



REAL-WORLD TESTING RESULTS REPORT

GENERAL INFORMATION

Plan Report ID Number: 20231206ia4
Developer Name: Iatric Systems, Inc
Product Name(s): Clinical Document Exchange
Version Number(s): 1.5
Certified Health IT Product ID: 15.05.05.2760.ISCD.01.00.1.181101
Developer Real World Testing Plan Page URL: <https://iatric.com/meaningful-use/real-world-testing/>

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Summary of Testing Method(s) and Key Findings – review and update

Measures:

- §170.315(b)(1) Transitions of Care
- §170.315(b)(2) Clinical Information Reconciliation and Incorporation

Real-world testing of the Transition of Care validated the content of the Continuity of Care, Referral Note, and Discharge Summary documents. Validation methods included comparing the document definition against the patient clinical content while considering the required standards.

The product's viewer and stylesheet enabled a simplistic UI that allowed easy on-site review of the document. No issues or oddities were encountered during the review.

Real-world testing also revealed that our customers were not using Clinical Document Exchange for incorporation and reconciliation. We could not perform our testing plan without real-world data, so test patients were used with customer site, and functionality was validated. Although live-production accounts would have been preferred, utilizing test patients confirmed functionality with no negative impact on testing and capturing results.

Challenges Encountered: As we had seen in 2023, the iatricSystems Clinical Document Exchange had not been actively used for their Reconciliation and Incorporation needs.

Issues or oddities encountered: No problems or oddities were encountered during the review.

Relied Upon Software: DirectConnect Gateway supports the use of Direct Secure Messaging (DSM) for the sending and receiving of patient-related documents and data if needed.

Standards and Updates: The Clinical Document Exchange product does not include updates on voluntary SVAP standards.

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

Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below).

No, none of my products include these voluntary standards.

Care Setting: Hospital Care Setting

The Certified Health IT Module is marketed and actively used by hospital healthcare settings. For this reason, the Real-World Testing plan was applied to the hospital setting. Criteria 170.315 (b) (1) Transitions of care and 170.315 (b) (2)–Clinical information reconciliation and incorporation. This Real-World Testing Results included testing results from patient hospital care settings.

Methodology: Identify an inpatient with all applicable data elements utilized in the three document types: Continuity of Care Document, Referral Note, and Discharge Summary.	
Identified an inpatient with all applicable data elements utilized in the three document types: Continuity of Care Document, Referral Note, and Discharge Summary.	✓
Ran the OnDemand routines utilized by the customer to create the three document types identified above.	✓
Validated the data sections for each document	✓
Validated the data elements for each section in the document	✓
Verified the accuracy of the data within each data element	✓
Displayed the information on-screen leveraging our style sheet	✓ See images 1, 2, and 3 below
Verified the displayed information was accurate by comparing it to the data contained within the documents verified in steps 4-7.	✓

Metrics and Outcomes

Measure 1 - Sharing	Associated Criterion(a)	Relied Upon software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315(b)(1) Transitions of care	170.315(b)(1) Transitions of care	Facilitates communication with customer's HISP. Relied upon software, Iatric DirectConnect Gateway, as needed.	Data provided is a monthly average of messages in 2024.	No challenges encountered.
170.315(b)(2) – Clinical information reconciliation and incorporation	170.315(b)(2) – Clinical information reconciliation and incorporation	N/A	Due to customer underutilization, the testing results were achieved with test patients, which confirmed functionality performed as expected without issue.	No challenges encountered.

Metrics and Outcomes

Measure 1: Sharing-Send and receive Transition of Care (TOC) message with other providers to close the referral loop. The patient's ePHI was exchanged using a C-CDA 2.1 care summary/referral summary,

ensuring an accurate CCDA match was made to the appropriate patient. Patient data from the transition of care/referral summary is reconciled with existing data in the EHR, including, at minimum, the patient's problems, medications, and medication allergies.

Image 1, Continuity of Care Document

Consolidated CDA Continuity of Care Document v2.1

Table of Contents	Personal Information										
<ul style="list-style-type: none"> Patient Care team information Advance Directives Relevant diagnostic tests and/or laboratory data Allergies and Adverse Reactions Problem List Vital Signs Functional Status Medications on Admission History of medication use Hospital Discharge medications History Of Encounters History of Procedures Hospital Discharge Instructions Social History Immunizations Family History Health Concerns Medical Equipment Hospital Discharge Diagnosis Reason for Referral Hospital Course Assessments Plan of Treatment Goals Instructions Medical Status Reason For Visit Discharge Summary Note 	<table border="1"> <thead> <tr> <th>Personal Information</th> <th>Sex</th> <th>Ethnicity</th> <th>Religion</th> <th>Patient IDs</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Patient Date of birth Race Marital Status Primary Language Contact info </td> <td> <ul style="list-style-type: none"> Male White Married English English 1234567890 9876543210 0123456789 </td> <td> <ul style="list-style-type: none"> Male Hispanic or Latino Protestant (non-Catholic, non-specific) </td> <td> <ul style="list-style-type: none"> 1234567890 9876543210 </td> <td> <ul style="list-style-type: none"> 1234567890 9876543210 </td> </tr> </tbody> </table>	Personal Information	Sex	Ethnicity	Religion	Patient IDs	<ul style="list-style-type: none"> Patient Date of birth Race Marital Status Primary Language Contact info 	<ul style="list-style-type: none"> Male White Married English English 1234567890 9876543210 0123456789 	<ul style="list-style-type: none"> Male Hispanic or Latino Protestant (non-Catholic, non-specific) 	<ul style="list-style-type: none"> 1234567890 9876543210 	<ul style="list-style-type: none"> 1234567890 9876543210
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Image 2, Referral Note

