REAL WORLD TESTING PLAN TEMPLATE

GENERAL INFORMATION

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

Name: Medfusion, Inc.

Product Name(s): Medfusion Patient Portal

Version Number(s): 21

Certified Health IT Product List (CHPL) ID(s): 15.04.04.1918.Medf.21.08.1.210604

Developer Real World Testing Page URL: https://www.nextgen.com/certifications

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Justification for RWT Approach:

- **Medfusion Patient Portal compatible with** NextGen Enterprise 6.2021.1 and below versions as well as additional PM|EHR relied upon software and will be testing in NextGen Enterprise 6.2021.1
- This plan will cover Medfusion's Patient Portal approach to real world testing for our ambulatory care client base.
- Data will be gathered primarily in an automated fashion through the use of database queries and logs. Where that is not possible, we will engage clients to gather the data in a direct approach. Each criterion will have between one to two metrics defined to showcase how the criterion is being used in real clinical scenarios. The numbers of customers used for each criterion will be defined as part of each metric, as well as the time period examined to collect each metric.
- The main care settings used throughout this testing are multi-specialty practices including community health centers and primary care organizations due to the larger volume of providers and patients and greater use of each implemented criterion. Additional specialties may be defined for each criterion and justified for inclusion. No supported specialty types were excluded from metric and data collection.
- Success will be defined by our ability to highlight how each of these criteria is being used by providers in real patient care.

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

Standard (and version)	Not Applicable
Updated certification criteria and associated product	Not Applicable
Health IT Module CHPL ID	Not Applicable
Method used for standard update	Not Applicable
Date of ONC ACB notification -	Not Applicable
Date of customer notification (SVAP only)	Not Applicable
Conformance measure	Not Applicable
USCDI -updated certification criteria (and USCDI version)	Not Applicable

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

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

Measurement/Metric	Description
Visual inspection of Patient Portal Health Record for 2 patients in a quarter Measure rate of success vs failure of visual inspection	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, The Common Clinical Data Set (USCDI v1). For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection. Given that this is a real-world test, each patient may not have the entire USCDI v1data set populated. The goal will be to validate that the data that resides in the PM|EHR is also represented in the patient's Portal Health Record view. Any discrepancy or delta will be counted as a failure of visual inspection

	By executing a visual inspection of a patient that has health history in all or a portion of these sections *will prove we are compliant with C-CDA R2.1 standards.*

Visual inspection of Patient Portal Health Record for 2 patients in a - laboratory test report
 	
Measure rate of success vs failure of visual inspection
	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, the following data:
	
	1. *Laboratory test report(s).* Laboratory test report(s), including:
	  1. The information for a test report as specified all the data specified in 42 CFR 493.1291(c)(1) through (7);
	  2. The information related to reference intervals or normal values as specified in 42 CFR 493.1291(d); and
	  3. The information for corrected reports as specified in 42 CFR 493.1291(k)(2).
	
	For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection.
	
	Given that this is a real-world test, each patient may not have the entire USCDI v1data set populated. The goal will be to validate that the data that resides in the PM|EHR is also represented in the patient's Portal Health Record view.
	
	Any discrepancy or delta will be counted as a failure of visual inspection
	
	By executing a visual inspection of a patient that has health history in all or a portion of these sections *will prove we are compliant with C-CDA R2.1 standards.*

Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist - diagnostic imaging report Measure rate of success vs failure of visual inspection	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, the following data: 1. Diagnostic image report(s). For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection. Given that this is a real-world test, each patient may not have the entire USCDI v1data set populated. The goal will be to validate

	that the data that resides in the PM|EHR is also represented in the patient's Portal Health Record view. Any discrepancy or delta will be counted as a failure of visual inspection By executing a visual inspection of a patient that has health history in all or a portion of these sections *will prove we are compliant with C-CDA R2.1 standards.*
Visual inspection of Patient Portal Activity Log History for 2 patients in a quarter Measure rate of success vs failure of visual inspection	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able have access to the following information: 1. The action(s) (i.e., view, download, transmission) that occurred; 2. The date and time each action occurred in accordance with the standard specified in §170.210(g); 3. The user who took the action; and 4. Where applicable, the addressee to whom an ambulatory summary or inpatient summary was transmitted. For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection. Ideal selection will be a patient who has a Care Giver to demonstrate authorized access. Given that this is a real-world test, each patient may not have utilized all of the View, Download and Share functions available. The goal will be to validate that the data that actions taken by the patient are recorded in the captured session. Any discrepancy or delta will be counted as a failure of visual inspection. By executing the View, Download and Transmit functions, and then visually inspecting the Activity Log for the patient we will prove that we are compliant with the above requirement.
Validation of Downloaded C-CDA against validator tool for 2 patients in a quarter #0f errors compared to success (0 errors) over 2 patients	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to use technology to download an ambulatory summary in the following formats: 1. Human readable format; and

