

## **WRSHEALTH - REAL WORLD TESTING RESULTS REPORT 2022**

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## GENERAL INFORMATION

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Plan Report ID Number : 20211019WRS  
Developer Name : WRS Health  
Product Name(s) : WRS Health Web EHR and Practice Management System  
Version Number(s) : 7.0  
Certified Health IT Product List (CHPL) ID(s) : CHPL Product Number: 15.02.05.2527.WRSH.01.01.1.211214  
ONC-ACB Certification ID:15.02.05.2527.WRSH.01.01.1.211214  
  
Developer Real World Testing Page URL : <https://www.wrshealth.com/certified-ehr-what-to-look-for>

## INTRODUCTION

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This document covers the results of WRS Health's Real World Testing plans for 2022. In order to demonstrate interoperability and functional compliance of WRS - EHR applications, this real world testing plan reports compliance and outcomes as aligned to each certification criteria outlined in its previous year [real world testing document](#).

The main objective of this report is to demonstrate the overall performance capability of WRSHealth to real world interoperability and continued compliance of its EHR product to certification standards. This document includes summary and key findings of the overall results of WRSHealth test plan for the year. The report includes detailed outcomes of our testing, demonstrating that our product adheres to certification criteria, required technical standards and vocabulary code sets. Also included were the results of testing measures conducted to successfully verify the capability of the product in exchanging electronic health information (EHI) in the care settings.

Each use case and the testing metrics were defined to support the outcomes and justifications of our product interoperability in the production environment. The different care settings and its coverage where we applied respective measures were also presented. The information about compliance with the Standards Version Advancement Process update is also included, as well as the timeline and key milestones for completing the real-world testing for the current year.

## SUMMARY OF TESTING METHODS AND KEY FINDINGS

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We implemented Real-World Testing to assess our EHR application's overall interoperability, and usability performance in a real world environment. Our test plan aimed to address each of the criteria standards outlined in the ONC Certification Program we have applied for. We utilized relevant testing methodology that will help us meet the Real-World Testing conditions and maintain our compliance to certification requirements.

During the testing period, from January to December 2022, logs were generated for the attempts to access certified Health IT modules and attempts made towards the transactions where the testing measures were created for. We made use of the event logs and transactions generated by the system in conducting manual data audit, and have verified that the structure of the information conforms to the prescribed data requirements and supplemental data elements in each of the certification criteria we applied for. We also used these logs to produce reports that would demonstrate the availability and utilization of functional and usability requirements for each criteria. To attest our compliance, the analysis and key findings of each test measure are included in this report.

The major challenge that we encountered were the low or no usage of the specific features tested as part of the certification requirement. No cancer registry messages were not generated by the system as there were no clients who used this functionality.

This activity helped us understand how these metrics impact the usability and interoperability features of our EHR system. Based on the result, those test cases that are part of the provider's workflow gave us the most number of measures. These metrics allow us to further plan on setting up tools or strategies that will help us identify inefficiencies, usability gaps and improve on them in the future.

### STANDARDS UPDATES (SVAP and USCDI)

- ☒ 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)	All standard versions are as specified in 2015 Edition Cures Update. <ul style="list-style-type: none"> <li>USCDI v1</li> </ul>
Updated certification criteria and associated product	(b)(1), (b)(2), (e)(1), (g)(9)
Health IT Module CHPL ID	CHPL Product Number: 15.02.05.2527.WRSH.01.01.1.211214 ONC-ACB Certification ID: 15.02.05.2527.WRSH.01.01.1.211214
Conformance measure	§170.315 (b)(1) - Test Case 1 <ul style="list-style-type: none"> <li>Measure 1 : Metrics on number of CCDA imports</li> <li>Measure 2: Metrics on the generated CCDA documents</li> <li>Measure 3: Metrics on the views and downloads of CCDA by practice users</li> <li>Measure 5: Metrics on the transaction reports of direct messages</li> </ul> §170.315 (b)(2) - Test Case 2 <ul style="list-style-type: none"> <li>Measure: Metrics on number of Clinical Information Reconciliation performed</li> </ul> §170.315 (e)(1) - Test Case 1 <ul style="list-style-type: none"> <li>Measures 4: Metrics on the access and activity log for viewing, downloading, and transmitting of CCDA by patients</li> <li>Measure 5: Metrics on the transaction reports of direct messages</li> </ul> §170.315 (g)(9) - Test Case 7 <ul style="list-style-type: none"> <li>Measure: Metrics on API access and activity</li> </ul>

