Criteria	Care Setting	Measurement Period		Date		Key Milestones

Care Coordination

Criteria	Care Setting	Measurement Period		Date		Key Milestones
§ 170.315(b)(1) Transitions of care § 170.315(b)(7) Security tags - summary of care - send § 170.315(b)(8) Security tags - summary of care - receive § 170.315(h)(1) Direct Project: from the Electronic Exchange Category	Ambulatory & Inpatient	3/1/2022	6/1/2022	May, 2022	☐	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment
				June, 2022	☐	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. The user is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted.
				June, 2022	☐	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. • Care provider creates a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted via Direct Protocol.
				June, 2022	☐	Recipient uses scorecard to grade C-CDA
				July, 2022	☐	• Tester uses Document Center to locate Clinical Document. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice). • Recipient validates that Social History section of C-CDA is flagged as restricted
				August, 2022	☐	
§ 170.315(b)(6) Data export	Ambulatory & Inpatient	3/1/2022	– 6/1/2022	Start test plan execution: May, 2022	☐	• Date and time ranges can be configurable via the UI • Targeted Practices can be configurable via the UI • Patients exported can be configurable via the UI
				June, 2022	☐	Use the Edge Test Tool to check validity of output file
				July, 2022	☐	Export summary was created and completed successfully
				Complete test execution: August, 2022	☐	

Patient Engagement

Criteria	Care Setting	Measurement Period		Date		Key Milestones
§ 170.315(e)(1) View, download, and transmit to 3rd party	Ambulatory & Inpatient	3/1/2022	6/1/2022	May, 2022	☐	Patient demographics are captured in the EHR
				June, 2022	☐	• Ensure patient received activation email or • provide patient with Username and Password
				June, 2022	☐	Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or email
				August, 2022	☐	• Run Timely Access report in ConnectEHR and compare to patient visit report from EHR to determine percentage of patients who had access within 24 hours. • Calculate average of survey responses.

Public Health

Criteria	Care Setting	Measurement Period		Date		Key Milestones
§ 170.315(f)(1) Transmission to immunization registries	Ambulatory & Inpatient	3/1/2022	– 6/1/2022	May, 2022	☐	• Has a state immunization registry that is enabled for bi-directional send/receive of immunization data • Already has a functional bi-directional immunization interface or would like to implement one to their registry. • If we are unable to find a Client that meets these criteria, we will use the Alternate Test Procedure (see below).
				June, 2022	☐	Validate that immunization interface is functioning as expected
				July, 2022	☐	Verify immunization data was received in registry for patient A
				July, 2022	☐	Verify immunization data was received in EHR for patient B
				August, 2022	☐	See above
				May, 2022	☐	• Has a state immunization registry that can receive immunization data • Already has a functional immunization interface or would like to implement one to their registry
				June, 2022	☐	Validate that immunization interface is functioning as expected
				July, 2022	☐	Verify that immunization data was received for patient A
				August, 2022	☐	
§ 170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Ambulatory & Inpatient	3/1/2022	– 6/1/2022	May, 2022	☐	Syndromic surveillance messages are successfully received and processed by public health agency
				June, 2022	☐	Functioning HL7 2.5.1 interface to public health agency
				August, 2022	☐	

Application Programming Interfaces

Criteria	Care Setting	Measurement Period		Date		Key Milestones
§ 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	Ambulatory & Inpatient	3/1/2022	– 6/1/2022	May, 2022	☐	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan • Ensure that PHR has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.
				June, 2022	☐	Encounter is created and visually confirmed
				July, 2022	☐	• Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate PHR data.
				July, 2022	☐	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text
				August, 2022	☐	

Electronic Exchange

Criteria	Care Setting	Measurement Period		Date		Key Milestones
§ 170.315(h)(1) Direct Project (Included with (b)(1),(b)(7),(b)(8) in the CareCoordination Category)	Ambulatory & Inpatient	3/1/2022	– 6/1/2022	SEE CARE COORDINATION		SEE CARE COORDINATION

