NextGen® Office Real World Test Results 2022

Contents

GENERAL INFORMATION

Topic	Detail
Plan Report ID Number:	
Product Name(s):	NextGen® Office
Version Number(s):	Version 5.0
Report Date:	09.01.2022
Certified Health IT Product List (CHPL) ID(s):	15.04.04.2054.Medi.05.00.1.180220 Active
Developer Real World Testing Page URL:	https://www.nextgen.com/certifications-and-cost-disclosures?id=3

CHANGES TO ORIGINAL PLAN

Note: The changes are identified in **red** in the Justification and Description of Measurements/Metrics section.

Summary of Change	Reason	Impact
Updated inaccurate statements in the measurement/metric numerator and denominator description.	**4c** measurement is focused on validating **170.315 (b)(6) - Data Export**, but the numerator and denominator were copied from 1b and mentioned direct messaging.	No impact, the measurement proceeded as originally planned.
Measurement 6a was added back to the test plan.	**6a** was always planned to be performed. User error caused the row to be incorrectly deleted.	No impact, the measurement proceeded as originally planned.
Update the inaccurate statements the measurement/metric numerator and denominator	**6b** measurement is focused on validating **170.315 (e)(1) - View, Download, and Transmit to 3rd Party**, but the numerator and denominator was copied from **1b**.	No impact, the measurement proceeded as originally planned.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Topic	Detail
Testing Methods	• This plan will cover NextGen Office's real-world testing results for our ambulatory care client base. • Data was primarily collected using automated production database queries and logs. Where that was not possible, we engaged clients to gather the data. • This analysis will quantify usage of certified workflows over time, as well as demonstrate conformance to standards. • The transactional history in the NextGen Office database is the source data. The data can be queried for events indicative of specific certified workflows that occurred over a time. The results are quantified and summarized. • Success will be defined by our ability to highlight how each criterion is being used by providers in real patient care. Some criterion, for example (b)(3) ePrescribing, are going to have a much higher volume of use than (g)(7-9) API due purely to the nature of the criterion and its use for daily patient care.
Demonstrate Conformance	• **Real-World Interoperability**: Conformance is demonstrated by explicit and implicit validation of the transactional history of messages sent and received. • **Explicit validation**: CCDA files were validated against an internally hosted ett.healthit.gov validation tool. Success rates are quantified and reported. • **Implicit validation**: Standards such as NCPDP (2017 eRx) have XML schema definitions that must be adhered to. A successful transmission and response from Sure Scripts are an implied conformance. The QRDA files will also be implied as conformant from the volume of exports and successful submissions to Quality Payment Program during the attestation period of 2022.

STANDARD UPDATES

Topic	Detail
Standard (and version)	Not Applicable
Updated certification criteria and associated product	Not Applicable
Health IT Module CHPL ID	Not Applicable
Conformance measure	Not Applicable

CARE SETTINGS

Care Setting	Justification
Ambulatory	NextGen Office supports specialties in ambulatory care. All specialties have access to the single web-based instance of the NextGen Office technology that allows for clinical documentation, reporting, and interoperability transactions.

METRICS AND OUTCOMES

1a - (Count of Direct Messages **SENT** with CCDA Attached) / (Count of Consult Orders Created)

Description

A requirement of 170.315(b)(1) is the **sending** of CCDA files for transitions of care. These are triggered from a consult order for the sending of CCDA files via Direct Message 170.315(h)(1). Counting the number of consult orders created compared to the count of direct messages sent with CCDAs attached demonstrates compliance with real world interoperability.

Report parameters

Reporting Period:	04/01/2022 – 04/15/2022
Count of Practices Queried:	10

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcomes
149/174 85.63%	**170.315(b)(1) - Transitions of Care** **170.315(h)(1) - Direct Message**	Successfully sending CCDA records for consult orders (referrals) demonstrate compliance with real world interoperability.

1b - (Count of errors in **SENT** CCDAs attached to direct messages from the ett.healthit.gov 2015 Edition Cures Update CCDA R2.1 Validator tool) / (Number of CCDAs validated)

Description

A random sampling of the CCDAs **sent,** 170.315(b)(1), will be performed for the practices identified in **ID.1a** and validated against the internally hosted HealthIT tool to evaluate compliance with the CCDA R2.1 standard and vocabulary code sets. Validating random CCDAs sent demonstrates compliance with CCDA R2.1 standard and vocabulary code sets.

