NextGen® Office Real World Test Plan 2023

Contents

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

GENERAL INFORMATION

Topic	Detail
Developer Name:	NextGen® Healthcare
Product Name(s):	NextGen® Office
Version Number(s):	Version 5.0
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

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Topic	Detail
Approach Summary	• This plan will cover NextGen Office's approach to real world testing for our ambulatory care client base. • Data will be gathered primarily in an automated fashion using production database queries and logs. Where that is not possible, we will engage clients to gather the data in a direct approach. • This analysis will quantify usage of certified workflows over time, as well as demonstrate conformance to standards. No confidential or protected health information will be exposed through this process. • 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.
Types of Settings	• 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 electronic interactions with third parties.
Usage Quantification	• The transactional history in the NextGen Office database is the source data. The data can be queried for events indicative of specific certified interoperability workflows. The results will be quantified and summarized.
Demonstrate Conformance	• **Explicit validation**: C-CDA files will be validated against an internally hosted Health IT C-CDA validation tool. Events will be 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 will be an implied conformance. The QRDA files will also be implied as conformant due to the volume of export and successful submissions to Quality Payment Program during the attestation period of 2022. • **Event rates**: C-CDA validation and other electronic transmission workflows will be quantified and reported accordingly.

STANDARD UPDATES

Topic	Detail
Standard (and version)	Not Applicable
Updated certification criteria and associated product	Not Applicable
Health IT Module CHPL ID	Not Applicable
Method used for standard update	Not Applicable
Date of ONC ACB notification	Not Applicable
Date of customer notification (SVAP only)	Not Applicable
Conformance measure	Not Applicable
USCDI updated certification criteria (and USCDI version)	Not Applicable

JUSTIFICATION AND DESCRIPTION OF MEASUREMENT/METRIC FOR ASSOCIATED CERTIFICATION CRITERIA

ID	Measurement/Metric	Description, Justification, Expected Outcome	Certification Criteria and Relied Upon Software
1a	(Count of Direct Messages **SENT** with C-C-CDA Attached) / (Count of Consults Orders Created)	**Description**: A requirement of 170.315(b)(1) is the **sending** of C-CDA files for transitions of care. These are triggered from a consult order for the sending of C-CDA files via direct message 170.315(h)(1). **Justification**: Counting the number of consult orders created compared to the count of Direct messages sent with C-CDAs attached will demonstrate compliance with real world interoperability. **Expected Outcome**: Greater than 70% of outbound Direct messages will have a C-CDA attached for the selected practices.	• 170.315(b)(1) - Transitions of Care • 170.315(h)(1) - Direct Message
1b	(Count of files with no unexpected validation events in **SENT** C-CDAs attached to direct messages from the ett.healthit.gov 2015 Edition Cures Update C-CDA R2.1 Validator tool) / (Number of C-CDAs validated)	**Description**: A random sampling of the C-CDAs **sent,** 170.315(b)(1), will be performed for the practices identified in **ID.1a** and validated against the ett.healthit.gov tool to evaluate compliance with the C-CDA R2.1 standard and vocabulary code sets. **Justification**: Validating random C-CDAs sent will demonstrate compliance with C-CDA R2.1 standard and vocabulary code sets. **Expected Outcome**: 100% - No unexpected validation events.	• 170.315(b)(1) - Transitions of Care

2a	(Count of outside C-CDAs saved to a patient chart) / (Count of Direct Messages **RECEIVED** with C-CDA 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 C-CDAs attached. These C-CDAs should be matched to a patient chart, 170.315(b)(2). **Justification**: Counting of Direct messages received with C-CDAs attached, and saved to a chart, will prove EHI received is used in the product. Comparing these counts will validate the number of successful patient matches. **Expected Outcome**: Greater than 1.2% of received Direct messages will be saved to a patient chart.	• 170.315(b)(1) - Transitions of Care • 170.315(h)(1) - Direct Message • 170.315(b)(2) - Clinical Information Reconciliation
2b	(Count of Imported C-CDAs)	**Description**: A requirement of 170.315(b)(2) is the outside C-CDA can be imported and clinical information reconciled. **Justification**: Counting the imported C-CDAs will confirm EHI can be received and used in product. **Expected Outcome:** Greater than 51.	• 170.315(b)(2) - Clinical Information Reconciliation

