

Real World Testing Plan

eHana EHR v2019-MU

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Report Prepared By eHana

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Executive Summary

This Real World Test (RWT) plan is intended to verify the adoption of eHana v2019-MU certified functionality. The plan outlines the process for conducting and measuring observations of interoperability and data exchange.

The RWT plan will focus on certification criteria, represented as individual user stories, in a single Ambulatory setting of care:

User Story: Care Coordination

- § 170.315(b)(1) Transitions of care
- § 170.315(b)(2) Clinical information reconciliation and incorporation
- § 170.315(b)(3) Electronic prescribing
- § 170.315(b)(6) Data export

User Story: CQM

- § 170.315(c)(1) record and export
- § 170.315(c)(2) import and calculate
- § 170.315(c)(3) report

User Story: Patient Engagement

- § 170.315(e)(1) View, download, and transmit to 3rd party

User Story: Electronic Exchange

- § 170.315(h)(1) Direct Project

User Story: Public Health

- § 170.315(f)(1) Transmission to immunization registries
- § 170.315(f)(5) Transmission to public health agencies — electronic case reporting

User Story: Application Programming Interfaces

- § 170.315(g)(7) Application access— patient selection
- § 170.315(g)(8) Application access— data category request
- § 170.315(g)(9) Application access— all data request
- § 170.315(g)(10) Standardized API for patient and population services

General Information

Developer Name	eHana LLC
Product Name(s)	eHana EHR
Version Number(s)	eHana EHR v2019-MU
Certified Health IT	2015 Edition
Product List (CHPL) ID(s)	115.04.04.2594.eHan.19.00.1.191206
Developer Real World Testing Page URL	https://www.ehana.com/meaningful-use/disclosures

Pre Test Background

The following elements are addressed for each User Story (listed above). Ambulatory is the only setting of care where **eHana EHR v2019-MU** is used

- Testing methodology:
 - demonstrate real world interoperability and conformance to the the criterion requirements
 - include scenario and use case-focused testing
- Description:
 - of how the test is performed
 - of how conformance is demonstrated
- Schedule :
 - of key Real World Testing milestones;
- Expected Outcomes:
 - based on feature adoption in current year
- Measurement/ metric:
 - all measures used to validate criteria
- Justification for the Health IT Developer’s Real World Testing approach
 - description of how the measurements/metrics selected reflect the adoption rate of each required Real World Testing element

The following is a summary of the metrics collected as part of the Real World Test

Criteria	Level of Adoption Rate		
	Low (<50%)	High (>50%)	Not Adopted
§170.315(b)(1) Transitions of care			
§170.315(b)(2) Clinical information reconciliation and incorporation			
§170.315(b)(3) Electronic prescribing			
§170.315(b)(6) Data export			
§170.315(c)(1) record and export			
§170.315(c)(2) import and calculate			
§170.315(c)(3) report			

§170.315(e)(1) View, download, and transmit to 3rd party			
§170.315(h)(1) Direct Project			
§170.315(f)(1) Transmission to immunization registries			
§170.315(f)(5) Transmission to public health agencies- electronic case reporting			
§170.315(g)(7) Application Access - Patient Selection			
§170.315(g)(8) Application Access - Data Category Request			
§170.315(g)(9) Application Access - All Data Request			
§170.315(g)(10) Standardized API for patient and population services			

Table 1 adoption data collected

Introduction

The EHR analyzed in this Real World Test is eHana v2019-MU, an EHR designed to present medical information to healthcare providers in Ambulatory healthcare settings. The workflows in eHana help users view and create outpatient tests and medication orders. Clinical Decision Support is provided at critical decision points within specific workflows. Users are also able to merge client records via the Clinical Reconciliation module.

The purpose of this test is to validate the adoption of the current user interface and EHR capabilities and to provide evidence of usability within eHana. To this end, measures of real world utilization of interoperability features and functionality are captured during the test.

