

CY 2024 Real World Testing Plan for WellSky Hospice & Palliative

Executive Summary

This is the real world test plan for CY 2024 for WellSky Hospice & Palliative certified EHR solution. It is virtually the same as last year's approved real world test plan, with only minor alterations and updates.

As with last year's plan, it provides the real world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real world testing). We believe these test methods will be appropriate and valuable in accessing certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting of customers.

We have included our timeline and milestones for completing the real world testing in CY 2024 and information about SVAP updates.



Developer 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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General Information

Plan Report ID Number: WellSky-RWT-2024

Developer Name: WellSky

Product Name(s): WellSky Hospice & Palliative

Version Numbers(s): 5

Certified Health IT Criteria: 315(b)(1)-(2), (e)(1), (f)(1), (f)(7), (g)(7), (9), (h)(1)

Product List (CHPL) ID(s) and Link(s):

- 15.04.04.1164.Well.05.01.1.221231
- <u>https://chpl.healthit.gov/#/listing/11198</u>

Developer Real World Testing Page URL: <u>https://wellsky.com/hospice-software/</u>



Timeline and Milestones for Real World Testing CY 2024

- 1Q-2024: Health IT system is fully enabled for use in real world testing.
- 3Q-2024. Begin making plans to collect data for RWT measures. If necessary, engage clients to ask for their support and participation in real world testing.
- 4Q-2024. During the last quarter of the year, the CY 2024 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. A test plan will be prepared for submission.



Standards Updates (SVAP and USCDI)

Currently, we are using all required 2015 Edition Cures Update standards. The RWT measures listed in this plan are based on those standards, and any SVAP updates are explicitly noted below. We are awaiting the updated requirements in the HTI-1 rule which has not yet been released. Based on the standards stipulated by this future ruling, we will update our standards and implementation guide as needed, and these changes may be captured in our CY 2024 RWT test results.

No SVAP update is planned at this time.

Standard (and version)	All standard versions are those specified in USCDI v1.
Date of ONC-ACB notification	N/A
(SVAP or USCDI)	
Date of customer notification	N/A
(SVAP only)	
USCDI-updated certification criteria (and USCDI version)	The plan documents the support of all USCDI v1 data elements.



Real World Testing Measurements

The measurements for our real world testing plan are described below. Each measurement contains:

- Associated ONC criteria
- Testing Methodology used
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Number of client sites to use in testing (if applicable)
- Care settings which are targeted with the measurement/metric

In each measurement evaluation, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

Testing Methodologies

For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automated measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports that can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.

Compliance and/or Tool: This methodology uses inspection to evaluate if the EHR complies with the ONC criteria requirements. It can be done through 1-v-1 inspection testing or utilizing various tools to measure or evaluate compliance and interoperability. If an EHR Module capability is not widely used in production by current users, compliance inspection can provide assurance criteria are working as previously certified.

Care and Practice Settings Targeted

WellSky Hospice & Palliative EHR is designed for hospice and palliative care, and our measure use cases were designed with this setting in mind.



RWT Measure #1. Number of Transition of Care C-CDAs Successfully Sent

Associated Criteria: 315(b)(1), 315(h)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many C-CDAs are created and successfully sent from the EHR Module to a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

The interval for this measure will be three (3) months.

Measurement Justification

This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create a C-CDA patient summary record, including the ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a 3rd party. This measurement shows support for Direct Edge protocol in connecting to our relied-upon software HISP SES (version 2.0) and relied-upon software exchange solution Kno2 (version 4) for successful transmission.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count. We will record successful C-CDA transmissions to a 3rd party through our Kno2 partner and document if the logging indicates an error or failure in the exchange delivery and investigate accordingly.

A successful measure increment indicates compliance with the underlying ONC criteria. It will show that the EHR can create the C-CDA patient summary record, including record-required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate the ability to confirm the successful interoperability of an exchanged patient record with a 3rd party, including support for Direct Edge protocol in connecting to an HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience. Not completing this measure may indicate a lack of understanding or possibly lack of use or need for this functionality.





RWT Measure #2. Number of Different Destinations C-CDAs Successfully Sent

Associated Criteria: 315(b)(1), 315(h)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many different outbound destinations the EHR successfully sent C-CDAs via direct messaging during a transition of care event over the course of a given interval.

The interval for this measure will be three (3) months.

Measurement Justification

This measure will provide a numeric value to indicate how often this interoperability feature is being used and the breadth of its distribution across different partners. This measure provides assurance of interoperability of this EHR Module in production. Also, it provides information on the different destination counts which can reveal how concentrated are the partners connecting with a given provider and be valuable in showing ways how an average provider utilizes health IT interoperability. This measurement shows support for Direct Edge protocol in connecting to our relied-upon software HISP SES (version 2.0) and relied-upon software exchange solution Kno2 (version 4) for successful transmission.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A higher number indicates the interoperability feature is utilized across a wide range of different partners, while a smaller number indicates a more focused distribution.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings



RWT Measure #3. Number of C-CDAs Received and/or Incorporated

Associated Criteria: 315(b)(2)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many C-CDAs are successfully received and/or incorporated upon receipt from a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

The interval for this measure will be three (3) months.

