REAL WORLD TESTING RESULTS REPORT
Aprima EHR and PM

BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify health IT developers' responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist health IT developers in developing their Real World Testing plans and results reports.

A Real World Testing plan template was created to assist health IT developers in organizing the required information that must be submitted for each element in their Real World Testing plan. To accompany the plan template, ONC has also provided this results report template.

While the use of this template is voluntary, health IT developers may find it useful in preparing their Real World Testing results report(s). Health IT developers must submit one year of results to address the Real World Testing of eligible products as outlined in their previous year's Real World Testing plan(s). If adjustments to approaches are made throughout Real World Testing, the health IT developer should reflect these adjustments in their Real World Testing results report. ONC expects that the results report will include a list of these changes, the reasons for them, and how intended outcomes were more efficiently met as a result.

While every effort has been made to ensure the accuracy of restatements of 45 CFR Part 170, this template is not a legal document. The official program requirements are contained in the relevant laws and regulations. This resource should be read and understood in conjunction with the following companion resources, which describe in detail many of the Certification Program requirements referenced in this resource.

- Real World Testing–What It Means for Health IT Developers – Fact Sheet
- Real World Testing Resource Guide
- Real World Testing Certification Companion Guide

Health IT developers should also review the following regulatory materials, which establish the core requirements and responsibilities for Real World Testing under the Certification Program.

- 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program final rule, 85 FR 25642 (May 1, 2020) (**ONC Cures Act Final Rule**)
  - Section VII.B.5 — *"Real World Testing"*

TEMPLATE INSTRUCTIONS

The following template is organized by elements required to be submitted in the Real World Testing results report. Each section provides a field for submitting responses and/or explanations for how the health IT developer addressed each required element in their Real World Testing approach. These fields serve as a foundation of information required for developing a Real World Testing results report and can be expanded with additional rows or columns to address the specific needs of the Real World Testing results being submitted.

INTRODUCTION

This document contains a list of the steps taken to conduct the annual Real World Testing requirements for ONC certification. The Results within this document were reviewed as Screenshots and spreadsheets for their compliance with the criteria defined in the test plan. These artifacts will be maintained by the Aprima Team for audit purposes or further requests.

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only] Developer Name:

Product Name(s): **Aprima EHR and PM**

Version Number(s): **Version 18**

Certified Health IT Product List (CHPL) Product Number(s): **15.04.04.2968.Apri.18.00.1.181228**

Developer Real World Testing Plan Page URL: https://emds.com/certifications/

Developer Real World Testing Results Report Page URL [if different from above]:

[OPTIONAL] CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	**Reason** [Describe the reason this change occurred]	**Impact** [Describe what impact this change had on the execution of your Real World Testing activities]
N/A	N/A	N/A

[OPTIONAL] WITHDRAWN PRODUCTS

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	Aprima EHR and PM
Version Number(s):	Version 18
CHPL Product Number(s):	0015EMX7NAU920J
Date(s) Withdrawn:	12/28/2022
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	All data collected in this report was captured on the withdrawn product because CURES update certification was not achieved until 12/28/2022

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Provide a summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability.

If any non-conformities were discovered and reported to the ONC-ACB during testing, outline these incidences and how they were addressed.

Note: A single Real World Testing results report may address multiple products and certification criteria for multiple care settings.

Consistent with the ONC's recommendation that "Real World Testing verify that deployed Certified Health IT continues to ***perform as intended by conducting and measuring observations of interoperability and data exchange***", our original test plan focused on capturing and documenting the number of instances that certified capability was successfully utilized in the real world. In instances where no evidence exists due to low or zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

As per the test plan, we leveraged a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate was used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might be accounted for by patient volume, location or provider preference among other reasons. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments were used to measure which certified actions were performed at the conclusion of a given time period where the minimum time period was 90 days and longer where possible. These results are typically obtained by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests were live tested as opposed to examining historical usage statistics. The goal being to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed for the successful testing and obtaining results for each criterion. Detailed below in the **Metrics and Outcomes** section the reader will find evidential data in the form of a Summative result(s) or Interactive test outcome for each certified criteria for **Aprima EHR and PM**.

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

Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.

Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

☐ Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.

[X] No, none of my products include these voluntary standards.

Standard (and version)	Updated certification criteria and associated product	CHPL Product Number	Conformance Measure
N/A	*N/A*	*N/A*	*N/A*

Care Setting(s)

Aprima EHR and PM is marketed primarily to ambulatory practices. eMDs does not market differently for different specialties, nor does the certified Health IT function differently in different care settings.

