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GENERAL INFORMATION

Plan Report ID Number	
Developer Name:	eHana EHR
Product Name(s):	eHana LLC
Version Number(s)	v2019-MU
Certified Health IT Product List (CHPL) Product Number(s)	115.04.04.2594.eHan.19.00.1.191206
Developer Real World Testing Plan Page URL	https://www.ehana.com/certification-documentation
Developer Real World Testing Results Report Page URL	https://www.ehana.com/certification-documentation

CHANGES TO ORIGINAL PLAN

Changed Criteria	Initial Test Plan	Updated Test
User Story: CQM - §170.315(c)(1) record and export / §170.315(c)(2) import and calculate / §170.315(c)(3) report	The initial test plan looked at whether our certified CQM report was run after the completion of a qualifying encounter (a 1:1 comparison). Ultimately, it was determined that this metric was not helpful in determining feature adoption, as we learned that most agencies, if planning to submit an attestation, run the report one time (at the end of the reporting period), so if the report was ever run, the metric would always = 100%. Thus, a "Yes/No" result was determined to be a more valuable metric	To provide a more insight into feature adoption, our RWT captures whether an EHR user (in our case, a medical facility/agency) saved a qualifying encounter during the specified timeframe and, if so, whether the CQM Report was ever run for that specific criteria and timeframe. Because the CQM Report is likely only run one time, at the end of the reporting year, the metric we value most is a Yes/No i.e. <ul style="list-style-type: none"> ● Yes: a qualifying activity occurred AND the report was run ● No: <ul style="list-style-type: none"> ○ a qualifying activity occurred but the report was never run, OR ○ a qualifying activity never occurred Then, looking at total agencies using the eHana CEHRT, what percent = YES
User Story: Care Coordination - §170.315(b)(1) Transitions of care	The initial test plan excluded data where <i>"Referred Provider sent Transition of Care through Direct"</i> = Yes as part of the numerator	The numerator calculation now reflects an accurate qualifying activity value, by including <i>"Referred Provider sent Transition of Care through Direct"</i> = Yes
User Story: Public Health - §170.315(f)(5) Transmission to public health agencies - electronic case reporting	The initial test plan looked at total Case Report Triggers configured compared with the total number of Case Reports generated. This metric gave us insight into how many case reports were created, but not how many were then transmitted to a public health agency	The test was updated to, instead, look at total generated Case Reports compared with the percentage of these Case Reports transmitted to a public health agency

WITHDRAWN PRODUCTS

Product Name(s)	N/A
Version Number(s)	N/A
CHPL Product Number(s)	N/A
Date(s) Withdrawn	N/A
Inclusion of Data in Results Report	N/A

SUMMARY OF TESTING METHODS AND KEY FINDINGS

In compliance with the Condition and Maintenance of Certification requirement to demonstrate interoperability and functionality in a real world setting, the **eHana Real World Testing Plan - 2022** focused on capturing metrics that illustrate how each certified capability was adopted and utilized by real users in a production environment.

In accordance with the ONC Final Rule, this **eHana Real World Testing Results - 2022** report aims to illustrate that the certified functionality (outlined in the initial Testing Plan) continues to “perform as intended by conducting and measuring observations of interoperability and data exchange”

This Results report outlines the adoption rate of each tested functionality. The purpose of this metric is to identify if/how a certified capability is being used in the real world. High adoption suggests inherent value to end users (and therefore, patients). Low adoption findings present an opportunity for eHana to investigate whether a) users find no value in the functionality, b) additional training is needed to assist users with functionality, and/or c) functionality improvements could improve user experience and, therefore, adoption.

The assessments within this result report are supported by reports designed specifically to evaluate certified activity within the reporting time-frame, as-well-as the examination the eHana activity logs during the same window of time.

STANDARDS UPDATES

[] Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, complete the table below)

[X] No, none of my products include these voluntary standards

Standard (and version)	
Updated certification criteria and associated product	
CHPL Product Number	
Conformance measure	

CARE SETTING(S)

Ambulatory is the only setting of care where eHana EHR v2019-MU is used, and therefore tested

Metrics and Outcomes

User Story: Care Coordination

Associated Criterion: §170.315(b)(1) Transitions of care

Relied Upon Software:

Secure Exchange Solutions (SES) - Direct Messaging

Metrics:

Description

- Capture total *Transitions of Care* notes completed
- 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))

Metrics

- Denominator: Referral Forms and Discharge Summaries dated between 1/1/2022 and 12/31/2022
 - "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
- Numerator: Where the Referral form or Discharge Summary's
 - **was person provided copy of Transition/Discharge Summary?** *Yes, person given copy,*
OR
 - **was person provided copy of Transition/Discharge Summary?** *Yes, person mailed copy*
OR
 - "Referred Provider sent Transition of Care through Direct" = Yes

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator values	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

