2024 Real World Testing Results

Greenway Health | November 2024

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Real World Testing & Reporting Program Overview

Under the ONC Health IT Certification Program (**Program**), Health IT Developers are required to conduct Real World Testing of their Certified Health IT (45 CFR 170.556 and 170.523(i)). 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 to develop their Real-World Testing plans.

Health IT Developers have maximum flexibility to develop innovative plans and measures for Real World Testing. As developers are planning for how they will execute Real World Testing, they should consider the overall complexity of the workflows and use cases within the care settings in which they market their Certified Health IT to determine which approaches they will take. Health IT Developers must submit one plan and one result for each year of Real-World Testing.

Product Information

Developer Name: Greenway Health, LLC
Developer Real World Testing Page URL: https://www.greenwayhealth.com/about/awards-and-certifications

Status	Product Name	Product Type	Version Number	Certified Health IT Product List (CHPL) ID
Active	Prime Suite	EHR	v21	15.04.04.2913.Prim.21.03.1.231003
Active	Intergy	EHR	v21	15.04.04.2913.Inte.21.05.0.231003
Active*	Greenway Insights-Intergy	Regulatory Reporting 2023	v23	15.04.04.2913.Insp.23.00.1.231213
Active*	Greenway Insights-Prime Suite	Regulatory Reporting 2023	v23	15.04.04.2913.GINS.23.02.1.231213
Active	Greenway Patient Portal	Patient Portal	v21	15.04.04.2913.GWPP.21.00.1.230928

* NOTE: Products active during time of real world testing execution. Regulatory reporting products have been withdrawn and replaced with new versions at the time of this report creation.

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) 170.315(h)(1)	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.
Greenway Insights	170.315(c)(1)	Greenway EHR's (Intergy or Prime Suite) are relied upon for the record actions of clinical activity to capture the data needed to calculate the measures.
Greenway Patient Portal	170.315(e)(1)	Greenway EHR's (Intergy or Prime Suite) are relied upon for the creation of the CCDA's and provided to the patient portal via API calls.

Changes to Original Plan

Criteria	Summary of Change	Reason	Impact
N/A	N/A	N/A	N/A

Standards Updates (SVAP)

Product Name	Product Type	Planned Standard Updates
Prime Suite	EHR	None
Intergy	EHR	None
Greenway Insights	Regulatory Reporting	QRDA 1&3
Greenway Patient Portal	Patient Portal	None

Product	Greenway Insights (2023 Regulatory Reporting)
Standard (and version)	QRDA I Release 1, STU Release 5.3, Supports QDM 5.6
Updated certification criteria	170.315(c)(1) 170.315(c)(2)
Regulatory Text Citation	170.205(h)(2)
Method used for standard update	Testing will be done in Cypress and with annual certification of eCQM's with our ONC-ACB
Planned Certification/SVAP	2023-Q4, for client attestation availability 2024-Q1

Product	Greenway Insights (2023 Regulatory Reporting)
Standard (and version)	CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2023, Version 1.2
Updated certification criteria	170.315(c)(3)
Regulatory Text Citation	170.205(h)(3)
Method used for standard update	Testing will be done in Cypress and with annual certification of eCQM's with our ONC-ACB
Planned Certification/SVAP	2023-Q4, for client attestation availability 2024-Q1

Product	Greenway Insights (2023 Regulatory Reporting)
Standard (and version)	CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians Programs Implementation Guide for 2023, Version 1.1
Updated certification criteria	170.315(c)(3)
Regulatory Text Citation	170.205(k)(3)
Method used for standard update	Testing will be done in Cypress and with annual certification of eCQM's with our ONC-ACB
Planned Certification/SVAP	2023-Q4, for client attestation availability 2024-Q1

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 Rates
- Summative Assessments
- 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. 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.

Care Settings

Product	Care Settings Tested	Justification
Prime Suite & Greenway Insights- Prime Suite & Patient Portal	**Primary Care** • Multi-Specialty • Family Medicine **Specialties** • Obstetrics/Gynecology • Pediatrics • Rheumatology • Surgery	• Prime Suite is marketed to a wide range of providers, primarily focusing on Ob-Gyn / Primary Care clients. • Functionality tested is the same across all care settings. • The care settings of the clients selected for testing account for 60% of the total client population.
Intergy & Greenway Insights- Intergy & Patient Portal	**Primary Care** • Multi-Specialty • Family Medicine • Internal Medicine • Community Health/CHC • Rural Health/RHC • FQHC • Tribal Health **Specialties** • Cardiology • Dermatology • Gastroenterology • Obstetrics/Gynecology • Orthopedics • Otolaryngology (ENT) • Pain Medicine • Pediatrics • Surgery • Urology	• 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 OB/GYN. • Functionality tested is the same across all care settings. • The care settings of the clients selected for testing account for 76% of the total client population.

