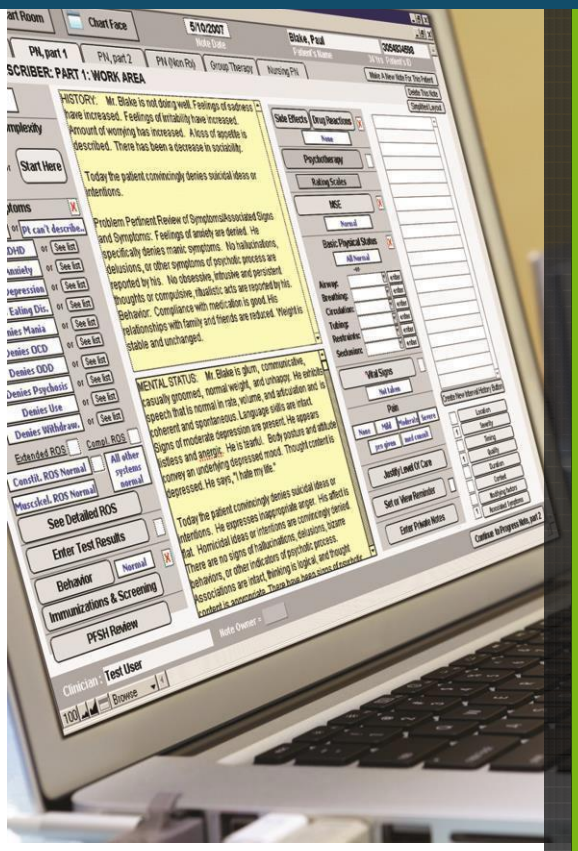
ICANotes
Behavioral Health EHR

2023

Real World Test Plan Results



ICANotes LLC

01/15/2023

GENERAL INFORMATION

Plan Report ID Number: **RWT Plan ICANotes - 10-31-2023**

Developer Name: **ICANotes, LLC**

Product Name(s): **ICANotes EHR/EMR for Behavioral Health**

Version Number(s): **11.6, Edition 2015, Certification Date: 12/31/2018**

Certified Health IT: **15.04.04.2755.ICAN.11.01.1.221224**

Product List (CHPL) ID: **15.04.04.2755.ICAN.11.01.1.221224**
Withdrawn Product: 15.04.04.1637.ICAN.11.00.1.181231

Real World Testing Plan URL:
https://www.icanotes.com/features/onc-atcb-certification/

Real World Testing Results URL:
https://www.icanotes.com/wp-content/uploads/2024/01/2023-RWTP-Results-Report.pdf

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

ICANotes is a medium-sized EHR founded in 1999 and designed by a psychiatrist to serve exclusively behavioral health providers. ICANotes serves those involved in behavioral health, including psychiatry, psychology, therapy, and addiction treatment. Currently certified for the 2015 Health Information Technology Edition, ICANotes uses a cloud-based solution. The majority of ICANotes customers provide outpatient services and receive referrals from other clinicians regularly.

ICANotes believes that a single Real-World Testing plan can address multiple certification criteria.

We will be utilizing real-time patient data and real-world production environments when implementing Real World Testing.

There might be a need to change our test methodology or approach based on what we found during our testing. During testing, this will only happen to accommodate unforeseen issues or problems that may arise. In these instances, a results report will document these types of changes, their reasons, and how intended outcomes were met more efficiently.

Testing will take place via Google Meets in the production environment using de-sensitized patient data. Demographic information will be altered to ensure HIPAA privacy regulations are met. An agency will be selected to send and receive transitions of care.
Testing will include the clinician or practice staff member, an ICANotes representative who interacts with the clinician, and an ICANotes observer who acts as a recorder. Development and QA staff will be on standby during the testing for assistance if needed.

ICANotes has been conducting real-world testing in 2023. We will submit the results of our testing by February 01, 2024.