Standard (and version)	<ul style="list-style-type: none"> <li>CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2022 (November 2021)</li> <li>CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2022 (December 2021).</li> </ul>
Updated certification criteria and associated product	§170.315(c)(3)
CHPL Product Number	15.02.05.2527.WRSH.01.01.1.211214
Conformance measure	§170.315(c)(3) - Test Case 5 <ul style="list-style-type: none"> <li>Measure 3: Metrics on QRDA Category I and QRDA Category III activities</li> <li>Measure 5: Metrics on CMS and specialty registry submissions</li> </ul>

## CARE SETTINGS

WRS Health is designed and certified to support multiple clinical specialties in the ambulatory setting. Real World Testing was conducted in all care settings noted below.

- Primary/specialty care
- Urgent care
- Nursing home
- Birth center
- Orthopedic and other rehabilitation centers

### METRICS AND OUTCOME

**TEST CASE 1 :** WRS Health developers conduct performance assessment of their system's log files, dashboard metrics and transaction reports collected during the 12-month period of Real-World Testing in 2022, to prove the interoperability compliance of its EHR application under the specified criterion.

**Certifications Criteria :** §170.315 (b)(1) - Transitions of Care  
 §170.315 (b)(9) - Care Plan  
 §170.315 (e)(1) - View, download, and transmit to 3rd party  
 §170.315 (h)(1) - Direct Project

Associated Criterion(s)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§170.315 (b)(1) Transitions of Care	<b>Measure 1 : Metrics on number of CCDA imports</b>  1) Total imports of CCDA documents		From: 1/1/2022 to 12/31/2022 1) Total: 151	
§170.315(b)(1) Transition of Care  §170.315 (b)(9) Care Plan	<b>Measure 2: Metrics on the generated CCDA documents</b>  1) Total # of CCDA documents auto generated 2) Total # of CCDA documents generated manually		From: 1/1/2022 to 12/31/2022 1) Total: 514,032 2) Total: 8,047  <i>Note: Documents include Continuity of Care Document, referral note and Care Plan</i>	
§170.315(b)(1) Transition of Care  §170.315 (b)(9): Care Plan	<b>Measure 3: Metrics on the views and downloads of CCDA by practice users</b>  1) Number of views of imported and generated CCDA by practices 2) Number of download activities of imported and generated CCDA by practices		From: 1/1/2022 to 12/31/2022 1) Total: 18,186 2) Total: 13,917	
§ 170.315(e)(1) View, download, and transmit to 3rd party,	<b>Measure 4: Metrics on the access and activity log for viewing, downloading, and transmitting of CCDA by patients</b>  1) Total # of patient portal CCDA views 2) Total # of patient portal CCDA downloads 3) Total # of patient portal CCDA generated 4) Total # of patient portal CCDA sent/transmitted		From: 1/1/2022 to 12/31/2022 1) Total: 11,897 2) Total: 2,952 3) Total: 337 4) Total: 16	

Associated Criterion(s)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
<b>§170.315 (b)(1)</b> Transitions of Care	<b>Measure 5: Metrics on the transaction reports of direct messages</b>	<i>EMR</i>	From: 1/1/2022 to 12/31/2022	
<b>§170.315 (b)(9)</b> Care Plan	1) Total # messages sent by practices with CCDA	<i>Direct</i>	1) Total: 1,556	
<b>§170.315 (e)(1)</b> View, download, and transmit to 3rd party	2) Total # messages sent by practices without CCDA	<i>phiMail</i>	2) Total: 8	
	3) Total # messages received by practices with CCDA		3) Total: 7,842	
	4) Total # messages received by practices without CCDA		4) Total: 19	
<b>§170.315 (h)(1)</b> Direct Project	5) Total # messages sent by patient using Patient Portal to transmit CCDA		5) Total: 16	

### Analysis and Key Findings for Test Case 1:

The test measures collected for this period demonstrate that the certified module was able to create CCDA documents, match CCDA to a patient, reconcile, allow imports, and be exported. The resulting totals for each measure conform to the expected outcome outlined in our test plan. Regardless of the frequency of use, when users access the patient portal, they are able to successfully generate, view, download and transmit CCDA.

Although not a lot of practices utilized direct messaging, the resulting total shows that this feature is active and functional in those who do, and practice users were able to successfully receive and send CCDA using direct messaging. Overall, the test result shows that in real world settings, the feature to create and exchange CCDA with other systems is available and conformant to required standards.

