2022

Sevocity, Real World Testing Results

SEV-RWTR-22.01

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General Information

Plan Report ID Number: SEV-RWTR-22.01

Developer Name: Conceptual MindWorks, Inc.

Product Name	Certified Health IT Product List (CHPL) ID	Real World Testing URLs
Sevocity	15.04.04.2324.Sevo.12.00.1.171229	https://www.sevocity.com/resources/onc-certifications-rwt/
Geriatrics Select EHR	15.04.04.2324.Geri.GE.00.1.180418	https://geriatricsselectehr.com/onc-certifications-rwt/
Pain Care Select EHR	15.04.04.2324.Pain.PA.00.1.180418	https://paincareselectehr.com/onc-certifications-rwt/
Surgery Select EHR	15.04.04.2324.Surg.SU.00.1.180418	https://surgeryselectehr.com/onc-certifications-rwt/
Healthpac EHR	15.04.04.2324.Heal.12.01.1.190131	https://www.sevocity.com/hp-onc-certification-rwt/

Version Number(s): All Products listed above are version 12.0

Changes to Original Plan

Summary of Change	Reason	Impact
Revision of (e)(1) – View, Download, Transmit metric. Original metric included: "Number of patients that have requested, viewed, and downloaded their health data, number of health summary files that have been transmitted and number of errors reported…" Revised metric: "the number of times health summaries were requested, viewed, downloaded, and transmitted and the error rates for each action…"	Clarifies the intended scope to include the number of individual times an action was performed, as opposed to the number of unique individuals who performed the actions.	Improves insight into actual usage of the features.
Revision of (c)(1)(3) – QRDA Export metric. Original metric included: "The following measures will be taken during this test: Number of QRDA exports completed, number of CMS submissions, number of submission errors reported…." Revised metric: Remove the tracking of QRDA submission and submission errors.	Execution of the 2022 RWT plan data capture commenced in April 2022. CMS submission period for QRDAs ended on March 31, 2022, therefore it was not feasible to collect user feedback related to submission errors in that time frame.	Negligible. QRDA submissions to CMS are outside of the Sevocity system. The gathering of usage data and errors related to generating the reports from within Sevocity at any time throughout the year will more accurately measure the outcome for which the product is certified.

Summary of Change	Reason	Impact
Revision of (g)(7)(8)(9) – API Test Environment Original Plan states: "The test harness created for certification testing will be utilized for this testing, but the plan is for the data being gathered to be real patient data in a production clinic." Revision: The test harness created for certification testing was utilized; however, the tests and data utilized a test clinic in a (production-like) test environment.	Though provided and readily available on Production, this API feature has had zero adoption amongst our current customers. Therefore, with no voluntary real-world usage by our customers, we elected not to arbitrarily subject real patient records for our demonstration purposes.	None. The desired metrics were gathered utilizing test data.

Withdrawn Products

Sevocity's 2022 Real World Testing Plan and Results utilized Sevocity version 12.0. Sevocity 12.0 was withdrawn from certification at the developer's request at the end of the calendar year.

Each product listed below was replaced by a newly certified CURES version (13.0) for 2023. The exception is the product listed as "Healthpac EHR", which Sevocity has permanently discontinued.

Product Name	Version	Certified Health IT Product List (CHPL) ID	Dates Withdrawn
Sevocity	12.0	15.04.04.2324.Sevo.12.00.1.171229	"Withdrawn by Developer" on Dec 31, 2022
Geriatrics Select EHR	12.0	15.04.04.2324.Geri.GE.00.1.180418	"Withdrawn by Developer" on Dec 31, 2022
Pain Care Select EHR	12.0	15.04.04.2324.Pain.PA.00.1.180418	"Withdrawn by Developer" on Dec 31, 2022
Surgery Select EHR	12.0	15.04.04.2324.Surg.SU.00.1.180418	"Withdrawn by Developer" on Dec 31, 2022
Healthpac EHR	12.0	15.04.04.2324.Heal.12.01.1.190131	"Withdrawn by Developer" on Dec 31, 2022

Inclusion of Data in Results Report: All data captured in the 2022 Real World Testing Results report was collected from the now withdrawn version 12.0 products listed in the preceding table.

