



2024 Real World Testing Plan Results

Background and Introduction

This is the real-world test plan for year 2024 for MDLand iClinic (certified EHR product). As ONC has stated, “The objective of real-world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT’s certification.” We worked toward this objective in designing our test plan and its subsequent real world testing measurements and metrics.

The test plan builds toward the final testing measurements and metrics we will use to evaluate our product interoperability within production settings. Within each use case, we document associated ONC criteria, measurement description, justification for measurement, expected outcomes from the testing, care settings applied for the respective measure, and if applicable the number of clients to use our real-world testing approach.

We have included our timeline and milestones for completing the real-world testing in 2024, and information about compliance with the Standards Version Advancement Process 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.

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A handwritten signature in black ink, appearing to be "SP" followed by a stylized flourish.

Date: 2/13/2025



General Information

MDLand RWT Document Version: RWT202401

Developer Name: MDLand International

Product Name(s): iClinic

Version Numbers(s): 12.3

Certified Health IT Criteria:

715.315(b)(1), (2), (3), (6); (c)(1) - (c)(3); (e)(1); (f)(1), (g)(7)-(9); g(10), (h)(1)

Product List (CHPL) ID and Link:

15.04.04.1828.iCli.12.00.1.181221

<https://chpl.healthit.gov/#/listing/9814>

Developer Real-World Testing Page URL:

<https://www.mdland.com/iClinicEHR/RWT>



Timeline and Milestones for Real-World Testing 2024

Quarter 1, 2024: Communicate with client clinics to determine participants in 2024 real-world testing. The goal is to have enough clients committed for real world testing by the end of the first quarter.

Quarter 2 & 3, 2024: During the 2nd and 3rd quarter of 2024, 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, 2024: 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. The test plan will be prepared for submission.

February, 2025: Submit 2024 test results to our ONC-ACB.

Standards Version Advancement Process (SVAP) Updates

For calendar year 2024, we are not planning to make any version updates on approved standards through the SVAP process.

Standard (and version)	None
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
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



Summary

Use Case Components

The use cases for our real-world testing plan are described below. Each use case contains:

- Associated ONC criteria
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Care Settings and Number of Clinics to test

In each use case, we elaborate specifically on our justification for choosing the 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.

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 Clinics

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

MDLand is primarily targeted to general ambulatory practices such as internal medicine and pediatrics, so our measures were designed for this setting. In each measure, we do also address other care settings in our client base when needed and note any necessary adjustment or specific factor to consider with this specific measure.



2024 Real World Testing Use Cases

Use Case #1. Transition of Care CCDA and Clinical Reconciliation

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

- 1) Providers or authorized users should be able to send and receive CCDA to/from external providers through direct messaging.
- 2) 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.

Testing Results

Relied Upon Software - Surescripts Clinical Direct Messaging (Version 2017 Edition)



Practices Queried: 5

Practices Reporting Results/Utilizing Certification Functionality: 5

Reporting Interval: 3 months (1/1/2024 – 3/31/2024)

The results are shown in the below table:

Clinic Name	Direct Message Sent	Direct Message Received	Reconciliation Performed
Clinic 1	1664	54	2
Clinic 2	1298	1	0
Clinic 3	1182	89	79
Clinic 4	936	121	163
Clinic 5	975	38	10
Average	1211	61	51

We used Surescripts Secure Direct Messaging service to deliver C-CDAs between providers, and it performed as initially certified and in accordance with ONC criteria.

Analysis and Key Findings

Of the clients tested, they use Direct Edge protocol in connecting to a HISP for successful data transmission to support their data interoperability exchange. As 4 tested clinics are internal medicine clinics, they sent more direct messages than what they received. One remaining clinic is a dermatology clinic so the clinic only received one direct messaging and has no reconciliation performed. These results do show our EHR can work with providers using different health IT system for C-CDA exchange.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes to this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.



Use Care #2 Electronic Prescription

Associated Criteria: 170.315(b)(3)

Measurement Description

During 3 months of testing period, selected providers will perform 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 matrix above.

Care Settings and Number of Clients Site 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.

Testing Results

Relied Upon Software - Surescripts eRx Clearinghouse (Version 2017 Edition)

Practices Queried: 10

Practices Reporting Results/Utilizing Certification Functionality: 10

Reporting Interval: 3 months (1/1/2024 – 3/31/2024)

The Results are shown in the following table:

Feature	New Rx	Change Rx Request	Change Rx Response	Cancel Rx Response	Refill Request	Refill Response	Medication History Request/Response
Average #	82839	406	179	953	5658	2684	49782
Median #	35548	291	140	478	4594	2702	14184

Analysis and Key Findings

Electronic prescribing is required in New York State and many other states, so the tested electronic prescribing features are widely used by all the clinics across all the specialties. RWT testing results reveals our EHR Module functionality is working as expected with the following specific findings:

- 1) One of the tested clinics is a big MSO clinic comprising of multiple divisions and providers. They take care of a large number of patients and sent out much more electronic prescribing msgs than the average clinics did during the measurement period. That's why the median numbers are derived from the average numbers.
- 2) The Change Rx response number is less than the change Rx request number, which could possibly mean that our providers were not fully utilizing the change Rx response feature.
- 3) The Refill Rx response number is less than the change Rx request number, which could be due to the fact that a few providers were not getting used to use the Refill Rx response feature.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes to this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.



