NextGen® Office Real World Test Plan 2025

Contents

GENERAL INFORMATION

Topic	Detail
Plan Report ID Number:	
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
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 and show 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 criteria, for example, (b)(3) ePrescribing, are going to have a much higher volume of use than criteria (g)(7-9) API due purely to the nature of the criteria and its use for daily patient care.
Types of Settings	• NextGen Office supports specialties in ambulatory care. All specialties have access to a 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 HealthIT C-CDA validation tool. Events will be quantified and reported. • **Implicit validation**: A successful transmission and response from Surescripts will be an implied conformance to NCPDP standards. The QRDA files will be implied as conformant due to the volume of export and successful submissions to Quality Payment Program during the attestation period of 2025 for the 2026 Reporting Period. • **Event rates**: C-CDA transactions and other electronic transmission workflows will be quantified and reported accordingly.

STANDARD UPDATES

Standard (and version)	2023 CMS QRDA Category III IG for Eligible Clinicals/Professionals
Updated certification criteria and associated product	(c)(3) Clinical Quality Measures – Report NextGen Office EHR
Health IT Module CHPL ID	15.04.04.2054.Medi.05.00.1.180220
Method used for standard update	SVAP
Date of ONC ACB notification	12/6/2023
Date of customer notification (SVAP only)	11/16/2023
Conformance measure	Conformance was demonstrated through the CMS validation tool and Cypress
USCDI updated certification criteria (and USCDI version)	N/A

JUSTIFICATION AND DESCRIPTION OF MEASUREMENT/METRIC FOR ASSOCIATED CERTIFICATION CRITERIA

ID	Measurement/Metric	Description, Justification, Expected Outcome	Certification Criteria
1a	(Count of Direct Messages **SENT** with 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 75% 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 • **Relied Upon Software** > NewCrop
1b	(Count of CCDA files with no unexpected conformance errors 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**, a 170.315(b)(1) requirement, will be performed for the practices identified in **ID.1a** and validated against ONC's Edge Testing Tool (ETT) 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% Compliant - No unexpected validation errors present; warnings are acceptable.	• 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, a requirement of 170.315(b)(2). **Justification**: Counting of direct messages received with transition of care C-CDAs attached, and saved to a chart, will demonstrate compliance to (b)(2)(ii) - Correct patient. Comparing these counts will validate the number of successful patient matches. **Expected Outcome**: Greater than 5% of received transition of care C-CDAs via direct message will be saved to a patient chart.	• 170.315(b)(1) - Transitions of Care • 170.315(b)(2) - Clinical Information Reconciliation • 170.315(h)(1) - Direct Message • **Relied Upon Software** > SureScripts
2b	(Count of C-CDAs Imported to the Reconciliation process)	**Description**: A requirement of 170.315(b)(2) is that a C-CDA from a disparate system 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 100 external C-CDAs will be received and used in the product.	• 170.315(b)(2) - Clinical Information Reconciliation

3a	Count of Successful Direct Messages / All Direct Messages Attempted	**Description**: A requirement of 170.315(h)(1) is sending direct messages. **Justification**: Counting successfully **sent** direct messages will prove compliance with interoperability standards. **Expected Outcome**: Greater than 90% of direct messages will be successfully sent.	• 170.315(h)(1) - Direct Message • **Relied Upon Software** > SureScripts
4a	B10 (EHI Export) Count of bulk exports created Count of single patient exports created	**Description**: A requirement of 170.315(b)(10) Electronic Health Information Export is that technology can create export summaries for single patients and bulk patients in the practice in an electronic computable format. We will use database records to count the number of exports for bulk and single patients created during a specified timeframe. We will provide a count of successful patient record exports compared to the total initiated. **Justification:** This measurement demonstrates our EHR's ability to export single patients and bulk exports for multiple patients in an electronic computable format. This metric will also provide information on the prevalence of this capability. **Expected Outcomes:** Successful quantification of EHI exports.	• 170.315(b)(10) Electronic Health Information Export

5a	Count of QRDA Category I Exports	**Description**: A requirement of 170.315 (c)(1) is that QRDA Category I files can be exported. **Justification**: Counting the number of QRDA Category 1 exports will demonstrate compliance with the certification requirements. **Expected Outcome**: Greater than 200 QRDA Category I files are 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 ONC Health IT Certification-compliant 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. **Expected Outcome**: Download = Greater than 300, Transmit = Greater than 100, View = greater than 15,000.	• 170.315 (e)(1) - View, Download, and Transmit to 3rd Party • **Relied Upon Software** > YourHealthFile.com (NextGen Office in-house Patient Portal)

