REAL WORLD TEST RESULTS

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]	rwt_result_2023
Developer Name	Metasolutions Inc
Product Name(s)	ZoomMD
Version Number(s)	4.1
Certified Health IT Product List (CHPL) Product Number(s)	15.04.04.1979.Zoom.41.01.1.221230
Developer Real World Testing Plan Page URL	https://www.zoommd.com/company-certifications-awards/
Developer Real World Testing Results Report Page URL [if different from above]	

[OPTIONAL] 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]

[OPTIONAL] WITHDRAWN PRODUCTS

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	ZoomMD
Version Number(s):	4.1

CHPL Product Number(s):	15.04.04.1979.Zoom.41.00.1.171227
Date(s) Withdrawn:	12-16-2022
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	No data was captured on the withdrawn product.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

This is an opportunity for us to closely monitor the way our clients are using our application

We observed that providers are transmitting patients' data in a secured way easily. They are even importing and reconciling the patient's clinical data in a much better way than before.

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

Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

☐ Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.)

☑ No, none of my products include these voluntary standards.

Standard (and version)	
Updated certification criteria and associated product	
CHPL Product Number	
Conformance measure	

Care Setting(s)

List of each care setting that was tested.

Ambulatory care setting

Metrics and Outcomes

Measurement / Metric	Associated Criterion(a)	Relied Upon software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Measure 1: Clinician logs into ZoomMD and receives a C-CDA from a referring provider via Direct Protocol with no Tech Support and no errors. C-CDA has demographic information adjusted so PHI is not visible. Successful receipt of C-CDA is achieved and observed.	This will meet § 170.315(b)(1) (Receive).	Surescripts Clinical Direct Messaging	Clinician is able to log in and view the received CCDA from a referring provider in direct messages inbox. This shows the successful integration of our 3rd party relied upon software HISP Surescripts Clinical Interoperability (Direct Messaging) with our EHR During this process, we did not discover any errors or criteria non-conformities.	
Measure 2: The C-CDA is validated, and Clinical Information Reconciliation is performed.	This will meet § 170.315(b)(2).		Clinician was able to successfully reconcile problems, drug allergies and medications after EHR validating the CCDA with 0.0% errors. During this process, we did not discover any errors or criteria non-conformities.	
Measure 3: The ability to review and approve a prescription refill requests and to create and transmit a new e-Prescriptions.	This will meet § 170.315(b)(3).	NewCropRx	Clinician processed a renewal request which we received through our 3rd party software NewCrop and prescribed a new medication electronically. During this process, we did not discover any errors or criteria non-conformities.	
Measure 4: Documentation of Medications (CQM68) is done without assistance.	This will meet § 170.315(c)(1)		Clinician was able to successfully generated the CQM68 report and the numerator count is incremented after prescribing a new medication to the patient During this process, we did not discover any errors or criteria non-conformities.	

Measure 5: The ability of ZoomMD to use the imported and de-duplicated CQM data to calculate the aggregate reports for eCQM68 will be demonstrated.	This will meet § 170.315(c)(2)		Clinician uploaded the QRDA file of an existing patient and observed that no duplicate patient/data was created after successful completion of data import. During this process, we did not discover any errors or criteria non-conformities.	
Measure 6: The results of the documentation of the eCQM68 is presented on a CQM Dashboard.	This will satisfy the §170.315 (c)(3) criteria.		Clinician was able to select "Report, Measurement Period and Duration" to generate the CQM 68 report without the need of our assistance. The clinician was able to view the IPP, denominator, numerator, reporting rate and performance rate in the summary view During this process, we did not discover any errors or criteria non-conformities.	
Measure 7: Updated C-CDA is sent back to referring partner. Successful sending of CCDA is achieved and observed.	This will meet § 170.315(b)(1) (Send).	Surescripts Clinical Direct Messaging	Clinician was able to successfully send the CCDA using the direct messaging functionality back to the provider who referred the patient. This shows the successful integration of our 3rd party relied upon software HISP Surescripts Clinical Interoperability (Direct Messaging) with our EHR. During this process, we did not discover any errors or criteria non-conformities.	
Measure 8: Access via patient portal - Observation of the View, Download & Transmit functions is performed. This will demonstrate the portal as a key tool for the clinician to share the patient's most current health information with the patient.	This will meet § 170.315 (e)(1)	Surescripts Clinical Direct Messaging	Patient was able to log in to the patient portal successfully using the credentials provided by the clinician. Patient was able to view the CCDA data in human readable format and also downloaded it the without any assistance. Patient was able to transmit the downloaded CCDA to the clinician using regular email and direct messaging also. This shows the successful integration of our 3rd party relied upon software HISP Surescripts Clinical Interoperability (Direct Messaging) with our patient portal. During this process, we did not discover any errors or criteria non-conformities.	

