# 2025 Real World Testing Plan

## Executive Summary

This is the real-world test plan for CY 2025 for our certified EHR software, iClinic. It is very similar with last year's approved real world test plan with a few minor alterations and updates.

As with last year's plan, it provides the real-world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real World Testing). We believe these test methods will be appropriate and value in accessing certification criteria and interoperability of exchanging electronic health information within the care and practice setting of customers.

We also include the timeline and milestones for completing the real-world testing in 2025, and information about compliance with the USCDI v1 and SVAP updates.

# Developer 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.

Authorized Representative Name: Steve Peng

Authorized Representative Email: steve.peng@mdland.com

Authorized Representative Phone: 212-363-8000

Authorized Representative Signature:

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# General Information

**Plan Report ID Number: iClinic_RWT_2025**

**Developer Name: MDLand International**

**Product Name(s): iClinic**

**Version Numbers(s): v12.3**

**Certified Health IT Criteria: 315(b)(1)-(3), (b)(10); (c)(1)-(3); (e)(1); (f)(1); (g)(7), (g)(9), g(10); (h)(1)**

**Product List (CHPL) ID(s) and Link(s):**

**15.04.04.1828.iCli.12.00.1.181221**
**https://chpl.healthit.gov/#/organizations/developers/829**

**Developer Real World Testing Page URL:**
**https://www.mdland.com/iClinicEHR/RWTP2025**

# Timeline and Milestones for Real World Testing 2025

Quarter 1, 2025: Communicate with client clinics to determine participants in 2025 real-world testing. The goal is to have enough clients committed to real world testing by the end of the first quarter.

Quarter 2 & 3, 2025: During the 2nd and 3rd quarter of 2025, the real-world testing with Participating clinics and providers will be scheduled and performed. Testing will be done either online or on site. Results will be documented in the test results section and then used to build the test report. If any non-compliance is observed, we will notify the ONC-ACB of the findings and make the necessary changes required.

Quarter 4, 2025: During the last quarter of the year, the CY 2025 real-world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission.

February 2026: Submit 2025 test results to our ONC-ACB.

# Standards Updates (SVAP and USCDI) (Proposed)

| | |
|---|---|
| Standard (and version) | All standards versions are those specified in USCDI v1. The developer plans to use SVAP to update its (c)(3) to the current CMS implementation guide version for eCQM reporting. |
| Date of ONC-ACB notification (SVAP or USCDI) | April 2025 for CY 2022 CMS IG |
| Date of customer notification (SVAP only) | April 2025 for CY 2022 CMS IG |
| USCDI-updated certification criteria (and USCDI version) | The plan documents the support of all USCDI v1 data elements. |

# Real World Testing Measurements

**The measurements for our real world testing plan are described below. Each measurement contains:**

- Associated ONC criteria
- Testing Methodology used

Description of the measurement/metric Justification for the measurement/metric
Expected outcomes in testing for the measurement/metric Number of client sites to use in testing (if applicable)

- Care settings which are targeted with the measurement/metric

In each measurement evaluate, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

## Testing Methodologies

**For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.**

- Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.
- Compliance and/or Tool: This methodology uses inspection to evaluate if EHR is compliant to the ONC criteria requirements. It can be done through 1-v-1 inspection testing or utilize various tools to measure or evaluate compliance and interoperability. If an EHR Module capabilities is not widely used in production by current users, compliance inspection can provide assurance criteria is working as previously certified.
- Survey: This methodology evaluates interoperability and compliance of EHR Module capabilities through feedback from users. This methodology can provide insight into how clinicians employ and use a feature which reveals actual value and impact of interoperability of the EHR Module.

## Number of Clients Sites

Within each measure, we note the minimum number of clients or client sites we plan to use for this measure evaluation. The numbers vary depending on the methodology as well as overall use of the associated EHR Module criteria by our users. For criteria that are not widely used by our customer base,

we may test the respective measure in our own production-sandbox environment given lack of customer experience with the criteria functionality.

## Care and Practice Settings Targeted

Our EHR targets different care settings, including family practice, internal medicine, general practice, pediatrics, and some other settings. While we do have different physician types using our EHR, our workflow design is based on general ambulatory encounters. In each measure, we do also address the care settings targeted and note any necessary adjustment or specific factor to consider with this specific measure.

# Real World Testing Measurements

## RWT Use Case #1: Transition of Care C-CDAs and Clinical Reconciliation

**Associated Criteria:** 170.315(b)(1), 170.315(b)(2), 170.315(h)(1)

**Relied Upon Software:** Surescripts Clinical Direct Messaging (for (b)(1))

### Measurement Description

During 3 months of testing period, we will track a sample of our users to create and send referrals/consultation letters with attached summary of care CCDA files to a 3rd party using direct messaging. Only a limited number of CCDA files with error will be sent by intention.

