SolidPractice 2024 RWT Results

GENERAL INFORMATION

Report ID Number	20231110sol
Developer Name	SolidPractice Technologies, LLC
Product Name(s)	SolidPractice
Version Number(s)	2.0
Certified Health IT Product List (CHPL) ID(s)	15.05.05.3095.SOLP.01.00.1.211227
Developer Real World Testing PLAN Page URL	https://www.solidpractice.com/real-world-testing.php
Developer Real World Testing RESULTS Page URL	https://www.solidpractice.com/real-world-testing.php

CHANGES TO ORIGINAL PLAN

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	**Reason** [Describe the reason this change occurred]	**Impact** [Describe what impact this change had on the execution of your Real World Testing activities]

WITHDRAWN PRODUCTS

Product Name(s):	Not Applicable
Version Number(s):	Not Applicable
CHPL ID(s):	Not Applicable
Date(s) Withdrawn:	Not Applicable
Inclusion of Data in Results Report:	Not Applicable

SUMMARY OF TESTING METHODS AND KEY FINDINGS

SolidPractice Real World Testing approach focused on customer involvement in a production environment to ensure that RWT results were as accurate as possible and reflected as clearly as possible how CHERT modules were used in production environments. SolidPractice was not fully deployed in a market environment. We did not have any non-conformities during the testing period. The method used was SQL data queries. The results attained showed interoperability with 3rd party interfaces. The results attained also showed SolidPractice had the ability of reporting and extracting the necessary reports. Future usage and adoption will further demonstrate the effectiveness of interoperability. For our “simulated” testing, we had a testing environment where the practice's providers and staff members could try things out. In many cases the features were exercised in that test environment, so data existed to collect. In some cases where the function wasn’t used at all in 2024 (such as the technical APIs for g7 & g9), we helped to exercise the function.

Metrics and Outcomes

Associated Criterion (a)	Measurement / Metric	Relied Upon Software	Outcomes	Challenges Encountered
170.315 (b1) Transitions of Care **Measure to demonstrate the Sharing of EHI**	1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3)Number of CCDAs received via edge protocols	Surescripts	1) 23 2) 4 (simulated) 3) 1850	This criterion required 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 was 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 contained all the necessary data elements. Furthermore, it was not feasible to obtain copies of CCDA documents from "outside" developers or providers who had no incentive to participate in this exercise. Therefore, we intended to demonstrate the required certified capabilities by demonstrating how often CCDAs were created and exchanged with other systems to demonstrate the certified capability was available and effective, regardless of the frequency it was used. Our

				expectation was that there would be high utilization by providers with a high success rate. Surescripts Clinical Direct Messaging was used as relied upon software to achieve this outcome.
170.315 (b2) Clinical Information Reconciliation and Incorporation **Measure to demonstrate the reconciliation and incorporation of clinical data via Direct Project**	1) Number of times a user reconciled medication list data from a received CCDA 2) Number of times a user reconciled allergies and intolerance list data from a received CCDA 3) Number of times a user reconciled problem list data from a received CCDA	N/A	1) 1(simulated) 2) 1(simulated) 3) 1(simulated)	This criterion required the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. The expectation was that each of these steps would be done electronically within the certified Health IT module. While this certified capability was available to our users, most of the providers in the real world typically preferred to perform these steps manually. Therefore, we intended to record the frequency that providers were electronically reconciling and incorporating CCDAs that they received from outside providers so they could demonstrate that the certified capability was available and effective, regardless of the frequency that

				it was used. Our expectation is that there would be low utilization by providers with a high success rate.
170.315 (b3) Electronic Prescribing **Measure to demonstrate electronic prescribing**	1) Number of prescriptions created 2) Number of prescriptions changed 3) Number of prescriptions canceled 4) Number of prescriptions renewed	Surescripts/NewCrop	1) 229850 2) 2(simulated) 3) 20 4) 2(simulated)	This criterion required the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. However, it was not possible to demonstrate the correct standards were used because it was not feasible to obtain copies of eRx documents from "outside" companies or pharmacies who had no incentive to participate. Therefore, we intended to demonstrate that the required certified capabilities were effective by demonstrating how often eRx transactions were performed by examining reports from our eRx partner. We anticipated that it would demonstrate that not only were the eRx transactions sent from the certified Health IT module, but that the transactions were successfully received by the eRx clearinghouse. Our expectation was that there would be high utilization by providers with a high success rate.