Measurement Justification

This measure will provide a numeric value to indicate both how often this interoperability feature is being used and its compliance with the requirement. An increment to this measure indicates that the EHR can receive a C-CDA patient summary record, and by incorporating the C-CDA patient summary record, the EHR demonstrates successful interoperability of problems, medications, and medication allergies of patient records with a 3rd party. This measurement shows support for Direct Edge protocol in connecting to an HISP for successful transmission.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count. We will record successful C-CDA receipts and incorporations into the patient record and document if the logging indicates error or failure with incorporation and investigate accordingly.

A successful measure increment indicates compliance with the underlying ONC criteria. It will show that the EHR can receive a C-CDA patient summary record. In incorporating the C-CDA patient summary record, the EHR will demonstrate successful interoperability of problems, medications, and medication allergies of patient records with a 3rd party, including support for Direct Edge protocol in connecting to an HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience. Not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality.

Care Settings



RWT Measure #4. Compliance of Portal Download and Email Transmit Capabilities and C-CDA Scorecard Average

Associated Criteria: 315(e)(1)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance with the EHR Module criteria functionality of the ability to download and transmit a C-CDA from the patient portal and measuring its C-CDA Scorecard average.

Measurement Justification

Currently, we have very few, if any, providers using our patient portal, but we expect it to grow in adoption in the coming years. To give us confidence the portal is ready for future patient adoption, we will conduct this RWT use case focused on compliance with C-CDA download capabilities and C-CDA validation.

This measure will provide assurance of compliance with the EHR Module criteria, specifically the ability for a patient to download and transmit their patient data as a C-CDA from the patient portal and evaluate it against the <u>ONC C-CDA Scorecard tool</u>. The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices. We can also use Direct enabled interface of the Scorecard in testing our relied upon software components of SES HISP (version 2.0) and Kno2 (version 4).

The Scorecard will both indicate any C-CDA errors as well provide a numeric scoring result to indicate how well our C-CDA complies with certification requirements and supports interoperability within the production setting.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environment to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to download a C-CDA containing clinical data elements required in the criteria from the patient account in the portal and to transmit the patient's C-CDA over email using the portal's email transmission capabilities. We will run C-CDA through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and work as expected in production as in a controlled test environment.



A high score from the Scorecard indicates strong support for interoperability, and a lower score indicates an opportunity for improvement. We will use this measure to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings



RWT Measure #5. Compliance of Immunization Message

Associated Criteria: 315(f)(1)

Testing Methodology: Compliance

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of creating an immunization message.

Measurement Justification

Currently, we have very few, if any, providers using our immunization functionality, but we expect it to grow in adoption in the coming years. To give us confidence it is ready for future adoption, we will conduct this RWT use case focused on compliance of documenting an administrative immunization and creating an immunization message that can be sent to a registry.

This measure will provide assurance of compliance with the EHR Module criteria, specifically the ability to record immunization admission information on a patient and create an immunization message that can be delivered to a public health registry.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to document immunization information typical to their workflow including vaccination name, dosage amount, lot number, manufacturer name, and any other required elements. Then, the user will use the EHR functions to produce the HL7 VXU immunization message according to the ONC standards. We will inspect the message to confirm compliance with the required standard. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and work as expected in production as in a controlled test environment.

Care Settings



RWT Measure #6. Compliance of Health Care Surveys Message

Associated Criteria: 315(f)(7)

Testing Methodology: Compliance

Measurement Description

This measure is tracking compliance with the EHR Module criteria functionality of creating a health care surveys message.

Measurement Justification

None of our clients have been invited to participate in a health care survey at this time so we will measure compliance via a usability test or new client training. We will conduct this RWT use case focused on compliance of documenting clinical information for a health care survey and creating a health care survey message that can be sent to a registry.

This measure will provide assurance of compliance with the EHR Module criteria, specifically the ability to record patient clinical information and create a health care survey message that can be delivered to a public health registry.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to document clinical data which produces an electronic case message typical to the user's workflow and clinical documentation (e.g., influenza). After completing the encounter, the EHR will create the HL7 Health Care Survey CDA message using the patient's information which would be sent to the public health registry. We will inspect the message to confirm compliance with the required standard. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and work as expected in production as in a controlled test environment.

Care Settings



RWT Measure #7. Compliance of API Resource Query Support

Associated Criteria: 315(g)(7), (g)(9)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of support of API query of patient data resources.

Measurement Justification

Currently, we have very few, if any, providers or patients using our API capabilities, but we expect it to grow in adoption in coming years. To give us confidence the API is ready for future adoption, we will conduct this RWT use case focused on compliance of patient clinical data access via the API.

This measure will provide assurance of compliance with the EHR Module criteria, specifically the ability to connect to the EHR's API resources and query patient clinical data through the API. Because API criteria, 315(g)(7) and (g)(9), work collectively together in the API functionality of the EHR Module, this measurement is used for both.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user connects to the EHR through a client application via the API and is prompted for credentials and authentication according to the EHR's publicly available API documented specification. After supplying the correct credentials, the EHR returns a valid ID or token for the API Client to access the patient data. The user will query the patient clinical data resources via the API and receive access to them through the client application. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and work as expected in production as in a controlled test environment.

Care Settings