



# 2023 Real World Testing Plan

Greenway Health

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## Product Information

**Developer Name:** Greenway Health, LLC

**Developer Real World Testing Page URL:**

<https://www.greenwayhealth.com/about/awards-and-certifications>

Product Name	Version Number	Certified Health IT Product List (CHPL) ID
Prime Suite	v18	15.04.04.2913.Gree.18.01.1.210830
Prime Suite	v21	15.04.04.2913.Gree.21.02.1.220831
Intergy	v12	15.04.04.2913.Gree.12.03.0.210830
Intergy	V21	15.04.04.2913.Gree.21.04.0.220831
Prime Suite Reporting	v2020	15.04.04.2913.Gree.20.02.1.200929
Greenway Insights	v20	15.04.04.2913.GINS.20.00.1.210121

## Justification for Real World Testing Approach

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*”, this test plan focuses on capturing and documenting the number of instances that certified capability is successfully utilized in the real world. In instances where no evidence exists due to zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we will demonstrate the required certified capability in a semi-controlled setting as close to a “real world” implementation as possible.

It is important to note that Real World Testing is only one component of the Health IT Certification program used to demonstrate compliance with the program requirements. Real World Testing should augment and support testing that was conducted prior to certification being granted. It is not intended to duplicate the methods or results previously demonstrated. Instead, this test plan was developed to demonstrate that the certified capabilities have been successfully deployed for providers to use at their discretion in live settings.

We are using a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate will be 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. 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 will be used to measure which certified actions were performed at the conclusion of a given time period. These will be conducted 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 will be 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 will require a live test as opposed to examining historical usage statistics. The goal is to allow a user to demonstrate the certified Health IT module being used in a way consistent with their own practice or care setting.

### Standards Updates( SVAP and Cures)

Standard (and version)	NCPDP SCRIPT 2017071
Updated certification criteria	170.315(b)(3) - Cures Update
Product & CHPL Product Number	Intergy v12 - 15.04.04.2913.Gree.12.03.0.210830 Intergy v21 - 15.04.04.2913.Gree.21.04.0.220831
Method used for standard update	Cures Update
Date of ONC ACB notification	May 3, 2022
Date of customer notification (SVAP only)	n/a
Conformance measure USCDI updated certification criteria (and USCDI version)	n/a

## Care Settings

Care Setting	Justification
Primary Care	These markets are targeted based on current client base and used by clients for regulatory reporting and business intelligence needs
Specialties	These markets are targeted based on current client base and used by clients for regulatory reporting and business intelligence needs

### Prime Suite and Prime Suite Reporting Care Settings

Prime Suite is marketed to a wide range of providers, primarily focusing on Ob-Gyn / Primary Care clients. While Greenway has clients on Prime Suite today that fall within the 1-3 provider space, we typically market Prime Suite to ambulatory practices with four or more providers. Prime Suite Reporting is marketed primarily to Prime Suite clients as the tool they use to enable their regulatory reporting success.

### Intergy and Greenway Insights Care Settings

Intergy is marketed to a wide range of providers including, but not limited to: Primary Care, Cardiology, Orthopedics, Pediatrics, FQHC/CHCs, Tribal Health communities, Gastroenterology, Multi-Specialty groups, and Neurology. While Greenway has clients on Intergy today that fall within the 1-3 provider space, we typically market Intergy to ambulatory practices of four or more providers. Greenway Insights is marketed primarily to current Intergy clients as their tool for regulatory reporting success.

## Measures Used in Overall Approach

For each measurement/metric, describe the elements below:

- ✓ Description of the measurement/metric
- ✓ Associated certification criteria
- ✓ Care setting(s) that are addressed
- ✓ Justification for selected measurement/metric
- ✓ Expected Outcomes

## Adoption Rates

The following metrics are applicable to all criteria and all care settings. These metrics will not be used directly to demonstrate interoperability or conformance to certification criteria. Instead, they will primarily be used to help determine the participants that will be in scope for this evaluation. They can also aid with the justification for other metrics by providing

additional context (i.e., extremely low adoption rates for certain certified capabilities will necessitate a different approach to testing).

