

Amrita Ventures ONC Real World Testing Plan-2022

GENERAL INFORMATION

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

Developer Name: **Amrita Ventures, LLC**

Product Name(s): **Amrita HIS**

Version Number(s): **7.2**

Product List (CHPL) ID(s): **15.04.04.2678.Amri.AH.01.1.201229**

Developer Real World Testing Page URL: <https://amritamedical.com/testing/>

MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Inform the current Amrita Customer, and Scheduling and Logistics preparation.	Inpatient	Q4 2021 Initial discussion with the customer has occurred and permission granted to do RWT, to be followed in Q1 2022 with a detailed customer meeting reviewing the schedule and logistics.
Prepare Amrita HIS EHR for use in collecting data as per the RWT plan. This will include internal validation that system generated data used for testing measurements are functional. If we determine functional deficiencies that could result in not completing the RWT we will inform the ONC-ACB and correct the deficiency (s).	Inpatient	Q2-Q3 2022
RWT Testing period and data collection.	Inpatient	Q3 2022.
Collect and collate all the data from the RWT.	Inpatient	Q4 2022
Develop and submit 2023 RWT plan; we will use experience from the 2022 RWT to inform the 2023 plan as well as newly certified modules.	Inpatient	Q4 2022
Writing Report after analyzing all the collected data and Submit the RWT Test Report before deadline.	Inpatient	Q1 2023

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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JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Amrita will use a single Real World Testing plan to address the certification criteria for our Inpatient CEHRT. The Real World Testing Approach uses a small hospital client who has been operating the 2015 Edition of Amrita HIS consistently for many years. The testing methodology evaluates each of the Certification Criteria we are certified for as follows:

- Examining the criteria in use with actual patients where the criteria is applied
- Examining the criteria with test patients where it is not appropriate to use actual patients and testing the criteria by entering data with several test patient accounts
- Use of system audit logs to confirm the correlating transactions or activities and measures
- Use of system reports to confirm the correlating transactions or activities and measures
- Use of system screen capture in the form of still or motion screen captures to confirm the correlating transactions or activities and measures
- Use of Display and screen captures of the measure or result demonstrating the criteria functionality is operational

Testing will be conducted with two types of interactive or observational approaches; onsite at the customer's location and video-conferencing using Google Meet or another platform (currently Zoom and GotoMeeting are available).

Thus, the approach uses an inspection methodology with validation from the logging, reports and screen captures to test all the criteria. The testing setting of the client reflects our current market of small hospital settings.

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

For 2022, we are not planning to make any updates to the EHR on approved standards through the SVAP process. We plan on implementing USCDI v1 in our C-CDAs and API support during the CY 2022. At the time of submission of this RWT we do not have a confirmed date for the release of these.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

CARE SETTING STATEMENT

Amrita HIS is a complete Inpatient EHR. Amrita HIS is currently marketed to small Critical Access, Community or Specialty Hospitals. All measures will be tested in an Inpatient care setting of a Critical Access Hospital that is a long-time user of the Certified Amrita EHR software.

MEASURES, METRICS AND EXPECTED OUTCOMES

NOTE: ALL CARE SETTINGS ARE INPATIENT AT AN EXISTING HOSPITAL CLIENT USING THE 2015 CEHRT FROM JANUARY 1, 2022 THROUGH DECEMBER 31, 2022

MEASURE & CRITERION	METRIC AND JUSTIFICATION	TEST AND EXPECTED OUTCOME
Care Coordination		
<u>§ 170.315(b)(1)</u> <u>Transitions of care</u>	<p>Send and receive transitions of care and/or referral summaries that conform to the data standards including C-CDA using USCDI V1 and ensure the functionality is intact and operation in both the inpatient and ED setting.</p> <p>Justify the transmissions using the DIRECT protocol, and CORHIO HIE.</p> <p>Count the number of sent and received transitions of care in the 90 day period.</p>	<p>Create and send an Inpatient discharge to a primary care provider; Receive and consume a referral from a primary care physician into the Inpatient record using the customer's primary care clinic's ambulatory EHR. Demonstrate that empty fields and null values are correctly shown and that the user is alerted to and can review errors in the transmitted document. Test the data classes and standards are parsed and produced correctly by examining the sent transaction for several care scenarios including conformity to the Common Data Set.</p> <p>Ensure the system is counting each transition that is sent or received.</p>
<u>§ 170.315(b)(2)</u> <u>Clinical information reconciliation and incorporation</u>	<p>Reconcile and integrate clinical information upon receipt ensuring the system can function automatically.</p> <p>Count the number of clinical information reconciliations in the 90 day period.</p>	<p>Demonstrate patient matching on receipt and reconciliation of medications, allergies, and problems. Test with the customer's primary care clinic's ambulatory EHR, and a specialist from a regional system who refers or treats patients at customer's hospital.</p> <p>Ensure the system is counting each transition that is received.</p>
<u>§ 170.315(b)(3)</u> <u>Electronic prescribing</u>	<p>ePrescribing functionality is intact and operational including creating a new Rx, changing an Rx, and canceling an Rx.</p> <p>Count the number of new Rx's, changed Rx's, and cancelled Rx's in the 90 day period.</p>	<p>Demonstrate a provider can enter a new prescription, change, cancel and transmit the prescription, and request and receive a Rx history. Demonstrate the Rx is received by the referred to pharmacy using the client's 340B Outpatient pharmacy. Fill status is not applicable in the Inpatient or ED setting.</p> <p>Ensure the system is counting each eRX transaction.</p>

