REAL WORLD TESTING RESULTS REPORT
EXSCRIBE EHR V7

INTRODUCTION

This document contains a list of the steps taken to conduct the annual Real World Testing requirements for ONC certification. The Results within this document were reviewed as Screenshots and spreadsheets for their compliance with the criteria defined in the test plan. These artifacts will be maintained by the health IT developer for audit purposes or further requests.

GENERAL INFORMATION

Plan Report ID Number	[For ONC-Authorized Certification Body use only]
Developer Name	Exscribe, LLC Part of the Modernizing Medicine Family
Product Name(s):	Exscribe EHR
Version Number(s):	V7
Certified Health IT Product List (CHPL) Product Number(s):	https://www.exscribe.com/ehr-certification
Developer Real World Testing Plan Page URL:	https://www.exscribe.com/ehr-certification
Developer Real World Testing Results Report Page URL:	https://www.exscribe.com/ehr-certification

CHANGES TO ORIGINAL PLAN

The table below indicates any changes we made to our approach for Real World Testing that differs from what was outlined in the original plan.

Summary of Change	Reason	Impact
Conversion to interactive testing for data export validation 170.315(b)(6).	Application has no tracking metrics available via audit log or use statistics.	Convert to interactive testing.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Consistent with the ONC's recommendation that "Real World Testing verify that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange", our original test plan focused on capturing and documenting the number of instances that certified capability was successfully utilized in the real world. In instances where no evidence exists due to low or zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

As per the test plan, we leveraged a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate was used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might be accounted for by patient volume, location, or provider preference among other reasons. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments were used to measure which certified actions were performed at the conclusion of a given time period where the minimum time period was 90 days and longer where possible. These results are typically obtained by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests were live tested as opposed to examining historical usage statistics. The goal being to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed for the successful testing and obtaining results for each criterion. Detailed below in the **Error! Reference source not found.** section the reader will find evidential data in the form of a Summative result(s) or Interactive test outcome for each certified criteria for Exscribe EHR.

STANDARDS UPDATES (INCLUDING SVAP and USCDI)

The Exscribe EHR did not advance to newer standards outlined under the Standards Version Advancement Process (SVAP) during 2023.

Care Setting(s)

Exscribe EHR is an orthopedic focused EHR used by orthopedists exclusively in the ambulatory care setting.

METRICS AND OUTCOMES

Within this section is a list of the results collected from the Exscribe EHR Real World Testing measures as defined in the Real World Test plan. Outcomes are listed as Pass, Pass with Exception, or Fail determined by the success of obtaining testing results. This determination was based on a thorough review by the Exscribe EHR team. A link is included within the Outcomes column in the table below to a subsequent Outcomes Details table. This second table matches each outcome with additional detailed information such as supporting resources and descriptions of the tests that were performed.

The table below summaries the results of both quantitative measurement and interactive testing.

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315(b)(1) Transitions of care	Over a 1-year period: 1. Number of CCDAs created 2. Number of CCDAs sent via edge protocols 3. Number of CCDAs received via edge protocols	Data Motion HISP	From 1/1/2023 to 12/31/2023 1. 1,412,422 2. 1,412,422 3. 43	Number 1 is based upon Number 2. Exscribe EHR doesn't separately track C-CDA creation
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1. Number of times a user reconciled medication list data from a received CCDA 2. Number of times a user reconciled allergies and	N/A	From 1/1/2023 to 12/31/2023 1. 1,968 2. 1,969 3. 1,970	

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
	intolerance list data from a received CCDA 3. Number of times a user reconciled problem list data from a received CCDA			
170.315(b)(3) Electronic prescribing	Over a 90-day period: 1. Number of prescriptions created 2. Number of prescriptions changed 3. Number of prescriptions canceled 4. Number of prescriptions renewed	NewCrop eRx	From 10/1/2023 to 12/31/2023 for 3 providers 1. 1938 2. 0 3. 0 4. 281	For eRx created and renewed, used vendor reports for counts for a single provider from a small, medium, and large practice. Our eRx vendor does not provide reporting on Items 2 or 3, performed interactive testing.
170.315(b)(6) Data export	Over a 90-day period: 1. Number of times a data export was performed for a patient 2. Number of times a data export was performed for multiple patients in a single transaction 3. Number of times a data export was performed for all patients in a single	N/A	For 2023, 1. 0 2. 0 3. 0	We do not have any summative statistics for this measure. We recorded an interactive testing video for single patient, search by date, and all patients.

