ONC | HealthIT CERTIFICATION PROGRAM

REAL-WORLD TESTING RESULTS REPORT

Eyefinity EHR powered by EMA

2024 plan year

INTRODUCTION

This document contains a list of the steps taken to conduct the annual Real-World Testing requirements for ONC certification. The Results within this document were reviewed as screenshots and spreadsheets for their compliance with the criteria defined in the test plan. These artifacts will be maintained by the health IT developer for audit purposes or further requests.

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: Eyefinity, Inc.

Product Name(s): Eyefinity EHR

Version Number(s): 7

Certified Health IT Product List (CHPL) Product Number(s):
15.04.04.2900.Eyef.07.17.1.221219

Developer Real-World Testing Plan Page URL: https://www.eyefinity.com/resource/regulatory/21st-century-cures/real-world-testing.html

WITHDRAWN PRODUCTS

The following Eyefinity versions were withdrawn the past year and were previously included in their Real-World Testing plan:

Product Name(s):	n/a
Version Number(s):	n/a
CHPL Product Number(s):	n/a
Date(s) Withdrawn:	n/a
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products.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.]	n/a

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Consistent with the ONC's recommendation that "Real-World Testing verify that deployed Certified Health IT continues to ***perform as intended by conducting and measuring observations of interoperability and data exchange***", our original test plan focused on capturing and documenting the number of instances that certified capability was successfully utilized in the real world. In instances where no evidence exists due to low or zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we tested and demonstrated the required certified capability in a semi-controlled setting as close to a "real-world" implementation as possible.

As per the test plan, we leveraged a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate was used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but don't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might be accounted for by patient volume, location or provider preference among other reasons. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments were used to measure which certified actions were performed at the conclusion of a given time period where the minimum time period was 90 days and longer where possible. These results are typically obtained by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests were live tested as opposed to examining historical usage statistics. The goal being to demonstrate the certified Health IT module being used in a way consistent within a practice or care setting.

This approach allowed for the successful testing and obtaining results for each criterion. Detailed below in the **Metrics and Outcomes** section the reader will find evidential data in the form of a Summative result(s) or Interactive test outcome for each certified criteria for Eyefinity.

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

Eyefinity EHR did not advance to newer standards outlined under the Standards Version Advancement Process (SVAP) during 2024.

Care Setting(s)

Care Setting	Justification
Ophthalmology/Optometry	Ambulatory. Eyefinity EHR is used almost exclusively in ambulatory settings and is marketed to small- and medium-sized optometric and ophthalmic practices. The measures used by Eyefinity are designed for use in ambulatory settings.

Metrics and Outcomes

Within this section is a list of the results collected from the Eyefinity EHR Real-World Testing measures as defined in their Real-World Test plan. Outcomes are listed as Pass, Pass with Exception, or Fail determined by the success of obtaining testing results. This determination was based on a thorough review by the Eyefinity team. A link is included within the **Outcomes** column in the table below to a subsequent **Outcomes Details** table. This second table matches each outcome with additional detailed information such as supporting resources and descriptions of the tests that were performed.

Key components include:

- Created a comprehensive Test Results Report which details customer environment, patient data utilized for tests, locations of testing
- Attempted Summative and/or Interactive Testing
- Collected audit logs and queries to support spreadsheets and as necessary, screen shots that demonstrate proof of Interactive Testing for each criteria with "0" values in Summative Testing. These files are referenced and remain on file with Eyefinity.

The following metrics were measured by viewing and querying audit logs in the client's live production system for various different time periods during 2024 as identified in Outcomes section for each measure. The resultant report was then saved to show the usage (or lack thereof) of the criterion. The table below summarizes the results of both quantitative measurement and interactive testing.

