

# World Testing 2024 Test Results

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**Developer Name:** Nth Technologies, Inc.

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## Real World Test Plan Changes

### Challenges faced during testing

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

### Changes made to the Test Plan

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

- Transition of Care Testing – Outbound. Changes affected testing for:
  - § 170.315(b)(7) – Security Tags – Summary of Care Send.
  - § 170.315(h)(1) – Direct Project
    - Reason:** no utilization of Direct Project transmission due to extra steps required of the practice. Practices not participating in MIPS did not see the value of utilizing this feature. No practices utilized the Security Tags feature for any patient chart during the year.
    - Change:** In order to demonstrate the functionality of Security Tags and Direct Project, the practice generated a transfer of care record for a test patient utilizing the DS4P Security Tag functionality and uploaded it to the Edge Testing Tool C-CDA R2.1 Validator for 2015 Edition for validation of the Direct communication capability and the C-CDA document format. Additionally the clinic was encouraged to utilize the Direct functionality to transmit a C-CDA document to a referred provider and receive acknowledgement of receipt from that provider.
- Transition of Care Testing – Inbound. A change affected testing for:
  - § 170.315(b)(8) – Security Tags – Summary of Care Receive
    - Reason:** No clinic received C-CDA documents containing DS4P Security Tags
    - Change:** In order to demonstrate the functionality of Security Tags, a C-CDA was generated by the Edge Testing Tool C-CDA R2.1 Validator for 2015 edition containing an ambulatory record and was imported to a test patient by the clinic and reconciled successfully.
- Clinical Quality Measures. A change affected testing for:
  - § 170.315(c)(1) – Clinical quality measures (CQMs) – record and export
  - § 170.315(c)(2) – Clinical quality measures (CQMs) – import and calculate
  - § 170.315(c)(3) – Clinical quality measures (CQMs) – report
    - Reason:** Not all measures were used by all providers at all clinics, so a mix of providers were used to collect data for as many measures as possible. One measure (CMS146v12) had no patient matching the initial population during the year of 2024 at the clinics being monitored
    - Change:** For CMS146v12, a practice was guided on generating a test patient record that would be in the Initial Patient Population and Numerator for the measure in order to demonstrate that the quality measure was properly calculated and reported.

## Standards Updates

The Test Plan document specified certain standard versions that had been replaced as part of the annual updates that took place on 1/1/2024. These include:

### **Clinical Quality Measures:**

- CMS22v11: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented – Update to CMS22v12
- CMS68v12: Documentation of Current Medications in the Medical Record – Update to CMS68v13
- CMS69v11: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan – Update to CMS69v12
- CMS75v11: Children Who Have Dental Decay or Cavities – Update to CMS75v12
- CMS117v11 Childhood Immunization Status – Update to CMS117v12
- CMS122v11: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) – Update to CMS122v12
- CMS125v11: Breast Cancer Screening – Update to CMS125v12
- CMS138v11: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention – Update to CMS138v12
- CMS146v11: Appropriate Testing for Children with Pharyngitis – Update to CMS146v12
- CMS155v11: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents – Update to CMS155v12
- CMS165v11: Controlling High Blood Pressure – Update to CMS165v12
- CMS166v7: Use of imaging studies for Low Back Pain – The incorrect version was referenced in the test plan, the correct version is CMS166v7. No change was made in the software as the measure referenced has not been modified.

## Transition of Care Testing – Outbound

### Criteria Tested

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

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

### Test Method

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

## Modification

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

## Metrics Collected

**Denominator:** Total number of documented referrals to other providers: 4018

**Numerator 1:** Total number of referrals to other providers where a CDA document was created: 18

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

**Numerator 3:** Total number of referrals to other providers where a Care Plan was included in the CDA: 18

**Numerator 4:** Total number of referrals to other providers where the CDA was transmitted to the provider via Direct Message: 2

## Expected Results

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

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

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

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

>50% of referrals will be transmitted by Direct Message

## Actual Results/Outcome

Practice engagement with both C-CDA creation process and transmission did not meet our expectations. Encouraging customers to have new employees trained by the vendor continues to be an issue along with clinics reporting that they did not feel that they needed to go through the extra steps required to transmit the records since they were not participating in MIPS and did not feel that there was enough benefit to transmitting the Transfer of Care record to another provider despite integrating the C-CDA generation and transmission process into the referral reports. Providers continue to prefer faxed records, considering these to be "complete" compared to the C-CDA documents.

## Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2024-12/31/2024. Security Tag testing performed 9/17/2024. Reporting data retrieved from the practice database January 2025.