3a	Count of all Direct Messages **SENT** by Status	**Description**: A requirement of 170.315(h)(1) is sending of Direct messages. **Justification**: Counting the number of Direct messages **sent** by status will prove the number of successful messages and compliance with interoperability standards. The inbound/outbound messages, which are managed through our connection with Surescripts, prove our relied upon software is operating as expected. **Expected Outcome**: Greater than 90% of Direct messages will be successful.	• 170.315(h)(1) - Direct Message • Relied upon software - Surescripts
4a	Count of Scheduled C-CDA Bulk Exports	**Description**: A requirement of 170.315 (b)(6) is for users to create a schedule for exporting C-CDAs in bulk. **Justification**: Counting the scheduled records will demonstrate compliance with certification requirements. **Expected Outcome**: Less than 100 recurring schedules will be created.	• 170.315 (b)(6) - Data Export
4b	Count of Created C-CDA Data Files	**Description**: A requirement of 170.315 (b)(6) is for the scheduled C-CDAs (4a) to be created and available to download. **Justification**: Counting of the created C-CDA zip files will demonstrate compliance with certification requirements. **Expected Outcome**: Less than 200 zip files will be created from the recurring schedules.	• 170.315 (b)(6) - Data Export

4c	(Count files with no unexpected validation events in C-CDAs scheduled files, 4b, from the ett.healthit.gov C-CDA R2.1 Validator tool) / (Number of C-CDAs validated)	**Description**: A random sampling of the C-CDAs in the zip file from 4b will be performed and validated against the internal Health IT validation tool. **Justification**: Validating random CCDs from the Data Export (4b) will demonstrate compliance with C-CDA R2.1 standard and vocabulary code sets. **Expected Outcome**: 100% - No unexpected validation events	• 170.315 (b)(6) - Data Export
5a	Count of QRDA I Exports	**Description**: A requirement of 170.315 (c)(1) is QRDA I files can be exported. **Justification**: Counting the number of exports will demonstrate compliance with the certification requirements. **Expected Outcome**: Less than 300 QRDA I files will be exported.	• 170.315 (c)(1) - Clinical Quality Measures - Record and Export
6a	Count of Patient Portal Audit Log of View, Download, and Transmit Activity	**Description**: Using the ONC2015 complaint audit log a quantification of view, download, and transmit (VDT) events will be performed. **Justification**: Counting the number of VDT events will demonstrate compliance with real world interoperability. The audit log transactions, which are accumulated from patients using our in-house YourHealthFile® patient portal, prove our relied upon software is working as expected **Expected Outcome**: Download = less than 300, Transmit = less than 20, View = greater than 15,000.	• 170.315 (e)(1) - View, Download, and Transmit to 3rd Party • Relied upon software – YourHealthFile

6b	(Count of files with no unexpected validation events in patient portal CCDs, 6a, from the Health IT C-CDA R2.1 Validator tool) / (Number of C-CDAs validated)	**Description**: A random sampling of the C-CDAs exported from the patient portal (6a) will be performed across all practices and validated against the internally hosted HealthIT tool to evaluate compliance with the C-CDA R2.1 standard. **Justification**: Validating random C-CDAs will demonstrate compliance with C-CDA R2.1 standard and vocabulary code sets from the patient portal. **Expected Outcome**: 100% - No unexpected validation events.	• 170.315 (e)(1) - View, Download, and Transmit to 3rd Party
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. **Justification**: Counting the number of imports will demonstrate compliance with import and calculate. **Expected Outcome**: Successful demonstration of import and calculate.	• 170.315 (c)(2) - Clinical Quality Measures - Import and Calculate
8a	Count of QRDA III Exports	**Description**: Clients from the 8b measure will be selected and the number of QRDA III exports will be quantified. **Justification**: Counting the number of exports will demonstrate compliance with certification requirements. **Expected Outcome**: Successful exports will be reported.	• 170.315 (c)(3) - Clinical Quality Measures - Report