Meanwhile, we will also track down CCDAs received from 3rd parties incorporated into the patient record and then updating the patient's problem list, medication list, and medication allergy list with the clinical data contained in the CCDA.

## Measurement Justification

iClinic Application supports the capabilities of send/receive the care/referral summaries from other certified health IT system. The goal of this approach is to demonstrate that both the interoperability and conformance capabilities of the certified health IT are consistent with the requirement of 170.315(b)(1), (b)(2) and (h)(1) certification criterion. This will be done through the test scenarios included in the plan. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission which reveals compliance to the associated criteria listed above. Through testing, we can also determine compliance to the associated criteria listed above in real world use. The number of CCDA files exchanged during the testing period will provide insight into how clinicians view both the use and value of this interoperability feature.

## Expected Outcome

- Providers or authorized users should be able to send and receive CCDA to/from external providers through direct messaging.
- Providers or authorized users should be able to approve/accept CCDA received and perform the clinical reconciliation and incorporation data into patients' medical records.

## Care Settings and Number of Clinics to test

We will test this use case in the general ambulatory sites that we support. A minimum of 3 clinics will be tested, which should be sufficient to cover functionalities used by most of our clients.

## RWT Use Case #2: Electronic Prescription

### Associated Criteria: 170.315(b)(3)

### Relied Upon Software: N/A

### Measurement Description

During 3 months of testing period, selected providers will performing electronic prescribing activities in their normal way. Meanwhile, they will be requested to search patients' medication history from time to time. The success rates of the following measures will be recorded:
Measure 1: Create new Rx and Refill
Measure 2: Change Rx
Measure 3: Cancel Rx
Measure 4: Refill Request
Measure 5: Receive fill status notifications (RXFILL)
Measure 6: Request and receive medication history information

## Measurement Justification

MDLand iClinic Application supports eRx functionality to external pharmacies via Surescripts certified health IT system. The goal of this approach is to demonstrate that the Electronic Prescription can be successfully transmitted in conformance capabilities and requirement of 170.315(b)(3). This will be done through the test scenarios included in the plan.

## Expected Outcome

Providers should be able to send electronic prescriptions successfully to pharmacies with all the features listed in the matric above.

## Care Settings and Number of Clinics to test

We will test this use case in the general ambulatory sites that we support. A minimum of 3 clinics will be tested, which should be sufficient to cover functionalities used by most of our clients.

## RWT Use Case #3: Batch Patient Data Export

### Associated Criteria: 170.315(b)(10)

## Relied Upon Software: N/A

### Measurement Description

During 3 months of testing period, Providers will be requested to create data export requests and download resulted data files for at least 5 times at different date/time either real time or scheduled. The success rates of the following measures will be recorded:
Measure 1: Create data export request (Single patient & batch patient)
Measure 2: Download resulted data files
Measure 3: Data files contain all the required data elements

## Measurement Justification

MDLand iClinic Application supports batch CCDA export of multiple patients at a time.
The goal of this approach is to demonstrate that both the interoperability and conformance capabilities of the certified health IT are consistent with the requirement of 170.315(b)(10) certification criterion. This will be done through the test scenarios included in the plan

## Expected Outcome

1) Authorized Users should be able to export patient CCDA files for single patient or batch patients
2) Authorized Users should be able to specify the patient population by applying certain filters.

## Care Settings and Number of Clinics to test

We will test this use case in the general ambulatory sites that we support. A minimum of 3 clinics will be tested, which should be sufficient to cover functionalities used by most of our clients

## RWT Use Case #4 Quality Measures

## Associated Criteria: 170.315(c)(1), 170.315(c)(2), 170.315(c)(3)

## Relied Upon Software: N/A

### Measurement Description

This measure is tracking how many eCQM quality measures were successfully reported on by the EHR Module to CMS during their submission period for MIPS Quality reporting

### Measurement Justification

MDLand iClinic Application supports the capabilities of recording, generating, and reporting CQM measures for all eligible patients and also enabling providers to import and calculate CQM measures for a list of patients The goal of this approach is to demonstrate that both the interoperability and conformance capabilities of the certified health IT are consistent with the requirement of 170.315(c)(1), (c)(2) and (c)(3) certification criteria. This will be done through the test scenarios included in the plan.

