Test plan date: 10/10/2024
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 Page URL: **https://www.solidpractice.com/real-world-testing.php**
Plan ID: **20241011sol**

Introduction

SolidPractice Real World Testing approach focuses on customer involvement in a production environment to ensure that RWT results are as accurate as possible and reflect as clearly as possible how CHERT modules are used in production environments.

The RWT procedures in this document are separated into Metrics and Certification Criteria.
The metrics section describes real world indicators and data elements that can be used as indicators for expected outcomes. Each metric has its own justification of how that data element is relevant in a RWT environment.

The certification criteria sections each list which metrics apply to that criterion, as well as a justification of why the metric is applicable, time period and the expected outcome. The thought is by listing the metrics separate from the certification criteria will allow all of our future RWT plans to incorporate lessons that we learned from previous tests to help us develop more in-depth metrics and to better test the real world usage of CEHRT.

Standards Update

No Voluntary SVAP standards are used

Care Settings

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

Metric Associated with Real World Testing

RWT will demonstrate that the SolidPractice application will conform to the following criteria,

170.315(b)(1) (2) (3) and (10), 170.315(c)(1) (2) and (3), 170.315(e)(1), 170.315(f)(1) (5), 170.315(g)(7)(g)(9) and (g)(10), and 170.315(h)(1)

We expect that these functions will be available only to authorized users of the SolidPractice application and that their activities will be monitored through application logs. We will track the error rates of these functions as part of a base line for the **2025** testing year.

Justification for RWT

The users of SolidPractice are using the interoperability features as listed in the certification criteria, for testing that can't be directly monitored we will use feedback provided by users and log all relevant information. Utilizing this method, we believe the RWT plan is justified in the care settings.

Measures

Measures 170.315(b)(1), 170.315(b)(10) and 170.315(e)(1)

The following will outline the measure identified to demonstrate conformance to multiple criteria concerning the sharing of EHI, **170.315(b)(1), (b)(10), (e)(1).** In order to achieve patient care and interoperability in various care settings, the SolidPractice application has the ability to send, receive, view, download, transmit and export patient health information. It is setup so the users or recipients of this information can either be the provider and/or other care givers and the patient. This flow of patient health information across various care settings is achieved using various protocols. Only authorized users can access this information within the application. SolidPractice also allows timely access to said information within the application and allows the patient to view, download and export summary documents. Patients can also share their information with external providers for continued care. The SolidPractice application has two functions pertaining to this, send transition of care/referral summaries and receive transition of care summaries. Transition of Care documents are shared using edge protocols, while other EHI may be shared through the patient portal. It is expected that authorized care givers and patients (or their authorized representatives) will be able to share EHI using the mechanisms provided. These operations depend on SureScripts who handle the requirements for these measures. Error rates will be tracked and trended over time.

Measures 170.315(b)(2) 170.315(h)(1)

The following will outline the measure identified to demonstrate conformance to the clinical information reconciliation and incorporation of EHI for patient services, **170.315(b)(2).** The SolidPractice application has functions built that will interact with a HISP to receive transition of care summaries and/or CDA documents to enable continued patient care across many different provider networks. The application also has the ability to receive CDA documents and associate them to an established patient record, as well as incorporate new health information that was received in the CDA. The receive operation will depend on the successful outcome of a HISP function that handles the requirements for **170.315.(h)(1),** direct project and will also demonstrate the ability to reconcile and incorporate active medications, allergies and problems as specified in **170.315.(b)(2).** The application has a record of existing active medications, allergies and problems. The amount of new entries being recorded and reconciled will be compared with prior entries. It is expected that the number of active medications, allergies and problems will change in relation to the number of selected entries across these three categories. These operations will depend on SureScripts who handle the requirements for these measures. Error rates will be tracked in these functions as part of a base line for the **2025** year.

Measure 170.315.(b)(3)

The following will outline the measure identified to demonstrate conformance to the interoperability between SolidPractice and pharmacies in accordance with the requirements for **170.315.(b)(3**), electronic prescribing. The SolidPractice application has functions to allow authorized users the ability to prescribe medications, receive changes, receive refill requests and responses within the pharmacy. The operation depends upon SureScripts and NewCrop that handle the requirements of **170.315.(b)(3)** The SolidPractice application records all prescribed medications, changes, refills and responses with the pharmacy. The total number of messages, by type along with errors will be recorded quarterly. Of course, the total number of messages should increase over time as more users implement the application. Error rates will be tracked in these functions as part of the **2025** year.