Report parameters

Reporting Period:	04/01/2022 – 04/15/2022
Count of Practices Queried:	10

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
0/116 0%	170.315(b)(1) - Transitions of Care	No unexpected conformance or vocabulary events reflect the HealthITs compliance with real world interoperability standards.

2a - (Count of outside CCDAs saved to a patient chart) / (Count of Direct Messages **RECEIVED** with CCDA files attached)

Description

A requirement of 170.315(b)(1) is the **receiving** of transitions of care via direct messages, 170.315(h)(1), with CCDAs attached. These CCDAs should be matched to a patient chart, 170.315(b)(2). Counting of direct messages received with CCDAs attached, and saved to a chart, demonstrates EHI received is used in the product. Comparing these counts validates the number of successful patient matches.

Report parameters

Reporting Period:	03/01/2022 – 07/31/2022
Count of Practices Queried:	10

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
118/9701 1.2%	170.315(b)(1) - Transitions of Care 170.315(h)(1) - Direct Message 170.315(b)(2) - Clinical Information Reconciliation	The volume of direct messages received with CCDA files attached demonstrate compliance with real world interoperability standards.

2b - (Count of Imported CCDAs)

Description

A requirement of 170.315(b)(2) is the outside CCDA can be imported, and clinical information reconciled. Counting the imported CCDAs confirm EHI can be received and used in product.

Report parameters

Reporting Period:	05/01/2022 – 07/31/2022
Count of Practices Queried:	9

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
51	170.315(b)(2) - Clinical Information Reconciliation	Successful quantification of clinical information reconciliation import event demonstrate compliance with real world interoperability.

3a - Count of all Direct Messages SENT by Status

Description

A requirement of 170.315(h)(1) is sending of direct messages. Counting the number of direct messages **sent** by status demonstrates the number of successful messages and compliance with interoperability standards.

Report parameters

Reporting Period:	04/01/2022 – 04/15/2022
Count of Practices Queried:	10

Metrics and Outcome

Measurement/Metric	Associated Criterion	Outcome
Successful 1646 Total 1763 93%	170.315(h)(1) - Direct Message	The volume of successful direct messages demonstrate compliance with real world interoperability standards.

4a - Count of Scheduled CCDAs, 4b - Count of Created CCDA Data Files, 4c- (Count of errors in CCDAs from the ett.healthit.gov 2015 Edition Cures Update CCDA R2.1 Validator tool) / (Number of CCDAs validated)

Description

4a - A requirement of 170.315 (b)(6) is for users to create a schedule for exporting CCDAs in bulk. Counting the scheduled records demonstrates compliance with certification requirements.
4b - A requirement of 170.315 (b)(6) is for the scheduled CCDAs (4a) to be created and available to download. Counting of the created CCDA zip files demonstrates compliance with certification requirements.
4c - A random sampling of the CCDAs in the zip file from 4b (*correction from submitted test plan) was performed and validated against the internally hosted HealthIT tool. Validating random CCDAs from the Data Export (4b) demonstrates compliance with CCDA R2.1 standard and vocabulary code sets.

Report parameters

Reporting Period:	03/01/2022 – 07/31/2022
Count of Practices Queried:	17

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
4a - 44	170.315 (b)(6) - Data	Successful quantification of events associated with (b)(6) demonstrate compliance with real world interoperability standards.
4b - 82		
4c – 0/32 (0%)		

5a - Count of QRDA I Exports

Description

A requirement of 170.315 (c)(1) is QRDA I files can be exported. Counting the number of exports demonstrates compliance with the certification requirements.

Report parameters

Reporting Period:	03/01/2022 – 03/31/2022
Count of Practices Queried:	19

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
237 QRDA I files were successfully exported	170.315 (c)(1) - Clinical Quality Measures - Record and Export	Successful quantification of QRDA I files exported demonstrate compliance with the real-world interoperability standard.

6a - Count of Patient Portal Audit Log of View, Download, and Transmit Activity

Description

(*Correction from the submitted test plan) Using the ONC2015 complaint audit log a quantification of view, download, and transmit (VDT) events was performed. Counting the number of VDT events demonstrates compliance with real world interoperability. The audit log transactions, which are accumulated from patients using our in-house YourHealthFile® patient portal.

Report parameters

Reporting Period:	04/01/2022 – 04/15/2022
Count of Practices Queried:	20

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
View - 17035 Download - 233 Transmit – 23	170.315 (e)(1) - View, Download, and Transmit to 3rd Party	Successful quantification of VDT events demonstrate compliance with real world interoperability.

