Real World Testing 2023 Test Results

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Developer Name: Nth Technologies, Inc.

Product Name and Version: nAbleMD 5.0c/nAbleMD 6.0c

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Real World Test Plan Changes

Challenges faced during testing

Key challenges necessitating changes to the test plans included a small userbase exacerbated by all customers using nAbleMD 5.0c either not participating in government payers or utilizing the low-volume exception to MIPS/QPP participation, or accepting Medicare payment penalties as opposed to the labor of fully utilizing the tested functions of the software. Additionally, several providers in the primary care setting either retired during the year or switched to a competing product.

Changes made to the Test Plan

Because of low utilization, it was necessary to modify several test plans to confirm the operation of the software. These tests and modifications are detailed here:

- Transition of Care Testing – Outbound. Changes affected testing for:
  - § 170.315(b)(7) – Security Tags – Summary of Care Send.
  - § 170.315(h)(1) – Direct Project
    Reason: no utilization of Direct Project transmission due to extra steps required of the practice. Practices not participating in MIPS did not see the value of utilizing this feature. No practices utilized the Security Tags feature for any patient chart during the year.
    Change: In order to demonstrate the functionality of Security Tags and Direct Project, the practice generated a transfer of care record for a test patient utilizing the DS4P Security Tag functionality and uploaded it to the Edge Testing Tool C-CDA R2.1 Validator for 2015 Edition for validation of the Direct communication capability and the C-CDA document format. Additionally the clinic was encouraged to utilize the Direct functionality to transmit a C-CDA document to a referred provider and receive acknowledgement of receipt from that provider.
- Transition of Care Testing – Inbound. A change affected testing for:
  - § 170.315(b)(8) – Security Tags – Summary of Care Receive
    Reason: No clinic received C-CDA documents containing DS4P Security Tags
    Change: In order to demonstrate the functionality of Security Tags, a C-CDA was generated by the Edge Testing Tool C-CDA R2.1 Validator for 2015 edition containing an ambulatory record and was imported to a test patient by the clinic and reconciled successfully.
- Clinical Quality Measures. A change affected testing for:
  - § 170.315(c)(1) – Clinical quality measures (CQMs) — record and export
  - § 170.315(c)(2) – Clinical quality measures (CQMs) — import and calculate
  - § 170.315(c)(3) – Clinical quality measures (CQMs) — report
    Reason: Not all measures were used by all providers at all clinics, so a mix of providers were used to collect data for as many measures as possible. One measure (CMS146v10) had no patient matching the initial population during the year of 2023 at the clinics being monitored
    Change: For CMS146v10, a practice was guided on generating a test patient record that would be in the Initial Patient Population and Numerator for the measure in order to demonstrate that the quality measure was properly calculated and reported.
- Application Access Testing - Standardized API for patient and population services. A change affected testing for
  - 170.315(g)(10) – Standardized API for patient and population services
    Reason: No independent third party who requested API access completed the

API developement prior to the end of the year.
Change: The AEGIS Touchstone FHIR test platform was utilized to request a test patient record from a clinic to confirm API functionality.

Withdrawn Products

The nAbleMD version 5.0c referenced in the Test Plan was withdrawn at the end of 2022 (12/31/2023) due to the Cures edition certification and deployment of nAbleMD version 6.0c on 1/1/2023. As 5.0c was the current version as of the deadline for test plan development, all test plan tests which were originally planned for version 5.0c were instead performed on nAbleMD version 6.0c, as it was the only version of the software in use for the entirety of 2023.

Standards Updates

The Test Plan document specified certain standard versions that had been replaced as part of the upgrade to 6.0c that took place on 1/1/2023. These include:

Clinical Quality Measures:

• CMS22v10: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented – Update to CMS22v11

• CMS68v11: Documentation of Current Medications in the Medical Record – Update to CMS68v12

• CMS69v10: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan – Update to CMS69v11

• CMS75v10: Children Who Have Dental Decay or Cavities – Update to CMS75v11

• CMS117v10: Childhood Immunization Status – Update to CMS117v11

• CMS122v10: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) – Update to CMS122v11

• CMS125v10: Breast Cancer Screening – Update to CMS125v11

• CMS138v10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention – Update to CMS138v11

• CMS146v10: Appropriate Testing for Children with Pharyngitis – Update to CMS146v11

• CMS147v11: Preventive Care and Screening: Influenza Immunization – Update to CMS17v12

• CMS155v10: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents – Update to CMS155v11

• CMS165v10: Controlling High Blood Pressure – Update to CMS165v11

• CMS166v6: Use of imaging studies for Low Back Pain – The incorrect version was referenced in the test plan, the correct version is CMS166v7. No change was made in the software as the measure referenced has not been modified.

