GENERAL INFORMATION	
Plan Report ID Number: [For ONC-Authorized Certification Body use only]	
Developer Name	Infor*Med Medical Information Systems Inc.
Version Number(s)	9
Certified Health IT:	Praxis EMR
Product List (CHPL) ID(s)	**15.02.05.2766.INFO.01.02.1.220310**
Developer Real World Testing Page URL	https://www.praxisemr.com/real-world-testing.html

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Praxis EMR is used mostly as a cloud model in small and medium size practices for all specialties. It is used mostly in Primary Care. Since Praxis is set up as a cloud-based solution, it allows us to quickly access the system of any clinic at any time to monitor its performance. We may create our own "test user" within that clinic's system without affecting the functioning of the clinic in any way. We may also create imaginary patient records that are identical in every way to the real patient records but are simply labeled as "Imaginary" to test synthetic patient data. Because the imaginary patients form the method to train our users, they know that these patients are not real, and will ignore them. Of course, we will inform the selected clinics that this is part of our routine Real World Testing program taking place within their EMR. We will also create a testing third party sender and receiving site outside of the cloud system to mimic a real transmission. It will be used to receive and send synthetic patient data information via Edge to and from the test users within each tested clinic related to these imaginary patients to evaluate all features not used by the clinics. The imaginary patients created within each clinic's EHR generate their own patient portal automatically, which we will use to access, observe and measure performance using synthetic patient data as to relevant certification criteria not used by the clinics. Thus, we plan to review BOTH the overall transmission metrics of real clinic patients as well as imaginary patients cases for the same clinics.

Praxis uses EMR Direct as a relied upon third-party software for our XD Hisp (https://www.emrdirect.com/index.html), and will report to them any problems encountered while recording their response.

We will also contact third parties and request they share information regarding transmission with the clinics as well as registries and record any and all metrics from information received from them. Finally, we plan to catalog any clinic that reports a problem with the use of any of the certification criteria, and will evaluate metrics of use with that clinic. In this manner, we will be able to test all the Certification Criteria whether or not the clinics use any criteria, while posing no additional burden to our clients and minimizing HIPAA exposure.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))	
Standard (and version)	USCDI v1
Updated certification criteria and associated product	b1, b2, e1, g9
Health IT Module CHPL ID	15.02.05.2766.INFO.01.02.1.220310
Method used for standard update	Cures Update
Date of ONC ACB notification	11/30/2022
Date of customer notification (SVAP only)	N/A
Conformance measure	Sharing with third parties for b1, b2, e1 Sharing with Patients for e1 Application Programming Interface (API) for g9
USCDI updated certification criteria (and USCDI version)	b1, b2, e1, g9 —USCDI v1

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))	
Standard (and version)	HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 3-US Realm, May 2022
Updated certification criteria and associated product	e1
Health IT Module CHPL ID	15.02.05.2766.INFO.01.02.1.220310
Method used for standard update	SVAP
Date of ONC ACB notification	11/30/2022
Date of customer notification (SVAP only)	11/09/2022
Conformance measure	Sharing with third parties and Sharing with Patients
USCDI updated certification criteria (and USCDI version)	N/A

MEASURES USED IN OVERALL APPROACH	
Measurement/Metric	Description
Sharing with third parties	This measure will catalogue the transport mechanisms used to share transitions of care documents and Electronic Health Information (EHI), as well as track usage of the various transport mechanisms. In addition, transmission of this information will be measured using our third-party site, test users, and imaginary patients.
Sharing with Patients	This measure will catalogue the transport mechanisms used to share messages with patients as well as the transmission of encounter summaries and clinic laboratories results to the patient portal as well as their own forwarding of said summaries to third parties. It will also catalog patient downloading or transmitting CCDAs to third parties. In addition, this measure will also evaluate sharing of synthetic patient data of the imaginary patients created in the previous steps with our third-party test site.
Clinical Quality Measures	Although most clients use the registry to report their clinical quality measures, Praxis has developed eCQMs as per clients' requests. The Praxis approach is unique in the market in that it works backwards, using a method described as the Three Rs (https://www.praxisemr.com/the-3rs-health-care-quality.html), which insures very high performance with minimal effort by converting each attestation into a corresponding practice advisory that doubles as a recording on the progress note and that in turn generates appropriate codes, all in one step. Thus, this measure will catalogue the eCQMs whose practice advisories are actually used by clients during the reporting period. We will also create "temporary practice advisories" during times the clinics are not operational to test reliability of selected eCQMs.
Transmission to Immunization Registries	This measure will catalogue state registries used to exchange immunization information as well as track errors of information sent and received from them. We will also quarterly test a sample registry test tool against the synthetic HL7 files.
Application Programming Interface (API)	This measure will cover transmission of information to a sample of outside applications registered to certified API technology and associated performance across multiple applications. Performance will pertain to application data access, refresh tokens, and revocations that occur at the patient's authorization.

