WRSHEALTH - REAL WORLD TESTING RESULTS REPORT 2024

CONTENTS

GENERAL INFORMATION

Plan Report ID Number : 20231107wrs
Developer Name : WRS Health
Product Name(s) : WRS Health Web EHR and Practice Management System
Version Number(s) : 7.0
Certified Health IT 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

INTRODUCTION

This document presents the results of WRS Health's Real World Testing for 2024. The primary objective is to demonstrate that our EHR applications maintain compliance with ONC certification standards while supporting interoperability in real-world environments. This report includes testing methodologies, key findings, challenges encountered, and compliance with the Standards Version Advancement Process (SVAP).

CHANGES TO ORIGINAL PLAN

Changes were made to our original test plan to accommodate updates to our CEHRT to support the ONC Certification criteria.

Summary of Change	Reason	Impact
§170.315(c)(3) SVAP standards was not included in the 2024 RWT Plan	WRS Health is certified for §170.315(c)(3	Data was captured and real world test metrics were captured.
Test Case 5 - (f)(4) Cancer Registries - Performed manual testing instead of summative testing.	Due to zero real-world usage of the module by our EHR users, WRS Health was unable to collect live data for transmission to cancer registries.	We conducted internal testing in a production-mirrored environment using synthetic patient records.

Summary of Change	Reason	Impact
Test Case 6 - Manual Testing for g7, g9, g10 - Performed manual testing instead of summative testing.	No real-world requests were observed in production	We conducted internal testing in a production-mirrored environment using synthetic patient records.

Since no real-world usage was available, manual testing ensured that the certified functionalities were fully operational. Synthetic patient records were generated to test various data points, including demographics, clinical data, and visit history. Simulated API calls were conducted to verify authentication, access control, and data retrieval accuracy. Testing included g7 (patient-specific requests), g9 (all-data requests for structured responses), and g10 (bulk data exports for FHIR compliance).

SUMMARY OF TESTING METHODS AND KEY FINDINGS

We conducted Real-World Testing to evaluate the interoperability and usability performance of our EHR application in a real-world setting, ensuring compliance with ONC Certification Program standards. Using a relevant testing methodology, our test plan focused on maintaining adherence to certification requirements.

From January to December 2024, we consistently tracked attempts to access certified Health IT modules and related transactions, generating system logs for analysis. These logs, along with system-generated transactions, were integral to our manual data audit, verifying alignment with prescribed data structures and supplemental elements for each certification criterion.

The logs also played a key role in generating reports that assess the availability and utilization of functional and usability requirements. This report includes a detailed analysis of our test measures, along with key findings that demonstrate our compliance.

A primary challenge encountered was the limited or nonexistent usage of certain features required for certification. For example, no cancer registry messages were generated due to a lack of client utilization. To ensure compliance despite the absence of real-world usage, internal testing was performed in a production-like environment to validate functionality.

Our real-world testing has provided valuable insights into the functionality and performance of our EHR system. We emphasize the importance of aligning test scenarios with real-world provider workflows to ensure an accurate representation of system usage. Additionally, the low utilization of certain features underscores the need for targeted user education or system enhancements. These findings inform our ongoing efforts to refine the system, address

potential challenges, and continuously enhance the overall user experience.

STANDARDS UPDATES (SVAP and USCDI)

☑ I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.

☐ No, none of my products include these voluntary standards.

Standard (and version)	§170.315(c)(3) – CQMs – Report • CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2022 (December 2021) • 170.205(h)(3) 2022 CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2022 (November 2021)
Updated certification criteria and associated product	§170.315(c)(3)
CHPL Product Number	15.02.05.2527.WRSH.01.01.1.211214
Conformance measure	§170.315(c)(3) - Test Case 4 • Measure 3: Metrics on QRDA Category I and QRDA Category III activities • Measure 5: Metrics on CMS and specialty registry submissions

CARE SETTINGS

WRS Health is designed and certified to support multiple clinical specialties in the ambulatory setting. Real World Testing was conducted in all care settings noted below.

- Primary/specialty care
- Urgent care
- Nursing home
- Birth center
- Orthopedic and other rehabilitation centers

METRICS AND OUTCOME

TEST CASE 1 : Assess the system's capability to support transitions of care, care planning, patient access to health information, and secure direct messaging in compliance with ONC certification criteria.