Table of Contents Link	**Associated Certification Criteria:** § 170.315(b)(1) Transition of Care (Cures Update) § 170.315(b)(7) Security tags – summary of care – send § 170.315(b)(8) Security tags – summary of care – receive § 170.315(h)(1) Direct Project		

| | **Measure Description:**
Send and receive Transition of Care (TOC) messages with other providers to close the referral loop. The patient's ePHI will be exchanged using a C-CDA 2.1 Care Referral or Referral Note and DIRECT secure messaging for data transport. | **Justification:**
We chose to concentrate on the aspects of this criterion that would:
1) showcase ConnectEHR's streamlined approach to provider-to-provider patient referrals and transitions of care with the ultimate goal being higher quality patient care
2) eliminate as much risk of data entry errors as possible by transmitting patient data securely and electronically rather than relying on manual data entry for referrals
3) reduce the overall time burden of manual data entry
4) ensure private and secure transmission of patients' PHI
5) result in increased interoperability between disparate HIT systems. | |

| | **Metric Description:**
1) 100 percent of outbound TOC's successfully received by HISP
2) Average C-CDA grade from scorecard for C-CDAs generated from ConnectEHR is a "C" or better
2) 75 percent of C-CDAs flagged as restricted were received in restricted status based on confied receipt from trading partner
3) 75 percent of trading partner's TOC C-CDAs successfully received by ConnectEHR. | **Standards Implemented: (SVAP)**
• USCDIv1 July 2020 Errata
• Applicability Statement for Secure Health Transport, Version 1.2, August 2015 (Direct)
• HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata
• HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 – Introductory Material, Release 2.1, August 2015
• HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 – Templates and Supporting Material, Release 2.1, August 2015
• HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012
• ONC Implementation Guide for Direct Edge Protocols, Version 1.1, June 25, 2014
• HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019 | |

| | **Developer Info:**
DYNAMIC HEALTH IT, INC
320 Monticello Ave.
New Orleans, LA 70121
504.309.9103

Ambulatory Care Setting:
The ambulatory care setting is the most common one for ConnectEHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings.

Inpatient Care Setting:
Some ConnectEHR users are in a hospital setting, so we've included test steps for generation of discharge summaries. | **Product Info:**
Product Name: ConnectEHR
Product Version: 3.0

CHPL ID:
15.02.02.2713.A050.02.01.0.201106 | **Methods Use to Demonstrate Interoperability:**
1) HISP via Direct Protocol (SMTP)
2) HIE exchange
3) HTTPS via secure provider portal |

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for sending/receiving clinical documents using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022	☐		
*	Next 2 steps are for Ambulatory setting only					

2a	Patient A has encounter with care provider and data is captured in EHR	• USCDIv1 data elements captured in EHR (system under test) • Care provider selects Clinical Document to be transmitted. • Care provider is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information. • Care provider flags the document as restricted and subject to restrictions on re-disclosure.				
3a	Care provider initiates TOC to TP EHR in EHR	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. The user is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information. • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted.	June, 2022	☐		
	* Next 2 steps are for Inpatient setting only	Provider had an encounter that required a patient was referred or transition to another care setting				
2i	Patient A has inpatient admission and discharge and data is captured in EHR	• USCDIv1 data elements captured in EHR (system under test) • Care provider is able to create a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions. • Care provider flags the document as restricted and subject to restrictions on re-disclosure.				
3i	Care provider initiates TOC in EHR	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. • Care provider creates a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted via Direct Protocol.	June, 2022	☐		
*	Next steps take place in trading partner's EHR.					
4	Validate that C-CDA for Patient A contains USCDIv1 data elements.	Recipient uses scorecard to grade C-CDA	June, 2022	☐		
5	Trading partner refers Patient B from TP EHR to system under test by generating C-CDA Clinical Document or Referral Note.	• Care provider flags Social History section of C-CDA as restricted. Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document.				