Use Case #3 Batch Patient Data Export

Associated Criteria: 170.315(b)(6)

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

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)(6) certification criterion. This will be done through the test scenarios included in the plan.

Expected Outcome

- 1) Authorized Users should be able to batch export patient CCDA files.
- 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.

Testing Results

Practices Queried: 3

Practices Reporting Results/Utilizing Certification Functionality: 3

Reporting Interval: 3 months (1/1/2024 – 3/31/2024)

Test Results are shown in the following table:

- 1) Patient data export request times and patient counts

Clinic Name	Data Export Request times	Patient Counts
Clinic 1	1	1
Clinic 2	2	27962
Clinic 3	1	33999
Average	1.3	20654

2) Data elements requested / downloaded

- Patient
- Allergies
- Problem
- Social History
- Preoperative Diagnosis
- Immunizations
- Assessment and Plan
- Procedures
- Vital Signs
- Reason for Referral
- Lab Results
- Medications
- Functional Status Note
- Reason for Visit
- Document
- Instructions
- Plan Of Care
- Encounters
- Family History
- Hospital Discharge Instructions
- Medical Equipment
- Assessment
- Goals
- Mental Status
- Health Concerns
- Health Status Evaluations and Outcomes
- Interventions
- Privacy Markings

Analysis and Key Findings

1) For all the clinics tested, they successfully downloaded the patient data every time they requested.

2) All the requested patient data export results had all the required data elements.

The combination of 1 and 2 shows that batch patient export feature in our software works well, and the clinics did use them to fulfill their purposes.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.



Changes to this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.



Test Case #4 Quality Measures

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

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.

Testing Results

Practices Queried: 10

Providers Reporting Results/Utilizing Certification Functionality: 10

Reporting Interval: 3 months (1/1/2024-3/31/2024)

Test results show that:

- 1) Providers submitted 1-6 measures, with average 5 measures
- 2) 26 different measure submissions across 10 different providers
- 3) Most common measures submitted were:
 - CMS 68 (Documentation of Current Medications in the Medical Record)



- CMS 138 (Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention)
- CMS 22 (Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented)
- CMS2 (Preventive Care and Screening: Screening for Depression and Follow-Up Plan)

Analysis and Key Findings

Our results reveal our EHR Quality Measure Report feature is working correctly with very few reported issues. It also reveals the measures that are mostly used by our community providers.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes to this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.



Use Case #5 Patient Portal Use

Associated Criteria: 170.315(e)(1)

Measurement Description

This use case is tracking how patients are given access to their portal account over the testing period. During the testing period, Providers will be creating and sending clinical summaries to patient portal, whereas patients will be viewing, downloading, and transmitting the CCDA files received to a third party.

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.

Testing Results

Practices Queried: 5

Practices Reporting Results/Utilizing Certification Functionality: 5

Reporting Interval: 3 months (1/1/2024-3/31/2024)

Testing results shown that:

- 1) Number of Patients Who have Access or Logged into Patient Portal during the testing period:

Clinic Name	Number of patients
Clinic 1	5919
Clinic 2	2502
Clinic 3	2412
Clinic 4	2011
Clinic 5	1321
Average #	2833
Median #	2412

2) Number of Patients Who gained Access to Patient Portal during the testing period:

Clinic Name	Number of patients
Clinic 1	1744
Clinic 2	187
Clinic 3	146
Clinic 4	119
Clinic 5	45
Average #	448
Median #	146

Analysis and Key Findings

Our results reveal our patient portal is used by all the clinics tested. As all the tested clinics are internal medicine clinics operated by community providers, the relatively small difference in average results verses the median indicated that these clinics use their patient portal module in our software in a similar way.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes to this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.



Use Case #6 Immunization Registries Use

Associated Criteria: 170.315 (f)(1)

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.

Testing Results

Practices Queried: 5

Practices Reporting Results/Utilizing Certification Functionality: 5

Reporting Interval: 3 months (1/1/2024-3/31/2024)

Test results show that:

	Number of Immunization Messages created	Number of Immunization Messages Successfully uploaded	Number of Immunization Messages Successfully downloaded	Number of Immunization forecast Messages
Average#	10448	2566	6783	844
Median#	4393	1788	3851	355



Analysis and Key Findings

For practices connected to an immunization registry, they were able to create and share data with the registry. Also, they downloaded immunization data and forecast data. As we included multiple specialties for this measure, some clinics had much more immunization records uploaded and downloaded than some other ones, which aligned with their patient population.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes to this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.



Use Case #7 API Access

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

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://fhir.mdland.net/>

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 (This step is not provided by MDLand. Provider and the third part will negotiate a secure way to exchange the user credential)

The following measures will be recorded:

Measure 1: 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 2: Ability to respond 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 3: Ability to provide the single patient's all-data requested from third-party systems

Measurement Justification

MDLand iClinic support the feature of RESTful 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)(8)(9) 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

Testing Results

We tested the API functionality of 3 providers within our test practice. We used fake patient data and everything worked as expected.

Analysis and Key Findings

While we do not yet have any external applications using our APIs in production, our results indicate they should be able to successfully connect with us through our API.

Non-Conformities or Errors Discovered

During our testing, we did not discover any errors or criteria non-conformities.

Changes to this Measure from Original RWT Test Plan

We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.