Real World Testing 2025 Test Plan

Report ID: RWT2025

Developer Name: Nth Technologies, Inc.

Product Name and Version: nAbleMD 6.0c

CHPL ID: 15.04.04.2070.nAbl.06.01.1.221221

Report Website URL: https://www.nablemd.com/certification2015.html

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Real World Testing Approach and Justification

Overview and User Selection

Nth Technologies will select users of the nAbleMD 6.0c software and implement and collect metrics as described in this document in order demonstrate the certified functionality of the software in actual practices on an ongoing basis.

Setting of Care Justification

nAbleMD 6.0c is a cloud-based EMR that is marketed specifically as an ambulatory EMR focusing on small practice use and has a small (<30 practice) customer pool to select from. Setting of Care selections are therefore made with the assumption that while not all features of the software may be used in a single Setting of Care, the practice representing that particular Setting of Care will represent usage of the software by similar practices. For this reason, we have divided our customer pool into two Settings of Care:

- Primary Care – providers most likely to perform immunizations and transmit patient records to other providers
- Specialists – providers most likely to receive and incorporate patient records from other providers

Specialists may also perform immunizations or further refer patients to other providers, but their use of the software to do so would be identical to that of the Primary Care group of providers; therefore, for all criteria not related specifically to receiving patient records, the Primary Care Setting of Care will be used and is expected to represent the functionality of the system in either Setting of Care.

Certified Criteria to Test

The following criteria have been certified to the 2015 Edition requirements and will be covered in this test plan below.

- § 170.315(b)(1) – Transitions of Care
- § 170.315(b)(2) – Clinical information reconciliation and incorporation
- § 170.315(b)(6) – Data Export
- § 170.315(b)(7) – Security Tags – Summary of Care Send
- § 170.315(b)(8) – Security Tags – Summary of Care Receive
- § 170.315(b)(9) – Care Plan
- § 170.315(b)(11) – Decision Support Interventions
- § 170.315(e)(1) – View, download, and transmit to 3rd party
- § 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
- § 170.315(b)(3) – Electronic Prescribing
- § 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
- § 170.315(f)(1) – Transmission to immunization registries
- § 170.315(f)(7) – Transmission to public health agencies — health care surveys
- § 170.315(h)(1) – Direct Project

Standards Updates

Note that updated standards were not in place by the deadline for selection of the version of nAbleMD used for RWT planning. Any standard updates deployed during 4th Quarter 2024 will be noted in the RWT results.

CDA Documentation

Standard and Version: HL7 Consolidated CDA release 2.1
CHPL ID: 15.04.04.2070.nAbl.06.01.1.221221
Method for Update: Not Applicable
Date of Notification: Not Applicable
Conformance measures: § 170.315(b)(1), (2), (6-9)
USCDI updated certification criteria: Not Applicable

NCPDP SCRIPT

Standard and Version: NCPDP SCRIPT 20170701
CHPL ID: 15.04.04.2070.nAbl.06.01.1.221221
Method for Update: Attestation to ONC-ACB
Date of Notification: Q4 2019 Quarterly Updates
Conformance measures: § 170.315(b)(3)
USCDI updated certification criteria: Not Applicable

QRDA Implementation Guide

Standard and Version: HL7 QRDA Implementation Guide Category I, HL7 QRDA Implementation Guide Category III
CHPL ID: 15.04.04.2070.nAbl.06.01.1.221221
Method for Update: Not Applicable
Date of Notification: Not Applicable
Conformance Measure: § 170.315(c)(3)
USCDI updated certification criteria: Not Applicable

WCAG Accessibility Guidelines

Standard and Version: Web Content Accessibility Guidelines (WCAG) 2.0
CHPL ID: 15.04.04.2070.nAbl.06.01.1.221221
Method for Update: Not Applicable
Date of Notification: Not Applicable
Conformance Measure: § 170.315(e)(1)
USCDI updated certification criteria: Not Applicable

NHCS Implementation Guide

Standard and Version: HL7 Implementation Guide for CDA® Release 2: National Health Care Surveys (NHCS), Release 1 - US Realm, HL7 Draft Standard for Trial Use, Volume 1 - Introductory Material, December 2014
CHPL ID: 15.04.04.2070.nAbl.06.01.1.221221
Method for Update: Not Applicable
Date of Notification: Not Applicable
Conformance Measure: § 170.315(f)(7)
USCDI updated certification criteria: Not Applicable

Transition of Care Testing – Outbound

Care Setting Tested

The Primary Care setting will be used to test these criteria, as they rely on outbound patient transfers to fully demonstrate the ability to generate and transmit patient records.

