

# CY 2022 Real World Testing Plan for E-Health Partners

## Executive Summary

This is the real world test plan for CY 2022 for E-Health Partners E-Health certified EHR solution. 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) 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.

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 measure, we document planned testing methodology, associated ONC criteria, justification for measurement, expected outcomes from the testing, care settings applied for this measure, and if applicable the number of clients to use the our real world testing approach, including how our test cases were created, our selected methodology, the number of client/practice sites to use, and our general approach and justification for decisions.

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 updates.

A table of contents with hyperlinks is provided later in the plan quick access to any document 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 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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Authorized Representative Signature:

A handwritten signature in black ink, appearing to read "Francis Berrios". The signature is fluid and cursive, with a large initial "F" and "B".

DATE: 11/8/2021

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# General Information

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

Developer Name: E-Health Partners, Inc.

Product Name(s): EHRez

Version Numbers(s): 5.0

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

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

- 15.04.04.1385.EHRe.05.00.0.180222
- <https://chpl.healthit.gov/#/listing/9298>

Developer Real World Testing Page URL: <http://ehrez.com/certification.html>

## 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 a sufficient number of 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. 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-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. Test plan will be prepared for submission before the end of the year.

## 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 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 and Self-Reporting/Self-Testing:** 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 primarily targeted to general ambulatory practices in the Puerto Rico market, and our measures were design for this setting in mind. In each measure, we do also address the care settings targeted and note any necessary adjustment or specific factor to consider with this specific measure.



## Summary of Measure Use Case Approach

For the real world testing criteria, our customers heavily use the electronic prescribing and patient portal functions, and we have developed use case with reporting measures describing their interoperability use. These measure use cases will give us a clear insight into interoperability functionality of these criteria.

However, some of our criteria are not currently used by our physician clients, and this includes exchange C-CDAs and API access. We will attempt to capture metrics of use, but it is possible our numbers will be low or zero due to how our physicians use our EHR.

Finally, some of our certified RWT criteria such as clinical quality measure, data export, immunization submission, and Direct exchange capabilities have not been used previously by clients, but the physician users are best able to confirm them so we will have them self-test and report back metrics. If any problems are reported, we will investigate and resolve the non-compliances.

## RWT Measure #1. 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 will be for a minimum of one (1) consecutive month during the calendar year. This will ensure a sufficient time to gauge and measure interoperability.

### Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a 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 various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the 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.

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

We designed this measure to test the ambulatory clinics in Puerto Rico where our EHR is marketed and used. Our intention is to select a minimum of three (3) client practice(s) to be used for the testing of these criteria. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## RWT Measure #2. Number of Patients Given Access to Portal

Associated Criteria: 315(e)(1)

Testing Methodology: Reporting/Logging

### Measurement Description

This measure is tracking and counting how many patients are given login access to their patient portal account over the course of a given interval.

The interval for this measure will be for a minimum of one (1) consecutive month during the calendar year. This will ensure a sufficient time to gauge and measure interoperability.

### Measurement Justification

This measure will provide a numeric value to indicate how often this interoperability feature is being used. An increment to this measure indicates that the EHR can supply patient health data to the patient portal and provide an account for the patient to use in accessing this data.

### Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can submit patient health data to the patient portal on a regular and consistent basis as well provide an account for the patient to use in accessing this data. 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.

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

We designed this measure to test the ambulatory clinics in Puerto Rico where our EHR is marketed and used. Our intention is to select a minimum of three (3) client practice(s) to be used for the testing of these criteria. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## RWT Measure #3. 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 will be for a minimum of one (1) consecutive month during the calendar year. This will ensure a sufficient time to gauge and measure interoperability.

### Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that patients can log into their patient portal to view, download, or transmit their health data.

### Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that patients can log into their patient portal to view, download, or transmit their health data. 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.

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

We designed this measure to test the ambulatory clinics in Puerto Rico where our EHR is marketed and used. Our intention is to select a minimum of three (3) client practice(s) to be used for the testing of these criteria. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## RWT Measure #4. Number of Downloads from Patient Portal

Associated Criteria: 315(e)(1)

Testing Methodology: Reporting/Logging

### Measurement Description

This measure is tracking and counting how many C-CDAs or human readable PDFs are created and successfully downloaded from the patient portal over the course of a given interval.

The interval for this measure will be for a minimum of one (1) consecutive month during the calendar year. This will ensure a sufficient time to gauge and measure interoperability.

### Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the patient portal can create a C-CDA patient summary record, including ability to record all clinical data elements, and download the patient summary for the patient to use.

### Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, to determine our measure count. While we do not believe this capability is widely used by our patient population, this measure will provide us with an objective means to confirm it.

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 ability to 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. 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.

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

We designed this measure to test the ambulatory clinics in Puerto Rico where our EHR is marketed and used. Our intention is to select a minimum of three (3) client practice(s) to be

used for the testing of these criteria. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

## RWT Measure #5. Number of Email Transmissions from Patient Portal

Associated Criteria: 315(e)(1)

Testing Methodology: Reporting/Logging

### Measurement Description

This measure is tracking and counting how many C-CDAs are created and successfully emailed from the patient portal to a 3rd party over the course of a given interval.

The interval for this measure will be for a minimum of one (1) consecutive month during the calendar year. This will ensure a sufficient time to gauge and measure interoperability.

### Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the patient portal 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 patient portal demonstrates successful interoperability of an exchanged patient record with a 3rd party.

### Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, to determine our measure count. While we do not believe this capability is widely used by our patient population, this measure will provide us with an objective means to confirm it.

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 ability to 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. 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.

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

We designed this measure to test the ambulatory clinics in Puerto Rico where our EHR is marketed and used. Our intention is to select a minimum of three (3) client practice(s) to be used for the testing of these criteria. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.



