AdvancedMD
2025 Real World Test Plan
Prepared for ASTP/ONC

Executive Summary and Developer Attestation

As a software developer certified under the ASTP/ONC, AdvancedMD is pleased to present our Real-World Test Plan for the calendar year 2025, in line with the ONC Health IT Certification Program.

Our primary goal at AdvancedMD is to demonstrate the interoperability and functionality of Certified Health IT in practical, real-world settings and scenarios. Real-world testing serves to confirm that deployed Certified Health IT systems perform as expected by conducting and measuring observations of interoperability and data exchange. These observations are documented in a public and transparent manner through our real-world testing plans, with results reported accordingly.

AdvancedMD assures that this Real-World Testing Plan encompasses all required elements, including measures addressing every certification criterion and care setting. Furthermore, all information within this plan is current and fully complies with the Real-World Testing requirements for health IT developers.

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General information

Developer Name	AdvancedMD
Plan Report ID Number	AdvancedMD-2025RWTP
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 provides a cloud-hosted, single-instance EHR designed specifically for ambulatory practices, along with a complementary mobile app certified for § 170.315(b)(3) Electronic Prescribing. Our testing metric reporting will concentrate on ambulatory specialty practices, including Family Practice, Behavioral Health, Pediatrics, Internal Medicine, and Physical Medicine, as well as those participating in the CMS Quality Payment Program (QPP) MIPS.

Testing Timelines and Key Milestones

Milestones	Dates/Timeframe
Collection of Data	Monthly and/or Quarterly 2025
Analysis and report creation	January 1, 2026 – February 1, 2026
Submit Real World Testing Report to Drummond	February 2026

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: 4.52.02
- 170.315 (g)(9): Application Access - All Data Request Apigee Edge version: 4.52.02
- 170.315 (g)(10) Standardized API for patient and population services Apigee Edge version: 4.52.02

Real World Testing Care Coordination § 170.315(b)

§ 170.315(b)(1) - Transitions of Care

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

Description: Clinicians utilize the Outbound Clinical Information Exchange (CIE) module to facilitate patient care transitions. Within this module, they can search for a patient, identify a provider or organization within the Direct network, specify a date range, and provide the reason for the referral. After creating and reviewing the summary, users can send the file via direct messaging. To confirm successful transmission, clinicians can check the eSend status report for Outbound CIE. For incoming transitions of care, practices receive notifications of inbound clinical information exchange files via the Inbound CIE donut on the EHR dashboard. Our system processes thousands of messages daily, as evidenced by the Surescripts Message Audit Report.

Methodology: We will utilize the Surescripts Direct Message Audit Report to track the monthly error rate for referral and transition of care messages sent and received.

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

Justification: AdvancedMD facilitates the exchange of thousands of files through Surescripts HISPS Clinical Direct Messaging. This measure aims to investigate the accuracy of the transmissions occurring in and out of the EHR Health IT system, ensuring that clinicians are effectively transmitting files.

Expected Outcomes: We anticipate achieving a monthly error rate of less than 5% for 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 compared to the number of dismissed messages.

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 historical, current, or dismissed, the user confirms that the selected data should be reconciled into the patient chart.

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

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

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

Expected Outcomes: It is expected that most practices will conduct reconciliation due to regulatory reporting.

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: By utilizing the monthly Surescripts Prescriber Report Card, we will be able to monitor and track NewRx errors and identify 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 provider/pharmacy communication is essential and 100% supported by the AdvancedMD eRx team.

Expected Outcomes: Authorized users are expected to be able to send NewRx Retail prescriptions without issue, and Surescripts will report less than 1% of errors on NewRx Retail 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: We will use the internal tracking dashboards to track the 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 number 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 the performance year. 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: Data collection is required for the entire 12-month performance period. It is expected that 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 to transition to another system or to be used in an alternative value-based care 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 records (C-CDA).

Description: Patients have access to the patient portal 24/7, where they can view their medical records. 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 secure direct messaging (Surescripts HISP) or personal unsecured email.

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

- **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 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: Patients with active accounts are expected to log into the portal and use the Chart Summary to view, download, and/or transmit their records. Most patients are expected to view their records, 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 and returning data to AdvancedMD. When the state identifies errors, 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: The interface testing start date and go-live date will be tracked in AdvancedMD's customer onboarding tracking case system. Data will determine the duration of 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 the state immunization registry and in the Numerator the total number of new practices/clinicians who successfully went from testing/validation to sending live production data within 30 days or less.
- **Metric:** We will report on the total number of immunization interfaces actively exchanging data with state public health agencies.

Justification: State registry integration testing is the first real-world test for a bidirectional 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 it tests and how long it will take. A client will go live only when the state registry determines that testing is completed and accurate.

Expected Outcomes: Once immunization integration testing has started with the state, the practice go-live date is expected to 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)(9): Application Access - All Data Request
170.315 (g)(10) Standardized API for patient and population services

Measurement: Using internal tracking reports, we will analyze the registration and overall usage of the FHIR API.

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

- **Metrics:**
  - The number of apps registered and the number of developers without apps that register per month.
  - The number of developers that request a single FHIR API
  - The number of developers that request Bulk FHIR API
  - The number of developers that request both Single and Bulk FHIR API

Justification: To better understand the use cases and possible registration issues, we want to track and investigate the number and types of requests that are presented. We will review the successful registrations compared to the unsuccessful registrations to learn what is needed to improve the success rate.

Expected Results: It is expected that in 2025, we will have more developers successfully register and be approved than in 2024.

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: We will use Surescripts' monthly audit Clinical Direct Messaging report to 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 the 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: The combined transmissions are expected to have a less than 5% monthly error rate.

SVAP: N/A USCDIv1

§ 170.315 (b)(10) Electronic Health Information Export

Measurement: Review internal reports and track usage of the available data export tools for Single-patient EHI and Patient Population EHI.

Description:

- Single Patient Export
  - Clients are provided information on receiving an EHI Export from the Practice Management and Electronic Health Record. Depending on the patient's request, various reports are available for billing and clinical information that can be exported anytime without developer assistance.
- Patient Population Export
  - Clients are provided information on how to receive an EHI Export from the Practice Management and Electronic Health Record. Once the practice requests it, a work order is placed with the AdvancedMD data interop team to manage the EHI Export.

Methodology: We will utilize internal tracking reports to report on the number of completed EHI Exports for each patient population and the usage of various patient EHI export reporting tools.

- Metric: Total number of Patient Population EHI Exports requested and completed by AdvancedMD's data interop team.
- Metric: Total number of times the Patient Chart Print Tool in the EHR is selected.

Justification: Tracking customer usage metrics will determine customer engagement and AdvancedMD's cooperation in supporting the practice by sharing the patient's records.

Expected Outcomes:

- Patient Population EHI Export: 100% of all practice requests for their bulk PM or EHR data are expected to be completed.
- Single Patient Export: Practices are expected to utilize the available reports for exporting single patient data throughout the year without issue.

SVAP: N/A