WEBeDoctor Physician Office V6.0
Real World Testing Result Report 2024

GENERAL INFORMATION

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

Developer Name: WEBeDoctor, Inc.

Product Name(s): WEBeDoctor Physician office

Version Number(s): V6.0

Certified Health IT Product List (CHPL) Product Number(s):
15.99.09.2526.WEBe.06.01.1.231204

Developer Real World Testing Plan Page URL: https://new.webedoctor.com/certification

Developer Real World Testing Results Report Page URL:
https://new.webedoctor.com/certification

CHANGES TO ORIGINAL PLAN

There are no changes to the original CY2024 RWT plan.

SUMMARY OF TESTING METHODS & KEY FINDINGS

Consistent with the ONC's recommendation that "Real World Testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange", WEBeDoctor Real-World test plan focused on capturing and documenting the ability of certified capabilities to be successfully utilized in the real world. To demonstrate real-world interoperability, WEBeDoctor compiled end-user data through calculated feedback automation and compiled some data using queries, based on the number of instances a specific action is performed in the solution software. This approach did not require the end user to be actively involved in testing.
When no evidence existed due to zero adoption of a certified capability, we tested and demonstrated the required certified capability in a simulated setting as close to a "real world" implementation as possible.

TIMELINE AND MILESTONES FOR REAL-WORLD TESTING 2024

Key Milestone	Date / Time Frame
Develop a list of clients to assist with Real World Testing	Q1 2024
Preparation and scheduling of testing with clients	Q1 2024
Collection of information as laid out by the plan	Q1 and Q4 2024
CY 2024 Real World Testing plan will be completed according to ONC and ONC-ACB requirements and expectations.	Q4 2024
Document CY 2024 test results	January 2025
Submit Real World Testing Report to ONC-ACB	January 2025

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

For 2024 RWT testing, we did not do any SVAP updates.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
The 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

Care Setting(s)

Ambulatory Practices

METRICS AND OUTCOMES

Associated Criteria	Measurement /Metric and outcomes	Relied Upon Software (if applicable)	Challenges Encountered (if applicable
170.315(b)(1) Transitions of care	Reporting Interval: 3 Months • Number of TOC referral messages sent within 90 days: 35 • Number of TOC referral messages received within 90 days: 31 • Number of successful CCD retrievals from external organizations within 90 days: 32 • Number of successful CCDs provided to external organizations within a 90-day period:28	Updox Direct 2014	No challenges encountered
§170.315(b) (2) – Clinical Information Reconciliation and Incorporation	Reporting Interval: 12 Months • Numerator: Number of Clinical Reconciliations completed: 3 • Denominator: Number of unique Patients with a completed Clinical Reconciliation: 3		No challenges encountered
§170.315(b) (3) – Electronic Prescribing	Reporting Interval: 12 Months (Jan 1, 2024 through Dec 31, 2024) • Number of e-prescriptions sent over number of e-prescriptions successfully received. o Numerator: # of prescriptions with a chosen output of eRx (eg, send electronically): 46,984 o Denominator: # of prescriptions successfully sent electronically (Successfully accepted by Ultimate Receiver): 58,280		No challenges encountered

	• Electronic Prescribing: Request and respond to change prescriptions o Numerator: # of RxChange Requests responded to (approve and deny) and sent eRx: 108 o Denominator: # of ChangeRx requests successfully sent electronically (RxChangeResponse): 285 • Electronic Prescribing: Request and respond to cancel prescriptions o Numerator: # of CancelRx prescriptions (eg, discontinue) with a chosen output of eRx: 239 o Denominator: # of CancelRx prescriptions successfully sent electronically (CancelRxResponse): 341 • Electronic Prescribing: Request and respond to renew prescriptions o Numerator: # of RxRenewal Requests responded to (approve and deny) and sent eRx: 19,574 o Denominator: # of RxRenewal requests successfully sent electronically (RxRenewalResponse) : 28,085 • Electronic Prescribing: Receive fill status notifications: o Numerator: # of RxFill status requests sent to pharmacies: 5 o Denominator: # of RxFill status responses received from pharmacies: 5 • Electronic Prescribing: Request and receive medication history o Numerator: # of medication history		

