WRSHealth REAL WORLD TESTING PLAN 2021

GENERAL INFORMATION

Plan Report ID Number	:	**20211019WRS**
Developer Name	:	**WRS Health**
Product Name(s)	:	**WRS Health Web EHR and Practice Management System**
Version Number(s)	:	**6.0**
Certified Health IT	:	**WRS Health**
Product List (CHPL) ID(s)	:	**CHPL Product Number: 15.02.05.2527.WRSH.01.01.1.211214** **ONC-ACB Certification ID: 15.02.05.2527.WRSH.01.01.1.211214**

Developer Real World Testing Page URL: https://www.wrshealth.com/certified-ehr-what-to-look-for

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

N/A

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

WRS Health is a certified EHR and Practice Management software solutions provider for medical practice settings throughout the United States and Puerto Rico. For nearly 20 years, as a Health IT developer, WRS Health has maintained a higher standard of operation of its EHR system to help providers manage their practices profitably while providing improved patient care services. Over the years, WRS-EHR application has evolved from an electronic medical record system to a more comprehensive functional solution for healthcare providers and their patients. WRS Health prioritizes the provision of value and quality care in designing its EHR system by focusing on functional use and value delivery. Maintaining sustainable solutions, processes and system infrastructure is one of their core approaches to attain this mission. In the recent pandemic, the need to address broader social health issues also enabled WRS Health to become resilient and consistent in its service delivery and functions. This application for the eligibility standards for Real World testing will be an opportunity for WRS to evaluate and re-align their overall organizational goal in fulfilling their mission in providing quality and value services.

In an ongoing effort to keep up with the standards in providing quality healthcare and improved patient outcomes, WRS Health will re-assess the overall performance capability of its EHR application in order to demonstrate real world interoperability and functional compliance of their product to the certification

standards. WRS Health came up with an integrated outline of their Real-World Testing plan aligned to each of the certification criterion.

This WRS Health Real World test plan aims to address each of the criteria standards outlined in ONC Health Certification Program by utilizing a relevant and appropriate methodology to gather and produce useful information that will constitute to the attainment of their eligibility. The test method plan also considers allocating sufficient time (appropriate scheduling) for each test case deliverable to establish consistent and reliable test results.

The results gained from this activity also hope to provide insights, which in turn can be used as motivations for WRS Health to keep up with their compliance capability as well as for the overall improvement of their structures, processes and patient services.

Generally, WRS Health Real World Test plan focuses on the following methodology:

1. **Standard Based Evaluation**

   WRS Health plans to review and re-assess their event logs and transactions generated by the system using the following specific approach:

   - **Manual Data Audit** – This approach will be used to verify that the system's data conforms to the prescribed data requirements and supplemental data elements required in each of the certification criteria applied for.

   - **Availability of Transactional Logs** – This approach will be used to provide evidences of the availability and utilization of specific functional requirements supported by the system. Also, the availability of transaction reports from external agency/partners will be sought as necessary.

   - **Report Generation** - This approach will be used to prove that the EHR system is capable of exporting data via generated reports and that the system is accessible, and conforms to the required standards set against each certification criterion.

2. **Performance Measurement**

   WRS Health plans to test and evaluate the conformance of their system in each of the applicable criteria set via measurable outcomes of their system functions in the following approach:

   - **Dashboard Reporting** – This approach will be used to present and provide evidences of the measures of the specific case scenarios outlined in this plan for each of the applicable modules / functions of the system.

- **Statistics of Transactional Reports** – This approach will be used to come up with accurate statistics of the transactional logs and reports generated by the system in a periodic timeline as support to the compliance justification in each of the applicable criteria.

- **Outcome Evaluation** – This approach will be used to prove that WRS Health EHR system was able to abstract data from the deliverables and test cases mentioned in this plan to support their primary aim of compliance and continuous improvements.

3. Performance Outcome Indicators

The result of the evaluation will be reported and the indicators derived from this activity will be monitored to track compliance, unexcepted occurrences, or assess results and scenarios with a pre-determined reporting period. This approach will be implemented via the following approach:

- **Dashboard Reporting / Monitoring** – The Dashboard reporting tools implemented by WRS during Real-World testing will be part of its operations to monitor consistency of the test outcomes and to continuously track trends, events, logs significant in their service delivery.