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
Certified capabilities that are licensed separately	Identify which certified capabilities are licensed separately from the base EHR license.
% of installs/clients who licensed a certified capability	Where applicable, identify the % of licensed installs/clients of a given certified capability.

Metrics and Outcomes – EHR – Intergy

170.315(b)(1) Transitions Of Care

Product	Intergy EHR
Date Range of Metrics:	CCDA's Create and Sent April 1, 2024 – June 30, 2024 Direct Message March 1, 2024- May31, 2024
Clients Sampled:	50- CCDA's created & Sent 622- Direct Messages Received
Adoption Rate:	41% of Intergy EHR clients are licensed for Direct Messaging
Method:	Summative Testing from Audit Logs and SureScripts Transaction Logs

Testing Justification and Expected Outcome:
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 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.

Testing Summary:
A query on historical audit logs and SureScripts transaction logs for 90-day periods was performed for the 170.315(b)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Measure	Metric Value
Number of CCDAs created.	2,181,699
Number of CCDAs sent via edge protocols.	8,839
Number of Direct Messages received via edge protocols, whether with or without CCDAs attached.	628,138

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

Product	Intergy EHR
Date Range of Metrics:	April 1, 2024 – June 30, 2024
Clients Sampled:	50
Adoption Rate:	100% as functionality included in base software
Method:	Summative Testing from Audit Logs

Testing Justification and Expected Outcome:
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 will be 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.

Testing Summary:

- A query on historical audit logs for 90-day periods 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.
- Contributing to the lower numbers is that received CCDA's from 3rd parties contain CCDA validation errors and Intergy prevents reconciliation in those cases as the data cannot be relied upon. In this scenario, our providers are viewing the received CCDA and manually reconciling the CCDA content to the chart.
- Additionally, the high likelihood of the information already existing on the chart will reduce the use of this functionality.

Measure	Metric Value
Number of times a user reconciled medication list data from a received CCDA.	726
Number of times a user reconciled allergies and intolerance list data from a received CCDA.	726
Number of times a user reconciled problem list data from a received CCDA.	337

170.315(b)(3) Electronic Prescribing

Product	Intergy EHR
Date Range of Metrics:	April 1, 2024 – May 31, 2024
Clients Sampled:	1,050
Adoption Rate:	57% of Intergy EHR clients are licensed for e-Prescribing
Method:	Summative Testing from SureScripts Transaction Logs & Message Dashboard

Testing Justification and Expected Outcome:
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.

Testing Summary:

- A query on historical audit logs for a 2 month 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.
- The SureScripts dashboard indicated a success rate of 97.5% for new prescriptions created, further demonstrating a compliant solution.

Measure	Metric Value
Number of prescriptions created (NewRx).	4,481,456
Number of prescriptions changed (RxChangeResponse).	38,209
Number of prescriptions canceled (CancelRx).	498,234
Number of prescriptions renewed (RxRenewalResponse).	981,363

170.315(b)(6) Data Export

Product	Intergy EHR
Date Range of Metrics:	April 1, 2024 – June 30, 2024
Clients Sampled:	50
Adoption Rate:	100% as functionality included in base software
Method:	Summative Testing from Audit Logs

Testing Justification and Expected Outcome:
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.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(b)(6) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
- We found low utilization by the selected clients running the batch export utility, as expected.

Measure	Metric Value
Number of times a data export was performed.	90

170.315(b)(9) Care Plan

Product	Intergy EHR
Date Range of Metrics:	April 1, 2024 - June 30, 2024
Clients Sampled:	50
Adoption Rate:	100% as functionality included in base software
Method:	Summative Testing from Audit Logs

Testing Justification and Expected Outcome:
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, and access 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.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(b)(9) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Measure	Metric Value
Number of care plans recorded.	3,734
Number of care plans changed.	8,604
Number of care plans accessed.	19,418

170.315(f)(1) Transmission to Immunization Registries

Product	Intergy EHR
Date Range of Metrics:	June 15, 2024-August 13, 2024
Clients Sampled:	29
Adoption Rate:	22% of Intergy EHR clients have elected to connect to a registry
Method:	Summative Testing from Transmission Logs

Testing Justification and Expected Outcome:
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.

