2023 REAL WORLD TESTING PLAN & RESULTS

Keiser Computers, Inc., Drs Enterprise

GENERAL INFORMATION

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

Developer Name: Keiser Computers, Inc.

Product Name(s): Drs Enterprise

Version Number(s): 12

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.1764.DrsE.12.01.1.221213

CHPL Listing: https://chpl.healthit.gov/#/listing/11072

Developer Real World Testing Plan Page URL: https://www.drsdoc.com/rwt.htm

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Consistent with the ONC's recommendation that "*Real World Testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange*", this test plan focuses on capturing and documenting the number of instances that certified capability is successfully utilized in the real world. The approach will focus on production-based based end-to-end and end-user-centric testing. This allows for appropriate conformity amongst the CEHRT client base reaching a spectrum of clinical and non-clinical end users. This end-to-end and end-user-centered approach will extend beyond the "developer's understanding" of feature and function usability related to the measures within this plan. This approach employs design and function assessment including user feedback and reporting of any non-conformities. Success will be defined by not just successful navigation and criteria specifications being met but also at least one specific metric per measure being fulfilled and documented through RWT testing. This RWT approach requires a commitment to real end-users in the production environment.

STANDARDS UPDATES (SVAP and USCDI)

Standard (and version)	All standards versions are those specified in USCDI v1. For the CY 2023, the developer is not planning to make updates through the SVAP process.
Updated certification criteria and associated product	N/A
CHPL Product Number	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

MEASURES USED IN OVERALL APPROACH

Each plan must include at least one measurement/metric that addresses each applicable certification criterion in the Health IT Module's scope of certification. Describe the method for measuring how the approach(es) chosen to meet the intent and purpose of Real World Testing.

For each measurement/metric, describe the elements below:

- ✔ Description of the measurement/metric
- ✔ Associated certification criteria
- ✔ Justification for selected measurement/metric
- ✔ Care setting(s) that is addressed
- ✔ Expected outcomes

Description of Measurement/Metric

Describe the measure(s) that will be used to support the overall approach to Real World Testing.

Measurement/Metric	Description
170.315(b)(1)	This measure will test the conformance and usage of the C-CDAs for the Transitions of Care (ToC) using the following: 1) Report the number of C-CDAs created and sent over a three (3) month period. 2) Generate 2 C-CDAs without failure for functional validation in production.
170.315(b)(2)	This measure will survey the medical practices to determine how often the C-CDAs are incorporated and reconciled into the patients' accounts using the certified criteria for clinical information reconciliation and incorporation.
170.315(b)(6)	This measure will survey the medical practices to determine how often the data export module has been used to export the patients' data.
170.315(c)(1)	This measure will test the conformance and usage of the Clinical Quality Measures (CQMs) using the following: 1) Report how many CQMs have reported to CMS for MIPS or other quality programs. 2) Execute the CQM calculation and report the number and list of quality measures configured in the medical practice.
170.315(e)(1)	This measure will test the conformance and usage of the View. Download and Transmit (VTD) function using the following: 1) Report the numbers of C-CDAs viewed, downloaded, or transmitted to a third party over a three (3) month period. 2) Generate a C-CDA, send it to the patient portal, and view and download it for functional validation in production.

170.315(f)(1)	This measure will test the conformance and usage of the immunizations using the following: 1) Report the number of successful immunization messages generated and/or sent to public health registries. 2) Generate an HL7 immunization test message for functional validation in production.
170.315(f)(2)	This measure will test the conformance and usage of the syndromic surveillance using the following: 1) Report the number of successful syndromic surveillance messages generated and/or sent to public health registries. 2) Generate an HL7 syndromic surveillance test message for functional validation in production.
170.315(g)(7)	This measure will review how many different systems or applications are connecting to the EHR via the certified API technology for patient selection.
170.315(g)(9)	This measure will review how many different systems or applications are connecting to the EHR via the certified API technology for all data request(s).
170.315(g)(10)	This measure will review how many different systems or applications are connecting to the EHR via the certified API technology for patient and population services.

Associated Certification Criteria

List certification criteria associated with the measure and if updated to the 2015 Edition Cures Update criteria. If conformance to the criteria depends on any Relied Upon Software, this should be noted in your Real World Testing plan for any metrics that would involve the use of that software in testing.

Most of the testing measures with the associated certification criteria were updated to the 2015 Edition Cures Update criteria.

