

# CY 2022 REAL WORLD TESTING PLAN FOR COMMUNITY HEALTH SYSTEMS

## EXECUTIVE SUMMARY

This is the real world test plan for CY 2022 for Community Health Systems certified EHR solution, PULSE V15.2. It provides the real world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real world testing) to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting which it is targeted for use.

As ONC has stated in its rule, "The objective of real world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT's certification." We have worked toward this objective in designing our test plan and its subsequent real world testing measurements and metrics.

This document builds toward the final testing measurements and metrics we will use to evaluate our product interoperability within production settings. Within each measure, we document planned testing methodology, associated ONC criteria, justification for measurement, expected outcomes from the testing, care settings applied for this measure, and if applicable the number of clients to use in our real world testing approach, including how our test cases were created, our selected methodology, the number of client/practice sites to use, and our general approach and justification for decisions.

We have included our timeline and milestones for completing the real world testing in CY 2022, and information about compliance with the Standards Version Advancement Process updates.

A table of contents with hyperlinks is provided later in the plan for quick access to any document section, including the testing measurements and metrics found at the end of this document. Our signed attestation of compliance with the real world testing requirements is on the following page.

**DEVELOPER 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.

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## GENERAL INFORMATION

Plan Report ID Number: PULSEv15.2\_EHR\_RWT 2022

Developer Name: Community Health Systems

Product Name(s): PULSE

Version Numbers(s): 15.2

Certified Health IT Criteria: 315(b)(1)-(2), (b)(6)-(8), (f)(1)-(2), (g)(7)-(9)

Product List (CHPL) ID(s) and Link(s):

- ONC-ACB Certification ID: 200005R00
- CHPL Product Number: 15.07.07.1179.PU02.01.01.1.201124
- <https://chpl.healthit.gov/#/listing/10484>

Developer Real World Testing Page URL:

[CY-2022-REAL-WORLD- TESTING-PLAN-FOR-COMMUNITY-HEALTH-SYSTEMS.pdf](#)

## TIMELINE & MILESTONES FOR REAL WORLD TESTING CY 2022

- 4Q-2021: Submit the RWT Test Plan for CY2022.
- 1Q-2022: Begin preparation for testing with selected hospital sites.
- 2Q-3Q 2022. During the 2<sup>nd</sup> and 3<sup>rd</sup> quarter of CY 2022, the real world testing with customers will be scheduled and performed. It is expected that a preparatory call will be done with clients to prepare them for testing activities. Results will be documented in the test results section of the test methods and ultimately used to build the test report. If any non-compliances are observed, we will notify the ONC-ACB of the findings and make the necessary changes required.
- 4Q-2022: During the last quarter of the year, the CY 2022 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission before the end of the year.
- 1Q-2023. Test results will be submitted to ONC-ACB.

**STANDARD VERSION ADVANCEMENT PROCESS (SVAP) UPDATES**

For CY 2022, we are not planning to make any version updates on approved standards through the SVAP process.

Standard (and version)	None
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

## REAL WORLD TESTING MEASUREMENTS

The measurements for our real world-testing plan are described below. Each measurement contains:

- Associated ONC criteria
- Testing Methodology used
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Number of client sites to use in testing (if applicable)
- Care settings which are targeted with the measurement/metric

In each measurement evaluated, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

## TESTING METHODOLOGIES

For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.

Compliance and/or Tool: This methodology uses inspection to evaluate if EHR is compliant to the ONC criteria requirements. It can be done through 1-v-1, manual inspection testing or utilize various tools to measure or evaluate compliance and interoperability. If an EHR Module capability is not widely used in production by current users, compliance inspection can provide assurance criteria is working as previously certified.

Survey: This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. This methodology can provide insight into how clinicians employ and use a feature which reveals actual value and impact of interoperability of the EHR Module.

## NUMBER OF CLIENT SITES

Within each measure, we note the minimum number of clients or client sites we plan to use for this measure evaluation. The numbers vary depending on the methodology as well as overall use of the associated EHR Module criteria by our users. For criteria that are not widely used by our customer base, we may test the respective measure in our own production-sandbox environment given lack of customer experience with the criteria functionality.

#### CARE AND PRACTICE SETTINGS TARGETED

Our EHR is targeted to critical access hospital and inpatient hospital facilities, and our measures were design for these settings in mind. In each measure, we do also address the care settings targeted and note any necessary adjustment or specific factor to consider with this specific measure.