Certifications 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

Associated Criterion(s)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§170.315 (b)(1) Transitions of Care	**Measure 1 : Metrics on number of CCDA imports** 1) Total imports of CCDA documents		From: 1/1/2024 to 12/31/2024 1) Total: 4	
§170.315(b)(1) Transition of Care **§170.315 (b)(9)** Care Plan	**Measure 2: Metrics on the generated CCDA documents** 1) Total # of CCDA documents auto generated 2) Total # of CCDA documents generated manually		From: 1/1/2024 to 12/31/2024 1) Total: 1,784,603 2) Total: 24,866 *Note: Documents include Continuity of Care Document, referral note and Care Plan*	
§170.315(b)(1) Transition of Care **§170.315 (b)(9)**: Care Plan	**Measure 3: Metrics on the views and downloads of CCDA by practice users** 1) Number of views of imported and generated CCDA by practices 2) Number of download activities of imported and generated CCDA by practices		From: 1/1/2024 to 12/31/2024 1) Total: 40,309 2) Total: 156,136	
§ 170.315(e)(1) View, download, and transmit to 3rd part	**Measure 4: Metrics on the access and activity log for viewing, downloading, and transmitting of CCDA by patients** 1) Total # of patient portal CCDA views 2) Total # of patient portal CCDA downloads 3) Total # of patient portal CCDA generated 4) Total # of patient portal CCDA sent/transmitted		From: 1/1/2024 to 12/31/2024 1) Total: 34,993 2) Total: 8,658 3) Total: 2,172 4) Total: 22	
§170.315 (b)(1) Transitions of Care **§170.315 (b)(9)** Care Plan **§170.315 (e)(1)** View, download, and transmit to 3rd party	**Measure 5: Metrics on the transaction reports of direct messages** 1) Total # messages sent by practices with CCDA 2) Total # messages sent by practices without CCDA 3) Total # messages received by practices with CCDA	*EMR Direct* *phiMail*	From: 1/1/2024 to 12/31/2024 1) Total: 2,927 2) Total: 79 3) Total: 0 4) Total: 19,819 5) Total: 0	

Associated Criterion(s)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§170.315 (h)(1) Direct Project	4) Total # messages received by practices without CCDA 5) Total # messages sent by patient using Patient Portal to transmit CCDA			

Analysis and Key Findings for Test Case 1:

The test measures collected for this period demonstrate that the certified module successfully created CCDA documents, matched CCDA to patients, reconciled data, and supported imports and exports. The resulting totals for each measure align with the expected outcomes outlined in the test plan. Regardless of usage frequency, users accessing the patient portal were able to generate, view, download, and transmit CCDA documents without issue.

While direct messaging may not be widely adopted across practices, the overall test results demonstrate that this feature is active and fully functional for those utilizing it. Practice users successfully received and transmitted CCDA documents via direct messaging. These findings affirm that the capability to create and exchange CCDAs with other systems is operational and compliant with the required standards in real-world scenarios.

TEST CASE 2 : Evaluate the system's ability to reconcile and incorporate clinical data from multiple sources to ensure accuracy and continuity of patient care.

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

Associated Criterion(s)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§ 170.315 (b)(2) Clinical Information Reconciliation and Incorporation	**Measure: Metrics on number of Clinical Information Reconciliation performed.** Total # of Clinical information reconciliation performed		From 1/1/2024 through 12/31/2024 Total: 3,833,077	

Analysis and Key Findings for Test Case 2:

The analysis of test measures derived from the system's log files, specifically focused on Clinical Information Reconciliation and Incorporation,validates the system's ability to seamlessly reconcile clinical data from two distinct sources.

Although this feature was initially anticipated to be used sparingly as an administrative function, the unexpectedly high utilization highlights a strong preference among practice users for electronic reconciliation, demonstrating both the

practicality and efficiency of this capability in managing medical information.

TEST CASE 3 : Confirm that the system supports electronic prescribing functions, ensuring seamless prescription management and compliance with interoperability standards.

Certifications Criteria : §170.315 (b)(3) - Electronic Prescribing

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§ 170.315 (b)(3) Electronic Prescribing and NCPDP SCRIPT 2017071 standards	**Measure: transaction reports from Surescripts** Metrics on the number of 1) NewRx 2) RxChange 3) CancelRx 4) Prescriptions renewed 5) RxFill 6) Medication History	MDToolBox	From 1/1/2024 through 12/31/2024 1) 1,829,820 2) 18,148 3) 4,497 4) 523,649 5) 925 6) 416,705	

Analysis and Key Findings for Test Case 3:

The transaction log files, which record the total number of eRx messages transmitted, were collected to evaluate compliance with Electronic Prescribing standards. These logs confirm the feature's capacity to consistently send prescription information to pharmacies, demonstrating reliable activity throughout the year.

