



# REAL WORLD TESTING RESULTS REPORT

## 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 health IT developer for audit purposes or further requests.

## GENERAL INFORMATION

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

Product Name(s): **CGM Enterprise EHR**

Version Number(s): **10.2.0**

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2700.CGME.10.00.1.191230

Developer Real World Testing Plan Page URL: [https://www.cgm.com/usa\\_en/products/electronic-health-records/cgm-enterprise-ehr.html](https://www.cgm.com/usa_en/products/electronic-health-records/cgm-enterprise-ehr.html)

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.*

<b>Summary of Change</b> [Summarize each element that changed between the plan and actual execution of Real World Testing]	<b>Reason</b> [Describe the reason this change occurred]	<b>Impact</b> [Describe what impact this change had on the execution of your Real World Testing activities]
170.315(b)(2) Clinical information reconciliation and incorporation – Performed interactive instead of summative testing.	The CGM Enterprise team was not able to collect the data due to very few Indications that our healthcare providers are reconciling medication lists, allergies, or problem lists from received C-CDA files. So, we performed interactive testing on a production-like environment.	We had to perform Interactive testing instead of using real data
170.315(b)(6) Data export - Performed Interactive testing instead of summative testing	The CGM Enterprise team was not able to collect the data due to very few Indications that our healthcare providers are exporting data. So, we performed interactive testing on a	We had to perform Interactive testing instead of using real data

	production-like environment	
170.315(h)(1) Direct Project - Number of Delivery Notifications sent result is not collected	We are not able to capture the Number of delivery notifications sent as we are not sending delivery notifications out.	We end up collecting the following only. <ol style="list-style-type: none"> <li>1) Number of Direct Messages sent</li> <li>2) Number of Delivery Notifications received</li> <li>3) Number of Direct Messages received</li> </ol>

## SUMMARY OF TESTING METHODS AND KEY FINDINGS

Consistent with the ONC's recommendation that "Real World Testing verifies 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

The adoption rate was used to determine if/when the 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 indicates (but doesn'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 is to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed for 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 **CGM Enterprise EHR**

**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	CHPL Product Number	Conformance Measure
N/A	N/A	N/A	N/A

**Care Setting(s)**

CGM Enterprise EHR is marketed primarily to ambulatory practices. CGM 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 Family Medicine, Pediatrics, and OB/GYN practices.
General Specialties	Serve the ENT, Pulmonology, and Cardiology care settings
Behavioral Health	Server all mental and behavioral health care settings

**Metrics and Outcomes**

Within this section is a list of the results collected from the **CGM Enterprise EHR** solution Real World Testing measures as defined in its Real-World Test plan. Most of the RWT data was gathered by tracking counts of user actions, such as exporting a CCD and saving results to a central metrics database for reporting purposes. Data on electronic prescribing was gathered from a centralized routing database table that saves message transactions sent to pharmacies via Surescripts. Outcomes are listed as Pass, Pass with Exception, or Fail determined by the success of obtaining testing results. The results are not referenced in this document but are available to authorized personnel upon request.

(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	DataMotion	Pass 1. 346 2. 29 3. 0	
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1) Number of times a user reconciled medication list data from a received CCDA 2) Number of times a user reconciled allergies and intolerance list data from a received CCDA 3) Number of times a user reconciled problem list data from a received CCDA		Pass - Interactive testing	The CGM Enterprise team was not able to collect the data due to very few indications that our healthcare providers are reconciling medication lists, allergies, or problem lists from received C-CDA files. So, we performed interactive testing on a production-like environment.
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		Pass 1. 115356 2. 30 3. 355 4. 11646	
170.315(b)(6) Data export	Over a 90-day period: 1) Number of times a data export was performed, whether for a single patient, multiple patients, or all patients in a single transaction		Pass - Interactive testing	The CGM Enterprise team was not able to collect the data due to very few indications that our healthcare providers are exporting data. So, we performed interactive testing on a production-like environment

<p>170.315(b)(9) Care Plan</p>	<p>CGM Enterprise EHR will select 1 Specialty within the Primary Care setting to demonstrate Care Plan.</p> <p>CGM Enterprise will create and receive a Care Plan document for 2 patients.</p> <p>CGM Enterprise will walk through the EHR to generate a Care Plan document for the test patient, export it, and then use visual inspection to confirm that the CCDA document includes all the expected content and uses SNOMED and LOINC value sets.</p> <p>CGM Enterprise will receive and display the care plan document for the test patient and then use visual inspection to confirm that the CCDA document includes all the expected content.</p>	<p>DataMotion</p>	<p>Pass - Interactive testing</p>	
<p>170.315(f)(1) Transmission to immunization registries</p>	<p>Over 3 separate unique 10-day periods within a 90-day window:</p> <ol style="list-style-type: none"> <li>1) Number (or percentage) of immunization records submitted to the immunization record</li> <li>2) Number of record requests received by the immunization registry from the Health IT module</li> </ol>		<p>Pass 1. 1543 2. 31641</p>	
<p>170.315(f)(2) Transmission to public health agencies — syndromic surveillance</p>	<p>Over 3 separate unique 10-day periods within a 90-day window:</p> <ol style="list-style-type: none"> <li>1) Total number of syndromic surveillance events created and submitted</li> </ol>		<p>Pass - Interactive testing</p>	
<p>170.315(f)(4) Transmission to cancer registries</p>	<p>Over 3 separate unique 10-day periods within a 90-day window:</p> <ol style="list-style-type: none"> <li>1) Total number of cancer registry data records created and submitted</li> </ol>		<p>Pass - Interactive testing</p>	

