

Amrita Ventures ONC Real World Testing Plan-2025

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.01.1.221228**

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 2024 Initial discussion with the customer has occurred and permission granted to do RWT, to be followed in Q1 2025 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 2025
RWT Testing period and data collection.	Inpatient	Q3 2025
Collect and collate all the data from the RWT.	Inpatient	Q4 2025
Develop and submit 2026 RWT plan; we will use experience from the 2025 RWT to inform the 2026 plan as well as any newly certified modules.	Inpatient	Q4 2025
Writing Report after analyzing all the collected data and Submit the RWT Test Report before deadline.	Inpatient	Q1 2026

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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Date: **December 6, 2024**

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 ONC Health IT Certification Program certified Amrita EHR 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 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.

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)

In 2025, we will be updating our EHR to support the new standard versions according to the HTI-1 rule, including USCDI v3, and based on when we complete these updates, new SVAP version(s) may be captured in our 2025 RWT test results, and these will also be noted in our 2025 RWT test report.

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)	USCDI v1

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 ONC HEALTH IT CERTIFICATION PROGRAM CERTIFIED EHR FROM JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

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 the inpatient setting.</p> <p>The CCDA will be sent via Direct messaging during a transition of care event.</p> <p>Count the number of sent and received transitions of care in the 90 day period.</p>	<p>Create and send a C-CDA Inpatient discharge summary record to a primary care provider or 3rd Party EHR; Receive and consume a C-CDA from a primary care physician or 3rd Party into the EHR Inpatient record. 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> <p>The RWT test will use the relied upon software – DataMotion</p>
<u>§ 170.315(b)(2)</u> <u>Clinical information reconciliation and incorporation</u>	<p>Reconcile and integrate C-CDA clinical information upon receipt ensuring the system can function automatically.</p> <p>Count the number of C-CDAs successfully received and 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/or a specialist from a regional system who refers or treats patients at customer's hospital.</p> <p>Ensure the system is counting each C-CDA that is received and incorporated.</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. Fill status is not applicable in the Inpatient setting.</p> <p>Ensure the system is counting each eRx transaction.</p> <p>This test will ensure use of the relied upon software – Nextech with NewCropRx</p>

<u>§ 170.315(b)(7)</u> <u>Security tags -</u> <u>summary of care -</u> <u>send</u>	<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>	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.
<u>§ 170.315(b)(8)</u> <u>Security tags-</u> <u>summary of care-</u> <u>receive</u>	<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>	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 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.
<u>§ 170.315(b)(9) Care plan</u>	<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>
<u>§ 170.315(b)(10)</u> <u>Electronic Health</u> <u>Information export</u>	<p>The patient or their authorized representative, after authentication, will be able to access a partial summary of their EHI through an API call made by a third-party application running on a patient-owned device to the EHR's API.</p> <p>Export USCDiv1 clinical data for a population of patients to facilitate its use in another health information technology product or third-party system.</p>	<p>Demonstrate that patients have the ability to access portions of their medical information through a request made by an application outside the EHR's domain.</p> <p>Demonstrate the ability to export batches of patient data in the form on valid C-CDA files confirming to USCDiv1</p> <p>This test will ensure use of the relied upon software – MeldRx</p>
Clinical Quality Measures		
<u>§ 170.315(c)(1)—</u> <u>record and export</u>	<p>Ensure the functionality exists for CQM recording by patient and export capability.</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>

	Count and list by CQM the number of record and exported CQM measures in the 90 day period.	
<u>§ 170.315(c)(2)—import and calculate</u>	<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>	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.
<u>§ 170.315(c)(3)—report</u>	<p>Ensure the functionality exists to generate QRDA 1 and QRDA 3 files for CQM export.</p> <p>List the number of CQM reporting instances over the 90 day period.</p>	Demonstrate that the EHR can produce QRDA files acceptable for submission to CMS sponsored quality reporting programs.
Patient Engagement		
<u>§ 170.315(e)(1) View, download, and transmit to 3rd party</u>	<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 data 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 v1 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>
Electronic Exchange		
<u>§ 170.315(h)(1) Direct Project</u>	<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 from a 3rd party.</p> <p>Ensure the system is counting each transition.</p> <p>This test will ensure use of the relied upon software – MaxDirect</p>

Public Health		
<u>§ 170.315(f)(1)</u> <u>Transmission to immunization registries</u>	<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>
<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>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 2025 for the existing client base.</i></p>
<u>§ 170.315(f)(3)</u> <u>Transmission to public health agencies — reportable laboratory tests and value/results</u>	<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.</i></p>
<u>§ 170.315(f)(6)</u> <u>Transmission to public health agencies — antimicrobial use and resistance reporting</u>	<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>Currently, we have started working with the hospital and the PHA to develop and certify the antimicrobial use and resistance transmission interface. We expect that this interface will be ready in 2025.</i></p>
<u>§ 170.315(f)(7)</u> <u>Transmission to public health agencies — health care surveys</u>	<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 2025 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 any available personal health record application or tools.
<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 USCDI v1 and for all data in that category to be accurately returned. Demonstrate this function by a selected date and a date range.