6b - (Count of errors in CCDAs downloaded in the patient portal from the ett.healthit.gov 2015 Edition Cures Update CCDA R2.1 Validator tool) / (Number of CCDAs validated)

Description

A random sampling of the CCDAs exported from the patient portal (6a ***correction from the submitted test plan**) was performed across all practices and validated against the internally hosted HealthIT tool to evaluate compliance with the CCDA R2.1 standard. Validating random CCDs demonstrates compliance with CCDA R2.1 standard and vocabulary code sets from the patient portal.

Report parameters

Reporting Period:	05/01/2022 – 07/31/2022
Count of Practices Queried:	4

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome

0/12 unexpected errors= 0% (100% accuracy)	170.315 (e)(1) - View, Download, and Transmit to 3rd Party	No unexpected conformance or vocabulary events reflect the HealthITs compliance with real world interoperability standards.

7a - Count of QRDA I Imports

Description

A requirement of 170.315 (c)(2) is a QRDA I can be imported and included in eCQM evaluation. Counting the number of imports demonstrates compliance with import and calculate.

Report parameters

Reporting Period:	01/01/2022 – 07/31/2022
Count of Practices Queried:	All

Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
11 QRDA I files were Imported and successfully aggregated in eCQM evaluation	170.315 (c)(2) -Clinical Quality Measures - Import and Calculate	A 7-month query shows no clients adopt this feature. To demonstrate compliance QRDA I files were uploaded to a test practice in a live environment for inclusion in eCQM evaluation on an automated recurring schedule.

8a - Count of QRDA III Exports, 8b - Count Successful QRDA III Uploads to QPP

Description

8a - Clients from the 8b measure were selected and the number of QRDA III exports quantified. Counting the number of exports demonstrates compliance with certification requirements.
8b - A random selection of clients will occur and contacted to validate the QRDA file was accepted by QPP. The ultimate success is knowing clients that have uploaded to QPP and attested with no issues.

Report parameters

Reporting Period:	02/01/2022 – 03/31/2022
Count of Practices Queried:	12

Results

Measurement/Metric	Associated Criterion	Outcome
8a – 209 exported 8b – 12 uploaded	170.315 (c)(3) - Clinical Quality Measures - Report	The volume of QRDA III exports and successful attestations demonstrate compliance with real world interoperability.

9a - Count of eRx Message Type by Delivery Status/Response

Description

(b)(3) Electronic prescribing is implemented using the NCPDP SCRIPT Standard Version 2017071. Message types of NewRx, RxChangeRequest, RxChangeResponse, RxFill, CancelRx, CancelRxResponse, RxRenewalRequest, RxRenewalResponse will be counted. The status of messages come from our electronic prescribing partner NewCropRx via Surescripts thus validating the successful delivery or import of each applicable message type. Counting the message types by delivery status or response will calculate the success rates and demonstrates compliance with real world interoperability.

New Rx - Report parameters

Reporting Period:	04/01/2022 – 04/14/2022
Count of Practices Queried:	20

New Rx - Metrics and Outcome

Measurement/Metric	Associated Criterion	Outcome
Successful 22345 Total 22345 100%	170.315(b)(3) - Electronic Prescribing	All medications prescribed electronically were successfully transmitted demonstrating compliance with real world interoperability.

RxRenewal - Report parameters

Reporting Period:	04/01/2022 – 04/14/2022
Count of Practices Queried:	15

RxRenewal - Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
RxRenewal Request Success 6778 Total 7044 96%	170.315(b)(3) - Electronic Prescribing	Counting these transactions shows the high transaction delivery success rate demonstrating compliance with real-world interoperability requirements.

RxRenewal Response Total 7089		

RxChange - Report parameters

Reporting Period:	04/01/2022 – 04/14/2022
Count of Practices Queried:	5

RxChange - Metrics and Outcome

Measurement/Metric	Associated Criterion	Outcome
RxChange Request – 108 RxChange Response - 62	170.315(b)(3) - Electronic Prescribing	Counting these transactions demonstrates compliance with real-world interoperability requirements.

CancelRx - Report parameters

Reporting Period:	01/01/2022 – 10/06/2022
Count of Practices Queried:	20

CancelRx - Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
CancelRx Request – 1927 CancelRx Response – 1685	170.315(b)(3) - Electronic Prescribing	Counting these transactions demonstrates compliance with real-world interoperability requirements.

RxFill - Report parameters

Reporting Period:	04/01/2022 – 04/14/2022
Count of Practices Queried:	7

RxFill - Metric and Outcome

Measurement/Metric	Associated Criterion	Outcome
3078 RxFill	170.315(b)(3) - Electronic Prescribing	The volume demonstrates compliance with real-world interoperability.