170.315(h)(1) Direct Project	<ol style="list-style-type: none"> <li>1) Number of Direct Messages sent</li> <li>2) Number of Delivery Notifications received</li> <li>3) Number of Direct Messages received</li> <li>4) Number of Delivery Notifications sent</li> </ol>	DataMotion	Pass 1.594 2.286 3.374 4.0	We are not able to capture the Number of delivery notifications sent as we are not sending delivery notifications out.
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**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	
<b>Pass</b>	<b>Method:</b> Summative Testing  Over a 90-day period, a total of three customers posted metrics data for this criterion by performing one of the following actions: Exporting a Transition of Care CCDA, sending the CCDA via an outbound direct message, and/or receiving a CCDA via inbound direct message.
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 CGM Enterprise EHR team for any results spreadsheets, recordings, and workflow screenshots if needed.	

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

Summary Description	
<b>Pass</b>	<b>Method:</b> Interactive Testing  Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.

Justification
<p>This criterion requires the ability of a certified Health IT module to take a CCDAs 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.</p>
Results Supporting Documents
<p>Please contact the CGM Enterprise EHR team for any results spreadsheets, recordings, and workflow screenshots if needed</p>

170.315(b)(3) Electronic Prescribing

Summary Description
<p><b>Pass</b>                      <b>Method:</b> Summative Testing</p> <p>Over a 90-day period, electronic prescribing transactions were captured. Electronic prescribing transactions were recorded across the following message types: New Rx, approved change response, approved refill request, and Cancel Rx</p>
Justification
<p>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.</p>
Results Supporting Documents
<p>Please contact the CGM Enterprise EHR team for any results spreadsheets, recordings, and workflow screenshots if needed</p>

170.315(b)(6) Data Export

Summary Description
<p><b>Pass</b>                      <b>Method:</b> Interactive Testing</p> <p>Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.</p>
Justification



This criterion requires the ability of a certified Health IT module to export a summary of a patient’s record in CCD 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 CCDs 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 CGM Enterprise EHR team for any results spreadsheets, recordings, and workflow screenshots if needed

**170.315(b)(9) Care Plan**

**Summary Description**

**Pass**                      **Method:** Interactive Testing

Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.

**Justification**

The Care Plan document will be generated and received for each patient and will include only the following sections

- Patient Info;
- Goals;
- Health Concerns;
- Health Status Evaluations and Outcomes;
- Interventions

**Results Supporting Documents**

Please contact the CGM Enterprise EHR 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

Over a 90-day period, a total of three customers posted metrics data for this criterion by performing one of the following actions: Submitting a query and receiving a response. Submitting immunization record to the registry

**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 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 CGM Enterprise EHR 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:** Interactive Testing

Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.

**Justification**

The Production-Training EHR will send an ADT message that passes the context-free validation of the Syndromic Surveillance test suite and visual inspection will include the correct fields

**Results Supporting Documents**

Please contact the CGM Enterprise EHR 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

Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.

**Justification**

The CCDA documents will be generated for each patient and will include the correct value sets

**Results Supporting Documents**

Please contact the CGM Enterprise EHR team for any results spreadsheets, recordings, and workflow screenshots if needed

**170.315(h)(1) Direct Project**

**Summary Description**

**Pass**                      **Method:** Summative Testing

Over a 90-day period, a total of two customers posted metrics data for this criterion by performing one of the following actions: Sending an outbound direct message, and/or receiving inbound direct message

**Justification**

This criterion requires the ability of a certified Health IT module to record the frequency that direct messages 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 CGM Enterprise EHR 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 CGM Enterprise EEHR implemented measures and collected data.

Key Milestone	Care Setting	Date/Timeframe
<p>CGM Enterprise EHR 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:</p> <ul style="list-style-type: none"> <li>• 170.315(b)(1) Transitions of care</li> <li>• 170.315(b)(3) Electronic prescribing</li> <li>• 170.315(f)(1) Transmission to immunization registries</li> <li>• 170.315(h)(1) Direct Project</li> </ul>	<ul style="list-style-type: none"> <li>- Primary Care (Internal Medicine, Pediatrics, etc.)</li> <li>- General Specialties (Cardiology, Pulmonology, etc.)</li> <li>- Behavioral Health</li> </ul>	<p>10-01-2022 to 12-31-2022</p>
<p>CGM Enterprise EHR executed interactive testing to show that the criterion is functional. The following metrics were tested interactively as detailed in the outcomes section above:</p> <ul style="list-style-type: none"> <li>• 170.315(b)(2) Clinical information reconciliation and incorporation</li> <li>• 170.315(b)(6) Data export</li> <li>• 170.315(f)(2) Transmission to public health agencies — syndromic surveillance</li> <li>• 170.315(f)(4) Transmission to cancer registries</li> <li>• 170.315(b)(9) Care Plan</li> </ul>	<ul style="list-style-type: none"> <li>- Primary Care (Internal Medicine, Pediatrics, etc.)</li> <li>- General Specialties (Cardiology, Pulmonology, etc.)</li> <li>- Behavioral Health</li> </ul>	



## ATTESTATION

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: Samuel Frank, Director of Product Management, CGM US

Authorized Representative Email: sfrank@emds.com

Authorized Representative Phone: 512-579-5879

Authorized Representative Signature:

A handwritten signature in black ink that reads "Samuel Frank". The signature is written in a cursive style.

Date: 01/31/2023

<sup>iii</sup> <https://www.federalregister.gov/d/2020-07419/p-3582>