**TEST CASE 2 :** The activity logs related to the Clinical Information reconciliation was reviewed and analyzed to test the performance of the system for the proper operations of Clinical Information Reconciliation and Incorporation as specified in §170.315 (b)(2) and that the associated implementation guides, including validation and verification of all required data elements supported.

### Certifications Criteria : §170.315 (b)(2) - Clinical Information Reconciliation and Incorporation

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
<b>§ 170.315 (b)(2)</b> Clinical Information Reconciliation and Incorporation	<b>Measure: Metrics on number of Clinical Information Reconciliation performed.</b> Total # of Clinical information reconciliation performed		From 1/1/2022 through 12/31/2022 Total: 975,379	



### Analysis and Key Findings for Test Case 2:

The test measures collected from the log files of the system to perform Clinical Information Reconciliation and Incorporation proves that the system provides the functionality for the reconciliation of clinical data from two sources. This feature is an administrative function and was expected to be used occasionally by practice, but the resulting high number of usage indicates that practice users prefer to reconcile medical information electronically and are able to utilize the feature efficiently.

**TEST CASE 3 :** The erx transaction logs were reviewed and analyzed to ensure that the Electronic Prescribing functions properly and meets the required standards of its operations. The test also determines the frequency of usage of electronic prescribing in the system. The log files that include the number of Erx messages transmitted were tested for its conformance to the implementations of §170.315 (b)(3) - Electronic Prescribing standards. Error details are tracked and examined for issues that affect prescribing operations.

### Certifications Criteria : §170.315 (b)(3) - Electronic Prescribing

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
§ 170.315 (b)(3) Electronic Prescribing and NCPDP SCRIPT 2017071 standards	<b>Measure: transaction reports from Surescripts</b> Metrics on the number of 1) NewRx 2) RxChange 3) CancelRx 4) Prescriptions renewed 5) RxFill 6) Medication History	MDToolBox	From 1/1/2022 through 12/31/2022 1) 1,921,294 2) 2,300 3) 7,685 4) 194,927 5) 391 6) 474,258	

### Analysis and Key Findings for Test Case 3:

The transaction log files that include the number of Erx messages transmitted were collected to test conformance to the implementations of Electronic Prescribing standards. The Erx transaction logs demonstrated that the feature is able to communicate prescription information to pharmacies and is active throughout the year.



**TEST CASE 4 :** The test approach uses performance analysis of the functionalities of the system that allow practices to perform export enabled-permissions of patient's clinical data. The method used demonstrates that the export function works properly, and the system can be configured according to the specific user preferences mentioned in §170.315 (b)(6): Data Export. The export logs were reviewed to assess proper credentialing and validate the required export operations.

**Certifications Criteria : §170.315 (b)(6) - Data Export**

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
<b>§ 170.315 (b)(6)</b> Data Export	<b>Measure: dashboard for export reports</b> 1) Total # of users given permissions to the function (Export) 2) Total # of export reports generated by practices 3) Total # number of patients included in the reports 4) Total # of CCDA generated		From 1/1/2022 through 12/31/2022 1) Total: 11,484 2) Total: 120 3) Total: 105,387 4) Total: 522,079 (manual and auto generated)	

### Analysis and Key Findings for Test Case 4:

The resulting number from the log files shows that when permission is granted, practice users are able to successfully generate reports with various configurations and filtering options. Users can also review patients included in the export, as well as download CCDA documents in bulk. Although a high number of practice users were granted permission, a low number of export functions were performed. Regardless of the totals, the system was able to demonstrate the availability and compliance of the feature to the required standards. High number of CCDA exports also affirms that the feature module is active, efficient and compliant.

**TEST CASE 5 :** The dashboard of metrics was utilized to review and analyze the activities and transactions related to various CQM generated reports to test the conformance capability of the system in the prescribed methods and standards of Clinical Quality Measures.