TEST CASE 4 : Verify the system's ability to record, calculate, import, and export Clinical Quality Measures (CQM), supporting regulatory compliance and provider reporting needs.

Certifications 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

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§ 170.315 (c)(1) Clinical Quality Measures - Record and Export	**Measure 1: Metrics on number of recorded clinical data** Total # of recorded clinical data		From 1/1/2024 through 12/31/2024 Total: 24,736,497	
§ 170.315 (c)(2) Clinical Quality Measures - Import and Calculate	**Measure 2: Metrics on the generated CQM reports** Total # of CQM generated by practices		From 1/1/2024 through 12/31/2024 Total: 1,594	
§ 170.315 (c)(1) Clinical Quality Measures - Record and Export **§ 170.315 (c)(3)** Clinical Quality Measures - Report I and QRDA Category III data files.	**Measure 3: Metrics on QRDA Category I and QRDA Category III activities** 1) Total # of users requested for QRDA Category I data files 2) Total # of system-generated QRDA Category I data files for registry submission 3) Total # of downloaded QRDA Category III files		From 1/1/2024 through 12/31/2024 1) Total: 44 2) Total: 888 3) Total: 253	
§ 170.315 (c)(2): Clinical Quality Measures - Import and Calculate	**Measure 4: Metrics on the QRDA Category I import performed** Total # of import performed for QRDA Category I		From 1/1/2024 through 12/31/2024 Total: 4 files	
§ 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,	**Measure 5: Metrics on CMS and specialty registry submissions** 1) Total # practices/providers that have successfully downloaded QRDA Category III data files from WRS 2) Total # of QRDA Category III data files uploaded to and accepted by CMS 3) Total # of CQM performance scorecards from specialty registries reflecting successful generation 4) Total # QRDA Category I data files export		From 1/1/2024 through 12/31/2024 1) Total: 43 2) Total: - 3) Total: - 4) Total: 5	

Analysis and Key Findings for Test Case 4:

To demonstrate the health IT module's capability for CQM reporting, data recording, export, import, and calculation, event logs were collected. The data provides strong evidence of the EHR system's effectiveness in supporting CQM processes, with consistent and high-volume usage across these functionalities. This reflects the system's ability to meet healthcare providers' needs for comprehensive clinical data management and reporting. The EHR system is regularly

used by providers, affirming its reliability for clinical data reporting. The captured clinical data aligns with the standards outlined in the CMS implementation guide.

For CQM import and calculate, the total number of generated CQM reports indicates that the feature is actively used by providers to submit their reports regularly. Additionally, the data on QRDA Category I and Category III activities highlights the module's capability to generate valid data files and transmit clinical measures to registries effectively. While the import and export of QRDA Category I files occur less frequently, this function is not commonly part of regular workflows for most providers. Nevertheless, the feature remains available and utilized for CQM reporting, confirming its compliance with the required standards.

TEST CASE 5: Evaluate the system's capability to electronically submit data to immunization registries, syndromic surveillance systems, and cancer registries as required by public health reporting standards.

§170.315 (f)(1): Transmission to Immunization Registries - WRS analyzed the immunization message transaction reports from Iron Bridge, which provided detailed insights into the transactions exchanged with state immunization registries.

§170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance - Reports detailing the number of successfully generated syndromic surveillance messages serve as evidence of WRS's compliance in producing syndrome-based public health surveillance data for electronic transmission.

§170.315 (f)(4): Transmission to Cancer Registries - The log files documenting the number of successfully generated cancer registry messages serve as conclusive evidence that the system supports the electronic submission of cancer case information.

Certifications 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

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§ 170.315 (f)(1) Transmission to Immunization Registries and HL7 specifications	**Measure 1: Immunization message success** Total # of transactions exchanged with state immunization registries		From 1/1/2024 through 12/31/2024 Total: 380	
§ 170.315 (f)(2) Transmission to Public Health Agencies - Syndromic	**Measure 2: metrics on generated syndromic surveillance messages** Total # of generated syndromic surveillance messages.		From 1/1/2024 through 12/31/2024 Total: 11,958	

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Surveillance				
§ 170.315 (f)(4) Transmission to Cancer Registries	**Measure 3: metrics on generated cancer registry messages** Total # of generated cancer registry messages		From 1/1/2024 through 12/31/2024 Total: 3	In the absence of any real-world usage, testing with synthetic data was conducted.