				Surescripts ePrescribing was used as relied upon software to achieve this outcome.
170.315 (b10) Electronic Health Information Export **Measure to demonstrate the Sharing of EHI**	1) Number of times a data export was performed	N/A	1) 1(simulated)	None. When product is brought to market, we anticipate that this may change
170.315 (c1-3) Clinical Quality Measures (CQMs) **Measure to demonstrate Record, Calculate, Import, Export and Report of CQM**	1) Number of measures recorded during the period 2) Number of QRDA Category 1 files exported 3) Number of QRDA Category 1 files imported (if applicable) 4) Number of QRDA Category 3 aggregate report(s) created over the period	N/A	1) 1000 2) 22 3) 43(simulated) 4) 1000	These criteria were tested together. - C1 required a certified Health IT module to record required data, calculate CQMs from the recorded data, and then export the data in a QRDA Category 1 format. - C2 required that a certified Health IT module be able to import data from a QRDA Category 1 formatted file and calculate the CQMs based on that data. - C3 required that a certified Health IT module be able to create a QRDA Category 1 formatted file and that a QRDA Category 3 aggregate report be used for transmitting CQM data to CMS. We intended to record the frequency that CQM files were imported and/or exported by providers to demonstrate that the certified capability was available and that it was effective, regardless of the frequency it was used. Our expectation was that

				there would be moderate utilization by providers with a high success rate
170.315 (e1) View, Download, and Transmit to 3rd Party **Measure to demonstrate the Sharing of EHI**	1) Number of views of health information by a patient or authorized representative 2) Number of downloads of health information by a patient or authorized representative 3) Number of transmissions of health information by a patient or authorized representative	N/A	1) 685 2) 259 3) 23	This criterion required 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.
170.315 (f1) Transmission to Immunization Registries **Measure to demonstrate reporting to Immunization Registry**	1) Number of VXU Messages submitted to CIR	N/A	1) 12105	None. This was production data registered with the NYC CIR.
170.315 (f5) Transmission to Public Health Agencies - Electronic Case Reporting **Measure to demonstrate Reporting to Public Health Agencies**	1) Number of eICRs submitted to AIMS APHL	AIMS	1) 4 (simulated)	None. Our ECR implementation was in Stage 4 (aka Soft Go Live) testing with AIMS as of Jan 2025. So we used simulated data for 2024. We do anticipate that production data will be available for 2025.
170.315 (g7) Application Access - Patient Selection **Measure to demonstrate Standardized API Access**	1) Number of requests for a patient ID or token 2) Number of requests that provided sufficient information to provide a valid response 3) Number of follow-up requests made using the provided patient ID or token	N/A	1) 4(simulated) 2) 2(simulated)	None. When product is brought to market, we anticipate that this may change
170.315 (g9) Application Access All data request **Measure to demonstrate**	1) Number of CCD export requests 2) Number of followup requests made using provided patient ID or token	N/A	1)2(simulated) 2) 2(simulated	None. When product is brought to market, we anticipate this may change

Standardized API Access				
170.315 (g10) Standardized API for Patient and Population Services **Measure to demonstrate Standardized API Access**	1) Number of requests for developer access to the FHIR environment. 2) Number of calls to FHIR resources to access patients' data.	N/A	1) 1 2) 47100	This criterion required that the certified Health IT module be able to provide an API meeting FHIR requirements and supporting documentation that enabled external applications to request patient data by category from the certified Health IT module. We intended to record the frequency that the patient data requests for USCDI data were fulfilled via the API and to demonstrate that the certified capability was available and effective, regardless of the frequency it was used. Our expectation was that there would be low utilization with a high success rate
170.315 (h1) Direct Project **Measure to demonstrate the reconciliation and incorporation of clinical data via Direct Project**	1) Number of Direct Messages sent 2) Number of Delivery Notifications received 3) Number of Direct Messages received 4) Number of Delivery Notifications sent	Surescripts	1) 4 2) 4 3) 2083 4) 2083	1) The same as number of eICRs that were sent to AIMS via Direct network. No other Direct msg was manually sent out by a provider in 2024. 2) Same as 1 When product is brought to market, we anticipate that this may change

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

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Our product does not include these voluntary standards

Standard (and version)	No Voluntary SVAP Standards are used
Updated certification criteria and associated product	
Health IT Module CHPL ID	Not Applicable
Conformance measure	Not Applicable

Care Setting(s)

Ambulatory only.

SolidPractice is only used in ambulatory clinics. All metrics and the criteria justifications were applied to this care setting only, unless otherwise noted.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Submitted 2024 RWT Plan to ONC-ACB	Ambulatory	10-10-2023
Collection of data as laid out by plan Review of data End of RWT Testing period Analyze Data and create report Submit 2024 RWT Results to ONC-ACB	Ambulatory	03-31-2024 Qtrly start Qtr 2, 2024 Jan 1, 2025 Jan 22, 2025 Feb 1, 2025