

21st Century Cures Act - Real World Test Plan

Developer Attestation

As a developer of software certified under the Office of the National Coordinator for Health Information Technology Health IT Certification Program, NextStep Solutions is pleased to submit this Real World Test Plan for calendar year 2022 in accordance with 2015 Edition and 2015 Cures Update Edition certification criteria.

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.

NextStep Solutions

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Plan Report ID Number: Developer Name: NextStep Solutions <u>https://www.nssbehavioralhealth.com/</u> Product Name: NextStep Version Number: 10 Certified Health IT Product List (CHPL) ID: <u>15.04.04.2057.Next.10.01.0.210607</u> ONC-ACB Certification ID: <u>15.04.04.2057.Next.10.01.0.210607</u> Developer Real World Testing Page URL: <u>nssbehavioralhealth.com/21st-Century-real-world-test-plan-and-results</u>

Summary and Goals:

Under the ONC Health IT Certification Program (Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). As Health IT developers, NextStep Solutions has prepared the real world testing plan to adhere to the compliance requirements for certified criteria(s) listed below

- § 170.315(b) Care Coordination
 - § 170.315(b2) Clinical information reconciliation and incorporation
 - § 170.315(b6) Data Export
- § 170.315(e1) View, Download, Transmit to 3rd Party

This document covers the real world test plan for above criteria with measurement, metrics, care settings, justification, test methodology, and expected outcome for the ONC Health IT Certification Program.

Key Milestones	Date frame
Recruit/Select User Collaborative Partners for RWT	By December 31, 2021
Logistics/scheduling for Real World Testing w/Clinics	1/1/2022-1/31/2022
RWT Execution for certification criteria w/Practices Q1	By 3/31/2022
RWT Execution for certification criteria w/Practices Q2	By 6/30/2022
RWT Execution for certification criteria w/Practices Q3	By 9/30/2022
RWT Execution for certification criteria w/Practices Q4	By 12/15/2022
Analysis and test report creation	1/1/2023-1/31/2023
Submit final 2022 RWT results to ONC	March 2023
Submit 2023 RWT plan results to Drummond	11/15/2022

Schedule of Key Milestones



Standards Updates (SVAP and USCDI)

Developer has not updated CHITM to any new standards as part of SVAP or the Cures Update criteria as of this date nor plan to prior to the execution of the 2022 Real World Test.

Standard (and version)	All standards versions are those specified in USCDI v1, HL7 v2.5.1, HL7 v3
Method used for standard update	not applicable
Date of ONC ACB notification	not applicable
Date of customer notification (SVAP only)	not applicable

Justification for Real World Testing Approach

NextStep is a behavioral health EHR with customers who serve patients who suffer from mental illness or substance abuse disorders. Scenarios in behavioral healthcare often involve patients who may not be coordinating care with a primary care physician; however, there are instances when a primary care physician is providing psychiatric services and requires treatment updates (or health summary) for ongoing medication management. Additionally, patients may travel through levels of care throughout the course of treatment. It is important to note that while the use cases for the exchange of information exist and are necessary, patients often intentionally limit the information shared, exercising their rights to privacy with respect to their mental health and substance abuse care.

As such, the Care Setting of ambulatory behavioral health settings will be used for Real World Testing with awareness of slow adoption of interoperable data exchange in the behavioral health community due to patient confidentiality and customer needs and requests. Consistent with the ONC's recommendation that "Real World Testing verify that Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange", this test plan incorporates a unit testing/case study approach that engages both the provider and the patient in the testing process and in summative and formative evaluation of the results from those tests. The NextStep Solutions Real World Testing Plan will encompass the following to evaluate and improve upon interoperability for our users in the real world:

• Interactive Testing: we will partner with our clinics to demonstrate successful use of interoperability functionality within their workflow using real patients and patient data.



This testing will be also used to identify challenges which will then be used to inform improvements and ongoing work. Where it is not possible to replicate RWT in a live setting with real patients, we will use sample patient data to ensure that certified capability demonstrates ongoing compliance with updated standards and code sets.

Care Settings

Ambulatory Behavioral Health

Justification:

Certified NextStep Solutions services outpatient ambulatory behavioral health clinics as described above in the Justification for Real World Testing Approach. All aspects of the Real World Testing Plan will be from the Ambulatory Behavioral Health setting and in partnership with clinics using the certified technology in the real world.

