



iSalus Healthcare 2023 Real World Test Results

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General Information

Plan Report ID Number: OfficeEMR.RWTR.2023

Developer Name: iSALUS Healthcare

Product Name(s): OfficeEMR

Version Number(s): 2021

Certified Health IT Product List (CHPL) ID(s): 15.04.04.2629.Offi.21.02.1.220606

Developer Real World Testing Page URL: <https://officeemr.knowledgeowl.com/help/officeemr-real-world-testing>

Attestation

This Real-World Testing Report 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.

DocuSigned by:

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Date: 2/1/2024



Changes to Original Plan

Three changes were made to our original test plan to accommodate updates to our CEHRT to support the ONC Cures Certification criterion. Two changes modified the scope of our API real world testing by removing testing for the archived §170.315(g)(8) Data Category criterion and adding testing for the §170.315(g)(10) Standardized API for patient and population services criterion. Scope was also increased to cover the §170.315(f)(5) Transmission to public health agencies – electronic case reporting, which was a new criterion added to OfficeEMR in late 2022. Specific test plan modifications are as follows:

Scenario 5.B: Application access - data category request 170.315(g)(8) - REMOVED due to removal of the certification criterion as part of the ONC Cures 2015 Edition

- Description: Application access - data category request
- Associated Certification Criteria: 170.315(g)(8)
- Justification: The use case will describe the scenario in which a third-party application developer builds an application to retrieve patient data from OfficeEMR. To complete this test case, the steps in Scenario 1.A must first be followed to obtain an API Key that will be used in this test case. With a successful API Token in hand, an application should be able to make a call to the public endpoint `ONC.GetPatient` to retrieve one to many portions of a patient's medical record as defined in the CCD. This endpoint requires the API token, start date, end date, timeframe, and the section or sections of the CCD that the application would like to retrieve. If a successful API token is used, the API should return the requested sections of the CCD in XML format (as described in the API documentation). If any of the required elements do not match the data stored in OfficeEMR, an appropriate error message will be returned.
- Testing Method: Third-Party Application (MyLinks / Webservice Test Suite)
- Expected Outcomes:
 - Third Party Application (MyLinks / Webservice Test Suite) is able to make a call to our production endpoint (<https://www.officemd.net/officemobile/screens/webservices.htm>) utilizing the `ONC.GetPatient` method. When passing in a valid API token and section name (Demographics, Social History, Problems, Allergies, Medications, Diagnostic Results, Vital Signs, Procedures, Care Team Members, Immunizations, Unique Device Identifiers, Assessment and Plan of Treatment, Goals, or Health Concerns), the API should return the various sections and the individual data elements for those sections. The response from the API call should match the API documentation. 0 errors should be returned when a valid call is executed.
 - Manual verification of the data elements in the patient chart should match the data returned in the API response.
 - Third Party Application (MyLinks / Webservice Test Suite) is able to make a call to our production endpoint (<https://www.officemd.net/officemobile/screens/webservices.htm>) utilizing the `ONC.GetPatient` method. When passing in a mis-matched API token and



section name, an appropriate error message should be returned. 1 error should be returned when an invalid call is executed.

- Client Sites Tested: At the time of this writing, no third-party application developers have chosen to utilize the public API endpoints provided. We are looking to partner with MyLinks personal health record application to help us with this testing. Real world testing will either be conducted in partnership with MyLinks or by utilizing a webservice testing suite to simulate making live API calls. We will utilize a third party webservice test suite to follow the test plan and ensure appropriate responses and error messages are returned according to the API documentation provided on our website: <https://docs.isalushealthcare.com/>.

Scenario 5.D: Standardized API for patient and population services 170.315(g)(10) - Added as a new test scenario to support 170.315(g)(10) ONC Cures certification criterion.