#### RWT OVERALL JUSTIFICATION

Our EHR is developed specifically for use by Community Health Systems hospitals. Given that it is a self-developed, we designed our measures with our own physician community in mind. We focused on making measures that had a clear quantifiable metric outcome to be the basis for our RWT efforts. Measures 1-6 will give us solid baseline numbers to best evaluate interoperability among our members. We include some user reported measures (8-11) around C-CDA incorporation, batch exporting and public health registry use to better understand how physicians are utilizing the features, which are not easily quantifiable through an EHR level report. Finally, we have a API compliance measure (7) because our hospitals have elected to use a different API service than what is in our certified EHR so this will give assurance the functionality is still working if our user communities choose to switch to our API services. In summary, we believe our measure selection and testing approach is cohesive and complementary, and we believe this meets both the intentions of the ONC as well as provides value to our users



## RWT MEASURE #1 NUMBER OF TRANSITION OF CARE C-CDAS SUCCESSFULLY SENT

**Associated Criteria:** 315(b)(1)

**Testing Methodology:** Reporting/Logging

### MEASUREMENT DESCRIPTION

---

This measure is tracking and counting how many C-CDAs are created and successfully sent from the EHR Module to a 3<sup>rd</sup> party via direct messaging during a transition of care event over the course of a given interval.

We will generate information from our system and record the results over an interval of 3-months.

### MEASUREMENT JUSTIFICATION

---

This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a C-CDA patient summary record, including ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a 3<sup>rd</sup> party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

### MEASUREMENT EXPECTED OUTCOME

---

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the C-CDA patient summary record, including record required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate ability to confirm successful interoperability of an exchanged patient record with a 3<sup>rd</sup> party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one critical access hospital and one inpatient hospital facility. This covers the different care settings who use our EHR, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

This measure is applicable to both care settings, and the clinical workflow and expected outcomes would not require any adjustment within this measurement.

## RWT MEASURE #2. NUMBER OF C-CDAS RECEIVED AND/OR INCORPORATED

**Associated Criteria:** 315(b)(2)

**Testing Methodology:** Reporting/Logging

### MEASUREMENT DESCRIPTION

---

This measure is tracking and counting how many C-CDAs are successfully received and/or incorporated upon receipt from a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

We will generate information from our system and record the results over an interval of 3-months.

### MEASUREMENT JUSTIFICATION

---

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can receive a C- CDA patient summary record, and by incorporating the C-CDA patient summary record, the EHR demonstrates successful interoperability of problems, medications, and allergies of patient record with a 3rd party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

### MEASUREMENT EXPECTED OUTCOME

---

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can receive a C-CDA patient summary record. In incorporating the C-CDA patient summary record, the EHR will demonstrate successful interoperability of problems, medications, and allergies of patient record with a 3rd party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one critical access hospital and one inpatient hospital facility. This covers the different care settings who use our EHR, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

This measure is applicable to both care settings, and the clinical workflow and expected outcomes would not require any adjustment within this measurement.

## RWT MEASURE #3. NUMBER OF PATIENT C-CDAS CREATED WITH DATA SEGMENTATION FOR PRIVACY CAPABILITIES ENABLED

**Associated Criteria:** 315(b)(7), 315(b)(8)

**Testing Methodology:** Reporting/Logging

### MEASUREMENT DESCRIPTION

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This measure is tracking and counting how many C-CDAs are created with data segmentation for privacy capabilities enabled over the course of a given interval.

We will generate information from our system and record the results over an interval of 3-months.

### MEASUREMENT JUSTIFICATION

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This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a C- CDA patient summary record with the data segmentation tags enabled, which provide security and privacy for patient sensitive information.

### MEASUREMENT EXPECTED OUTCOME

---

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create a C-CDA patient summary record with the data segmentation tags enabled. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one critical access hospital and one inpatient hospital facility. This covers the different care settings who use our EHR, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

This measure is applicable to both care settings, and the clinical workflow and expected outcomes would not require any adjustment within this measurement.

## RWT MEASURE #4 NUMBER OF IMMUNIZATION MESSAGES SUCCESSFULLY SENT TO IIS/IMMUNIZATION REGISTRIES

**Associated Criteria:** 315(f)(1)

**Testing Methodology:** Reporting/Logging

### MEASUREMENT DESCRIPTION

---

This measure is tracking and counting how many immunization messages are created and successfully sent from the EHR Module to an IIS/immunization registry over the course of a given interval.