SUMMATIVE ASSESSMENT METRICS

The following metrics will be measured by viewing audit logs and reporting systems available to track the behavior of the certified Health IT module during a given time frame. All metrics are designed to reflect the core elements of the criteria, demonstrate interoperability, and document the success rate of the certified capability being used. In most cases we elected to record these metrics over a 90-day period.

The continued measurable use of certified capabilities will provide implicit evidence of successful implementation of the required certified capability. This is especially meaningful in cases where interoperability with outside systems is demonstrated. In cases where it is not possible to determine "success" via an explicit confirmation by a receiving system, success will be defined as a transmission where no error was received from the destination system or its intermediaries. Additionally, we will review internal customer and vendor issue tracking systems for reports of failures or unsatisfactory performance in the field.

None of the following criteria were updated to the Cures Update version of criteria prior to August 31, 2021. As a result, all testing is scheduled to be conducted against the 2015 Edition version of the criteria.



Criterion	Metric	Care Setting	Justification and Expected Outcome
170.315 (b)(2): Clinical Information Reconciliation and Incorporation	Over a 90-day period: 1) Number of CCDA received into NSS that were parsed successfully	Ambulatory Behavioral Health	This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. The expectation is each of these steps is done electronically within the certified Health IT module. While this certified capability is available to our users, most providers in the real world typically prefer to perform these steps manually and elect to save any outside received CCDAs as attachments to the patient record. Therefore, we intend to record the frequency that providers are electronically reconciling and incorporating CCDAs that were received from outside providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.
170.315(e)(1) View, Download, Transmit	 View Download and transmit CCDA 1) Number of views, and number of downloads, and number of transmissions across the patient population 	Ambulatory Behavioral Health	This criterion requires the ability of a patient to receive a CCDA to download, view it in a human readable format and have the ability to transmit it to another provider using direct messaging or email. The expectation is each of these steps is done electronically within the certified Health IT module. We intend to record the frequency that patients are viewing their clinical information in a human readable format, downloading CCDAs, and transmitting them to other providers. We will track these as three separate metrics. Our expectation is there will be low utilization by patients with a high success rate.

Interactive Test Plan

The following test plans will be executed to demonstrate Real World certified capabilities for criteria using a unit testing approach to ensure clinician and patient involvement, evaluation, and feedback in our Real World Testing Process. Our overall goals include:

- Real world demonstration of the criteria is provided to demonstrate that it functions in the real world with stakeholder evaluation and feedback.
- To ensure that the interoperability and exchange of data in real world settings is functioning as designed, in a usable format and to guide future developments and improvements in order to increase adoption and utilization across all practices.



High Level Interactive Test Plan:

- Care Settings: All interactive testing will be performed for our single care setting (Ambulatory Behavioral Health) as listed above.
- Test Environment: All interactive testing will be performed in a live, production environment.
 - Developer uses recorded Webexes for training and issues with existing clients in all care settings. In order to demonstrate functionality in the real world, existing practice workflows and real patients will be used. PHI will be protected according to NextStep Solution's HIPAA policy for storing and protecting PHI.
 - The plan for interactive testing of the criteria described below in the real world will be to engage with a Clinician in sites for our care settings, as a representative sample to show that this certified capability works in the real world and that it works the same way in all practice sites.
- Test Data: Wherever possible, live patient data will be used in a production setting in the real world. Where it is not possible to use real patient data, simulated patient data will be used in production environments in order to be as representative as possible of real-world deployments. Precautions will be taken to reduce the risk of exposure to PHI.
- Testing Partners: As part of the Behavioral Health ambulatory care setting, interoperability and exchange of electronic health data will be available to our customers by January 2022. This includes receiving reports from settings outside the outpatient care office and reconciling the data to update the medical record inside the EHR. In order to facilitate exchange of patient data, those care teams can send a referral with CCDA via Direct Messaging with important healthcare information to provide coordinated patient care.

The Clinical Sites for Interactive Testing will choose to represent our aggregate client base, while all share the same care setting (Outpatient Behavioral Health Care). Our plan is to identify and select:

- Small/medium-sized practices
- Large enterprise practice

These practices ideally will all do the following:

- Send Direct Messages and CCDAs to other care settings (such as specialists for referrals)
- Receive Direct Messages and CCDAs from at least 2 different sources on a regular basis (ideally from more than one external EHR vendor)
- Have implemented the NextStep Patient portal to facilitate View/Download/Transmit of CCDAs by patients