- Description: Standardized API for patient and population services
- Associated Certification Criteria: 170.315(g)(10)
- Justification: The use case will describe the scenario in which a third-party application developer builds an application to retrieve patient data from OfficeEMR. To complete this test case, the third-party would need to register with iSalus Healthcare as an API Client and obtain a client ID, client secret, client scopes, R4 endpoints and access token endpoint which will be used to pull patient data from OfficeEMR via FHIR APIs. With the successful API configurations in hand, an application should be able to authenticate with our Identity Provider and can then call any of the R4 resources they have been given access to for an authorized patient. If a successful API token is used, the API should return the requested FHIR resource with the patient's data (as described in the API documentation). If any of the required elements do not match the data stored in OfficeEMR, an appropriate error message will be returned.
- Testing Method: Third-Party Application (Inferno / Apple Health)
- Relied Upon Software: ConnectEHR
- Expected Outcomes:
 - Third Party Application (Inferno / Apple Health) can make a call to our provided production API endpoint for a single patient. When passing in a valid API token and valid R4 resource (Demographics, Social History, Problems, Allergies, Medications, Diagnostic Results, Vital Signs, Procedures, Care Team Members, Immunizations, Unique Device Identifiers, Assessment and Plan of Treatment, Goals, or Health Concerns), the API should return the various sections and the individual data elements for those sections. The response from the API call should match the API documentation. 0 errors should be returned when a valid call is executed.
 - Third Party Application (Inferno / Apple Health) can make a call to our provided production API endpoint for multiple patients. When passing in a valid API token and valid R4 resource (Demographics, Social History, Problems, Allergies, Medications, Diagnostic Results, Vital Signs, Procedures, Care Team



Members, Immunizations, Unique Device Identifiers, Assessment and Plan of Treatment, Goals, or Health Concerns), the API should return the various sections and the individual data elements for those sections. The response from the API call should match the API documentation. 0 errors should be returned when a valid call is executed.

- Manual verification of the data elements in the patient chart should match the data returned in the API response.
- Third Party Application (Inferno / Apple Health) can make a call to our production endpoint to query for valid R4 resources. When passing in a mismatched API token and resource name, an appropriate error message should be returned. At least 1 error should be returned when an invalid call is executed.
- Client Sites Tested: At the time of this writing, no third-party application developers have chosen to utilize the public API endpoints provided. We are looking to partner with Apple Health personal health record application to help us with this testing. Real world testing will either be conducted in partnership with Apple Health or by utilizing a webservice testing suite Inferno to simulate making live API calls. We will utilize a third party webservice test suite to follow the test plan and ensure appropriate responses and error messages are returned according to the API documentation provided on our website: <https://isalus-fhirpresentation.everhealthsoftware.com/isalus/basepractice/r4/Home/ApiDocumentation>.



Scenario 7.A- Capture and electronically transmit electronic case information to a public health agency (170.315(f)(5) Transmission to public health agencies – electronic case reporting) - Added as a new test scenario to support 170.315(f)(5) ONC Cures certification criterion.

- Description: Capture and electronically transmit electronic case reporting information to a public health agency
- Associated Certification Criteria: 170.315(f)(5)
- Justification: The use case will describe the scenario in which a practice has configured an integration with a public health agency to submit electronic case reporting data via DIRECT secure mail. iSalus supports the ability to have an electronic case reporting CCDA file generated upon completion of a patient visit within OfficeEMR for case reportable triggered events. Following a successful sign-off of a clinician’s note, the appropriate electronic case report CCDA file will be generated and sent via DIRECT mail to a practice configured recipient (public health agency).
- Testing Method: Manual Verification
- Expected Outcomes:
 - Manual verification of the receipt of the electronic case report files via DIRECT mail.
 - Audit trail should reveal a new electronic case report document being generated for a patient upon completion of a visit with a “trigger code” event. For each new electronic case report generated, the audit trail should increase by 1.
- Client Sites Tested: At the time of this writing, no iSalus customers have chosen to utilize the electronic case reporting data file. Therefore, real world testing must be conducted by utilizing a simulated workflow. Our findings will be documented relative to the workflow to ensure standards are met and the application behaves as intended.

Withdrawn Products

OfficeEMR did not have any withdrawn products during the 2023 calendar year.