9b - Count of Rx History Request and Response transactions

Description

The message types of RxHistoryRequest, RxHistoryResponse are quantified. RxHistoryRequests are triggered by the end user. RxHistoryReponse is returned by our partner Surescripts. Counting RxHistory transactions demonstrates the success with real world interoperability.

Report parameters

Reporting Period:	04/01/2022 – 04/14/2022
Count of Practices Queried:	19

Metric and Outcome

Measurement/Metric	Associates Criterion	Outcome
RxHistoryRequest Sent 2092, RxHistoryResponse Received 2090 99.9% Success	170.315(b)(3) - Electronic Prescribing	The volume and success rate of 99.9% demonstrates compliance with real-world interoperability.

10a - Count of Immunization messages sent to registries by response status, 10b - Count of immunization history requests / Count of patients with imported immunization records

Description

10a - A requirement of 170.315 (f)(1) is to send messages to immunization registries. Counting immunization messages sent to registries demonstrates compliance with real-world interoperability.
10b - A requirement of 170.315 (f)(1) is practices can request immunization histories and import to a patient chart. Counting immunization history requests sent comparative to the number of imports will demonstrate compliance with real-world interoperability.

Report parameters

Reporting Period:	04/01/2022 – 04/15/2022
Count of Practices Queried:	12

Metrics and Outcome

Measurement/Metrics	Associated Criterion	10b

10a – 2664 messages sent to immunization registries 10b – 355/1071 33.14% immunization histories imported	170.315 (f)(1) - Transmission to Immunization Registries	The volume and import rate of 33.14% demonstrates compliance with real-world interoperability.

11a - Count of API audit log activity

Description

Using the ONC2015 complaint audit log a quantification of FHIR API events will be performed. Counting audit activities will validate the token exchange occurred (g7) and quantify the types of transactions performed. Audit log includes category requests (g8) and CCDA requests (g9). This method will demonstrate compliance with interoperability standards

Report parameters

Reporting Period:	04/01/2022 – 04/15/2022
Count of Practices Queried:	All
Associated Criterion:	170.315(g)(7) - Application Access – Patient Selection 170.315(g)(8) - Application Access – Data Category Request 170.315(g)(9) - Application Access – All Data Request

Metrics and Outcome

Action	Amount	Outcome
AllergyIntolerance	42	No live patient has interacted with the API. Bulk automated tests are performed on a recurring schedule to confirm no new code introduced on our bi-weekly schedule breaks our API capability. The FHIR action and counts reflect the results of our automated tests performed on a test practice demonstrating compliance with interoperability standards. Lessons Learned:
AllergyIntolerance/_search	14	
CareTeam	110	
CareTeam/_search	14	
Condition	42	
Condition/_search	14	
Device	48	
Device/_search	14	
DiagnosticReport	284	
DiagnosticReport/_search	24	
DocumentReference	132	
DocumentReference/_search	14	
Goal	42	

Goal/_search	14	The results met expectations as NextGen Office target market is small practice providers. These types of clients do not have the staff to develop a strategy and launch a campaign with patients to use 3rd party vendors that are integrated with our FHIR API.
Immunization	42	
Immunization/_search	14	
Observation	984	
Observation/_search	140	
Patient	56	
Patient/_search	14	
Patient/372173871	308	
Procedure	112	
Procedure/_search	14	

KEY MILESTONES

Key Milestones	Care Setting	Date/Timeframe
Finalize Real World Test Plan and Submit to the ONC- ACB (Drummond)	N/A	Q4 2021
Identify Clients for Participations where applicable	N/A	Q4 2021
The queries that will be used are developed and validated with internal data, Client Systems and/or Transactions	Ambulatory Setting	May-August 2022
Data collection and or observation from client systems	Ambulatory Setting	August 2022
Validation and analysis of data and metrics created	Ambulatory Setting	August 2022
Report finalized and submitted to ONC-ACB (Drummond)	Ambulatory Setting	January 4, 2023

ATTESTATION

All information in this plan is up to date and fully addresses the health IT developer's Real-World Testing requirements.

Authorized Representative Name: John Ellis, DO

John Ellis

Authorized Representative Email: jellis@nextgen.com

Authorized Representative Phone: 215-657-7010

Authorized Representative Signature:

DocuSigned by:
John Ellis
285515A718454BD...

Date: 01/04/2023 | 06:35:00 PST