**Certifications Criteria : §170.315 (c)(1) - Clinical Quality Measures - Record and Export**  
**§170.315 (c)(2) - Clinical Quality Measures - Import and Calculate**  
**§170.315 (c)(3) - Clinical Quality Measures – Report**

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
<b>§ 170.315 (c)(1)</b> Clinical Quality Measures - Record and Export	<b>Measure 1: Metrics on number of recorded clinical data</b>  Total # of recorded clinical data		From 1/1/2022 through 12/31/2022 Total: 7,049,444	
<b>§ 170.315 (c)(2)</b> Clinical Quality Measures - Import and Calculate	<b>Measure 2: Metrics on the generated CQM reports</b> Total # of CQM generated by practices		From 1/1/2022 through 12/31/2022 Total: 2,044	
<b>§ 170.315 (c)(1)</b> Clinical Quality Measures - Record and Export <b>§ 170.315 (c)(3)</b> Clinical Quality Measures - Report I and QRDA Category III data files.	<b>Measure 3: Metrics on QRDA Category I and QRDA Category III activities</b> 1) Total # of users requested for QRDA Category I data files 2) Total # of system-generated QRDA Category I data files for registry submission 3) Total # of downloaded QRDA Category III files		From 1/1/2022 through 12/31/2022 1) Total: 19 2) Total: 634 3) Total: 27	
<b>§ 170.315 (c)(2):</b> Clinical Quality Measures - Import and Calculate	<b>Measure 4: Metrics on the QRDA Category I import performed</b> Total # of import performed for QRDA Category I		From 1/1/2022 through 12/31/2022 Total: 1 file	
<b>§ 170.315 (c)(1)</b> Clinical Quality Measures - Record and Export <b>§ 170.315 (c)(2)</b> Clinical Quality Measures - Import and Calculate <b>§ 170.315 (c)(3)</b> Clinical Quality Measures - Report,	<b>Measure 5: Metrics on CMS and specialty registry submissions</b> 1) Total # practices/providers that have successfully downloaded QRDA Category III data files from WRS 2) Total # of QRDA Category III data files uploaded to and accepted by CMS 3) Total # of CQM performance scorecards from specialty registries reflecting successful generation 4) Total # QRDA Category I data files export		From 1/1/2022 through 12/31/2022 1) Total: 10 2) Total: 10 3) Total: 18 4) Total: 1	

### Analysis and Key Findings for Test Case 5:

To demonstrate the capability of the health IT module to CQM reporting, record and export, import and calculate, data from the event logs were collected. There is a high volume of recorded clinical data which affirms that the feature is highly accessible. EHR providers consistently use this feature to capture data points for their clinical data reporting, and therefore confirms that the clinical data captured complies to the prescribed standard of CMS implementation guide.

For CQM import and calculate, the total number of generated CQM reports demonstrate that the feature is available and is used by providers to submit their CQM reports on a regular frequency.

The data collected for QRDA Category I data file and QRDA Category III data file report generation and export activities shows that the EHR module is capable of creating valid data files and successfully transmit clinical data measures to registries. There is a low number of import and export performed for QRDA Category I data files as this function is not commonly used by providers as part of their regular workflow. Regardless of the totals, the feature is available and consumed for CQM reporting and therefore compliant.

**TEST CASE 6:** Generated log files, transaction reports and reports coming from external partners was examined to assess conformance validity of the capability of WRS system to process electronic transmission as required in the following criteria:

**§170.315 (f)(1): Transmission to Immunization Registries** - WRS reviewed the immunization message transaction reports from Iron Bridge showing details of transactions exchanged with state immunization registries.

**§170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance** - The reports showing the number of syndromic surveillance messages successfully generated and provide proof on conformance of WRS to create syndrome-based public health surveillance information for electronic transmission.

**§170.315 (f)(4): Transmission to Cancer Registries**

The log files showing the number of cancer registry messages successfully generated by the system as evidence to show that the system supports the electronic submission of cancer case information.

**Certifications Criteria :**    **§170.315 (f)(1): Transmission to Immunization Registries**

**§170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance**

**§170.315 (f)(3): Transmission to public health agencies – reportable laboratory tests and value/results**

**§170.315 (f)(4): Transmission to Cancer Registries**

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
<b>§ 170.315 (f)(1)</b> Transmission to Immunization Registries and HL7 specifications	<b>Measure 1: transaction reports from Iron Bridge</b>  Total # of transactions exchanged with state immunization registries		From 1/1/2022 through 12/31/2022 Total: 1,890	
<b>§ 170.315 (f)(2)</b>	<b>Measure 2: metrics on generated</b>		From 1/1/2022 through 12/31/2022	

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Transmission to Public Health Agencies - Syndromic Surveillance	<b>syndromic surveillance messages</b> Total # of generated syndromic surveillance messages.		Total: 8,694	
<b>§ 170.315 (f)(4)</b> Transmission to Cancer Registries	<b>Measure 3: metrics on generated cancer registry messages</b> Total # of generated cancer registry messages		From 1/1/2022 through 12/31/2022 Total: 0	Non-usage of functionality by current client base.