Summary of Testing Methods and Key Findings

iSalus was pleased to find 100% conformance/success rates during our real-world testing of our interoperable modules. We used the following methodologies for our testing:

- **Audit Trail/ Reporting:** This methodology uses the audit logging or various reporting capabilities of the application to examine tasks performed in the system. This methodology often provides historical measurement reports which can be accessed at different times of the year to evaluate interoperability. It can serve as a benchmark for evaluating real-world testing over multiple time intervals.
- **Third-Party Software Confirmation or Attestation:** This methodology leverages industry-standard or industry-required technology and services to evaluate data sharing. By way of example, when submitting an electronic prescription in the 20170701 SCRIPT standard to Surescripts, it may be necessary to review logs stored in the Surescripts Admin Console to verify receipt and accuracy of data provided. Other third-party software may be used as well to simulate or confirm activities when another option is not available. It may also be necessary to receive attestation reports from third-party applications to verify the receipt and accuracy of data when access to the third-party system is unavailable or prohibited.
- **Manual Chart Review:** This methodology leverages human intervention to visually review and confirm changes to data as expected. When data is shared to the application that may cause a change to a patient's medical chart, it may be necessary for a human to review the expected change and sign-off that the update occurred as expected.
- **User Survey:** This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. This methodology can provide insight into how clinicians employ and use a feature that reveals the actual value and impact of interoperability of the EHR Module.

Standards Version Advancement Process (SVAP)

For CY 2023, iSalus Healthcare did not make any version updates on approved standards through the SVAP process. This applies to all test scenarios described within.

Care Settings

iSalus Healthcare performed real world testing in 2023 for the following care settings:

- Nephrology
- Urology
- Family Practice/Medicine
- Internal Medicine
- Pediatrics
- Otolaryngology
- Pain Medicine



Metrics and Outcomes

Scenario 1.A - Receive a clinical summary for an upcoming visit from an alternate provider via DIRECT Email (170.315(h)(1) Direct Project)

Expected Outcome	Relied Upon Software	Results	Challenges Encountered
Audit trail verification of a new DIRECT E-Mail received for desired user. The audit trail should accurately reflect the count of records to increase by 1 following a successful transmission.	Secure Exchange Solutions	100% success rate	None
Manual verification of a DIRECT E-Mail received in OfficeEMR Communications Inbox should review 1 new record in the inbox.	Secure Exchange Solutions	100% success rate	None
Successful validation of the CCDA via CCDA Validation in OfficeEMR with an error rate less than 10%.	Secure Exchange Solutions	100% success rate	None



Scenario 1.B - Review clinical care summary and incorporate medication/allergy changes from the CCDA (170.315(b)(2) Clinical Information reconciliation and incorporation)

Expected Outcome	Results	Challenges Encountered
Audit trail verification of a new DIRECT E-Mail received for the desired user. The count of audit records should increase by 1 following the successful receipt.	100% success rate	None
Manual verification of the CCDA Reconciliation Process should reveal medications, problems and allergies supplied in the CCDA and medication, problems and allergies stored on the patient record. For each new record merged into the chart, the count of rows in the audit table should increase by 1.	100% success rate	None
Following the successful reconciliation of data, the audit trail and manual chart review should show the addition of added medications, problems or allergies or the status change of medication, problem or allergy.	100% success rate	None



Scenario 1.C – Request and reconcile immunization history records from a state immunization registry (170.315(f)(1) Transmission to immunization registries)

Expected Outcome	Results	Challenges Encountered
Audit trail records and a manual chart review should reveal new immunizations being added to the patient chart following reconciliation. For each new record added, the count of audit trail records should increase accordingly.	100% success rate	None
Manual review of the immunization history response should reveal a successful request to the registry by displaying the immunization history records within the OfficeEMR application.	100% success rate	None
Third-Party Attestation from the state registry would need to be obtained confirming the successful receipt of the request and verification that the data displayed matches the data sent.	iSalus Worked with the Indiana Department of Health (CHIRP) across 3 different care settings to perform testing.	None



Scenario 2.A - Capture and electronically prescribe medications (170.315(b)(3) Electronic Prescribing)

Expected Outcome	Results	Challenges Encountered
Audit trail should reveal a new medication successfully saved to the patient record. The audit trail count should increase by 1 for each new record sent electronically.	100% success rate	None
Audit trail should reveal a NewRx transmission to Surescripts and 0 errors should be reported.	100% success rate	None
Manual review of the patient chart should reveal the new medication successfully added and displayed in the medication history.	100% success rate	None
Audit trail should reveal the NewRx being generated in the 20170701 SCRIPT version.	100% success rate	None
Third-Party Application (Surescripts Admin Console) should display the receipt of a NewRx message from OfficeEMR in the 20170701 SCRIPT version with 0 errors.	100% success rate	None



Scenario 2.B- Capture and electronically transmit immunization to an immunization registry (170.315(f)(1) Transmission to immunization registries)

