GENERAL INFORMATION – 2024 Real World Results

Developer Name: PCIS GOLD
Product Name: PCIS GOLD EHR
Version Number: Version 2.6
Product CHPL Listing ID: 15.04.04.2126.PCIS.26.02.1.221222
Developer Real World Testing Page URL: www.pcisgold.com/real-world-testing

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Real World Testing has been defined as a "process by which Health IT Developers demonstrate interoperability and functionality of their Certified Health IT in real world settings and scenarios, rather than in a controlled test environment with an ONC-Authorized Testing Lab (ONC-ATL)." In this document, PCIS outlines our approach to meet the criteria of Real World Testing.

We at PCIS have developed a testing plan to demonstrate the interoperability and functionality of our certified electronic health record (EHR) in the ambulatory setting in the Real World. The following strategy ensures functional transparency and accuracy:

- Our EHR is deployed in a client server-based environment.
- All testing events occur with actual clinical customers in their native environments.
- Users include medical providers, clinical employees, and clerical staff members.

WITHDRAWN PRODUCTS

**NOT APPLICABLE – PCIS DID NOT WITHDRAW ANY PRODUCTS IN 2024*

STANDARDS UPDATES

Standard (and version).	USCDI v1
Updated certification criteria and associated product.	N/A
CHPL Product Number	15.04.04.2126.PCIS.26.02.1.221222
Conformance Measure	N/A

CARE SETTINGS

Care Setting	Care Setting Justification
Ambulatory Clinics	The target market of the PCIS GOLD EHR Version 2.6 is the outpatient ambulatory setting. The software is used in both single and multi-specialty ambulatory clinics. Therefore, all testing events of the following criteria were tested in a live production site with the help of providers and clinical staff team members: §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) – Record and export §170.315(c)(2) – Import and calculate §170.315(c)(3) – Report §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(f)(4) – Transmission to cancer registries §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 populations services All test procedures and results outlined in this document are applicable to the outpatient ambulatory care setting.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

The PCIS GOLD 2024 testing plan was deployed in an actual client care setting to demonstrate and test real-world interoperability. The testing measures/metrics and their associated criteria were consistently tested using actual providers and clinical staff members in a live production environment.

For testing measures that were not used by our clients, PCIS developed testing scripts to ensure software interoperability and functionality in a real world setting at the client site. The findings are listed below in the Metrics and Outcomes section of this document.

Metrics and Outcomes

Care Coordination – 170.315(b)(1) – Transitions of care

Criteria Measurement	170.315(b)(1) – Transitions of care
Testing Goal	The goal of this test procedure is to ensure that the expected results are obtained and consistent with the standards set forth in 170.315(b)(1). We will exchange messages with an external system to conduct this test and verify the results.
Testing Goal	2024 – Over a 90-day consecutive period.
Expected Outcome	Transition of care/referral summaries are sent and received to and from external sources with an error rate of less than five percent.
Actual Outcome	The total number of TOC/referral summaries sent and received was 306. There were 4 errors recorded. This presented a success rate greater than 98%
Result	Success

170.315(b)(2) – Clinical information reconciliation and incorporation

Criteria Measurement	170.315(b)(2) – Clinical information reconciliation and incorporation
Testing Goal	The goal of this test procedure is to ensure that the expected results are obtained and consistent with the standards set forth in 170.315(b)(2). We will exchange messages with an external system to conduct this test and verify the results. We will select a sample of inbound messages to confirm that they have been incorporated and reconciled.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	Clinical information reconciliation is completed and the CCDA is incorporated for more than 90 percent of the received messages.
Actual Outcome	• In the sample there were 287 inbound requests to be reconciled. All had at least medications, problems, or allergies incorporated and reconciled into the patient's health record.
Result	Success

170.315(b)(3) – Electronic Prescribing

Criteria Measurement	170.315(b)(3) – Electronic Prescribing
Testing Goal	The goal of this test procedure is to ensure that the eRX is successfully sent to external pharmacies and consistent with the standards set forth in 170.315(b)(3). The PCIS GOLD EHR version 2.6 relies upon Newcrop eRX version 2.01 software to send and receive electronic prescriptions. We will confirm that the pharmacy has received the eRX by checking the response status. We will then count the total sent messages and errors.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	Providers can successfully send electronic prescriptions with a failure rate of less than one percent.
Actual Outcome	During the testing period there were a total of 588,329 prescriptions sent to external pharmacies with 582 errors reported. The success rate during the testing period was over 99%.
Result	Success

