Real World Testing Plan for 2023

Background & Instructions

Under the ONC Health IT Certification Program (**Program**), Health IT Developers are required to conduct Real World
Testing of their Certified Health IT (45 CFR 170.556 and 170.523(i)). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify Health IT Developers' responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist Health IT Developers to develop their Real-World Testing plans.

Health IT Developers have maximum flexibility to develop innovative plans and measures for Real World Testing. As developers are planning for how they will execute Real World Testing, they should consider the overall complexity of the workflows and use cases within the care settings in which they market their Certified Health IT to determine which approaches they will take. This Real World Testing plan template was created to assist Health IT Developers in organizing the required information that must be submitted for each element in their Real World Testing plan. Health IT Developers must submit one plan for each year of Real World Testing (see resources listed below for specific timelines and due dates). ONC does not encourage updating plans outside the submission timeline and will not post updates on the Certified Health IT Product List (CHPL). If adjustments to approaches are made throughout Real World Testing, the Health IT Developer should reflect these adjustments in their Real World Testing results report. ONC would expect that the Real World Testing results report will include a description of these types of changes, the reasons for them, and how intended outcomes were more efficiently met as a result. This resource should be read and understood in conjunction with the following companion resources, which describe in detail many of the Program requirements referenced in this resource.

- Real World Testing–What It Means for Health IT Developers – Fact Sheet
- Real World Testing Resource Guide – Coming Soon
- Real World Testing Certification Companion Guide

Health IT Developers should also review the following regulatory materials, which establish the core requirements and responsibilities for Real World Testing under the Program.

- 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program final rule, 85 FR 25642 (May 1, 2020) (**Century Cures final rule**)

  Section VII.B.5 — *"Real World Testing"*

General Information

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

Developer Name: **Fivos, Inc.**

Product Name(s): **Fivos Practice Suite**

Version Number(s): **5.14**
Certified Health IT Product List (CHPL) ID(s): **15.04.04.2807.Meds.54.01.1.220728**

Developer Real World Testing Page URL: https://fivoshealth.com/solutions/workflow-for-providers/practice-suite-for-obls-and-specialties/

Justification for Real World Testing Approach

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***", this test plan focuses on capturing and documenting the number of instances that certified capability is successfully utilized in the real world. In instances where no evidence exists due to zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we will demonstrate the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

It is important to note that Real World Testing is only one component of the Health IT Certification program used to demonstrate compliance with the program requirements. Real World Testing should augment and support testing that was conducted prior to certification being granted. It is not intended to duplicate the methods or results previously demonstrated. Instead, this test plan was developed to demonstrate that the certified capabilities have been successfully deployed for providers to use at their discretion in live settings.

We are using a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate will be 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 indicate a potential problem, of which there could be several different causes. 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 will be used to measure which certified actions were performed at the conclusion of a given time period. These will be conducted by running 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 will be 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 will require a live test as opposed to examining historical usage statistics. The goal is to allow a user to demonstrate the certified Health IT module being used in a way consistent with their own practice or care setting.

Standards Updates (including standards version advancement process-SVAP and USCDI)

Fivos has not updated Fivos Practice Suite to any new standards as part of SVAP or the Cures Update criteria as of this date nor plan to prior to the execution of our Real World Test.

Standard (and version)	Standards as specified by the USCDI v1
Updated certification criteria and associated product	§ 170.315(b)(1) Transitions of care § 170.315(b)(2) Clinical information reconciliation and incorporation § 170.315(e)(1) View, download, and transmit to 3rd party § 170.315(f)(5) Transmission to public health agencies electronic case reporting § 170.315(g)(9) Application access - all data request § 170.315(g)(10) Standardized API for patient and population services 170.315(g)(10) Standardized API for patient and population services
CHPL Product Number	Fivos Practice Suite - 15.04.04.2807.Meds.54.01.1.220728 BlueButtonPRO - 15.04.04. 1322.Blue.02.00.0.200807
Method used for standard update	United States Core Data for Interoperability (USCDI), Version 1, July 2020 Errata
Date of ONC ACB notification	07/28/2022
Date of customer notification (SVAP only)	12/16/22
Conformance measure	Per Plan either via Summative or Interactive
USCDI updated certification criteria (and USCDI version)	v1

Care Settings

Fivos Practice Suite is an integrated EHR solution designed for specialty providers including Vascular Care, Cardiology, Interventional Radiology and Internal Medicine. Surgery centers, also known as Office-Based Labs (OBLs), Ambulatory Surgery Centers (ASC's) and Internal Medicine practices are the typical care settings for Fivos Practice Suite. Focused on specialty providers, Fivos offers a complete solution set to meet the clinical and business needs of outpatient practices including scheduling and registration, EMR, PACS, clinical workflow reporting and practice/revenue cycle management.