Care Setting	Justification
Primary Care	Specialties are primarily focused on the Family Medicine, Pediatrics and OB/GYN practices.
General Specialties	Serve the ENT, Neurology, Cardiology, etc. care settings
Orthopedic Specialties	Serve the Physical Therapy, Orthopedics, Podiatry, etc. care settings
Surgical Specialties	Are deployed in the General Surgery, Plastic Surgery, Hand Surgery, etc. care settings.
Behavioral Health	Serve all mental and behavioral health care settings

Metrics and Outcomes

Within this section is a list of the results collected from the **Aprima EHR and PM Version 18** solution Real World Testing measures as defined in their Real World Test plan. Outcomes are listed as Pass, Pass with Exception, or Fail determined by the success of obtaining testing results. This determination was based on a thorough review by the Aprima team. A link is included within the **Outcomes** column in the table below to a subsequent **Outcomes Details** table. This second table matches each outcome with additional detailed information such as supporting resources and descriptions of the tests that were performed.

Key components include:

- Customer created a comprehensive Test Results Report which details customer environment, patient data utilized for tests, locations of testing
- Customer attempted Summative and/or Interactive Testing

- Customer collected audit logs to support spreadsheets and as necessary, screen shots that demonstrate proof of Interactive Testing for each criteria with “0” values in Summative Testing. These files are referenced and remain on file with Aprima.

The following metrics were measured by viewing audit logs in the client’s live production system within the 12 months of the reporting year. For each test, a recording was taken of the audit report criteria screen showing the auditing information being reported. The resultant report was then saved to show the usage (or lack thereof) of the criterion

(from 85 FR 25766)

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315(b)(1) Transitions of care	Over a 90-day period: 1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3) Number of CCDAs received via edge protocols	Surescripts	Pass 1. 3387 2. 1359 3. 22661	
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1) 1)Number of times a user reconciled medication list data from a received CCDA 2) 2)Number of times a user reconciled allergies and intolerance list data from a received CCDA 3) 3)Number of times a user reconciled problem list data from a received CCDA		Pass 1. 26 2. 19 3. 35	
170.315(b)(3) Electronic prescribing	Over a 90-day period: 1) Number of prescriptions created 2) Number of prescriptions changed 3) Number of prescriptions canceled 4) Number of prescriptions renewed	Surescripts First Databank	Pass 1. 529925 2. 1657 3. 207 4. 7002	
170.315(b)(6) Data export	Over a 90-day period: 1) Number of times a data export was performed for a patient 2) Number of times a data export was performed for multiple patients in a single transaction 3) Number of times a data export was performed for all patients in a single transaction		Pass 1. 0 2. 78 3. 0	

170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 90-day period: 1) Number of measures recorded during the period (unique CQMs across providers) 2) Number of QRDA Category 1 files exported 3) Number of QRDA Category 1 files imported (if applicable) 4) Number of QRDA Category 3 aggregate report(s) created over the period		Pass 1. 20 2. 0 3. 0 4. 31	Some sites slated for sampling applied for and received an exception application for 2021 CQM reporting year.
170.315(e)(1) View, download, and transmit to 3rd party	Over a 90-day period: 1) Number of views of health information by a patient or authorized representative 2) Number of downloads of health information by a patient or authorized representative 3) Number of transmissions of health information by a patient or authorized representative using unencrypted email 4) Number of transmissions of health information by a patient or authorized representative using encrypted method	Surescripts Clinical Direct Messaging	Pass 1. 31694 2. 1063 3. 0 4. 0	
170.315(f)(1) Transmission to immunization registries	Over a 90 day perod: 1) Number (or percentage) of immunization records submitted to the immunization record		Pass 1. 3106	
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Over a 90 day period: 1) Total number of syndromic surveillance events created and submitted		Pass 1. 625	

170.315(f)(4) Transmission to cancer registries	Over a 90 day period: 1) Total number of cancer registry data records created and submitted		Pass 1. 0	
170.315(g)(7) Application access — patient selection	1) Number of requests for a patient ID or token 2) Number of requests that provided sufficient information to provide a valid response 3) Number of follow-up requests made using the provided patient ID or token		Pass 1. 0 2. 0 3. 0	
170.315(g)(8) Application access — data category request	1) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token 2) Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token for a specific date range		Pass 1. 0 2. 0	
170.315(g)(9) Application access — all data request	1) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token 2) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range		Pass 1. 0 2. 0	
170.315(h)(1) Direct Project	1) Number of Direct Messages sent 2) Number of Delivery Notifications received 3) Number of Direct Messages received 4) Number of Delivery Notifications sent	Surescripts	Pass 1. 1652 2. 1033 3. 18968 4. 1826	

Outcome Details

The following sections contain additional descriptions and test results supporting documentation to provide more context for the testing outcomes defined in the **Metrics and Outcomes** table above.