	2. The format specified in accordance to the standard specified in §170.205(a)(4) following the CCD document template. By executing the CCDA download function of and confirming both the PDF and XML versions are generated and saved on a local file system, then the XML version is ran through the https://ett.dev.sitenv.org/ett/#/home validator tool we will prove that we are compliant with the above requirement.
Patients are able to successfully view C-CDA #of errors compared to success over 1 quarter	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, The Common Clinical Data Set (USCDI v1). By querying the system to capture number of views attempted and the % of attempts that were successful versus failures we will prove that this functionality is highly available for the patient population.
Patients are able to successfully Download C-CDA #of errors compared to success over 1 quarter	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to use technology to download an ambulatory summary in the following formats: 1. Human readable format; and 2. The format specified in accordance to the standard specified in §170.205(a)(4) following the CCD document template. By querying the system to capture number of downloads attempted and the % of attempts that were successful versus failures we will prove that this functionality is highly available for the patient population.
Patients are able to successfully share C-CDA unencrypted #of errors compared to success over 1 quarter	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to transmit the ambulatory summary in accordance with both of the following ways: 1. Email transmission to any email address; and 2. An encrypted method of electronic transmission. This measure will catalogue the transport mechanisms used to share CCD documents, as well as track usage of the transport mechanisms over a period of time. For a given practice, how many CCDs are shared via Email (un-encrypted).

	For a given practice, how many errors are logged for sharing CCDs via Email.
Patients are able to successfully share C-CDA encrypted #of errors compared to success over 1 quarter	A requirement of **170.315(e)(1)** is that patients (and their authorized representatives) must be able to transmit the ambulatory summary in accordance with both of the following ways: 1. Email transmission to any email address; and 2. An encrypted method of electronic transmission. This measure will catalogue the transport mechanisms used to share CCD documents, as well as track usage of the transport mechanisms over a period of time. For a given practice, how many CCDs are shared via Direct Protocol (encrypted). For a given practice, how many errors are logged for sharing CCDs via Direct Protocol.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist Measure rate of success vs failure of visual inspection	The goal of View, Download and Transmit is to ensure that the patient (or representative) has timely and complete access to his/her health information. This is the only way to demonstrate the completeness of data to manually/visually inspect each element and compare sections of the patient's Chart with the information present on the C-CDA.
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1 checklist - laboratory test report	The goal of View, Download and Transmit is to ensure that the patient (or representative) has timely and complete access to his/her health information. This is the only way to demonstrate the completeness of data to manually/visually inspect each element and compare sections of the patient's Chart with the information present on the C-CDA.

Measure rate of success vs failure of visual inspection	
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist - diagnostic imaging report Measure rate of success vs failure of visual inspection	The goal of View, Download and Transmit is to ensure that the patient (or representative) has timely and complete access to his/her health information. This is the only way to demonstrate the completeness of data to manually/visually inspect each element and compare sections of the patient's Chart with the information present on the C-CDA.
Visual inspection of Patient Portal Activity Log History for 2 patients in a quarter Measure rate of success vs failure of visual inspection	In addition, the patient should have transparency to be able to track each time her health record is interacted with either by herself or a care giver. While as a developer we can track which events are being fired, in order to confirm the patient's experience a visual inspection of the Patient Portal Activity Log History is required.
Validation of Downloaded C-CDA against validator tool for 2 patients in a quarter #of errors compared to success (0 errors) over 2 patients	In order to accurately validate the interoperability standards of the C-CDA XML structure, the record that the patient has access to forward to a 3rd party manually can be inspected and validated using this testing tool.
Patients are able to successfully view C-CDA #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.
Patients are able to successfully Download C-CDA #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.