Care Setting	Justification
Ambulatory Surgery Centers	Surgery centers, also known as ambulatory surgery centers (ASCs), are licensed freestanding outpatient facilities. Also, Office Based Labs (OBLs) are centers that are often physician-owned, may specialize in certain procedures, and are typically smaller than hospitals. These centers are ambulatory and don't typically include overnight stays.
Cardiovascular (e.g., Vascular Surgeons, Cardiology)	Specialties are primarily focused on the cardio, thoracic, arterial, and venous organ groups and will have greater detail within that specialty. They use Fivos EHR workflows and perform procedures in their office practice and/or ambulatory surgery centers.
Interventional Radiologists and Cardiologists	Specialties are primarily focused on the cardio, thoracic, arterial, and venous organ groups and perform minimally invasive treatments. They use Fivos EHR workflows to document procedures in their office practice and/or ambulatory surgery centers.
Internal Medicine	Internal Medicine is largely focused on preventative medicine and refer to specialists for diagnostic testing for presenting complaint. They are not subject to focus on a specific specialty or organ group. They use Fivos EHR workflow in their office practice.

Measures Used in Overall Approach

For each measurement/metric, describe the elements below:

- ✓ Description of the measurement/metric
- ✓ Associated certification criteria
- ✓ Care setting(s) that are addressed
- ✓ Justification for selected measurement/metric
- ✓ Expected Outcomes

Adoption Rates

The following metrics are applicable to all criteria and all care settings. These metrics will not be used directly to demonstrate interoperability or conformance to certification criteria. Instead, they will primarily be used to help determine the participants that will be in scope for this evaluation. They can also aid with the justification for other metrics by providing additional context (i.e., extremely low adoption rates for certain certified capabilities will necessitate a different approach to testing).

Metric	Description
Number of licensed installs/users of EHR ● The definition of a "license" is dependent upon the model used (e.g., total number of systems, total number of seats per license, etc.)	Identify the total number of licensed installs/users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.
Number of active installs/users of EHR	Identify the total number of ***active*** installs and/or users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.

The following metrics are applicable to all criteria that are licensed separately from the base license and all care settings.

Metric	Description
Certified capabilities that are licensed separately	Identify which certified capabilities are licensed separately from the base EHR license. Examples may include errs, CQMs, public health, etc.
Number of installs/users who licensed a certified capability	Where applicable, identify the number of licensed installs/users of a given certified capability.
Number of installs/users that have used the certified capability in the preceding 365 days	Where applicable, identify the number of ***active*** installs/users of a given certified capability.

Summative Assessment Metrics

The following metrics will be measured by viewing audit logs and reporting systems available to track the behavior of the certified Health IT module during a given time frame. All metrics are designed to reflect the core elements of the criteria, demonstrate interoperability, and demonstrate the success rate of the certified capability being used. In most cases we elected to record these metrics over a 90-day period to reflect the reporting periods typically required for compliance with the federal incentive programs.

The continued measurable use of certified capabilities will provide implicit evidence of successful implementation of the required certified capability. This is especially meaningful in cases where interoperability with outside systems is demonstrated. In cases where it is not possible to determine "success" via an explicit confirmation by a receiving system, success will be defined as a transmission was made where no error was received from the destination system or its intermediaries. Additionally, we will review internal customer and vendor issue tracking systems for reports of failures or unsatisfactory performance in the field.

Criterion	Metric	Care Setting	Justification and Expected Outcome
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	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	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. Relied Upon Software : Secure Exchange Solutions SES HISP
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1) Number of times a user reconciled medication list data from a received CCDA 2) Number of times a user reconciled allergies and intolerance list data from a received CCDA 3) Number of times a user reconciled problem list data from a received CCDA	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and • Cardiologists • Internal Medicine	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	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	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and • Cardiologists • Internal Medicine	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	Over a 90-day period: 1) Number of times a data export was performed for a single patient or multiple patients	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and • Cardiologists • Internal Medicine	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(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	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and • Cardiologists	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
	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	• Internal Medicine	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. Relied Upon Software : Secure Exchange Solutions SES HISP
170.315(h)(1) Direct Project	1) Number of Direct Messages sent 2) Number of Delivery Notifications received 3) Number of Direct Messages received	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and • Cardiologists • Internal Medicine	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. Relied Upon Software : Secure Exchange Solutions SES HISP