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
	transaction			
170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 90-day period: 1. Number of measures recorded during the period 2. Number of QRDA Category 1 files exported 3. Number of QRDA Category 1 files imported (if applicable) 4. Number of QRDA Category 3 aggregate report(s) created over the period	Dynamic Healthcare IT (DHIT) CQMSolutions	From 1/1/2023 to 12/31/2023 for our SaaS customers 1. 8 2. 16,097 3. N/A 4. 16,097	Relied upon software generates a QRDA I file for each patient per measure in the QRDA III file but we don't count the pt per report, so did minimum count of 1 QRDA I per QRDA III file. We don't import QRDA 1 files into the EHR.
170.315(e)(1) View, download, and transmit to 3rd party	Over a 1-year period: 1. Number of views of health information by a patient or authorized representative 2. Number of downloads of health information by a patient or authorized representative 3. Number of transmissions of health information by a patient or authorized representative using unencrypted email	N/A	From 1/1/2023 to 12/31/2023 1. 425,784 2. 249,315 3. 0 4. 14,475	Provided supplemental interactive testing of sending an unencrypted C-CDA email to a third-party from the patient portal

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
	4. Number of transmissions of health information by a patient or authorized representative using encrypted method			
170.315(g)(7) Application access — patient selection	Number of requests for a patient ID or token 1. Number of requests that provided sufficient information to provide a valid response 2. Number of follow-up requests made using the provided patient ID or token	N/A	From 1/1/2023 to 12/31/2023 1. 127,741 2. 127,741 3. 127,741	No customer purchased our EHR API but we use this API with our mobile app. This Apple App Store Session data where app is used for more than 2 seconds. The Apple App Store Report doesn't differentiate between the initial and the follow-up since it's actually tracking a user's interactive session. Therefore all metrics are the same fo all 3 measures.
170.315(g)(8) Application access — data	Number of requests for a patient's data made by an application via a data category request using a	N/A	From 1/1/2023 to 12/31/2023	No customer purchased our EHR API but we use this API with

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
category request	valid patient ID or token Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token for a specific date range		1. 127,741 2. 127,741	our mobile app. This Apple App Store Session data where app is used for more than 2 seconds. App gets patient data by data category
170.315(g)(9) Application access — all data request	Number 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 Number 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	N/A	From 1/1/2023 to 12/31/2023 1. 127,741 2. 0	No customer purchased our EHR API but we use this API with our mobile app. When getting patient info, the mobile app fetches all patient data. Performed interactive testing using Postman to demonstrate for a specific date range.
170.315(h)(1) Direct Project	Number of Direct Messages sent Number of Delivery Notifications received Number of Direct Messages received	DataMotion	From 1/1/2023 to 12/31/2023 1. 5,530	Data provided from Data Motion reports.

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
	Number of Delivery Notifications sent		2. 5,530 3. 54,855 4. 54,855	

OUTCOME DETAILS

The following sections contain additional descriptions and test results supporting documentation to provide more context for the testing outcomes defined in the **Metrics and Outcomes** table.

170.315(b)(1) Transitions of care

Summary Description
Pass Method: Summative Testing The purpose of this test was to show that CDA documents are able to be created and exported. A query on historical audit logs for 90-day periods was performed for the 170.315(b)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Furthermore, it is not feasible to obtain copies of CCDA documents from “outside” developers or providers who have no incentive to participate in this exercise . Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often CCDAs are created and exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.
Results Supporting Documents
Please Contact Exscribe for any Results spreadsheets if needed.