170.315(b)(6) – Data export

Criteria Measurement	170.315(b)(6) – Data export
Testing Goal	The goal of this test procedure is to ensure that the CCDA is successfully exported and saved in the configured destination location and consistent with the standards set forth in 170.315(b)(6). Each scheduled export builds a log to track the number of CCDAs that were created and to check error rates. A sample of these logs will be reviewed.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	Authorized users can create CCDA export files at any time. These files will be exported with a success rate of more than 95 percent.
Actual Outcome	In the sample, there were 55,268 CCDA files exported with no errors reported.
Result	Success

Clinical Quality Measures – 170.315(c)(1) – Record and export

Criteria Measurement	170.315(c)(1) – Record and export
Testing Goal	The goal of this test procedure is to ensure that the QRDA 1 is successfully exported and saved in the destination location and consistent with the standards set forth in 170.315(c)(1).
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	The information necessary to calculate quality measures can be manually recorded and exported in QRDA 1 format. The number of files in the destination will match the number of selected files.
Actual Outcome	During the testing period a QRDA1 export of quality measures for a single provider was created in the appropriate format. There were 2,096 patients

	in the report. This result matched the number of QRDA1 files created in the export. The test was conducted in a client's production environment. No errors occurred during the QRDA1 export. The QRDA1 was visually inspected to verify compliance with the file format.
Result	Success

170.315(c)(2) – Import and Calculate

Criteria Measurement	170.315(c)(2) – Import and calculate
Testing Goal	The goal of this test procedure is to ensure that the QRDA 1 is successfully imported and included in the calculations and consistent with the standards set forth in 170.315(c)(2). The imported data will be saved in the database so it can be reviewed for completeness.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	The CQM QRDA 1 file is imported and the results are calculated for measures selected by the end user. A sample of the imported patients will be selected and error rates will be tracked.
Actual Outcome	During the 2024 testing period no QRDA1 files were imported by any clients. Therefore, PCIS verified the functionality by importing sample QRDA1 files into a client acceptance environment. No errors occurred during the import of the sample QRDA1 files. The data in the sample QRDA1 files were compared to the data incorporated in the client database to determine that the data was successfully incorporated.
Result	Success

170.315(c)(3) - Report

Criteria Measurement	170.315(c)(3) – Report
Testing Goal	The goal of this test procedure is to ensure that the QRDA 3 file is successfully created and the calculations are consistent with the standards set forth in 170.315(c)(3). The counts in the QRDA 3 file will match the report.
Testing Goal	2024 – Over a 90-day consecutive period.
Expected Outcome	The CQM QRDA 3 results files are created for measures selected by the end user. The calculated counts in the QRDA 3 will match those in the report.
Actual Outcome	In the 2024 testing period, a QRDA3 results file for one provider was produced from a customer production environment. The file was visually checked for compliance with the QRDA3 standard. The totals were examined, and the expected result counts matched the CQM totals within the report.
Result	Success

Patient Engagement – 170.315(e)(1)

Criteria Measurement	170.315(e)(1) – View, Download, and transmit to 3rd party
Testing Goal	The goal of this test procedure is to ensure that the CCDA is successfully created and accessible to the patient via the patient web portal. This is consistent with the standards set forth in 170.315(e)(1). The system creates a log each time a patient views, downloads, or transmits the CCDA. The reported errors for these functions will be tracked.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	Patients can do the following: 1. view the visit summary on the patient web portal, 2. download the visit summary in the correct CCDA format, and 3. transmit the CCDA to a 3rd party. The reported error rate will be less than 5 percent.
Actual Outcome	During the testing period there were 10,328 requests to view, download, or transmit visit summaries. There were 365 errors reported during this period for a success rate of over 96 percent.
Result	Success

Public Health – 170.315(f)(1)

Criteria Measurement	170.315(f)(1) – Transmission to immunization registries
Testing Goal	The goal of this test procedure is to ensure that the immunization information is successfully sent and received. This is consistent with the standards set forth in 170.315(f)(1). A sample of the VXU sent messages will be compared to the partner registry to calculate a percentage of successful messages.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	The PCIS GOLD EHR completes the following tasks: 1. sends immunization information to the partner registry, 2. receives and displays historical immunization information, and 3. receives and displays immunization forecast information. More than 95 percent of the sample VXU messages will be successfully received by the partner registry.
Actual Outcome	PCIS verified that the client was able to send information to the immunization registry, receive historical information, and view immunization forecasts. During the testing period the total number of immunizations sent was 1,686 There were 2 errors for a success rate of over 99%.
Result	Success