## Transition of Care Testing – Inbound

### Criteria Tested

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

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

### Test Method

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

### Modification

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

### Metrics Collected

**Denominator A:** Number of CDA documents received from outside providers: 11

**Numerator A1:** Number of CDA documents received where reconciliation and incorporation has taken place: 11

**Numerator A2:** Number of CDA documents received via Direct message: 2

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

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

### Expected Results

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

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

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

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

### Actual Results/Outcome

Continuing from last year's results we found that despite linking the C-CDA to the referral/transfer process to reduce the number of steps, the clinics receiving patients continued to prefer their customized intake forms to standardized documents. Additionally, one major point of feedback was

that the process for documenting referral/transfer of patients was a separate step performed by clinical staff and separate from the front desk's job of completing the new patient intake process. Additionally, clinics continued to prefer that the patient complete the practices' custom intake forms to collect more information such as family histories that are often more focused than what was provided in the C-CDA documents. Many practices did not publish or provide their Direct Address contact information for other providers to use. We will continue to work with clinics to improve this workflow as much as possible.

### Key Milestones

Data collected from a specialist ambulatory care setting from 1/1/2024-12/31/2024. Security Tag testing performed 9/17/2024. Reporting data retrieved from the practice database January 2025

## Data Export Testing

### Criteria Tested

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

- § 170.315(b)(6) – Data Export

### Test Method

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

### Metrics Collected

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

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

### Expected Results

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

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

### Actual Results/Outcome

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

### Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2024-12/31/2024. Reporting data retrieved from the practice database January 2025.

## Electronic Prescribing Testing

### Criteria Tested

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

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

### Test Method

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

### Metrics Collected

**Denominator:** Total number of prescriptions written by prescribers: 20474

**Numerator:** Total number of prescriptions transmitted electronically: 20345

### Expected Results

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

>80% of prescriptions have been transmitted to pharmacies electronically

### Actual Results/Outcome

The expected metric was met, indicating that the practice sent 99.3% of the prescriptions electronically. For the remaining 129 prescriptions, 49 were faxed and 80 were printed.

### Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2024-12/31/2024. Reporting data retrieved from the practice database January 2025.

## Patient Engagement Testing

### Criteria Tested

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

### Test Method

The practice may send patients seen during the 2024 calendar year test period messages following their encounter reminding the patient that they can access the patient portal to receive clinical data from the practice. Patients can log into the portal and View, Download, or Transmit their data as either a structured or human readable CDA document. The Transmit functionality via Direct Messaging utilizes the relied-upon Surescripts Clinical Direct Messaging interface.

### Metrics Collected

**Denominator:** Number of unique patients with encounters performed by the practice during the test period: 1598

**Numerator 1:** Number of patients who have Viewed or Downloaded either the structured or human readable summary information from the patient portal: 358

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

## Expected Results

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

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

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

## Actual Results/Outcome

Patient engagement continued to prove difficult to improve, with only one patient utilizing Transmit functionality and 4.5% of the patients utilizing the View and Download functionalities (an improvement from the previous year). As the integrated patient portal provides much of the data from the C-CDA file in a readily usable format, many patients may not have felt a need to use the C-CDA document to receive their information when they can review provider instructions, prescriptions, vitals, and laboratory results online with provider commentary, without utilizing the C-CDA functionality. Patients continue to underutilize the ability to transmit records to another provider, perhaps either expecting their provider to take care of this, or not being aware of their providers' Direct Addresses.

## Key Milestones

Data collected from a primary ambulatory care setting from 1/1/2024-12/31/2024. Reporting data retrieved from the practice database January 2025.

## Clinical Quality Measure Testing

### Criteria Tested

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

Measures certified, updated to the version for reporting year 2024:

- CMS22v12: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- CMS68v13: Documentation of Current Medications in the Medical Record
- CMS69v12: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- CMS75v12: Children Who Have Dental Decay or Cavities
- CMS117v12: Childhood Immunization Status
- CMS122v12: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
- CMS125v12: Breast Cancer Screening
- CMS138v12: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- CMS146v12: Appropriate Testing for Children with Pharyngitis



- CMS147v12: Preventive Care and Screening: Influenza Immunization
- CMS155v12: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- CMS165v12: Controlling High Blood Pressure
- CMS166v7: Use of Imaging Studies for Low Back Pain (NOTE: no longer reported) -

### Test Method

Practices were updated to the 2024 reporting year versions of each of the supported quality measures at the beginning of the year.