QUANTITATIVE TEST RESULTS:

Associated Criterion(a)	Measurement/Metric	Relied Upon Software *(if applicable)*	Outcomes	Challenges Encountered *(if applicable)*
170.315(b)(1) Transitions of care	Over a 90-day period: 1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3) Number of CCDAs received via edge protocols	Updox	(09/01/24 – 11/30/24) 1) 28,934,861 2) 873,431 3) 230,436	
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1) Number of CCDAs received 2) Number of CCDAs received and patient match 3) Number of CCDAs received and a user reconciled	N/A	(09/01/24 – 11/30/24) 1) 230,436 2) 80,863 3) 31,067	
170.315(b)(3) Electronic prescribing	Over a 90-day period: 1) Number of prescriptions created 2) Number of prescriptions changed 3) Number of prescriptions canceled 4) Number of prescriptions renewed	Surescripts	(01/01/24 – 03/30/24) 1) 13,333,959 2) 120,333 3) 225,931 4) 8,659	Data provided by Surescripts
170.315(b)(6) Data export	Over a 90-day period: 1) Number of times a data export was performed for a single patient 2) Number of times a data export was performed for multiple patients in a single transaction	N/A	(01/01/24 – 03/30/24) 1) 3 2) 6	

Associated Criterion(a)	Measurement/Metric	Relied Upon Software *(if applicable)*	Outcomes	Challenges Encountered *(if applicable)*
170.315(e)(1) View, download, and transmit to 3rd party	Over a 90-day period: 1) Number of views of health information by a patient or authorized representative 2) Number of downloads of health information by a patient or authorized representative 3) Number of transmissions of health information by a patient or authorized representative using unencrypted email 4) Number of transmissions of health information by a patient or authorized representative using encrypted method	Secure Exchange Solutions SES HISP	(09/01/24 – 11/30/24) 1) 12,786,205 2) 184,550 3) 5,271 4) 5,278	
170.315(g)(10) Standardized FHIR Server API for patient and population services	Over a 90-day period: 1) API Requests Served - using a valid patient ID or token 2) API Users with at least one successful response – Validates successful API use spanning current API Users 3) Personal Health Record (PHR) Apps with at least one successful response – Validates successful API use spanning current PHR Apps (Synapsis-based apps)	N/A	(09/01/24 – 11/30/24) 1) 77,212,637 2) 22 3) 9	NOTE: The 22 API Users represent 22 third Party applications that successfully call and use FHIR API. 9 of these are linked to PHR apps.
170.315(h)(1) Direct Project	Over a 90-day period: 1) Number of Direct Messages sent 2) Number of Delivery Notifications sent 3) Number of Direct Messages received 4) Number of Delivery Notifications received	Updox	(09/01/24 – 11/30/24) 1) 986,102 2) 986,102 3) 409,121 4) 409,121	

INTERACTIVE TESTING

The following criteria were highlighted for the execution of interactive test plans in our 2024 RWT plan:

- 170.315(c)(1) Clinical Quality Measures - Record and Export
- 170.315(g)(7 - 9) Application access

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315(a)(9) Clinical Decision Support	Eyefinity, Inc. will partner with 1 Eyefinity EHR customer, to enter test patients into their production environment and measure: 1) Number of interactions that are acted upon by clinicians 2) Number of drug interaction alerts received by clinicians	N/A	(August 2024) 1) Interactive 2) Interactive	Completed interactive test with 2 Providers). Feedback from these tests helped us identify Legacy guidelines which were deprecated.
170.315(c)(1) Clinical quality measures (CQMs)	Over a 90-day period: 1) Number of measures recorded during the period 2) Number of QRDA Category 1 files exported 3) Number of QRDA Category 1 files imported (if applicable) 4) Number of QRDA Category 3 aggregate report(s) created over the period	N/A	(09/01/24 – 11/30/24) 1) 1 2) 0 3) 0 4) 11	Eyefinity EHR supports only one eCQM (CMS68 Documentation of Current Medications in the Medical Record). Modernizing Medicine is a Certified Registry. We host MIPS CQM measures that are used by our clients, thus the low rate of adoption. We completed 1 test with 1 client in April 2024 to generate a file for the client to share with their ACO.
170.315(g)(7) Application access — patient selection	1) Number of requests for a patient ID or token 2) Number of requests that provided sufficient information to provide a valid response 3) Number of follow-up requests made using the provided patient ID or token	N/A	(10/01/24 to 12/31/24) 1) 25 2) 25 3) 15	We saw lower usage / adoption during the specified period as users increased adoption of FHIR APIs instead.
170.315(g)(9) Application access — all data request	1) Number 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) Number 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.	N/A	(10/01/24 to 12/31/24) 1) 271 2) 271	We have low usage and adoption. We offer another solution and an additional set of FHIR APIs for Vendors.