MEASURES USED IN THE OVERALL APPROACH

ASSOCIATED CERTIFICATION CRITERIA

List certification criteria associated with the measure and if updated to the 2015 Edition Cures Update criteria.

Measurement/Metric	Associated Certification Criteria
Measure 1	§ 170.315(b)(1) Transitions of Care (Receive)
Measure 2	§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation
Measure 3	§ 170.315(c)(1) Clinical Quality Measures Record and Export
Measure 4	§ 170.315(b)(1) Transitions of Care (Send)
Measure 5	§ 170.315(e)(1) View, Download and Transmit to 3rd party
Measures 6 - 8	§ 170.315(b)(6) Data Export
Measure 9	§ 170.315(g)(7) Application Access – Patient Selection
Measure 10	§ 170.315(g)(10) Application Access – Standardized API Criterion
Measure 11	§ 170.315(g)(9) Application Access – All Data Request

WHY ICANOTES TRANSITIONED FROM MEASURES (g)(8) to (g)(10).

ICANotes, LLC, a provider of electronic health record (EHR) solutions, transitioned from utilizing and evaluating the (g)(8) measure to adopting the (g)(10) measure for Real World Testing in the ONC Health IT Certification Program. This change was driven by several factors aimed at enhancing the effectiveness and relevance of their EHR software in meeting the evolving needs of healthcare providers and patients.

The decision to switch to the (g)(10) measure was influenced by the following key considerations:

1. ***Regulatory Compliance***: The ONC Health IT Certification Program regularly updates its certification criteria and measures to align with evolving regulatory requirements and industry standards. Adapting to these changes ensures that EHR solutions remain compliant with current regulations and eligible for certification.

2. ***Industry Best Practices***: The (g)(10) measure may have been deemed more comprehensive or better aligned with industry best practices compared to the (g)(8) measure. By adopting the (g)(10) measure, ICANotes aimed to ensure that their EHR software met or exceeded the prevailing standards of functionality, interoperability, and security within the healthcare IT landscape.

3. ***Enhanced Functionality***: The (g)(10) measure might have offered additional functionalities or performance metrics that were deemed valuable for improving the usability, efficiency, and quality of ICANotes' EHR software. By incorporating these enhancements, ICANotes aimed to deliver a more robust and user-friendly solution to healthcare providers, ultimately leading to improved patient care outcomes.

Overall, the decision to transition from the (g)(8) measure to the (g)(10) measure for Real World Testing in the ONC Health IT Certification Program reflects ICANotes' commitment to maintaining regulatory compliance, adopting industry best practices, enhancing functionality, and meeting customer need within the dynamic landscape of healthcare IT. This strategic move underscores ICANotes' dedication to delivering high-quality EHR solutions that empower healthcare providers to deliver superior patient care while driving innovation and efficiency in the healthcare industry.

