Executive Summary and Developer Attestation

As a developer of software certified under the Office of the National Coordinator for Health Information Technology Health IT Certification Program, AdvancedMD is pleased to submit this Real-World Test Plan for calendar year 2024 in accordance with 2015 Cures Update Edition certification criteria.

AdvancedMD' s objective is to demonstrate interoperability and functionality of Certified Health IT in real world settings and scenarios. Real world testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange. These observations are described in a public and transparent way through real world testing plans and reported as real-world testing results.

AdvancedMD affirms 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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General information

Developer Name	AdvancedMD
Plan Report ID Number	AdvancedMD-2024RWTP
Product Names(s)	1. AdvancedMD 2. AdvancedMD Mobile
URL with RWT Plan and Results	https://www.advancedmd.com/emr-ehr-software/meaningful-use/ehr-certification/

Care Settings Targeted

AdvancedMD offers a single instance EHR that is hosted in the cloud for Ambulatory practices as well as a complementary Mobile App certified for § 170.315(b)(3) Electronic Prescribing. Testing metric reporting will focus on ambulatory specialty practices including Family Practice, Behavioral Health, Pediatric, Internal Medicine, Physical Medicine and practices participating in the CMS QPP MIPS and MVP Program.

Testing Timelines and Key Milestones

Milestones	Dates/Timeframe
Collection of Data	Monthly and Quarterly 2024
Analysis and report creation	January 1, 2025 – February 1, 2025
Submit Real World Testing Report to Drummond	February 2025

Relied Upon Software

AdvancedMD partners with *Surescripts*. The following criteria are supported by Surescripts:

- 170.315 (b)(1): Transitions of Care: Surescripts Clinical Direct Messaging
- 170.315 (b)(3): Electronic Prescribing: Surescripts ePrescribing
- 170.315 (e)(1): View, Download, and Transmit to 3rd Party: Surescripts Clinical Direct Messaging
- 170.315 (h)(1): Direct Project: Surescripts Clinical Direct Messaging

AdvancedMD partners with *Iron Bridge* for Immunization Registry Reporting.

- 170.315 (f)(1): Transmission to Immunization Registries

AdvancedMD partners with *Apigee Edge* for API criteria

- 170.315 (g)(7): Application Access - Patient Selection Apigee Edge version: 4.51.00
- 170.315 (g)(9): Application Access - All Data Request Apigee Edge version: 4.51.00
- 170.315 (g)(10) Standardized API for patient and population services Apigee Edge version: 4.51.00

Real World Testing Care Coordination § 170.315(b)

§ 170.315(b)(1) - Transitions of Care

Measurement: Audit sent transition of care/referral summaries and received transition of care/referral summaries for conformance § 170.315(b)(1)(i).

Description: Clinicians use the Outbound Clinical Information Exchange (CIE) module where they can search for a patient, search for a provider or organization within the direct network, select a date range, and insert the reason for referral. Once created and reviewed, users can send the file via direct messaging. To see that the transmission was successful, users view the eSend status report for Outbound CIE. For incoming transitions of care, Practices are notified that an inbound clinical information exchange file has been received via the Inbound CIE donut on the EHR dashboard. Thousands of messages are exchanged daily as reported via Surescripts Message Audit Report.

Methodology: Using the Surescripts Direct Message Audit Report we will track the monthly error rate for Referral/Transition of Care messages sent and received.

- Metric: We will report the clinical messaging monthly error percentages.

Justification: Thousands of files are exchanged going in and out of AdvancedMD via Surescripts Direct Messaging. This measure will investigate the transmissions that are being sent in and out of the EHR Health IT system to ensure clinicians are accurately transmitting files.

Expected Outcomes: It is expected there will be less than 5% monthly error rate for the combined transmissions.

SVAP: N/A USCDIv1

§ 170.315(b)(2) - Clinical information reconciliation and incorporation

Measurement: To determine engagement, this measure will track how often practices reconcile data and incorporate the incoming clinical information into the EHR throughout the year in comparison to the amount of messages that are dismissed.

Description: Practices are notified that an inbound clinical information exchange file has been received via the Inbound CIE donut on the EHR Dashboard. Users see a visual display of the number of unreviewed inbound files alerting them that action is required. Users select the donut to display the list of patients that have received a new file. In the module, users see the attachments, CDA and patient demographic information. Once the patient file is matched to the patient in the EHR, users review the incoming patient data to the existing patient Medications,

Problems and Allergies. After the three data sets are reviewed and marked historic, current or dismiss, the user confirms to reconcile the selected data into the patient chart.

