/meaningful-use/

Developer Real World Testing Results Report Page URL [if different from above]:

[OPTIONAL] CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	**Reason** [Describe the reason this change occurred]	**Impact** [Describe what impact this change had on the execution of your Real World Testing activities]

[OPTIONAL] WITHDRAWN PRODUCTS

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	
Version Number(s):	
CHPL Product Number(s):	
Date(s) Withdrawn:	
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Provide a summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability.

If any non-conformities were discovered and reported to the ONC-ACB during testing, outline these incidences and how they were addressed.

Note: A single Real World Testing results report may address multiple products and certification criteria for multiple care settings.

The method we primarily used to count and report most of our Real World Testing results was querying audit records that track user actions and use of our EHR's features, across all of our EHR installs/users.

For counts of licenses, we ran a report in our CRM and then compared the counts to query counts.
For example, we were able to query our audit records for use of certified capabilities that are licensed separately, such as Electronic Prescribing, and validate our values with the data in our CRM related to license agreements.
For measures with relied upon software, we asked our partner vendors for help in supplying the counts for our shared customers.

Some of our results validated what we suspected: low or even no utilization of some of our features.

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

Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.

Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

[ ] Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.

[x] No, none of my products include these voluntary standards.

Standard (and version)	
Updated certification criteria and associated product	
CHPL Product Number	
Conformance measure	

Care Setting(s)

The expectation is that a developer's Real World Testing is conducted within each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use.

List each care setting that was tested.

Behavioral Health

Metrics and Outcomes

Health IT developers should detail outcomes from their testing that successfully demonstrate that the certified health IT:

1. is compliant with the certification criteria, including the required technical standards and vocabulary codes sets;
2. is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use; and/or,
3. EHI is received by and used in the certified health IT.

(from 85 FR 25766)

Health IT developers could also detail outcomes that did not result from their measurement approach if that better describes their efforts.

Within this section, health IT developers should also describe how the specific data collected from their Real World Testing measures demonstrate their results. Where possible, context should be provided to the measures and results to understand the number of sites/users/transactions tested for the specified measures (i.e., the denominator for comparison to the reported results). If applicable, any Relied Upon Software that is used to meet a criterion's requirements should be included in this section.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Number of licensed installs of AWARDS *Total number of licensed installs of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.*	n/a		414	
Number of active installs of EHR *Total number of active installs of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.*	n/a		368	
Number of active users of EHR *Total number of active installs users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.*	n/a		37,014	

Certified capabilities that are licensed separately from the base EHR (AWARDS) license.			DrFirst Rcopia and IMO (Intelligent Medical Objects)	
Number of installs/users who licensed DrFirst Rcopia			86 installs	
Number of installs/users who licensed IMO (Intelligent Medical Objects)			134 installs	
Number of installs/users that have used DrFirst Rcopia in the preceding 365 days			86 agencies/ 379 prescribers	
Number of installs/users that have used IMO (Intelligent Medical Objects) in the preceding 365 days			134 installs	
Number of CCDAs created in a 90 day period (Q4 2023)	170.315(b)(1) Transitions of care	InterSystems IRIS for Health	74,715	
Number of	170.315(b)(1)	InterSystems IRIS for	44,899	

CCDAs sent via edge protocols(Q4 2023)	Transitions of care	Health		
Number of CCDAs received via edge protocols (Q4 2023)	170.315(b)(1) Transitions of care	InterSystems IRIS for Health	2	
Number of times a user reconciled the medication list, medication allergies, or problem list data from a received or manually uploaded CCDA (Q4 2023)	170.315(b)(2) Clinical information reconciliation and incorporation	InterSystems IRIS for Health	0	
Number of prescriptions created (Q4 2023)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	63, 629	
Number of prescriptions changed (Q4 2023)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	29	
Number of prescriptions canceled (Q4 2023)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	551	
Number of prescriptions renewed (Q4 2023)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	704	
Number of times a data export was performed for a patient (Q4	170.315(b)(6) Data export	InterSystems IRIS for Health	63,807	

2023)				
Number of times a data export was performed for multiple patients in a single transaction (Q4 2023)	170.315(b)(6) Data export	InterSystems IRIS for Health	0	
Number of times a data export was performed for all patients in a single transaction (Q4 2023)	170.315(b)(6) Data export	InterSystems IRIS for Health	0	
Number of measures recorded during the period (Q4 2023)	170.315(c)(1-3) Clinical quality measures (CQMs)		0	
Number of QRDA Category 1 files exported (Q4 2023)	170.315(c)(1-3) Clinical quality measures (CQMs)		0	
Number of QRDA Category 1 files imported (if applicable) (Q4 2023)	170.315(c)(1-3) Clinical quality measures (CQMs)		n/a	
Number of QRDA Category 3 aggregate	170.315(c)(1-3) Clinical quality measures (CQMs)		0	

report(s) created over the period (Q4 2023)				
Number of views of health information by a patient or authorized representative (Q4 2023)	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	1	
Number of downloads of health information by a patient or authorized representative (Q4 2023)	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	0	
Number of transmissions of health information by a patient or authorized representative using unencrypted email (Q4 2023)	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	0	No customer is using this feature
Number of transmissions of health information by a patient or authorized representative using encrypted method (Q4	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	0	

2023)				
1) Number of requests for a patient ID or token	170.315(g)(7) Application access — patient selection		0	Only one customer of ours authenticated and requested data via the API but didn't specifically search for a select client's ID or for a data category. We report 0 results for the measures we specified in our plan. We do want to note that there was usage of the API in an alternate way. The 1 customer successfully authenticated and made requests 100 times for client data for all active clients in Q2 2023.
1) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token 2) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token for a specific date range	170.315(g)(8) Application access — data category request		0	
1) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token 2) Number of requests for a patient's	170.315(g)(9) Application access — all data request	Intersystems IRIS for Health	0	

Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range				
Number of Direct Messages sent	170.315(h)(1) Direct Project		1	
Number of Delivery Notifications received	170.315(h)(1) Direct Project		0	
Number of Direct Messages received	170.315(h)(1) Direct Project		95,289	
Number of Delivery Notifications sent	170.315(h)(1) Direct Project		89,330	

KEY MILESTONES

Include a list of key milestones that were met during the Real World Testing process. Include details on how and when the developer implemented measures and collected data. Key milestones should be relevant and directly related to outcomes discussed.

For each key milestone, describe when Real World Testing began in specific care settings and the date/timeframe during which data was collected.

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	Behavioral Health	90 days

Data collection	Behavioral Health	90 days
Review and collate data	Behavioral Health	90 days
Writing report	Behavioral Health	90 days; end of 2023/early 2024