REALWORLD TESTING RESULTS REPORT

GENERAL INFORMATION

Report ID Number	20231128gsi
Developer Name	Genius Solutions. Inc.
Product Name(s)	ehrTHOMAS
Version Number(s)	3
Certified Health IT Product List (CHPL) ID(s)	15.05.05.2737.GENI.01.00.1.180802
Developer Real World Testing PLAN Page URL	http://www.geniussolutions.com/ehrthomas-realworldtesting
Developer Real World Testing RESULTS Page URL	http://www.geniussolutions.com/ehrthomas-realworldtesting

CHANGES TO ORIGINAL PLAN

Summary of Change [Summarize each element that changed between the plan and Actual execution of Real World Testing]	**Reason** [Describe the reason this change occurred]	**Impact** [Describe what impact this change had on the execution of your Real World Testing activities]
N/A		
N/A		
N/A		

WITHDRAWN PRODUCTS

Product Name(s):	N/A
Version Number(s):	N/A
CHPLID(s):	N/A
Date(s)Withdrawn:	N/A
Inclusion of Datain Results Report:	N/A

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Genius Solutions chose to test its only electronic medical record (EMR) product, ehrTHOMAS. We selected the setting of care that is representative of Genius Solutions' clients. ehrTHOMAS is intended to work in ambulatory settings with most of the customers being eligible physicians of the quality payment program working as a solo practitioner up to working in a setting with 4-5 multiple providers. Additional staff in the office that uses ehrTHOMAS ranges from one to 20 individuals, excluding the provider. The majority of our customer base is comprised of offices that practice Podiatry, Chiropractic, Mental Health and Internal Medicine. Participants to this testing were selected based on the following:

- History utilizing Genius Solutions' products
- Granted permission to access and extract patient health information for testing purposes
- Connections to third parties and state registries
- Care setting

All testing was done on the client's server or workstation. All testing participants allowed Genius Solutions to have full access to their system during the testing period. Each participant knew what type of information was taken from their system for testing purposes.

Our goal was to test the following measures and metrics outlined in this plan through three testing periods throughout the year. Just testing with a participant once would not test on-going electronic health information exchange, interoperability with other applications and data registries, and conformance to the technical file standards and code sets. Testing ehrTHOMAS in real world situations three times a year has allowed us to collect a sufficient amount of data to provide evidence of interoperability.

We selected the measures based on what is required for certification for the real world testing. The designing of the procedures was based on what we believe is an adequate testing protocol that can be performed with limited human and capital resources. The testing procedures were created with minimal interruption to client services and client workflow. Most data points were collected by the moderator and do not require the testing user's participation.

Any type of test data or files that were needed for the testing measures were extracted from another EMR and patient information was modified for security purposes and pushed through a DataMotion portal. We have included the use of test patients in our measures as many of our clients are smaller offices that may not want to include certain functionality into their workflow.

We closely monitor how our measures are performed, the data collected, and the feedback from our customers. All of these items were reviewed to ensure that we are adequately capturing data that provides evidence of on-going interoperability with ehrTHOMAS given the amount of resources allotted.

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

__X__ Yes, 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)	USCDI v1 for b1, b2, e1, and g9 170.204(a)(1) Web Content Accessibility Guidelines (WCAG) 2.1, June 05, 2018 (Level A Conformance) for e1
Updated certification criteria and associated product	b1, b2, e1, g9
Health IT Module CHPLID	15.05.05.2737.GENI.01.00.1.180802
Conformance measure	Receive Patient Health Information via Direct Messaging for b1 Incorporating Patient Health Information from Direct Messaging for b2 Send CCDs to the Portal for e1 Test API Connection: All Data Request for g9

Care Setting(s)

Ambulatory Care Centers

Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Receive Patient Health Information via Direct Messaging	170.315 (b)(1): Transitions of Care	DataMotion, Backbeach Software CCDA Viewer or C-CDA Scorecard	(1)The moderator: inspected the provider's direct messaging inbox and observed the number of CCDs received from other providers. There were no errors. (2)The moderator was able to identify transitioning provider and contact information, the patient's name, DOB,	None

			the sections within the CCD, and the encounter diagnosis. This determined that ehrTHOMAS is able to view CCDs in a human readable format.	
Incorporating Patient Health Information from Direct Messaging	170.315 (b)(2): Clinical Information Reconciliation and Incorporation	DrFirst Rcopia and Backbeach Software C-CDA Viewer	(1)The moderator observed the actions of the user throughout the testing period. The testing user had a patient that matched the CCD that was received in the Receive Patient Health Information via Direct Messaging measure. As we expected, the ehrTHOMAS matched the CCD to the patient's chart automatically most of the time with limited user interaction. (2)The moderator recorded the number of successful automatic patient matching. If the patient in the CCD did not match with a patient in ehrTHOMAS, this was due to the patient being a new patient to the practice and was not entered into the system yet or that there was user error entering the patient's information on either the other provider's or the testing provider's end. (3) The moderator also recorded the any errors that occur while matching the patient's CCD to the patient's chart. As we expected, there were no errors in patient matching. It was expected that the	None

