



Custom Computing
Corporation

2023 Real World Testing Plan

Freedom Medical Systems® EHR v5.0 r3, v6.0 r1

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General Information

Plan Report ID:	2023-RWTP
Developer Name:	Custom Computing Corporation
Product Name(s):	Freedom Medical Systems® EHR
Version Number(s):	v5.0 r3, v6.0 r1
CHPL ID(s):	15.04.04.1306.Free.05.00.1.171223, 15.04.04.1306.Free.05.01.1.220726
Real World Testing URL:	https://knowledgebase.ccc-webservices.com/?ht_kb=real-world-testing

Justification For Real World Testing Approach

CCC's approach to real world testing is to partner with our clients to monitor and evaluate the use of Freedom Medical Systems® EHR in the primary care settings during the 2023 performance year based on the following use case scenarios:

Care Coordination Use Cases

- 170.315(b)(1) – Transition of Care (RUS: EMRDirect)
- 170.315(b)(2) – Clinical Information Reconciliation and Incorporation (RUS: EMRDirect)
- 170.315(b)(3) – Electronic Prescribing (RUS: DrFirst Rcopia)
- 170.315(b)(6) – Data Export

CQM Use Cases

- 170.315(c)(1) – Record and Export
- 170.315(c)(2) – Import and Calculate
- 170.315(c)(3) – Report

Patient Engagement Use Case

- 170.315(e)(1) – View, Download, and Transmit to 3rd Party (RUS: EMRDirect)

Public Health Use Cases

- 170.315(f)(1) – Transmission to Immunization Registries
- 170.315(f)(2) – Transmission to Public Health Agencies – Syndromic Surveillance

Application Programming Interface Use Cases

- 170.315(g)(7) Application Access - Patient Selection (RUS: EMRDirect)
- 170.315(g)(8) Application Access – Data Category Request (RUS: EMRDirect)
- 170.315(g)(9) Application Access – All Data Request (RUS: EMRDirect)

Electronic Exchange Use Case

- 170.315(h)(1) – Direct Project (RUS: EMRDirect)

The objective of the real world test plan is to verify the extent to which Freedom Medical Systems® EHR is deployed and used in the real world setting while validating that it continues to demonstrate conformance to the certified criterion and functions as intended through the various use cases performed in a real world practice setting.

Method	Description
Summative Testing	Summative testing will be used to track actions performed by the user over 90-days using the Real World Testing dashboard within the certified health IT system. The frequency of actions taken by the user within the given time frame, and where possible, whether the actions were successful or unsuccessful will be recorded. Higher success rates would indicate that the certified criteria are available and functioning in the practice setting.
Interactive Testing	Interactive testing will be used to demonstrate conformance to requirements where the utilization/adoption rate of certified capability is zero. Live tests will allow users to demonstrate certified health IT capabilities are available and functioning in the practice setting regardless of the frequency it is used.

Standards Updates

Standard (Version)	All standards versions are those specified in USCDI v1, HL7 v2.5.1, HL7 v3
Health IT Module CHPL ID	15.04.04.1306.Free.05.00.1.171223, 15.04.04.1306.Free.05.01.1.220726
Method used for standard Update (e.g., SVAP)	Not Applicable
ACB Notification Date	Not Applicable
Client Notification Date (SVAP Only)	Not Applicable
USCDI Updated Certification Criteria	Not Applicable

Measures Used In Overall Approach

Criteria	Measurement/Metric
170.315(b)(1)	<ol style="list-style-type: none"> 1. Number of CCDA's created 2. Number of CCDA's sent via Edge Protocol 3. Number of CCDA's received via Edge Protocol
170.315(b)(2)	<ol style="list-style-type: none"> 1. Number of CCDA's received 2. Number of CCDA's reconciled
170.315(b)(3)	<ol style="list-style-type: none"> 1. Number of Prescriptions created 2. Number of Prescriptions changed 3. Number of Prescriptions cancelled 4. Number of Prescriptions renewed
170.315(b)(6)	<ol style="list-style-type: none"> 1. Number of CCDA's exported
170.315(c)(1-3)	<ol style="list-style-type: none"> 1. Number of CQM measures ran 2. Number of QRDA 1 files created 3. Number of QRDA 1 files imported 4. Number of QRDA 3 files created
170.315(e)(1)	<ol style="list-style-type: none"> 1. Number of views of health information by a patient or authorized representative 2. Number of downloads of health information by a patient or authorized representative 3. Number of transmissions of health information by patient or authorized representative
170.315(f)(1)	<ol style="list-style-type: none"> 1. Number of Vaccine submissions 2. Number of Vaccine queries
170.315(f)(2)	<ol style="list-style-type: none"> 1. Number of Syndromic Surveillance registration messages 2. Number of Syndromic Surveillance discharge messages
170.315(g)(7-9)	<ol style="list-style-type: none"> 1. Number of requests for patient ID or token 2. Number of subsequent requests made using a valid patient ID or token 3. Number of data category requests made using a valid patient ID or token 4. Number of data category requests for a specific date range made using a valid patient ID or token 5. Number of data category requests for (all data) made using a valid patient ID or token
170.315(h)(1)	<ol style="list-style-type: none"> 1. Number of direct messages sent 2. Number of direct messages received