170.315(c)(1-3) 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	• Cardiovascular • Interventional Radiologists and • Cardiologists • Internal Medicine	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 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(f)(1) Transmission to immunization registries	Over 3 separate unique 10-day periods within a 90-day window: 1) Number (or percentage) of immunization records submitted to the immunization record	• Internal Medicine	This criterion requires the ability of a certified Health IT module to transmit immunization data to a registry using a specified format. We intend to record the frequency that immunization data is submitted to registries by providers 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(f)(2) Transmission to public health agencies — syndromic surveillance	Over 3 separate unique 10-day periods within a 90-day window: 1) Total number of syndromic surveillance events created and submitted	• Cardiovascular	This criterion requires the ability of a certified Health IT module to transmit syndrome-based public health surveillance data to a registry using a specified format. We intend to record the frequency that syndromic surveillance data is submitted to registries by providers 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(f)(7) Transmission to public health agencies — health care surveys	Over 3 separate unique 10-day periods within a 90-day window: 1) Total number of health care surveys created and submitted	• Internal Medicine	This criterion requires the ability of a certified Health IT module to transmit health care survey information to a registry using a specified format. We intend to record the frequency that health care survey information is submitted to registries by providers 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)(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	• Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	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	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	• Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	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.

Interactive Testing

The following test plans will be executed to demonstrate Real World certified capabilities for criteria where metrics are not available because there is low adoption of the certified capability.

Fivos will leverage interactive testing for the following criteria:

- §170.315(c)(1-3) Clinical Quality Measures (CQMs)
- §170.315(f)(1) Transmission to immunization registries
- §170.315(f)(2) Transmission to public health agencies — syndromic surveillance
- §170.315(f)(7) Transmission to public health agencies — health care surveys
- § 170.315(g)(7) Application access—patient selection
- § 170.315(g)(9) Application access—all data request

High Level Interactive Test Plan:

- **Care Settings**: All interactive testing will be performed for a representative sample of the care settings listed above.
- **Test Environment:** All interactive testing will be performed in a live, production environment wherever possible and specified where this is not available.
    - Fivos will work with client users over a recorded Zoom call to demonstrate certified capabilities are available.
    - The plan for interactive testing the criteria described below in the real world will be to engage with a Clinician in 2 -3 Clinical Settings where the certified Health IT module is deployed as a representative sample to show that this certified capability works in the real world and that it works the same way in all settings.

- **Test Data**: Interactive testing will be performed using test patient data in the live production environment in order to be as representative as possible of real-world deployments. This precaution will be taken to reduce the risk of exposure of PHI.
    - Test patients will include data elements that are typically used in that provider setting in order to be representative of Real World use cases.

Criterion	Interactive Test Plan	Care Setting	Justification and Expected Outcome
§170.315(c)(1-3) Clinical Quality Measures (CQMs)	Fivos will engage with 1 customer setting to demonstrate over a recorded Zoom session that they are able to perform the following functions: ● Select and generate eCQMs and export them in a production setting ● Import QRDA files and calculate aggregate reports ● Generate QRDA I and QRDA III reports	● Cardiovascular ● Interventional Radiologists and Cardiologists	**Justification:** Fivos collects the data for 9 eCQMs, but these QRDA files are not directly uploaded to CMS. There is low adoption of this component because most clinics work with a third party to submit their eCQMs to CMS. Fivos will use functional/interactive testing to show that these features are deployed and working in the Real World and that adoption is due to business reasons, not technical challenges. **Expected Outcome:** • Exported CQMs contain data as expected • QRDA files are able to be imported and calculations run as expected • QRDA I and QRDA III reports are generated correctly

§170.315(f)(1) Transmission to immunization registries	Fivos will work with 1 Internal Medicine customer in the Internal Medicine setting to demonstrate that immunization messages can be sent to a registry. Fivos will work with the customer user to walk through the following steps: • Receive and incorporate test patient immunization history from the NIST Immunization Test Suite: https://hl7v2-iz-r1.5-testing.nist.gov/iztool/#/cf • Record immunizations that are administered to at least 3 different test patients with different ages and immunization schedules • Send immunization messages to the NIST Immunization Test Suite and use the Context-free validation to ensure the messages are well-formed	• Internal Medicine	**Justification:** These functions were developed in order to support multiple care settings where Fivos is marketed, however market penetration to date has been in specialties that do not typically perform or report immunizations. Fivos will user interactive testing to demonstrate that the functionality is available in the production environment and ready to be used in the Real World. Anticipated workflow: Patient receives a vaccination; vaccination history is documented and immunization message is sent to the registry. Incoming vaccine history messages are also accepted. Vaccine history messages are sent in a batch at the message and patient level. **Expected Outcome:** • Immunization history is received and incorporated successfully • Immunizations are recorded and immunization messages are sent correctly and pass validation
§170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Fivos will stand up a production instance of a test client typical of a Cardiology practice and configure that test instance to point to the NIST Syndromic Surveillance tool as the recipient. Fivos will enter 3 test patients' representative of typical Real World Cardiology patients that have an encounter that meets the triggers for Syndromic Surveillance, and will demonstrate that the PHIN messages	• Cardiovascular	**Justification:** To date, Fivos does not have any customers signed up to submit syndromic surveillance data to a registry collecting this information. Fivos customers to date are not located in counties that are accepting Syndromic Surveillance data, however this certified capability is present and available if a registry partner would become available. Additionally, since Syndromic Surveillance is optional, some customers may be choosing not to participate in this program.