## Expected Outcome

1. Providers or authorized users should be able to capture requirement data elements for selected CQM measures and export QRDA I
2. Providers or authorized users should be able to import QRDA I and recalculate selected measures
3. Providers or authorized users should be able to generate QRDA III CCDAs for reporting

## Care Settings and Number of Clinics to test

We will test this use case in the general ambulatory sites that we support. A minimum of 3 clinics will be tested, which should be sufficient to cover functionalities used by most of our clients

# RWT Use Case #5 Patient Portal Use

## Associated Criteria: 170.315(e)(1)

## Relied Upon Software: Surescripts Clinical Direct Messaging

## Measurement Description

This measure is tracking and counting how many C-CDAs are created and successfully sent from the EHR Module to a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

## Measurement Justification

MDLand iClinic Application supports the patient portal functionality, which allows patients to get access to their clinical summary documents and to download/transmit to a third party.

The goal of this approach is to demonstrate that both the interoperability and conformance capabilities of the certified health IT are consistent with the requirement of 170.315(e)(1) certification criterion. This will be done through the test scenarios included in the plan

## Expected Outcome

1) Providers or authorized users should be able to generate and send CCDA to patient portal

2) Patients should be able to access/view CCDA files and download/transmit the files

## Care Settings and Number of Clinics to test

We will test this use case in the general ambulatory sites that we support. A minimum of 3 clinics will be tested, which should be sufficient to cover functionalities used by most of our clients

# RWT Use Case #6 Immunization Registries Use

## Associated Criteria: 170.315 (f)(1)

## Relied Upon Software: N/A

## Measurement Description

During 3 months of testing period, selected providers will be giving immunizations to patients in their normal way. The following measures will be recorded:
Measure 1: Create immunization
Measure 2: Upload immunization
Measure 3: Vaccine history (download)
Measure 4: Vaccine forecast

## Measurement Justification

MDLand iClinic Application supports transmission of patient immunization records to state/city registries. The goal of this approach is to demonstrate that both the interoperability and conformance capabilities of the certified health IT are consistent with the requirement of 170.315(f)(1) certification criterion. This will be done through the test scenarios included in the plan.

## Expected Outcome

Providers or authorized users should be able to exchange immunization information real-time with state/city registries with required fields

## Care Settings and Number of Clinics to test

We will test this use case in the general ambulatory sites that we support. A minimum of 3 clinics will be tested, which should be sufficient to cover functionalities used by most of our clients

# RWT Use Case #7 API Access

**Associated Criteria**: 170.315 (g)(7), 170.315 (g)(9), 170.315 (g)(10)

**Relied Upon Software**: Surescripts Clinical Direct Messaging (for (g)(7), (g)(9))

## Measurement Description

This use case is to track how outside systems or applications are connecting to iClinic via the SMART on FHIR API with Transport Level Security Encryption (HTTPS). Providers who want to provide patient information to third party via the direct connection with iClinic EHR will be able to participate this test Provider initiates the data exchange process by generating a user credential (Connection ID / Password) through iClinic web API, and delivers the user credential to third party. Third party software will be able to use the credential to query a validated patient's clinical data via the API provided by iClinic. API specification can be reviewed by the link: https://www.mdland.com/iClinicEHR/APIdocument

Pre-requirement 1: Ability to generate user credential via iClinic web API by a provider
Pre-requirement 2: Delivery of the user credential to third party

The following measures will be recorded:

Measure 1: Ability to show g.10 Service Base URL as a FHIR-based format that contains all related organization details.

Measure 2: Ability to create a secure connection with the third-party system by returning a patient ID based on a single patient information provided by third party system

Measure 3: Ability to responds to data category request from a third-party system and provide the single patient's clinical data on one category selected by a third-party system

Measure 4: Ability to provide the single patient's all-data requested from third-party systems

## Measurement Justification

MDLand iClinic supports the feature of SMART on FHIR API with Transport Layer Security encryption (HTTPS). All response messages are either in JSON or XML format. The goal of this approach is to demonstrate that both the interoperability and conformance capabilities of the certified health IT are consistent with the requirement of 170.315(g)(7)(9)(10) certification criteria. This will be done through the test scenarios included in the plan

## Expected Outcome

1. Authorized third party user should be able to create secure connection with iClinic EHR

2. Authorized third party user should be able to request/query a patient's clinical data on selected data category from iClinic EHR
3. Authorized third party user should be able to request/query a patient's clinical data on all data category from iClinic EHR

## Care Settings and Number of Clinics to test

We will test this use case in the general ambulatory sites that we support. A minimum of 3 test cases will be tested, which should be sufficient to cover functionalities used by most of our clients