CY 2024 Real World Testing Plan for PrognoCIS

Executive Summary

This is the real world test plan for CY 2024 for our Bizmatics PrognoCIS certified EHR solution. It is virtually the same as last year's approved real world test plan with only minor alterations and updates.

As with last year's plan, it provides the real world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real world testing). We believe these test methods will be appropriate and value in accessing certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting of customers.

We have included our timeline and milestones for completing the real world testing in CY 2024, and information about compliance with the USCDI v1 and SVAP updates.

Developer 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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General Information

Plan Report ID Number: PrognoCIS_RWT_2024

Developer Name: Bizmatics Inc.

Product Name(s): PrognoCIS

Version Numbers(s): Denali 3.1

Certified Health IT Criteria: 315(b)(1)-(3), (b)(10); (c)(1)-(3); (e)(1); (f)(1)-(2), (5), (7); (g)(7), (9), (10); (h)(1)

Product List (CHPL) ID(s) and Link(s):

#1. PrognoCIS Denali 3.1 (Bizmatics Inc.)

- 15.04.04.2689.Prog.31.00.1.170929
- https://chpl.healthit.gov/#/listing/8856

#2. Benchmark EHR (Benchmark Systems) -Reseller

15.04.04.1144.AntW.71.01.1.171219

https://chpl.healthit.gov/#/listing/9098

#3. Secure EMR+ (Inmediata Health Group LLC)- -Reseller

15.04.04.2769.Secu.03.01.1.210423
https://chpl.healthit.gov/#/listing/10615

Developer Real World Testing Page URL: https://prognocis.com/macra/#rwt

Timeline and Milestones for Real World Testing CY 2024-25

- 1Q-2024: Health IT system is fully enabled for use in real world testing.
- 3Q-2024. Begin making plans to collect data for RWT measures. If necessary, engage clients to ask for their support and participation in real world testing.
- 4Q-2024. During the last quarter of the year, the CY 2024 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission.
- 1Q-2025. Submit 2024 RWT Test Report to ONC-ACB.

Standards Updates (SVAP and USCDI)

Currently, we are using all required 2015 Edition Cures Update standards. The RWT measures listed in this plan are based on those standards, and any SVAP updates are explicitly noted below. We are awaiting the updated requirements in the HTI-1 rule which has not yet been released. Based on the standards stipulated by this future ruling, we will update our standards and implementation guide as needed, and these changes may be captured in our CY 2024 RWT test results

Standard (and version)	CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2023 (December 2022).
Date of ONC-ACB notification (SVAP or USCDI)	Before end of CY 2023
Date of customer notification (SVAP only)	Before end of CY 2023
USCDI-updated certification criteria (and USCDI version)	The plan documents the support of all USCDI v1 data elements.

Real World Testing Measurements

The measurements for our real world testing plan are described below. Each measurement contains:

- Associated ONC criteria
- Testing Methodology used
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Number of client sites to use in testing (if applicable)
- Care settings which are targeted with the measurement/metric

In each measurement evaluate, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

Testing Methodologies

For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.

Compliance and/or Tool: This methodology uses inspection to evaluate if EHR is compliant to the ONC criteria requirements. It can be done through 1-v-1 inspection testing or utilize various tools to measure or evaluate compliance and interoperability. If an EHR Module capabilities is not widely used in production by current users, compliance inspection can provide assurance criteria is working as previously certified.

Care and Practice Settings Targeted

Our EHR targets different care settings, including family practice, internal medicine, general practice, pediatrics, and some other settings. While we do have different physician types using our EHR, our workflow design is based on general ambulatory encounters. In each measure, we do also address the care settings targeted and note any necessary adjustment or specific factor to consider with this specific measure.

RWT Measure #1. Number of Transition of Care C-CDAs Successfully Sent

Associated Criteria: 315(b)(1) and 315(h)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many C-CDAs are created and successfully sent from the EHR Module to a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a C-CDA patient summary record, including ability to record all clinical data elements, and by sending the C-CDA patient summary record the EHR demonstrates successful interoperability of an exchanged patient record with a 3rd party. This measurement shows support for Direct Edge protocol in connecting to our HISP for successful transmission.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count. During the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the C-CDA patient summary record, including record required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate ability to confirm successful interoperability of an exchanged patient record with a 3rd party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Relied Upon Software

Our measures were designed to confirm our relied upon software (RUS) is properly configured and working with our EHR. RUS tested in this measure include:

- MedKnowledge--First Databank Drug Database AND
- Intelligent Medical Objects (Problem Terminology) AND
- Intelligent Medical Objects (Procedure Terminology)
- Surescripts Clinical Interoperability (Direct Messaging)

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #2. C-CDAs Received, Processed, and Incorporated

Associated Criteria: 315(b)(1) and 315(b)(2)

Testing Methodology: Reporting/Logging and Compliance

Measurement Description

This use case is associated with two different criteria and tracking two different metrics. It is tracking and counting how many C-CDAs are successfully received and/or incorporated upon receipt from a 3rd party via Direct messaging during a transition of care event over the course of a given interval. It is also doing a compliance evaluation of the inbound C-CDA error detection capability.