Measures 170.315(c)(1) 170.315(c)(2) and 170.315(c)(3)

The following will outline the measure identified to demonstrate conformance for multiple criteria **170.315(c)(1), (c)(2) and (c)(3**), creation of electronic data file for transmitting clinical quality data. The SolidPractice application has built in functions to meet the requirements specified in the test procedure for recording clinical data and to export same in a QRDA format. This will include documenting patient health information in the patient note or encounter and to integrate a CDA document received by the provider. The clinical quality data will be calculated using the download function of QRDA files. We expect that the calculation of clinical quality measures will be successful without any errors. We will expect that the duration of report generation will fluctuate depending on the volume of data available in the patents record and the CQM selected. We expect that the SolidPractice application will be able to generate QRDA reports without any errors. Error rates, if any, will be tracked as part of a base line for the **2025** year.

Measure 170.315(f)(1)

The following will outline the measure identified to demonstrate conformance for **170.315(f)(1),** Transmission to Immunization Registries. The SolidPractice application has functions that will allow authorized users the ability to review and record immunization administration. We foresee two scenarios. In scenario one, the authorized user will add or modify an immunization. The user will then send the immunization via HL7 to a state or local registry. In scenario two, the authorized user will review the immunization history and reconcile same within the SolidPractice application. The SolidPractice will create immunization information using CVX codes for historical vaccines and NDC codes for newly administered vaccines. The application records and logs each record it sends to the registry, and this will correspond to the user adding or modifying the immunization. The application will log all errors that occur during transmission or receiving records within the application. The total number of messages by type, along with errors, will be recorded quarterly. We expect the total number of messages will increase over time, as more and more users begin to use the product.

Measure 170.315(f)(5)

The following will outline the measure identified to demonstrate conformance for **170.315(f)(5).** Transmission to public health agencies, electronic case reporting. The SolidPractice application has created a CDA document for ECR, electronic case reporting and it is available to authorized users of the application. The successful generation of this document depends on the ECR trigger codes and of course, the finalization of a patient encounter. This will test conformance and interoperability requirements of **170.315(f)(5)** that generates the document and makes it available to transmit to the agencies. This will be generated from documented patient information in the finalized encounter. We expect that the table of trigger codes will return the correct number of entries. We expect that the ECR CDA will be generated without any errors, as long as the patient data has at least one trigger code. Error rates, if any, will be tracked as part of a base line for the **2025** testing year.

Measures 170.315(g)(7) 170.315(g)(9) 170.315(g)(10)

The following will outline the measure identified to demonstrate conformance for multiple criteria **170.315(g)(7) (g)(9) and (g)(10),** dealing with the utilization of application programming interface (API) to access patient data. In order to meet the interoperability requirements, SolidPractice has an API for accessing patient data. This measure will test the conformance of the certified function for the utilization of an API from an external source. Access to the API documentation is available to the public and the access logs can be verified for use frequency. The API has support for various data based queries and will provide metrics on the usage. Only authorized users will be allowed to perform these functions and this will be verified by the logs. Embedded in the logs will be time taken to execute the request and the criteria used to run the query. These logs will be reviewed for the acceptance of the Terms of Use for the API. It is expected that requests made from authorized applications will be processed without any errors. We also expect that because of the volume of data, response times can be longer than expected. Error rates, if any, will be tracked as part of a base line for the **2025** year.

Key milestones

Milestone: 10/10/2024 Submission to ONC-ACB (SLI)
Milestone: Quarterly beginning 03/31/2025, reports generated for each certification criteria measure
Milestone: 10/10/2025 Submission of updated RWT for testing year 2026 Plan to ONC-ACB (SLI)
Milestone: Consolidated results for testing year 2025 supplied to ONC-ACB (SLI) no later than January 15, 2026

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: **Ron Carson**
Authorized Representative Email: **Ronald.carson@solidpractice.com**
Authorized Representative Phone: **941-350-1650**
Authorized Representative Signature: **Ron Carson**
Date: 10/10/2024