Measurement/Metric	Description
Measure 1: The clinician logs into ICANotes and receives a CCDA from an external individual via Direct Protocol with no Tech Support and no errors. CCDA has demographic information adjusted so PHI is not visible. Successful receipt of CCDA is achieved and observed. The amount of time should be no more than 60 seconds.	The clinician begins a new patient encounter in ICANotes certified software with a patient referred by an external individual. With a Direct Address and unique Kno2 credentials, the clinician can have a seamless login and secure receipt of CCDA from the external individual using Direct Protocol (Surescripts is the underlying software that allows the use of Direct Messaging). Common Clinical Data Set (CCDS) standard will be demonstrated in these transactions through screenshots collected. Log files are also captured. These will all show the successful receipt of the CCDA with all fields completed. This will meet § 170.315(b)(1) (Receive).
Measure 2: The CCDA is validated and Clinical Information Reconciliation is performed. No errors are expected. The amount of time should be no more than 180 seconds.	After successful receipt of the CCDA, the clinician validates the CCDA within ICANotes. Clinical information reconciliation for medication, medication allergy, and current problem list is performed using ICANotes software. CCDS standard will be demonstrated in these transactions through screenshots collected. Log files demonstrate the reconciliation. This will meet § 170.315(b)(2).
Measure 3: Documentation of Medications (CQM #68) is done without assistance. The amount of time taken to document should be no more than 60 seconds. No errors are expected.	ICANotes clinician easily completes Documentation of Medications (CQM #68) within the appropriate location in ICANotes software to meet 170.315(c)(1) by completing the appropriate fields in ICANotes software. The following day it will be reflected in the numerator and denominator of this MIPS CQM measure. This will meet § 170.315(c)(1).
Measure 4: Updated CCDA is sent back to an external individual. Successful sending of CCDA is achieved and observed. The amount of time to send the document should be no more than 60 seconds.	The clinician sends updated CCDA with minimal delay back to an external individual via Direct Protocol. Updated CCDA is also sent to the patient portal. Confirmation of sent CCDA is captured along with log files. This will meet § 170.315(b)(1) (Send).
Measure 5: Access via the patient portal - Observation of the View, Download and Transmit functions are performed. This will demonstrate the portal as a key tool for the clinician to share the patient's most current health information with the patient. The amount of time should be no more than 3 minutes total for 3 tasks and there should be no errors.	Real-time patient data will be adjusted to protect PHI before Measure 5 is completed. An office staff member is allowed access to the patient portal to view patient CCDA and download the CCDA without assistance. Transmission of patient data will be sent to another office staff member. This will meet § 170.315(e)(1).

Measure 6: Practice staff member successfully exports data files on demand.	An authorized user will perform an export of CCDA data from the production server in real-time (on demand) with a specific start and end date immediately. This will be done without delay and sent to a specific file location decided by the user. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. Real world data will be used but demographic information will be changed to protect PHI. This measure allows the capture of report data selected by and on-demand without assistance from the development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully with requested data and sent through verbal acknowledgements and/or screenshots. This will meet part of § 170.315(b)(6).
Measure 7: Practice staff member successfully exports a file at a delayed time – with a specific start and end date.	An authorized office practice staff member will perform an export of CCDA data in the future – 5 minutes from now — from the production server with a scheduled specific start and end date – such as November 1 - November 2, 2022. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. This measure allows the staff member to select a time in the future without assistance from the development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully and sent with requested data through verbal acknowledgements and/or screenshots. This will meet another component of § 170.315(b)(6).
Measure 8: Practice staff member sets an export for a delayed time during hours after the practice is closed and can run successfully.	An authorized office practice staff member sets up a specific data export to run after the practice is closed. This measure allows the capture of report data selected by and on-demand without assistance from the development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully with requested data and/or screenshots that capture the activity. This will meet the final component of § 170.315(b)(6).
Measure 9: Provide staff members with the API documentation.	A practice staff member acts as an authorized person (patient) in the relied-upon software, DHIT Bulk and FHIR that utilizes the MyLinks API and successfully registers for an account that syncs with the ICANotes EHR. The authorized person creates a username and password which assures the privacy and security of the patient. This will meet § 170.315(g)(7).

Measure 10: A staff member will be able to use the Standardized API for patient and population services.	Using the API that is synced to their MyLink account created in Measure 9, the practice staff member demonstrates that the third-party, relied-upon software allows for the following: (i) *Data response*. Respond to requests for data (based on an ID or other token) for each of the resources referenced by the standard adopted. (ii) *Search Support*. Respond to search requests for data consistent with the search criteria (iii) *App registration*. Enable an application to register with the technology's "authorization server". (iv) *Secure Connection*. Establish a secure and trusted connection with an application that requests data under the standard adopted. (v) *Authentication and app authorization – 1st time connection*. a. Authentication. Demonstrates that user authentication occurs during the process of authorizing the application to access FHIR resources. b. App authorization. Demonstrates that a user can authorize applications to access a single patient's data per the implementation specification. (vi) *Authentication and app authorization – Subsequent connections*. Demonstrates that an application can access a single patient's data without requiring re-authorization and re-authentication when a valid refresh token is supplied and issues a new refresh token for a new period no shorter than 3 months. This will meet § 170.315(g)(10).
Measure 11: A staff member demonstrates the ability, through the use of the token, to receive the entirety of a patient CCDA for a specific time and date with all data categories.	The return of the data is confirmed to be the patient earlier selected and data is returned successfully. This will meet § 170.315(g)(9).