Transition of Care Testing – Outbound

Criteria Tested

This test covers the following criteria related to the transition of patient care out of the practice:

- § 170.315(b)(1) – Transitions of Care
- § 170.315(b)(7) – Security Tags – Summary of Care Send.
- § 170.315(b)(9) – Care Plan
- § 170.315(h)(1) – Direct Project

Test Method

The provider documents a referral to another provider in the patient's chart, then creates and transmits a Transfer of Care CDA document to the provider the patient is referred to, in a Direct message. The system automatically validates the CDA document during the creation process. Direct Messaging utilizes the relied-upon Surescripts Clinical Direct Messaging interface.

Modification

To ensure that a Transfer of Care record could be developed utilizing Security Tags, the practice was guided on creating a test patient with a restricted chart that would generate a C-CDA document utilizing the DS4P Release 1 profile. This document was then tested using Direct Transmission to the Edge Test tool.

Metrics Collected

Denominator: Total number of documented referrals to other providers: 680

Numerator 1: Total number of referrals to other providers where a CDA document was created:

Numerator 2: Total number of referrals to other providers where a CDA document containing Security Tags was created: 1

Numerator 3: Total number of referrals to other providers where a Care Plan was included in the CDA: 9

Numerator 4: Total number of referrals to other providers where the CDA was transmitted to the provider via Direct Message: 4

Expected Results

The metrics collected in the numerators demonstrate the practice's ability to use the four criteria over the course of the test period.

>50% of referrals have a CDA document created for the patient

<10% of the referrals will have Security Tags as they are rarely used

>10% of referrals will have a Care Plan included in the CDA document

>50% of referrals will be transmitted by Direct Message

Actual Results/Outcome

Practice engagement with both C-CDA creation process and transmission did not meet our expectations. During discussions with practices, we found several causes leading towards this. Encouraging customers

to have new employees trained by the vendor continues to be an issue along with clinics reporting that they did not feel that they needed to go through the extra steps required to transmit the records since they were not participating in MIPS and did not feel that there was enough benefit to transmitting the Transfer of Care record to another provider despite integrating the C-CDA generation and transmission process into the referral reports.

Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2023-12/31/2023. Security Tag testing performed 10/5/2023. Reporting data retrieved from the practice database January 2024.

Transition of Care Testing – Inbound

Criteria Tested

This test covers the following criteria related to the transition of patient care into the practice and receiving clinical data from an external provider:

- § 170.315(b)(1) – Transitions of Care
- § 170.315(b)(2) – Clinical information reconciliation and incorporation
- § 170.315(b)(8) – Security Tags – Summary of Care Receive
- § 170.315(h)(1) – Direct Project

Test Method

Practice will receive and incorporate incoming patient Transfer of Care records into the patient's record. Records can be received either via Direct message or another communication method (e.g. thumb-drive). Direct Messaging utilizes the relied-upon Surescripts Clinical Direct Messaging interface.

Modification

In order to test the ability to receive Security Tags, the Edge Testing Tool C-CDA R2.1 Validator for 2015 Edition was used to generate a sample ambulatory C-CDA file which was then incorporated by into a test patient record by the practice

Metrics Collected

Denominator A: Number of CDA documents received from outside providers: 3

Numerator A1: Number of CDA documents received where reconciliation and incorporation has taken place: 3

Numerator A2: Number of CDA documents received via Direct message: 3

Denominator B: Number of CDA documents received with Security Tags present: 1

Numerator B: Number of CDA documents with Security Tags where reconciliation and incorporation has taken place: 1

Expected Results

The metrics collected in the above numerators demonstrate the practice's ability to use the four criteria over the course of the test period.

>50% of received CDA documents has been reconciled and incorporated into the patient's chart

>50% of received CDA documents have been received via Direct message

>50% of received CDA documents with Security Tags have been reconciled and incorporated into the patient's chart

Actual Results/Outcome

Continuing from last year's results we found that despite linking the C-CDA to the referral/transfer process to reduce the number of steps, the clinics receiving patients continued to prefer their customized intake forms to standardized documents. Additionally, one major point of feedback was that the process for documenting referral/transfer of patients was a separate step performed by clinical staff and separate from the front desk's job of completing the new patient intake process. Additionally, clinics continued to prefer that the patient complete the practices' custom intake forms to collect more information such as family histories that are often more focused than what was provided in the C-CDA documents. We will continue to work with clinics to improve this workflow as much as possible.

Key Milestones

Data collected from a specialist ambulatory care setting from 1/1/2023-12/31/2023. Security Tag testing performed 10/5/2023. Reporting data retrieved from the practice database January 2024

Data Export Testing

Criteria Tested

This test covers the following criterion for exporting patient data from the EMR

- § 170.315(b)(6) – Data Export

Test Method

As this is not a normal occurrence in daily use of the software, Nth Technologies will request the monitored practice to periodically perform the data export in order to ensure that the practice is capable of performing the export.