Summary of Testing Methods and Key Findings

Executive Summary

The results of our initial Real World Testing plan and subsequent execution presents many lessons learned. Taken at face value, the 2022 results imply a low adoption rate and general lack of awareness of existing interoperability services amongst our selected participants. Furthermore, the self-provided retroactive feedback from a participant indicates errors executing the interoperability services under review. Rather than a failure of functionality, our review concludes the apparent difficulties as missed opportunities for real-time customer engagement and training of how the service functions.

Composition of 2022 Participants

With few notable exceptions, Sevocity's customers consists of small to medium size private practices. In 2022, five customers were arbitrarily selected to participate in Real World Testing; there was one participating practice for each setting of care that Sevocity markets:

	Participating Practice ID	Clinical Setting of Care	Number of Providers
1	SEVDUBOSE	Geriatrics	6
2	SEVGONE	Specialist/Surgical	1
3	SEVZPMOPS	Behavioral Health	3
4	SEVSFM	Family Practice	4
5	SEVWHISTX	OB/Gyn	2

For this first real-world testing process, the participants were arbitrarily selected. Our goal was to provide an unbiased look into a small slice of Sevocity's user population, believing they would be generally representative of Sevocity's user base. However, upon review of the low usage statistics, we hesitate to extrapolate conclusions regarding adoption rate across the program due to the small size of our participant pool.

In the next real-world testing iteration, we will increase the number of participants with at least one being a practice with a larger number of providers relative to a typical Sevocity customer. We will also consider utilizing a different group of participants per measure, when there may be known circumstances hindering adoption in some settings.

Participant Engagement and Metric Gathering

Each participant was evaluated over a pre-scheduled period of approximately six months. Customer engagement revolved around a primary point of contact per participating practice.

Some usage statistics were programmatically collected, while others relied solely upon the participant's feedback. Our intention was for participants to report any encountered difficulties contemporaneously so the issue could be reviewed, and assistance provided as necessary. However, no participant reported any issues contemporaneously; instead, perceived errors were summarily reported at the conclusion of their engagement.

In future iterations, we endeavor to improve upon participant communication and our methodology to gather independent and specific metrics. We are introducing additional automatic real-time metric

gathering within the product. This will provide reliable user adoption statistics, details of specific executions, and an indication of success/failure; all while not adding administrative burden to future participants.

Participant Reported Errors

As the details of this report will show, one participant (SEVSFM) reported 55 of the combined 56 perceived errors in this report. The number of reported errors by the participant exceeds the number of their attempts based on programmatic statistics. In retrospect, it is apparent that we did not sufficiently define what constitutes an "error" nor the proper reporting expectations (i.e., real-time details).

A thorough review by the product developer did not detect any discernible system or application issues to corroborate the participants' retroactive report.

Low Rate of Adoption

The results of this testing indicate low real-world adoption rate of the interoperability features among the 2022 participants. As previously noted, we will revise our participant selection methodology for 2023 to present more conclusive insight of the Sevocity customer population. In the meantime, we will focus additional efforts to educate and promote the available interoperability services to all customers, regardless of the overall size of the practice.

Standards Updates (including SVAP and USCDI)

Statement regarding whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

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

[X] No, none of my products include these voluntary standards (during the 2022 Real-World Testing period).

Standard	Version	Certification Criteria Affected
Applicability Statement for Secure Health Transport	1.3 May 2021	170.315(b)(1)
ONC Implementation Guide for Direct Edge Protocols	1.1 June 25, 2014	170.315(b)(1)
IHE IT Infrastructure Technical Framework Volume 2b (ITI TF-2b), Transactions Part B - Sections 3.29 - 2.43, Revision 7.0	August 10, 2010	170.315(b)(1)
HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use	July 2012	170.315(b)(1), 170.315(b)(2)

Standard	Version	Certification Criteria Affected
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	170.315(b)(1), 170.315(b)(2), 170.315(b)(6), 170.315(e)(1), 170.315(g)(9)
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	170.315(b)(1), 170.315(b)(2), 170.315(b)(6), 170.315(e)(1), 170.315(g)(9)
HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm	October 2019	170.315(b)(1), 170.315(b)(2), 170.315(e)(1), 170.315(g)(9)
CDC PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0	April 21, 2015	170.315(f)(2)
Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015; Erratum to the CDC PHIN 2.0 Messaging Guide, April 2015 Release for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings	April 2015	170.315(f)(2)
HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5	October 1, 2014	170.315(f)(1)
HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5) - Addendum	July 2015	170.315(f)(1)
HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 1 -Introductory Material	June 2015	170.315(c)(1), 170.315(c)(2)
HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 2 - Templates and Supporting Material, June 2015	June 2015	170.315(c)(1), 170.315(c)(2)