Analysis and Key Findings for Test Case 5:

Internal and external log reports were thoroughly analyzed to evaluate the system's capability to transmit medical information to registries, focusing on the specific requirements outlined in §170.315(f). Transaction reports obtained from Iron Bridge provided critical evidence, highlighting the module's proficiency in meeting the required standards for transmitting data to state immunization registries.

The higher volume of outbound messages from WRS to state registries aligns with expectations, as most practices using the system maintain outbound-only connections.

Since no clients currently use the cancer registry functionality, synthetic patient data was used in a production-mirrored environment to verify compliance with certification requirements. This testing approach confirmed that our system's cancer registry reporting functionality remains fully operational, despite the lack of live customer usage.

TEST CASE 6 : Assess the system's API functionality to ensure secure and compliant patient and third-party application access to health data.

§170.315 (g)(7): Application Access - Patient - Patient's activity logs were utilized to determine the total number of patients accessing the system. The logs also demonstrate the capability of the API to search and uniquely identify authorized patients. The API documentation was also examined for proper adherence to the required standards specified under this criterion.

§170.315 (g)(9): Application Access - All Data Request - The activity logs were used to examine the details of the API responses as patients made data category requests in the system. Furthermore, the logs served the purpose of verifying errors and statuses associated with the API responses.

§170.315 (g)(10): Standardized API for Patient and Population Services - The activity logs were utilized to monitor the volume and frequency of API calls made for both patient and population-level services. Additionally, this measure

ensures compliance with mandatory authentication protocols, validating secure and authorized access to the API.

Certifications Criteria : **§170.315 (g)(7): Application Access - Patient**
§170.315 (g)(9): Application Access - All Data Request
§ 170.315 (g)(10) Standardized API for Patient and Population Services

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§ 170.315 (g)(7) Application Access - Patient	**Measure: metrics on API access and activity** 1) Total # of requests for a Patient ID or Token 2) Total # of requests that provided sufficient information to provide a valid response 3) Total # of follow-up requests made using the provided patient ID or token		From 1/1/2024 through 12/31/2024 1) Total: 3 2) Total: 3 3) Total: 3	In the absence of any real-world usage, testing with synthetic data was conducted.
§ 170.315 (g)(9) Application Access - All Data Request	**Measure: metrics on API access and activity** 1) Total # of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token 2) Total # of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range		From 1/1/2024 through 12/31/2024 1) Total: 3 2) Total: 3	In the absence of any real-world usage, testing with synthetic data was conducted.
§ 170.315 (g)(10) Standardized API for Patient and Population Services	**Measure: metrics on API access and activity** 1) Total # of data requests for a single patient's data using required authentication. 2) Total # of data requests for multiple patient's data using required authentication.		From 1/1/2024 through 12/31/2024 1) Total: 3 2) Total: 3	In the absence of any real-world usage, testing with synthetic data was conducted.

Analysis and Key Findings for Test Case 6:

Our certified APIs are accessible to independent vendors, as well as WRS clients and their users for requesting patient information. The corresponding technical documentation for these APIs is readily available through a public URL.

Due to zero or no requests made in production, our test cases are executed manually to demonstrate the availability and usability requirements for each test measure. Synthetic patient records were generated to test various data points, including demographics, clinical data, and visit history. Simulated API calls were conducted to verify authentication, access control, and data retrieval accuracy. Testing included g7 (patient-specific requests), g9 (all-data requests for structured responses), and g10 (bulk data exports for FHIR compliance). Our internal tests have successfully verified that our API services are compliant against each measure.

KEY MILESTONES

The list of key milestones that were met during the course of implementing our Real World Testing plans is based on our schedule. The key milestones include details on how and when the developer implemented measures and collected data.

Key Milestone	Care Setting	Date / Time Frame
Client Communication for support and participation	All	January 2024
Collection of information as laid out by the plan	All	January 2024 (Throughout the year)
End of Real World Testing period data collection/analysis	All	December 2024
Submit Real World Testing report to ACB	All	January 15, 2025

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 report is up to date and fully addresses the Health IT Developer's Real World Testing requirements.

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