Measurement/Metric	Associated Certification Criteria	Relied Upon Software (if applicable)
170.315(b)(1)	§170.315(b)(1) Transitions of care	Updox (Version 2016.1)
170.315(b)(2)	§170.315(b)(2) Clinical information reconciliation and incorporation	DrFirst (Rcopia Version 4)
170.315(b)(6)	§170.315(b)(6) Data Export	N/A
170.315(c)(1)	§170.315(c)(1) CQMs - record and export	N/A
170.315(e)(1)	§170.315(e)(1) View, download, and transmit to 3rd party	Updox (Version 2016.1)
170.315(f)(1)	§170.315(f)(1) Transmission to immunization registries	N/A
170.315(f)(2)	§170.315(f)(2) Transmission to public health agencies syndromic surveillance	N/A
170.315(g)(7)	§170.315(g)(7) Application access - patient selection	N/A
170.315(g)(9)	§170.315(g)(9) Application access - all data request	N/A
170.315(g)(10)	§170.315(g)(10) Standardized API for patient and population services	N/A

Justification for Selected Measurement/Metric

Provide an explanation for the measurement/metric selected to conduct Real World Testing.

Measurement/Metric	Justification
170.315(b)(1)	This measure has two metrics to capture. It will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. The creation of the C-CDA in part one indicates that the EHR can generate the patient summary record, including the 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 third party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission which reveals compliance with the associated criteria listed above.
170.315(b)(2)	This measure will survey users to determine real-world interoperability and usability, specifically how often C-CDAs are received from third parties and incorporated into the patient record, and then update the patient's problem list, medication list, and medication allergy list with the clinical data contained in the C-CDA. A survey will provide information on the frequency of the reconciliation occurrence(s) better than a standard software test evaluation. This survey measure will reveal if users are using the C-CDA incorporate and update feature of their EHR to update their patient's record with current or new information from another source. Through this means of testing, we can determine compliance with the associated criteria listed above in real-world use.
170.315(b)(6)	This measure will survey users to determine real-world interoperability and usability, specifically how often clinicians use the Data Export feature. A survey or self-test will provide information on the practical and successful function of the export as well as the impact and value of an interoperability element better than a standard software test evaluation. The Data Export can be used for various use cases, including supporting a local health information exchange (HIE) or registry as well as quality and population health metrics.
170.315(c)(1)	This measure will provide a successful count and list of electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS.

170.315(e)(1)	This measure will provide a numeric value and reporting documentation to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create C-CDAs and give the patient access to them for successful visibility, download, and third-party transmission. The patient portal is intended to support patient engagement with their health records. The ability to transmit their patient data, as a C-CDA or human-readable copy, can be a useful feature.
170.315(f)(1)	This measure will be used to determine real-world interoperability and usability, specifically how many successful immunization messages were sent to an immunization information system (IIS) or public health immunization registries by the provider. This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create an immunization message, including the ability to record all clinical data elements, and by sending the message (where applicable by practice need), the EHR demonstrates successful interoperability with an IIS/immunization registry.
170.315(f)(2)	This measure will provide a numeric value to indicate both how often this interoperability feature is being successfully used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create a syndromic surveillance message, including the ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with a public health registry.
170.315(g)(7)	This measure will survey users to determine real-world interoperability and usability, specifically how many third-party systems or applications are integrated and using the EHR's API interface. A survey 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.
170.315(g)(9)	This measure will survey users to determine real-world interoperability and usability, specifically how many third-party systems or applications are integrated and using the EHR's API interface. A survey 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.

170.315(g)(10)	This measure will survey users to determine real-world interoperability and usability, specifically how many third-party systems or applications are integrated and using the EHR's API interface. A survey 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.

Care Setting(s)

The expectation is that a developer's Real World Testing plan will address 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. Developers should address their choice of care and/or practice settings to test and provide a justification for the chosen approach.

Note: Health IT developers may bundle products by care setting, criteria, etc., and design one plan to address each, or they may submit any combination of multiple plans that collectively address their products and the care settings in which they are marketed

List each care setting that is covered by the measure and an explanation for why it is included.

Care Setting	Justification
Ambulatory out-patient practices	Keiser Computers markets its Drs Enterprise product for ambulatory outpatient practices only, and all the testing measures were designed with this clinical setting in mind. We will test a minimum of three (3) client practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users using the certified EHR product and its modules.

