REAL WORLD TESTING RESULTS REPORT:

CGM APRIMA v19

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 CompuGroup Medical US (CGM) for audit purposes or further requests.

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: **CompuGroup Medical US**

Product Name(s): **CGM APRIMA**

Version Number(s): **Version 19**

Certified Health IT Product List (CHPL) Product Number(s): **15.04.04.2968.Apri.18.00.1.181228**

Developer Real World Testing Plan Page URL: CGM APRIMA EHR and Practice Management | CGM

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

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]
N/A	N/A	N/A

WITHDRAWN PRODUCTS

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	N/A
Version Number(s):	N/A
CHPL Product Number(s):	N/A
Date(s) Withdrawn:	N/A
Inclusion of Data in Results Report:	N/A

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 two approaches to demonstrate successful real-world implementations.

- Summative Testing
- Interactive Testing

Summative assessments were used to measure how often certified functions were performed during a 90-day reporting period. These results were obtained using CGM's Metrics UI, which captures de-identified metrics on EHR usage.

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero. Interactive tests were live tested as opposed to examining historical usage statistics. Each interactive test demonstrated 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 **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 criterion for **CGM APRIMA v19**.

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
N/A	*N/A*	*N/A*	*N/A*

CARE SETTINGS

CGM APRIMA is marketed primarily to ambulatory practices. eMDs does not market differently for different specialties, nor does the certified Health IT function differently in different care settings.

Care Setting	Justification
Primary Care	Specialties are primarily focused on the Family Medicine, Pediatrics and OB/GYN practices.
General Specialties	Serve the ENT, Neurology, Cardiology, etc. care settings
Orthopedic Specialties	Serve the Physical Therapy, Orthopedics, Podiatry, etc. care settings
Surgical Specialties	Are deployed in the General Surgery, Plastic Surgery, Hand Surgery, etc. care settings.
Behavioral Health	Serve all mental and behavioral health care settings

METRICS AND OUTCOMES

Within this section is a list of the results collected from the **CGM APRIMA version 19** solution Real World Testing measures as defined in their 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 CGM team. A second table matches each outcome with additional detailed information such as supporting resources and descriptions of the tests that were performed.

Key components include:

- CGM attempted Summative and/or Interactive Testing
- CGM collected audit logs, spreadsheets, and as necessary, screenshots that demonstrate proof of Interactive Testing for each criterion with “0” values in Summative Testing. These files are referenced and remain on file with CGM.

The following metrics were measured by gathering reports from CGM’s Metrics UI, which captures the use of each relevant function in our production software. Metrics UI is currently receiving data from 689 CGM APRIMA practice sites. Each report was then saved to show the usage of functions relevant to the criterion. (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	Surescripts	Pass 1. 2,007,676 2. 7,362 3. 114,851	
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 1. 3,713 2. 3,575 3. 6,814	
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	Surescripts First Databank	Pass 1. 2,281,367 2. 25,540 3. 131,307 4. 1,368,577	
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		Pass 1. 4 2. 20	

170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 90-day period: 1) Number of individual CQM reports generated 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		Pass 1. 15,271 2. 189 3. 14 4. 2080	
170.315(e)(1) View, download, and transmit to 3rd party	Over a 90-day 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 encrypted method	Surescripts Clinical Direct Messaging	Pass 1. 322,050 total VDT	Three metrics combined into one total number. Interactive testing required, see below for details.
170.315(f)(1) Transmission to immunization registries	Over a 90-day period: 1) Number of immunization records submitted to the immunization record		Pass 1. 122,608	
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Over a 90-day period: 1) Total number of syndromic surveillance events created and submitted		Pass 1. 8,826	
170.315(f)(4) Transmission to cancer registries	Over a 90-day period: 1) Total number of cancer registry data records created and submitted		Pass 1. 0	No use of cancer registry interfaces recorded. Interactive testing required, see below for details.

170.315(g)(7) Application access — patient selection 170.315(g)(9) Application access — all data request 170.315 (g)(10) Standardized API for patient and population services	Over a two-week period: 1) Number of FHIR API responses from the CEHRT that include a patient's Clinical Summary CCDA document. 2) Total number of FHIR API responses made by the CEHRT.		Pass 1. 0 2. 47,250	No API requests for CCDA documents were processed. Interactive testing required, see below for details.
170.315(h)(1) Direct Project	1) Number of Direct Messages sent 2) Number of Direct Messages received	Surescripts	Pass 1. 19,380 2. 4,774	

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 are able to be created and exported. A query of historical audit logs for 689 sites for at least a 90-day period was performed for the 170.315(b)(1) criterion. This number of sites accurately represents all Care Settings listed above. 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 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 CDA documents are able to be imported, matched to a patient, reconciled and new CDA documents created and exported. A query of historical audit logs for 689 sites for at least 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 moderate utilization by providers with a high success rate

Results Supporting Documents
Please contact the CGM team for any results spreadsheets, recordings and workflow screenshots 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 of historical audit logs for 689 sites for at least a 90-day period 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.	