Measurement Justification

For the first measure metric, we will provide a numeric value to indicate both the how often the EHR can receive a C-CDA patient summary record and then incorporating problems, medications, and medication allergies from the C-CDA into the patient record. This measure also shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

The second measure is evaluation the C-CDA error detection capability. C-CDA error detection provides assurance to the user of the validity of received or imported in C-CDAs which is both a certification requirement and supports interoperability within production setting.

Measurement Expected Outcome

This use case has two measures.

Measure #1: C-CDA Incorporation. The first measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count. During the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the EHR can receive a C-CDA patient summary record. In incorporating the C-CDA patient summary record, the EHR will demonstrate successful interoperability of problems, medications, and medication allergies of patient record with a 3rd party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Measure #2: C-CDA Error Detection. PrognoCIs has an internal tool for tracking the errors from C-CDA received. The user will import in, either through upload or inbound messages, C-CDAs with different known errors. The user will use the EHR functions to parse the C-CDA document and perform errors detection which will be reviewed by the user. We will confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production-type environment.

Relied Upon Software

Our measures were designed to confirm our relied upon software (RUS) is properly configured and working with our EHR. RUS tested in this measure include:

- MedKnowledge--First Databank Drug Database AND
- Intelligent Medical Objects (Problem Terminology) AND
- Intelligent Medical Objects (Procedure Terminology)

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #3. Number of NewRx and CancelRX Messages Successfully Sent

Associated Criteria: 315(b)(3)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many NewRx and CancelRx electronic prescriptions were created and successfully sent from the EHR Module to a pharmacy destination over the course of a given interval.

Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a NewRx SCRIPT electronic prescription message as well as the CancelRx message and transmit it to a pharmacy, typically via the Surescripts Network.

Measurement Expected Outcome

This use case will have two different measurement metrics, and both measurements will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count. During the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

For eRX criteria Bizmatics has implemented connectivity to Surescripts network, and all Prescriptions get routed through them. Bizmatics goes though a rigorous certification testing process with Surescripts before enabling these services in the product.

Measure #1 will show that the EHR can create the NewRx message and send over a production network, like the Surescripts Network, to a pharmacy. Measure #2 will count the number of CancelRx message sent over the same time period.

Successfully completing these measure use cases also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure counts to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Relied Upon Software

Our measures were designed to confirm our relied upon software (RUS) is properly configured and working with our EHR. RUS tested in this measure include:

- MedKnowledge--First Databank Drug Database AND
- Intelligent Medical Objects (Problem Terminology) AND
- Intelligent Medical Objects (Procedure Terminology)

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #4. Number of Patient Batch Exports Run

Associated Criteria: 315(b)(10)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many batch exports of C-CDAs were successfully performed by the EHR Module over the course of a given interval.

Measurement Justification

This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a batch export of multiple C-CDA patient summary records.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count. During the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create a batch export of multiple C-CDA patient summary records, which can be used in means of health IT interoperability. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Relied Upon Software

None for this measure.

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #5. Number of Quality Measures Successfully Reported on to CMS

Associated Criteria: 315(c)(1)-(c)(3)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many eCQM quality measures were successfully reported on by the EHR Module to CMS during their submission period for MIPS Quality reporting.

Measurement Justification

This measure will provide a count and list of electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS. Because CQM criteria, 315(c)(1)-(c)(3), all work collectively together in the eCQM functionality of the EHR Module, this measurement is used for all three.

Measurement Expected Outcome

The measurement will a count and list of eCQMs submitted to CMS over a given interval. We will utilize our population health tool to determine our measure count.

A successful measure submission indicates compliance to the underlying ONC criteria. It will show that the EHR can do calculations on the eCQM and that they are accepted by CMS. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure result to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Relied Upon Software

Our measures were designed to confirm our relied upon software (RUS) is properly configured and working with our EHR. RUS tested in this measure include:

- MedKnowledge--First Databank Drug Database AND
- Intelligent Medical Objects (Problem Terminology) AND
- Intelligent Medical Objects (Procedure Terminology)

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #6. Patient Portal Use

Associated Criteria: 315(e)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many patients are successfully logged into and accessed their patient portal account as well as email transmissions from the portal over the course of a given interval.

Measurement Justification

This use case has three metrics which measure real world interoperability actions of patients and their secure portals. The first measure will provide a numeric value to indicate both the how often patients log into their patient portal to view, download, or transmit their health data. The second measure counts the number of email transmissions that will be done from the portal, and the third measure tracks how many different destinations transmission are sent.

These activities show how patients commonly utilize a patient portal as well as the breadth of its use with other health care entities.