Expected Outcomes

Health IT developers should detail how the approaches chosen will successfully demonstrate that the certified health IT:

1) is compliant with the certification criteria, including the required technical standards and vocabulary code 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)

Not all of the expected outcomes listed above will be applicable to every certified Health IT Module, and health IT developers may add an additional description of how their measurement approach best addresses the ongoing interoperability functionality of their product(s). Health IT developers could also detail outcomes that should 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 expected results. Expected outcomes and specific measures do not necessarily have to include performance targets or benchmarks, but health IT developers should provide context for why specific measures were selected and how the metrics demonstrate individual criterion functionality, EHI exchange, and/or use of EHI within certified health IT, as appropriate.

Measurement/Metric	Expected Outcomes
170.315(b)(1)	We will test a sample of our user base to get reporting values on C-CDAs sent as well as the performance of C-CDA error detection. Metric #1: Report the numbers of C-CDAs sent over a three (3) month period. This metric can come from system reports. A successful measure increment indicates compliance with the underlying ONC criteria, including the successful creation of the C-CDA patient summary record and recording of the required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate the ability to confirm the successful interoperability of an exchanged patient record with a third party, including support for Direct Edge protocol in connecting to an HISP. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a 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. Metric #2: Confirm the successful creation of two unique C-CDAs by each practice without failure. This metric will track and report a user's ability to successfully generate a C-CDA in the production environment. Any failures or non-conformities will be documented. The outcome will be tracked using line-item reporting by practice.
170.315(b)(2)	The user will be asked a survey question about how often they are using the C-CDA incorporate and update feature and will be 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, the response may show that additional training is needed to better utilize the feature or that it is not currently utilized as designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system. Regarding functional use, we will also expect to see successful use of reconciliation and record incorporation across each practice tested.

170.315(b)(6)	The user will be asked to create an export to gauge the successful creation of the Data Export. The user will also be asked a survey question about how often they perform the export during an average month and will be given the survey answer choices below: • Regularly • Sporadically • Rarely • Never • Don't Know The answer will provide insight into how clinicians generate and export patient data and view the value of this interoperability feature. For example, a 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 to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system.
170.315(c)(1)	The measurement will be considered complete and successful regardless of the count and list of practice-specific eCQMs submitted to CMS over a given interval. We will ask our customer users to report on the number of eCQMs they successfully reported to CMS which reveals compliance with the associated criteria listed above. A successful measure submission indicates compliance with the underlying ONC criteria. It will show that the EHR can do calculations on the eCQMs and that they are accepted by CMS. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. We will use the measured result to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.
170.315(e)(1)	We will contact a sample of our user base to get reporting values on patient portal access as well as patients' use of the portal's interoperability features. Report the number of patients C-CDAs created over a three (3) month period. Separately this measure will also examine or enroll a patient and confirm that the patient (or respective proxy) can see, download, and initiate transmission outside of the CEHRT. The measurement will produce a numeric result and a line-item report of patient usability congruent with the measure. We will utilize various reports and audit logs to determine our measure count. A successful measure increment indicates compliance with the underlying ONC criteria listed above. Line-item reporting for successful access to view, download, and transmit confirms the real-world use of this function.

170.315(f)(1)	As the clinician user submits immunization messages in their normal workflow and clinical activities, we will obtain their messaging metrics to evaluate real-world interoperability. To capture this information, we will either use a special report to gather this information from our system or have the clinician user obtain the usage report from the registry. A successful measure increment indicates compliance with the underlying ONC criteria. It will show that the EHR can create the HL7 immunization record, including the ability to record the required clinical data elements. In sending the immunization message, the EHR will demonstrate the ability to confirm the successful interoperability of patient's immunization data to an IIS/immunization registry. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly lack of use or need for this functionality. In the event a practice is sampled that does not send to a local or state immunization registry or a practice that does this cannot be identified, the file generation itself will also be considered a successful outcome. 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.
170.315(f)(2)	The measurement will produce validated, successful, 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 with the underlying ONC criteria. It will show that the EHR can create the HL7 syndromic surveillance message, including the ability to record the required clinical data elements. In sending the syndromic surveillance message, the EHR will demonstrate the ability to confirm the successful interoperability of patient immunization data to a public health registry. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. In the event a practice is sampled that does not send to a local or state public health agency or a practice that does this cannot be identified, the generation of a syndromic surveillance file itself will be considered a successful measure outcome. 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.

170.315(g)(7)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, responses 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 to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system.
170.315(g)(9)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, responses 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 to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system.
170.315(g)(10)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, responses 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 to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system.

SCHEDULE OF KEY MILESTONES

Include steps within the Real World Testing plan that establish milestones within the process. Include details on how and when the developer will implement measures and collect data. Key milestones should be relevant and directly related to the expected outcomes discussed in the next section.

