# REAL WORLD TEST RESULTS FOR 2025

## GENERAL INFORMATION

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| Plan Report ID Number: [For ONC-Authorized Certification Body use only] | rwt_result_2025 |
| 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] | https://www.zoommd.com/company-certifications-awards/ |
| Related ICS Versions of Product (if not included in original plan): | 15.04.04.1979.Zoom.41.00.1.171227 (Dec 27, 2017) |

## [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] |
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| Measure 18 has been removed and g.10 results have been added into Measure 9 | In the test plan, all measures were listed individually; however, during execution, it proved more efficient to group similar criteria and consolidate the test cases. | These changes did not affect the usability outcomes of the defined features and criteria. |

## [OPTIONAL] WITHDRAWN PRODUCTS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.

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| **Product Name(s):** | |
| **Version Number(s):** | |
| **CHPL Product Number(s):** | |
| **Date(s) Withdrawn:** | |

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| **Inclusion of Data in Results Report:** [Provide a statement as to whether any data was captured on the withdrawn products.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.] | |

## SUMMARY OF TESTING METHODS AND KEY FINDINGS

Testing methods included observation of real-world user workflows, review of system-generated logs and reports, and targeted internal execution using representative scenarios when real-world usage was limited.

Results demonstrate that providers were able to successfully access and utilize all applicable certified features as intended, without the need for technical assistance. No usability issues, functional failures, or certification non-conformities were identified during the testing period. Overall, these findings confirm that the product continues to support real-world interoperability, usability, and compliance with ONC certification requirements.

## 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.

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| **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) |
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| 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 | None of our clinics are receiving incoming CCDAs<br><br>During our internal testing, clinician received CCDA from another setting of practice<br><br>Clinician able to log in and view the received CCDA from a referring provider in direct messages inbox.<br><br>This shows the successful integration of our 3rd party relied upon software HISP Surescripts Clinical Interoperability (Direct Messaging) with our EHR<br><br>Denominator: Total number of incoming CCDA received with no error = 1<br><br>Numerator: Total number of incoming CCDA from Denominator = 1<br><br>Receive: The total percentage of successful incoming CCDA = 100%<br>Error rate = 0.00%<br><br>During this process, we did not discover any errors or criteria non-conformities. | |

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| Measure 2: The C-CDA is validated, and Clinical Information Reconciliation is performed. | This will meet § 170.315(b)(2). | Surescripts Clinical Direct Messaging | None of our clinics are receiving incoming CCDAs to do reconciliation and incorporate a patient's medication, allergies and problem list.<br><br>During our internal testing, clinician received CCDA from another setting of practice to reconcile and incorporate clinical data.<br><br>Clinician able to successfully reconcile problems, drug allergies and medications after EHR validating the CCDA with 0.00% errors.<br><br>Denominator: Total number of incoming CCDA received with no error = 1<br><br>Numerator: Total number of received CCDA from Denominator to do successful reconciliation and incorporation = 1<br><br>Reconciliation and Incorporation: The total percentage of successful reconciliation and incorporation of health data from CCDA = 100%<br><br>Error rate = 0.00%<br><br>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 | Clinicians processed renewal requests which we received through our 3rd party software NewCrop and prescribed new medications electronically.<br><br>**New eRx**:<br><br>Denominator: Total number of new eRx sent = 5992<br>Numerator: Total number of new eRx sent with no error = 5992<br>The total percentage of successful new eRx sent: 100%<br>Error rate: 0.00%<br><br>**Renewals**:<br><br>Denominator: Total number of refills processed = 359<br>Numerator: Total number of refills processed with no error = 359<br>The total percentage of successful refills processed: 100%<br>Error rate: 0.00%<br><br>During this process, we did not discover any errors or criteria non-conformities. | |

