REAL WORLD TESTING RESULTS REPORT

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: Product

Name(s): **CGM CLINICAL**

Version Number(s): **8.3**

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2700.CGMC.08.00.1.191230

Developer Real World Testing Plan Page URL: https://www.cgm.com/usa_en/products/electronic-health-records/other-ehrs/cgm-clinical-pm-and-ehr.html

Developer Real World Testing Results Report Page URL [if different from above]:

[OPTIONAL] CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

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]
170.315(f)(5) Electronic Case Reporting	The CGM CLINICAL team was not able to collect the data due to no customer interest in participating in eCR. So, we performed interactive testing on a production-like environment.	We had to perform Interactive testing instead of using real data.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Consistent with the ONC's recommendation that "Real World Testing verifies 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

The adoption rate was used to determine if/when the 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 indicates (but doesn'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 is to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed for successful testing and obtaining results for each criterion. Detailed below in the **Metrics and Outcomes** section the reader will find evidential data in the form of a Summative result(s) or Interactive test outcome for each certified criteria for **CGM CLINICAL.**

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

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

[**X**] No, none of my products include these voluntary standards.

Standard (and version)	Updated certification criteria and associated product	CHPL Product Number	Conformance Measure

Care Setting(s)

CGM CLINICAL is marketed primarily to ambulatory practices. CGM does not market differently for different specialties, nor does CLINICAL function differently in different care settings.

Care Setting	Justification
Primary Care	Specialties are primarily focused on Family Medicine, Pediatrics, and OB/GYN practices.
General Specialties	Serve the ENT, Pulmonology, and Cardiology care settings
Orthopedic Specialties	Serve the Physical Therapy and Podiatry care settings
Surgical Specialties	Serve the General Surgery, Cardiac Surgery, Hand Surgery, Neurosurgery, Orthopedic Surgery
Behavioral Health	Serve mental and behavioral health care settings

Metrics and Outcomes

Within this section is a list of the results collected from the **CGM CLINICAL 8.3** solution Real World Testing measures as defined in its Real-World Test plan. Most of the RWT data was gathered by tracking counts of user actions, such as exporting a CCDA and saving results to a central metrics database for reporting purposes. Data on electronic prescribing was gathered from a centralized routing database table that saves message transactions sent to pharmacies via Surescripts. Outcomes are listed as Pass, Pass with Exception, or Fail determined by the success of obtaining testing results. The results are not referenced in this document but are available to authorized personnel upon request.

(from 85 FR 25766)

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315(b)(1) Transitions of care	Over a 90-day period: 1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3) Number of CCDAs received via edge protocols	DataMotion	Pass – Summative testing 1. 13 2. 5 3. 0	
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 intolerance list data from a received CCDA 3) Number of times a user reconciled problem list data from a received CCDA		Pass - Summative testing 1. 123 2. 207 3. 207	
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		Pass – Summative Testing 1. 111,732 2. 1,507 3. 7,701 4. 78,016	

170.315(b)(10) EHI Export	Over a 90-day period: 1) Number of times an EHI export was performed, whether for a single patient or all patients.		Pass - Summative testing 1. 4	
170.315(f)(1) Transmission to immunization registries	Over 3 separate unique 10-day periods within a 90-day window: 1) Number (or percentage) of immunization records submitted to the immunization record 2) Number of record requests received by the immunization registry from the Health IT module		Pass – Summative testing 1. 21 2. 3	
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Over 3 separate unique 10-day periods within a 90-day window: 1) Total number of syndromic surveillance events created and submitted		Pass - Interactive testing 1. 2	In the absence of any real-world usage, interactive testing was conducted
170.315(f)(4) Transmission to cancer registries	Over 3 separate unique 10-day periods within a 90-day window: 1) Total number of cancer registry data records created and submitted		Pass - Interactive testing 1. 2	In the absence of any real-world usage, interactive testing was conducted
170.315(f)(7) Transmission to public health agencies — health care surveys	Over 3 separate unique 10-day periods within a 90-day window: 1) Total number of health care surveys created and submitted		Pass - Interactive testing 1. 1	In the absence of any real-world usage, interactive testing was conducted

170.315(f)(5) Electronic Case Reporting	Total electronic case reports generated and transmitted 1) Total number of encounters that meet the Trigger requirements for generating an Electronic Case report. 2) Total number of encounters where an electronic case report is generated.	• AIMS • DataMotion	Pass - Interactive testing 1. 1 2. 1	In the absence of any real-world usage, interactive testing was conducted

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 above.