6b	(Count of CCDA files with no unexpected conformance errors in patient portal CCDAs, 6a, from the HealthIT C-CDA R2.1 Validator tool) / (Number of C-CDAs validated)	**Description**: A random sampling of the CCDs exported from the patient portal (6a) will be performed across all practices and validated against the internally hosted Edge testing tool to evaluate compliance with the C-CDA R2.1 standard. **Justification**: Validating random CCDs will demonstrate compliance with C-CDA R2.1 standard and vocabulary code sets from the patient portal. **Expected Outcome**: 100% Compliant- No unexpected validation errors present; warnings are acceptable	• 170.315 (e)(1) - View, Download, and Transmit to 3rd Party • **Relied Upon Software** > YourHealthFile.com (NextGen Office in-house Patient Portal)
7a	Count of QRDA Category I Imports	**Description**: A requirement of 170.315 (c)(2) is a QRDA Category I can be imported and included in eCQM evaluation to produce the numerator/denominator metrics. **Justification**: Counting the number of imports will demonstrate compliance with import and calculate. **Expected Outcome**: Successful demonstration of import and calculation.	• 170.315 (c)(2) - Clinical Quality Measures - Import and Calculate
8a	Count of QRDA Category III Exports	**Description**: QRDA Category III exports will be quantified. **Justification**: Counting the number of exports will imply compliance with certification requirements. **Expected Outcome**: The number of successful exports will be reported.	• 170.315 (c)(3) - Clinical Quality Measures - Report

8b	Count Successful QRDA Category III Uploads to QPP	**Description**: A random selection of clients will occur and contacted to validate the QRDA Category III 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 to determine success rate. **Justification**: Counting the message types by delivery status or response will demonstrate real world interoperability. **Expected Outcome**: Successful quantification of messages. >90% Success/Response Rate for applicable message types.	• 170.315(b)(3) - Electronic Prescribing • **Relied Upon Software** > NewCrop

9b	Count Rx History Request and Response transactions	**Description**: The Request/Response rate of message types RxHistoryRequest, RxHistoryResponse will be counted. RxHistoryReponse is returned by our partner Surescripts. **Justification**: Counting RxHistory transactions will demonstrate success with real world interoperability. **Expected Outcome**: Successful quantification of requests and >90% successful responses.	• 170.315(b)(3) - Electronic Prescribing • **Relied Upon Software** > NewCrop
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 and view immunization histories. The successful import of the immunization history to a patient chart will be counted. **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 ONC Health IT Certification-compliant 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 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)(9) - Application Access – All Data Request

12	Count of overall requests of API's	**Description**: A requirement of 170.315 (g)(10) is to ensure that the API serves multiple operations which includes data response, search operations, authentication and authorization. **Justification**: Counting the overall requests responded to by our APIs will help us determine the usage of our services and this method will demonstrate compliance with interoperability standards. **Expected Outcome**: Successful quantification of various API requests.	• §170.315(g)(10) Standardized API for patient and population services
14	f5 (eCR) Count of Electronic Case Reports generated	**Description:** A requirement of 170.315(f)(5) Electronic Case Reporting is to generate a case report based on designated trigger codes for electronic transmission. We will use database records to count the number of Electronic Case Reports generated during the specified time frame containing the specified code sets. **Justification:** This demonstrates our product's ability to generate Electronic Case Report documents. **Expected Outcomes:** Successful demonstration of the eCR exports.	• 170.315(f)(5) Transmission to public health agencies – electronic case reporting • **Relied Upon Software** > SureScripts

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	Q4 2024
Identify Clients for Participations where applicable	Ambulatory Setting	Q1-Q3 2025
Data collection and or observation from client systems	Ambulatory Setting	Q2-Q3 2025
Validation and analysis of data and metrics created	Ambulatory Setting	Q3 2025
Report created and submitted to ONC-ACB (Drummond)	Ambulatory Setting	Q12026

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: Dr. John Ellis, D.O.

Authorized Representative Email: jellis@nextgen.com

Authorized Representative Phone: 215-657-7010

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

Date: 09/19/2024 | 11:58:36 PDT