Testing Summary:
A query on historical audit logs for 90-day periods 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.

Measure	Metric Value
Number of immunization records submitted to the immunization registry.	60,404

170.315(g)(7) Application Access-Patient selection
170.315(g)(9) Application Access-All Data Request

Product	Intergy EHR
Date Range of Metrics:	Interactive testing run on August 27, 2024
Clients Sampled:	1
Adoption Rate:	100% as functionality included in base software
Method:	Interactive Testing from Client Live Training Environment

Testing Justification and Expected Outcome:
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 and patient data defined in the CCDS 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.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(g)(7) and 170.315(g)(9) criterion. Due to zero adoption of this criteria, interactive testing was performed on a client live training environment.
- The API calls were executed against 2 mock patients. The results of the interactive testing verified the functionality works as designed in a production environment.

Criteria	Measure	Metric Value
170.315(g)(7)	Number of requests for a patient token.	2
170.315(g)(9)	Number of requests for a patient's Summary Record made by an application via an all-data category request using a valid patient token.	2

170.315(g)(10) Standardized API for patient and population services

Products	Intergy EHR
Date Range of Metrics:	May 1, 2024 – July 29, 2024
Clients Sampled:	414
Adoption Rate:	27% of Intergy EHR clients elected to onboard to FHIR
Method:	Summative Testing from Transmission Logs Registered Applications on Developer Platform

Testing Justification and Expected Outcome:
This criterion requires the ability of a certified Health IT module to respond to requests for patient data thru FHIR standards from authorized/registered applications. We intend to record the frequency that data is requested thru FHIR applications to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization with a high success rate.

Testing Summary:
A query on historical audit logs for 90-day periods was performed for the 170.315(g)(10) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Measures	Metric Value
Number of authorized Patient Applications	15
Number of authorized Provider Applications	6
Number of authorized Bulk Applications	18
Number of patient data requests (API GET calls)	525,008,355

170.315(h)(1) Direct Project

Product	Intergy EHR
Date Range of Metrics:	March 1, 2024 – May 31, 2024
Clients Sampled:	622
Adoption Rate:	41% of Intergy EHR clients are licensed for Direct Messaging
Method:	Summative Testing from SureScripts Transaction Logs

Testing Justification and Expected Outcome:
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.

Testing Summary:
A query on historical audit logs for 90-day periods 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.

Measure	Metric Value
Number of Direct Messages sent.	44,246
Number of Delivery Notifications received.	37,184
Number of Direct Messages received.	628,138
Number of Delivery Notifications sent	505,066

Metrics and Outcomes – EHR - Prime Suite

170.315(b)(1) Transitions of Care

Product	Prime Suite EHR
Date Range of Metrics:	February 12, 2024 – May 12, 2024
Clients Sampled:	28
Adoption Rate:	45% of Prime Suite EHR clients are licensed for Direct Messaging
Method:	Summative Testing from Audit Logs

Testing Justification and Expected Outcome:

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.

Testing Summary:

A query on historical audit logs for 90-day periods was performed for the 170.315(b)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Measure	Metric Value
Number of CCDAs created.	451,580
Number of CCDAs sent via edge protocols.	607
Number of Direct Messages received via edge protocols, whether with or without CCDAs attached	4,667

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

Product	Prime Suite EHR
Date Range of Metrics:	February 12, 2024 – May 12, 2024
Clients Sampled:	28
Adoption Rate:	100% as functionality included in base software
Method:	Summative Testing from Audit Logs resulted in 0 adoption finding Interactive Testing from Mirror Production Environment

Testing Justification and Expected Outcome:

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 a very low utilization by providers with a high success rate.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(b)(2) criterion.
- We found none of the selected clients reconciled problems, medications or allergies from received CCDA's.
    - Greenway performed interactive testing on internal controlled/production mirror environment using the ONC provided test procedures and patients associated with 170.315(b)(2). No issues were found, affirming compliance with the requirements.
- Contributing to the low number is that received CCDA's from 3rd parties contain CCDA validation errors and Prime Suite prevents reconciliation in those cases as the data cannot be relied upon. In this scenario, our providers are viewing the received CCDA and manually reconciling the CCDA content to the chart.
- Additionally, the high likelihood of the information already existing on the chart will reduce the use of this functionality.