Expected Outcome	Results	Challenges Encountered
Audit trail should reveal a new immunization successfully saved to the patient record. For each new immunization added, the audit trail record count should increase by 1.	100% success rate	None
Manual review of the immunization export history should show a successful transmission to a connected state registry with 0 errors.	100% success rate	None
Third-Party Attestation from the state registry would need to be obtained confirming the successful receipt of the immunization record into their application.	iSalus Worked with the Indiana Department of Health (CHIRP) across 3 different care settings to perform testing	N/A



**Scenario 2.C - Refer a patient to a different provider for additional care
(\$170.315(b)(1) Transitions of care)**

Expected Outcome	Relied Upon Software	Results	Challenges Encountered
Audit trail should reveal a new transition of care summary being sent via DIRECT Email. For each new record sent, the audit trail record count should increase by 1.	Secure Exchange Solutions	100% success rate	None
Third-Party Attestation from the provider that the DIRECT Email was sent to should be obtained with 0 errors.	Secure Exchange Solutions	Receipt of DIRECT messages confirmed by receiving partners.	None



Scenario 3.A - Patient obtains access to their clinical summary following a medical visit (170.315(e)(1) View, download, and transmit to 3rd party)

Expected Outcome	Relied Upon Software	Results	Challenges Encountered
Audit trail should reveal a new summary of care document being generated for a patient upon completion of the visit. For each new CCDA generated, the audit trail should increase by 1.	MyMedicalLocker	100% success rate	None
Audit trail should reveal a successful connection by the patient to the Patient Portal.	MyMedicalLocker	100% success rate	None
Audit trail should reveal a successful view or download of the CCDA by the patient via the patient portal. Each time the record is accessed, the audit trail records should increase by a count of 1.	MyMedicalLocker	100% success rate	None



Scenario 4.A - Upon completion of a visit, the clinical summary will be automatically downloaded and transmitted to a third-party registry that can receive CCDA files (170.315(b)(6) Data export)

Expected Outcome	Results	Challenges Encountered
Audit trail should reveal a new CCDA being queued up for download. For each new CCDA generated, 1 new record should be added to the audit trail.	100% success rate	None
Audit trail should reveal the CCDA was successfully downloaded at the designated timeframe. Once the record is download, the audit trail should update to reflect the fact that 1 new record was obtained.	100% success rate	None
Third-Party Attestation from the provider that the CCDA is stored as expected in the folder they had configured. A screenshot of the folder should reveal 1 new record downloaded for each visit.	3 separate practice vendors confirmed successful exports	None



Scenario 5.A: Application access - patient selection (170.315(g)(7))

Expected Outcome	Relied Upon Software	Results	Challenges Encountered
Manual verification that a patient can successfully retrieve a patient-specific webservice token.	MyMedicalLocker	100% success rate	None
Third Party Application (Webservice Test Suite) is able to make a call to our production endpoint (https://www.officemd.net/officemobile/screens/webservices.htm) utilizing the ONC.FindPatient method. When passing in a matching patient-specific token, first name, last name, and date of birth, an API token should be returned. 0 errors should be returned when a valid call is executed.	MyMedicalLocker	100% success rate	None
Third Party Application (Webservice Test Suite) is able to make a call to our production endpoint (https://www.officemd.net/officemobile/screens/webservices.htm) utilizing the ONC.GetPatient method. When passing in a mis-matched API token and section name, an appropriate error message should be returned. 1 error should be returned when an invalid call is executed.	MyMedicalLocker	100% success rate	None



Scenario 5.C: Application access – all data request 170.315(g)(9)

Expected Outcome	Relied Upon Software	Results	Challenges Encountered
Third-Party Application (Web service Test Suite) is able to make a call to our production endpoint (https://www.officemd.net/officemobile/screens/webservices.htm) utilizing the ONC.GetCCD method. When passing in a valid API token the API should return the complete CCDA document for the patient. The response from the API call should match the API documentation.	MyMedicalLocker	100% success rate	None
Manual verification of the data elements in the patient chart should match the data returned in the API response.	MyMedicalLocker	100% success rate	None
Third-Party Application (Web service Test Suite) is able to make a call to our production endpoint (https://www.officemd.net/officemobile/screens/webservices.htm) utilizing the ONC.GetCCD method. When passing in a mismatched API token an appropriate error message should be returned.	MyMedicalLocker	100% success rate	None