REPORT AND RESULTS - Q1: March 2023

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **10**
- Number of partial completions: **1**

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive)	A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials by an external individual. The Clinician successfully received the transition of care from the external individual, they carried out the necessary steps and the CCDA was visible in the patient's chart with no conflict or breach of PHI within the stipulated 60-second time frame.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation	After successful receipt of the CCDA, the Clinician validated the CCDA within ICANotes and the clinical information reconciliation for medication, medication allergy, and current problem list was performed.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export	CQM was tested and verified within an appropriate location in ICANotes software, within the stipulated 60 seconds but it was partially complete due to an overnight system that processes CCDS. As a result, we could not see the numerator and denominator until 24 hours had elapsed and it could not be observed within the testing period.	Tested – Pass and Partially complete due to the system's time constraints
§ 170.315(b)(1) Transitions of Care (Send)	The Clinician successfully sent the updated CCDA within the 60-second time frame back to the external individual via Direct Protocol and to the patient portal. The reconciled CCDA was also sent to the Patient Portal.	Tested – Pass
§ 170.315(e)(1) View, Download and Transmit to 3rd party	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.	Tested - Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested - Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§ 170.315(g)(10) Application Access – Standardized API Criterion	The authorized user (Clinician) successfully met the g(10) API criterion in the third-party software by: (a) Authenticating and authorizing – 1st time connection (b) Establishing a secure and trusted connection (c) The user completed the 'App registration' with the technology's "authentication server" (d) Conducting search requests for data within the search criteria (e) Received a data response after requesting data.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	The third-party software successfully generated the authorized user's complete CCDA.	Tested – Pass

Two (2) Clinicians/Practice staff members and one (1) Internal user participated in a single session in which all measures were attempted to be tested.

Overall, an averaged "Pass" status was achieved for all 11 measures tested by three different testers involved which synthesized the individual assessments into a unified result.

Synopsis of the Measures that were deemed Incomplete and/or Not Tested in Q1.

- **Measure 1, 2 and 4 – Kno2 restriction**:

  The Clinician (MB) and the Internal Tester (LR) encountered issues logging into their Kno2 account to test Measures 1, 2, and 4 due to Technical Glitches with the Kno2 platform itself that prevented users from logging in. This could have included server problems, software bugs, or maintenance activities that affected the accessibility of the platform. The three measures were in turn affected by this.

- **Measure 9, 10 and 11 – Declined to use the relied-upon software, DHIT FHIR**:

  There was an issue with the registration process for Measure 9 during the testing conducted by the Clinician (LM). Consequently, the Clinician decided not to proceed further, resulting in Measures 10 and 11 being labelled as "Not Tested."

  The registration process involved certain administrative or technical steps that the Clinician encountered difficulty with. These steps were addressed and clarified for any future tests to be conducted to ensure a smooth testing process for Measures 10 and 11.

	REAL WORLD TESTING - RESULTS (March 2023)										
Measures / Rating / Clinician	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/ specific date & time)	Measure 8 - Data Export (Scheduled after work hours)	Measure 9 - Successfully registered for MyLink	Measure 10 - View specific data in MyLink	Measure 11 - Viewed entire CCDA in MyLink
LM - 03/27/23	Tested: Pass - 57 secs.	Tested: Pass - 58 secs.	Tested: Pass and Partially Complete - 7 secs	Tested: Pass - 53 secs.	Tested: Pass - 1 min. & 5 secs.	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Incomplete	Not Tested	Not Tested
MB - 03/31/23	Tested: Incomplete	Not Tested	Tested: Pass and Partially Complete - 3 secs.	Not Tested	Tested: Pass - 1 min & 11 secs.	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass
Internal Testing - LR: 03/31/23	Tested: Incomplete	Not Tested	Tested: Pass and Partially Complete -6 secs	Not Tested	Tested: Pass - 1 min & 1 secs.	Tested: Pass and Partially Complete	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass

REPORT AND RESULTS – Q2: June 2023

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **8**
- Number of passed and partial completions: **1**
- Number of not tested / incomplete events: **2**

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive)	A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials by an external individual. The Clinician successfully received the transition of care from the external individual, they carried out the necessary steps and the CCDA was visible in the patient's chart with no conflict or breach of PHI within the stipulated 60-second time frame.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation	After successful receipt of the CCDA, the Clinician validated the CCDA within ICANotes and the clinical information reconciliation for medication, medication allergy, and current problem list was performed.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export	CQM was tested and verified within an appropriate location in ICANotes software within the stipulated 60 seconds but it was partially complete due to an overnight system that processes CCDS. As a result, we could not see the numerator and denominator until 24 hours had elapsed and it could not be observed within the testing period.	Tested – Pass and Partially complete due to the system's time constraints
§ 170.315(b)(1) Transitions of Care (Send)	The Clinician successfully sent the updated CCDA within the 60-second time frame back to the external individual via Direct Protocol and to the patient portal. The reconciled CCDA was also sent to the Patient Portal.	Tested – Pass
§ 170.315(e)(1) View, Download and Transmit to 3rd party	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§ 170.315(g)(10) Application Access – Standardized API Criterion	The authorized user (Clinician) was unable to test the g(10) API criterion in the vendor application due to challenges with data retrieval.	Not Tested
§ 170.315(g)(9) Application Access – All Data Request	Due to the user being unable to test Measure 10 in the vendor application the complete CCDA could not be generated.	Not Tested

Two (2) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Overall, we received an averaged "Pass" status for 9 of the 11 measures and an averaged "Not Tested" status for two of the 11 measures that were tested by two different testers involved which synthesized the individual assessments into a unified result.

Synopsis of the Measures that were Tested and Not Tested in Q2.

- **Measure 1, 2 and 4 – Kno2 credential error**:

  The Clinician (MB) encountered issues logging into their Kno2 account to test Measures 1, 2, and 4 due to credential errors, which affected the accessibility of the platform. The three measures were in turn affected by this.

- **Measure 6, 7 and 8 – Upload Site credential error**:

  The Clinician (MB) encountered issues logging into the EHR's Upload Site as an Administrator to test Measures 6, 7, and 8 due to credential errors which affected the accessibility of the platform. The three measures were in turn affected by this.

- **Measure 9 – DHIT FHIR restriction**:

  The Clinician (MB) was unable to complete the testing for Measure 9 due to a MyLink registration issue, said issue hindered the entire registration, verification and login process.

- **Measure 10 and 11 – DHIT FHIR restriction**:

  The Clinician (LM) was unable to complete Measure 10 because of a technical issue on the MyLink site disallowing data to be viewed which in turn affected the testing of Measure 11.

  As a result of Measure 9's hindrance, the Clinician (MB) was unable to test Measures 10 and 11 leaving both measures with a status of "Not Tested", without Measure 9, the Clinician could not search, retrieve, and view the data or an entire CCDA.

REAL WORLD TESTING - RESULTS (June 2023)											
Measures / Rating / Clinician	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/ specific date & time)	Measure 8 - Data Export (Scheduled after work hours)	Measure 9 - Successfully registered for MyLink	Measure 10 - View specific data in MyLink	Measure 11 - Viewed entire CCDA in MyLink
LM - 06/28/23	Tested: Pass - 49 secs.	Tested: Pass - 58 secs.	Tested: Pass and Partially Complete- 5 secs.	Tested: Pass - 15 secs.	Tested: Pass - 1 min & 3 secs.	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Incomplete	Not Tested
MB - 06/28/23	Tested: Incomplete	Not Tested	Tested: Pass and Partially Complete - 10 secs.	Not Tested	Tested: Pass - 1 min & 27 secs.	Tested: Incomplete	Tested: Incomplete	Tested: Incomplete	Tested: Incomplete	Not Tested	Not Tested