We will generate information from our system and record the results over an interval of 3-months.

### MEASUREMENT JUSTIFICATION

---

This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create an immunization message, including ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with an IIS/immunization registry.

### MEASUREMENT EXPECTED OUTCOME

---

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the HL7 immunization record, including ability to record the required clinical data elements. In sending the immunization message, the EHR will demonstrate ability to confirm successful interoperability of patient's immunization data to an IIS/immunization registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one inpatient hospital facility. This covers the care setting which use this functionality, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

## RWT MEASURE #5 NUMBER OF SYNDROMIC SURVEILLANCE MESSAGE S SUCCESSFULLY SENT

**Associated Criteria:** 315(f)(2)

**Testing Methodology:** Reporting/Logging

### MEASUREMENT DESCRIPTION

---

This measure is tracking and counting how many syndromic surveillance messages are created and successfully sent from the EHR Module to a syndromic registry over the course of a given interval.

We will generate information from our system and record the results over an interval of 3-months.

### MEASUREMENT JUSTIFICATION

---

This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create an immunization message, including ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with an IIS/immunization registry.

### MEASUREMENT EXPECTED OUTCOME

---

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the HL7 syndromic surveillance message, including ability to record the required clinical data elements. In sending the syndromic surveillance message, the EHR will demonstrate ability to confirm successful interoperability of patient's data to an syndromic surveillance registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one inpatient hospital facility. This covers the care setting which use this functionality, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

## RWT MEASURE #6 COMPLIANCE OF C-CDA ERROR DETECTION

**Associated Criteria:** 315(b)(1)

**Testing Methodology:** Compliance

### MEASUREMENT DESCRIPTION

---

This measure is tracking compliance of the EHR Module criteria functionality of detecting errors within a received or imported C-CDA.

### MEASUREMENT JUSTIFICATION

---

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to detect any conformance or vocabulary standard errors of a received or imported in C-CDA.

C-CDA error detection provides assurance to the user of the validity of received or imported in C-CDAs which is both a certification requirement and supports interoperability within production setting.

### MEASUREMENT EXPECTED OUTCOME

---

We have created a report to check for C-CDA and data element vocabulary conformance on our inbound interface. This report will reveal any errors in the received C-CDAs from external parties. This report provides the same level of error detection we employ in our certified EHR Module and will give assurance of continued compliance in real world interoperability exchange of C-CDAs.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test against one critical access hospital and one inpatient hospital.

This measure is applicable to both care settings, and the clinical workflow and expected outcomes would not require any adjustment within this measurement.

## RWT MEASURE #7 COMPLIANCE OF API RESOURCE QUERY SUPPORT

**Associated Criteria:** 315(g)(7)-(g)(9)

**Testing Methodology:** Compliance and Tool

### MEASUREMENT DESCRIPTION

---

This measure is tracking compliance of the EHR Module criteria functionality of support of API query of patient data resources.

Currently, none of our EHR users actively utilize the API capabilities in production so we are not able to obtain measure calculation of this interoperability feature in production setting. Therefore, to confirm functionality works, we will test this in our production-mirrored test environment using the same API functionality certified for these criteria.

Using an API client, we will do patient selection, query the various clinical data elements, and perform a C-CDA query to cover all parts of these criteria.

To avoid disclosing PHI, we will only work with test patients from production-mirrored test environment to best evaluate production capabilities available to end users.

### MEASUREMENT JUSTIFICATION

---

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to connect to the EHR's API resources and query patient clinical data through the API.

Because API criteria, 315(g)(7)-(g)(9) all work collectively together in the API functionality of the EHR Module, this measurement is used for all three criteria.

### MEASUREMENT EXPECTED OUTCOME

---

The user connects to the EHR through a client application via the API and is prompted for credentials and authentication according to the EHR's publicly available API documented specification. After supplying the correct credentials, the EHR returns a valid ID or token for the API Client to access the patient data. The user will query the patient clinical data resources via the API and receive access to them through the client application. Next, the user will query the C-CDA of the patient record and will run C-CDA through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user to meet the criteria requirements of the EHR Module and that this function works as expected in production as in a controlled test environment.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test in the production-mirrored test environment, which provides coverage for both critical access hospital and inpatient hospital facility settings. This covers the different care settings who use our EHR. Because we are working in this setting, and our customers do not use our API in production, we will conduct this testing ourselves but using clinical workflow and data available to our customers.