Scenario 5.D: Standardized API for patient and population services 170.315(g)(10)

Expected Outcome	Relied Upon Software	Results	Challenges Encountered
<p>Third Party Application (Inferno / Apple Health) can make a call to our provided production API endpoint for a single patient. When passing in a valid API token and valid R4 resource (Demographics, Social History, Problems, Allergies, Medications, Diagnostic Results, Vital Signs, Procedures, Care Team Members, Immunizations, Unique Device Identifiers, Assessment and Plan of Treatment, Goals, or Health Concerns), the API should return the various sections and the individual data elements for those sections. The response from the API call should match the API documentation. 0 errors should be returned when a valid call is executed.</p>	DHIT Connect EHR + BulkFHIR (version FHIR4-B)	100% success rate	None
<p>Third Party Application (Inferno / Apple Health) can make a call to our provided production API endpoint for multiple patients. When passing in a valid API token and valid R4 resource (Demographics, Social History, Problems, Allergies, Medications, Diagnostic Results, Vital Signs, Procedures, Care Team Members, Immunizations, Unique Device Identifiers, Assessment and Plan of Treatment, Goals, or Health Concerns), the API should return the various sections and the individual data elements for those sections. The response from the API call should match the API documentation. 0 errors should be returned when a valid call is executed.</p>	DHIT Connect EHR + BulkFHIR (version FHIR4-B)	100% success rate	None
<p>Manual verification of the data elements in the patient chart should match the data returned in the API response</p>	DHIT Connect EHR + BulkFHIR (version FHIR4-B)	100% success rate	None



Third Party Application (Inferno / Apple Health) can make a call to our production endpoint to query for valid R4 resources. When passing in a mis-matched API token and resource name, an appropriate error message should be returned. At least 1 error should be returned when an invalid call is executed.

100% success rate None



Scenario 6.A: Transmission to public health agencies - syndromic surveillance (170.315(f)(2))

Expected Outcome	Results	Challenges Encountered
Manual verification of the syndromic surveillance file being downloaded upon request. A screenshot of the download location should reveal 1 new file added to the directory.	100% success rate	None



Scenario 7.A- Capture and electronically transmit electronic case information to a public health agency (170.315(f)(5))

Expected Outcome	Results	Challenges Encountered
Manual verification of the receipt of the electronic case report files via DIRECT mail.	100% success rate	None
Audit trail should reveal a new electronic case report document being generated for a patient upon completion of a visit with a "trigger code" event. For each new electronic case report generated, the audit trail should increase by 1.	100% success rate	None



Key Milestones

Key Milestone	Care Setting	Date/Timeframe
Scenario 1.A; 1.B; 2C Real World Test Clients Identified	Family Medicine, Urology, Nephrology	October 2023
Scenario 1.A; 1.B; 2C Real World Testing Completed	Family Medicine, Urology, Nephrology	October 5 – December 21, 2023
Scenario 1.C; 2B Real World Test Clients and State Immunization Registries Identified	Family Practice, Internal Medicine, Pediatrics	November 2023
Scenario 1.C; 2B Real World Testing Completed	Family Practice, Internal Medicine, Pediatrics	December 21-22, 2023
Scenario 2.A Real World Test Clients Identified	Otolaryngology, Pain Management	November 2023
Scenario 2.A Real World Testing Completed	Otolaryngology, Pain Management	December 8, 2023
Scenario 3.A Real World Test Clients Identified	Urology, Nephrology	October 2023
Scenario 3.A Real World Testing Completed	Urology, Nephrology	October 5 – December 21, 2023
Scenario 4.A Clients Identified	Urology, Nephrology	November 2023
Scenario 4.A Real World Testing Completed	Urology, Nephrology	December 5, 2023
Scenario 5.A; 5.C; 5D Test Clients Identified	Nephrology	November 2023
Scenario 5.A; 5.C; 5D Real World Testing Completed	Nephrology	December 12, 2023
Scenario 6.A Test Clients Identified	Family Practice	November 2023
Scenario 6.A Real World Testing Completed	Family Practice	December 31, 2023
Scenario 7.A Test Clients Identified	Family Practice, Urology	November 2023
Scenario 7.A Real World Testing Completed	Family Practice, Urology	December 6 -16, 2023