iSalus Healthcare 2024 Real World Test Results

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General Information

Plan Report ID Number: OfficeEMR.RWTR.2024

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.

Signed by:

Tara Cox

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Authorized Representative Name: Tara Cox, Head of Product Management

Authorized Representative Email: tcox@everhealthsoftware.com

Date: 2/3/2025 _____

Changes to Original Plan

Three changes were made to our original test plan to accommodate updates to our CEHRT to support the ONC Certification criteria. These changes modified the scope of our Data Export real world testing by removing testing for the archived §170.315(b)(6) Data Export criterion and adding testing for the new §170.315(b)(10) Electronic Health Information Export criterion. Specific test plan modifications are as follows:

- Scenario 4.A, which tested the archived §170.315(b)(6) – Data Export ONC test criterion, was removed.
- Scenarios 8.A and 8.B were added to support testing of the §170.315(b)(10) – Electronic Health Information Export criterion, which replaced the §170.315(b)(6) – Data Export ONC test criterion .

The updated/added use cases are documented below.

Scenario 8.A – Patient obtains an export of their electronic health information following a medical visit (170.315 (b)(10) Electronic Health Information Export)

- <u>Description</u>: Patient obtains an electronic copy of their electronic health information following a medical visit
- <u>Associated Certification Criteria</u>: 170.315 (b)(10) Electronic Health Information Export
- <u>Justification</u>: The use case will describe the scenario in which a provider completes a routine medical visit and supplies a patient with an electronic export of their health information. The measure will evaluate the ability to successfully create a new single patient electronic health information export.
- <u>Testing Method</u>: Manual Verification and Audit Trail Review
- <u>Expected Outcomes</u>:
    - Audit trail should reveal a new electronic health information export being generated for a patient upon request by the provider. For each new single-patient export generated, the audit trail should increase by 1.
    - Audit trail should reveal a successful export by the user. For each new single-patient export exported, the audit trail should increase by 1.
    - Manual verification confirms the data export file contents matches the data populated in the patient's chart and is in conformance to the documented file structure: https://officeemr.knowledgeowl.com/help/ehi-export.
- <u>Care Settings and Number of Clients Site to Test:</u> We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

Scenario 8.B: All Data Electronic Health Information Export (170.315 (b)(10) Electronic Health Information Export)

- <u>Description</u>: Practice Level Electronic Health Information Export (All Data)
- <u>Associated Certification Criteria</u>: 170.315 (b)(10) Electronic Health Information Export
- <u>Justification</u>: The use case will describe the scenario in which a practice is migrating to another EHR platform or closing their practice and requests a practice/all data electronic health information export. The measure will evaluate the ability to successfully create and export a practice/all data electronic health information export.
- <u>Testing Method</u>: Manual Verification and Audit Trail Review
- <u>Expected Outcomes</u>:
    - Audit trail should reveal a new electronic health information export being generated for the practice upon request by the provider. For each new single-patient export generated, the audit trail should increase by 1.
    - Manual verification confirms the data export file contents matches the data populated in the patient's chart and is in conformance to the documented file structure: https://officeemr.knowledgeowl.com/help/ehi-export.
- <u>Care Settings and Number of Clients Site to Test:</u> We designed this measure to test general ambulatory sites that we support and target. We will test a minimum of three (3) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

Withdrawn Products

OfficeEMR did not have any withdrawn products during the 2024 calendar year.

Summary of Testing Methods and Key Findings

During iSalus' real-world testing in 2024, all testing resulted in 100% conformance except for the following ONC criterion:

- §170.315(f)(5) – Electronic Case Reporting

Any issues found are described in the Metrics and Outcomes section. iSalus has corrected the issue found as of January 28th, 2025.

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 2024, iSalus Healthcare did not make any version updates on approved standards through the SVAP process. This applies to all test scenarios described within.

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Care Settings

iSalus Healthcare performed real world testing in 2024 for the following care settings:

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

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 DIRCT 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

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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

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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 (Webserivce 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.B: 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.C: Standardized API for patient and population services 170.315(g)(10)

Expected Outcome	Relied Upon Software	Results	Challenges Encountered
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.	DHIT Connect EHR + BulkFHIR (version FHIR4-B)	100% success rate	None
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.	DHIT Connect EHR + BulkFHIR (version FHIR4-B)	100% success rate	No third-party app was ready to test so manual verification was required.
Manual verification of the data elements in the patient chart should match the data returned in the API response	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.	DHIT Connect EHR + BulkFHIR (version FHIR4-B)	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	No live practices utilizing this functionality so test sites were used for testing.

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	No live practices utilizing this functionality so test sites were used for testing. CCDA eCR was missing History of Present Illness section.
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	No live practices utilizing this functionality so test sites were used for testing.

Scenario 8.A - Patient obtains an export of their electronic health information following a medical visit (170.315 (b)(10) Electronic Health Information Export)

Expected Outcome	Results	Challenges Encountered
Audit trail should reveal a new electronic health information export being generated for a patient upon request by the provider. For each new single-patient export generated, the audit trail should increase by 1	100% success rate	None
Audit trail should reveal a successful export by the user. For each new single-patient export exported, the audit trail should increase by 1.	100% success rate	None
Audit trail should reveal a successful export by the user. For each new single-patient export exported, the audit trail should increase by 1.	100% success rate	None

Scenario 8.B - 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 electronic health information export being generated for the practice upon request by the provider. For each new single-patient export generated, the audit trail should increase by 1.	100% success rate	No practices have leveraged this export to date, so a production test practice was used for testing.
Manual verification confirms the data export file contents matches the data populated in the patient's chart and is in conformance to the documented file structure: https://officeemr.knowledgeowl.com/help/ehi-export.	100% success rate	No practices have leveraged this export to date, so a production test practice was used for testing.

Key Milestones

Key Milestone	Date/Timeframe
Recruitment of organizations participating in de-identified data collection	September 2024
Start of collection of necessary data as laid out by plan (will vary by measure)	November 2024
End of collection of required data as laid out by plan (will vary by measure)	December 2024
Analysis of Data (will vary by measure)	January 2025
Submit Real World Testing Report to ACB	February 2025