Outcome Details

The following sections contain additional descriptions and test results supporting documentation to provide more context for the testing outcomes defined in the **Metrics and Outcomes** table above.

170.315(a)(9) Clinical Decision Support

Summary Description

Pass **Method**: Interactive Testing

The purpose of this test was to show that the EHR is able to generate clinical decision support compliant with the 170.315(a)(9) criterion.
The health IT developer demonstrated the module function in their system as an interactive test demonstrating a compliant result.

Justification

This criterion requires the ability of a certified Health IT module to support development, adoption, and implementation of CDS to improve health care decision making and better outcomes for patients.
Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often a CDS interaction is triggered and number of times they are acted upon. Interactions may include drug and preventative care alerts.

170.315(b)(1) Transitions of care

Summary Description

Pass **Method:** Summative Testing

The purpose of this test was to show that CDA documents are able to be created and exported.

A query on historical audit logs for 90-day periods was performed for the 170.315(b)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.

Justification

This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Furthermore, it is not feasible to obtain copies of CCDA documents from “outside” developers or providers who have no incentive to participate in this exercise. Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often CCDAs are created and exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.

170.315(b)(2) Clinical Information Reconciliation and Incorporation

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that CDA documents are able to be imported, matched to a patient, reconciled and new CDA documents created and exported. A query on historical audit logs for 90-day periods was performed for the 170.315(b)(2) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. The expectation is each of these steps is done electronically within the certified Health IT module. While this certified capability is available to our users, most providers in the real world typically prefer to perform these steps manually and elect to save any outside received CCDAs as attachments to the patient record. Therefore, we intend to record the frequency that providers are electronically reconciling and incorporating CCDAs that were received from outside providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate

170.315(b)(3) Electronic Prescribing

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that an active connection from EHR customer sites to an ePrescribing solution was deployed. A query on historical audit logs for 90-day periods was performed for the 170.315(b)(3) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. However, it is not possible to demonstrate the correct standards were used because it is not feasible to obtain copies of eRx documents from “outside” companies or pharmacies who have no incentive to participate. Therefore, we intend to demonstrate the required certified capabilities are effective by demonstrating how often eRx transactions are performed by examining reports from our eRx partner. This will demonstrate that not only are the eRx transactions sent from the certified Health IT module, but that the transactions are successfully received by the eRx clearinghouse. Our expectation is there will be high utilization by providers with a high success rate.

170.315(b)(6) Data Export

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that our customer can export patient data from our EHR without any assistance from Eyefinity. A query on historical audit logs for 90-day periods was performed for the 170.315(b)(6) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to export a summary of a patient's record in CCDA format according to specified standards and vocabulary code sets. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Therefore, we intend to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be very low utilization by providers with a high success rate.

170.315(c)(1-3) Clinical Quality Measures (CQMs)

Summary Description
Pass **Method:** Interactive Testing The purpose of this test was to show that the EHR meets the QRDA reporting requirement for the designated care settings. A query on historical audit logs for 90-day periods was performed for the 170.315(c)(1-3) criterion. Due to low or zero adoption of this criteria, health IT developer demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
These criteria will be tested together. C1 requires a certified Health IT module to record required data, calculate CQMs from the recorded data, and export the data in QRDA Category 1 format. C2 requires a certified Health IT module must be able to import data from a QRDA Category 1 formatted file and calculate the CQMs based on that data. C3 requires a certified Health IT module must be able to create a QRDA Category 1 formatted file and a QRDA Category 3 aggregate report to be used for transmitting CQM data to CMS. We intend to record the frequency that CQM files are imported and/or exported by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.

