GENERAL INFORMATION	
Plan Report ID Number: [For ONC-Authorized Certification Body use only]	20231103inf
Developer Name	Infor*Med Medical Information Systems Inc.
Product Name(s)	Praxis EMR
Version Number(s)	9
Certified Health IT Product List (CHPL) Product Number(s)	**15.02.05.2766.INFO.01.02.1.220310**
Developer Real World Testing Pland and Results Page URL	https://www.praxisemr.com/real-world-testing.html

CHANGES TO ORIGINAL PLAN (Optional)		
Summary of Change	**Reason**	**Impact**
N/A	N/A	N/A

SUMMARY OF TESTING METHODS AND KEY FINDINGS

The test methodology approach selected for various associated certification criteria includes case management logs and systems logs of each quarter which are used to determine the frequency of use for selected clinics and patients. Additionally, these same logs as well as user reports provide insight to any errors, which have been cataloged and reviewed.

For the criteria regarding Clinical Quality measures, we opted for creating temporary practice advisories as tests since our clients have elected to send quality guidelines through ACOs or Certified Registries, and so available ecqms were tested for accuracy and completeness on imaginary patients and test users.

In regards to the API criteria, we relied on our case management logs and also contacted third parties and requested they share information regarding transmission with the clinics as well as registries and have recorded any and all metrics information received from them.

CARE SETTING(S)

The care settings tested are predominantly Primary Care (Family Practice, Integrative Medicine, Internal Medicine) as well as specialists in podiatry, gastroenterology, osteopathy, OBGYNs, pain medicine, and rheumatology.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

- [x] Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.)
- [ ] No, none of my products include these voluntary standards

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
CHPL Product Number	15.02.05.2766.INFO.01.02.1.220310
Conformance measure	Sharing with third parties and Sharing with Patients

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Standard (and version)	USCDI v1
Updated certification criteria and associated product	b1, b2, e1, g9
CHPL Product Number	15.02.05.2766.INFO.01.02.1.220310
Conformance measure	Sharing with third parties for b1, b2, e1 Sharing with Patients for e1 Application Programming Interface (API) for g9

MEASURES AND OUTCOMES			
Measurement / Metric	Associated Criterion(a)	Relied Upon Software	**Outcomes**
Sharing with Third Parties	§170.315(b)(1) §170.315(b)(2) §170.315(e)(1)	EMR Direct	31.3% of end users who volunteered their data proved to use the product feature which allows sharing and receiving EHI with Third Parties. Of all volunteers, 79.5% of transmissions were done by gastroenterology specialists, followed by 14.4% of transmissions sent by family medicine specialists. The lowest quantity of transmissions were made by internal medicine specialists (6.1%). Of all the data exported and transmitted, 79.3% were referrals while 20.7% were transitions of care. Notably, there was minimal evidence of incorporation of data from the voluntary users, with only 16.7% of volunteers using this product feature.
Sharing with Patients	§170.315(e)(1)		87.5% of all end users who volunteered their data make use of the feature to share data with patients through a secure portal. Of all volunteers, 74.6% of shared data was done by gastroenterology specialists, followed by family medicine specialists (14.8%), OBGYN specialists (4%), and rheumatology (4.1%). The lowest quantity of transmissions was pain management (0.3%), osteopathy (0.4%), and internal medicine (1.8%). All logs analyzed proved a success rating of 98.8% with a failure of 1.2%, which were corrected through additional user training or technical correction, as per required. Additionally, logs show 50% of patient interactions were views of received communications while 5.2% of all interactions consisted of downloads of the data received. 36.8% interacted with emails and 1.5% of patients made security changes to their accounts. Additionally, 6.5% interacted with Questionnaires sent by the users.
Clinical Quality Measures	§170.315(c)(1) §170.315(c)(2) §170.315(c)(3)		According to user reports, 37.5% of all clients studied record, export and report CQMs through ACOs or certified registries. These transmissions included data relating to Labs (25%), demographics for survey reporting (25%), and CCDs for clinical case reporting (50%).
Transmission to Immunization Registries	§170.315(f)(1)		Data reviewed for this measurement only represents the portion of the data applied by the facility itself, and not recorded immunizations with historical data in other sites. Of all volunteers, 37.5% used features relating to transmission of immunization registries. 83.9% of the volunteers are primary care specialists, followed by 15.9% for gastroenterology, and 0.2% for pain management.. 57% of volunteers manually submitted immunization data to their corresponding registries while the other 43% made use of our Product interoperability features. This is largely due to the differentiating standards each state imposes which need to be individually developed to ensure compatibility.
Application Programming Interface (API)	§170.315(g)(7) §170.315(g)(9) §170.315(g)(10)	EMR Direct	Internal audits of logs show that 73.9% of all API transmissions were incoming EHI while 26.1% of transmissions were outgoing data requests. Of all transmissions, 97% were processed without errors and 3% required manual user intervention to complete the processing.

Key Milestone	Date/Time Frame
Collection of information as laid out by the plan for the period for all care settings. Data organization and analysis.	April 1, 2024
Collection of information as laid out by the plan for the period for all care settings. Data organization and analysis.	July 1, 2024
Collection of information as laid out by the plan for the period for all care settings. Data organization and analysis.	October 1, 2024
End of Real-World Testing period - final collection of all data for analysis for all care settings.	January 6, 2025
Final data organization and analysis for report creation.	January 8, 2025
Submission of Real World Testing report to ACB.	January 27, 2025

ATTESTATION	
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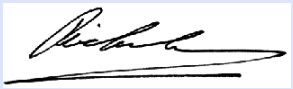
Authorized Representative Signature:	
Date:	01/27/2025