



REAL WORLD TESTING PLAN RESULTS

BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (**Program**), Health IT Developers are required to conduct Real World Testing of their Certified Health IT (45 CFR 170.556 and 170.523(i)). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify Health IT Developers' responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist Health IT Developers to develop their Real World Testing plans.

Health IT Developers have maximum flexibility to develop innovative plans and measures for Real World Testing. As developers are planning for how they will execute Real World Testing, they should consider the overall complexity of the workflows and use cases within the care settings in which they market their Certified Health IT to determine which approaches they will take. This Real World Testing plan template was created to assist Health IT Developers in organizing the required information that must be submitted for each element in their Real World Testing plan. Health IT Developers must submit one plan for each year of Real World Testing (see resources listed below for specific timelines and due dates). ONC does not encourage updating plans outside the submission timeline and will not post updates on the Certified Health IT Product List (CHPL). If adjustments to approaches are made throughout Real World Testing, the Health IT Developer should reflect these adjustments in their Real World Testing results report. ONC would expect that the Real World Testing results report will include a description of these types of changes, the reasons for them, and how intended outcomes were more efficiently met as a result. This resource should be read and understood in conjunction with the following companion resources, which describe in detail many of the Program requirements referenced in this resource.

- [Real World Testing—What It Means for Health IT Developers – Fact Sheet](#)
- [Real World Testing Resource Guide](#)
- [Real World Testing Certification Companion Guide](#)

Health IT Developers should also review the following regulatory materials, which establish the core requirements and responsibilities for Real World Testing under the Program.

- 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program final rule, [85 FR 25642](#) (May 1, 2020) (**Century Cures final rule**)
 - ↳ [Section VII.B.5](#) — “Real World Testing”



GENERAL INFORMATION

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

Developer Name: Infomedika, Inc.

Product Name(s): Evolution EHR

Version Number(s): 3

Certified Health IT Product List (CHPL) ID(s): 15.04.04.1684.Evol.08.00.1.181221

Developer Real World Testing Page URL: <https://www.infomedika.com/certifications>

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Consistent with the ONC's recommendation that "Real World Testing verify 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. In instances where no evidence exists due to zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we will demonstrate the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

It is important to note that Real World Testing is only one component of the Health IT Certification program used to demonstrate compliance with the program requirements. Real World Testing should augment and support testing that was conducted prior to certification being granted. It is not intended to duplicate the methods or results previously demonstrated. Instead, this test plan was developed to demonstrate that the certified capabilities have been successfully deployed for providers to use at their discretion in live settings.

We are using a pair of methods to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing



Adoption rate will be used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might indicate a potential problem, of which there could be several different causes. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments will be used to measure which certified actions were performed at the conclusion of a given time period. These will be conducted by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS-SVAP AND USCDI)

Infomedika has not updated Evolution EHR to any new standards as part of SVAP or the Cures Update criteria as of this date nor plan to prior to the execution of the 2024 Real World Test.

CARE SETTINGS

Evolution EHR is a certified technology that addresses the needs of the Inpatient Acute Care Setting for small and medium size hospitals and the Ambulatory ER Clinics Setting available for the Puerto Rico, Latin America and the USA market.

Care Setting	Justification
Inpatient acute care hospitals	Inpatient acute care hospitals comprise roughly half our user base.
Ambulatory centers with ER services	Ambulatory centers with ER services comprise roughly half our user base.



MEASURES USED IN OVERALL APPROACH

For each measurement/metric, describe the elements below:

- ✓ Description of the measurement/metric
- ✓ Associated certification criteria
- ✓ Care setting(s) that are addressed
- ✓ Justification for selected measurement/metric
- ✓ Expected Outcomes

ADOPTION RATES

The following metrics are applicable to all criteria and all care settings. These metrics will not be used directly to demonstrate interoperability or conformance to certification criteria. Instead, they will primarily be used to help determine the participants that will be in scope for this evaluation. They can also aid with the justification for other metrics by providing additional context (i.e., extremely low adoption rates for certain certified capabilities will necessitate a different approach to testing).

Metric	Description	Total
Number of licensed installs/users of EHR <ul style="list-style-type: none"> • The definition of a “license” is dependent upon the model used (e.g., total number of systems, total number of seats per license, etc.) 	Identify the total number of licensed installs/users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.	Installs: 46 Users: 8039
Number of active installs/users of EHR	Identify the total number of active installs and/or users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.	Installs: 46 Users: 8039

The following metrics are applicable to all criteria that are licensed separately from the base license and all care settings.