170.315(f)(2) – Transmission to public health agencies – syndromic surveillance

Criteria Measurement	170.315(f)(2) – Transmission to public health agencies – syndromic surveillance
Testing Goal	The goal of this test procedure is to ensure that the syndromic information is successfully created for submission and consistent with the standards set forth in 170.315(f)(2). The failure rate for the messages created will be tracked.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	Users can create syndromic surveillance information for electronic transmission. This will be done with more than a 99 percent success rate.
Actual Outcome	Upon reviewing the logs, it was determined that this functionality was not extensively utilized during the 2024 testing period. Consequently, PCIS conducted verification using test data in a client's production environment. The conditions were established for a syndromic surveillance event, and PCIS confirmed that the triggered output messages were generated within the client's environment for submission without any errors.
Result	Success

170.315(f)(4) – Transmission to cancer registries

Criteria Measurement	170.315(f)(4) – Transmission to cancer registries
Testing Goal	The goal of this test procedure is to ensure that the cancer case document is successfully created for submission and consistent with the standards set forth in 170.315(f)(4). The failure rate for the number of messages created will be tracked.
Testing Period	2024 – Over a 90-day consecutive period.
Expected Outcome	Users can create cancer case information for electronic submission with a success rate of more than 99 percent.
Actual Outcome	After reviewing the logs, it was determined that this functionality was not used in any production environments during the 2024 testing period by our clients. Therefore, PCIS conducted internal reviews to verify that the cancer case information documents could be generated for submission without errors.
Result	Success

Application Programming Interfaces – 170.315(g)(7) – Application access – patient selection

Criteria Measurement	170.315(g)(7) – Application access – patient selection
Testing Goal	The goal of this test procedure is to ensure that the API will find a patient and return the unique Id. This is consistent with the requirements of 170.315(g)(7). The failure rate for the test event will be recorded.
Testing Period	Interactive live testing.
Expected Outcome	The goal of this test procedure is to ensure that the API will allow a third-party app to retrieve the data. This is consistent with the requirements of 170.315(g)(7). The failure rate for calls that occur during the test event will be recorded.
Actual Outcome	After reviewing the logs, it was determined that this functionality was not widely used during the 2024 testing period. Therefore, PCIS created and configured a sample client application to perform testing against a customer production environment API. The application calls to the API returned the correct data and no errors occurred.
Result	Success

170.315(g)(9) – Application access – all data request

Criteria Measurement	170.315(g)(9) – Application access – all data request
Testing Goal	The goal of this test procedure is to ensure that the API will allow a third-party app to retrieve the CCDAs. This is consistent with the requirements of 170.315(g)(9). The failure rate for calls that occur during the test event will be recorded.
Testing Period	Interactive live testing.
Expected Outcome	The API will return properly formatted summary CCDAs when requested via the API. This will be done with a success rate of more than 95 percent.
Actual Outcome	During the sample period, 147 requests for CCDA documents were made. No errors were reported or observed in the logs.
Result	Success

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

Criteria Measurement	170.315(g)(10) – Application access – all data request
Testing Goal	The goal of this test is to ensure that client applications can register and use the API to access patient data, and that documentation is available. Any errors encountered by the client application during the test event are recorded.
Testing Period	2024 – Over a 90-day consecutive period.

Expected Outcome	The API documentation website is available and returns the documentation and instructions for application developers. The API returns patient data to the client application with a success rate of more than 95 percent.
Actual Outcome	Documentation was available via the publicly accessible website. During the sample period, 1 application requested access and was able to be successfully registered. The application made 98 requests for data through the API. Each requests was handled successfully.
Result	Success

Schedule of Key Milestones

Key Milestone	Date/Timeframe	Status
Design and develop the PCIS Real World Testing plans.	August - November 2024	Completed
Submit Real World Testing Scripts to the Drummond Group	November 2024	Completed
Release of documentation for the Real World Testing to be provided to authorized representatives and providers running the PCIS EHR.	December 2024	Completed
Begin collection of data as laid out by the PCIS Real World Testing Plan.	January 1st, 2024	Completed
Data collection and review	Quarterly 2024	Completed
End of Real World Testing period collection of all data for analysis.	End of 2024	Completed
Data analysis and report generation.	January 2025	Completed
Submit Real World Testing Report	January 2025	Completed

This Real World Testing plan is complete with all required elements, including measures that addresses 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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