Care Setting

Care Setting	Justification
Primary Care (Ambulatory Setting)	Real World Testing will be conducted from the Primary Care – ambulatory setting in partnership with Client(s) using the certified technology in a real-world practice setting.

Measure Justification

Criteria	
170.315(b)(1)	<ol style="list-style-type: none"> 1. An increment in the count of CCDAs generated will demonstrate that the system supports the capability to create referral summaries. 2. An increment in the count of CCDAs transmitted electronically using Edge protocol will demonstrate that the system supports the capability to electronically transmit referral summaries. 3. An increment in the count of CCDAs received electronically using the Edge protocol will demonstrate that the system supports the capability to receive referral summaries.
170.315(b)(2)	<ol style="list-style-type: none"> 1. An increment in the count of CCDAs received and displayed under Third Party Records will demonstrate that the system supports the capability to electronically process and display the patient data received from a CCDA. 2. An increment in the count of CCDAs reconciled will demonstrate that the system supports the capability to reconcile and incorporate patient data received from a CCDA.
170.315(b)(3)	<ol style="list-style-type: none"> 1. An increment in the count of prescriptions created will demonstrate that the system supports the capability to transmit prescriptions electronically. 2. An increment in the count of prescriptions changed will demonstrate that the system supports the capability to request and respond to prescription change requests. 3. An increment in the count of prescriptions cancelled will demonstrate that the system supports the capability to request and respond to prescription cancellation requests. 4. An increment in the count of prescriptions renewed will demonstrate that the system supports the capability to request and respond to prescription renewal requests.
170.315(b)(6)	<ol style="list-style-type: none"> 1. An increment in the count of CCDAs exported will demonstrate that the system supports the capability to export patient data via CCDA.
170.315(c)(1-3)	<ol style="list-style-type: none"> 1. An increment in the count of e-CQMs ran will demonstrate that the system supports the capability to utilize e-CQMs. 2. An increment in the count of QRDA 1 files created will demonstrate that the system supports the capability to create and export a QRDA 1 file. 3. An increment in the count of QRDA 1 files imported will demonstrate that the system supports the capability to import a QRDA 1 file. 4. An increment in the count of QRDA 3 files created will demonstrate that the system supports the capability to create QRDA 3 a QRDA 3 file.
170.315(e)(1)	<ol style="list-style-type: none"> 1. An increment in the count of views of health information will demonstrate that the system supports the capability for the patient and/or authorized representative to view health information via the Patient Portal. 2. An increment in the count of downloads of health information will demonstrate that the system supports the capability for the patient and/or authorized representative to download health information via the Patient Portal. 3. An increment in the count of transmissions of health information will demonstrate that the system supports the capability for the patient and/or authorized representative to transmit health information via the Patient Portal.
170.315(f)(1)	<ol style="list-style-type: none"> 1. An increment in the count of vaccine submissions will demonstrate that the system supports the capability to electronically transmit immunization to the IIS Registry. 2. An increment in the count of vaccine queries will demonstrate that the system supports the capability to electronically query the IIS Registry.

170.315(f)(2)	<ol style="list-style-type: none"> 1. An increment in the count of syndromic surveillance registration messages will demonstrate that the system supports the capability to create syndromic surveillance registration messages. 2. An increment in the count of syndromic surveillance discharge messages will demonstrate that the system supports the capability to create syndromic surveillance discharge messages.
170.315(g)(7-9)	<ol style="list-style-type: none"> 1. An increment in the count of requests for a patient ID or token will demonstrate that the system supports the capability of an external application to request a unique identifier from the certified Health IT module that can be used to request additional patient data. 2. An increment in the count of subsequent requests using a valid patient ID or token will demonstrate that the system supports the capability of an external application to retrieve patient information. 3. An increment in the count of data category requests using a valid patient ID or token will demonstrate that the system supports the capability of an external application to request patient information via data category requests. 4. An increment in the count of data category requests for a specific date range using a valid patient ID or token will demonstrate that the system supports the capability of an external application to request patient information via data category requests for a specific date range. 5. An increment in the count of data category requests for (all data) using a valid patient ID or token will demonstrate that the system supports the capability of an external application to request patient information via all data category requests.
170.315(h)(1)	<ol style="list-style-type: none"> 1. An increment in the count of direct messages transmitted electronically using the Edge protocol will demonstrate that the system supports the capability to electronically transmit direct messages. 2. An increment in the count of direct messages received electronically using the Edge protocol will demonstrate that the system supports the capability to electronically receive direct messages.