Measurement Expected Outcome

The measurements will produce numeric results over a given time interval of a minimum of three (3) months. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

For all three measures, a successful increment indicates compliance to the underlying ONC criteria. It will show that patients can log into their patient portal to access their patient data and transmit their health data to a 3rd party. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure counts to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Relied Upon Software

Our measures were designed to confirm our relied upon software (RUS) is properly configured and working with our EHR. RUS tested in this measure include:

- MedKnowledge--First Databank Drug Database AND

- Intelligent Medical Objects (Problem Terminology) AND
- Intelligent Medical Objects (Procedure Terminology)

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #7. Immunization Messages Successfully Sent to IIS/Immunization Registries

Associated Criteria: 315(f)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking how immunization messages are created and successfully sent from the EHR Module to an IIS/immunization registry over the course of a given interval.

Measurement Justification

This measure will provide a value to indicate if bi-direction exchange is enabled and working between the EHR and the IIS/immunization registry. This measure indicates that the EHR can exchange an immunization message, including ability to record all clinical data elements, with an IIS/immunization registry.

Measurement Expected Outcome

The measurement will record if the immunization interface is active and working between the EHR and public health registry. Our IIS interface log/report indicates status of the interface, and during the year, we will examine the log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

A successful measurement status indicates compliance to the underlying ONC criteria. It will show that the EHR is creating and exchange the HL7 immunization record, including ability to record the required clinical data elements. In sending the immunization message, the EHR will demonstrate ability to confirm successful interoperability of patient's immunization data to an IIS/immunization registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

Relied Upon Software

None for this measure.

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #8. Syndromic Surveillance Messages Successfully Sent to Public Registry

Associated Criteria: 315(f)(2)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking how many syndromic surveillance messages are created and successfully sent from the EHR Module to a syndromic registry over the course of a given interval.

Measurement Justification

This measure will provide a value to indicate if the exchange is enabled and working between the EHR and the syndromic surveillance registry. This measure indicates that the EHR can exchange a syndromic message, including ability to record all clinical data elements, with the public registry.

Measurement Expected Outcome

The measurement will record if the syndromic surveillance interface is active and working between the EHR and public health registry. Our logs indicate the status of the interface, and during the year, we will examine this log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the HL7 syndromic surveillance message, including ability to record the required clinical data elements. In sending the syndromic surveillance message, the EHR will demonstrate ability to confirm successful interoperability of patient's Syndromic Surveillance data to public health registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Relied Upon Software

None for this measure.

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings. We will survey a sample of our client community to obtain our survey results.

RWT Measure #9. How many different health care survey registries do you connect with?

Associated Criteria: 315(f)(7)

Testing Methodology: Reporting/Logging

Measurement Description

This is a measure to determine the number of health care survey public health registries you use.

Measurement Justification

This measure will determine real world interoperability and usability, specifically many different public health care survey registries are used by the provider.

This measure will the number and names of health care survey registries which are integrated with the EHR.

Measurement Expected Outcome

To obtain this information, we will inquire with user community to determine the PHAs they have chosen to integrate and exchange data with.

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

Relied Upon Software

None for this measure.

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings. We will survey a sample of our client community to obtain our survey results.

RWT Measure #10. How many different applications/3rd party systems are using your API capabilities?

Associated Criteria: 315(g)(7), (g)(9), (g)(10)

Testing Methodology: Reporting/Logging

Measurement Description

This is a measure to determine how many different systems or applications are connecting to your EHR via the API.

Measurement Justification

This measure will determine how many 3rd party systems or applications are integrated and using the EHR's API interface.

Measurement Expected Outcome

We do not believe many of our clients are using API capabilities, but this measure will reveal its level of adoption. We will use both our API registration information as well as any feedback from user community on their implementation and use of FHIR APIs.

Relied Upon Software

Our measures were designed to confirm our relied upon software (RUS) is properly configured and working with our EHR. RUS tested in this measure include:

- MedKnowledge--First Databank Drug Database AND
- Intelligent Medical Objects (Problem Terminology) AND
- Intelligent Medical Objects (Procedure Terminology)

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings.

RWT Measure #11. Electronic Case Messages Successfully Sent to Public Registry

Associated Criteria: 315(f)(5)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking how many electronic case messages are created and successfully sent from the EHR Module to a registry over the course of a given interval.

Measurement Justification

This measure will provide a value to indicate if the exchange is enabled and working between the EHR and the electronic case registry. This measure indicates that the EHR can exchange an electronic case message, including the ability to record all clinical data elements, with the public registry.

Measurement Expected Outcome

The measurement will record if the electronic case interface is active and working between the EHR and public health registry. Our logs indicate the status of the interface, and during the year, we will examine this log information for a minimum period of three (3) months to determine an appropriate sample of this measurement.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the electronic case message, including ability to record the required clinical data elements. In sending the electronic case message, the EHR will demonstrate ability to confirm successful interoperability of patient's data to public health registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Relied Upon Software

Our measures were designed to confirm our relied upon software (RUS) is properly configured and working with our EHR. RUS tested in this measure include:

- MedKnowledge--First Databank Drug Database AND
- Intelligent Medical Objects (Problem Terminology) AND

- Intelligent Medical Objects (Procedure Terminology)

Care Settings

Our EHR is targeted to a variety of care settings including family practice, internal medicine, general practice, pediatrics, and some other settings in ambulatory care. We have designed this measure to be applicable to all settings. We will survey a sample of our client community to obtain our survey results.