ASSOCIATED CERTIFICATION CRITERIA		
Measurement/Metric	Associated Certification Criteria	Relied Upon Software (if applicable)
Sharing with third parties: Send transition of care/referral summaries and Receive transition of care/referral summaries	§ 170.315(b)(1) Transitions of care; ONLY THOSE FUNCTIONS THAT RELY ON EMR DIRECT §170.315(b)(2) Clinical information reconciliation and incorporation § 170.315(e)(1) View, download and transmit;	§170.315(b)(1) Direct Project via relied upon third-party software "EMR Direct"
Sharing with patients: Download ambulatory summary or inpatient summary using CCD Template and Patient transmits to third party	§ 170.315(e)(1) View, download and transmit;	
Clinical Quality Measures	§170.315(c)(1) Clinical quality measures (CQMs) — record and export; §170.315(c)(2) Clinical-quality-measures-cqms-import-and-calculate; §170.315(c)(3) Clinical quality measures (CQMs) — report	
Transmission to Immunization Registries	§170.315(f)(1) Transmission to immunization registries	
Application Programming Interface (API)	§170.315(g)(7) Application access — patient selection §170.315(g)(9) Application access — all data request (i) Third party application download of documentation (ii) Third-party log in and patient identification. (iii) Data response (iv) Supported search operations §170.315(g)(10) Standardized API for patient and population services	§170.315(g)(9) Direct Project via relied upon third-party software "EMR Direct"

TEST METHODOLOGY	
Measurement/Metric	Test Methodology
Sharing with third parties	Case management logs and system logs will be reviewed for each period to determine the frequency of use for selected clinics. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the export and import. Test transmission from real clinics to an outside third-party created by us will be tested in the same manner to cover those aspects of the measure that may not have been used by the clinic. The reception of both types of cases, real patients as well as imaginary patients, with information sent from our outside test site, will be reviewed for completeness according to §170.315(b)(2) (Clinical information reconciliation and incorporation). This test methodology will primarily test the conformance of the implementation.
Sharing with patients	Case management logs and system logs will be reviewed for each period to determine the frequency of use for selected clinics and selected patients. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of communication to and from the patient portal C-CDA documents, new laboratory results, and direct messages. As we do not seek direct communication with patients for HIPAA and medical reasons, Real World Testing will be limited to reports from clinics and to our own internal testing of imaginary patients.
Clinical Quality Measures	Because our clients have elected to send quality guidelines through ACOs or Certified Registries, available ecqms will be tested for accuracy and completeness on imaginary patients and test users by setting up temporary practice advisories at times clinics are not using the application (see Three Rs: **https://www.praxisemr.com/the-3rs-health-care-quality.html**)
Transmission to immunization registries	Case Management logs and system logs will be reviewed for each period to determine the frequency of use for selected clinics. In addition, any reported errors will be catalogued and reviewed.
Application Programming Interface (API)	Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation to comply with §170.315(g)(7) [i and ii], § 170.315 (g)(9) [i and ii], and §170.315(g)(10). Cases will be reviewed using the log file history to ensure multiple applications registered to the certified API technology enable data access, support refresh tokens every time, and enable revocations to occur at the clinic's deactivation. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of “Standardized API for patient and population services” as specified in and associated implementation guides, including validation that all required USCDI data elements are supported. Logs will be reviewed to determine trends on data types viewed within previously agreed third party applications and identify recurring barriers to information (if any) by users. Additionally, log/use data will be used to trend the number of Bulk Data Access requests across multiple applications and examine query/return across applications The API will also be tested with an application located outside the cloud using real and patients and imaginary patients.