6	In system under test, tester acknowledges receipt of valid Clinical Document.	• Tester uses Document Center to locate Clinical Document. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice). • Recipient validates that Social History section of C-CDA is flagged as restricted	July, 2022	☐		
7	Calculate and compile metrics		August, 2022	☐		

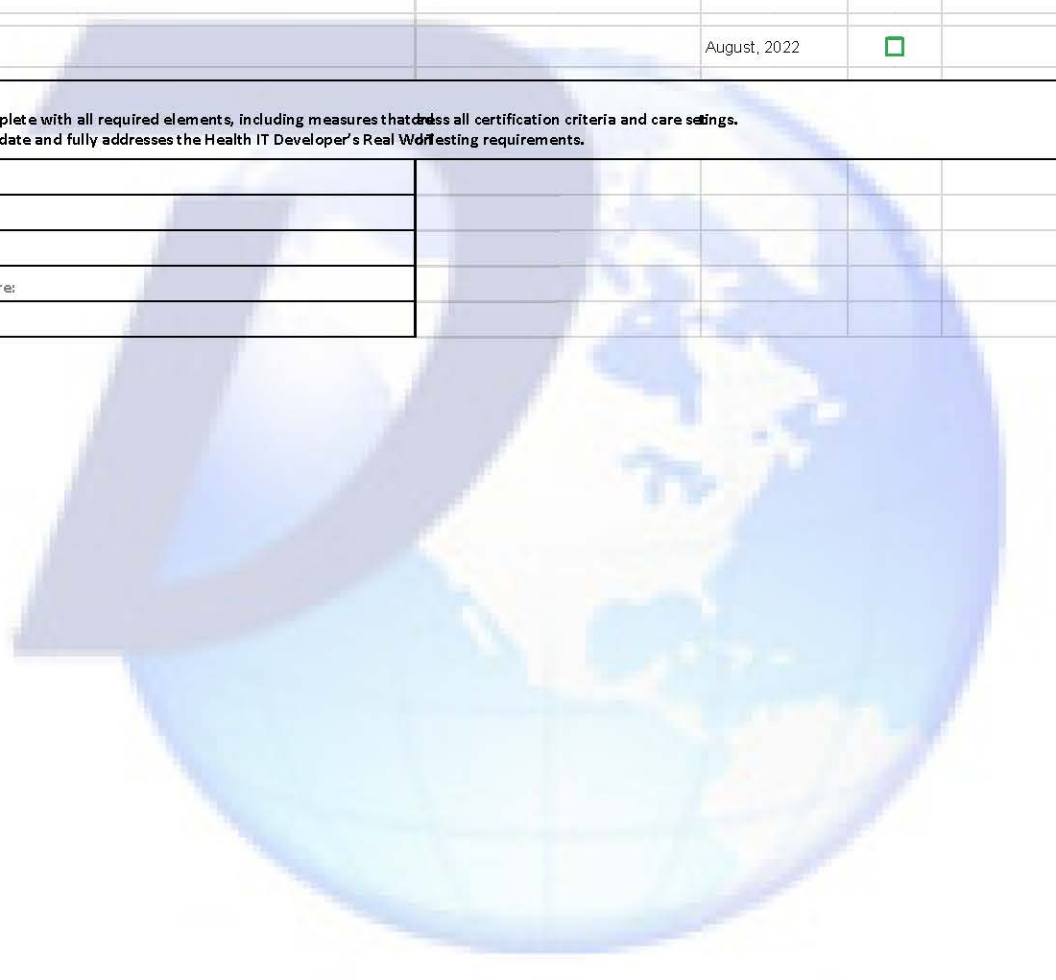|	
Attestation: This Real World Testing plan is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the Health IT Developer's Real World Testing requirements.	
Authorized Representative Name:	
Authorized Representative Email:	
Authorized Representative Phone:	
Authorized Representative Signature:	
Date:	