- **Periodic Evaluation** – A periodic evaluation will be scheduled to generate and check reports, transactional logs, data sources for alignment and compliance of WRS operations and services.

- **Submission of Reports** – WRS will comply and report to ONC - ANC board for the changes, updates, outcomes and submission of requirements for Real World Test Certification Program.

CARE SETTINGS

Care Setting	Justification
Primary/specialty care	Not all clients are using direct messaging and public registry modules. For the modules that are being used, the above metrics would apply.
Urgent care	For the modules that are being used, the above metrics would apply.
Nursing home	Our nursing home clients are not using erx and public registry modules, but for the modules that are being used, the above metrics would apply
Birth center	Not all clients are using direct messaging and public registry modules. For the modules that are being used, the above metrics would apply.
Orthopedic and other rehabilitation centers	Not all clients are using direct messaging and public registry modules. For the modules that are being used, the above metrics would apply.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Communicating with our customers how we intend to conduct the Real-World Testing.	All	January 2022
Collection of CMS submission data as laid out by the plan	All	January 1 – March 31, 2022
Collect specialty registry submission statistics	All	Quarterly
Collect CQM report data and conduct manual audit	All	Quarterly
Collect, monitor and review system access and activity data	All	Throughout the year
Monitor and review Surescripts activity reports	All	Monthly
Monitor Surescripts network transaction activities	All	Throughout the year
End of Real World Testing period data collection/analysis	All	January 2023
Submit Real World Testing report to ACB	All	February 2023

MEAUREMENTS / METRICS USED

Certification Criteria	§170.315 (b)(1): Transitions of Care §170.315 (b)(9): Care Plan §170.315 (e)(1) View, download, and transmit to 3rd party §170.315 (h)(1) Direct Project

Test Methodology

WRS Health developers will conduct the review and performance assessment of the different log files, dashboard metrics and transaction reports collected during the period of Real-World Testing to prove the interoperability compliance of WRS Health applications under the specified criterion.

- **§170.315 (b)(1): Transitions of Care**
  The activity logs of users and providers in different practice will determine how often the system was used for CCDA import. The metrics identified in this test will be used for review and analysis of the performance capability of the system for exchange of information, interoperability conformance and the compliance to the required standards for the transition of care. This test will be used to validate the proper operations and adherence to the standard guides in §170.315 (b)(1).

- **§170.315 (b)(9): Care Plan**
  The logs of the generated CCDA documents will be validated and analyzed to test whether the system generate these documents following the proper standards required in §170.315 (b)(9). Specifically, the test will include the assessment of the activity logs including continuity of care documents, referral notes and care plan both systematically or manually generated using the Patient portal and EHR. The metrics derived from this test will be used for system validation in the proper operations of the specified criteria to manage and receive care plans.

- **§170.315 (e)(1) View, download, and transmit to 3rd party**
  The test method to prove the accessibility performance of the Patient portal will include the validation and review of the patient's activity and history logs in using the system. The test will include assessment of the metrics of patient's access and identification of activities relevant to the download and transmit operations of CCDA documents. The measure will determine the frequency of downloads and the transport mechanism used by the patient in transmitting transition of care to external parties. The method used will demonstrate operational compliance in §170.315 (e)(1).

- **§170.315 (h)(1) Direct Project**
  Transaction reports of all messages sent via the system, made by practices will be measured to demonstrate the interoperability capability and adherence to the required standards. The test methodology will primarily test the conformance of implementations of WRS system in §170.315 (h)(1).

Measure 1: Metrics on number of CCDA import

This measure will use the dashboard metrics showing the total imports of CCDA documents. The associated log files will be checked and reviewed also for the accuracy of data.

This will be tested to prove compliance to **§170.315(b)(1) - Transition of Care,** specifically the ability to send and receive CCDA.

Justification

The metrics on the number of direct messages sent and received via edge protocols of CCDA documents will prove the conformance of the application to the prescribed standards and methods under §170.315(b)(1) criterion. This metric will provide information on the types of transmissions and the regularity of importing CCDA documents by end users in the WRS systems.