Measure	Metric Value
Number of times a user reconciled medication list data from a received CCDA.	3
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.	3

170.315(b)(3) Electronic Prescribing

Product	Prime Suite EHR
Date Range of Metrics:	April 1, 2024 – May 31, 2024
Clients Sampled:	926
Adoption Rate:	98% of Prime Suite EHR clients are licensed for e-Prescribing
Method:	Summative Testing from SureScripts Transaction Logs & Message Dashboard

Testing Justification and Expected Outcome:
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.

Testing Summary:

- A query on historical audit logs for 2 months 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.
- The SureScripts dashboard indicated a success rate of 99.5% for new prescriptions created, further demonstrating a compliant solution.

Measure	Metric Value
Number of prescriptions created (NewRx).	2,156,463
Number of prescriptions changed (RxChangeResponse).	855
Number of prescriptions canceled (CancelRx).	242,870
Number of prescriptions renewed (RxRenewalResponse)	330,404

170.315(b)(6) Data Export

Product	Prime Suite EHR
Date Range of Metrics:	February 12, 2024 – May 12, 2024
Clients Sampled:	28
Adoption Rate:	100% as functionality included in base software
Method:	Summative Testing from Audit Logs Interactive Testing where Summative resulted in 0 adoption

Testing Justification and Expected Outcome:
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.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(b)(6) criterion.
- We found none of the selected clients utilized the batch export functionality.
    - Greenway performed interactive testing on internal controlled/production like environments using the ONC provided test procedures associated with 170.315(b)(6). No issues were found, affirming compliance with the requirements.

Measure	Metric Value
Number of times a data export was performed.	41

170.315(b)(9) Care Plan

Product	Prime Suite EHR
Date Range of Metrics:	February 12, 2024 – May 12, 2024
Clients Sampled:	28
Adoption Rate:	100% as functionality included in base software
Method:	Summative Testing from Audit Logs Interactive Testing where Summative resulted in 0 adoption

Testing Justification and Expected Outcome:
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, and access 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.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(b)(9) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Measure	Metric Value
Number of care plans recorded.	162
Number of care plans changed.	183
Number of care plans accessed.	2,799

170.315(f)(1) Transmission to Immunization Registries

Product	Prime Suite EHR
Date Range of Metrics:	March 1, 2024 – May 21, 2024
Clients Sampled:	28
Adoption Rate:	24% of Prime Suite EHR clients have elected to connect to a registry
Method:	Summative Testing from Transmission Logs

Testing Justification and Expected Outcome:
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.

Testing Summary:
A query on historical audit logs for 90-day periods 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.

Measure	Metric Value
Number of immunization records submitted to the immunization registry.	39,255

170.315(g)(7) Application Access-Patient selection
170.315(g)(9) Application Access-All Data Request

Product	Prime Suite EHR
Date Range of Metrics:	Interactive testing run on July 15, 2024
Clients Sampled:	1
Adoption Rate:	100% as functionality included in base software
Method:	Interactive Testing from Client Live Training Environment

Testing Justification and Expected Outcome:
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 and patient data defined in the CCDS 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.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(g)(7) and 170.315(g)(9) criterion. Due to zero adoption of this criteria, interactive testing was performed on a client live training environment.
- The API calls were executed against 2 mock patients. The results of the interactive testing verified the functionality works as designed in a production environment.

Criteria	Measure	Metric Value
170.315(g)(7)	Number of requests for a patient token.	2
170.315(g)(9)	Number of requests for a patient's Summary Record made by an application via an all-data category request using a valid patient token.	2

170.315(g)(10) Standardized API for patient and population services

Products	Prime Suite EHR
Date Range of Metrics:	May 1, 2024 – July 29, 2024
Clients Sampled:	246
Adoption Rate:	23% of Prime Suite EHR clients elected to onboard to FHIR
Method:	Summative Testing from Transmission Logs Registered Applications on Developer Platform

Testing Justification and Expected Outcome:
This criterion requires the ability of a certified Health IT module to respond to requests for patient data thru FHIR standards from authorized/registered applications. We intend to record the frequency that data is requested thru FHIR applications to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization with a high success rate.