### Analysis and Key Findings for Test Case 6:

Log reports for this requirement were sourced internally and from partner registry. The transaction reports from Iron Bridge were collected and examined to demonstrate the capability of the module to transmit medical information to registries and the data set conforms to the required standards. The data collected from logs proved that the features and capability of processing electronic transmission to relevant public health agencies is available and is usable in the system.

The higher volume of outbound messages from WRS to state registries is expected, since the majority of the practices using the system only have outbound connections.

There were no attempts from the system to generate reporting messages for cancer registry as none of our clients are treating cancer patients.

**TEST CASE 7** : The test approach includes the examination and assessment of the activity logs and review of API documentations to demonstrate that the API services of WRS is compliant and conforms to the operational standards in the following:

**§170.315 (g)(7): Application Access - Patient** - Patient's activity logs were utilized to determine the total number of patients accessing the system. The logs also demonstrate the capability of the API to search and uniquely identify authorized patients. The API documentation was also examined for proper adherence to the required standards specified under this criterion.

**§170.315 (g)(8): Application Access - Data Category Request** - The activity logs were examined of the API responses as patients made data category requests in the system. The logs were used for checking errors and statuses of the API responses.

**§170.315 (g)(9): Application Access - All Data Request** - The activity logs were used to examine the details of the API responses as patients made data category requests in the system. The logs were also used for checking errors and statuses of the API responses.

**Certifications Criteria :**    **§170.315 (g)(7): Application Access - Patient**  
                                       **§170.315 (g)(8): Application Access - Data Category Request**  
                                       **§170.315 (g)(9): Application Access - All Data Request**

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
<b>§ 170.315 (g)(7)</b> Application Access - Patient	<b>Measure: metrics on API access and activity</b> 1) Total # of requests for a Patient ID or Token 2) Total # of requests that provided sufficient information to provide a valid response 3) Total # of follow-up requests made using the provided patient ID or token		From 1/1/2022 through 12/31/2022 1) Total: 0 2) Total: 0 3) Total: 0	Non-usage of functionality by current client base
<b>§ 170.315 (g)(8)</b> Application Access - Data Category Request	<b>Measure: metrics on API access and activity</b> 1) Total # of requests for a patient's data made by an application via a data category request using a valid patient ID or token 2) Total # of requests for a patient's data made by an application via a data category request using a		From 1/1/2022 through 12/31/2022 1) Total: 0 2) Total: 0	Non-usage of functionality by current client base

Associated Criterion(a)	Measurement / Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
	valid patient ID or token for a specific date range			
<b>§ 170.315 (g)(9)</b> Application Access - All Data Request	<b>Measure: metrics on API access and activity</b> 1) Total # of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token 2) Total # of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range		From 1/1/2022 through 12/31/2022 1) Total: 0 2) Total: 0	Non-usage of functionality by current client base

### Analysis and Key Findings for Test Case 7:

Our certified APIs are open for access by other independent vendors, and by WRS clients and their users to request patient information. The supporting technical documentation of these APIs were also accessible via public URL.

To demonstrate that our certified APIs fulfill the requirements against each criteria, we collect the API transaction logs. Due to zero or no requests made in production, our test cases are executed manually to demonstrate the availability and usability requirements for each test measure. Our internal tests have successfully verified that our API services are compliant against each measure.

### KEY MILESTONES

The list of key milestones that were met during the course of implementing our Real World Testing plans is based on our schedule. The key milestones include details on how and when the developer implemented measures and collected data.

Key Milestone	Care Setting	Date / Time Frame
Initial/Communicating with our customers how we intend to conduct the Real-World Testing.	All	December 2021 – January 2022
Collection of CMS submission data as laid out by the plan	All	January 1 – March 31, 2022
Collect specialty registry submission statistics	All	Monthly/Quarterly
Collect CQM report data and conduct manual audit	All	Quarterly
Collect, monitor and review system access and activity data	All	Throughout the year
Review e-prescribing monthly reports	All	Monthly
Monitor Surescripts network transaction activities	All	Throughout the year
End of Real-World Testing period data collection/analysis	All	January 2023
Submit Real World Testing report to ACB	All	February 2023