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

Key Milestone	Care Setting	Date/Timeframe
Complete and submit the 2022 RWT Results to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	December 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 the real-world testing by the end of 1Q-2023.	Ambulatory out-patient practices	Q1 2023
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.	Ambulatory out-patient practices	Q2 2023
End of Real-World Testing period. Results will be documented in the test results section of the test plan and ultimately used to build the test report. If any non-compliance is observed, we will notify the ONC-ACB of the findings and make the necessary changes required.	Ambulatory out-patient practices	Q3 2023
Complete and submit the 2024 RWT Plan to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	November 2023
Complete and submit the 2023 RWT Results to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	December 2023

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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Date: 01/10/2024

REAL WORLD TESTING RESULTS REPORT

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 the 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]
Updated RWT Plan document	The RWT Plan document was updated to use the ONC RWT template layout. In addition, the information was updated to reflect the certified EHR product for the 2015 Edition Cures Update.	No impact on the execution of the real-world testing activities
Removed measurement 170.315(g)(8) and added 170.315(g)(10) for the API	The measurement for 170.315(g)(8) was removed and 170.315(g)(10) was added because the API module was updated to the 2015 Edition Cures Update criteria.	No impact on the execution of the real-world testing activities

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):	Drs Enterprise
Version Number(s):	11
CHPL Product Number(s):	15.04.04.1764.DrsE.11.00.1.191220
Date(s) Withdrawn:	12/31/2022
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.]	No testing data was captured with the withdrawn product for the 2023 Real World Testing and Results. The product was withdrawn because it was updated to version 12 to support the 2015 Edition Cures Update.

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.

Measurement/Metric	Results	Key Finding(s)
170.315(b)(1) - 1	**§170.315(b)(1) Transitions of care – Metric #1:** Report the numbers of C-CDAs sent over a three (3) month period. Practice A: Date Range: 01/02/2023 – 03/31/2023, Total: 1044	The C-CDAs can and are being successfully utilized for transitions of care, some practices are using it more than others based on their needs.

	Practice B: Date Range: 01/02/2023 – 04/02/2023, Total: 2 Practice C: Date Range: 01/02/2023 – 04/02/2023, Total: 0	
170.315(b)(1) - 2	**§170.315(b)(1) Transitions of care – Metric #2:** Confirm the successful creation of two unique C-CDAs by each practice without failure. Practice A: Successfully created 2 C-CDAs Practice B: Successfully created 2 C-CDAs Practice C: Successfully created 2 C-CDAs	The tested medical practices were able to successfully create two unique C-CDAs for transitions of care without failure.
170.315(b)(2)	**§170.315(b)(2) Clinical information reconciliation and incorporation:** How often are you using the C-CDA incorporation and reconciliation feature given the survey answer choices below? • Regularly • Sporadically • Rarely • Never • Do not know Practice A: Sporadically Practice B: Rarely Practice C: Sporadically	The C-CDA incorporation and reconciliation feature is being successfully utilized in production based on the practice needs.
170.315(b)(6)	**§170.315(b)(6) Data Export:** How often does the practice perform the batch patient data export during an average month given the survey answer choices below? • Regularly	From the survey answers, we can see that the batch patient data export is not currently being utilized by the practices.

	• Sporadically • Rarely • Never • Do not know Practice A: Never Practice B: Never Practice C: Never	
170.315(c)(1) - 1	**§170.315(c)(1) CQMs - record and export: Metric #1:** How many CQMs have you (or your practice) successfully reported to CMS for MIPS or other quality measures? Practice A: None, the practice is not using the CQMs. Practice B: None, the practice is not using the CQMs. Practice C: None, the practice is not using the CQMs in the CEHRT product. However, the provider is submitting CQMs via the billing software.	The reporting of CQMs is not being utilized at present within the CEHRT product. These practices are small practices that are not required to participate in the MIPS program using the CEHRT product.
170.315(c)(1) - 2	**§170.315(c)(1) CQMs - record and export: Metric #2:** Which CQMs have you (or your practice) successfully reported to CMS for MIPS or other quality measures? List each measure below. While the practices are not using the CQMs within the CEHRT the measures are shown as enabled and tracking the data. Practice A: There are 10 CQMs available for the practice. Ran the report for 7 CQMs: CMS2v12, CMS50v11, CMS68v12, CMS69v11, CMS90v12, CMS138v11 and	The list of CQMs in production is aligned with the CEHRT development. However, the tested medical practices do not use the CQMs within the CEHRT product. It is noted that different practices utilized different sets of CQMs.