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 via the relied-upon Surescripts Clinical Direct Messaging interface. The system automatically validates the CDA document during the creation process.

Metrics Collected

Denominator: Total number of documented referrals to other providers

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

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

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

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

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

Test Approach Justification

Metrics will be collected over a period of time (up to the full Calendar Year) in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time. The metrics demonstrate a chain of events that should happen for a transfer of care, notably: creation of the CDA document and transmission of the CDA document to the provider being referred to.

Transition of Care Testing – Inbound

Care Setting Tested

The Specialist setting will be used to test these criteria, as it relies on inbound patient transfers to fully demonstrate the ability to receive and incorporate patient records.

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

The practice will use the relied-upon Surescripts Clinical Direct Messaging interface to 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).

Metrics Collected

Denominator A: Number of CDA documents received from outside providers

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

Numerator A2: Number of CDA documents received via Direct message

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

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

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

Test Approach Justification

Metrics will be collected over a period of time (up to the full Calendar Year) in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time. The metrics demonstrate a chain of events that should happen for a transfer of care, notably: receipt of the CDA document from the referring provider, and incorporation of the CDA into the patient's record.

Metrics for CDA documents containing Security Tags will be kept separately as the processing for these secured documents follows a distinct workflow.

Data Export Testing

Care Setting Tested

The Primary Care setting will be used to test this criterion, as it relies on outbound patient transfers to fully demonstrate the ability to generate and transmit patient records.

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

Numerator: Total number of completed exports of the patient data

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.

Test Approach Justification

Metrics will be collected over a period of time (up to the full Calendar Year) in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time.

Electronic Prescribing Testing

Care Setting Tested

The Primary Care setting will be used to test this criterion. The functionality is identical for all practices using the software and therefore the metrics collected are expected to be very similar across all practices using the software.

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

Numerator: Total number of prescriptions transmitted electronically

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

Test Approach Justification

Metrics will be collected over a period of time (up to the full Calendar Year) in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time.

Patient Engagement Testing

Care Setting Tested

The Primary Care setting will be used to test this criterion. The functionality is identical for all practices using the system, but the Primary Care patient may be more likely to request Transmission of a CDA to another provider. Transmission will be performed using the relied-upon Surescripts Clinical Direct Messaging interface.

Criteria Tested

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

Test Method

The practice may send patients seen during the 2025 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.

Metrics Collected

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

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

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

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.

Test Approach Justification

Metrics will be collected over a period of time (up to the full Calendar Year) in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time.

Clinical Quality Measure Testing

Care Setting Tested

The Primary Care setting will be used to test this criterion. The functionality is identical for all practices using the system; however, the Quality Measures being collected are typically Preventive Care which is most of interest to primary care practices.

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
- CMS155v12: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- CMS165v12: Controlling High Blood Pressure

- CMS147v12: Preventive Care and Screening: Influenza Immunization (NOTE: no 2024 edition was published)
- CMS166v6: Use of Imaging Studies for Low Back Pain (NOTE: no longer reported)

Test Method

Note that updated standards were not in place by the August deadline for RWT planning, the standards deployed during 4th Quarter 2024 will be noted in the RWT results.

Practices will be updated to the 2025 reporting year versions of each of the supported quality measures.

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.

Metrics Collected

For each measure utilized by the practice:

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

Numerator: Number of encounters included in the associated CQM report generated by the practice.

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.

Test Approach Justification

Metrics will be collected over a period of time (up to the full Calendar Year) in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time.

Immunization Registry Testing

Care Setting Tested

The Primary Care setting will be used to test this criterion, as this setting is the most likely type of practice to perform and report immunizations.

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

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

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.