Table of Contents	Associated Certification Criteria: § 170.315(b)(6) - Data export					
	Measure Description: Export all available data elements from the Common Clinical Dataset (CCDS) for a population of patients for use in a different health information technology product or a third party system. This export can be used for many purposes, including data portability when a physician practice switches to a new EHR platform.	**Justification:** We chose to concentrate on the aspects of this criterion that would: 1) demonstrate ConnectEHR's ability to export batches of patient data in a straightforward fashion 2) facilitate interoperability by providing the exported data in the form of valid CCD files that conform to the HL7 standards as described in the HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm).				
	Metric Description: 1) 100 Percent of Exports ran at the correct time. 2) C-CDA count matches actual patient count for requested date range. 3) Spot-checked C-CDAs pass scorecard with average overall grade of "C" or better.			**Standards Implemented: (5VAP)** • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 •HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015		
	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 **Care Setting:** Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	**Product Info:** Product Name: ConnectEHR Product Version: 3.0 **CHPL ID:** 15.02.02.2713.A050.02.01.0.201106		**Methods Use to Demonstrate Interoperability:** 1) Visual validation/counting 2) Test output file with C-CDA scorecard to ensure correct format/contents.		

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s):
1	Using production data in an actual live environment or copy of live environment, demonstrate the ability to configure data export configurations for Timeframe and Location	• Date and time ranges can be configurable via the UI • Targeted Practices can be configurable via the UI • Patients exported can be configurable via the UI	Start test plan execution: May, 2022	☐		
2	Demonstrate the ability to limit the set of users who can create export summaries	Logging in as a VendorAdmin will allow access to the export functionality				
3	Confirm users roles that have been denied export summary access cannot create export summaries	Logging in as a non-VendorAdmin will not allow access to the export functionality				
4	Create and validate an export for a single patient	Use the Edge Test Tool to check validity of output file	June, 2022	☐		
5	Create an export summary for data within a entered date and time range	• Data was available for the entered date and time range • The export summary contained data only within that date and time range				
6	Create an export summary in real time	Export summary was created and completed successfully	July, 2022	☐		
7	Create an export summary based on a relative date and time (Ex. Every first of every month @ 7 AM)	The scheduled export summary would be display and be visually validated				
8	Create an export summary for a specific date/time (Ex. 07/16/2021 @ 3:30 PM)	• The scheduled export summary was created successfully • The specific date/time would be in the near future so the export could be confirmed				
9	Save the export summary to a preferred location at the time of export.	• Saving to a preferred location is allowed • Visually confirming the export after save is performed and successful				
10	Calculate and compile metrics		Complete test execution: August, 2022	☐		

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.					
Authorized Representative Name:					
Authorized Representative Email:					
Authorized Representative Phone:					
Authorized Representative Signature:					
Date:					

Table of Contents	Associated Certification Criteria: 170.315(e)(1) View, Download, and Transmit to 3rd Party

Measure Description:	Justification:
Provide patient (and their authorized representatives) user friendly, secure Portal access to their PHI in C-CDA 2.1 HL7 Standard format. Allowing patient to download a summary in both a human readable format and using the CCD document template of the Consolidated CDA Release 2.1 containing: • The USCDI Data Elements • The provider's name and office contact information • Laboratory test report(s) • Diagnostic image report(s)	We chose to concentrate on the aspects of this criterion that would empower patients with timely electronic access to comprehensive, useful ePHI.

Metric Description:	Standards Implemented: (SVAP)
1) 90 percent of unique patient with encounters in the review period are provided timely access (within 24 hours of their encounter) to health information to view online, download, and transmit to a third party. 2) Average score between 1 and 2 (1=Easy to use, 5=Unable to access) for patients or Authorized Representatives who tried to access the patient portal and responded to survey questions. 3) Average score between 1 and 2 (1=Easy to download/transmit, 5=Unable to download/transmit) for patients or Authorized Representatives who accessed the patient portal and tried to download or transmit aC-CDA.	• USCDIv1 July 2020 Errata • Web Content Accessibility Guidelines (WCAG) 2.0, December 11, 2008 • Web Content Accessibility Guidelines (WCAG) 2.1, June 05, 2018 (Available 3/12/2021) • HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 • HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019

Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 Care Setting: Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	Product Info: Product Name: ConnectEHR Product Version: 3.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	Methods Use to Demonstrate Interoperability: 1) Direct Protocol Send Functionality 2) SMTP Email Send Functionality 3) HTTPS via secure portal Access for patient from any browser 4) Ability for Portal to be accessed via a Smartphone or Tablet