Patients are able to successfully share C-CDA unencrypted #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.
Patients are able to successfully share C-CDA encrypted #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1 checklist Measure rate of success vs failure of visual inspection	Expected that for each selected patient, when a visual inspection of their specific health data is made comparing what is displayed online versus what is available for that patient in the PM|EHR, *all* of the relevant USCDI v1 data elements will be included in the human readable format. In order to ensure this, the practice should trigger a C-CDA to be sent to the patient portal in real-time, within 5-10 minutes the patient should be able to log into her portal using her account credentials and the C-CDA should be available for view and the data comparison can be completed.
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1 checklist - laboratory test report Measure rate of success vs failure of visual inspection	Expected that for each selected patient, when a visual inspection of their specific health data is made comparing what is displayed online versus what is available for that patient in the PM|EHR, the laboratory test report data elements will be included in the human readable format. In order to ensure this, the practice should trigger a C-CDA to be sent to the patient portal in real-time, within 5-10 minutes the patient should be able to log into her portal using her account credentials and the C-CDA should be available for view and the data comparison can be completed.

Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist - diagnostic imaging report Measure rate of success vs failure of visual inspection	Expected that for each selected patient, when a visual inspection of their specific health data is made comparing what is displayed online versus what is available for that patient in the PM|EHR, the diagnostic imaging report data elements will be included in the human readable format. In order to ensure this, the practice should trigger a C-CDA to be sent to the patient portal in real-time, within 5-10 minutes the patient should be able to log into her portal using her account credentials and the C-CDA should be available for view and the data comparison can be completed.
Visual inspection of Patient Portal Activity Log History for 2 patients in a quarter Measure rate of success vs failure of visual inspection	Expected that for each selected patient, the patient is able to log into the Patient Portal with her account credentials and perform View, Download and Transmit actions and within minutes be able to check her Activity History and see the entries that are recorded with the expected Date/Timestamp and Actor. This would be true either if the patient herself is completing the action or a trusted representative on her behalf.
Validation of Downloaded C-CDA against validator tool for 2 patients in a quarter #0f errors compared to success (0 errors) over 2 patients	Expected that when a patient logs into her portal using her account credentials and downloads her C-CDA, then uploads the XML file to the validator that there are no critical errors returned (aside from already pre-approved exceptions).
Patients are able to successfully view C-CDA #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.
Patients are able to successfully Download C-CDA #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.
Patients are able to successfully share C-CDA unencrypted #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.

Patients are able to successfully share C-CDA encrypted #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.

Care Setting(s)

Care Setting	Justification
Ambulatory	NextGen Enterprise supports the majority of specialties in ambulatory care. All specialties have access to the NextGen Enterprise technology that allows for clinical documentation, care coordination, external reporting, transmission to public health agencies, and electronic interactions with third parties.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Finalize Real World Test Plan and Submit to the ONC-ACB (Drummond)	Ambulatory	Q4 2021
Identify Clients for Participation where applicable	Ambulatory	Q1 2022
The queries that will be used are developed and validated with internal data, client systems and/or transactions	Ambulatory	Q1 2022
Data collection and/or observation from client systems	Ambulatory	Q2 2022
Validation and analysis of data and metrics created	Ambulatory	Q3 2022
Report created and submitted to ONC-ACB (Drummond)	Ambulatory	Q1 2023

ATTESTATION

The Real World Testing plan must include the following attestation signed by the health IT developer authorized representative.

Note: The plan must be approved by a health IT developer authorized representative capable of binding the health IT developer for execution of the plan and include the representative's contact information.[ii]

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.

Authorized Representative Name: Dr. John Ellis, D.O.

Authorized Representative Email: jwellis@nextgen.com

Authorized Representative Phone: 215-657-7010

Authorized Representative Signature: DocuSigned by: Dr. John Ellis 285515A718454BD...

Date: October 15, 2021 10/15/2021

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[i] Certified health IT continues to be compliant with the certification criteria, including the required technical standards and vocabulary codes sets; certified health IT is exchanging EHI in the care and practice settings for which it is marketed for use; and EHI is received by and used in the certified health IT. (85 FR 25766) [ii] https://www.federalregister.gov/d/2020-07419/p-3582