Standard	Version	Certification Criteria Affected
CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2020	4/30/2020, Updated 8/13/2020	170.315(c)(3)
Web Content Accessibility Guidelines (WCAG)	1.1 December 11, 2008	170.315 (e)(1)
International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition	September 2015 Release	170.315(b)(1), 170.315(b)(2), 170.315(b)(6)
ICD-10-CM	FY 2022 Release	170.315(b)(6)
RxNorm	September 8, 2015 Full Release Update	170.315(b)(2)
National Drug Code (NDC) Directory– Vaccine NDC Linker, updates through	August 17, 2015	170.315(f)(1)
HL7 Standard Code Set CVX— Vaccines Administered, updates through	August 17, 2015	170.315(f)(1)

Care Settings

The five clinical settings of care represented in the 2022 real world testing results are: Family Practice, Specialist/Surgical, Geriatrics, Obstetrics & Gynecology, and Behavioral Health. The table below indicates which care settings contributed to the results per measure.

	Family Practice	Specialist/Surgical	Geriatrics	OB/Gyn	Behavioral Health
170.315(b)(1) Transitions of Care	X	X	X	X	X
170.315(b)(2) Clinical information reconciliation and incorporation	X	X	X	X	X
170.315(b)(6) Data export	X	X	X	X	X
170.315(c)(1) Clinical quality measures (CQMs) — record and export **170.315(c)(2) Clinical quality measures (CQMs) — import and calculate** **170.315(c)(3) Clinical quality measures (CQMs) — report**	X	X	X	X	No RWT

	Family Practice	Specialist/Surgical	Geriatrics	OB/Gyn	Behavioral Health
170.315(e)(1) View, download, and transmit to 3rd party (View, download, transmit and view logs in the portal)	X	X	X	X	X
170.315(f)(1) Transmission to immunization registries	X	X	X	No RWT	No RWT
170.315(f)(2) Transmission to public health agencies – syndromic surveillance	X	No RWT	No RWT	No RWT	No RWT
170.315(g)(7) Application access – patient selection (API) **170.315(g)(8) Application access – data category request (API)** **170.315(g)(9) Application access – all data request (API)**	X	No RWT	No RWT	No RWT	No RWT

Metrics and Outcomes

170.315(b)(1) Transitions of care

Use Case 1: Create Patient Data (CCD format)

Use Case 1 - Create Patient Data (CCD format): Collected Results

	Participants	Number of times a CCD was exported	Number of errors during a CCD export	Success Rate of CCD Exports
1	SEVDUBOSE	1	0	100%
2	SEVGONE	0	N/A	N/A
3	SEVZPMOPS	1	1	0%
4	SEVSFM	1	5	N/A (insufficient information)
5	SEVWHISTX	0	N/A	N/A

Use Case 1 - Create Patient Data (CCD format): Summary

The “number of times a CCD was exported” was programmatically collected. The “number of errors encountered during a CCD export” was self-reported by the participants.

The results from the participants are inconsistent and not as anticipated. This feature is underutilized and represents opportunity for growth.

Though two participants retroactively reported errors at the conclusion of their real-world testing engagement, none of the participants contemporaneously reported difficulty using this feature. Nor did any non-participating customer report errors utilizing this feature during the same period. One participant reported success upon their single usage. The product developer's own contemporaneous regression tests were also successful without exception. Lastly, retroactive system review and inspection did not identify any service errors or anomalies that corroborates the participant-reported errors.

Rather than indicative of a failure of service, it is believed the results bring to light a need to promote the benefits of this feature. The results for this measure are indicative of a low adoption rate by the participants (based on the low number of attempts) and an unfamiliarity with how to use the feature (based on the participants' self-reported errors, which in one case exceeds the number of attempts).

Use Case 2: Send Patient Data via Direct

Use Case 2 - Send Patient Data via Direct: Collected Results

	Participants	Number of Clinical Summaries Transmitted	Number of Undeliverable Summary Transmissions	Number of Referrals Transmitted	Number of Undeliverable Referrals	Percentage of Deliverable Transmissions
1	SEVDUBOSE	0	N/A	1	0	100%
2	SEVGONE	0	N/A	0	N/A	N/A
3	SEVZPMOPS	0	N/A	3	0	100%
4	SEVSFM	1	1	3	0	75%
5	SEVWHISTX	0	N/A	0	N/A	N/A
TOTAL		**1**	**1**	**7**	**0**	**87.5%**

Use Case 2 - Send Patient Data via Direct: Summary

The "number of clinical summaries transmitted" and the "number of referrals transmitted" were programmatically collected. The number of "undeliverable" errors encountered for each was self-reported by the participants.