170.315(b)(2) Clinical Information Reconciliation and Incorporation

Summary Description
Pass Method: Summative Testing The purpose of this test was to show that CDA documents are able to be imported, matched to a patient, reconciled and new CDA documents created and exported. A query on historical audit logs for 90-day periods was performed for the 170.315(b)(2) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. The expectation is each of these steps is done electronically within the certified Health IT module. While this certified capability is available to our users, most providers in the real world typically prefer to perform these steps manually and elect to save any outside received CCDAs as attachments to the patient record. Therefore, we intend to record the frequency that providers are electronically reconciling and incorporating CCDAs that were received from outside providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate
Results Supporting Documents
Please Contact Exscribe for any Results spreadsheets if needed.

170.315(b)(3) Electronic Prescribing

Summary Description
Pass Method: Summative Testing The purpose of this test was to show that an active connection from EHR customer sites to an ePrescribing solution was deployed. A query on historical audit logs for 90-day periods was performed for the 170.315(b)(3) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result for some of the measures. For others, due to low or zero adoption of a criteria, Exscribe demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification

This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. However, it is not possible to demonstrate the correct standards were used because it is not feasible to obtain copies of eRx documents from "outside" companies or pharmacies who have no incentive to participate. Therefore, we intend to demonstrate the required certified capabilities are effective by demonstrating how often eRx transactions are performed by examining reports from our eRx partner. This will demonstrate that not only are the eRx transactions sent from the certified Health IT module, but that the transactions are successfully received by the eRx clearinghouse. Our expectation is there will be high utilization by providers with a high success rate.

Results Supporting Documents

Please Contact Exscribe for any Results spreadsheets if needed.

170.315(b)(6) Data Export

Summary Description

Pass **Method:** Interactive Testing

The purpose of this test was to show that our customer can export patient data from our EHR without any assistance from Exscribe.

A query on historical audit logs for 90-day periods was performed for the 170.315(b)(6) criterion. Due to low or zero adoption of this criteria, health IT developer demonstrated the module function in their system as an interactive test demonstrating a compliant result.

Justification

This criterion requires the ability of a certified Health IT module to export a summary of a patient's record in CCDA format according to specified standards and vocabulary code sets. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Therefore, we intend to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be very low utilization by providers with a high success rate.

Results Supporting Documents

Please Contact Exscribe for any Results spreadsheets if needed.

170.315(c)(1-3) Clinical Quality Measures (CQMs)

Summary Description

Pass Method: Summative Testing

The purpose of this test was to show that the EHR meets the QRDA reporting requirement for the designated care settings.

A query on historical audit logs for 2023 was performed for the 170.315(c)(1-3) criterion. Individual QRDA I files are not tracked but at least one is recreated for each QRDA III Summary generated during the report creation. So, as a minimum, the number of QRDA I files equates to the QRDA III. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

These criteria will be tested together. C1 requires a certified Health IT module to record required data, calculate CQMs from the recorded data, and export the data in QRDA Category 1 format. C2 requires a certified Health IT module must be able to import data from a QRDA Category 1 formatted file and calculate the CQMs based on that data. C3 requires a certified Health IT module must be able to create a QRDA Category 1 formatted file and a QRDA Category 3 aggregate report to be used for transmitting CQM data to CMS. We intend to record the frequency that CQM files are imported and/or exported by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.

Results Supporting Documents

Please Contact Exscribe for any Results spreadsheets if needed.

170.315(e)(1) View, Download, and Transmit to 3rd Party

Summary Description

Pass Method: Summative Testing

The purpose of this test was to show that the EHR provides patients access to a patient portal with the ability to view, download, and send their health care records for the designated care settings.

A query on historical audit logs for 90-day periods was performed for the 170.315(e)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result. Exception made for number of transmissions of health information by a patient or authorized representative using
unencrypted email due to security requirements that prevent unencrypted email and/or connections. Internal security requirements override need for unencrypted email as well as functionality was proven to be available via encrypted connections.

Justification

This criterion requires the ability of a certified Health IT module to provide patients access to a patient

portal with the ability to view, download, and send their health care records to other providers via encrypted or unencrypted transmission methods in CCDA format. We intend to record the frequency that patients are viewing, downloading, and transmitting their records from the portal using the certified capabilities to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by patients for view and lower utilization for download and transmit with a high success rate for all certified capabilities.