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 eprescribing network. Our expectation is there will be high utilization by providers with a high success rate.

Results Supporting Documents
Please contact the CGM team for any results spreadsheets, recordings and workflow screenshots if needed.

170.315(b)(6) Data Export

Summary Description	
Pass	**Method: Summative Testing**

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

A query of historical audit logs for 689 sites for at least a 90-day period was performed for the 170.315(b)(6) criterion. While the utilization was very low, there were enough transactions to show that the functionality is in use and operating as expected.

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 the CGM team for any results spreadsheets, recordings and workflow screenshots 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 of historical audit logs for 689 sites for at least a 90-day period was performed for the 170.315(c)(1-3) criterion. The resulting totals show that this module was active for total CQMs, QRDA cat 1, and QRDA cat 3 files 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 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 the CGM team for any results spreadsheets, recordings and workflow screenshots if needed.

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

Summary Description

Pass **Method: Summative and Interactive 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 of historical audit logs for 689 sites for at least a 90-day period was performed for the 170.315(e)(1) criterion. The resulting total shows that this module was active throughout the period and therefore demonstrates a

compliant result. However, the reporting tool used to query the audit logs was unable to distinguish between view, download, and transmit functions. The total VDT number is large enough that it almost certainly represents all three actions, However, in an abundance of caution, the CGM Team also demonstrated the module functions in a production system as an interactive test demonstrating a compliant result.

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 the CGM 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 the EHR is able to transmit immunization data to a registry and meets the reporting requirement for the designated care settings.

A query of historical audit logs for 689 sites for at least a 90-day period 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 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 there will be low utilization by providers with a high success rate.

Results Supporting Documents

Please contact the CGM 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: Summative Testing**

The purpose of this test was to show that the EHR is able to transmit syndrome-based public health surveillance data to a registry and meets the reporting requirement for he designated care settings.

A query of historical audit logs for 689 sites for at least a 90-day period was performed for the 170.315(f)(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 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 there will be low utilization by providers with a high success rate.

Results Supporting Documents
Please contact the CGM 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** The purpose of this test was to show that the EHR is able to transmit cancer case data to a registry and meets the reporting requirement for the designated care settings. A query of historical audit logs for 689 sites for at least a 90-day period was performed for the 170.315(f)(4) criterion. Due to low or zero adoption of this criteria, the CGM Team 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 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 there will be low utilization by providers with a high success rate.
Results Supporting Documents
Please contact the CGM team for any Results spreadsheets, recordings and workflow screenshots if needed.

170. 170.315(g)(7) Application Access — Patient Selection and 170.315(g)(10) Standardized API for Patient and Population Services

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, which is then supplied in a standard (FHIR) format. A query of our FHIR network's traffic for a 90-day period was performed to test these criteria. The resulting totals show that the relevant functions were being actively used in the period and therefore demonstrate 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 via a standard (FHIR) format. We intend to record the frequency that FHIR API requests for patient data are successful 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 eMDs team for any results spreadsheets, recordings and workflow screenshots if needed.

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

Summary Description
Pass **Method: 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 CCDA from the certified Health IT module. Due to low or zero adoption of this criteria, CGM demonstrated the module function in their system as an interactive test demonstrating a compliant result. CGM created 3 test patients in a production version of the API, to represent 3 different care settings: Primary Care, Specialty, Surgical CGM then used PostMan to send queries, representing an app that we expect to see patients use to perform the following functions to show that they are available and ready to be used in the Real World. 1. Provide credentials to identify the patient to the API, and receive a token in return 2. Use those credentials to query for a CCDA document
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 CCDA from the certified Health IT module.
Results Supporting Documents
Please contact CGM for a recording of this interactive test 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 query of historical audit logs for 689 sites for at least a 90-day period was performed for the 170.315(h)(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 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 the CGM 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 implemented measures and collected data.

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	01/02/2024 – 07/30/2024
Data collection	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	08/01/2024-11/30/2024
Review Data	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	12/01/2024-12/08/2024
Writing Report	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	12/08/2024-12/15/2024
CGM 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 (f)(1) Transmission to immunization registries • 170.315(f)(2) Transmission to public health agencies — syndromic surveillance • 170.315(g)(7) Application access—patient selection • 170.315(g)(10) Standardized API for Patient and Population Services • 170.315 (h)(1) Direct Project	Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	09/01/2024-11/30/2024

CGM 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 (e)(1) View, Download, and Transmit to 3rd Party • 170.315(f)(4) Transmission to cancer registries • 170.315(g)(9) Application access—all data request	-Primary Care -General Specialties -Orthopedic Specialties -Surgical Specialties -Behavioral Health	09/01/2024-11/01/2024

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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Date: 12/15/2024

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