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to provide patients timely access to their ePHI • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022	☐		
2	For a period of time (1 month?), monitor the system as the below steps (3-12) take place continuously.	Many patient visits will occur during the period of time, generating a sufficient amount of data for calculating the metrics at the end of testing.				
3	Patient arrives for a visit	Patient demographics are captured in the EHR				
4	Provider Charts on the Patients health status	USCDIv1 data elements are recorded in EHR				

5	Provider Signs note or patient checks out	Trigger is provided to create C-CDA or C-CDA is dropped to ConnectEHR				
6	EHR system generates CCD including all provided USCDIv1 data	• Validate that a C-CDA has been triggered. • Ensure patient is mapped to the right provider and practice. • Visually verify USCDIv1 data sections exist with accurate information • Validate code systems and format with ScoreCard or ETT tool for schema validation.				
7	Patient activates Portal	• Ensure patient received activation email or • provide patient with Username and Password	June, 2022	☐		
8	Patient or authorized representative logs into Portal	• URL is provided to patient in an email or • the Patient is provided the URL while in the physician's office. • Record validation in the audit log that URL is functional				
9	Patient or authorized representative views C-CDA or choses a date range of CCDs to view	• Record validation in the audit log that patient has viewed C-CDA • Validate NTP by comparing Portal timestamp with ConnectEHR timestamp				
10	Patient or authorized representative downloads C-CDA their choice of xml or pdf	Record validation in the audit log that patient has downloaded C-CDA				
11	Patient or authorized representative transmits:	Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or email	June, 2022	☐		
a	C-CDA via Direct Protocol to a provider					
b	C-CDA via email to others					
12	Request survey response on Patient Portal ease of use and accessibility.	Patient or authorized representative provides a score from 1 (easy) to 5 (unable) on the following criteria • accessing the portal • downloading and/or transmitting ePHI				
13	Calculate and compile metrics	• Run Timely Access report in ConnectEHR and compare to patient visit report from EHR to determine percentage of patients who had access within 24 hours. • Calculate average of survey responses.	August, 2022	☐		

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.

Authorized Representative Name:

Authorized Representative Email:

Authorized Representative Phone:

	Authorized Representative Signature:					
	Date:					

Table of Contents	Associated Certification Criteria: §170.315(f)(1) Transmission to immunization registries					

	Measure Description: Create and transmit immunization information. Enable a user to request, access, and display a patient's evaluated immunization history and the immunization forecast from an immunization registry		Justification: We chose to concentrate on the aspects of this criterion that would provide the most patient care value in an actual setting. Immunization registries can be very helpful in directing and informing patient care and in cost control through identification of needed immunizations and elimination of redundant immunizations. In our experience, most immunization registries do not yet have the ability to handle a bi-directional query/response type of interface. That's why we offered the Alternate Test Approach.			

	Metric Description: 1) 100 percent correct immunization records successfully posted to registry confirmed by visual validation. 2) 100 percent correct correct immunization history records successfully received in EHR confirmed by visual validation. 3) Successful Transmission to Public Health Registry will be reviewed for ACK & NAK to ensure 100% successful transmission.		Standards Implemented: (SVAP) • § 170.205(e)(4) HL7 2.5.1 Implementation Specifications. HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 2014 • HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)—Addendum, July 2015 § 170.207(e)(3) HL7 Standard Code Set CVX— Vaccines Administered, updates through August 17, 2015 • § 170.207(e)(4) National Drug Code (NDC) Directory—Vaccine NDC Linker, updates through August 17, 2015			

	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 Care Setting: Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.		Product Info: Product Name: ConnectEHR Product Version: 3.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	Methods Use to Demonstrate Interoperability: 1) SFTP 2) TCP/IP 3) Webservice 4) HL7 Standard Code Set CVX – Vaccine AdministeredOID : 2.16.840.1.113883.12.292 5) National Drug Code Directory OID : 2.16.840.1.113883.6.69 6) SOAP-based standard for transport of immunization data		