User Story: Care Coordination

Criteria covered:

- § 170.315(b)(1) Transitions of care
- § 170.315(b)(2) Clinical information reconciliation and incorporation
- § 170.315(b)(3) Electronic prescribing
- § 170.315(b)(6) Data export

Testing methodology:

Validate the adoption of certified EHR functionality that contributes to a patient's care coordination.

Goal - measure user adoption rate of:

- Transitions of Care workflow
- Transfer Incorporation functionality
- Prescription management via certified vendor, Dr. First/Rcopia
- Client Data Export utility

Scenario/Use Case

- Patients completing a Transitions of Care who then receive a summary of this activity
- Agency receives a Referral Note via Direct Message which is then incorporated into a client's chart
- Agency prescribes medications, via a single sign-on into a certified 3rd party certified vendor
- Active patients whose charts were exported using the certified CDA format, USCDI v1

Description:

- Test Performed 1:
 - Capture total *Transitions of Care* notes completed during the test period
 - Compare with total *Transitions of Care* notes shared with the patient, either via:
 - Direct share using CDA download (structured or Human Readable), or
 - Edge Protocol transmission (Direct data messages)
- Test Performed 2:
 - Capture total C-CDA Clinical Summaries and Referral Notes received via Direct Data Message during the test period
 - Compare with total Incorporated/Transferred to patient chart
- Test Performed 3:
 - Capture total prescriptions created during the test period
 - Compare with total prescriptions added via Dr. First/Rcopia 4 (Rcopia 4 was tested and certified by Drummond Group and is 2015 Edition compliant - ONC-ACB Certification ID: 15.04.04.1375.Rcop.04.00.0.171277, Certification Date: 12/27/2017)
- Test Performed 4:
 - Capture total patients with active cases during the test period
 - Compare with total CDAs generated via Client Chart or Bulk Export

Schedule:

- 1/10/2024: Run query to gather all Numerator and Denominator values
- >1/10/2024: Complete adoption rate analysis

Expected Outcome:

- < 50% of all Transitions of Care documents completed are then downloaded or sent via Edge Protocol (note, 100% are available for review in the Patient Portal)
- < 50% of all received Transfers are then incorporated into/transferred to the patient's chart
- 100% of agencies that prescribe are adding prescriptions via Dr. First/Rcopia
- < 50% of all active cases have exported a Clinical Summary using the certified CDA format

Measurements / Metric:

Transitions of Care:

- Denominator: Referral Forms and Discharge Summaries dated between 1/1/2023 and 12/31/2023
 - "Was person provided copy of Transition/Discharge Summary?" answered
- Numerator A: Where the Referral form or Discharge Summary's "Was person provided copy of Transition/Discharge Summary?" field = Yes.
- Numerator B: Where "Referred Provider sent Transition of Care through Direct" = Yes

Clinical information reconciliation and incorporation:

- Denominator: all Client Files saved with Type = CCD between 1/1/2023 and 12/31/2023
- Numerator: all client files saved with Type = CCD between 1/1/2023 and 12/31/2023 that are also linked to a [eHana_Incorporate CDAs] record (indicating the completed Incorporate process)

Electronic prescribing

- Denominator: Any prescription where "Created Date" is between 1/1/2023 and 12/31/2023
- Numerator: Any prescription where "Created Date" is between 1/1/2023 and 12/31/2023 and "send method" = "electronic"

Data export

- Denominator: Total active client cases between 1/1/2023 and 12/31/2023
- Numerator: Total active client cases between 1/1/2023 and 12/31/2023 where a single or bulk export for that client case is logged

Justification:

Adoption rate is illustrated by:

- Capturing the total Transition of Care documents completed, compared with the total summaries provided to the patient (either directly or via Direct Message)
- Capturing the total referrals received, compared with the total that were incorporated into a client chart via the Incorporate functionality
- Capturing the total medications prescribed, compared with the total that were prescribed using a certified e-prescribe vendor
- Capturing the total active client cases, compared with the amount in this group that were summarized and then provided using the export functionality

User Story: CQM

Criteria covered:

