2024 Real World Test Plan

Kanrad Technologies | October 2023

Executive Summary

This document outlines the test plan for Kanrad Technologies certified EHR solution in the year 2024, focusing on real-world testing. It encompasses the actual testing measurements and metrics designed to align with the ONC's Condition of Certification and Maintenance of Certification criteria, specifically in relation to real-world testing as outlined in §170.405. The aim is to assess compliance with certification criteria and the interoperability of exchanging electronic health information (EHI) within the specific care and practice setting for which the EHR solution is intended. As ONC has stated in its rule, “The objective of real world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT’s certification”. We have worked toward this objective in designing our test plan and its subsequent real world testing measurements and metrics. This document builds toward the final testing measurements and metrics that we will use to evaluate our product’s interoperability within production settings. Within each measure, we document planned testing methodology, associated ONC criteria, justification for measurement, expected outcomes from the testing, care settings applied for this measure, and if applicable the number of clients to use our real world testing approach, including how our test cases were created, our selected methodology, the number of client/practice sites to use, and our general approach and justification for decisions. We have included our timeline and milestones for completing the real world testing in CY 2024, and information about compliance with the Standards Version Advancement Process updates. A table of contents is provided for quick access to any document section, including the testing measurements and metrics found at the end of this document. Our signed attestation of compliance with the real world testing requirements is on the following page.

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Product Information

Developer Name: Kanrad Technologies

Developer Real World Testing Page URL:

https://kantime.com/wp-content/uploads/2023/10/2024-Kantime-Health-Real-World-Test-Plan.pdf

Product Name	Product Type	Version Number	Certified Health IT Product List (CHPL) ID
Kantime Health	EHR	1.0	15.04.04.3096.KanH.01.01.1.230118

Standards Updates

In 2023, Kantime Health was updated to support the USCDI v1, C-CDA R2.1 standards and implementation guides. All criteria listed in this test plan follow the standards referenced in the 2015 Edition Cures Update.

Justification for Real World Testing Approach

In alignment with the ONC's guidance, which suggests that "Real World Testing should confirm that deployed Certified Health IT remains in compliance with and ***perform as intended by conducting and measuring observations of interoperability and data exchange***, this test plan places its emphasis on the thorough documentation of instances where a certified capability is effectively employed in real-world scenarios. In situations where there is a lack of evidence due to either the absence of certified capability adoption or challenges in capturing proof of successful use, we will showcase the necessary certified capability in a semi-controlled environment that closely mimics a "real world" implementation.

It's crucial to emphasize that Real World Testing is just one element of the Health IT Certification program, serving as a means to showcase adherence to program requirements. Rather than duplicating the methods or results of earlier testing conducted prior to certification, Real World Testing is designed to complement and reinforce the validation process. This test plan has been formulated with the primary aim of illustrating that the certified capabilities have been effectively implemented, enabling providers to seamlessly integrate and utilize them in real-life, practical scenarios as they see fit.

We are using a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rates
- Summative Assessments
- Interactive Testing

Adoption rate will be used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments will be used to measure which certified actions were performed at the conclusion of a given time period. These will be conducted by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

Interactive testing will be used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests will require a live test as opposed to examining historical usage statistics. The goal is to allow a user to demonstrate the certified Health IT module being used in a way consistent with their own practice or care setting

Care Settings

Product	Justification
Kantime Health	Kantime Health is marketed to a wide range of providers, primarily focusing on Hospice/Palliative/HomeHealth/Primary Care clients. Functionality to be tested is the same across all care settings.

Adoption Rates

Adoption rate will be used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but do not by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might indicate a potential problem, of which there could be several different causes. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Applicable Criteria: Measures, Justification and Expected Outcomes

170.315(b)(1) Transitions Of Care

Products	Kantime Health
Adoption Rate:	No live customers available
Method:	Interactive Testing from SureScripts CDM Transaction Logs

Testing Justification and Expected Outcome:

This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Furthermore, this product is not yet implemented in a production live environment so we currently don't have real customers. Finally, we treat all direct messages the same, whether they include an attachment in CCDA format or not.

Therefore, we intend to demonstrate the required certified capabilities by using interactive testing to demonstrate how often CCDAs are created and sent to other systems and when Direct Messages are received to demonstrate the certified capability is available and effective, regardless of the frequency it is used.

Interactive Test Plan	
Test Environment	• Kantime Health will work with 1 provider in their UAT environment, which is a full production mirror of their live production environment, to enter 2 mock patients using the data that is typical of that Real World setting.
Expected Outcomes	• It is expected that the functionalities identified above shall perform as per requirements to demonstrate conformance to 170.315(b)(1) via Direct Edge Protocol without errors.