Metric	Description
Number of licensed installs/users of EHR <ul style="list-style-type: none"> <li>The definition of a “license” is dependent upon the model used (e.g., total number of systems, total number of seats per license, etc.)</li> </ul>	Identify the total number of licensed installs/users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.
Number of active installs/users of EHR	Identify the total number of <b>active</b> installs and/or users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.

The following metrics are applicable to all criteria that are licensed separately from the base license and all care settings.

Metric	Description
Certified capabilities that are licensed separately	Identify which certified capabilities are licensed separately from the base EHR license. Examples may include eRx, CQMs, public health, etc.
Number of installs/users who licensed a certified capability	Where applicable, identify the number of licensed installs/users of a given certified capability.
Number of installs/users that have used the certified capability in the preceding 365 days	Where applicable, identify the number of <b>active</b> installs/users of a given certified capability.

### Summative Assessment Metrics

The following metrics will be measured by viewing audit logs and reporting systems available to track the behavior of the certified Health IT module during a given time frame. All metrics are designed to reflect the core elements of the criteria, demonstrate interoperability, and demonstrate the success rate of the certified capability being used. In most cases we elected to record these metrics over a 90-day period to reflect the reporting periods typically required for compliance with the federal incentive programs. The continued measurable use of certified capabilities will provide implicit evidence of successful implementation of the required certified capability. This is especially meaningful

in cases where interoperability with outside systems is demonstrated. In cases where it is not possible to determine “success” via an explicit confirmation by a receiving system, success will be defined as a transmission was made where no error was received from the destination system or its intermediaries. Additionally, we will review internal customer and vendor issue tracking systems for reports of failures or unsatisfactory performance in the field.

### EHR Applicable Criteria - Prime Suite & Intergy

Criterion	Metric	Care Setting	Justification and Expected Outcome
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 Direct Messages received via edge protocols, whether with or without CCDAs attached	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	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. Finally, we do not differentiate between Direct Messages that do or do not contain an attachment in CCDA format. Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often CCDAs are created and sent to other systems to and when Direct Messages are received 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.

<p>170.315(b)(2) Clinical information reconciliation and incorporation</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> <li>1) Number of times a user reconciled medication list data from a received CCDA</li> <li>2) Number of times a user reconciled allergies and intolerance list data from a received CCDA</li> <li>3) Number of times a user reconciled problem list data from a received CCDA</li> </ol>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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 moderate utilization by providers with a high success rate.</p>
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<p>170.315(b)(3) Electronic prescribing</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> <li>1) Number of prescriptions created</li> <li>2) Number of prescriptions changed</li> <li>3) Number of prescriptions canceled</li> <li>4) Number of prescriptions renewed</li> </ol>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<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>
<p>170.315(b)(6) Data export</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> <li>1) Number of times a data export was performed for a patient</li> <li>2) Number of times a data export was performed for multiple patients in a single transaction</li> <li>3) Number of times a data export was performed for all patients in a single transaction</li> </ol>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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.</p>

<p>170.315(b)(9) Care Plan</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> <li>1) Number of care plans recorded</li> <li>2) Number of care plans changed</li> <li>3) Number of care plans accessed</li> <li>4) Number of care plans created</li> </ol>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>This criterion requires the ability of a certified Health IT module to record, change, access, create, and receive care plan information according to the specified format. We intend to record the frequency that record, change, access, and create care plan information 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.</p>
<p>170.315(e)(1) View, download, and transmit to 3rd party</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> <li>1) Number of views of health information by a patient or authorized representative</li> <li>2) Number of downloads of health information by a patient or authorized representative</li> <li>3) Number of transmissions of health information by a patient or authorized representative, whether using unencrypted email or an encrypted method</li> </ol>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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 do not distinguish in our audit logs between when a message was sent encrypted vs unencrypted. 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.</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> </ol>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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.</p>
<p>170.315(g)(7) Application access – patient selection</p>	<p>Over a 90-day period:</p> <ol style="list-style-type: none"> <li>1) Number of requests for a patient token</li> </ol>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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 token 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 zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.</p>