- § 170.315(c)(1) record and export
- § 170.315(c)(2) import and calculate
- § 170.315(c)(3) report

Testing methodology:

Validate the adoption of CQM activity and reporting

Goal - measure adoption rate of:

- CQM report generation

Scenario/Use Case

- Encounters that capture Clinical Quality Measure data are completed during the report period and a CQM report is generated after the completion date, reflecting that data

Description:

- Test performed:
 - Total encounters, where Clinical Quality Measure data is captured, completed between 1/1/2023 and 12/31/2023
 - Compare with the total number of those encounters reflected in a generated a CQM report for each of the measures below:
 - CMS2v8 Preventive Care & Screening: Screening for Depression & Follow-Up Plan
 - CMS68v8 Documentation of Current Medications in the Medical Record
 - CMS69v7 Preventive Care and Screening: Body Mass Index (BMI) Screening & Follow-up Plan
 - CMS75v7 Children Who Have Dental Decay or Cavities
 - CMS128v7 Percentage of patients 18 years of age and older who were treated with antidepressant medication
 - CMS137v7 Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who:
 - initiated treatment within 14 days of the diagnosis, or
 - initiated treatment and who had 2+ additional services with an AOD diagnosis within 30 days of the initiation visit
 - CMS139v7 Falls: Screening for Future Fall Risk
 - CMS159v7 Depression Remission at Twelve Months
 - CMS160v7 Depression Utilization of the PHQ-9 Tool
 - CMS161v7 Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
 - CMS165v7 Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period

Schedule:

- 1/1/2024: Run query to gather all Numerator and Denominator values
- >1/2/2024: Complete adoption rate analysis

Expected Outcome:

- < 50% of the encounters, where Clinical Quality Measure data is captured, are completed and

then including in a generated CQM report

Measurements / Metric:

- Denominator: Total completed encounters where Clinical Quality Measure data is captured between 1/1/2023 and 12/31/2023
- Numerator: Total encounters included in a generated CQM reports between 1/1/2023 and 12/31/2023

Justification:

Adoption rate is illustrated by:

- Capturing all encounters where Clinical Quality Measure data is captured and confirming that the encounter is reflected in at least one generated CQM report

User Story: Patient Engagement

Criteria covered:

- § 170.315(e)(1) View, download, and transmit to 3rd party

Testing methodology:

Validate the adoption of View, Download and Transmit functionality

Goal - measure user adoption rate of:

- CDA view
- CDA download (Structured or Human Readable)
- CDA Transmit via Direct message

Scenario/Use Case

- Active patients who view and/or download their clinical information via the EHR or via a transmit to the Patient Portal

Description:

- Capture the total distinct patients with encounters between 1/1/2023 and 12/31/2023
- Compare with the number of those patients who accessed/viewed their summary information

Schedule:

- 1/10/2024: Run query to gather all Numerator and Denominator values
- >1/10/2024: Complete adoption rate analysis

Expected Outcome:

< 50% of patients with encounters between 1/1/2023 and 12/31/2023 accessed/viewed their summary information

Measurements / Metric:

- Denominator: Number of distinct active patients, with encounters between 1/1/2023 and 12/31/2023
- Numerator: Number of CDAs that were:
 - Viewed via Patient Portal
 - Downloaded (Structured or Human Readable) via the EHR or Patient Portal, or
 - Transmitted via the EHR or Patient Portal

Justification:

Adoption rate is illustrated by:

- Capturing all completed encounters during the report period and comparing with the total times a summary was downloaded or viewed.
- Summary Information is generated at the time the encounter is saved, it is also immediately available via the Patient Portal. For this reason, 100% of clients have immediate access to their data. However this User Story aims to capture how many of the active clients, with encounters in 2023, actually viewed, downloaded or transmitted their summary data, either by the EHR or Patient Portal.