Expected Outcomes

Criteria	
170.315(b)(1)	<ul style="list-style-type: none"> • There will be high utilization of the criteria with a high success rate. • The system can create clinical summaries (CCDA's) conformant to the standards. • System generated CCDA's contain the reason for referral, referring provider name, and office contact information. • The system can transmit CCDA's electronically using the Edge protocol. • The system can detect invalid CCDA's and notify the user of validation issues. • The system supports displaying CCDA's in a human-readable format upon receipt. • The system permits a user to define the sequence and sections of the received CCDA to be displayed.
170.315(b)(2)	<ul style="list-style-type: none"> • There will be moderate utilization of the criteria with a high success rate. • The system can process and validate electronically received CCDAs. • The system can identify and match the correct patient based on demographic elements contained within the received CCDA. • The system supports the ability of a user to electronically review, reconcile, and incorporate clinical information contained within the received CCDA file to a patient's chart.
170.315(b)(3)	<ul style="list-style-type: none"> • There will be high utilization of the criteria high success rate. • The system can support a user in performing the following actions: <ul style="list-style-type: none"> ○ Creating a new prescription and associate a diagnosis (when appropriate) with the prescription prior to submitting electronically; ○ Requesting and responding to prescription change requests; ○ Requesting and responding to cancel prescriptions requests; ○ Requesting and responding to renew prescriptions requests; • The system can support end-users with: <ul style="list-style-type: none"> ○ Real-time prescription drug benefit checks; ○ Receiving Drug-Drug and Drug-Allergy interaction checks; and ○ Allowing the review of a patient's specific formulary for prescription guidance
170.315(b)(6)	<ul style="list-style-type: none"> • There will be low utilization of the criteria with a high success rate. • The system can create a clinical summary (CCDA) conformant to the standards. • The system permits authorized users to export CCDA's without developer assistance. • The system can create a human readable version of the CCDA.
170.315(c)(1-3)	<ul style="list-style-type: none"> • There will be high utilization of processing eQMs with a high success rate. There will be low utilization of creating and exporting QRDA files with a high success rate. There will be low utilization of importing QRDA files with a high success rate. • The system supports users in processing eQMs. • The system supports authorized users in creating and exporting QRDA 1 and 3 files. • The system supports authorized users with the ability to import QRDA files.
170.315(e)(1)	<ul style="list-style-type: none"> • There will be high utilization of the patient portal for viewing and downloading patient health information with a high success rate. There will be low utilization of the patient portal for transmitting patient health information with a high success rate.

	<ul style="list-style-type: none"> • Upon successful log in, the system permits a patient and/or authorized representative the ability to view patient health information from the patient portal. • Upon successful log in, the system permits a patient and/or authorized representative the ability to download patient health information from the portal. • Upon successful log in, the system permits a patient and/or authorized representative the ability to transmit patient health information from the portal.
170.315(f)(1)	<ul style="list-style-type: none"> • There will be high utilization of the criteria with a high success rate. • The system supports the user in creating and electronically transmitting immunization submission messages to an immunization registry. • The system supports the user in electronically querying the immunization registry and displaying the immunization query response. • The system supports the electronic display of immunization submission acknowledgments.
170.315(f)(2)	<ul style="list-style-type: none"> • There will be low utilization of the criteria with a high success rate. • The system can create a syndromic surveillance registration and discharge message conformant to the standard.
170.315(g)(7-9)	<ul style="list-style-type: none"> • There will be low utilization of the criteria with a high success rate. • The system supports an external application in requesting a unique identifier from the certified health IT. • The system supports an external application using a valid patient ID or token to retrieve patient information. • The system supports an external application using a valid patient ID or token to request patient information via data category requests. • The system supports an external application using a valid patient ID or token to request patient information via data category requests for a specific date range. • The system supports an external application using a valid patient ID or token to request patient information by way of (all data) category requests.
170.315(h)(1)	<ul style="list-style-type: none"> • There will be high utilization of the criteria with a high success rate. • The system supports the user in sending and receiving direct messages electronically using the Edge protocol.

Schedule of Key Milestones

Key Milestone	Care Setting	Date/Timeframe
Begin test execution	Family Practice	Q2, 2023
Data collection	Family Practice	Q3, 2023
Data analysis and result report creation	Family Practice	Q4, 2023
Submission of result report	Family Practice	Q1, 2024

Attestation

This Real World Testing plan 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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