ASP.MD Real World Testing Plan 2024

GENERAL INFORMATION

Plan Report ID Number:

Developer Name: ASP.MD Inc

Product Name(s): AMOS (ASP.MD Medical Office System)

Version Number(s): 92

Certified Health IT Product List (CHPL) ID(s): 15.02.05.1026.ASPM.01.01.0.220203

Developer Real World Testing Page URL: https://www.asp.md/real-world-test-plan/

Relied-upon software: None

Background: Follows a test plan to assess the utilization of certified measures in real world environments as required by ONC Health IT Certification Program.

Justification for real world testing approach: The ASP.MD Medical Office System features an ONC certified EHR which will be tested by the approach outlined here. The approach outlined here will determine correct and effective existence, utilization, and error management of the covered functionality. The majority of the testing will be done through querying the system tables to document the import of various documents, viewing of various documents, production of various documents and their export and transmission, and API utilization / capabilities. When data in the system cannot prove the existence of certain capabilities, such as documentation, then, production test scenarios will be utilized to test these functionalities. All testing will be performed in ambulatory clinic settings since this is the only setting in which our systems are used.

ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Which certification criteria were updated to USCDI and/or to which version of USCDI was the certification criteria updated?	b1, USCDI v1 b2, USCDI v1 e1, USCDI v1 g9, USCDI v1
Method Used	Cures Update
Standard (and version)	USCDI v1
Date of ONC ACB notification	12/30/2022
Date of customer notification (SVAP only)	Not applicable
Conformance Measure	Measure 1 for b1, b2 Measure 2 for e1 Measure 8 for g9
USCDI updated certification criteria (and USCDI version)	b1, USCDI v1 b2, USCDI v1 e1, USCDI v1 g9, USCDI v1

Description of Measurement/Metric

Describe the measure(s) that will be used to support the overall approach to Real World Testing.

Measurement/Metric	Description
1. Analysis of inbound C-CDA formatted documents	Query the system to determine the number of C-CDA documents received, the formats received, the types received, XDM package received, patient matching accuracy, number of documents displayed and display format, what information was / could be displayed, whether preferential display capability was provided, validation performed, whether auto parse document contents was attempted and success rate. Document these numbers in spreadsheet.
2. Analysis of outbound C-CDA documents	Query the system to determine the number of C-CDA formatted documents created, the formats created, the types created, whether sent, means sent by, requested by (patient or provider / portal or provider system), contents assist with patient matching, check date ranges, cross reference auditing.
3. Analysis of eRx messages	Query the number of outbound rx messages in new format.
4. Analysis of outbound immunization messages	Query system for number of outbound immunization messages sent to registry, receipt confirmed.
5. Analysis of inbound immunization histories received	Query for number of inbound immunization histories received in testing date ranges, proper incorporation in to EHR. If 0 utilize test scenario.
6. Analysis of surveillance messages	Query for number of outbound surveillance messages generated / transmitted. If 0 utilize test scenario.
7. Analysis of quality collection / exports	Query system for number of quality measures for which data was collected and exported. Confirm capability to produce QRDA III results from QM data.
8. Analysis of audit	Query system for number of requests made and data

logs for FHIR data requests.	**accessed. Use test scenarios to confirm complete documentation in production environment.**

Associated Certification Criteria

List certification criteria associated with the measure and if updated to the 2015 Edition Cures Update

criteria.

Measurement/Metric	Associated Certification Criteria
1. Analysis of inbound C-CDA formatted documents	170.315(b) 1, 2
2. Analysis of outbound C-CDA documents	170.315(e) 1 170.315(h) 1
3. Analysis of eRx messages	170.315(b) 3
4. Analysis of outbound immunization messages	170.315(f) 1 Paragraph (f)(1)(i)
5. Analysis of inbound immunization histories received	170.315(f) 1 Paragraph (f)(1)(ii)
6. Analysis of surveillance messages	170.315(f) 2
7. Analysis of quality data collection / exports	170.315(c) 1
8. Analysis of audit logs for FHIR data requests.	170.315(g) 7 170.315(g) 9 170.315(g) 10

Justification for Selected Measurement/Metric

Provide an explanation for the measurement/metric selected to conduct Real World Testing.