Although the statistics indicate low usage, there were several instances of successful transmissions.

No errors utilizing this service were contemporaneously reported (by any Sevocity customer). Retroactive system review and inspection by the product developer did not identify any service errors or anomalies that corroborates the participant-reported errors.

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

Use Case 1: Reconcile and incorporate patient data

Use Case 1 – Reconcile and incorporate patient data: Collected Results

	Participants	Number of CCDA Reconciliations Performed	Number of Errors Reported	Percentage of Error-free Reconciliations
1	SEVDUBOSE	0	N/A	N/A
2	SEVGONE	0	N/A	N/A
3	SEVZPMOPS	0	N/A	N/A
4	SEVSFM	3	27	N/A (insufficient information)
5	SEVWHISTX	0	N/A	N/A

Use Case 1 - Reconcile and incorporate patient data: Summary

The “number of CCDA reconciliations performed” was programmatically collected. The “number of errors reported” was self-reported by the participants.

It is with full transparency and good intent that all feedback provided by participants is included unedited – even if they are inconsistent with system audits. The 27 errors reported by a single participant for this Use Case account for half of all errors reported by the participant for the entirety of their real-world testing participation. This is indicative of a lack of communication between us and the participant, as no errors were proactively reported during the period. And more telling, the number of reported errors exceeds the number of attempts programmatically recorded - by a large margin. As stated earlier in this document, our definition of what constitutes an “error” may have been insufficient, as was our guidance of reporting expectations.

Since no other participant attempted to utilize this function, the rate of adoption of this service among the 2022 participants is virtually zero.

Use Case 2: Reconcile vs Import

Use Case 2 - Reconcile vs Import: Collected Results

	Participants	Number of CCDA Reconciliations Performed	Number of CCDs Imported	Percentage of Reconciliations
1	SEVDUBOSE	0	8	0%
2	SEVGONE	0	3	0%
3	SEVZPMOPS	0	0	N/A
4	SEVSFM	3	0	100%
5	SEVWHISTX	0	12	0%
	TOTAL	**3**	**23**	**11.5%**

Use Case 2 - Reconcile vs Import: Summary

The “number of CCDA reconciliations performed” and the “number of CCDs imported” were both gathered programmatically.

The metrics of this Use Case were only of informational interest. Specifically, our interest was to evaluate how frequently the participants were utilizing our recommended workflow of performing CCDA reconciliations rather than simply importing CCDs unreconciled. The gathered information presents an improvement opportunity.

170.315(b)(6) Data export

Use Case 1: Export Patient Data

Use Case 1 - Export Patient Data: Collected Results

	Participants	Number of Batch CCD Export Jobs Created	Number of Batch CCD Exports Downloaded	Number of Errors Reported	Percentage of Error-free Batch Exports
1	SEVDUBOSE	24	10	0	100%
2	SEVGONE	2	0	0	100%
3	SEVZPMOPS	0	N/A	N/A	N/A
4	SEVSFM	297	0	22	92.59%
5	SEVWHISTX	93	0	0	100%
	TOTAL	**416**	**10**	**22**	**94.7%**

Use Case 1 - Export Patient Data: Summary

The “number of batch CCD export jobs created” and the “number of batch CCD exports downloaded” were both gathered programmatically. The “number of errors reported” was self-reported by participants.

Again, with this Use Case, one participant retroactively reported 22 errors with no additional context. No other user, real-world testing participant or otherwise, reported any issues with the service. Nor did the developers detect any system issues or anomalies that corroborate the participant’s self-reported results. As stated earlier in this document, our definition of what constitutes an “error” may have been insufficient, as was our guidance of reporting expectations.

While the cumulative statistics indicate usage of this feature, there are indications that its real-world purpose and benefit may not be fully understood. Specifically, it is noted that very few of the exports were downloaded as would be expected in an interoperability workflow.