170.315(b)(1) Transitions of care

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that CDA documents can be created and exported. A query of 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 the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots 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 received CCDA documents can be reconciled and incorporated into the patient's medication, allergy, and problem lists. A query of historical audit logs for a 90-day period 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 the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

170.315(b)(3) Electronic Prescribing

Summary Description
Pass **Method:** Summative Testing A query of historical audit logs for a 90-day period was performed for the 170.315(b)(3) criterion. Electronic prescribing transactions were recorded across the following message types: New Rx, Renewal, Change request, and Cancel. 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 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 the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

170.315(b)(10) EHI Export

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that EHI Exports for a single patient or all patients can be performed. A query of historical audit logs for 90-day periods was performed for the 170.315(b)(10) 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 perform an EHI export for a single patient or for all patients. 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 the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

170.315(f)(1) Transmission to Immunization Registries

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that immunization records can be submitted to registries and that responses to immunization history and forecast requests can be received. A query of historical audit logs for 90-day periods was performed for the 170.315(f)(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 transmit immunization data to a registry using a specified format. We intend to record the frequency that immunization data submitted to registries by 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 the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

170.315(f)(2) Transmission to Public Health Agencies — Syndromic Surveillance

Summary Description
Pass **Method:** Interactive Testing Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.
Justification
This criterion requires the ability of a certified Health IT module to transmit syndrome-based public health surveillance data to a registry using a specified format. We intend to record the frequency that syndromic surveillance data is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is that, at the time of testing, there will not be sufficient adoption of this certified capability by our users to perform a satisfactory test, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected pending wider adoption.
Results Supporting Documents
Please contact the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

170.315(f)(4) Transmission to Cancer Registries

Summary Description
Pass **Method:** Interactive Testing Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.
Justification
This criterion requires the ability of a certified Health IT module to transmit cancer case information to a registry using a specified format. We intend to record the frequency that cancer case information is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is that, at the time of testing, there will not be sufficient adoption of this certified capability by our users to perform a satisfactory test, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected pending wider adoption.
Results Supporting Documents
Please contact the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

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

Summary Description
Pass **Method:** Interactive Testing Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.
Justification
This criterion requires the ability of a certified Health IT module to transmit health care survey information to a registry using a specified format. We intend to record the frequency that health care survey information is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is that, at the time of testing, there will not be sufficient adoption of this certified capability by our users to perform a satisfactory test, so we have added interactive testing methodology for these capabilities to the test plan to demonstrate the feature is available and functions as expected pending wider adoption.
Results Supporting Documents
Please contact the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

170.315(f)(5) Electronic Case Reporting

Summary Description
Pass **Method:** Interactive Testing Interactive testing was performed by internal CGM resources in a production-like environment and demonstrated the ability to satisfy the requirements of this criterion.
Justification
This criterion requires the capability of maintaining the Trigger codes, identifying the encounters that meet the trigger, generating the electronic case report and transmitting it to public health agencies. There was not sufficient adoption of this certified capability by our users to perform a satisfactory test, so we performed interactive testing methodology for these capabilities to demonstrate the feature is available and functions as expected pending wider adoption.
Results Supporting Documents
Please contact the CGM CLINICAL team for any results spreadsheets, recordings, and workflow screenshots if needed

KEY MILESTONES

Includes a list of key milestones that were met during the Real World Testing process. Includes details on how and when CGM CLINICAL implemented measures and collected data.

Key Milestone	Care Setting	Date/Timeframe
CGM CLINICAL 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)(2) Clinical information reconciliation and incorporation • 170.315(b)(3) Electronic prescribing	• Primary Care • General Specialties • Orthopedic Specialties • Surgical Specialties • Behavioral Health	1/1/2024 – 3/31/2024
CGM CLINICAL 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(f)(1) Transmission to immunization registries	• Primary Care • General Specialties • Orthopedic Specialties • Surgical Specialties • Behavioral Health	7/1/2024 to 9/30/2024
CGM CLINICAL 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)(10) EHI Export	• Primary Care • General Specialties • Orthopedic Specialties • Surgical Specialties • Behavioral Health	9/13/2024 to 11/13/2024
CGM CLINICAL executed interactive testing to show that the criterion is functional. The following metrics were tested interactively as detailed in the outcomes section above: • 170.315(f)(2) Transmission to public health agencies — syndromic surveillance • 170.315(f)(4) Transmission to cancer registries • 170.315(f)(5) Electronic Case Reporting • 170.315(f)(7) Transmission to public health agencies — health care surveys	• Primary Care • General Specialties • Orthopedic Specialties • Surgical Specialties • Behavioral Health	

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