Methodology: Utilizing internal tracking logs, we will track the number of practices that are actively reconciling/saving patient incoming data and the number of patient charts reconciled per month.

- Metric: Report on the number of inbound CIE that are reconciled/incorporated into the patient chart and the number of messages dismissed.

Justification: Tracking the number of practices who reconcile/save data and incorporate the incoming file will expose if clients are engaged with the Inbound CIE module.

Expected Outcomes: With the increase in traffic, we have added education tools to the screen providing guidance on inbound messaging. We expect practices will continue to reconcile and incorporate the same if not more than in 2022.

SVAP: N/A

§ 170.315(b)(3) - Electronic Prescribing

Measurement: This measure will track the monthly average error rate of New Prescription (NewRx) Retail Messages sent from AdvancedMD EHR and AdvancedMD Mobile.

Description: There are on average 6000+ clinicians utilizing the certified AdvancedMD EHR and/or certified AdvancedMD Mobile App for ePrescribing. On average, there are 2 million new retail prescriptions transmitted monthly. With the 2017071 Script standard in both the EHR and Mobile App, users can send and/or receive the following messages: New Prescription (NewRx), Cancel Prescriptions (CancelRx, CancelRxResponse), Change/Replace Prescriptions (RxChangeRequest, RxChangeResponse), Renewal Prescriptions (RxRenewalRequest, RxRenewalResponse) and Check Medication History.

Methodology: Utilizing the monthly Surescripts Prescriber Report Card we will be able to monitor and track NewRx errors and identify the issues.

- Metric: Percentage of monthly errors for all NewRx Messages sent

Justification: ePrescribing messaging is monitored 24/7 by a dedicated team. Locating and fixing technical and human errors to improve the provider/pharmacy communication is essential and 100% supported by the AdvancedMD eRx team.

Expected Outcomes: It is expected that authorized users will be able to send NewRx Retail prescriptions without issue, and there will be less than 2% of errors on NewRx Retail reported by Surescripts monthly.

SVAP: N/A

Real World Testing: Clinical Quality Measures § 170.315(c)

170.315 (c)(1): Clinical Quality Measures - Record and Export
170.315 (c)(2): Clinical Quality Measures - Import and Calculate
170.315 (c)(3): Clinical Quality Measures – Report

Measurement 1: Track the engagement of practices that queue/review eCQM performance reports monthly

Measurement 2: Track the number of QRDA I and QRDA III files downloaded monthly

Description: AdvancedMD has a dedicated team supporting the eCQM lifecycle from certifying, updating, and maintaining measures to reporting and exporting files. The record/export and report criterion allows the end user to record all the data that would be required to calculate an eCQM and allows the end user to export a QRDA I or QRDA III file. The Import and Calculate criterion allows the end user to import QRDA I files and calculate the certified measure.

Methodology: Utilizing the internal tracking dashboards we will track usage of eCQM performance reports and QRDA I/III downloads.

- Metric: The percentage of eCQM performance reports queued and successfully completed monthly
- Metric: Total number of practices downloading QRDA I and QRDA III files and the quantity of files downloaded monthly.

Justification: In the real world, clients who participate in the CMS QPP MIPS are required to create a QRDA III to report the clinical quality measurement data collected in 2023 in Q1. Tracking customer usage and engagement will show that the tools are being utilized in the real world as providers/practices prepare to attest to CMS QPP.

Expected Outcomes: Collection of data is required for the entire 12-month performance period. It is expected reports will be queued/completed/viewed monthly with an increase toward the end of the year. The download of QRDA III will predominantly take place during the attestation period and the download of QRDA I files will be utilized throughout the year for transitioning to another system or to be used in an alternative program.

SVAP: N/A

Real World Testing: Patient Engagement § 170.315(e)

170.315 (e)(1): View, Download, and Transmit to 3rd Party

Measurement: This measure will track the utilization of the Patient Portal Chart Summary screen where patients view, download, or electronically transmit their record (C-CDA).

Description: Patients have access to the patient portal 24/7 where they can view their medical record. The Chart Summary is where patients can View, Download and Transmit clinical data. Patients can view data within the USCDIv1 data set, download in PDF or XML and share clinical data using a secure direct messaging (Surescripts) or personal unsecure email.