REPORT AND RESULTS – Q3: September 2023

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **10**
- Number of passed and partial completions: **1**

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive) – 60 seconds.	A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials by an external individual. The Clinician successfully received the transition of care from the external individual, they carried out the necessary steps and the CCDA was visible in the patient's chart with no conflict or breach of PHI within the stipulated 60-second time frame.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation – 180 seconds	After successful receipt of the CCDA, the Clinician validated it within ICANotes. They successfully reconciled the medication, medication allergy, and current problem list using the ICANotes software within the stipulated time of 180 seconds.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export – 60 seconds	CQM was tested and verified within an appropriate location in ICANotes software within the stipulated 60 seconds but it was partially complete due to an overnight system that processes CCDS. As a result, we could not see the numerator and denominator until 24 hours had elapsed and it could not be observed within the testing period.	Tested – Pass and Partially complete due to the system's time constraints
§ 170.315(b)(1) Transitions of Care (Send) – 60 seconds	The Clinician sent the updated CCDA with minimal delay back to the external individual via Direct Protocol within the stipulated 60 seconds. The reconciled CCDA was also sent to the Patient	Tested – Pass
§ 170.315(e)(1) View, Download and Transmit to 3rd party – 3 minutes	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§ 170.315(g)(10) Application Access – Standardized API Criterion	The authorized user (Clinician) successfully met the g(10) API criterion in the third-party software by: (a) Authenticating and authorizing – 1st time connection (b) Establishing a secure and trusted connection (c) The user completed the 'App registration' with the technology's "authentication server" (d) Conducting search requests for data within the search criteria (e) Received a data response after requesting data.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	The third-party software successfully generated the authorized user's complete CCDA.	Tested – Pass

Five (5) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Overall, an averaged "Pass" status was achieved for all 11 measures tested by five different testers involved which synthesized the individual assessments into a unified result.

Synopsis of the Measures that Were Tested and Not Tested in Q3

- **Measure 1, 2 and 4 – Kno2 credential error**:

  The Clinicians (MN, BMcA, MO and MB) encountered issues logging into their Kno2 account to test Measures 1, 2, and 4 due to credential errors, which affected the accessibility of the platform. The three measures were in turn affected by this.

- **Measure 5 – Patient Portal site outage**:

  The Clinicians (MN, MO and MB) encountered data retrieval issues after logging into the EHR's Patient Portal Site as an authorized person (patient) because of an unexpected site outage that was only rectified after testing.

- **Measure 6, 7 and 8 – Upload Site credential issue**:

  The Clinician (MN) came across issues logging into the EHR's Upload Site as an Administrator to test Measures 6, 7, and 8 due to credential errors which affected the accessibility of the platform. The three measures were in turn affected by this.

- **Measure 9 – DHIT FHIR restriction**:

  The Clinician (RM and MN) was unable to complete the testing for Measure 9 due to a MyLink registration issue, said issue hindered the entire registration, verification and login process.

- **Measure 10 and 11 – DHIT FHIR restriction**:

  The Clinicians (RM and MN) were unable to complete Measure 10 because of a technical issue on the MyLink site disallowing data to be viewed which in turn affected the testing of Measure 11.

  The Clinicians (MO and MB) were unable to test Measure 11 leaving because of server slowness in the MyLink platform which prohibited the users from searching, retrieving and viewing an entire CCDA.