Measure 9: Additionally, the patient will have the ability to access (by authentication) either partial or full encounter summaries by way of an API call from a 3rd-party application running on a patient-owned device to the API of the EHR.	This will meet § 170.315 (g)(7,9,10)		We inquired our customers and found that none of patients are using the API for patient access. During our internal testing we did not discover any errors or criteria non-conformities. Number of test patients: 1 Number of test scenarios: 11 Success rate: 100% Error rate: 0.0%	
Measure 10: A selected practice staff member is observed successfully exporting bulk patient data files on demand.	This will meet § 170.315 (b)(6). Data export in real-time (on demand)		Clinician was able to select the patients export criteria i.e. patients having encounters in the measurement year 2023 and exported their summaries without any assistance. Clinician viewed the generated summaries in the user dashboard. During this process, we did not discover any errors or criteria non-conformities.	
Measure 11: a selected practice staff member is successfully exporting a file at a single delayed time - with a specific start and end date in the future.	This will meet § 170.315 (b)(6). Data export in the future		Clinician was able schedule data export to start after 5 minutes for the patients having encounters in the measurement year 2023. Clinician viewed the generated summaries in the user dashboard During this process, we did not discover any errors or criteria non-conformities	
Measure 12: A selected practice staff member sets an export for a delayed future time during hours after the practice is closed and is able to run successfully. This scheduled event will repeat as scheduled.	This will meet § 170.315 (b)(6). Sets up a specific data export to run after the practice is closed		Clinician was able to schedule the data export to start after the business hours i.e. after 8:00 PM Pacific for the patients having encounters in the measurement year 2023. Clinician viewed the generated summaries in the user dashboard. During this process, we did not discover any errors or criteria non-conformities	
Measure 13: The practice staff will demonstrate the ability to create immunization messages that can be transmitted to the Immunization Registry and properly respond to the Immunization Registries return messages.	This will satisfy the §170.315 (f)(1) Send immunization data		Clinician was able to successfully create an immunization record and transmitted it to CAIR. **CAIR**: California Immunization Registry During this process, we did not discover any errors or criteria non-conformities.	

Measure 14: The practice staff will query Immunization Registry to demonstrate the ability to support receipt of immunization messages from an on boarded Immunization Registry and properly receives the patient's Immunization history and forecasted dates.	This will satisfy the §170.315 (f)(1) Receive history & forecast information		Clinician was able to get the history & forecast immunization information from CAIR for a patient without any assistance. During this process, we did not discover any errors or criteria non-conformities.	
Measure 15: The practice staff demonstrates the ability to create and report Syndromic Surveillance messages that can be transmitted to a public health system (compliant to the Urgent Care setting).	This will satisfy the §170.315 (f)(2) criteria.		None of our clinics are compliant to the Urgent Care Setting. During our internal testing we were able to generate syndromic surveillance messages for a patient for the Urgent Care setting type. Number of test patients: 1 Number of syndromic surveillance messages generated: 2 Success rate: 100% Error rate: 0.0% We did not discover any errors or criteria non-conformities.	
Measure 16: The practice staff can create and maintain a table of trigger codes to determine which encounters should initiate and initial case report being sent to a public health agency.	This will satisfy the §170.315 (f)(5) criteria.		None of our clinics are sending case reports electronically to any public health registry. During our internal testing, we were able to generate "Public Health Case Report" for a patient who has matched trigger code added in problems. Number of test patients: 1 Number of test scenarios: 2 Success rate: 100% Error rate: 0.0% We did not discover any errors or criteria non-conformities.	
Measure 17: The practice staff will be able to produce Healthcare Surveys compliant to the NHCS IG Release 1.2. ZoomMD will produce Ambulatory surveys.	This will satisfy the §170.315 (f)(7) criteria.		We inquired our customers and found that none of them are reporting on NAMCS health care surveys to local or state registries. During our internal testing, we were able to generate "Healthcare survey" report for a patient. Number of test patients: 1 Number of test scenarios: 1 Success rate: 100% Error rate: 0.0% We did not discover any errors or criteria non-conformities.	

KEY MILESTONES

Include a list of key milestones that were met during the Real World Testing process. Include details on how and when the developer implemented measures and collected data. Key milestones should be relevant and directly related to outcomes discussed.

For each key milestone, describe when Real World Testing began in specific care settings and the date/timeframe during which data was collected.

Key Milestone	Care Setting	Date/Timeframe
Prepare the ZoomMD application for use in collecting data to support the RWT plan.	Facilities: • Ambulatory Specialties: • Surgery • Pediatrics	November 2023
Identify the users and practices that will participate in the test plan	Facilities: • Ambulatory Specialties: • Surgery • Pediatrics	January 2023
Confirm that the Real World Test Plan participants are able to log into their accounts and are ready to start the RWT plan documentation	Facilities: • Ambulatory Specialties: • Surgery • Pediatrics	December 2023
Conduct the Real World Testing with the participants to obtain feedback on their progress and/or if there are any issues to address.	Facilities: • Ambulatory Specialties: • Surgery • Pediatrics	Yearly

End the Real World Test to coincide with the end of the Year.	Facilities: • Ambulatory Specialties: • Surgery • Pediatrics	December 2023
Real World Test analysis and generation of the report	Facilities: • Ambulatory Specialties: • Surgery • Pediatrics	December 2023 & January 2024
Submit the Real World Test Report to ACB before established deadline	Facilities: • Ambulatory Specialties: • Surgery • Pediatrics	January 2024