<p><u>§ 170.315(b)(6) Data export (will be replaced with 170.315(b)(10))</u></p>	<p>Export function allows the user to select date and data and generate a summary in C-CDA format and export this securely. User selection may be for one patient, a set of patients, or as many patients as selected (all).</p> <p>Count the number of single patient data exports, set of patient exports and all patient exports in the 90 day period.</p>	<p>Demonstrate a provider can select the function to export a patient's summary that has the appropriate elements required of the C-CDA and the USCDI v1. Test that a user must have the permission configured to allow the ability to select this function. Demonstrate the select statements in support of date and time ranges.</p> <p>Demonstrate export select statement functionality by creating an export of one patient, a set of patients, and all patients (demonstrating that the set or all patients is truly an aggregation and not one by one). Demonstrate the user can save an export file to a network drive, and send via SFTP, or for a single patient send using Direct. Demonstrate the export file can be received and read with a test patient.</p> <p>Ensure the system is counting each export.</p>
<p><u>§ 170.315(b)(7) Security tags - summary of care - send</u></p>	<p>Security tags are functional and apply restrictions based on users that limit the ability to send data that has a privacy restriction applied.</p> <p>Count and list the number of send records with a security tag.</p>	<p>Demonstrate that records within the EHR tagged to identify they are restricted from inclusion in the C-CDA, the Patient Portal, the API for release are actually restricted from exchange. Demonstrate the tags can be applied to the entire record or segments of the record. Demonstrate that the security tags can be visualized with appropriate permissions to identify the author, and date. Test with a send record from a minor consenting to STI testing and for a record marked restricted due to legal proceedings.</p>
<p><u>§ 170.315(b)(8) Security tags- summary of care- receive</u></p>	<p>Security tags are retained in a received data record that preserve the intended privacy restrictions from the originating record author.</p> <p>Count and list the number of receive records with a security tag.</p>	<p>Demonstrate that received records retain security tags at the document or segment/section level and are not viewable or useable according to the markings. Test receipt of a C-CDA, or via the API for release are actual r record or segments of the record. Demonstrate that the security tags can be visualized with appropriate permissions to identify the author, and date and identify the fidelity of the tag for consent application. Test with a received record from a minor consenting to STI testing and for a record marked restricted due to legal proceedings.</p>
<p><u>§ 170.315(b)(9) Care plan</u></p>	<p>A user can record, change, or edit, access or receive a patient care plan conforming to § 170.205(a)(4) or (5).</p> <p>Count the number of care plans created, changed, or edited within the 90 day period.</p>	<p>Demonstrate the creation of a care plan and then edit the plan and demonstrate it retains integrity. Demonstrate the receipt and integration into the EHR of a care plan and the ability to retain its markings as an external received document and preserve its integrity.</p> <p>Ensure the system is counting each transition.</p>
<p>Clinical Quality Measures</p>		

<p><u>§ 170.315(c)(1)— record and export</u></p>	<p>Ensure the functionality exists for CQM recording by patient and export capability.</p> <p>Count and list by CQM the number of record and exported CQM measures in the 90 day period.</p>	<p>Demonstrate the CQM measure capture and calculations and test export using the CMS pre-validation and test tool. The current client uses a third-party vendor for its CQM's that scrapes data from Amrita and two other EHR systems for recording and reporting.</p>
<p><u>§ 170.315(c)(2)— import and calculate</u></p>	<p>Ensure the functionality exists for CQM recording for patient data import and calculation capability.</p> <p>Count and list by CQM the number of CQM records imported and calculated during the 90 day period.</p>	<p>Demonstrate the system can import a data file and calculate the measures CMS pre-validation and test tool. The current client uses a third-party vendor for its CQM's that scrapes data from Amrita and two other EHR systems for recording and reporting.</p>
<p><u>§ 170.315(c)(3)— report</u></p>	<p>Ensure the functionality exists for CQM export capability.</p> <p>List the number of CQM reporting instances over the 90 day period.</p>	<p>Demonstrate the CQM measure capture and calculations and test export CMS pre-validation and test tool. The current client uses a third-party vendor for its CQM's that scrapes data from Amrita and two other EHR systems for reporting.</p>
<p>Patient Engagement</p>		
<p><u>§ 170.315(e)(1) View, download, and transmit to 3rd party</u></p>	<p>Enable a user to access their patient portal and ensure functionality is in place to view, download and transmit to a third party maintaining the date integrity and security.</p> <p>Count the number of patient access log-ins to their portal and list by views, downloads and transmission transactions with the latter identifying the number of email transmissions during the 90 day period.</p>	<p>Demonstrate using workforce patient records and that both the Common Clinical Data Set and USCDI are viewable, downloadable, or transmittable by a selected date or date range. Test the transmission and receipt of all or part of the data set, including laboratory results that are correctly formatted to retain appropriate alerts-reference ranges. Test that the view, download, and transmissions incorporate transitions of care and discharge summaries. Test encryption of transmissions to a third party by evaluating if the data packet is encrypted. Review and read the activity log to ensure it is recording activities in real time, and the log is readable.</p> <p>Ensure the system is counting each transition by a patient viewing, downloading and transmitting to a third-party.</p>
<p>Electronic Exchange</p>		
<p><u>§ 170.315(h)(1) Direct Project</u></p>	<p>Enable a user to send or receive a Direct message and accompanying notification.</p> <p>Count the number of Direct messages sent during the 90 day period.</p>	<p>Create and send a Direct message and review the delivery notification created by the MaxMD system.</p> <p>Receive a Direct message using a regional specialist.</p> <p>Ensure the system is counting each transition.</p>