Image 3, Discharge Summary

Consolidated CDA Discharge Summary Document v2.1

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Additional Metrics

Site A: Transition of Care / Referral Loop	Total Transmitted	Percentage Transmitted
January 1, 2024 – March 31, 2024	2062/6253	32.97%
April 1, 2024 – June 30, 2024	2352/6852	34.32%
July 1, 2024 – September 30, 2024	1774/6283	28.23%
October 1, 2024 – December 31, 2024	1486/6734	22.06%
Site B: Transition of Care / Referral Loop	Total Transmitted	Percentage Transmitted
January 1, 2024 – March 31, 2024	1175/3267	35.97%

April 1, 2024 – June 30, 2024	1170/3288	35.58%
July 1, 2024 – September 30, 2024	1138/3412	33.35%
October 1, 2024 – December 31, 2024	1088/3308	32.89%
Site C: Transition of Care / Referral Loop	Total Transmitted	Percentage Transmitted
January 1, 2024 – March 31, 2024	20/99	20.20%
April 1, 2024 – June 30, 2024	16/110	14.55%
July 1, 2024 – September 30, 2024	10/86	11.63%
October 1, 2024 – December 31, 2024	15/140	10.71%

Methodology: Use an existing customer system to validate successfully matching the Referral Note to the correct patient.	
I identified a recent Referral Note from another vendor intended to be incorporated into the system.	X
Used the routines utilized by the customer to parse the Referral Note.	X
Used the routines utilized by the customer to ensure the Referral Note received identified the appropriate patient and successfully matched the patient in the Referral Note to the patient in their system.	X
Used the routines utilized by the customer to display both the data contained within the file from another vendor and their system.	X
Verified the accuracy of displayed data by comparing it to the source file and the data contained within the customer's system.	X
Used the routines utilized by the customer to incorporate the data into their system.	X
Generated a C-CDA document with reconciled data utilizing the customer's routines.	X
Verified that the data contained in the C-CDA reflects the reconciled data accurately.	X
Confirmed receive and incorporate functionality utilizing test patients to confirm and validate functionality properly due to underutilization of functionality in customers' production environment.	✓

Site A: Receive and incorporate (Production)	Total Received	Percentage Received
January 1, 2024 – March 31, 2024	0 / 0	0%
April 1, 2024 – June 30, 2024	0 / 0	0%
July 1, 2024 – September 30, 2024	0 / 0	0%
October 1, 2024 - December 31, 2024	0 / 0	0%
Site B: Receive and incorporate	Total Received	Percentage Received
January 1, 2024 – March 31, 2024	0 / 0	0%
April 1, 2024 – June 30, 2024	0 / 0	0%
July 1, 2024 – September 30, 2024	0 / 0	0%
October 1, 2024 – December 31, 2024	0 / 0	0%
Site C: Receive and incorporate	Total Received	Percentage Received
January 1, 2024 – March 31, 2024	0 / 0	0%

April 1, 2024 – June 30, 2024	0 / 0	0%
July 1, 2024 – September 30, 2024	0 / 0	0%
October 1, 2024 – December 31, 2024	0 / 0	0%
Site A: Medical Reconciliation (Production)	Total Received	Percentage Received
January 1, 2024 – March 31, 2024	0 / 0	0%
April 1, 2024 – June 30, 2024	0 / 0	0%
July 1, 2024 – September 30, 2024	0 / 0	0%
October 1, 2024 – December 31, 2024	0 / 0	0%
Site B: Medical Reconciliation	Total Received	Percentage Received
January 1, 2024 – March 31, 2024	0 / 0	0%
April 1, 2024 – June 30, 2024	0 / 0	0%
July 1, 2024 – September 30, 2024	0 / 0	0%
October 1, 2024 – December 31, 2024	0 / 0	0%
Site C: Medical Reconciliation	Total Received	Percentage Received
January 1, 2024 – March 31, 2024	0 / 0	0%
April 1, 2024 – June 30, 2024	0 / 0	0%
July 1, 2024 – September 30, 2024	0 / 0	0%
October 1, 2024 – December 31, 2024	0 / 0	0%

Measure 1: Expected Outcome

Electronic data exchange was expected to allow healthcare providers to share EHI and accurately reconcile patient clinical data. Testing results confirmed conformance to certified software requirements. Error rates were tracked and analyzed over time.

Measure 1: Actual Outcome

The data-sharing capabilities were reviewed, and it confirmed that our data had successfully been generated and exported upon patient discharge. The data was validated against the document definition, confirming proper patient content.

The “Incorporation” and “Medical Reconciliation” were reviewed, and it was found that the three sample customers were not utilizing this product element.

To properly test and document, test patients were imported and reconciled C-CDA for test patients without failure for functional software validation for 100% validation.

Key Milestone	Care Setting	Date/Timeframe
The transition of Care testing and review	Hospital setting	January 2024 – December 2024
Medical Reconciliation testing and review	Hospital setting	January 2024 – December 2024
Incorporation testing and review	Hospital setting	January 2024 – December 2024

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