	responses received (RxHistoryResponse): 5,689 o Denominator: # of medication history requests made (RxHistoryRequest): 7,193		
§170.315(b) (10) – EHI Export	• Numerator: # of scheduled batch jobs for patient EHI export summaries: 7 • Denominator: # of total patient EHI export summaries generated: 10		No challenges encountered
§170.315(c) (1) – Clinical Quality Measures (CQMs) – Record and Export	Number of transactions written: 5 Number of unique Instances that submitted transactions: 3		No challenges encountered
§170.315(c)(2) – Clinical Quality Measures (CQMs) – Import and Calculate	A sum of CQMs calculated on imported patients: 5 Number of unique Patients imported: 1		No challenges encountered
§170.315(c) (3) – Clinical Quality Measures (CQMs) - Report	Number of Clients (facilities) to export a QRDA CAT-III File: 13 Number of Clients (facilities) to generate a QRDA CAT-III File: 13		No challenges encountered
§170.315(e) (1) – View, Download, and Transmit to 3rd Party:	• View Chart summary o Numerator: # of views of the chart summary: 215 o Denominator: # of clients that had an encounter during the reporting period: 9,578 • Download of chart summary o Numerator: # of downloads of chart summary: 42 o Denominator: # of clients that had an encounter during the reporting period: 9,578 • Transmission of chart summary o Numerator: # of transmissions of chart summary: 9 o Denominator: # of clients that had an encounter during the reporting period:		No challenges encountered

	9,578		
§170.315(f) (1) – Transmission to Immunization Registries	• Numerator: Number of distinct immunization records in the denominator that sent recorded immunizations to an immunization registry: 6,853 • Denominator: Number of distinct immunization records in a given month period: 7,945		No challenges encountered
§170.315(f) (2) – Transmission to Public Health Agencies- Syndromic Surveillance:	The measure will demonstrate the ability to send syndromic surveillance records to public health agencies. • Numerator: Number of distinct syndromic surveillance records in the denominator that sent syndromic surveillance records to a public health agency: 0 • Denominator: Number of distinct syndromic surveillance records in a given month period: 10		No challenges encountered
§170.315(g) (7) – Application Access – Patient Selection	Number of Patient searches conducted using the Patient endpoint during a 90-day window: 5		No challenges encountered
§170.315(g) (9) – Application Access- All Data Request	Number of successful CCD retrievals using either the certified CCD Document Reference endpoints within 90 days: 3		No challenges encountered
§170.315(g) (10) Standardized API for patient and population services	We checked and found that users fetched single patient's data through API in accordance to §170.315(g) (10), certification criteria. Data was requested for specific date 90 days through the API. Both patients and clinicians fetched appropriate data using WEBeDoctor FHIR API based on their credentials.		No challenges encountered

§170.315(h) (1) – Direct Project	Number of TOC direct messages sent and received by type within 90 days: 0	Updox Direct 2014	No challenges encountered

Outcomes Explained

§170.315(b)(1) – Transitions of Care

Outcomes Explained
A query was performed on audit logs for the year 2024. The totals demonstrate providers' ability to share EHI using the transmission mechanisms provided. The measurements selected demonstrate that referral messages can successfully be exchanged with external organizations using direct messages. The measurements also show that an organization may successfully exchange.

Justification & Test Methodology
Logs were reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care documents. Log files obtained during Real World Testing were de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the measure on the specific types of transport mechanisms used. This test methodology primarily tests the conformance of the implementation.

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

Outcomes Explained
A query for the year 2024 was performed. The total demonstrates our end user's ability to utilize Clinical Information Reconciliation & Incorporation to ingest data from transitions of care/referrals.

Justification & Test Methodology
Clinical Information Reconciliation may be completed multiple times in a given period on a single patient. This measure demonstrates the volume from both an end-user perspective (Numerator) and a Patient perspective (Denominator).

§170.315(b)(3) – Electronic Prescribing

Outcomes Explained
As expected, our log files showed an increase in successful e-prescribing transactions. Regarding medication history requests, we have seen an uptick in prescriber adoption of it and expect to see more given an improved response rate since a Surescripts upgrade for med history. We continue to work on educating our prescribers as to the value of these features in assisting with patient medication compliance.

Justification & Methodology

E-prescribing has been shown repeatedly to increase patient adherence to medications. As such, more and more states are requiring providers to use e-prescribing. To fully receive the benefits of e-prescribing a prescriber should be able to send and receive information to and from pharmacies. This information is in the form of measures. The measures demonstrate the ability to send new prescriptions, receive renewal requests and change requests, and cancel requests. In addition, the ability to receive a patient's medication fill history and external medication history increases medication adherence and decreases the prospect of drug overuse, abuse, and polypharmacy.
After transactions are sent from our system to Surescripts (and then to the pharmacy) the Surescripts network sends messages back to our system indicating if they were or were not successful. During testing, we review our logs to ensure all prescribing transactions that are sent to the Surescripts network are successfully received.

