2024 Real World Test Plan

Version 1.0

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FEI Systems

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Real World Test Plan
WITS
For Criteria
§170.315 (b)(1), §170.315 (c)(1), and §170.315 (g)(9)

GENERAL INFORMATION

Plan Report ID Number: 2024RWTPlan_Ver1.0
Developer Name: FEI Systems
Product Name(s): Web Infrastructure for Treatment Services (WITS)
Version Number(s): 23
Certified Health IT: 15.04.04.1479.WITS.23.03.1.221223
Product List (CHPL) ID(s): 15.04.04.1479.WITS.23.03.1.221223
Developer Real World Testing Page URL: https://feisystems.com/certifications/

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Currently, the Certified Health IT module Web Infrastructure for Treatment Services (WITS) is sold by FEI Systems as an Ambulatory Care Electronic Health Record (EHR) Software application. WITS specializes in supporting Behavioral Health providers.

The applicable 2015 Edition Cures Update criteria that we will include in our Real World Test Plan for WITS are:

Table 1

§170.315 (b)(1)
§170.315 (c)(1)
§170.315 (g)(9)

These criteria were tested individually during the ONC certification process. In the real world, WITS incorporates the features and functions of all the criteria mentioned in Table 1 in one seamless product. To that end, the Real World Test Plan outlines how WITS satisfies these combined certified criteria in the production environment and reinforces the capabilities that we encounter in these production environments. The WITS application allows providers to fully satisfy their reporting requirements for the MIPS program.

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

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A

Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

MEASURES USED IN OVERALL APPROACH

DESCRIPTION OF MEASUREMENT/METRIC

Describe the measure(s) that will be used to support the overall approach to Real World Testing.

The Measure/Metrics and the Descriptions listed below will apply to WITS activities needed to certify the criteria mentioned in Table 1. We will use a Microsoft Teams session for Real World Testing. The participants (current customers) will use a mirrored production environment and real patient data. Upon completion we will observe and report our customers successful use of the certified technology as it was designed and as applicable to the 2015 Cures Update Certified criteria as mentioned.
The Measure/Metrics and Descriptions for Measures 1 - 4 listed below will apply to multiple criteria simultaneously to demonstrate the functionality of the following certified measures: § 170.315(b)(1) Transitions of care (Receive), § 170.315(c)(1) CQM – Record and Export, § 170.315(b)(1) Transitions of care (Send), §170.315(g)(9) API.

Measurement/Metric	Description
Measure 1: Clinician logs into WITS and receives a C-CDA from a referring provider via Direct Protocol with no Tech Support and no errors. C-CDA has demographic information adjusted so PHI is not visible. Successful receipt of C-CDA is achieved and observed.	Clinician begins a new patient encounter in the WITS certified software with a patient referred by another clinician. With a Direct Address and unique Updox credentials the clinician is able to have a seamless login and secure receipt of C-CDA from the referring clinician using the Direct Protocol. The USCDI version 1 standard will be demonstrated in these transactions through screenshots collected. Log files are also captured. These will all show the successful receipt of the C-CDA with all fields completed and arranged per provider preference. This will meet § 170.315(b)(1) (Receive).
Measure 2: Documentation of Medications (CQM68) is done without assistance. No errors are expected.	The clinician documents medications (CQM68) within appropriate location in the WITS software to meet 170.315(c)(1) by completing the appropriate fields as they document the patient's medications on the date of the encounter in WITS software. It will be later reflected in the numerator and denominator of this MIPS CQM measure and the generation of a QRDA file format.
Measure 3: Updated C-CDA is sent back to referring partner. Successful sending of CCDA is achieved and observed.	Clinician sends updated C-CDA with minimal delay back to referring clinician via Direct Protocol (Updox). Updated C-CDA is also sent to the patient portal. Confirmation of sent C-CDA is captured along with log files. This will meet § 170.315(b)(1) (Send).
Measure 4: The patient will have the ability to access (by authentication) either partial or full encounter	This same patient will be enabled to present their authenticated credentials to use a 3rd-party application (MeldRx) running on a patient-owned device to access either partial encounter summary data or a full

summaries by way of an API call from a 3rd-party application running on a patient-owned device to the API of the EHR.	encounter summary. They will have the ability to view and or transmit their information as they see fit. This will meet § 170.315 (g)(9).

ASSOCIATED CERTIFICATION CRITERIA

Measurement/Metric	Associated Certification Criteria	Relied Upon Software
Measures 1 - 4 will be completed in one session.		
Measure 1	§ 170.315(b)(1) Transitions of care - Receive	Updox
Measure 2	§ 170.315(c)(1) CQM – Record and Export	
Measure 3	§ 170.315(b)(1) Transitions of care - Send	Updox
Measure 4	§ 170.315 (g)(9) API	MeldRx