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for transmitting immunization records using production data as described in this RWT plan.	• Has a state immunization registry that is enabled for bi-directional send/receive of immunization data. • Already has a functional bi-directional immunization interface or would like to implement one to their registry. • If we are unable to find a Client that meets these criteria, we will use the Alternate Test Procedure (see below).	May, 2022	☐		
2	Implement bi-directional immunization interface (if interface not already in place)	Validate that immunization interface is functioning as expected	June, 2022	☐		
3	Determine whether test or production interface will be used.	If production, determine whether an actual patient or a test patient will be used.				
4	Create a new immunization record	• Register a patient or create a new patient "A" in Client EHR and create a current patient encounter. • Record an immunization in Client EHR.				
5	Create a new query	• Select a patient or create a new patient "B" in Client EHR and create a current patient encounter. • Request immunization record in Client EHR.				
6	Run immunization process to send/receive from registry (assuming process is batch, rather than real-time).	Confirm send/received functionality				
7	Access registry to verify that immunization data was received for patient A.	Verify immunization data was received in registry for patient A	July, 2022	☐		
8	Access EHR to verify that immunization data was received for patient B.	Verify immunization data was received in EHR for patient B	July, 2022	☐		
9	Calculate and compile metrics	See above	August, 2022	☐		
*	Alternate Test Procedure (Bi-Directional Interface to Registry Not Available)					
1	Identify Trading Partner (TP) and coordinate with TP for transmitting immunization records using production data as described in this RWT plan.	• Has a state immunization registry that can receive immunization data • Already has a functional immunization interface or would like to implement one to their registry	May, 2022	☐		
2	Implement send-only immunization interface (if interface not already in place).	Validate that immunization interface is functioning as expected	June, 2022	☐		
3	Determine whether test or production interface will be used.	If production, determine whether an actual patient or a test patient will be used.				

4	Create a new immunization record.	• Register a patient or create a new patient "A" in Client EHR and create a current patient encounter • Record an immunization in Client EHR				
5	Run immunization process to send to registry (Note: This is an optional step for batch process registry transmission, rather than real-time).	Confirm immunization process				
6	Access registry to verify that immunization data was received for patient A.	Verify that immunization data was received for patient A	July, 2022	☐		
7	Calculate and compile metrics		August, 2022	☐		

Attestation: **This Real World Testing plan is complete with all required elements, including me asures that address all certification criteria and care settings.** **All information in this plan is up to date and fully addresses the Health IT Develo per's Real World Testing requirements.**	
Authorized Representative Name:	
Authorized Representative Email:	
Authorized Representative Phone:	
Authorized Representative Signature:	
Date:	

Table of Contents	Associated Certification Criteria: §170.315(f)(2) Transmission to public health agencies — syndromic surveillance		
	Measure Description: Create syndromic surveillance messages and transmit to public health agencies.	**Justification:** We chose to concentrate on the aspects of this criterion that would: 1) Ensure all patients flagged will have health data sent for surveillance 2) Allow for health threats to be reported faster. 3) Provide information to the CDC or other registries to identify illness clusters early, before diagnoses are confirmed and reported to public health agencies, and to mobilize a rapid response, thereby reducing morbidity and mortality.	
	Metric Description: 1) 100 percent of HL7 Syndromic Surveillance messages successfully sent and acknowledged (via HL7 ACK) by public health agency 2) 100 percent of syndromic surveillance messages successfully received and processed by public health agency based on either: a) Logging into agency web site and validating, or b) Using a report provided by agency	**Standards Implemented: (SVAP)** • § 170.205(d)(4) HL7 2.5.1. Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Care, Inpatient and Ambulatory Care, and Inpatient SettingsRelease 2.0, April 21, 2015 • CDC PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, April 21, 2015 •Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015; Erratum to the CDC PHIN 2.0 Messaging Guide, April 2015 Release for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings	
	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 **Care Setting:** Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	**Product Info:** Product Name: ConnectEHR Product Version: 3.0 **CHPL ID:** 15.02.02.2713.A050.02.01.0.201106	**Methods Use to Demonstrate Interoperability:** 1) ICD-10-CM 2) SNOMED CT® 3) SFTP 4) TCP/IP 5) Webservice

