Associated Certification Criteria:
§ 170.315(b)(1) Transition of Care (Cures Update)
§ 170.315(b)(2) Clinical information reconciliation and incorporation
§ 170.315(h)(1) Direct Project

Measure Description:
Send and receive Transition of Care (TOC) messages with other providers to close the referral loop. The patient's ePHI will be exchanged using a C-CDA 2.1 Care Referral or Referral Note and DIRECT secure messaging for data transport.

Justification:
We chose to concentrate on the aspects of this criterion that would:
1) showcase ConnectEHR's streamlined approach to provider-to-provider patient referrals and transitions of care with the ultimate goal being higher quality patient care
2) eliminate as much risk of data entry errors as possible by transmitting patient data securely and electronically rather than relying on manual data entry for referrals
3) reduce the overall time burden of manual data entry
4) ensure private and secure transmission of patients' PHI
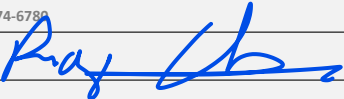5) result in increased interoperability between disparate HIT systems.

Metric Description:
1) 100 percent of outbound TOC's successfully received by HISP
2) Average C-CDA grade from scorecard for C-CDAs generated from ConnectEHR is a "C" or better
3) 100 percent of trading partner's C-CDAs received, we're able to show problem list, medication list, medication allergy list for clinical reconciliation.
4) 75 percent of trading partner's TOC C-CDAs successfully received by ConnectEHR.

Standards Implemented:
• USCDIv1 July 2020 Errata
• Applicability Statement for Secure Health Transport, Version 1.2, August 2015 (Direct)
• HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata
•HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015
•HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015
•HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012
•ONC Implementation Guide for Direct Edge Protocols, Version 1.1, June 25, 2014
• HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019

Developer Info:
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Care Setting:
Inpatient
Real World Testing URL: https://www.empower.md/real-world-testing/

Product Info:
Product Name: Empower Inpatient+Ambulatory
Product Version: 1.1.57

CHPL ID:
15.04.04.2918.Empo.01.01.1.230726

Methods Use to Demonstrate Interoperability:
1) HISP via Direct Protocol (SMTP)
2) HIE exchange
3) HTTPS via secure provider portal
4) Visual validation/Counting

Relied Upon Software : MaxMD, ConnectEHR + BulkFHIR4-B

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for sending/receiving clinical documents using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2025	FALSE		
2	Identify a patient(patient A) that has received C-CDA from Trading Partner, where there's data to be reconciled	We can query the clients database for patients that have received C-CDAs from TP where clinical data is available for reconciliation.				
3	Care provider to pull up this patient in Empower for clinical reconciliation	• Care provider is able to simultaneously view data (including medications, allergies, and problems) along with the source and last modification date attributes from at least two sources.	June, 2025	FALSE		
4	Care provider creates a single reconciled list using the data reviewed from the multiple medication, problems, or aller	Care provider able to save and verify a single list in Empower for Medications, Allergies, and Problems.				

5	Patient A has inpatient admission and discharge and data is captured in EHR	• USCDIv1 data elements captured in EHR (system under test) • Care provider is able to create a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions.				
6	Care provider initiates TOC in EHR	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. • Care provider creates a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted via Direct Protocol.	June, 2025	FALSE		
*	Next steps take place in trading partner's EHR.					
7	Validate that C-CDA for Patient A contains USCDIv1 data elements.	Recipient uses scorecard to grade C-CDA	June, 2025	FALSE		
8	Trading partner refers Patient B from TP EHR to system under test by generating C-CDA Clinical Document or Referral Note.	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document.				
6	In system under test, tester acknowledges receipt of valid Clinical Document.	• Tester uses Document Center to locate Clinical Document. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice).	July, 2025	FALSE		
7	Calculate and compile metrics		August, 2025	FALSE		

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:10/23/2024	