§170.315(b)(10) – EHI Export

Outcomes Explained
A query for the year 2024 was performed. The totals demonstrate the ability to view the number of patient data export summaries generated via a schedule about the total number of patient data export summaries generated.

Justification & Test Methodology
The measure selected demonstrates providers can generate a batch of CCDAs for given criteria for a subset of their client population. In addition, this measurement will demonstrate the ability to schedule batch patient data export for generation. Log files provide an audit of batches generated and user access. Database tables within the certified product application contain a record of all scheduled jobs created. If there's no record of client usage, then we utilize internal testing systems to demonstrate the ability to generate batch patient data export summaries.

§170.315(c)(1) – Clinical Quality Measures (CQMs) – Record and Export

Outcomes Explained
We tested the system and made the data available for use in the calculation of CQM Results.

Justification & Test Methodology
Our platform utilizes a centralized platform for these transactions. We will be able to report on these measures from the data made available by our centralized platform. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

§170.315(c)(2) – Clinical Quality Measures (CQMs) – Import and Calculate

Outcomes Explained
An Import of QRDA CAT-I files into the Measures Reporting System was performed. Data was processed, and any potential duplicates were removed. Results were generated across multiple CQMs. For the selected period, WEBeDoctor did not have any client data.

Justification & Test Methodology
Our platform utilizes a centralized platform for these transactions, with logging, monitoring, and reporting capabilities. We will be able to report on these measures from the data made available by this centralized platform. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

§170.315(c)(3) – Clinical Quality Measures (CQMs) – Report

Outcomes Explained
CQM results are calculated frequently, however, only QRDA CAT-III files are exported on an annual basis.

Justification & Test Methodology
Our platform utilizes a centralized platform for these transactions. We will be able to report on these measures from the data made available by this centralized platform. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

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

Outcomes Explained
Patients are able to view, download, and transmit their chart summaries using the mechanisms provided. Error rates are tracked and trended over time.

Justification & Test Methodology
The measurements selected demonstrate that chart summaries can successfully be viewed and downloaded by patients and that they can successfully be transmitted to external parties.

§170.315(f)(1) – Transmission to Immunization Registries

Outcomes Explained

A query on historical audit logs for 12 months was performed for this criterion. The totals demonstrate the client's ability to send data to immunization registries. We used internal testing tools to demonstrate compliance with capability.

Justification & Test Methodology
We found during Real World Testing we had several clients who have begun utilizing this capability.

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

Outcomes Explained
A query was performed for the year 2024. We received zero results for our numerator, meaning none of our clients generated or the syndromic surveillance records to a public health agency. We anticipated this result for our WEBeDoctor clients.

Justification & Test Methodology
WEBeDoctor users do not send syndromic surveillance data to any agency.
We utilized the NIST HL7v2 Syndromic Surveillance Test Suite to demonstrate our compliance with the certification criteria, and to demonstrate clients have a functioning ability to send syndromic surveillance data to public health agencies should they opt to do so in the future.

§170.315(g)(7) – Application Access – Patient Selection

Outcomes Explained
One WEBeDoctor client for the 90 days utilized an endpoint to search for patients.
The totals demonstrate the ability of our patient endpoint to search for a patient. The searches resulted in listing patients that match the provided criteria.

Justification & Test Methodology
This measure demonstrates that the search capability is available and utilized.

§170.315(g)(9) – Application Access- All Data Request

Outcomes Explained
We performed a query for 90 days. We checked and found that users fetched single patient's data through API in accordance with §170.315(g) (9), certification criteria. Data was requested for 90 days through the API. Both patients and clinicians fetched appropriate data using WEBeDoctor API based on their credentials.

Justification & Test Methodology
The capability was available and can be utilized.

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

Outcomes Explained
We performed a query for 90 days. We checked and found that users fetched single patient's data through API in accordance with §170.315(g) (10), certification criteria. Data was requested for 90 days through the API. Both patients and clinicians fetched appropriate data using WEBeDoctor FHIR API based on their credentials.
It demonstrates secure, scalable, and efficient access to electronic health information (EHI) for both individual patients and population-level services.

Justification & Test Methodology
The capability is available and can be utilized.

§170.315(h)(1) – Direct Project

Outcomes Explained
We performed queries for 90 days.
We did not have any WEBeDoctor clients that sent or received the above message types during the reporting window. However, we have confirmed with our HISP partner Updox that their Direct service is working in production, and their real-world testing results show that. (https://help.updox.com/help/2023-real-world-testing-results).

Justification & Test Methodology
This measure demonstrates the types of messages that are supported for direct messaging. Logs were reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care documents. This test methodology primarily tests the conformance of the implementation.