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify DHIT Client who either: • Has a public health agency that can receive Syndromic Surveillance data • Already has a functional Syndromic Surveillance interface or would like to implement one to their public health agency and the agency willing to share metrics of syndromic surveillance messages successfully received.	Syndromic surveillance messages are successfully received and processed by public health agency.	May, 2022	☐		
2	Implement send-only public health interface (if interface not already in place). • Determine whether test or production interface will be used • If production, determine whether an actual patient or a test patient will be used	Functioning HL7 2.5.1 interface to public health agency	June, 2022	☐		
3	Create a new patient encounter. • Register a patient or create a new patient "A" in Client EHR and create a current patient encounter • Enter one or more ICD-10 diagnosis codes present in the Trigger Events table that lists reportable Syndromic Surveillance diagnoses	Patient registered and queued for interface				
4	Run Syndromic Surveillance process to send to public health agency (assuming process is batch, rather than real-time).	• Ensure messages are de-identified per CDC PHIN Messaging Guide requirements • Messages sent to public health agency				
5	Check whether HL7 messages ACKed by agency	HL7 messages are successfully received and ACKed				
6	Query agency to verify that public health data was received for patient A.	Public health successfully processed by agency				
7	Calculate and compile metrics		August, 2022	☐		

170.315(f)(2)

	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.					
	Authorized Representative Name:					
	Authorized Representative Email:					
	Authorized Representative Phone:					
	Authorized Representative Signature:					
	Date:					

	Associated Certification Criteria: § 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					

Measure Description: Enable a patient's to access their electronic health data through a Personal Health Record (PHR) app on their smartphone. They have had a healthcare encounter with a provider using an EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR. They would like to view the results from that encounter along with the rest of their electronic health record.	**Justification:** CMS has a focus on empowering patients by providing them with an electronic copy of their health record. We agree that this is very important for patient satisfaction and improving population health in general.
Metric Description: 1) Patient is able to retrieve FHIR API data from PHR app for 100 percent of encounters. 2) In 100 percent of encounters from Step #1, PHR data matches data from EHR. This will be confirmed by visual validation of the following FHIR resources: • Demographics • Problems • Medications • Allergies	**Standards Implemented: (SVAP)** • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015 • FHIR STU3 • FHIR R4
Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 **Care Setting:** Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	**Product Info:** Product Name: ConnectEHR Product Version: 3.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	**Methods Use to Demonstrate Interoperability:** 1) HTTPS via secure portal 2) FHIR

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.	May, 2022	☐		
2	Patient A has encounter with care provider who uses EHR described above.	Encounter is created and visually confirmed	June, 2022	☐		
3	Provider captures USCDIv1 data elements in EHR	USCDIv1 data elements are validated in the system				
4	Provider manually generates Care/Referral Summary C-CDA post-visit or ensures that the EHR generates one automatically.	C-CDA is confirmed for the specified patient				
5	Patient A uses Dynamic Patient Portal login to view clinical information	• Patient Portal automatically sends email reminder that Patient A has a new clinical document available. • Email reminder has a URL/hyperlink to the patient portal. • If patient hasn't already activated their portal account, portal account can be activated via Welcome Email or by an Administrator user				
6	Patient A uses portal login credentials to log into PHR app	Specific patient ID and token are returned for authentication and data requests				

7	PHR app displays full set of data for all data categories	• Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data	July, 2022	☐		
8	PHR app returns full set of data for a given category	PHR app will display and all data to be displayed for each data category				
9	PHR app returns data in a computable format using specified standards.	Data is confirmed to be in XML or JSON format				
10	PHR app returns full and accurate data for a specific date and specific date range	• Step 10 is optional, if PHR app has the capability to filter by date range • Filtering data by a specific date returns data accurately and as expected • Filtering data by a specific date range returns data accurately and as expected				
11	Via visual inspection of PHR app, the data is verified to include Assessment, Plan of Treatment and Health concerns are specified as narrative text	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text	July, 2022	☐		
12	Calculate and compile metrics		August, 2022	☐		

Attestation:
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