GENERAL INFORMATION	
Plan Report ID Number: [For ONC-Authorized Certification Body use only]	20211123INF
Developer Name	Infor*Med Medical Information Systems Inc.
Version Number(s)	9 (current) 8 (previous)
Certified Health IT:	Praxis EMR
Product List (CHPL) ID(s)	**15.02.05.2766.INFO.01.02.1.220310 (current)** **15.02.02.2766.A113.01.01.1.200413 (previous)**
Developer Real World Testing Page URL	https://www.praxisemr.com/real-world-testing.html

CHANGES TO ORIGINAL PLAN (Optional)		
Summary of Change	**Reason**	**Impact**
We planned to test (e)(1) updates but did not complete these updates until 12/12/22, therefore, it was not tested or included in this report.	Due to high priority updates and improvements that were required the SVAP update was postponed until sufficient resources were able to undertake the task of supporting the new version of the Direct transport protocol.	There was no impact found on the outcomes of the usability related to the (e)(1) criterion.

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 will be tested for accuracy and completeness on imaginary patients and test users.

In regards to the API criteria, we relied on case management logs by contacting third parties and request 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 gastroenterology, osteopathy, OBGYNs, pain medicine, and rheumatology.

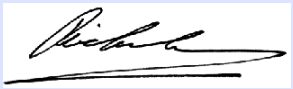
STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

- ☐ 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)	
Updated certification criteria and associated product	
Health IT Module CHPL ID	
Conformance measure	

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(b)(6) §170.315(h)(1) §170.315(h)(2) §170.315(e)(1)	EMR Direct	66.67% 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, 30.7% of transmissions were done by gastroenterology specialists, closely followed by 30.3% of transmissions sent by OBGYN specialists. Of the lowest quantity of transmissions there were pain management specialists (0.7%) and rheumatology specialists (2.2%). Of all the data exported and transmitted, 64.4% were referrals while 35.6% were transitions of care. Notably, there was no evidence of reconciliation or incorporation of data from the voluntary users, as this feature is typically used with those who have recently acquired our product, however, internal testing and statistics show that reconciliation has a maximum of 5% errors largely due to invalid data or missing fields which are required as per onc standards. These errors are manually handled by the technical teams to ensure smooth transition for the end users.
Sharing with Patients	§170.315(b)(6) §170.315(e)(1)		91.67% 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, 45.7% of shared data was done by gastroenterology specialists, followed by family medicine specialists (32.2%) and OBGYN specialists (14.9%). The lowest quantity of transmissions were internal medicine (0.5%), osteopathy (1.6%), and rheumatology (1.6%). All logs analyzed proved a success rating of 99.5% with a failure of 0.5%, which were corrected through additional user training or technical correction, as per required. Additionally, logs show 84.8% of patient interactions were views of received communications while 1.2 % of all interactions consisted of downloads of the data received. 0.2% were emailed and 13.8% of patients made security changes to their accounts.
Clinical Quality Measures	§170.315(c)(1) §170.315(c)(2) §170.315(c)(3)		According to user reports, 50% of all clients studied record, export and report CQMs through ACOs or certified registries. These transmissions included data relating to Labs (50%), demographics for survey reporting (25%), and CCDs for clinical case reporting (25%).
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, only 33.0% used features relating to transmission of immunization registries. 82.1% of the volunteers are family medicine specialists while the remaining 17.9% are pain medicine specialists. 50% of volunteers manually submitted immunization data to their corresponding registries while the other 50% 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)(8) §170.315(g)(9)	EMR Direct	Internal audits of logs show that 76.8% of all API transmissions were incoming EHI while 20.1% of transmissions were outgoing data requests. Of all transmissions, there were 3.1% errors which were caused by a mixture of canceled requests and application errors, which were corrected as required.

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, 2022
Collection of information as laid out by the plan for the period for all care settings. Data organization and analysis.	July 1, 2022
Collection of information as laid out by the plan for the period for all care settings. Data organization and analysis.	October 1, 2022
End of Real-World Testing period - final collection of all data for analysis for all care settings.	January 1, 2023
Final data organization and analysis for report creation.	January 9, 2023
Submission of Real World Testing report to ACB.	January 16, 2023

ATTESTATION	
Authorized Representative Name:	Richard M. Low MD
Authorized Representative Email:	Richard.low@praxisemr.com
Authorized Representative Phone:	(818) 963-9368
Authorized Representative Signature:	
Date:	01/16/2023