170.315(c)(1)(2)(3) Clinical quality measures (CQMs)

Use Case 1: eCQM Execution

Use Case 1 - eCQM Execution: Collected Results

	Participants	Number of eCQM executions	Number of Errors Reported	Percentage of Error-free eCQM executions
1	SEVDUBOSE	52	0	100%
2	SEVGONE	6	0	100%
3	SEVZPMOPS	3	0	100%
4	SEVSFM	0	N/A	N/A
5	SEVWHISTX	0	N/A	N/A

Use Case 1 - eCQM Execution: Summary

The “number of eCQM executions” was gathered programmatically; if an eCQM was executed multiple times, each counted as a distinct execution. The “number of errors reported” was self-reported by participants. The specific eCQM’s that were executed were also programmatically collected for internal information purposes.

The 2022 real-world testing evaluation period commenced in Q2, after the submission deadline.

Use Case 2: QRDA File Exports

Use Case 2 - QRDA File Exports: Collected Results

	Participants	Number of QRDA exports completed	Number of Errors Reported	Percentage of Error-free QRDA exports
1	SEVDUBOSE	7	0	100%
2	SEVGONE	0	N/A	N/A
3	SEVZPMOPS	0	N/A	N/A
4	SEVSFM	0	N/A	N/A
5	SEVWHISTX	0	N/A	N/A

Use Case 2 - QRDA File Exports: Summary

The “number of QRDA exports completed” was gathered programmatically. The “number of errors reported” was self-reported by participants.

Though the results may be indicative of low adoption rates, a significant consideration is that the CMS submission deadline was prior to the start of the participants’ real-world testing evaluation.

Use Case 3: Import and Calculate

Use Case 3 - Import and Calculate: Collected Results

	Participants	Number of Imports Executed	Number of Errors Encountered	Percentage of Error-free Imports
1	Product Developer	22	0	100%

Use Case 3 - Import and Calculate: Summary

This Use Case required the following software external to the Sevocity EHR application:

- QRDA Import Utility
- Cypress Test Tool

This Use Case was not applicable to any of the participants' workflows. Therefore, the product developer executed this Use Case directly. The exercise was performed with the production application using synthetic data in a production-like environment.

170.315(e)(1) View, download, and transmit to 3rd party

Use Case 1: Request, View, Download, and Transmit

Use Case 1 - Request, View, Download, and Transmit: Collected Results

Requests…

	Participants	Number of Times Patients Requested Health Data	Number of Errors Reported During Requests	Percentage of Error-free Health Data Requests
1	SEVDUBOSE	13	0	100%
2	SEVGONE	2	0	100%
3	SEVZPMOPS	0	0	N/A
4	SEVSFM	297	0	100%
5	SEVWHISTX	93	0	100%

Views…

	Participants	Number of Times Patients Viewed Health Data	Number of Errors Reported During Views	Percentage of Error-free Health Data Views
1	SEVDUBOSE	29	0	100%
2	SEVGONE	2	0	100%
3	SEVZPMOPS	0	0	N/A
4	SEVSFM	505	0	100%
5	SEVWHISTX	143	0	100%

Downloads…

	Participants	Number of Times Patients Downloaded Health Data	Number of Errors Reported During Downloads	Percentage of Error-free Health Data Downloads
1	SEVDUBOSE	5	0	100%
2	SEVGONE	0	0	N/A
3	SEVZPMOPS	0	0	N/A
4	SEVSFM	81	0	100%
5	SEVWHISTX	16	0	100%

Transmits…

	Participants	Number of Times Patients Transmitted Health Data	Number of Errors Reported During Transmits	Percentage of Error-free Health Data Transmits
1	SEVDUBOSE	0	0	N/A
2	SEVGONE	0	0	N/A
3	SEVZPMOPS	0	0	N/A
4	SEVSFM	5	0	100%
5	SEVWHISTX	0	0	N/A

Use Case 1 - Request, View, Download, and Transmit: Summary

The results for this Use Case are grouped by the user's specific action: request, view, download, or transmit. The "number of times…" statistics were programmatically gathered. The "number of errors reported…" statistics were self-reported by participants.

In the product's workflow, a patient's "request" for PHI is not synonymous with a patient's viewing of their PHI. The "request" makes the PHI available within the patient's portal account; while each time the patient views the PHI online is a distinct "view" event.

All collected metrics indicate the services performed successfully as expected.

The results indicate general patient awareness and engagement of the interoperability services available to them. Notably, transmits was a rarely used feature and will be a worthwhile trend to monitor in subsequent real-world testing iterations.