## RWT Measure #6. Number of Transition of Care C-CDAs Successfully Sent

Associated Criteria: 315(b)(1), (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 3<sup>rd</sup> party via Direct messaging during a transition of care event over the course of a given interval.

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

### Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a 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 3<sup>rd</sup> party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

### Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can 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 3<sup>rd</sup> 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. If there are any errors, we will record this and investigate 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.

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

We designed this measure to test the ambulatory clinics in Puerto Rico where our EHR is marketed and used. Because this feature is not used by our clients in Puerto Rico, our intention is to select a minimum of one (1) client practice to be used for the testing of these criteria.

## RWT Measure #7. 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 via Direct messaging during a transition of care event over the course of a given interval.

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

### Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can 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. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

### Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can 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. If there are any errors, we will record this and investigate 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.

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

We designed this measure to test the ambulatory clinics in Puerto Rico where our EHR is marketed and used. Because this feature is not used by our clients in Puerto Rico, our intention is to select a minimum of one (1) client practice to be used for the testing of these criteria.

## RWT Measure #8. Number of API Client Applications Connected to our EHR

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

Testing Methodology: Reporting/Logging

### Measurement Description

This measure is tracking and counting how many successful API queries of patient data elements from the EHR Module to a 3<sup>rd</sup> party via API over the course of a given interval.

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

### Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that a 3<sup>rd</sup> party client can connect to our EHR and 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, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that a 3<sup>rd</sup> 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 3<sup>rd</sup> 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 use the measure count 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 ambulatory clinics in Puerto Rico where our EHR is marketed and used. Because this feature is not used by our clients in Puerto Rico, our intention is to select a minimum of one (1) client practice to be used for the testing of these criteria.

**RWT Measure #9.** Do you use batch patient data export to obtain large volumes of patient data? If yes, how do you use this functionality in production use cases? If no, do you see any potential future use cases where this might be used?

Associated Criteria: 315(b)(6)

Testing Methodology: Survey and Self-Reporting/Self-Testing

#### 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.

While we do not believe our customer base is regularly using this feature, we believe a survey with user self-reporting/self-testing would provide insight into its viability and functionality.

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.

If users report any problems with this feature, we will then commence work to address any non-compliance.

#### Measurement Expected Outcome

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

- Regularly – How do you use this functionality in production?
- Sporadically – How do you use this functionality in production?
- Rarely – How do you use this functionality in production?
- Never – Do you see any potential future use case?
- 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 ambulatory clinics in Puerto Rico where our EHR is marketed and used. We will survey a minimum of ten (10) customer clients.

## RWT Measure #10. What are the number of and specific Quality Measures Successfully Reported on to regulatory agencies each year?

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

Testing Methodology: Survey and Self-Reporting/Self-Testing

### Measurement Description

This is a survey measure to determine how many quality measures are calculated and submitted from the EHR each year?

### Measurement Justification

This measure will survey users to determine real world interoperability and usability, specifically how eQMs are calculated and submitted as QRDA Category III to CMS or other entities.

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. We do not believe our users are regularly submitting clinical quality measures to CMS, but this self-test survey measure will reveal if users are doing so with our EHR. It will show if our EHR is being used to capture, calculate, and submitted eQMs so that this measure covers all three of the CQM criteria (315(c)(1)-(c)(3)).

If users report any problems with this feature, we will then commence work to address any non-compliance.

### Measurement Expected Outcome

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

- This year – list specific eCQM
- Not this year but previous years – list specific eCQM
- Not this year or previous years
- 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 ambulatory clinics in Puerto Rico where our EHR is marketed and used. We will survey a minimum of ten (10) customer clients.

**RWT Measure #11. Do you connect with IIS/immunization registries? If so, how many transmissions do you send monthly? If not, when do you expect to connect to an IIS (Within next year, next 1-2 years, next 3-5 years, don't know)?**

Associated Criteria: 315(f)(1)

Testing Methodology: Survey and Self-Reporting/Self-Testing

#### Measurement Description

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

#### 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.

We do not believe our customer base is regularly using this feature as Puerto Rico has only recently announced plans for a IIS system, but we will evaluate its use with our customers through a survey with user self-reporting/self-testing to provide insight.

A survey 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.

If users report any problems with this feature, we will then commence work to address any non-compliance.

#### 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 ambulatory clinics in Puerto Rico where our EHR is marketed and used. We will survey a minimum of ten (10) customer clients.

**RWT Measure #12.** Do you use Direct messaging for provider communication? If yes, how often do you use it each month, and if not, how do you otherwise share clinical information with other providers. If not, what would be needed to utilize Direct in real world communication, if anything?

Associated Criteria: 315(h)(1)

Testing Methodology: Survey and Self-Reporting/Self-Testing

#### Measurement Description

This is a survey measure to determine if Direct messaging is used and if not, what alternatives are in place.

#### Measurement Justification

This measure will survey users to determine real world interoperability and usability, specifically if Direct messaging is being used to exchange clinical data.

While we do not believe our customer base is regularly using this feature, we believe a survey with user self-reporting/self-testing would provide insight into its viability and functionality.

A survey 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 Direct exchanges currently employed, how they are used, and if not used, then what changes are needed to encourage its use.

#### Measurement Expected Outcome

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

- Regularly – How do you use this functionality in production?
- Sporadically – How do you use this functionality in production?
- Rarely – How do you use this functionality in production?
- Never – How then do you share clinical information with other providers and what changes would be need in your environment or workflow use cases to decide to utilize Direct messaging?
- 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 ambulatory clinics in Puerto Rico where our EHR is marketed and used. We will survey a minimum of ten (10) customer clients.