Metrics Collected

Denominator: Total number of requested exports of the patient data: 12

Numerator: Total number of completed exports of the patient data: 12

Expected Results

The metric collected in the numerator demonstrates the practice's ability to use the criterion over the course of the test period.

100% of the data export requests were correctly processed without intervention by the vendor.

Actual Results/Outcome

The metric was met using a scheduled monthly backup configuration. The export file was generated automatically by the software without any other intervention by the vendor.

Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2023-12/31/2023. Reporting data retrieved from the practice database January 2024.

Electronic Prescribing Testing

Criteria Tested

This test covers the following criterion for transmitting prescriptions to pharmacies.

- § 170.315(b)(3) – Electronic Prescribing

Test Method

The provider will use the relied-upon NewCropRx e-prescribing module to write prescriptions for the patients and either print or transmit the prescriptions electronically.

Metrics Collected

Denominator: Total number of prescriptions written by prescribers: 5992

Numerator: Total number of prescriptions transmitted electronically: 5959

Expected Results

The metric collected in the numerator demonstrates the practice's ability to use the criterion over the course of the test period.

>80% of prescriptions have been transmitted to pharmacies electronically

Actual Results/Outcome

The expected metric was met, indicating that the practice sent 99.4% of the prescriptions electronically. For the remaining 33 prescriptions, 20 were faxed (including 2 faxed to a test pharmacy possibly for training purposes) 6 were printed, and 7 were attempted to send electronically but the status of the prescription transmission could not be verified.

Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2023-12/31/2023. Reporting data retrieved from the practice database January 2024.

Patient Engagement Testing

Criteria Tested

- § 170.315(e)(1) – View, download, and transmit to 3rd party

Test Method

The practice may send patients seen during the 2023 calendar year test period messages following their encounter reminding the patient that they can access the patient portal to receive clinical data from the practice. Patients can log into the portal and View, Download, or Transmit their data as either a

structured or human readable CDA document. The Transmit functionality via Direct Messaging utilizes the relied-upon Surescripts Clinical Direct Messaging interface.

Metrics Collected

Denominator: Number of unique patients with encounters performed by the practice during the test period: 589

Numerator 1: Number of patients who have Viewed or Downloaded either the structured or human readable summary information from the patient portal: 17

Numerator 2: Number of patients who have Transmitted their summary information to another provider via Direct, using the patient portal: 1

Expected Results

Patient engagement can be difficult for practices to encourage. The metrics collected in the numerators demonstrate both the patient's ability to View, Download and Transmit their records from the portal included in nAbleMD, as well as the benefit of sending reminders to the patients to do so.

Numerator 1: > 5% of patients have Viewed or Downloaded their summary information from the patient portal.

Numerator 2: < 5% of patients have Transmitted their summary information through the patient portal using a Direct message, as most patients are not familiar with this and will not have another provider's Direct address to transmit to.

Actual Results/Outcome

Patient engagement continued to prove difficult to improve, with only one patient utilizing Transmit functionality and only 2.9% of the patients utilizing the View and Download functionalities (a slight improvement from the previous year). As the integrated patient portal provides much of the data from the C-CDA file in a readily usable format, many patients may not have felt a need to use the C-CDA document to receive their information when they can review provider instructions, prescriptions, vitals, and laboratory results online with provider commentary, without utilizing the C-CDA functionality.

Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2023-12/31/2023. Reporting data retrieved from the practice database January 2024.

Clinical Quality Measure Testing

Criteria Tested

- § 170.315(c)(1) – Clinical quality measures (CQMs) — record and export
- § 170.315(c)(2) – Clinical quality measures (CQMs) — import and calculate
- § 170.315(c)(3) – Clinical quality measures (CQMs) — report

Measures certified, updated to the version for reporting year 2023:

- CMS22v11: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

- CMS68v12: Documentation of Current Medications in the Medical Record
- CMS69v11: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- CMS75v11: Children Who Have Dental Decay or Cavities
- CMS117v11: Childhood Immunization Status
- CMS122v11: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
- CMS125v11: Breast Cancer Screening
- CMS138v11: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- CMS146v11: Appropriate Testing for Children with Pharyngitis
- CMS147v12: Preventive Care and Screening: Influenza Immunization
- CMS155v11: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- CMS165v11: Controlling High Blood Pressure
- CMS166v7: Use of Imaging Studies for Low Back Pain (NOTE: no longer reported) -

Test Method

Practices were updated to the 2023 reporting year versions of each of the supported quality measures during the upgrade to nAbleMD version 6.0c.

During documentation, providers will request calculation of Clinical Quality Measure data, including whether the patient is included in the Initial Population or not, and whether the patient meets, is excluded/excepted, or does not meet the measure.