Public Health		
<p><u>§ 170.315(f)(1)</u> <u>Transmission to immunization registries</u></p>	<p>Enable transmission to immunization registries and the functionality to request immunization records. Count the number of immunization registry transmissions during the 90 day period.</p> <p>If the registry supports requests for immunization records the count will include the number of requests and the number of record receipts during the 90 day period.</p>	<p>Observe and validate the existing immunization data transmission to the Colorado Immunization Information System (CIIS); send a request for immunization records and validate the results are for the correct patient if supported by CIIS when the testing is scheduled.</p> <p>Ensure the system is counting each transition.</p>
<p><u>§ 170.315(f)(2)</u> <u>Transmission to public health agencies – syndromic surveillance. NOTE The current client operates in a public health jurisdiction that has not enabled or operationalized the public health measures below.</u></p>	<p>Enable transmission to public health agencies for syndromic surveillance.</p> <p>Count the number of syndromic surveillance transmissions during the 90 day period.</p>	<p><i>If a PHA is in place that has the capability to receive syndromic surveillance data electronically, demonstrate this functionality is operational. However, we do not expect this will be available throughout 2022 for the existing client base.</i></p>
<p><u>§ 170.315(f)(3)</u> <u>Transmission to public health agencies – reportable laboratory tests and value/results</u></p>	<p>Enable transmission to public health agencies for reportable laboratory tests.</p> <p>Count the number of reportable lab results transmissions during the 90 day period.</p>	<p><i>If a PHA is in place that has the capability to receive reportable laboratory test results data electronically, demonstrate this functionality is operational. However, we do not expect this will be available throughout 2022 for the existing client base, unless a new COVID-19 interface is introduced. The existing client is exempted by the PHA from reporting laboratory results.</i></p>
<p><u>§ 170.315(f)(6)</u> <u>Transmission to public health agencies – antimicrobial use and resistance reporting</u></p>	<p>Enable transmission to public health agencies for antimicrobial use and resistance.</p> <p>Count the number of antimicrobial use and resistance transmissions during the 90 day period.</p>	<p><i>If a PHA is in place that has the capability to receive antimicrobial use and resistance data electronically, demonstrate this functionality is operational. However, we do not expect this will be available throughout 2022 for the existing client base.</i></p>
<p><u>§ 170.315(f)(7)</u> <u>Transmission to public health agencies – health care surveys</u></p>	<p>Enable transmission to public health agencies for healthcare surveys.</p>	<p><i>If a PHA is in place that has the capability to receive healthcare surveys data electronically, demonstrate this functionality is operational. However, we do not expect this will be available throughout 2022 for the existing client base.</i></p>

	Count the number of healthcare surveys transmissions during the 90 day period.	
API's		
<u>§ 170.315(g)(7)</u> <u>Application access—</u> <u>patient selection</u>	<p>Ensure the API can receive a request and return correct patient's data.</p> <p>Count the number of API requests and token returns during the 90 day period.</p>	Demonstrate the publicly available API link, and upon clicking of the link demonstrate the API's ability to send a request and have returned a token and correctly return the patient information. For testing purposes Amrita may use a personal health record application in use in Asia.
<u>§ 170.315(g)(8)</u> <u>Application access—</u> <u>data category</u> <u>request</u>	<p>Ensure the API returns the requested data.</p> <p>Count the number of category request and discreet data returns within the API during the 90 day period.</p>	Demonstrate a request for each category within the Common Clinical Data Set, and for all data in that category is accurately returned. Demonstrate this function by a selected date and a date range.
<u>§ 170.315(g)(9)</u> <u>Application access—</u> <u>all data request</u>	<p>Ensure the API returns the complete requested data.</p> <p>Count the number of all data requests and returns during the 90 day period.</p>	Demonstrate a request for all data within the Common Clinical Data Set, and for all data in that category is accurately returned. Demonstrate this function by a selected date and a date range.