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| Measure 4: Documentation of Medications (CQM68) is done without assistance. | This will meet § 170.315(c)(1) | | None of our clinics are generating CQM reports<br><br>During our internal testing, clinician able to record and export CQM data in QRDA 1 format<br><br>Clinician able to successfully generated the CQM68 report and the numerator count is incremented after prescribing a new medication to the patient<br><br>Denominator: Total number of attempts to generate QRDA 1 = 1<br>Numerator: Total number of successful attempts to generate QRDA 1 = 1<br>Success rate = 100%<br>Error rate = 0.00%<br><br>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) | | None of our clinics are importing QRDA 1 files to the system.<br><br>During our internal testing, clinician able to import QRDA 1 files and calculate unique patients created after importing.<br><br>Clinician uploaded the QRDA 1 file of an existing patient and observed that no duplicate patient/data was created after successful completion of data import.<br><br>Denominator: Total number of QRDA 1 patient files imported into EHR = 1<br>Numerator: Total number of unique patients from Denominator who are considered for calculating = 1<br>Total % of successful patients QRDA 1 files imported and calculated = 100%<br>Error rate = 0.00%<br><br>During this process, we did not discover any errors or criteria non-conformities. | |

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| 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. | | None of our clinics are generating CQM reports for QRDA-III files.<br><br>During our internal testing, clinician able to generate QRDA-III file for one CQM report.<br><br>Clinician was able to select "Report, Measurement Period and Duration" to generate the CQM 68 report without the need of our assistance.<br><br>The clinician was able to view the IPP, denominator, numerator, reporting rate and performance rate in the summary view<br><br>Denominator: Total number of attempts to generate CQM report for QRDA-III file = 1<br><br>Numerator: Total number of successful attempts to generate CQM report for QRDA-III file = 1<br><br>Total % of successful patients QRDA-III file = 100%<br>Error rate = 0.00%<br><br>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 | None of our clinics are sending CCDAs<br><br>During our internal testing, clinician able to send CCDA to another setting of practice<br><br>Clinician was able to successfully send the CCDA using the direct messaging functionality back to the provider who referred the patient.<br><br>Denominator: Total number of CCDAs sent with no error = 1<br><br>Numerator: Total number of CCDAs sent from denominator = 1<br><br>Send: The total percentage of successful CCDAs sent = 100%<br><br>Error rate = 0.0%<br><br>This shows the successful integration of our 3rd party relied upon software HISP Surescripts Clinical Interoperability (Direct Messaging) with our EHR.<br><br>During this process, we did not discover any errors or criteria non-conformities. | |

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| 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 | Patients able to log in to the patient portal successfully using the credentials provided by the clinicians.<br><br>**View**: *Patients able to view the CCDA data in human readable format without any assistance*.<br><br>Denominator: Total number of patients who logged into their patient portal to view their health data = 81<br>Numerator: Total number of patients who viewed their health data successfully = 81<br>View Health Data: Total Percentage = 100%<br>Error rate: 0.0%<br><br>**Download**: *Patients able to download the CCDA without any assistance*.<br><br>Denominator: Total number of patients who tried to download their health data = 2<br>Numerator: Total number of patients who download their health data successfully = 2<br>Download Health Data: Total Percentage = 100%<br>Error rate: 0.0%<br><br>**Transmit**: *None of our patients are transmitting their health data to other setting of care or clinician using direct messaging or email*.<br><br>During our internal testing, patient able to transmit CCDA to another setting of practice.<br><br>Denominator: Total number of patients who tried to transmit their health data = 1<br>Numerator: Total number of patients who download their health data successfully = 1<br>Transmit Health Data: Total Percentage = 100%<br>Error rate: 0.0%<br><br>This shows the successful integration of our 3rd party relied upon software HISP Surescripts Clinical Interoperability (Direct Messaging) with our patient portal.<br><br>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.<br><br>During our internal testing we did not discover any errors or criteria non-conformities.<br><br>Number of test patients: 1<br>Number of test scenarios: 11<br>Success rate: 100%<br>Error rate: 0.0% | |