Methodology: Tracking patient analytics with internal reporting tools for each segment (View, Download (PDF and XML) and Transmit (secure/unsecure).

- Metric: A breakdown of the percentages of overall engagement with the Chart Summary/VDT tool in the patient portal.

Justification: Tracking customer usage metrics such as low-touch segments and high-touch segments will determine customer engagement and needs. Data will be used to display trends in patient preference and ensure proper visibility of the certified criteria. Results will clarify if additional guidance/education is needed.

Expected Outcomes: It is expected that patients with active accounts will log into the portal and use the Chart Summary to view, download and/or transmit their records. It is expected most patients will view their record, and only a minority will download the XML file for data exchange.

SVAP: N/A

Real World Testing: Public Health § 170.315(f)

§ 170.315(f)(1) - Transmission to immunization registries

Measurement: Track immunization onboarding integration testing start date and go live date to determine if there are delays due to non-conformity.

Description: When a practice requests an immunization interface with its state registry, AdvancedMD works with the state and practice to start the onboarding process. Live testing is conducted between the practice, AdvancedMD and the State Registry to ensure the interface is sending correct data in the correct format as well as returning data back to AdvancedMD. When errors are identified by the state, the errors are resolved with Iron Bridge as needed. Once the state registry confirms the live testing is complete and accurate, Iron Bridge and AdvancedMD set the client to go live in the portal allowing the client to submit data to the state registry with live patient data.

Methodology: Tracking the interface testing start date and go live date will be conducted in AdvancedMD's customer onboarding tracking case system. Data will determine the duration time to go live and the number of practices that successfully go live. An analysis of the findings will determine non-conformities that delay go live dates.

- Metric: We will report in the Denominator the total number of new practices/clinicians requesting a new interface for state immunization registry. We will report in the Numerator the total number of new practices/clinicians who went from testing/validation to sending live production data successfully within 30 days or less.

Justification: State registry integration testing is the first real world test for a bi-directional immunization registry interface. Onboarding a practice with a state immunization registry requires a series of live testing events with live data between the practice, AdvancedMD, the State Registry, and when needed Iron Bridge. Every state registry is different in what they test and how long testing will take. Only when the state registry determines that testing is completed and accurate will a client go live.

Expected Outcomes: It is expected that once immunization integration testing has started with the state, the practice go live date will be within 30 days.

SVAP: N/A

Real World Testing: Application Programming Interfaces § 170.315(g)

170.315 (g)(7): Application Access - Patient Selection
170.315 (g)(10) Standardized API for patient and population services
170.315 (g)(9): Application Access - All Data Request

Measurement: Track the number of product API requests from developers/applications and the success rate of going live.

Methodology: AdvancedMD uses Apigee Interface for Patient APIs. With reporting from Apigee Admin Analytics we will be able to track the number of requests for FHIR Single API and FHIR Bulk API.

- Metric: The number of requests for single and bulk FHIR API, in comparison to the number of developers that go live.

Justification: There was not a lot of traction getting developers to go live. To better understand the on-boarding process we want to investigate the amount of requests and what is stopping the process from going live.

Expected Results: It is expected that in 2024, we will have more developers/applications that are utilizing the single and bulk FHIR APIs.

SVAP: N/A USCDIv1

Real World Testing: Transport Methods § 170.315(h)

170.315 (h)(1): Direct Project

Measurement: In coordination with the TOC RWTP, this measure will track the error rate for all inbound and outbound direct message transmissions.

Description: Clinicians use Direct Messaging in the Outbound CIE/Inbound CIE module as well as the VDT tool in the patient portal. Direct messaging is an increasing method of communication by the provider, practice, organization, and patient.

Methodology: Utilizing Surescripts monthly audit Direct Messaging report we will determine the number of successful and failed transmissions within the specified time.

- Metric: Total number of Outbound exchanges attempted in the Denominator, and total number of errored Outbound exchanges in the Numerator.
- Metric: Total number of Inbound files received in the Denominator, and total number of errors with Inbound files received in the Numerator.

Justification: Tracking interoperability exchange success and error rate will highlight the importance of data interoperability and tracking errors will identify areas for improvement.

Expected Outcomes: It is expected that there will be less than 5% monthly error rate for the combined transmissions.

SVAP: N/A USCDIv1