	REAL WORLD TESTING - RESULTS (September 2023)										
Measures / Rating / Clinician	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/ specific date & time)	Measure 8 - Data Export (Scheduled after work hours)	Measure 9 - Successfully registered for MyLink	Measure 10 - View specific data in MyLink	Measure 11 - Viewed entire CCDA in MyLink
RM - 09/20/23	Tested: Pass - 49 secs.	Tested: Pass - 35 secs.	Tested: Pass and Partially Complete - 4 secs.	Tested: Pass - 28 secs.	Tested: Pass - 1 min. and 43 secs.	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Incomplete	Not Tested	Not Tested
MN - 09/26/23	Tested: Incomplete	Not Tested	Tested: Pass and Partially Complete- 6 secs.	Not Tested	Tested: Incomplete	Tested: Incomplete	Tested: Incomplete	Tested: Incomplete	Tested: Incomplete	Not Tested	Not Tested
BMcA - 09/29/23	Tested: Incomplete	Not Tested	Tested: Pass and Partially Complete - 3 secs.	Not Tested	Tested: Pass - 1 min. and 55 secs.	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass
MO - 09/29/23	Tested: Incomplete	Not Tested	Tested: Pass and Partially Complete - 10 secs.	Not Tested	Tested: Incomplete	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Not Tested
MB - 09/29/23	Tested: Incomplete	Not Tested	Tested: Pass and Partially Complete - 2 secs.	Not Tested	Tested: Incomplete	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Not Tested

REPORT AND RESULTS – Q4: December 2023

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **10**
- Number of passed and partial completions: **1**

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive) – 60 seconds.	PHI was de-sensitized by the Clinicians and the replication of the de-sensitized information was done by an external individual. A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials. The restriction that was encountered in Q1 and Q2 was resolved in time for Q3 and Q4 by using a certified Clinician (external provider) who has a Kno2 production account. The Clinician successfully received the CCDA within the stipulated time of 60 seconds.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation – 180 seconds	After successful receipt of the CCDA, the Clinician validated it within ICANotes. They successfully reconciled the medication, medication allergy, and current problem list using the ICANotes software within the stipulated time of 180 seconds.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export – 60 seconds	CQM was tested and verified within an appropriate location in ICANotes software within the stipulated 60 seconds but it was partially complete due to an overnight system that processes CCDS. As a result, we could not see the numerator and denominator until 24 hours had elapsed and it could not be observed within the testing period.	Tested – Pass and Partially complete due to the system's time constraints
§ 170.315(b)(1) Transitions of Care (Send) – 60 seconds	The Clinician sent the updated CCDA with minimal delay back to the external individual via Direct Protocol within the stipulated 60 seconds. The reconciled CCDA was also sent to the Patient Portal.	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(e)(1) View, Download and Transmit to 3rd party – 3 minutes	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.	Tested – Pass
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§ 170.315(g)(10) Application Access – Standardized API Criterion	The authorized user (Clinician) successfully met the g(10) API criterion in the third-party software by: (a) Authenticating and authorizing – 1st time connection (b) Establishing a secure and trusted connection (c) The user completed the 'App registration' with the technology's "authentication server" (d) Conducting search requests for data within the search criteria (e) Received a data response after requesting data.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	The third-party software successfully generated the authorized user's complete CCDA.	Tested – Pass

Synopsis of the Measures that were Tested in Q4.

REAL WORLD TESTING - RESULTS (December 2023)											
Measures / Rating / Clinician	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/ specific date & time)	Measure 8 - Data Export (Scheduled after work hours)	Measure 9 - Successfully registered for MyLink	Measure 10 - View specific data in MyLink	Measure 11 - Viewed entire CCDA in MyLink
RM - 12/18/23	Tested: Pass - 49 secs.	Tested: Pass - 57 secs.	Tested: Pass and Partially Complete - 5 secs.	Tested: Pass - 29 secs.	Tested: Pass - 1 min. 47 secs.	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass
MB - 12/21/23	Tested: Pass - 35 secs.	Tested: Pass - 50 secs.	Tested: Pass and Partially Complete - 3 secs.	Tested: Pass - 26 secs.	Tested: Pass - 55 secs.	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass	Tested: Pass