EXPECTED OUTCOMES	
Measurement/Metric	Expected Outcomes
Sharing with third parties	Real World Testing will show that Praxis EMR is conformant to the following certification criteria: § 170.315(b)(1), §170.315(b)(2), and § 170.315(e)(1) via our partner EMR Direct. Reported errors by clients will be less than 1% of all clients and less than 1% on tested imaginary patients. 1. Real World Testing will show that for each report of errors the problem will be corrected within 30 days by: a. Appropriate training b. Error correction c. Reporting to said error to third party and/or EMR-Direct System, and informing the client of said error and record resolution. 2. Real world testing will also show that Praxis EMR is conformant to on §170.315(b)(2) Clinical information reconciliation and incorporation on reception of test cases arriving to sampled clinics real patients and to imaginary patients for elements not measured in real world testing. 3. We will catalog and report the promoting interoperability reports on these clinics and report on actual use as well as attempt to ascertain reasons for any low numbers.
Sharing with patients	Real World Testing will show that reported errors on sampled clinics will be less than 1%. 1. Real World Testing will show that for each report of errors the problem will be corrected within 30 days by: a. Appropriate training b. Error corrected 2. Real world testing will show that on test cases using our tested imaginary patients there will be less than 1% errors, and all errors will be handled in the above manner. 3. We will review the promoting interoperability reports on these clinics and report on actual use as well as ascertain reasons for any low numbers.
Clinical Quality Measures	Real World Testing will show that non-conforming resulting ECQM to be due to application malfunction will be less than 1% of all tested with imaginary patients and if real cases are reported they will be included. In addition, Real World Testing will disclose that application malfunction will be less than 1% in all tested clients with imaginary patients or real patients.
Transmission to immunization registries	Real world testing will show that non-conforming transmissions secondary to Praxis malfunction will be less than 1% of all transmissions to reporting registries for selected clinics.
Application Programming Interface (API)	Real World Testing will show that the requests for App provided each use/user of requested data, with less than 1 percent errors. 1. Real World Testing will demonstrate that the Health IT Module is conformant to with §170.315(g)(7), §170.315 (g)(9), and §170.315(g)(10) certification criteria. 2. Real World Testing will demonstrate that the Health IT Module is interoperable as specified by §170.315(g)(7), § 170.315 (g)(9), and §170.315(g)(10) APIs to relay USCDI data elements for requested patients. It is expected that data access issues are rare and that the functionalities identified in the above criteria perform without errors. Error rates will be tracked across these functions as part of a baseline for this testing year. Based on the log files, the following information can be derived: access to the sets of USCDI data elements used for the query/return, the total number of access requests made, and the duration of the query/return. It is expected that access to the USDCDI data elements is accurate and complete, that the total number of requests increases over time, and the duration of the query/return does not increase over time.

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

Measurement/Metric	Justification
Sharing with third parties	The case management system includes two functionalities of interest: (A) Send transition of care/referral summaries and (B) Receive transition of care referral summaries, including (C) XDM processing via EMR Direct. Transitions of care documents are shared using Edge protocols via our business partner "EMR Direct". This metric will provide information on the transmissions deployed and the frequency of usages. We will also monitor whether the inability to send or receive information is due to lack of sufficient training or another reason unrelated to the proper functioning of the application. Because not all clients use all features available, a test site will be created to test both the outgoing and incoming documentation of all certified elements for selected clinics.
Sharing with Patients	Praxis sends all notes produced with patients unless manually blocked or limited by the provider at the point of care. In addition, it shares all incoming laboratories unless blocked by the Provider. This metric will provide information on the transmissions deployed and the frequency of usages on selected clinics and patients. In addition, this metric will provide information that will evaluate compliance with partial or no transmission of information on imaginary patients selected for this test. This metric will provide information on the transmissions deployed and the frequency of usages
Clinical Quality Measures	Because most of our clients use the Reporting registry as their method of choice to report their performance, even those who may have requested eCQMs at the outset, and because Praxis EMR uses a unique method to alert the practice as to the need to perform a given task based on the attestation in question, this means that unnecessary practice advisories are not activated for those clinics not attesting for those eCQMs specifically. Thus, all eCQMs outputs for selected clinics using them plus tests on imaginary patients activating temporary Practice Advisories for eCQMs available.
Transmission to Immunization Registries	The case management system includes two functionalities of interest: immunization information sent to immunization registries and download immunization registry information. This metric will provide information on the transmissions deployed and the frequency of usages. We will also monitor whether the inability to send or receive information is due to lack of sufficient training or another reason unrelated to the proper functioning of the application.
Application Programming Interface (API)	The Certified Health IT Developer’s certified API technology should accommodate the full range of §170.315(g)(7), §170.315 (g)(9), and §170.315(g)(10) functionality for multiple applications designed for single patient services. This measure would look at the performance of the certified API technology to manage multiple applications at once.

CARE SETTING(S)	
Care Setting	Justification
Primary Care	Although Praxis works equally well for all clinics and specialties, Primary Care (Family Practice, Integrative Medicine, Internal Medicine) is our most prevalent client.
Pediatrics, Family Practice	These are our most common clients for metrics regarding transmission of immunizations.

SCHEDULE OF KEY MILESTONES	
Key Milestone	Date/Timeframe
Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements.	December 1, 2023
Collection of information as laid out by the plan for the period.	January 1, 2024
Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	Quarterly, 2024
Planned System updates to allow for collection of data after a SVAP update.	December 31, 2024
End of Real-World Testing period/final collection of all data for analysis	January 1, 2025
Analysis and report creation.	January 15, 2025
Submit Real World Testing report to ACB (per their instructions)	February 1, 2025

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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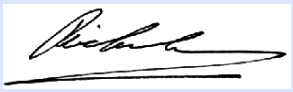
Authorized Representative Signature:	
Date:	10/11/2023