Expected Outcome

It is expected that some but not all will regularly import CCDA. The log files will verify the frequency of imports made by users over a period of time. Error's related to this activity will be tracked and analyzed.

Measure 2: Metrics on the generated CCDA documents

The measure will use the dashboard of metrics showing total number of CCDA documents generated by practices over time, including Continuity of Care Document, referral note and Care Plan, both systematically (scheduled jobs) or manually (on demand).

This will be tested to prove compliance to

- **§170.315(b)(1) - Transition of Care,** the ability for user to a user to create a transition of care/referral summary document
- **§170.315 (b)(9): Care Plan,** the ability for user to a user to create a Care Plan document

Justification

The metrics abstracted from the log files of the generation of the CCDA documents will illustrate that various CCDA documents are being generated regularly through automated events and manual operations. This method will prove the functionality compliance for the transition of care and capability compliance of these documents in the acceptable required formats according to the prescribed standards in §170.315(b)(1) and §170.315 (b)(9).

Expected Outcome

It is expected that large number of CCDA documents would be generated daily by automated scripts; and a smaller number of CCDA documents would be manually generated on demand.

Measure 3: Metrics on the views and downloads of CCDA by practice users

This measure will use dashboard of metrics showing the number of views and download activities of imported and generated CCDA by practices over time.

This will be tested to prove compliance to

- **§170.315(b)(1) - Transition of Care,** the ability to validate and display
- **§170.315 (b)(9) - Care Plan,** the ability to validate and display

Justification

The metrics derived from history logs of the views and downloads of CCDA documents will provide proof that the system is accessible and that functions are working properly for viewing and downloading of the various CCDA documents. The details of the activity included in the logs will illustrate that the system can validate transition of care/referral summaries received. The log files will also be analyzed to determine that the system is compliance to the standard implementations of the specified criteria.

Expected Outcome

It is expected that for practices who routinely receive and send CCDA documents to other entities, would generate regular CCDA views and downloads.

Measure 4: Metrics on the access and activity log for viewing, downloading, and transmitting of CCDA by patients

This measure will use dashboard of metrics showing patients access/authentication activity to WCAG 2.0 compliant patient portal, and the activities for viewing, generating and transmitting of CCDA.

This will be tested to prove compliance to **§ 170.315(e)(1) View, download, and transmit to 3rd party,**

- the ability to access WCAG 2.0 Levels A or AA patient portal
- the ability to view, generate, and download CCDA
- the ability to view access and activity logs

Justification

This metric will provide proof that the CCDA documents are accessed by the end users via the WCAG 2.0 patient portal. The activity logs will also indicate that proper credentials and security measures are applied as specified in the standards. The metrics will provide statistics on the number of views of CCDA documents in both raw format and human readable format, generate CCDA with time range options, download CCDA individually, and prove that the system can transmit the CCDA securely.

Expected Outcome

It is expected that when patients do access the patient portal they can successfully view and generate CCDA.

Measure 5: Metrics on the transaction reports of direct messages

This measure will use dashboard of metrics showing transactions of all direct messages: messages sent and received by practices with or without CCDA attachments, messages sent by patient from patient portal to transmit CCDA documents, and all messages' final transmission status.

This will be tested to prove compliance to

- **§170.315 (b)(1): Transitions of Care,** the ability for practice users to transmit CCDA via Direct message
- **§170.315 (b)(9): Care Plan,** the ability for practice users to transmit CCDA via Direct message
- **§170.315 (e)(1) View, download, and transmit to 3rd party,** the ability for patients to transmit CCDA via Direct message
- **§170.315 (h)(1) Direct Project,** the ability of sending and reviewing Direct messages, with or without attachments, the ability of showing errors and final transmission status.

Justification

Analysis of the logs of the various transaction reports pertaining to direct messages will be reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care. Practices use direct messages when they need to communicate with patients' primary care providers or specialists, and receive CCDA sent via direct messages for new patients that were referred by other providers. This test method will demonstrate that both practice and patients can safely transmit CCDA documents via direct messages to other entities. The analyzed transaction report will also include the metrics of the sent CCDA documents using direct messages for patients with outgoing referrals. This methodology will primarily test the conformance of the implementation.