4.73% of agencies using the eHana CEHRT and participating in the CMS incentive payment program completed a Transitions of Care note and then downloaded or sent via Edge Protocol

4.6% of all agencies using the eHana CEHRT, including those not participating in the CMS incentive payment program completed a Transitions of Care note and then downloaded or sent via Edge Protocol

Assessment based on Outcome

For those agencies using the Transitions of Care documentation workflow, it is noted that requests for download and data transmission are not commonly requested. Additional training on the download and transmission functionality may support end users, serving as a reminder on how these features may benefit their clients

Associated Criterion: §170.315(b)(2) Clinical information reconciliation and incorporation

Relied Upon Software:

N/A

Metrics:

Description

- 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

Metrics

- Denominator: all Client Files saved with Type = CCD between 1/1/2022 and 12/31/2022
- Numerator: all client files saved with Type = CCD between 1/1/2022 and 12/31/2022 that are also linked to a [eHana_Incorporate CDAs] record (indicating the completed Incorporate process)

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

For agencies using the eHana CEHRT and participating in the CMS incentive payment program, less than 1% of all received Transfers are then incorporated into/transferred to the patient's chart using the certified clinical information reconciliation and incorporation functionality

For all agencies using the eHana CEHRT, including those not participating in the CMS incentive payment program, less than 1% of all received Transfers are then incorporated into/transferred to the patient's chart using the certified clinical information reconciliation and incorporation functionality

Assessment based on Outcome

For those agencies using the Transitions of Care documentation workflow, it is noted that requests for download and data transmission are not commonly requested. Additional training on the download and transmission functionality may support end users, serving as a reminder on how these features may benefit their clients

Associated Criterion: §170.315(b)(3) Electronic prescribing

Relied Upon Software:

DrFirst / Rcopia (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)

Metrics:

Description

- 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)

Metrics

- Denominator: Any prescription where "Created Date" is between 1/1/2022 and 12/31/2022
- Numerator: Any prescription where "Created Date" is between 1/1/2022 and 12/31/2022 and "send method" = "electronic"

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

100% of prescribing agencies using the eHana CEHRT and participating in the CMS incentive payment program added prescriptions via Dr. First Rcopia

100% of prescribing agencies using the eHana CEHRT, including those not participating in the CMS incentive payment program, added prescriptions via Dr. First Rcopia

Assessment based on Outcome

100% of agencies that prescribe are adding prescriptions via Dr. First/Rcopia, thus 100% are electronically prescribed. This outcome suggests inherent value to end users (and therefore, patients)

Associated Criterion: §170.315(b)(6) Data export

Relied Upon Software:

N/A

Metrics:

Description

- 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)

Metrics

- Denominator: Total active client cases between 1/1/2022 and 12/31/2022
- Numerator: Total active client cases between 1/1/2022 and 12/31/2022 where a single or bulk export for that client case is logged

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

For agencies using the eHana CEHRT and participating in the CMS incentive payment program, less than 1% of active cases exported a Clinical Summary using the certified CDA format

For agencies using the eHana CEHRT, including those not participating in the CMS incentive payment program, less than 1% of active cases exported a Clinical Summary using the certified CDA format

Assessment based on Outcome

It is noted that Clinical Summary exports are not commonly requested. Additional training on the certified Clinical Summary export functionality may support end users, serving as a reminder on how this feature may benefit clients

User Story: CQM

Associated Criterion: §170.315(c)(1) record, export / §170.315(c)(2) import, calculate / §170.315(c)(3) report

Relied Upon Software:

N/A

Metrics:

Description

- Were any encounters, where Clinical Quality Measure data is captured, completed between 1/1/2022 and 12/31/2022
- If Yes, then was the CQM report run for the corresponding measure (see below) for that timeframe, thus capturing the activity for submission by the agency:
 - 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

Metrics

- If an encounter, where Clinical Quality Measure data was saved, occurred between 1/1/2022 and 12/31/2022 AND the CQM report for the given measure was also run for the timeframe 1/1/2022 - 12/31/2022, then return a YES
- If an encounter, where Clinical Quality Measure data was saved, occurred between 1/1/2022 and 12/31/2022 AND the CQM report for the given measure was not run for the timeframe 1/1/2022 - 12/31/2022, then return a NO
- If an encounter, where Clinical Quality Measure data was saved, never occurred between 1/1/2022 and 12/31/2022, then return a NO
- Determine the percentage of total agencies using the CEHRT return a YES

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

7% of agencies using the eHana CEHRT and participating in the CMS incentive payment program captured qualifying data within an encounter between 1/1/2022 and 12/31/2022 and then ran the CQM report to report on this activity

This test ignores agencies using the eHana CEHRT but not participating in the CMS incentive payment program, as they have no access to the CQM report

Assessment based on Outcome

It is noted that one agency has run the CQM report, others have not found value in this reporting process. Training materials are available for those agencies wishing to participate in the future