Measurement/Metric	Justification
1. Analysis of inbound C-CDA formatted documents	From this query it will be possible to verify C-CDA documents received, the formats received, the types received, verify XDM packages received, check patient matching accuracy, number of documents displayed and display format, what information was / could be displayed, whether preferential display capability was provided, validation performed, whether auto parse document contents was attempted and success rate. Document these numbers in spreadsheet.
2. Analysis of outbound C-CDA documents	From this query it will be possible to verify the creation of C-CDA formatted documents, the formats created, the types created, whether sent, means sent by, requested by (patient or provider / portal or provider system), contents assist with patient matching, check date ranges, cross reference auditing.
3. Analysis of eRx messages	From this query it will be possible to verify correct generation and transmission of electronic prescribing messages including new rx, refill request response, fill history, and change/cancellations.
4. Analysis of outbound immunization messages	From this query it will be possible to verify correct generation and transmission of immunization messages to outside registry.
5. Analysis of inbound immunization histories received	From this query it will be possible to verify immunization history requests, receipt, and display.
6. Analysis of surveillance messages	From this query it will be possible to verify correct generation and transmission of surveillance messages to outside registry.
7. Analysis of quality collection / exports	From this query it will be possible to verify collection of quality data, calculation of quality metrics and submission to CMS via CMS API. Note that API will be used instead of QRDA III format.

8. Analysis of audit logs for FHIR data requests.	**From this query it will be possible to verify responses to FHIR API requests if any. If no requests are made proper functionality will be determined through test scenarios.**

Care Setting(s)

List each care setting which is covered by the measure and an explanation for why it is included.

Care Setting	Justification
General: Ambulatory clinics including internal medicine, pulmonary, dermatology	**Ambulatory clinics are the only setting in which our systems are used. We have included these three specialities because they are in the specialities in which our users most commonly utilize the broadest spectrum of functionality covered in RWT. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**
Analysis of inbound C-CDA formatted documents	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**
Analysis of outbound C-CDA documents	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**
Analysis of eRx messages	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**

Analysis of outbound immunization messages	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**
Analysis of inbound immunization histories received	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**
Analysis of surveillance messages	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**
Analysis of quality data collection / exports	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**
Analysis of audit logs for FHIR data requests.	**Ambulatory clinics are the only setting in which our systems are used. We will include internal medicine, pulmonary, and dermatology because they are in the specialities in which our users most commonly utilize the function covered in this metric. Note that our system is one system which is utilized by all clients regardless of specialty. If a function is proven to work in a given practice, it also works in any other practice on the system.**

Expected Outcomes

Measurement/Metric	Expected Outcomes
1. Analysis of inbound C-CDA formatted documents	Expect to confirm proper receipt and count of inbound C-CDA formatted documents, verify correct verification and display. Benchmark would be at least one C-CDA successfully imported and properly parsed. Data gathered will confirm meeting this benchmark.
2. Analysis of outbound C-CDA documents	Expect to confirm proper creation and transmission of outbound C-CDA formatted documents in both provider and patient settings. Benchmark would be at least one C-CDA successfully created and exported in both provider and patient settings. Data gathered will confirm meeting this benchmark.
3. Analysis of eRx messages	Expect to confirm proper generation, transmission, and receipt / confirmation of eRx messages. Benchmark would be successful generation and transmission of > 100 rx messages. Data gathered will confirm meeting this benchmark.
4. Analysis of outbound immunization messages	Expect to confirm proper generation and transmission of immunization messages to registry. Benchmark would be successful generation and transmission of > 100 immunization messages. Data gathered will confirm meeting this benchmark.
5. Analysis of inbound immunization histories received	Expect to confirm proper receipt and display of inbound immunization messages from registry OR from test scenario if none from registry d/t registry issue. Benchmark would be successful receipt and display of > 50 immunization histories. Data gathered will confirm meeting this benchmark.
6. Analysis of surveillance messages	Expect to confirm proper generation of surveillance messages and transmission to test scenario. Benchmark would be generation and transmission of at least 1 surveillance message. Data gathered will confirm meeting this benchmark.
7. Analysis of quality collection	Expect to confirm collection, calculation and transmission of quality data to CMS via CMS API. Benchmark would be

/ exports	**calculation and successful tranmission of measure required to meet MIPS for participating practices. Data gathered will confirm meeting this benchmark.**
8. Analysis of audit logs for FHIR data requests.	**Expect to confirm proper response of FHIR API to external requests or to test scenario requests. Benchmark would be proper FHIR response to the requests of at least one FHIR application. Data gathered will confirm meeting this benchmark.**

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
All data is gathered by system on ongoing basis; data will be initially queried in the first quarter of 2024 for 2024 measure year. These initial queries will validate query functionality. Any necessary corrections will be made. Data will be queried again first week 2025 for 2024 RWT results. **To clarify; users generate data through use of the system; this data can be queried and analyzed to determine if the metrics listed above are being met. The initial analysis in 2024 Q1 will ensure that the necessary data is being captured, and, will indicate any areas where test scenarios will be required in place of production data. The second analysis performed in the first quarter following the measurement year will return the results of the real world testing.**	**Ambulatory clinics**	**Data collection:** **Measure year 2024 (1/1/2024 - 12/31/2024).** **Data query / analysis: Jan 2025** **Reporting: by Feb 1 2025**

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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