<p>170.315(g)(8) Application access – data category request</p>	<p>Over a 90-day period:</p> <p>1) Number of requests for a patient's data made by an application via a data category request using a valid patient token</p>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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 zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.</p>
<p>170.315(g)(9) Application access – all data request</p>	<p>Over a 90-day period:</p> <p>1) Number of requests for a patient's Summary Record made by an application via an all-data category request using a valid patient token</p>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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 zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.</p>

<p>170.315(h)(1) Direct Project</p>	<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>	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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.</p>
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## Analytics Applicable Criteria - Prime Suite Reporting & Greenway Insights

Criterion	Metric	Care Setting	Justification and Expected Outcome
170.315(c)(1) Clinical quality measures (CQMs) - record and export  170.315(c)(2) Clinical quality measures (CQMs) - import and calculate  170.315(c)(3) Clinical quality measures (CQMs) - report	Over a 90-day period:  1) Number of measures recorded during the period  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	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	<p>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 QRDA 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 high utilization of QRDA 3 exports by providers with a high success rate. Additionally, our expectation is there will be low utilization of QRDA 1 exports and imports in the ambulatory space.</p>

## Relied Upon Software Usage

The following relied upon software will be involved in the use of the software with these specific criteria and functional requirements:

Product	Criteria	Relied Upon Software Notes
Prime Suite	170.315(b)(1)	<ul style="list-style-type: none"> <li>Updox provides the user interface for sending direct messages (to address, subject and body). Additionally, an API call is made by Updox back to the EHR to build the CCDA attachment for the message. This functionality will be used in testing the Send functionality.</li> </ul>
Greenway Insights	170.315(c)(1)	<ul style="list-style-type: none"> <li>Intergy is used for the record actions of clinical activity to capture the data needed to calculate the measures.</li> </ul>
Prime Suite Reporting	170.315(c)(1) 170.315(c)(2) 170.315(c)(3)	<ul style="list-style-type: none"> <li>Able Health is the developer of the Prime Suite Reporting dashboard that Greenway white-labels for analytics calculations from the EHR and exports QRDA 1's &amp; 3's</li> <li>Prime Suite is used for the record actions of C1 of clinical activity to capture the data needed to calculate the measures.</li> <li>Greenway Insights is used for QRDA 1 import workflows.</li> </ul>

## Interactive Testing

The following test plans will be executed to demonstrate Real World certified capabilities for API criteria because there is 0 adoption to date of these certified capabilities in the Real World.

Specifically, Greenway will leverage interactive testing for the following criteria for the Prime Suite and Intergy EHRs:

- § 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

### Justification for this approach

There is limited adoption of the API to date because the API was developed early on as proprietary functionality and required additional effort for app developers to extend their apps to leverage the Greenway Prime Suite/Intergy API. To date, Greenway is unaware of app developers attempting to develop to the Greenway API and review of logs show mostly internal API calls for testing and surveillance purposes.

Greenway is working to move the API implementation to FHIR via g10 and is hoping to see more adoption on the next version. Until then, API certified capabilities will be tested via interactive testing to demonstrate that they capabilities are available in the production environment and ready for a customer to use in the Real World.

### High Level Interactive Test Plan

- **Care Settings:** API capabilities are available in both the Primary Care and Specialty care settings.
- **Test Environment:** Greenway will work with 1 Prime Suite/Intergy customer provider in their live training environment, which is a full production mirror of their live production environment, to enter 2 mock patients (1 primary and 1 specialty) using the data that is typical of that Real World setting and then use postman to:
  - Query for the patient's token
  - Query for the patient's data as CCDS categories
  - Query for the patient's CCD document
- **Expected outcomes:**
  - Patient query identifiers are accepted, and token is returned
  - Patient CCDS is visible is returned correctly for both patients as discreet data fields
  - Patient CCDS is visible is returned correctly for both patients as a CCD document



### Schedule of Key Milestones

Real World test planning will commence in first quarter of 2023. Each phase is expected to take 90-days to complete, with report writing to occur end of 2023/early 2024.

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	90-days
Data collection	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	90-days
Review and collate data	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	90-days
Writing report	<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialties</li> </ul>	90-days

### 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:

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**Date:** October 18, 2022

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