Note that an alternate test method was used for the quality measure marked with a * below

Metrics Collected

For each measure utilized by the practice:

Denominator: Number of patients with Clinical Quality Measure data calculated where the patient is included in the Initial Population

Numerator: Number of patient records included in the associated CQM report generated by the practice.

Measure	Setting	Denominator	Numerator
CMS22v11	OBGYN	821	821
CMS68v12	OBGYN	1210	1210
CMS69v11	OBGYN	1008	1008
CMS75v11	PED	1171	1171
CMS117v11	PED	94	94
CMS122v11	FAM	42	42
CMS125v11	OBGYN	329	329
CMS138v11	OBGYN	685	685
CMS146v11 *	PED	1	1
CMS147v12	PED	3166	3166
CMS155v11	PED	848	848

CMS165v11	FAM	55	55
CMS166v7	FAM	5	5

Expected Results

For each measure, all of the encounters where the patient is included in the Initial Population will appear in a CQM report generated for the time range, which demonstrates the ability of the software to record the measure data, calculate the results and generate the appropriate report of the measure data.

Actual Results/Outcome

All quality measure calculations were able to be recorded and exported. As the year progressed it was noted that the time to export Year-To-Date records was increasing significantly and we plan to review and optimize the performance of these reports and QRDA extracts to ensure that they can be completed without timeouts even at larger practices. A suspiciously low incidence of documenting Diabetes Type 2 and Hypertension in the problem list was noted. Clinics were advised to remember to record chronic diseases in the problem list.

Key Milestones

Data collected from various ambulatory care settings for encounters dated 1/1/2023-12/31/2023, data retrieved from the practice database January 2024.

Immunization Registry Testing

Criteria Tested

- § 170.315(f)(1) – Transmission to immunization registries

Test Method

The practice will document immunizations performed at the practice in the patient's chart. The automated communication system will transmit all records to the state registry and log the result of each communication to identify whether the result was accepted due to either a data entry error such as incorrect patient address records or other technical communication errors.

Metrics Collected

Denominator: Number of immunizations performed at the practice: 5868

Numerator: Number of immunizations performed at the practice with an acknowledgement indicating acceptance by the registry: 5868

Expected Results

The metric collected in the numerator demonstrates the practice's ability to use the criterion over the course of the test period.

>80% of the immunizations documented as being performed at the practice will be successfully reported to the state registry.

Actual Results/Outcome

Automated communication between nAbleMD and the state registry ensured that 100% of the immunizations performed at the practice were reported to the registry.

Key Milestones

Data collected from a pediatric ambulatory setting from 1/1/2023-12/31/2023, data retrieved from the practice database January 2024.

Health Care Survey Testing

Criteria Tested

- § 170.315(f)(7) – Transmission to public health agencies — health care surveys

Test Method

No customers utilized this functionality. Additionally, NHCS does not appear to provide any real-world testing support for this functionality. In lieu of this, a clinic was encouraged to generate a NHCS IG Version 1.2 Document using a test patient record and upload this document to the NIST validator provided by NHCS to confirm that it was accepted with no errors. The document and validation report were provided to Nth Technologies, Inc.

Metrics Collected

Denominator: Number of encounters meeting the criteria for reporting in survey data: 1

Numerator: Number of encounters reported in survey data: 1

Expected Results

All encounters meeting the criteria for reporting in survey data are reported.

Actual Results/Outcome

Testing demonstrated that the clinic could produce a valid NHCS IG Version 1.2 Document.

Key Milestones

Testing performed at a specialist ambulatory clinic 10/1/2023-12/31/2023

Application Access Testing - Standardized API for patient and population services

Criteria Tested

- 170.315(g)(10) – Standardized API for patient and population services

Test Method

We believe transitioning to a standardized API for requesting access to records will increase requests to access records, however due to small size of the practices and bases, this information will be collected across all customers utilizing the software.

Testing shall consist of receiving a request for Application Access, then measuring that patient data was successfully requested and received by the requested Application.

Metrics Collected

Denominator: Total number of Application Access requests: 2

Numerator 1: Total number of applications granted access to patient data: 2

Numerator 2: Total number of applications, that requested and received at least one patient record: 1

Expected Results

The metric collected in the numerator demonstrates the practice's ability to use the criteria over the course of the test period.

>50% of the applications requesting access to patient data receive access to the patient data.

>50% of the applications requesting access to patient data receive at least one requested patient record.

Actual Results/Outcome

One application request from a third party was received towards the end of 2023 and was automatically granted, however due to delays the third party did not begin to utilize the interface until 2024. In order to test the API the AEGIS Touchstone FHIR testing service was used to confirm success in communicating with the clinic instance and retrieve a test patient record.

Key Milestones

Data collected from a specialist ambulatory care setting from 1/1/2023-12/31/2023. Reporting data retrieved from the practice database January 2024.

Attestation

This Real World Testing result document 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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Date: 1/31/2024