170.315(b)(2) Clinical Information Reconciliation and Incorporation

Products	Kantime Health
Adoption Rate:	No live customers available
Method:	Interactive testing method

Testing Justification and Expected Outcome:

This criterion requires the ability of a certified Health IT module to electronically link an externally received CCDA (Continuity of Care Document) to the corresponding patient, align the medication, allergy, and problem lists, and then integrate these lists into the patient's record using a certified Health IT module. Although this certified functionality is accessible to our users, this product is not yet implemented in a production live environment so we currently don't have real customers.

Therefore, we intend to demonstrate the required certified capabilities by using interactive testing, electronically reconciling and incorporating CCDAs that were received from outside providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be a very low utilization by providers with a high success rate.

Interactive Test Plan	
Test Environment	• Kantime Health will work with 1 provider in their UAT environment, which is a full production mirror of their live production environment, to enter 2 mock patients using the data that is typical of that Real World setting.
Expected Outcomes	• It is expected that the functionalities identified above shall perform as per requirements to demonstrate conformance to 170.315(b)(2), with users being able to successfully reconcile and incorporate patient data without errors

170.315(b)(3) Electronic Prescribing

Products	Kantime Health
Adoption Rate:	No live customers available
Method:	Interactive Testing from SureScripts Transaction Logs & Message Dashboard

Testing Justification and Expected Outcome:

This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. Although this certified functionality is accessible to our users, this product is not yet implemented in a production live environment so we currently don't have real customers.

Therefore, we intend to demonstrate the required certified capabilities are effective by demonstrating how often eRx transactions are performed by test mock users of the system. This will illustrate that the eRx transactions not only originate from the certified Health IT module but also confirm their successful reception by the eRx clearinghouse. Our expectation is there will be high utilization by providers with a high success rate.

Interactive Test Plan	
Test Environment	• Kantime Health will work with 1 provider in their UAT environment, which is a full production mirror of their live production environment, to enter 2 mock patients using the data that is typical of that Real World setting.
Expected Outcomes	• It is expected that providers will be able to successfully communicate with pharmacies through prescription-related electronic transactions that adhere to the standard referred to in 170.315(b)(3).

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

Product	Kantime Health
Adoption Rate:	No Live customers available
Method:	Interactive Testing using Cypress tool

Testing Justification and Expected Outcome:

C1 requires a certified Health IT module to record required data, calculate CQMs from the recorded data, and export the data in a QRDA I. C2 requires a certified Health IT module to be able to import data from a QRDA I and calculate the CQMs based on that data. C3 requires a certified Health IT module to be able to create a QRDA I and a QRDA III to be used for transmitting CQM data to CMS.

Our aim is to monitor the frequency of QRDA file imports and exports by providers, showcasing the availability and effectiveness of the certified capability, irrespective of how often it is actually employed. We anticipate a substantial utilization of QRDA III exports by providers, coupled with a high success rate. In contrast, we anticipate limited use of QRDA I exports and imports within the ambulatory domain.

Interactive Test Plan	
Test Environment	• Kantime Health will work with 1 provider in their UAT environment, which is a full production mirror of their live production environment, to enter 20 mock patients using the data that is typical of that Real World setting.
Expected Outcomes	• It is expected that the above-mentioned functionalities will perform in accordance with the requirements to demonstrate conformance to 170.315(c)(1) Clinical quality measures—record and export, 170.315(c)(2) Clinical quality measures—import and calculate, and 170.315(c)(3) Clinical quality measures—report, with a significant percentage of clinicians successfully exchanging CQM data in a standardized format.

170.315(e)(1) View, Download & Transmit to Third Party

Products	Kantime Health (Patient Portal application for Kantime Health)
Adoption Rate:	No Live Customers Available
Method:	Interactive testing

Testing Justification and Expected Outcome:

This criterion requires the ability of a certified Health IT module to provide patients access to a patient portal with the ability to view, download, and send their health care records to other providers via encrypted or unencrypted transmission methods in CCDA format.

Our goal is to track how often patients access, retrieve, and share their medical records through the certified features of the portal. This data will serve to illustrate that the certified capability is both accessible and efficient, regardless of how frequently it is utilized. We anticipate that patients will moderately use the view option, while the download and transmit features may see lower utilization. However, we expect a high success rate for all certified capabilities.

Interactive Test Plan	
Test Environment	• Kantime Health will work with 1 provider in their UAT environment, which is a full production mirror of their live production environment, to enter 2 mock patients using the data that is typical of that Real World setting.
Expected Outcomes	• It is expected that the functionalities identified above shall perform as per requirements to demonstrate conformance to 170.315(e)(1) • patients being able to successfully the content of the patient data viewed through the patient portal for each of the test patients contain the expected data. • patient data downloaded through the patient portal for each of the test patients contain the expected data • patient data transmitted (using email and an encrypted method) through the patient portal for each of the test patients contains the expected data.

Schedule of Key Milestones

Key Milestones	Timeframe
Real World Testing plan, and submission to ONC-ACB	October 2024
Collate data	Q3 - Q4 2024
Review and collate data	Q4 2024
Writing Result Report	January 2025
Submission of Real World Testing report to ONC -ACB	January 2025

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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