8b	Count Successful QRDA III Uploads to QPP	**Description**: A random selection of clients will occur and contacted to validate the QRDA file was accepted by QPP. **Justification**: The ultimate success is knowing clients that have uploaded to QPP and attested with no issues. **Expected Outcome**: Successful attestations will be reported.	• 170.315 (c)(3) - Clinical Quality Measures - Report
9a	Count of eRx Message Type by Delivery Status/Response	**Description**: Message types of NewRx, RxChangeRequest, RxChangeResponse, RxFill, CancelRx, CancelRxResponse, RxRenewalRequest, RxRenewalResponse will be counted by status. **Justification**: Counting the message types by delivery status or response will demonstrate real world interoperability. The eRx inbound/outbound messages, which are managed through NewCropRx, prove our relied upon software is working as expected. **Expected Outcome**: Successful quantification of messages. >90% Success/Response Rate for applicable messages types.	• 170.315(b)(3) - Electronic Prescribing • Relied Upon Software - NewCropRx

9b	Count RxHistory Response / Count Rx History Request	**Description**: The message types of RxHistoryRequest, RxHistoryResponse will be counted. RxHistoryReponse is returned by our partner Surescripts. **Justification**: Counting RxHistory transactions will demonstrate the success with real world interoperability. **Expected Outcome**: Successful quantification of requests and >90% responses.	• 170.315(b)(3) - Electronic Prescribing
10a	Count of Immunization messages sent to registries	**Description**: A requirement of 170.315 (f)(1) is to send messages to immunization registries. **Justification**: Counting immunization messages sent to registries will demonstrate compliance with real-world interoperability. **Expected Outcome**: Successful quantification of real-world interoperability with immunization registries.	• 170.315 (f)(1) - Transmission to Immunization Registries

10b	Count of immunization history requests / Count of patients with Imported immunization records	**Description**: A requirement of 170.315 (f)(1) is practices can request immunization histories and import to a patient chart. **Justification**: Counting immunization history requests sent comparative to the number of imports will demonstrate compliance with real-world interoperability. **Expected Outcome**: Successful quantification of real-world interoperability with immunization history requests.	• 170.315 (f)(1) - Transmission to Immunization Registries
11a	Count of API audit log events by resource type	**Description**: Using the ONC2015 complaint audit log a quantification of FHIR API events will be performed. **Justification**: Counting audit activities will validate the token exchange occurred (g7) and quantify the types of transactions performed. Audit log includes category requests (g8) and CCD requests (g9). This method will demonstrate compliance with interoperability standards **Expected Outcome**: Successful quantification interoperability events.	• 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

CARE SETTING

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 electronic interactions with third parties.

KEY MILESTONES

Key Milestones	Care Setting	Date/Timeframe
Finalize Real World Test Plan and Submit to the ONC-ACB (Drummond)	Ambulatory Setting	October 2022
Identify Clients for Participations where applicable	Ambulatory Setting	Q1 2023
Data collection and or observation from client systems	Ambulatory Setting	Q1-Q3 2023
Validation and analysis of data and metrics created	Ambulatory Setting	Q3 2023
Report created and submitted to ONC-ACB (Drummond)	Ambulatory Setting	Q4 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.

Authorized Representative Name: John Ellis, DO

Authorized Representative Email: jwellis@nextgen.com

Authorized Representative Phone: 215-657-7010

Authorized Representative Signature: DocuSigned by: John Ellis 285515A718454BD...

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