User Story: Electronic Exchange

Criteria covered:

- § 170.315(h)(1) Direct Project

Testing methodology:

Validate the adoption of Direct Messaging functionality

Goal - measure user adoption rate of

- health information messaging via Direct Messaging

Scenario/Use Case

- Messages sent and received between 1/1/2023 and 12/31/2023, that were transmitted via a Direct address

Description:

- Capture the Total distinct messages sent between 1/1/2023 and 12/31/2023
- Compare with the total messages sent via a Direct address between 1/1/2023 and 12/31/2023

Schedule:

- 1/10/2024: Run query to gather all Numerator and Denominator values
- >1/10/2024: Complete adoption rate analysis

Expected Outcome:

100% of sent and received health information is done through a certified HISP using Direct messaging

Measurements / Metric:

- Denominator: Total messages sent/received
- Numerator: Total messages sent/received via HISP (SES) using Direct

Justification:

Adoption rate is illustrated by:

- Capturing all health information sent and received between 1/1/2023 and 12/31/2023 and comparing with the percentage done via a Direct address from our HISP (SES)

User Story: Public Health

Criteria covered:

- § 170.315(f)(1) Transmission to immunization registries
- § 170.315(f)(5) Transmission to public health agencies - electronic case reporting

Testing methodology:

Validate the adoption of Immunization Registry transmissions and Electronic case reporting

Goal - measure user adoption rate of:

- Available functionality used to transmit immunization information to the Registry
- Trigger configurations to generate a Case Report

Scenario/Use Case:

- Healthcare setting configures Case Report Triggers
- User saves Immunization records and then transmits these records to the Immunization Registry
- Case Reports are triggered

Description:

Test Performed 1:

- Capture the total Immunization records saved between 1/1/2023 and 12/31/2023
- Compare with the total number that were then transmitted to the Immunization Registry

Test Performed 2:

- Capture the total Case Report Triggers configured
- Compare with the total number of Case Reports generated

Schedule:

- 1/10/2024: Run query to gather all Numerator and Denominator values
- >1/10/2024: Complete adoption rate analysis

Expected Outcome:

< 50% of immunizations sent to the Immunization Registry
<50% of Triggers created resulting in a generated Case Report

Measurements / Metric:

- Denominator1: Total Immunizations records saved
- Numerator1: Total Immunization History and Forecast records submitted to the Registry
- Denominator2: Total Case Report Triggers configured via the Clinical Decision Support interface

- Numerator2: Total Case Reports generated

Justification:

Adoption rate is illustrated by:

- Capturing all saved Immunization Records and comparing with the total transmitted to the Immunization Registry
- Capturing all Case Report trigger configurations and comparing with the total generated Case Reports

User Story: Application Programming Interfaces

Criteria covered:

- § 170.315(g)(7) Application access— patient selection
- § 170.315(g)(8) Application access— data category request
- § 170.315(g)(9) Application access— all data request
- § 170.315(g)(10) Standardized API for patient and population services

Testing methodology:

Validate the adoption of Application Access API functionality

Goal - measure user adoption rate of:

- FHIR API to request client data

Scenario/Use Case:

- Requests for API access/configuration are received
- Once connected, requests for client data via the API are received

Description:

- Capture total requests for API connection/access between 1/1/2023 and 12/31/2023
- Compare with the total number of requests for client data via the API between 1/1/2023 and 12/31/2023

Schedule:

- 1/10/2024: Run query to gather all Numerator and Denominator values
- >1/10/2024: Complete adoption rate analysis

Expected Outcome:

<50% of any API access/connections will have at least one request for client data

Measurements / Metric:

- Denominator: Total number of requests for API access/configuration
- Numerator: Total number of request received, via the API, for client data

Justification:

Adoption rate is illustrated by:

- Capturing the total number of API requests
- Comparing with the total number of requests made using those connections

Test Assessment

[To be populated with a comprehensive assessment of test adequacy. Noting what can be modified for next year's test?]

Test Results

[To be populated with a summary of the test results, including commentary on unexpected results]

Recommendations

[To be populated with:

- any actions suggested based on the test results?
- Any recommended improvements in the design, operation, or future testing of the EHR based on the test results?

]

Attestation

This Real World Test 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.

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