	are sent as expected to the NIST tool when the triggers are met. The NIST HL7v2 Syndromic Surveillance test suite located at https://hl7v2-ss-r2-testing.nist.gov/s s-r2/#/home will be used.		Since it would require significant effort on the part of the customer to set up a connection to a test registry for Syndromic Surveillance testing, in order to reduce the burden on the customer, Fivos will set up a test customer instance in their production environment and point it to the NIST Syndromic Surveillance tool to demonstrate that this functionality is available in the Real World in production and available for use as soon as a customer wants to use it. **Expected Outcome:** ● Syndromic Surveillance messages are triggered as expected once the patient encounter is finalized ● ADT messages are well formed per the PHIN Messaging guide and will pass the NIST context-free validation
§170.315(f)(7) Transmission to public health agencies — health care surveys	Fivos will create 3 test patients and their representative data in the production system of one Internal Medicine customer. Fivos will create Health Care survey documents and manually download the Healthcare Survey documents. Fivos will use the NIST healthcare surveys Release 1.2 validator found here: https://cda-validation.nist.gov/cda-validation/muNHCS12.html to confirm that the documents conform to expected standards.	● Internal Medicine	**Justification:** Health Care Surveys functions were developed in order to support multiple care settings where Fivos is marketed, however market penetration to date has been in specialties that do not typically perform or report to the Nation Health Care Surveys. While this criterion has not been adopted by Fivos customers at this time and therefore no usage statistics will be available, the functionality is out there and ready to be used! The goal of this test will be to demonstrate that the certified capability works in the Real World and is available for use. Anticipated workflow: Once the encounter has been documented, the clinician can report the patient information to the NCHS.

170.315 (g)(7): Application Access - Patient Selection meets170.315	Fivos will work with 2 customers in 2 different care settings as a representative sample of the care settings where Fivos EHR is deployed. Fivos will work with these customers to run through the following high-level steps in the	• Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	**Justification:** Fivos developed the API functionality because: 1) It was required to qualify for the base CEHRT definition 2) Fivos expected that API functionality would be efficient to support
(g)(9): Application Access - All Data Request	provider's deployment of the Fivos API. Test patients will be used, they will be set up in each provider's EHR in advance. Fivos will build a test page to use as a mock app interface for a user to replicate requests sent by a patient that has been created in the Provider's EHR. The mock patient will use the test page to query the API for: ○ A patient token to be used to query for additional data ○ Their test results and prescriptions ○ Their CCDS data as a CCDA		transmission of patient data for a referral workflow 3) Fivos was also expecting patients to use the API more to engage with their care Fivos has had 0 adoption of API criteria to date. We suspect this is because Direct functionality is so difficult to deploy, and that customers are still struggling to use Direct that they are not ready to try something new. Additionally, some customers stopped using Direct because they don't have a lot of partners who want to use it to send them CCDA and they are concerned the effort required to adopt and deploy API capabilities will not be worth the return. **Expected outcomes:** ● Patient ID is accepted, and token is returned ● Patient CCDS data categories are returned correctly in response to query by data element ● Patient CCDA is returned when full CCDA is requested

SCHEDULE OF KEY MILESTONES

Real World test planning will commence in first quarter of 2023. Each phase is expected to take 90-days to complete, with report writing to occur end of 2023/early 2024

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	Q1-2023 90-days
Data collection	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	Q2 and Q3 -2023 180-days
Review and collate data	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	Q2 and Q3 -2023 180-days
Writing report	• Ambulatory Surgery Centers • Cardiovascular • Interventional Radiologists and Cardiologists • Internal Medicine	Q4-2023 90-days

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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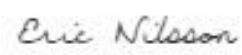

Date: **10/28/2022**