Expected Outcome

It is expected that some practices would be receiving and sending CCDA using direct messages. For practices who routinely utilize this feature we expect to see the data hold steady over time. Some practices will only use this feature rarely if they generally do not send or receive referrals, or when their counterparts do not support direct messages.

It is expected that transmitting CCDA via direct messaging may only be used infrequently.

Certification Criteria	§170.315 (b)(2): Clinical Information Reconciliation and Incorporation

Test Methodology

The activity logs related to the Clinical Information reconciliation will be reviewed and analyzed to test the performance of the system for the proper operations of Clinical Information Reconciliation and Incorporation as specified in §170.315 (b)(2)and that the associated implementation guides, including validation and verification of all required data elements are supported.

Measure: Metrics on number of Clinical Information Reconciliation performed.

This measure will use the dashboard metrics showing clinical information reconciliation performed. The associated log files will be checked and reviewed also for the accuracy of data.

This will be tested to prove compliance to **§ 170.315 (b)(2): Clinical Information Reconciliation and Incorporation,** the ability to create single list of medications, medication allergies and problems by reconciling data from two sources.

Justification

The metrics of the log files of the system to perform Clinical Information Reconciliation and Incorporation will prove that the system provides the functionality for the reconciliation of clinical data from two sources. This metrics will prove that the reconciliation is an administrative function and is only available to credentialed users. The test will also signify compliance to the implementations guide outlined in the criteria.

Expected Outcome

Since clinical information reconciliation is performed under certain circumstances, it is expected that the feature would be infrequently utilized by a small number of practices.

Certification Criteria	§170.315 (b)(3): Electronic Prescribing

Test Methodology

The Erx transaction logs from Surescripts will be reviewed and analyzed to ensure that the Electronic Prescribing functions properly and meet the required standards of its operations. This test will also determine the frequency of usage of electronic prescribing in the system. The log files that include the number of Erx messages transmitted through Surescripts network will be tested of its conformance to the implementations of §170.315 (b)(3): Electronic Prescribing standards. Error details will be tracked and examined for any issues that affects prescribing operations.

Measure: transaction reports from Surescripts

This measure will use transaction logs from Surescripts indicating the number of Erx messages transmitted through Surescripts network, to prove compliance to **§ 170.315 (b)(3): Electronic Prescribing** and **NCPDP SCRIPT 2017071** standards for the following type of transactions

- create new prescriptions (NewRx).
- request and respond to change prescriptions (RxChangeRequest, RxChangeResponse).
- request and respond to cancel prescriptions (CancelRx, CancelRxResponse).
- request and respond to renew prescriptions (RxRenewalRequest, RxRenewalResponse).
- receive fill status notifications (RxFill).
- request and receive medication history (RxHistoryRequest, RxHistoryResponse).
- relay acceptance of a transaction (Status).

- respond with errors (Error).
- respond that a transaction requesting a return receipt has been received (Verify).

Justification

The metric will indicate the frequency of usage of the Electronic Prescribing functionality in the system. This test will provide proof that the system is capable and compliance to the required standards by assessing the performance of the functionality against the required operational standards in § 170.315 (b)(3). The test will also prove that system is accessible by end users to perform prescription-related transactions according to the prescribed standards.

Expected Outcome

It is expected that we would see the volumes of Erx transactions across Surescripts network hold steady throughout the year, with low error rate.

Certification Criteria	§170.315 (b)(6): Data Export

Test Methodology

The test approach will use performance analysis of the functionalities of the system to allow practices perform export enabled-permissions of patient's clinical data. This method will ensure that the export function works properly, and the system can be configured according to the specific user preferences mentioned in §170.315 (b)(6): Data Export. The export logs will be reviewed to assess proper credentialing and validation of the required export operations.