170.315(e)(1) View, Download, and Transmit to 3rd Party

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that the EHR provides patients access to a patient portal with the ability to view, download, and send their health care records for the designated care settings. A query on historical audit logs for 90-day periods was performed for the 170.315(e)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to provide patients access to a patient portal with the ability to view, download, and send their health care records to other providers via encrypted or unencrypted transmission methods in CCDA format. We intend to record the frequency that patients are viewing, downloading, and transmitting their records from the portal using the certified capabilities to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by patients for view and lower utilization for download and transmit with a high success rate for all certified capabilities.

170.315(g)(7) Application Access — Patient Selection

Summary Description
Pass **Method:** Summative and Interactive Testing The purpose of this test was to show that the EHR is able to fulfill an API request that enables external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. A query on historical audit logs for 90-day periods was performed for the 170.315(g)(7) criterion. Due to low or zero adoption of this criteria, health IT developer demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. We intend to record the frequency that patient ID requests are received by providers via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.

170.315(g)(9) Application Access — All Data Request

Summary Description
Pass **Method:** Summative & Interactive Testing The purpose of this test was to show that the EHR is able to fulfill an API request that enables external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. A query on historical audit logs for 90-day periods was performed for the 170.315(g)(9) criterion. Due to low or zero adoption of this criteria, health IT developer demonstrated the module function in their system as an interactive test demonstrating a compliant result.
Justification
This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. We intend to record the frequency that patient data requests for all categories are received by providers and fulfilled via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.

170.315(g)(10) Standardized API for patient and population services

Summary Description
Pass **Method:** Summative Testing *The purpose of this test was to show that the EHR is able to successfully fulfill both an API requests using a valid patient ID or token as well as those received via PHR App* *A query on historical audit logs for 90-day periods was performed for the 170.315(g)(10) criterion.* *The resulting totals show that this module was active throughout the period and validates successful API use spanning current API Users*
Justification
This criterion requires the certified Health IT module to provide a FHIR Server API and supporting documentation that enable external applications to request patient data by category from the certified Health IT FHIR Server. We intend to record the frequency that patient data requests by category are received by providers and fulfilled via FHIR Server API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.

170.315(h)(1) Direct Project

Summary Description
Pass **Method:** Summative Testing The purpose of this test was to show that the EHR is able to process Direct messages bi-directionally as well as track MDNs. A query on historical audit logs for 90-day periods was performed for the 170.315(h)(1) criterion. The resulting totals show that this module was active throughout the period and therefore demonstrates a compliant result.
Justification
This criterion requires the ability of a certified Health IT module to record the frequency that direct messages are sent and received by providers, along with how often MDNs are sent and received. Since not all systems respond with MDNs, we cannot reliably use that metric to define success. Furthermore, it is not feasible to obtain copies of Direct Messages from "outside" developers or providers who have no incentive to participate in this exercise. Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often Direct Messages are exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.

KEY MILESTONES

Includes a list of key milestones that were met during the Real-World Testing process. Includes details on how and when Eyefinity implemented measures and collected data.

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics		January, 2023
Data collection		Calendar Year 2023
Review and Collect Data		December, 2023 – January 2024
Writing Report		January, 2024
Eyefinity executed summative testing to show that the criterion are functional. The following metrics were pulled from transaction logs as detailed in the outcomes section above: • 170.315 (b)(1) Transitions of care • 170.315 (b)(2) Clinical Information Reconciliation and Incorporation • 170.315 (b)(3) Electronic Prescribing • 170.315 (b)(6) Data Export • 170.315 (e)(1) View, Download, and Transmit to 3rd Party • 170.315(g)(7) Application access—patient selection • 170.315 (h)(1) Direct Project		
Eyefinity executed interactive testing to show that the criteria are functional. The following metrics were tested interactively as detailed in the outcomes section above: • 170.315 (c)(1-3) Clinical Quality Measures (CQMs) • 170.315(g)(7) Application access—patient selection • 170.315(g)(9) Application access—all data request		

ATTESTATION

This Real-World Testing Results Report 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 RealWorld Testing requirements.

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