	CMS165v11 Practice B: There are 10 CQMs available for the practice. Ran the report for 10 CQMs: CMS2v12, CMS50v11, CMS68v12, CMS69v11, CMS90v12, CMS122v11, CMS130v11, CMS131v11, CMS138v11 and CMS165v11 Practice C: There are 10 CQMs available for the practice. Ran the report for 10 CQMs: CMS2v12, CMS50v11, CMS68v12, CMS69v11, CMS90v12, CMS122v11, CMS130v11, CMS131v11, CMS138v11 and CMS165v11	
170.315(e)(1) - 1	**§170.315(e)(1) View, download, and transmit to 3rd party. Metric #1:** How many C-CDAs have been viewed, downloaded, or transmitted (VDT) over a three (3) month period? Practice A: Date Range: 01/02/2023 – 03/31/2023, Total: 92 Practice B: Date Range: 01/02/2023 – 04/02/2023, Total: 2 Practice C: Date Range: 01/02/2023 – 04/02/2023, Total: 2	Some practices are utilizing the VDT functionality more than others based on practice needs and patient requests for their medical records.
170.315(e)(1) - 2	**§170.315(e)(1) View, download, and transmit to 3rd party. Metric #2:** Can you generate and see a C-CDA for a real or test patient in the Portal? Is the C-CDA able to be downloaded?	Each tested medical practice was able to successfully create a C-CDA and send it to the portal. They then accessed the portal account and were able to view

	Practice A: Yes, the practice was able to create a C-CDA and send it to the portal, view it, and download it. Practice B: Yes, the practice was able to create a C-CDA and send it to the portal, view it, and download it. Practice C: Yes, the practice was able to create a C-CDA and send it to the portal, view it, and download it.	and download the C-CDA.
170.315(f)(1) - 1	**§170.315(f)(1) Transmission to immunization registries. Metric #1:** How often is the practice or site using the immunization registry entries and submissions over the last 90 days? Practice A: N/A, the practice is not using the immunizations module. Practice B: N/A, the practice is not using the immunizations module. Practice C: N/A, the practice is not using the immunizations module.	There is no production-level utilization of the immunization module at this time.
170.315(f)(1) - 2	**§170.315(f)(1) Transmission to immunization registries. Metric #2:** If not using an immunization registry, can you enter an immunization for a test patient and successfully generate an immunization message? Practice A: Yes, created an immunization message successfully. Practice B: Yes, created an immunization message successfully. Practice C: Yes, created an immunization message successfully.	Each tested medical practice was able to successfully create an immunization message for a test patient.
170.315(f)(2) - 1	**§170.315(f)(2) Transmission to public health agencies syndromic surveillance. Metric #1:** How often is the	There is no production-level utilization of the syndromic

	practice or site using the syndromic surveillance registry entries and submissions over the last 90 days? Practice A: N/A, the practice is not using the syndromic surveillance module. Practice B: N/A, the practice is not using the syndromic surveillance module. Practice C: N/A, the practice is not using the syndromic surveillance module.	surveillance module at this time.
170.315(f)(2) - 2	**§170.315(f)(2) Transmission to public health agencies syndromic surveillance. Metric #2:** If not using the syndromic surveillance registry, can you enter a syndromic surveillance result (e.g. HIV or Hepatitis) for a test patient and successfully generate a syndromic surveillance message? Practice A: Yes, created a syndromic surveillance message successfully. Practice B: Yes, created a syndromic surveillance message successfully. Practice C: Yes, created a syndromic surveillance message successfully.	Each tested medical practice was able to successfully create a syndromic surveillance message for a test patient.
170.315(g)(7)	**§170.315(g)(7) Application access - patient selection:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? Practice A: No, the practice is not using the certified API technology. Practice B: No, the practice is not using the certified API technology. Practice C: No, the practice is not using the certified API technology.	There is no production-level utilization of the certified API technology at this time.

170.315(g)(9)	**§170.315(g)(9) Application access - all data requests:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? Practice A: No, the practice is not using the certified API technology. Practice B: No, the practice is not using the certified API technology. Practice C: No, the practice is not using the certified API technology.	There is no production-level utilization of the certified API technology at this time.
170.315(g)(10)	**§170.315(g)(10) Standardized API for patient and population services:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? Practice A: No, the practice is not using the certified API technology. Practice B: No, the practice is not using the certified API technology. Practice C: No, the practice is not using the certified API technology.	There is no production-level utilization of the certified API technology at this time.