Measure: dashboard for export reports

This measure will use the dashboard metrics showing total number of users given permissions to the function, number of export reports generated by practices over time, report filter and configuration options, and number of patients included in the reports, number of CCDA generated

This will be tested to prove compliance to **§ 170.315 (b)(6): Data Export**

- the ability to limit users who can create exports
- the ability to set configuration options without developer assistance
- the ability to set date and time constraints
- the ability to schedule and execute the exports
    - as one time report in real time

- at a specific date and time
- at a relative date and time

Justification

The metrics will illustrate that the end users can grant access to selected users of the export report function. The method will also be used to demonstrate that end users can generate reports with various configurations and filtering options, and can review patients included in the export as well as download CCDA in bulk. This measure will look at the performance of the system to manage export configurations according to defined preferences. Additionally, credentialing requirements will be tested as only authorized users will have the capability to perform export functions.

Expected Outcome

It is expected that the export functions according to the required operational standards. Since the ability to perform export depends on access permission granted to some practice users, it is expected that export function is used sparsely/infrequent by some practices.

Certification Criteria	§170.315 (c)(1): Clinical Quality Measures - Record and Export §170.315 (c)(2): Clinical Quality Measures - Import and Calculate §170.315 (c)(3): Clinical Quality Measures – Report

Test Methodology

The dashboard of metrics will be used to review and analyze the activities and transactions related to various CQM generated reports to test the conformance capability of the system in the prescribed methods and standards of Clinical Quality Measures. Specifically, the following test approach will be used:

- **§170.315 (c)(1): Clinical Quality Measures - Record and Export**
  WRS developers will provide the dashboard of metrics showing the number of recorded clinical data entries recorded over time by practices. These clinical data entries will include but not limited to ICD, CPT, SNOMED, LOINC, allergies, medications, immunizations, vitals. The data metrics will be assessed to validate that CQMs are designed according to required standards of §170.315(c)(1) and that the additional required data elements are supported.

- **§170.315 (c)(2): Clinical Quality Measures - Import and Calculate**
  The method will provide the dashboard of metrics showing the number of CQM generated by practices over the course of year. The test will include assessment of the numbers of QRDA

import performed to prove that users are capable of data imports in the system. The use of import functions will be offered as part of the clinical training to have it tested by users in real practice. The metrics from this log will be examined to verify that the system is able to calculate correctly of each of the imported clinical quality data measures.

- **§170.315 (c)(3): Clinical Quality Measures – Report**
  The method will provide dashboard of metrics showing the number of requested QRDA Category I file downloads, the number of systems generated QRDA for registry reporting (FigMD), and number of downloaded QRDA Category III files.

  The test method will analyze and interpret the number of practices/providers that have successfully downloaded QRDA Category III files from WRS, uploaded to and accepted by CMS, to confirm the capability of users to create data file for the transmission of clinical data measures. Likewise, the test will include analysis of clinical data report cards from specialty registries reflecting providers CQM performance based on QRDA Category I file export.

Measure 1: Metrics on number of recorded clinical data

This measure will use the dashboard metrics showing numbers of recorded clinical data. The associated log files will be checked and reviewed also for the accuracy of data.

This will be tested to prove compliance to **§ 170.315 (c)(1): Clinical Quality Measures - Record and Export, the** ability to record clinical data.

Justification

The measurement outcome of the selected test method will show the actual numbers of users accessing EHR to capture data points for their clinical data reporting. The metrics will prove the performance of the system to validate clinical data captured is conformant to the prescribed standard of CMS implementation guide and that the required data elements are also supported.

Expected Outcome

It is expected that practices will be able to capture clinical data points throughout the year in a consistent pattern. It is expected that the metrics abstracted from the trends on the usage of the system will give an insight to the developers to enhance accessibility and functional performance in capturing clinical records.

Measure 2: Metrics on the generated CQM reports

The measure will use the dashboard of metrics showing total number of CQM generated by practices over the course of year.

This will be tested to prove compliance to **§ 170.315 (c)(2): Clinical Quality Measures - Import and Calculate,** the ability to calculate the aggregated report.

Justification

The metrics derived from the system logs will prove that end users of WRS system can use the reporting function to regularly calculate and report on their CQM. The test will prove the performance of the system for accuracy to calculate each clinical data measures for reporting. This will also be used to validate and identify issues related to generating CQM reports.