			information within the CCD appropriately parses within ehrTHOMAS. The user can see the patient's active data within their medication list, allergy list and problem list as well as the new data from the CCD. We were able to to reconcile CCDs within ehrTHOMAS and update the medications/allergies in DrFirst and the patient's diagnoses directly into ehrTHOMAS based on what was revealed in the CCD. The collected data points were used to demonstrate on-going functionality of incorporating patient data from other health providers and to test the system's conformity to the Clinical Information Reconciliation and Incorporation certification.	
Prescribe a Medication	170.315 (b)(3): Electronic Prescribing	DrFirst (Rcopia)	(1)The moderator was able to verify that the prescription information was pulled down from Rcopia with the appropriate medication, SIG, frequency, and Rx Status and record the SIG match. There was a 100% SIG match rate. There were no complaints. These data points demonstrated on-going Maintenance of Certification for	None

			Electronic Prescribing as well as on-going EHI exchange functionality	
Record and Create a Care Plan	170.315 (b)(9): Care Plan	Backbeach Software C-CDA Viewer	The moderator observed the actions of the user during the testing of this measure. The user was able to record patient's health information, create a Care Plan and export the CCD. The CCD contained "Goals" and "Health Concerns" sections. These sections were verified by the moderator and be reported as a successful export. The collected data points provided evidence of on-going Maintenance of Certification for Care Plans and conformance to the technical standards of the C-CDA.	None
Generate a Clinical Quality Measure (CQM) Report	170.315 (c)(1): Clinical Quality Measures - Record and Export 170.315 (c)(3): Clinical Quality Measures – Report		The CQM report generated successfully without any errors. There were no complaints from the testing participants regarding the CQM measures. The data points associated with this measure provided evidence of ongoing Maintenance of Certification for Clinical Quality Measures: Report and Clinical Quality Measures: record and export.	None
Send CCDs to the Portal	170.315(e)(1) View, download, and transmit to 3rd party	Genius Portal	(1)The moderator observed the actions of the user during the sending of a CCD to the portal. (2)The moderator verified that	None

			the CCD for the test patient was transferred successfully to the test portal through a visual inspection. As we expected we could read the CCDs in a human readable form. As we expected the CCDs could be downloaded and read in a human readable form and were transmitted to a 3rd party with issues or errors.	
Export Immunization Records and Requesting Immunization History	170.315 (f)(1): Transmission to Immunization Registries		As we expected the HL7 immunization messages was exported successfully with no errors. The files transmitted to MCIR and/or FLShots successfully with no issues. The transmitted immunization information matched what was exported from ehrTHOMAS and what was being displayed by the registry.	None
Export Syndromic Surveillance Records	170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance		The HL7 messages were exported and transmitted successfully and without errors. The moderator confirmed the transmission to the registry and recorded the data.	None
Test API Connection: Patient Selection	170.315(g)(7) Application access - patient selection		The moderator worked directly with the third party vendor or the API tester to collect the data for this measure. As we expected the ehrAPI returned a patient token that appropriately matched a patient within ehrTHOMAS. When	None

			working with a third party vendor, we do not expect complaints regarding receiving a patient token.	
Test API Connection: All Data Request	170.315(g)(9) Application access - all data request		The moderator worked directly with the third party vendor or the API tester to collect the data for this measure. As we expected the ehrAPI returned all the patient data for the specific patient requested. We do not experience any issues or errors when returning the data. A CCD was created, and the CCD to be valid and conform to the technical specifications for the file.	None
Test API Connection for Patient/Population Services	170.315(g)(10) Standardized API for patient and population services		The moderator worked directly with the third party vendor or the API tester to collect the data for this measure. As we expected the ehrAPI was able to exchange patient data in a consistent manner, pass calls and returned complete information for a single patient and population services with proper access and authentication. We do not experience any issues or errors when returning the data. A CCD was created, and the CCD to be valid and conform to the technical specifications for the file.	None

KEY MILESTONES- We have met the required plan

KeyMilestone	CareSetting	Date/Timeframe
Generate CQM reports and Exporting a QRDA Files	Ambulatory Care Settings	January 1st, 2024 to December 31st, 2024 COMPLETED
Develop and test software used for the Test API Connection measure.		February 27th, 2024 COMPLETE
Completion of recruiting test participants for Real World Testing	Ambulatory Care Settings	February 27th, 2024 COMPLETED
First testing period. Data will be collected and recorded.	Ambulatory Care Settings	March 1st to April 1st, 2024 COMPLETED
Second testing period. Data will be collected and recorded.	Ambulatory Care Settings	July 1st to August 1st, 2024 COMPLETED
Third testing period. Data will be collected and recorded.	Ambulatory Care Settings	November 1st to December 1st, 2024 COMPLETED
Analyzing the results and creation of final report		December 1st, 2024 to December 31st, 2024 COMPLETED