170.315(b)(1) Transitions of care

Summary Description
Pass **Method: Summative Testing** The purpose of this test was to show that CDA documents are able to be created and exported. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(b)(1) criterion. This number of sites accurately represents all Care Settings listed above. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Furthermore, it is not feasible to obtain copies of CCDA documents from “outside” developers or providers who have no incentive to participate in this exercise. Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often CCDAs are created and exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.
Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(b)(2) Clinical Information Reconciliation and Incorporation

Summary Description
Pass **Method: Summative Testing** The purpose of this test was to show that CDA documents are able to be imported, matched to a patient, reconciled and new CDA documents created and exported. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(b)(2) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. The expectation is each of these steps is done electronically within the certified Health IT module. While this certified capability is available to our users, most providers in the real world typically prefer to perform these steps manually and elect to save any outside received CCDAs as attachments to the patient record. Therefore, we intend to record the frequency that providers are electronically reconciling and incorporating CCDAs that were received from outside providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate

Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(b)(3) Electronic Prescribing

Summary Description
Pass **Method: Summative Testing** The purpose of this test was to show that an active connection from EHR customer sites to an ePrescribing solution was deployed. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(b)(3) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. However, it is not possible to demonstrate the correct standards were used because it is not feasible to obtain copies of eRx documents from “outside” companies or pharmacies who have no incentive to participate. Therefore, we intend to demonstrate the required certified capabilities are effective by demonstrating how often eRx transactions are performed by examining reports from our eRx partner. This will demonstrate that not only are the eRx transactions sent from the certified Health IT module, but that the transactions are successfully received by the eRx clearinghouse. Our expectation is there will be high utilization by providers with a high success rate.
Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(b)(6) Data Export

Summary Description
Pass **Method: Summative and Interactive** The purpose of this test was to show that our customer can export patient data from our EHR without any assistance from Aprima. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(b)(6) criterion. Due to low or zero adoption of somw of this criteria, the Aprima Team demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to export a summary of a patient’s record in CCDA format according to specified standards and vocabulary code sets. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Therefore, we intend to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be very low utilization by providers with a high success rate.
Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(c)(1-3) Clinical Quality Measures (CQMs)

Summary Description
Pass **Method: Summative and Interactive Testing** The purpose of this test was to show that the EHR meets the QRDA reporting requirement for the designated care settings. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(c)(1-3) criterion. The resulting totals show that this module was active for total CQMs as well as QRDA cat 3 files throughout the period and therefore demonstrates a compliant result. Due to low or zero adoption of QRDA cat 1 files, the Aprima Team demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
These criteria will be tested together. C1 requires a certified Health IT module to record required data, calculate CQMs from the recorded data, and export the data in QRDA Category 1 format. C2 requires a certified Health IT module must be able to import data from a QRDA Category 1 formatted file and calculate the CQMs based on that data. C3 requires a certified Health IT module must be able to create a QRDA Category 1 formatted file and a QRDA Category 3 aggregate report to be used for transmitting CQM data to CMS. We intend to record the frequency that CQM files are imported and/or exported by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.
Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(e)(1) View, Download, and Transmit to 3rd Party

Summary Description
Pass **Method: Summative and Interactive Testing** The purpose of this test was to show that the EHR provides patients access to a patient portal with the ability to view, download, and send their health care records for the designated care settings. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(e)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result. In addition, the Aprima Team also demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to provide patients access to a patient portal with the ability to view, download, and send their health care records to other providers via encrypted or unencrypted transmission methods in CCDA format. We intend to record the frequency that patients are viewing, downloading, and transmitting their records from the portal using the certified capabilities to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by patients for view and lower utilization for download and transmit with a high success rate for all certified capabilities.
Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(f)(1) Transmission to Immunization Registries

Summary Description

Pass	**Method: Summative Testing**

The purpose of this test was to show that the EHR is able to transmit immunization data to a registry and meets the reporting requirement for the designated care settings.

A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(f)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

This criterion requires the ability of a certified Health IT module to transmit immunization data to a registry using a specified format. We intend to record the frequency that immunization data is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.

Results Supporting Documents

Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(f)(2) Transmission to Public Health Agencies — Syndromic Surveillance

Summary Description

Pass	**Method: Summative Testing**

The purpose of this test was to show that the EHR is able to transmit syndrome-based public health surveillance data to a registry and meets the reporting requirement for he designated care settings.

A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(f)(2) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

This criterion requires the ability of a certified Health IT module to transmit syndrome-based public health surveillance data to a registry using a specified format. We intend to record the frequency that syndromic surveillance data is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.

Results Supporting Documents

Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(f)(4) Transmission to Cancer Registries

Summary Description

Pass	**Method:** Interactive Testing

The purpose of this test was to show that the EHR is able to transmit cancer case data to a registry and meets the reporting requirement for the designated care settings.