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

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

### Metrics Collected

For each measure utilized by the practice:

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

**Numerator:** Number of patient records included in the associated CQM report generated by the practice (NOTE: this is NOT the numerator of the quality measure report).

Measure	Setting	Denominator	Numerator
CMS22v12	OBGYN	787	787
CMS68v13	OBGYN	1148	1148
CMS69v12	OBGYN	794	794
CMS75v12	PED	1101	1101
CMS117v12	PED	79	79
CMS122v12	FAM	89	89
CMS125v12	OBGYN	309	309
CMS138v12	OBGYN	665	665
CMS146v12 *	PED	1	1
CMS147v12	PED	2381	2381
CMS155v12	PED	815	815
CMS165v12	FAM	166	166
CMS166v7	FAM	20	20

### Expected Results

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

## Actual Results/Outcome

All quality measure calculations were able to be recorded and exported. Database upgrades and revised caching of data improved performance of the quality measure reports significantly. A suspiciously low incidence of documenting Diabetes Type 2 and Hypertension in the problem list was noted. Clinics were advised to remember to record chronic diseases in the problem list.

## Key Milestones

Data collected from various ambulatory care settings for encounters dated 1/1/2024-12/31/2024, data retrieved from the practice database January 2025.

## Immunization Registry Testing

### Criteria Tested

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

### Test Method

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

### Metrics Collected

**Denominator:** Number of immunizations performed at the practice: 5950

**Numerator:** Number of immunizations performed at the practice with an acknowledgement indicating acceptance by the registry: 5950

### Expected Results

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

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

## Actual Results/Outcome

Automated communication between nAbleMD and the state registry was able to report 100% of the immunizations performed by the practice.

## Key Milestones

Data collected from a pediatric ambulatory setting from 1/1/2024-12/31/2024, data retrieved from the practice database January 2025.

## Health Care Survey Testing

### Criteria Tested

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

## Test Method

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

## Metrics Collected

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

**Numerator:** Number of encounters reported in survey data: 1

## Expected Results

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

## Actual Results/Outcome

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

## Key Milestones

Testing performed at a specialist ambulatory clinic 9/17/2024.

## Application Access and API Testing

### Criteria Tested

- § 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

## Test Method

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

Application Access and Standardized API testing shall consist of receiving a request for Application Access, then measuring that patient data was successfully requested and received for the desired patient via the Standardized FHJR API. The “All Data Request” criteria is separately tested by submitting requests for the generation of a C-CDA document.

## Metrics Collected

**Denominator:** Total number of Application Access requests: 2 existing applications, 0 new applications

**Numerator 1.1:** Total number of applications granted access to patient data: 2

**Numerator 1.2:** Total number of applications, that requested and received at least one patient record via FHIR: 1

**Denominator:** Total number of requests for all data for a particular patient in C-CDA format: 3

**Numerator 2:** Total number of requests that were completed: 3

## Expected Results

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

Numerator 1.1: >50% of the applications requesting access to patient data receive access to the patient data.

Numerator 1.2: >50% of the applications requesting access to patient data receive at least one requested patient record.

Numerator 2: >50% of the "all data" requests are completed

## Actual Results/Outcome

No new application access requests were received during the 2024 calendar year, however applications that had requested access in 2023 began requesting data via the API in 2024. Utilization of the interface remained low even after the implementation was completed.

## Key Milestones

Data collected from a specialist ambulatory care setting from 1/1/2024-12/31/2024. Reporting data retrieved from the practice database January 2025.

## EHI Export

### Criteria Tested

- § 170.315(b)(10) – EHI Export

### Test Method

One practice discontinued usage of nAbleMD during the 2024 calendar year. The clinic was provided instructions in using the EHI Export functionality and was able to complete the export unassisted. The new vendor was provided the publicly available documentation link.

### Metrics Collected

**Denominator:** Total number of export requests: 2

**Numerator:** Total number of export requests completed without intervention: 2

## Expected Results

We expect the practice to be able to retrieve the exported data without any assistance or intervention once trained how to complete the export. Therefore we believe that 100% of the requests should be completed.

## Actual Results/Outcome

The clinic was able to retrieve both an "initial" and "final" data backup to provide to their new vendor. It is interesting to note that the clinic had an expectation of exporting and providing the data to be the responsibility of the software vendor, rather than something the clinic staff "had to do themselves".

## Key Milestones

Testing performed at an ambulatory clinic 2/1/2024-4/30/2024

## Attestation

This Real World Testing result document is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the health IT developer's Real World testing requirements.

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Date: 2/2/2025