170.315(f)(1) Transmission to immunization registries

Use Case 1: Enter and send immunization data to registries

Use Case 1 - Enter and send immunization data to registries: Collected Results

	Participants	Number of Immunization Registry Messages Transmitted	Number of Immunization Registry Messages Rejected	Percentage of Error-free Immunization Registry Messages
1	SEVDUBOSE	65	0	100%
2	SEVGONE	N/A	N/A	N/A
3	SEVZPMOPS	N/A	N/A	N/A
4	SEVSFM	160	0	100%
5	SEVWHISTX	N/A	N/A	N/A

Use Case 1 - Enter and send immunization data to registries: Summary

The “number of immunization registry messages transmitted” and the “number of immunization registry messages rejected” were gathered programmatically. Not all immunization registries currently return a message upon rejection, in which case, we would have requested participants to self-report; however, registries utilized for this Use Case do programmatically respond when/if a message was rejected.

Though adoption rate of this feature among the participants is low, there was sufficient use collectively to demonstrate real-world success of this available offering.

Use Case 2: History/Forecast

Use Case 2 - History/Forecast: Collected Results

	Participants	Number of Hx/Forecast Attempts	Number of Errors Reported	Percentage of Error-free Hx/Forecast
1	SEVDUBOSE	0	N/A	N/A
2	SEVGONE	0	N/A	N/A
3	SEVZPMOPS	0	N/A	N/A
4	SEVSFM	0	N/A	N/A
5	SEVWHISTX	0	N/A	N/A

Use Case 2 - History/Forecast: Summary

The “number of Hx/forecast attempts” was programmatically gathered. The “number of errors reported” was dependent upon self-reporting by participants.

No 2022 participant attempted a real-world usage of this service. Further internal analysis is necessary to determine if this is indicative of the general user base or only of these participants. In the next iteration of real-world testing, closer consideration will be given when selecting the participants for this specific feature.

170.315(f)(2) Transmission to public health agencies – syndromic surveillance

Use Case 1: Syndromic Surveillance Registration Data

Use Case 1 - Syndromic Surveillance Registration Data: Collected Results

	Participants	Number of Syndromic Surveillance Registration Exports	Number of Errors Encountered	Percentage of Error-free Syndromic Surveillance Registration Exports
1	Product Developer	5	0	100%

Use Case 1 - Syndromic Surveillance Registration Data: Summary

This Use Case was not applicable to any of the participants' workflows. Therefore, the product developer executed this Use Case directly. The exercise was performed with the production application using synthetic data in a production environment.

The available service performed as expected with no issues encountered.

Use Case 2: Discharge Only

Use Case 2 - Discharge Only: Collected Results

	Participants	Number of Syndromic Surveillance Discharge Exports	Number of Errors Encountered	Percentage of Error-free Syndromic Surveillance Discharge Exports
1	Product Developer	5	0	100%

Use Case 2 - Discharge Only: Summary

This Use Case was not applicable to any of the participants' workflows. Therefore, the product developer executed this Use Case directly. The exercise was performed with the production application using synthetic data in a production environment.

The available service performed as expected with no issues encountered.

170.315(g)(7)(8)(9) Application access

Use Case 1: Query Patient Data

Use Case 1 - Query Patient Data: Collected Results

	Participants	Number of Queries Invoked	Number of Errors Encountered	Percentage of Error-free Queries Returned
1	Product Developer	7	0	100%

Use Case 1 - Query Patient Data: Summary

This Use Case required the following software external to the Sevocity EHR application:

- API Test Harness

This Use Case was not applicable to any of the participants' workflows. Therefore, the product developer executed this Use Case directly. The exercise was performed using synthetic data in a production-like environment.

The available service performed as expected with no issues encountered.

Key Milestones

Milestone	Planned Date	Actual Date
Development of instructions, surveys, and feedback reporting mechanism	February 2022	February 2022
Development of scripts/tools to gather data	February 2022	January 2022
Identification and onboarding of Customers/Users	March 2022	March 2022/April 2022
Begin collection of data	April 2022	April 2022
Collect data and review	Quarterly beginning 2022 Q2	Quarterly beginning 2022 Q2
Follow up with Users to discuss progress and any issues	Quarterly beginning 2022 Q2	Quarterly beginning 2022 Q2
Final collection of all data for 2022	January 2023	December 2022
Analysis of data and report creation	January 2023	January 2023
Submit Real World Testing Report to ONC-ACB	February 2023	January 2023