Expected Outcome

It is expected that all practices will run at least 1 report per provider per year, and most practices will run monthly and/or quarterly reports throughout the year.

Measure 3: Metrics on QRDA Category I and QRDA Category III activities

This measure will use dashboard of metrics showing number of users requested for QRDA Category I data files, number of systems generated QRDA Category I data files for registry submission, and number of downloaded QRDA Category III files.

This will be tested to prove compliance to

- **§ 170.315 (c)(1): Clinical Quality Measures - Record and Export**, the ability of generating QRDA Category I data files

- **§ 170.315 (c)(3): Clinical Quality Measures - Report**, the ability of generating QRDA Category I and QRDA Category III data files

Justification

This test method will prove that the WRS system met the applicable implementation specifications of the CMS guides for QRDAs. The metrics will identify the accessibility capability of the export functions and likewise will show the frequency of usage in exporting QRDAs.

Expected Outcome

It is expected that there would be QRDA Category I data file and QRDA Category III data file manual download activities during the 1st quarter of 2022 which is CQM report submission window. It is also expected that system generated QRDA Category I data files should take place each month for clients who choose to have their data submitted to registries monthly.

Measure 4: Metrics on the QRDA Category I import performed

This measure will use dashboard of metrics showing activity for QRDA Category I import performed. This will be tested to prove compliance to **§ 170.315 (c)(2): Clinical Quality Measures - Import and Calculate,** the ability to import patient data from QRDA Category I data files.

Justification

The measure will prove that end users can access and import QRDA Category I data files via the system into their real practice. The frequency of imports performed by end users will prove the availability of the import function amidst its rare use in the practice.

Expected Outcome

As this is a function that is not commonly used by clients as part of their regular workflow, it is expected that infrequent imports were performed as part of clinical training effort.

Measure 5: Metrics on CMS and specialty registry submissions

This measure will use dashboard of metrics showing of practices/providers that have successfully downloaded QRDA Category III data files from WRS, uploaded to and accepted by CMS, and clinical quality measures performance scorecards from specialty registries reflecting successful generation and exporting of QRDA Category I data files.

This will be tested to prove compliance to

- **§ 170.315 (c)(1): Clinical Quality Measures - Record and Export**, the ability of generating QRDA Category I data files
- **§ 170.315 (c)(2): Clinical Quality Measures - Import and Calculate,** the ability to calculate the aggregated report.
- **§ 170.315 (c)(3): Clinical Quality Measures - Report**, the ability of generating QRDA Category III data files

Justification

The metrics will illustrate the system's capability of generating valid QRDA Category III data files which can be consumed by CMS submission tool. Additionally, this will also prove the system's capability of generating valid QRDA Category I data files that can be consumed by specialty registries for calculation and reporting. Overall, the metrics derived will indicate the operational compliance of the system to CQM reporting.

Expected Outcome

It is expected that we would be able to collect CMS data submission confirmation for number of clients during CMS submission open period (January 2022 – March 2022). It is also expected that we would be able to collect submission score cards for clients who submit data to FigMD for their specialty registries.

Certification Criteria	§170.315 (f)(1): Transmission to Immunization Registries §170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance §170.315 (f)(4): Transmission to Cancer Registries

Test Methodology

Generated log files, transaction reports and reports coming from external partners will be examined to access conformance validity of the capability of WRS system to process electronic transmission as required in the following criteria:

- **§170.315 (f)(1): Transmission to Immunization Registries**
  WRS will review the immunization message transaction reports from Iron Bridge showing details of transaction exchanged with state immunization registries.

- **§170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance**
  The reports showing the number of syndromic surveillance message successfully generated will be analyzed to provide proof on conformance of WRS to create syndrome-based public health surveillance information for electronic transmission.

- **§170.315 (f)(4): Transmission to Cancer Registries**
  To prove that the system supports for the electronic submission of cancer case information, the log files showing the number of cancer registry message successfully generated by the system will be presented.