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

Measurement/Metric	Justification
Measure 1: Clinician logs into WITS and receives a C-CDA from a referring provider via Direct Protocol with no Tech Support and no errors. Successful receipt of C-CDA is achieved and observed.	The ability to electronically receive a C-CDA, without developer assistance, from another provider and or point of service by using the Edge Protocol is integral to the exchange of data and interoperability and inherent in a certified EHR. The C-CDA will use the USCDI version 1 standard.
Measure 2: The clinician will document the patient's current medication status and a routine part of every encounter.	A clinician must be able to perform medication reconciliation and enter proper documentation into the record without developer assistance. The clinician's actions will be captured and logged to indicate that the requirement for a given eCQM (CMS068) has been satisfied. Additionally, the WITS EHR will be able to generate a QRDA format of the eCQM for export purposes. The ability to do this as part of the test plan will show how clinicians can complete this task efficiently and without error.
Measure 3: Updated C-CDA is sent back to referring provider. Successful sending of the C-CDA is achieved and observed.	To complete the ability to bi-directionally participate in the interoperability of patient information the certified EHR technology must be able to allow providers to send a C-CDA in the USCDI version 1 standard using the Edge Protocol.
Measure 4: Additionally, the patient will have the ability to access (by authentication) either partial or full encounter summaries by way of an API call from a 3rd-party application running on a patient-owned device to the API of the EHR.	The certified EHR technology must provide the patient with an additional ability to obtain their medical information via a request from an application of their own, outside of the domain of an EHR. This functionality will supplement the capabilities that are achieved with a patient portal.

CARE SETTING(S)

Care Setting	Justification

Facilities: • Ambulatory Specialties: • Behavioral Health	WITS is currently used by providers in the Behavioral Health specialty. This test plan will demonstrate that the overall functionality is the same regardless of the number of providers that are using it at a given time. We will get feedback from multiple clinician roles within the Behavioral Health scope of practice. Additionally, we will document that the EHR performs the same in under those multiple clinician conditions of use. The overall process will be the same in all levels of demand. However, we will confirm that the EHR accommodates the specific workflow under each condition with multiple simultaneous users of the EHR. We will be conducting the Real World Testing with clinicians from the listed care setting with between 1-5 clinicians. These are the FEI Systems target audience. Real patient data will be deidentified and the testing will be using a mirrored production environment. The ability to complete all measures successfully with these practices will be documented through observation of the completed tasks. Deviations from the designed process, if any, will be noted and addressed.

EXPECTED OUTCOMES

Measurement/Metric	Expected Outcomes
§ 170.315(b)(1) Transitions of care (Receive)	The Real World Testing will demonstrate that the clinician can receive C-CDA R2.1 C-CDA Document payload type in a designated setting using the Edge Protocol SMTP protocol (via Updox application). Both Referral Notes and Discharge Summaries will be evaluated. The received document will be evaluated for the ability to: • Receive and validate and display any recorded errors if not a valid C-CDA document. • Parse and present a pre-configured human readable display of all USCDI version 1 data from the relevant C-CDA formatted to the same standard. WITS is compliant with standards for these criteria and vocabulary code sets in all of these measures.
§ 170.315(c)(1) CQM – Record and Export	The Real World Testing will demonstrate that the clinician will be able to record all of the data that would be necessary to calculate the certified eCQMs (CMS68). Data required for CQM exclusions or exceptions will be codified entries, which may include specific terms as defined by each CQM, or may include codified expressions of "patient reason," "system reason," or "medical reason." A clinician will be able to export a data file at any time the user chooses and without subsequent developer assistance to operate. It will be formatted according to the standard specified in § 170.205(h)(2), ranging from one to multiple patients; and will include all of the data captured for the CQM that is certified (CMS68).
§ 170.315(b)(1) Transitions of care (Send)	The Real World Testing will demonstrate that the clinician can send R2.1 C-CDA Referral Notes and Discharge Summaries compliant to the USCDI version 1 standard using the SMTP Edge Protocol (via Updox). We will successfully validate the receipt of the sent documents.
§ 170.315(g)(9) API	The Real World Testing will demonstrate that the clinician has the functionality within WITS to receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application (MeldRx) to subsequently execute requests for that patient's data.

	The EHR will demonstrate the functionality to respond to requests for patient data for partial or all of the data categories specified in the USCDI version 1 at one time and return such data (according to the specified standards, where applicable) in a summary record formatted according to the USCDI version 1 standard. The requests will respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Prepare the WITS application for use in collecting data to support the Real World Test Plan.	Facilities: • Ambulatory Specialties: • Behavioral Health	December 2023
Identify the user practices the will participate in the test plan	Facilities: • Ambulatory Specialties: • Behavioral Health	December 2023 & January 2024
Confirm that the Real World Test Plan participants are able to log into their accounts and are ready to start the RWT plan documentation	Facilities: • Ambulatory Specialties: • Behavioral Health	January 2024
Conduct the series of Real World Testing with the participants on a regular basis (minimum, once a quarter) to obtain feedback on their progress and or if there are any issues to address.	Facilities: • Ambulatory Specialties: • Behavioral Health	Quarterly 2024
End the real world test to coincide with the end of the Year.	Facilities: • Ambulatory Specialties: • Behavioral Health	December 2024

Real World Test analysis and generation of the report	Facilities: • Ambulatory Specialties: • Behavioral Health	January 2025
Submit Real World Test Report to ACB before established deadline	Facilities: • Ambulatory Specialties: • Behavioral Health	February 2025

ATTESTATION

The Real World Test Plan must include the following attestation signed by the health IT developer authorized representative.

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

This Real World Test 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.

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Date: 10/26/2023