Testing Summary:
A query on historical audit logs for 90-day periods was performed for the 170.315(g)(10) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Measures	Metric Value
Number of authorized Patient Applications	15
Number of authorized Provider Applications	6
Number of authorized Bulk Applications	13
Number of patient data requests (API GET calls)	38,799,373

170.315(h)(1) Direct Project

Product	Prime Suite EHR
Date Range of Metrics:	February 12, 2024 – May 12, 2024
Clients Sampled:	28
Adoption Rate:	45% of Prime Suite EHR clients are licensed for Direct Messaging
Method:	Summative Testing from Audit Logs

Testing Justification and Expected Outcome:
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.

Testing Summary:
A query on historical audit logs for 90-day periods 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.

Measure	Metric Value
Number of Direct Messages sent.	563
Number of Delivery Notifications received.	555
Number of Direct Messages received.	58

Metrics and Outcomes – Patient Portal – Greenway Patient Portal

170.315(e)(1) View, Download & Transmit to Third Party

Product	Greenway Patient Portal
Date Range of Metrics:	January 1, 2024 – March 31, 2024
Clients Sampled:	41 Intergy clients 25 Prime Suite clients
Adoption Rate:	55% of Intergy EHR clients are onboarded to the Greenway Patient Portal 53% of Prime Suite EHR clients are onboarded to the Greenway Patient Portal
Method:	Summative Testing from Audit Logs

Testing Justification and Expected Outcome:
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.

Testing Summary:
A query on historical audit logs for 90-day periods 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.

Measure	Metric Value Intergy	Metric Value Prime Suite
Number of views of health information by a patient or authorized representative.	106,518	200,946
Number of downloads of health information by a patient or authorized representative.	2,187	2,659
Number of transmissions of health information by a patient or authorized representative, using unencrypted email.	33	49
Number of transmissions of health information by a patient or authorized representative, using encrypted(Direct) method.	188	192

Metrics and Outcomes – Analytics – Greenway Insights

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

Product	Greenway Insights (Regulatory Reporting tool for Intergy & Prime Suite EHR)
Date Range of Metrics:	January 1, 2024-March 30, 2024
Clients Sampled	18
Adoption Rate:	57% of Intergy EHR clients onboarded to the regulatory reporting dashboard 16% of Prime Suite EHR clients onboarded to the regulatory reporting dashboard
Method:	Summative Testing from Audit Logs Interactive Testing where Summative resulted in 0 adoption

Testing Justification and Expected Outcome:
C1 requires a certified Health IT module to record required data, calculate CQMs from the recorded data, and export the data in a QRDA 1. C2 requires a certified Health IT module must be able to import data from a QRDA 1 and calculate the CQMs based on that data. C3 requires a must be able to create a QRDA 1 and a QRDA 3 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.

Testing Summary:

- A query on historical audit logs for 90-day periods was performed for the 170.315(c)(1-3) criterion.
- QRDA 1&3 exports were as expected with number of clients selected.
- QRDA III exports are likely lower due to available exceptions with regulatory reporting program as well as additional collection types available for regulatory reporting that do not require the use of QRDA III.
- QRDA 1 imports, as noted in our test plan, utilization in the ambulatory market was expected to be low. We found none of the selected clients imported QRDA 1's during the selected date range.
    - Greenway performed interactive testing on internal controlled/production like environments using the ONC provided Cypress tool. No issues were found, affirming compliance with the requirements.

Criteria	Measures	Metric Value Intergy	Metric Value Prime Suite
170.315(c)(1)	Number of measures recorded during the period.	32	15
170.315(c)(1)	Number of QRDA Category 1 files exported.	12	24
170.315(c)(2)	Number of QRDA Category 1 files imported.	0	0
170.315(c)(3)	Number of QRDA Category 3 aggregate report(s) created over the period.	23	37

Schedule of Key Milestones

Key Milestones	Timeframe
Scheduling and logistics	January 2024
Executed Summative Testing	January-July 2024
Executed Interactive Testing	July 2024
Review and Collate Data from Adoption Rates, Summative Assessment and Interactive Testing	August-September 2024
Writing Result Report	October-November 2024

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.
- No ONC non-conformities were found during the execution of the plan and analyzing the results.

Authorized Representative:

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Signature: