



CY 2023 Real World Testing Plan for Florida Department of Health

Executive Summary

This is the real world test plan for CY 2023 for Florida Department of Health self-developed certified EHR solution. It provides the real world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real world testing) to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting which it is targeted for use.

As ONC has stated in its rule, "The objective of real world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT's certification." We have worked toward this objective in designing our test plan and its subsequent real world testing measurements and metrics.

This document builds toward the final testing measurements and metrics we will use to evaluate our product interoperability within production settings. Within each use case, we document our testing methodology for the measure/metric we plan to employ. We also include the associated ONC criteria, our justification for measurement selection, our expected outcomes from the testing, the care settings applied for this measure, and if applicable the number of clients to use in our real world testing.

We have included our timeline and milestones for completing the real world testing in CY 2023, and information about compliance with the Standards Version Advancement Process updates.

A table of contents is provided later in the plan quick access to any document section, including the testing measurements and metrics found at the end of this document. Our signed attestation of compliance with the real world testing requirements is on the following page.



Developer 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.

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[SIGNATURE]

A handwritten signature in black ink, appearing to read "Michael Cragg".

DATE

12/5/2022



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 Score 15



General Information

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

Developer Name: Florida Department of Health

Product Name(s): The Florida Department of Health, Health Management System

Version Numbers(s): 2015

Certified Health IT Criteria: 315(b)(1)-(2), (b)(6), (f)(1)

Product List (CHPL) ID(s) and Link(s):

- 15.05.05.1498.FDOH.01.00.1.190626
- <https://chpl.healthit.gov/#/listing/10047>

Developer Real World Testing Page URL: <http://www.floridahealth.gov/about/state-and-community-health-assessment/health-management-system/index.html>



Timeline and Milestones for Real World Testing

- 1Q-2023. Submit CY 2022 RWT Test Report to ONC-ACB. Continue communications with clients requesting ongoing support and participation in real world testing.
- 2Q-3Q 2023. During the 2nd and 3rd quarter of CY 2023, the real world testing with clients will be scheduled and performed. Results will be documented in the test results section of the test methods and ultimately used to build the test report. If any non-compliances are observed, we will notify the ONC-ACB of the findings and make the necessary changes required.
- 4Q-2023. During the last quarter of the year, the CY 2024 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission before the end of the year.
- 1Q-2024. Submit CY 2023 RWT Test Report to ONC-ACB. Continue communications with clients requesting ongoing support and participation in real world testing.



Standards Updates

For CY 2023, we are not planning to make any version updates on approved standards through the SVAP process. We are implementing USCDI v1 in our C-CDAs and plan for rollout by 12/31/2022.

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



Real World Testing Measurements

The measurements for our real world testing plan are described below. Each measurement contains:

- Associated ONC criteria
- Testing Methodology used
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Number of client sites to use in testing (if applicable)
- Care settings which are targeted with the measurement/metric

In each measurement evaluate, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

Testing Methodologies

For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.

Compliance and/or Tool: This methodology uses inspection to evaluate if EHR is compliant to the ONC criteria requirements. It can be done through 1-v-1 inspection testing or utilize various tools to measure or evaluate compliance and interoperability. If an EHR Module capabilities is not widely used in production by current users, compliance inspection can provide assurance criteria is working as previously certified.

Number of Clients Sites

Within each measure, we note the minimum number of clients or client sites we plan to use for this measure evaluation. The numbers vary depending on the methodology as well as overall use of the associated EHR Module criteria by our users. For criteria that are not widely used by our customer base, we may test the respective measure in our own production-sandbox environment given lack of customer experience with the criteria functionality.



Care and Practice Settings Targeted

Our EHR is designed explicitly to support the physicians in the Florida Department of Health, and our measures were design for this setting.



RWT Measure #1. Number of Patient Immunization History Queries Sent

Associated Criteria: 315(f)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many patient immunization history queries are created and successfully sent from the EHR Module to an IIS/immunization registry over the course of a given interval.

The interval for this measure will be three (3) months.

Measurement Justification

This measure will provide a numeric value, both of success and failures, to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this success measure indicates that the EHR can create a patient immunization history query message, and by sending the message, the EHR demonstrates successful interoperability with an IIS/immunization registry. An error indicates there is some deficiency in real world interoperability to be resolved as necessary.

Measurement Expected Outcome

The measurement will produce numeric results, both of success and failures, over a given interval. We will utilize various reports and audit logs, to determine our measure count.