Results Supporting Documents

Please Contact Exscribe for any Results spreadsheets if needed.

170.315(g)(7) Application Access — Patient Selection

Summary Description

Pass Method: Summative Testing

The purpose of this test was to show that the EHR is able to fulfill an API request that enables external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data.

A query on historical audit logs for 90-day periods was performed for the 170.315(g)(7) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. We intend to record the frequency that patient ID requests are received by providers via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.

Results Supporting Documents

Please Contact Exscribe for any Results spreadsheets if needed.

170.315(g)(8) Application Access — Data Category Request

Summary Description

Pass Method: Summative Testing

The purpose of this test was to show that the EHR is able to fulfill an API request that enables external

applications to request patient data categories from the certified Health IT module.

A query on historical audit logs for 90-day periods was performed for the 170.315(g)(8) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request patient data by category from the certified Health IT module. We intend to record the frequency that patient data requests by category are received by providers and fulfilled via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.

Results Supporting Documents

Please Contact Exscribe for any Results spreadsheets if needed.

170.315(g)(9) Application Access — All Data Request

Summary Description

Pass Method: Summative and Interactive Testing

The purpose of this test was to show that the EHR is able to fulfill an API request that enables external applications to request all categories of patient data defined in the CCDS from the certified Health IT module.

A query on historical audit logs for 90-day periods was performed for the 170.315(g)(9) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result. For one measure, Postman was used to Interactively demonstrate date range capability.

Justification

This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. We intend to record the frequency that patient data requests for all categories are received by providers and fulfilled via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.

Results Supporting Documents

Please Contact Exscribe for any Results spreadsheets if needed.

170.315(h)(1) Direct Project

Summary Description
Pass Method: Summative Testing The purpose of this test was to show that the EHR is able to process Direct messages bi-directionally as well as track MDNs. A report from Direct Message vendor was performed for the 170.315(h)(1) criterion for the entire calendar year. The vendor does not provide usage totals by date, so a differential was performed from the prior year's totals for this year's totals to determine 2023 usage. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to record the frequency that direct messages are sent and received by providers, along with how often MDNs are sent and received. Since not all systems respond with MDNs, we cannot reliably use that metric to define success. Furthermore, it is not feasible to obtain copies of Direct Messages from "outside" developers or providers who have no incentive to participate in this exercise . Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often Direct Messages are exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.
Results Supporting Documents
Please Contact Exscribe for any Results spreadsheets if needed.

KEY MILESTONES

The key milestones that were met during the Real World Testing process are listed in the table below and includes details on how and when the implemented measures and data collected occurred.

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	Orthopedics	January, 2023
Data collection	Orthopedics	Calendar Year 2023

Key Milestone	Care Setting	Date/Timeframe
Review and Collect Data	Orthopedics	December, 2023 and January, 2023
Writing Report	Orthopedics	January, 2023
Exscribe executed interactive testing to show that the criterion are functional. The following metrics were tested interactively as detailed in the outcomes section above: 170.315 (b)(1) Transitions of care 170.315 (b)(2) Clinical Information Reconciliation and Incorporation 170.315 (b)(6) Data Export 170.315(g)(9) Application access—all data request	Orthopedics	January, 2023
Exscribe executed summative testing to show that the criteria are functional. The following metrics were pulled from transaction logs as detailed in the outcomes section above: 170.315 (b)(1) Transitions of care 170.315 (b)(2) Clinical Information Reconciliation and Incorporation 170.315 (b)(3) Electronic Prescribing 170.315 (b)(6) Data Export 170.315 (c)(1-3) Clinical Quality Measures (CQMs) 170.315 (e)(1) View, Download, and Transmit to 3rd Party 170.315(g)(7) Application access—patient selection 170.315(g)(8) Application access—data category request 170.315(g)(9) Application access—all data request 170.315 (h)(1) Direct Project	Orthopedics	November, 2023 through December, 2023

[i] https://www.federalregister.gov/d/2020-07419/p-3582

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

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