## RWT MEASURE #8 HOW OFTEN DO YOU INCORPORATE/UPDATE MEDICATION LIST, PROBLEM LIST, ALLERGY LIST FROM RECEIVED C-CDAs?

**Associated Criteria:** 315(b)(2)

**Testing Methodology:** Survey

### MEASUREMENT DESCRIPTION

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This is a survey measure to determine how often you are using the C-CDA incorporate and update feature.

### MEASUREMENT JUSTIFICATION

---

This measure will survey users to determine real world interoperability and usability, specifically how often are C-CDAs received from 3<sup>rd</sup> parties incorporated into the patient record and then updating the patient's problem list, medication list, and medication allergy list with the clinical data contained in the C-CDA.

A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. This survey measure will reveal if users are using the C-CDA incorporate feature of their EHR to update their patient's record with current or new information from another source.

### MEASUREMENT EXPECTED OUTCOME

---

The user will be asked the survey question and given the survey answer choices below:

- Regularly
- Sporadically
- Rarely
- Never
- Don't Know

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one critical access hospital and one inpatient hospital facility. This covers the different care settings who use our EHR, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

This measure is applicable to both care settings, and the clinical workflow and expected outcomes would not require any adjustment within this measurement.



## RWT MEASURE #9 DO YOU USE BATCH PATIENT DATA EXPORT TO OBTAIN LARGE VOLUMES OF PATIENT DATA?

**Associated Criteria:** 315(b)(6)

**Testing Methodology:** Survey

### MEASUREMENT DESCRIPTION

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This is a survey measure to determine how often you are using the batch patient data export feature.

### MEASUREMENT JUSTIFICATION

---

This measure will survey users to determine real world interoperability and usability, specifically how often do clinicians use the batch patient export feature.

A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. Batch patient export can be used for various use cases, including supporting working a local HIE or registry as well as quality and population health metrics.

### MEASUREMENT EXPECTED OUTCOME

---

The user will be asked the survey question and given the survey answer choices below:

- Regularly
- Sporadically
- Rarely
- Never
- Don't Know

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one critical access hospital and one inpatient hospital facility. This covers the different care settings who use our EHR, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHs.

This measure is applicable to both care settings, and the clinical workflow and expected outcomes would not require any adjustment within this measurement.

## RWT MEASURE #10 HOW MANY DIFFERENT IIS/IMMUNIZATION REGISTRIES DO YOU CONNECT WITH?

**Associated Criteria:** 315(f)(1)

**Testing Methodology:** Survey

### MEASUREMENT DESCRIPTION

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This is a survey measure to determine the number of immunization public health registries you use.

### MEASUREMENT JUSTIFICATION

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This measure will survey users to determine real world interoperability and usability, specifically many different immunization information systems (IIS) or public health immunization registries are used by the provider.

A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. This survey measure will the number and names of immunization public health registries which are integrated with the EHR.

### MEASUREMENT EXPECTED OUTCOME

---

The user will be asked the survey question and given the survey answer choices below:

- Numeric answer to the question, and if willing, the names of the other systems.

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one inpatient hospital facility. This covers the different care settings who use this functionality, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

## RWT MEASURE #11 HOW MANY DIFFERENT SYNDROMIC REGISTRIES DO YOU CONNECT WITH?

**Associated Criteria:** 315(f)(2)

**Testing Methodology:** Survey

### MEASUREMENT DESCRIPTION

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This is a survey measure to determine the number of syndromic surveillance public health registries you use.

### MEASUREMENT JUSTIFICATION

---

This measure will survey users to determine real world interoperability and usability, specifically many different public health syndromic surveillance registries are used by the provider.

A survey can often provide more information on the impact and value of an interoperability element than a standard software test evaluation. This survey measure will the number and names of syndromic surveillance public health registries which are integrated with the EHR.

### MEASUREMENT EXPECTED OUTCOME

---

The user will be asked the survey question and given the survey answer choices below:

- Numeric answer to the question, and if willing, the names of the other systems.

The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark for evaluate future surveys as well as to share insight into any new development for improvements or enhancements of the health IT system.

### CARE SETTINGS AND NUMBER OF CLIENTS SITE TO TEST

---

For this measure, we will test one inpatient hospital facility. This covers the different care settings who use this functionality, and this number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHR.

This measure is applicable to both care settings, and the clinical workflow and expected outcomes would not require any adjustment within this measurement.