Criterion	Interactive Test Plan	Care Setting	Justification and Expected Outcome
170.315(b)(2)-	NextStep EHR Real World	Ambulatory Behavioral	Receiving, incorporating, and reconciling relevant
Clinical	Testing Team member will	Health (single care	clinical information will be tested in the real
information	work with identified	setting)	world in a ambulatory setting in order to receive



reconciliation and incorporation	providers at testing partner sites to:	information from other health care providers for care coordination
170.315 (g)(6): CCDA creation	-Log on to the client site with a provider and additional identified care team member -Send a patient referral with attached CCDA to someone in their referral network -Choose incoming Direct Messages with attached CCDAs and perform clinical reconciliation according to usual workflow	 NextStep certified for (170.315 (g)(6)-CCDA creation, but relies on certified partner Dynamic Health IT ConnectEHR to create CCDAs. As part of interactive testing, we will test to ensure that this process launched from inside the EHR works as designed. Expected outcomes: User will be able to choose a patient and send a Direct Message with a CCDA attachment to a healthcare provider without experiencing an error If possible, will confirm with Direct network that the message with CCDA transmitted successfully without errors If unable to confirm successful transmission, will work to send Test Patient information in practice's EHR (used for testing/practicing) to another EHR partner to confirm it is received and the attached CCDA can be reconciled without errors. Inbound transitions of care will be tested in the real world by receiving, incorporating, and reconciling three inbound Direct Messages with CCDA transitions of care. Expected outcomes: User will recognize external Direct Message has been received within the ConnectEHR inbox. User will follow trained workflow and confirm that the following certified USCDIv1 criteria can be reconciled without errors: allergies, problem lists, medications (if included in incoming CCDA) User will confirm that reconciled data displays as expected in the EHR



170.315(e)(1)- View, download, and transmit to 3rd party	NextStep EHR Real World Testing Team member will work with identified providers and patients at testing partner sites to: -Log on to the patient portal site with a provider and a patient from that providers case team - View generated health summaries associated to that patient - Download patient health summary CCDA and human readable -Transmit a patient health summary with attached CCDA to someone in their referral network using the MaxMD Direct HISP	Ambulatory Behavioral Health (single care setting)	As part of health information exchange, clinics are able to create summaries for a patient. The summaries are sent to the patient portal where the patient can view, download, and transmit them to a 3rd party. The practice will create summaries for an active patient. The patient will log into the patient portal and view and download the data in both human readable and CCDA formats and provide them to the provider who created them for inspection. Ideally, the patient will transmit the summaries from the portal to a 3rd party provider using secure email or direct messaging, provided they can find a 3rd party provider willing to cooperate with testing during the testing period. Expected outcomes: Provider will be able to create summaries Patient is able to access both human readable and CCDA formats of data from the patient portal Provider will verify that the exported summaries in the CCDA contain the correct data and that the human readable version is readable and contains complete and correct information Patient is able to transmit the data to a cooperating 3rd party or, if not, they can transmit it back to the provider who generated it A cooperating 3rd party (or provider who generated it) received the information and verified that it is complete and correct
170.315(b)(6)- Data Export	NextStep EHR Real World Testing Team member will work with identified providers at testing partner sites to: -Identify if they use this functionality in their	Ambulatory Behavioral Health (single care setting)	Bulk CCDA creation has limited real world adoption for most behavioral health practices. One typical scenario might be a practice leaving the EHR vendor, which will be difficult to test.We will use a real world environment to simulate and test the functionality.



workflow -Demonstrate functionality with Test patients already in their system if not part of	Practice will select several test patients and date range and will create CCDAs for that group within the EHR.
their usual workflow	 Expected outcomes: User will be able to create CCDA files for several patients and a date range without errors User will confirm that the result contains the appropriate patients and date range User will confirm access to the CCDA files is available within the bulk export tool

Collaborative Partners

In order to experience the full benefit of interoperable data exchange, NextStep Solutions partners with the following organizations to ensure our clients/practices can fully participate in the sharing of information:

MaxMD Direct mdEmail®

MaxMD Direct mdEmail serves as NextStep Solutions HISP so that practices can exchange information, including CCDAs via Direct Messaging. MaxMD Direct is used for patients to transmit via Direct Messaging)170.315(e)(1)- View, download, and transmit to 3rd party). Our test plan includes the use of MaxMD Direct as the direct messaging provider.

Dynamic Health IT ConnectEHR

The Dynamic Health IT ConnectEHR serves as NextStep Solution's collaborative partner in providing CCDA creation (170.315 (g)(6): Consolidated CDA Creation). Dynamic Health IT ConnectEHR will be providing their Real World Testing Plan to satisfy this component.