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Metric	Description
Certified capabilities that are licensed separately	Identify which certified capabilities are licensed separately from the base EHR license. Examples may include eRx, CQMs, public health, etc. The following product will be used during the testing for the c.1-3: <ul style="list-style-type: none">eCQMSolution from DHIT The following product will be used during the testing for the b1: <ul style="list-style-type: none">Zimbra Desktop The following product will be used during the testing for the h1: <ul style="list-style-type: none">SecureHIT HISP
Number of installs/users who licensed a certified capability	Where applicable, identify the number of licensed installs/users of a given certified capability.
Number of installs/users that have used the certified capability in the preceding 365 days	Where applicable, identify the number of active installs/users of a given certified capability.

SUMMATIVE ASSESSMENT METRICS

The following metrics will be measured by viewing audit logs and reporting systems available to track the behavior of the certified Health IT module during a given time frame. All metrics are designed to reflect the core elements of the criteria, demonstrate interoperability, and demonstrate the success rate of the certified capability being used. In most cases we elected to record these metrics over a 90-day period to reflect the reporting periods typically required for compliance with the federal incentive programs.

The continued measurable use of certified capabilities will provide implicit evidence of successful implementation of the required certified capability. This is especially meaningful in cases where interoperability with outside systems is demonstrated. In cases where it is not possible to determine “success” via an explicit confirmation by a receiving system, success will be defined as a transmission was made where no error was received from the destination system or its intermediaries. Additionally, we will review internal customer and vendor issue tracking systems for reports of failures or unsatisfactory performance in the field.



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None of the following criteria were updated to the Cures Update version of criteria prior to August 31, 2021. As a result, all testing is scheduled to be conducted against the 2015 Edition version of the criteria.

Criterion	Metric	Care Setting	
170.315(b)(1) Transitions of care	Over a 90-day period: From: October 1, 2024 to December 29, 2024	Inpatient acute care hospitals	Ambulatory centers with ER services
	Number of CCDAs created	1039	4226
	Number of CCDAs sent via edge protocols	7	32
	Number of CCDAs received via edge protocols	0	0
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: From: October 1, 2024 to December 29, 2024	Inpatient acute care hospitals	Ambulatory centers with ER services
	Number of times a user reconciled medication list data from a received CCDA	3	6
	Number of times a user reconciled allergies and intolerance list data from a received CCDA	1	0
	Number of times a user reconciled problem list data from a received CCDA	30	12



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170.315(b)(6) Data export	Over a 90-day period: From: October 1, 2024 to December 29, 2024	Inpatient acute care hospitals	Ambulatory centers with ER services
	Number of times a data export was performed for a patient	290	1939
	Number of times a data export was performed for multiple patients in a single transaction	693	2166
	Number of times a data export was performed for all patients in a single transaction	0	0
170.315(c)(1-3) Clinical quality measures (QCMs)	Over a 90-day period: From: October 1, 2024 to December 29, 2024	Inpatient acute care hospitals	Ambulatory centers with ER services
	Number of QRDA Category 3 aggregate report(s) created over the period.	1	0
	Number of measures recorded during the period.	6	0
	Number of QRDA Category 1 files exported.	6 (one for each measure (5) and one for all.)	0
	Number of QRDA Category 1 files imported (if applicable)	0	0



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170.315(f)(1) Transmission to immunization registries	Over 3 separate unique 10-day periods within a 90-day window: Number (or percentage) of immunization records submitted to the immunization record.	Period	Result
		From: October 1, 2024 To: October 10, 2024	0
		From: November 1, 2024 To: November 10, 2024	0
		From: December 1, 2024 To: December 10, 2024	42
170.315(f)(3) Transmission to public health agencies — reportable laboratory tests and value/results	Over 3 separate unique 10-day periods within a 90-day window: Total number of reportable laboratory results created and submitted.	Period	Result
		From: October 1, 2024 To: October 10, 2024	772
		From: November 1, 2024 To: November 10, 2024	463
		From: December 1, 2024 To: December 10, 2024	518
170.315(f)(5) Transmission to public health agencies — electronic case reporting	Over 3 separate unique 10-day periods within a 90-day window: 1) Total number of electronic case reports created and submitted	Inpatient acute care hospitals	Ambulatory centers with ER services
		From: October 1, 2024 To: October 10, 2024	0
		From: November 1, 2024 To: November 10, 2024	0
		From: December 1, 2024 To: December 10, 2024	0



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170.315(h)(1) Direct Project	Over a 90-day period: From: October 1, 2024 to December 29, 2024	Inpatient acute care hospitals	Ambulatory centers with ER services
	Number of Direct Messages sent	48	0
	Number of Delivery Notifications received.	46	0
	Number of Direct Messages received.	6	0
	Number of Delivery Notifications sent.	6	0