A successful transmission indicates compliance to the underlying ONC criteria. It will show that the EHR can create the HL7 immunization history query of a patient. In sending the immunization message, the EHR will demonstrate ability to confirm successful interoperability with an IIS/immunization registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or configuration errors or product errors which we will investigate as necessary.

We would determine measure success by evaluating the number of successful immunization history queries sent, and we expect a success rate of over 90% of returned from the registry.



Care Settings

Because the EHR is self-developed and only for our own use, we designed this measure for the Florida Department of Health, and we will test this functionality ourselves to confirm it is working in production.



RWT Measure #2. Compliance of C-CDA Creation and C-CDA Scorecard Average

Associated Criteria: 315(b)(1)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance the EHR Module criteria functionality of creating a C-CDA and measuring its C-CDA Scorecard average.

Measurement Justification

Because our EHR is self-developed for our own use, we are aware that our physicians are not typically sending C-CDAs to external sites. We believe our best method of real world interoperability assurance is doing a compliance inspection of its functionality in our production setting.

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to create a C-CDA and evaluate it against the [ONC C-CDA Scorecard tool](#). The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices.

The C-CDA Scorecard accepts connections via Direct messages so we will use our 3rd party relied upon software provider DataMotionDirect to send our C-CDA to the Scorecard tool. This will verify ongoing compliance with the 3rd party HISP we are using.

The Scorecard will both indicate any C-CDA errors as well provide a numeric scoring result to indicate how well our C-CDA complies with certification requirements and supports interoperability within production setting.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will have the EHR create C-CDA from a patient record containing clinical data elements required in the criteria. We will run C-CDA through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment.

A high score from the Scorecard indicates strong support for interoperability, and a lower score indicates opportunity for improvement. We would determine measure success by evaluating



the C-CDA Scorecard Average, and we expect a score of equal to or over a “B” to be a passing mark.

Care Settings

Because the EHR is self-developed and only for our own use, we designed this measure for the Florida Department of Health, and we will test this functionality ourselves to confirm it is working in production.



RWT Measure #3. Compliance of Problem/Medication/Allergy Incorporation from C-CDA

Associated Criteria: 315(b)(2)

Testing Methodology: Compliance

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of incorporating problem/medication/allergy from a C-CDA.

Measurement Justification

Because our EHR is self-developed for our own use, we are aware that our physicians are not typically receiving C-CDAs for incorporation. We believe our best method of real world interoperability assurance is doing a compliance inspection of its functionality in our production setting.

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to select the appropriate patient and then incorporate the problems, medications, and allergies values into the patient record.

Incorporating external clinical data into the patient record is critical for patient care, and this measure will give assurance of compliance of this functionality.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

Upon receipt of the C-CDA document, the EHR should allow the user to identify the correct patient the document is to be associated with, incorporate the document into the patient record, and merge and reconcile the problems, medications, and medication allergies into their respective lists. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment. We would determine measure success by evaluating the problems, medication, and medication allergies successfully incorporated from the test C-CDAs, and we expect a success rate of over 90% of incorporated clinical entries to be a passing mark.



Care Settings

Because the EHR is self-developed and only for our own use, we designed this measure for the Florida Department of Health, and we will test this functionality ourselves to confirm it is working in production.



RWT Measure #4. Compliance of Data Export C-CDA Export and C-CDA Scorecard Average Score

Associated Criteria: 315(b)(6)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of creating a batch export of C-CDAs and measuring its C-CDA Scorecard average.

Measurement Justification

Because our EHR is self-developed for our own use, we are aware that this capability is not widely used by our physicians so we would not have “counting” metrics to apply. We believe our best method of real world interoperability assurance is doing a compliance inspection of its functionality in our production setting.

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to create a batch export of C-CDA patient records and evaluate it against the [ONC C-CDA Scorecard tool](#). The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices.

The Scorecard will both indicate any C-CDA errors as well provide a numeric scoring result to indicate how well our C-CDA complies with certification requirements and supports interoperability within production setting.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user with special access rights, like an admin, selects batch patient option to export all selected record as CCD C-CDA. The user must be able to do this without any developer assistance. The user selects a timeframe period to export patient summaries and a location for the export file to be saved. The EHR will create the batch export of C-CDA files. We will run some C-CDAs through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment.



A high score from the Scorecard indicates strong support for interoperability, and a lower score indicates opportunity for improvement. We would determine measure success by evaluating the C-CDA Scorecard Average, and we expect a score of equal to or over a “B” to be a passing mark.

Care Settings

Because the EHR is self-developed and only for our own use, we designed this measure for the Florida Department of Health, and we will test this functionality ourselves to confirm it is working in production.