Measure 1: transaction reports from Iron Bridge

This measure will use the dashboard metrics showing numbers of transactions exchanged with state immunization registries

This will be tested to prove compliance to **§ 170.315 (f)(1): Transmission to Immunization Registries** and HL7 specifications

- the ability to create immunization information for electronic transmission to immunization registries
- the ability to request and receive a patient's evaluated immunization history and forecast from immunization registries

Justification

The metrics derived from immunization message transaction reports from Iron Bridge will prove that WRS is capable and compliant to electronic transmission to immunization registries and is conformant to the prescribed standards in these criteria.

Expected Outcome

It is expected that we would see larger volume of outbound messages from WRS to state registries than bi-directional messages, as majority of the practices only have outbound connections. It is also expected that a portion of the messages would contain errors due to incomplete submission data.

Measure 2: metrics on generated syndromic surveillance messages

This measure will use the dashboard metrics showing numbers of generated syndromic surveillance messages.

This will be tested to prove compliance to **§ 170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance, the** ability to record and create syndrome-based public health surveillance information for electronic transmission.

Justification

The indicator of the number of syndromic surveillance messages successfully generated by the system will prove the capability of transmitting syndromic surveillance data in accordance with the implementation guidelines required by the standard.

Expected Outcome

It is expected that for all eligible events, syndromic surveillance messages will be correctly generated by the system according to the standard.

Measure 3: metrics on generated cancer registry messages

This measure will use the dashboard metrics showing numbers of generated cancer registry messages. This will be tested to prove compliance to **§ 170.315 (f)(4): Transmission to Cancer Registries, the** ability to record and create cancer case information for electronic transmission.

Justification

The metrics will provide evidence that WRS EHR system has a functional module which is capable of capturing essential cancer diagnosis data, and generating registry reporting message.

Expected Outcome

It's expected that only a small number of activities would take place during the reporting period, as none of our clients are treating cancer patients and would not be using this function during daily interactions with patients.

Certification Criteria	§170.315 (g)(7): Application Access - Patient §170.315 (g)(8): Application Access - Data Category Request §170.315 (g)(9): Application Access - All Data Request

Test Methodology

The test approach includes the examination and assessment of the activity logs and review of API documentations to ensure that the API services of WRS is compliant and conforms to the operational standards in the following:

- **§170.315 (g)(7): Application Access - Patient**
  Patient's activity logs will be used to determine the number of patient's accessing the system. The logs will also be used to examine the capability of the API to search and uniquely identify authorized patients. The API documentation will also be examined for proper adherence to the required standards specified under this criterion.
- **§170.315 (g)(8): Application Access - Data Category Request**
  The activity logs will be used to examine the details of the API responses as patients made data category requests in the system. The logs will also be used for checking errors and statuses of the API responses.

- **§170.315 (g)(9): Application Access - All Data Request**
  The activity logs will be used to examine the details of the API responses for full data requests made by patients in the system. The logs will also be used for checking if there are errors and status of the API responses.

Measure: metrics on API access and activity

This measure will use the dashboard metrics showing access, request and response activities, number of authorized requests and origins, successful patient retrieval, data category requested, and response statuses.

This will be tested to prove compliance to

- **§ 170.315 (g)(7): Application Access - Patient,** the ability to authenticate and identify patient
- **§ 170.315 (g)(8): Application Access - Data Category Request**
  - the ability to respond to requests for patient data for each of the individual categories
  - the ability to respond to requests for patient data associated with a specific date
  - the ability to respond to requests for patient data associated with a date range.
  - published and maintained API documentation
- **§ 170.315 (g)(9): Application Access - All Data Request**
  - the ability to respond to respond to requests for patient data for all of the data categories
  - published and maintained API documentation

Justification

The test method performed in these criteria will illustrate that authorized requests can search and retrieve patient identifier after providing valid identification criteria, that the API endpoints support requesting of categories of data and full data, and proper response would be returned by the API. Additionally, the method will ensure that there is a proper technical documentation of the APIs and is accessible via public URL.

Expected Outcome

It is expected that unauthorized requests would be rejected, and authorized requests would be granted and recorded; requests with correct patient search criteria should successfully retrieve patient identifier, whereas insufficient search criteria would result in no match. It is also expected that API endpoints would handle both categories data request and full data requests, and respond with appropriate data.

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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