A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(f)(4) criterion. Due to low or zero adoption of this criteria, the Aprima Team demonstrated the module function in their system as an interactive test demonstrating a compliant result.

Justification

This criterion requires the ability of a certified Health IT module to transmit cancer case information to a registry using a specified format. We intend to record the frequency that cancer case information is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.

Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(g)(7) Application Access — Patient Selection

Summary Description	
Pass	**Method:** Interactive Testing
The purpose of this test was to show that the EHR is able to fulfill an API request that enables external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(g)(7) criterion. Due to low or zero adoption of this criteria, the Aprima Team demonstrated the module function in their system as an interactive test demonstrating a compliant result.	
Justification	
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. We intend to record the frequency that patient ID requests are received by providers via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.	
Results Supporting Documents	
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.	

170.315(g)(8) Application Access — Data Category Request

Summary Description	
Pass	**Method:** Interactive Testing
The purpose of this test was to show that the EHR is able to fulfill an API request that enables external applications to request patient data categories from the certified Health IT module. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(g)(8) criterion. Due to low or zero adoption of this criteria, the Aprima Team demonstrated the module function in their system as an interactive test demonstrating a compliant result.	
Justification	
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request patient data by category from the certified Health IT module. We intend to record the frequency that patient data requests by category are received by providers and fulfilled via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.	
Results Supporting Documents	
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.	

170.315(g)(9) Application Access — All Data Request

Summary Description	
Pass	**Method:** Interactive Testing

The purpose of this test was to show that the EHR is able to fulfill an API request that enables external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(g)(9) criterion. Due to low or zero adoption of this criteria, the Aprima Team demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. We intend to record the frequency that patient data requests for all categories are received by providers and fulfilled via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.
Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

170.315(h)(1) Direct Project

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that the EHR is able to process Direct messages bi-directionally as well as track MDNs. A query of historical audit logs for 100 sites representing 1147 providers for at least a 90-day period was performed for the 170.315(h)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to record the frequency that direct messages are sent and received by providers, along with how often MDNs are sent and received. Since not all systems respond with MDNs, we cannot reliably use that metric to define success. Furthermore, it is not feasible to obtain copies of Direct Messages from “outside” developers or providers who have no incentive to participate in this exercise . Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often Direct Messages are exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.
Results Supporting Documents
Please contact the Aprima team for any Results spreadsheets, recordings and workflow screenshots if needed.

KEY MILESTONES

Includes a list of key milestones that were met during the Real World Testing process. Includes details on how and when Aprima implemented measures and collected data.

Key Milestone	Care Setting	Date/Timeframe

Scheduling and logistics	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	09/21/2021-10/01/2022
Data collection	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	01/02/2022-1/31/2023
Review and Collect Data	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	01/02/2022-01/30/2023
Writing Report	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	01/01/2023-01/31/2023
Aprima executed summative testing to show that the criteria are functional. The following metrics were pulled from transaction logs as detailed in the outcomes section above: • 170.315 (b)(1) Transitions of care • 170.315 (b)(2) Clinical Information Reconciliation and Incorporation • 170.315 (b)(3) Electronic Prescribing • 170.315 (b)(6) Data Export • 170.315 (c)(1-3) Clinical Quality Measures (CQMs) • 170.315 (e)(1) View, Download, and Transmit to 3rd Party • 170.315 (f)(1) Transmission to immunization registries • 170.315(f)(2) Transmission to public health agencies — syndromic surveillance • 170.315 (h)(1) Direct Project	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	01/02/2022-01/31/2023
Aprima executed interactive testing to show that the criterion are functional. The following metrics were tested interactively as detailed in the outcomes section above: • 170.315 (b)(6) Data Export • 170.315 (c)(1-3) Clinical Quality Measures (CQMs) • 170.315 (e)(1) View, Download, and Transmit to 3rd Party • 170.315(f)(4) Transmission to cancer registries • 170.315(g)(7) Application access—patient selection • 170.315(g)(8) Application access—data category request • 170.315(g)(9) Application access—all data request	-Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	10/01/2022-01/31/2023

ATTESTATION

The Real World Testing Results Template must include the following attestation signed by the Health IT Developer Authorized representative.

Note: The Results must be approved by a Health IT Developer authorized representative capable of binding the Health IT Developer for execution of the plan and include the representative's contact information.[i]

This Real World Testing Results Report 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.

Authorized Representative Name: Laurel Havenner

Authorized Representative Email: lhavenner@emds.com

Authorized Representative Phone: 469-863-8303

Authorized Representative Signature: Laurel Havenner

Date: 1/31/2023

[i] https://www.federalregister.gov/d/2020-07419/p-3582