User Story: Patient Engagement

Associated Criterion: §170.315(e)(1) View, download, and transmit to 3rd party

Relied Upon Software:

Secure Exchange Solutions (SES) - Direct Messaging

Metrics:

Description

- Capture the total distinct patients with encounters between 1/1/2022 and 12/31/2022
- Compare with the number of those patients who accessed/viewed their summary information

Metrics

- Denominator: Number of distinct active patients, with encounters between 1/1/2022 and 12/31/2022
- 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

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

For agencies using the eHana CEHRT and participating in the CMS incentive payment program, less than 1% of patients with encounters between 1/1/2022 and 12/31/2022 accessed/viewed their summary information

For agencies using the eHana CEHRT, including those not participating in the CMS incentive payment program, less than 1% of patients with encounters between 1/1/2022 and 12/31/2022 accessed/viewed their summary information

Assessment based on Outcome

It is noted that access to view/receive clinical summaries via the EHR is not commonly requested by clients. However, clinical summary information is generated at the time the encounter is saved and is immediately available via the Patient Portal. Thus, 100% of clients have

immediate access to their data. The low adoption rate finding in this test may suggest an opportunity to promote client access via the patient portal, where patient's (or their representatives) can view/download/transmit their clinical summaries at their discretion

User Story: Electronic Exchange

Associated Criterion: §170.315(h)(1) Direct Project

Relied Upon Software:

Secure Exchange Solutions (SES) - Direct Messaging

Metrics:

Description

- Capture the Total distinct messages sent between 1/1/2022 and 12/31/2022
- Compare with the total messages sent via a Direct address between 1/1/2022 and 12/31/2022

Metrics

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

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

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

Assessment based on Outcome

100% of agencies sending or receiving health information are using our certified HISP. This outcome suggests inherent value to end users (and therefore, patients)

User Story: Public Health

Associated Criterion: §170.315(f)(1) Transmission to immunization registries

Relied Upon Software:

Metrics:

Description

- Capture the total Immunization records saved between 1/1/2022 and 12/31/2022
- Compare with the total number that were then transmitted to the Immunization Registry

Metrics

- Denominator: Total Immunizations records saved
- Numerator: Total Immunization History and Forecast records submitted to the Registry

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

For agencies using the eHana CEHRT and participating in the CMS incentive payment program, 0% of immunizations are sent to the Immunization Registry

For agencies using the eHana CEHRT, including those not participating in the CMS incentive payment program, 0% of immunizations are sent to the Immunization Registry

Assessment based on Outcome

It is noted that most agencies are not capturing vaccination data and, therefore, not reporting to the Immunization Registry. Of those capturing vaccination data, there exists an opportunity to discuss the lack of perceived value in submitting to the Immunization Registry

Associated Criterion: §170.315(f)(5) Transmission to public health agencies - electronic case reporting

Relied Upon Software:

N/A

Metrics:

Description

- Capture the total Case Reports generated via a configured Case Report Trigger
- Compare with the total number of generated Case Reports that were then transmitted to a Public Health agency

Metrics

- Denominator: Total Case Reports generated via a Case Report Trigger (configured via the Clinical Decision Support interface)
- Numerator: Total generated Case Reports transmitted to a Public Health agency

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

For agencies using the eHana CEHRT and participating in the CMS incentive payment program, 0% generated Case Reports were transmitted to a public health agency

For agencies using the eHana CEHRT, including those not participating in the CMS incentive payment program, 0% generated Case Reports were transmitted to a public health agency

Assessment based on Outcome

It is noted that only 29% of agencies participating in the CMS incentive program and 17% of all agencies (regardless of participation) configured a Case Report trigger and generated a Case Report. This suggests an opportunity for additional training on the Case Report trigger. Additionally, because no agency transmitted reports to a Public Health agency, an opportunity exists to discuss the lack of perceived value with this functionality

User Story: Application Programming Interfaces

Associated Criterion: §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

Relied Upon Software:

N/A

Metrics:

Description

- Capture total requests for API connection/access between 1/1/2022 and 12/31/2022
- Compare with the total number of requests for client data via the API between 1/1/2022 and 12/31/2022

Metrics

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

Challenges and Milestones:

Key Milestone	Details	Date/Time Frame
Capture Denominator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022
Capture Numerator value	Database analysis per participating agency (client) Database analysis across all participating agencies (clients) Database analysis across all agencies (clients)	Milestone date: 1/10/23 Query parameter Start Date: 1/1/2022 Query parameter End Date: 12/31/2022

Outcome

There were no requests for API access/connection to request client data.

Assessment based on Outcome

This functionality has not been adopted amongst our users. Given the lack of interest and request for connection, the 0% adoption rate is likely attributed to low perceived value by end-users and lack of interest (thus far) from 3rd party applications