Test Approach Justification

Metrics will be collected over a period of time (up to the full Calendar Year) in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time.

Health Care Survey Testing

Care Setting Tested

This criterion will be tested at either a Primary Care or Specialist setting, depending on availability of a practice willing to implement the functionality.

Criteria Tested

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

Test Method

As of the time of writing of this test plan, Nth Technologies has no customers using the Health Care Survey functionality. Nth Technologies will make an effort to identify a user that is willing to engage in reporting Health Care Survey data. If no user is found by July 1 2025 then Nth Technologies may engage with a third party interoperability testing platform to test the functionality of the software.

Metrics Collected

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

Numerator: Number of encounters reported in survey data

Expected Results

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

Test Approach Justification

Metrics will be collected over a period of time in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time. As no practices using nAbleMD 6.0c are currently participating in the National Health Care Survey program, engaging with an interoperability test platform will allow us to demonstrate that the functionality is working in a production environment in the event that a practice does wish to participate.

Application Access and API Testing

Care Setting Tested

This criterion will be measured across all practices using nAbleMD 6.0c due to the low volume of requests for access to data.

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 1: Total number of Application Access requests

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

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

Denominator 2: Total number of requests for all data for a particular patient in C-CDA format

Numerator 2: Total number of requests that were completed.

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

Test Approach Justification

Metrics will be collected over a period of time in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time. As no requests for application

access has been received, engaging with an interoperability test platform may be necessary to demonstrate that the certified feature functions in the practice environment in the event that application access is eventually requested to a practice's data.

EHI Export

Care Setting Tested

This criterion will be measured across all practices using nAbleMD 6.0c due to the low volume of requests for access to data.

Criteria Tested

- § 170.315(b)(10) – EHI Export

Test Method

We believe that there will be a low demand for this functionality outside of practices wishing to switch away from using our software. Due to this we will request one or more practice administrators to test the export functionality and confirm that they are able to retrieve the export without action by our developers or employees.

Metrics Collected

Denominator: Total number of Export requests

Numerator: Total number of Export requests completed without intervention.

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.

Test Approach Justification

Metrics will be collected over a period of time in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time. As we don't expect this to be used outside of customers wishing to discontinue use of our software, we will engage directly with the customers to request the backups.

Decision Support Interventions

Note that certification of this feature will be completed Q4 2024 and deployed to users of the current version of the software.

Care Setting Tested

This criterion will be measured across all practices using nAbleMD 6.0c due to low usage volume expected.

Criteria Tested

- § 170.315(b)(11) – Decision Support Interventions

Test Method

Data will be collected from practice logs regarding usage of Decision Support interventions (DSI) by practitioners and clinic staff.

Metrics Collected

Denominator: Total number of unique patient encounters by the practitioner

Numerator: The number of times that DSI was utilized over the course of the year.

Expected Results

Numerator > 1 intervention logged as utilizing a DSI.

While nAbleMD does not include any DSI directly integrated into the system we do expect to have practices configure Evidence-based Interventions based on the available criteria.

Test Approach Justification

Metrics will be collected over a period of time in order to determine successful use of the certified features in an ongoing fashion, rather than at a single point in time. While we are unsure of our providers desire to utilize third party Predictive DSI we do believe that the rule-based approach to Evidence-based DSI will encourage providers to configure DSI rules for quality measure improvements.

Schedule of Key Milestones

Except where otherwise indicated in the above Test Method, data collection will take place over the duration of Calendar Year 2025 (January 1, 2025 – December 31, 2025). During this time Nth Technologies will monitor the collected data on a regular basis in order to identify non-conformities or unexpected situations requiring alteration of the test plan.

Beginning January 2025, Nth Technologies will compile the data collected into a document with the results of testing. The ONC requires this document to be completed by March 15, 2026 however Nth Technologies understands that the ONC-ACB may require an earlier deadline and will endeavor to complete the documentation by February 1, 2026. In the event that Real World Testing uncovers a non-conformity during the test process, Nth Technologies will report the non-conformity to the ONC-ACB within 30 days of the discovery, and work with the affected practice to correct the non-conformity in order to continue testing.

Attestation

This Real World Testing plan 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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