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| Measure 10: A selected practice staff member is observed successfully exporting bulk patient data files on demand. | This will meet § 170.315 (b)(10). Data export in real-time (on demand) | | None of our clinics are generating data export files on demand<br><br>During our internal testing, clinician able to generate data export files on demand for bulk patients<br><br>Clinician able to select the patients export criteria i.e. patients having encounters in the previous year and exported their summaries without any assistance<br><br>Denominator: Total number of attempts to generate data export files on demand = 1<br>Numerator: Total number of successful attempts to generate data export files on demand = 1<br>Success rate = 100%<br>Error rate = 0.00%<br><br>Clinician viewed the generated summaries in the user dashboard.<br><br>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)(10). Data export in the future | | None of our clinics are configuring/scheduling with the future date and time to generate data export files<br><br>During our internal testing, clinician able to configure & generate data export files<br><br>Clinician was able schedule data export to start after 5 minutes for the patients having encounters in the previous year.<br><br>Denominator: Total number of attempts to generate data export files after configuring with future date and time = 1<br>Numerator: Total number of successful attempts to generate data export files after configuring with future date and time = 1<br>Success rate = 100%<br>Error rate = 0.00%<br><br>Clinician viewed the generated summaries in the user dashboard<br><br>During this process, we did not discover any errors or criteria non-conformities | |

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| 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)(10). Sets up a specific data export to run after the practice is closed | | None of our clinics are configuring/scheduling to generate data export files after business hours<br><br>During our internal testing, clinician able to configure export criteria & the system generated data export files during non-business hours<br><br>Denominator: Total number of attempts to generate data export files during non-business hours = 1<br>Numerator: Total number of successful attempts to generate data export files during non-business hours = 1<br>Success rate = 100%<br>Error rate = 0.00%<br><br>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 previous year.<br><br>Clinician viewed the generated summaries in the user dashboard.<br><br>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 able to successfully create immunization records and transmitted to CAIR.<br><br>**CAIR**: California Immunization Registry<br>During this process, we did not discover any errors or criteria non-conformities.<br><br>Denominator: Total number of vaccines information transmitted to CAIR = 1038<br><br>Numerator: Total number of vaccines information transmitted successfully = 1038<br>Vaccines transmitted success rate = 100%<br>Error rate = 0.0%<br><br>During this process, we did not discover any errors or criteria non-conformities | |

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| 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 able to get the history & forecast immunization information from CAIR for the patients without any assistance.<br><br>Denominator: Total number of successful requests executed to get vaccines history and forecast = 487<br><br>Numerator: Total number of successful responses that we received for vaccines history and forecast = 487<br><br>History & forecast success rate = 100%<br>Error rate = 0.00%<br><br>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.<br><br>During our internal testing clinician able to generate syndromic surveillance messages for a patient for the Urgent Care setting type.<br><br>Number of test patients: 1<br>Number of syndromic surveillance messages generated: 2<br>Success rate: 100%<br>Error rate: 0.00%<br><br>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.<br><br>During our internal testing, clinician able to generate "Public Health Case Report" for a patient who has matched trigger code added in problems.<br><br>Number of test patients: 1<br>Number of test scenarios: 2<br>Success rate: 100%<br>Error rate: 0.00%<br><br>We did not discover any errors or criteria non-conformities. | |

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| 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.<br><br>During our internal testing, clinician able to generate "Healthcare survey" report for a patient.<br><br>Number of test patients: 1<br>Number of test scenarios: 1<br>Success rate: 100%<br>Error rate: 0.00%<br><br>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 |
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| Prepare ZoomMD application for use in collecting data to support the RWT plan. | Facilities:<br>• Ambulatory<br><br>Specialties:<br>• Surgery<br>• Pediatrics | November 2025 |
| Identify the users and practices that will participate in the test plan | Facilities:<br>• Ambulatory<br><br>Specialties:<br>• Surgery<br>• Pediatrics | January 2025 |
| 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:<br>• Ambulatory<br><br>Specialties:<br>• Surgery<br>• Pediatrics | December 2025 |

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| Conduct the Real World Testing with the participants to obtain feedback on their progress and/or if there are any issues to address. | Facilities:<br>• Ambulatory<br>Specialties:<br>• Surgery<br>• Pediatrics | Yearly |
| End the Real World Test to coincide with the end of the Year. | Facilities:<br>• Ambulatory<br>Specialties:<br>• Surgery<br>• Pediatrics | December 2025 |
| Real World Test analysis and generation of the report | Facilities:<br>• Ambulatory<br>Specialties:<br>• Surgery<br>• Pediatrics | January 2026 |
| Submit the Real World Test Report to ACB before established deadline | Facilities:<br>• Ambulatory<br>Specialties:<br>• Surgery<br>• Pediatrics | January 2026 |