



StrateqEHR for Hospitals and Health Systems v5
2024 Real-World Testing Plan

General Information

Plan Report ID Number	20231025str
Developer Name	Strateq Health, Inc
Product Name(s)	StrateqEHR
Version Number(s)	V5
Certified Health IT:	2015 Cures Edition
Certified Health IT Product List (CHPL) ID(s)	15.05.05.3097.STRQ.01.00.1.220105
Developer Real World Testing Plan Page URL	https://strateqhealth.com/product-certification/

Justification for Real World Testing approach

In accordance with the ONC’s requirement that “Real World Testing” be utilized to ensure Certified Health IT continues to perform as intended, Strateq Health will conduct testing and measure observations of interoperability and data exchange. This test plan focuses on capturing and documenting the number of times that certified capability is successfully utilized in a real-world setting.

If no evidence of utilization exists, due to lack of adoption of certified capabilities, or inability to capture said data for other reasons, we will demonstrate the certified capabilities utilizing a setting as close to real world implementation as possible.

We will utilize a two-fold approach to demonstrate successful real-world implementations:

Summative Testing

Summative testing methods will be used to determine which actions were performed during a prescribed period.

This will be measured utilizing internal reports, reviewing audit logs within StrateqEHR to determine the frequency these actions were performed during this time-period as well as, (when possible) the success of those actions.

The adoption rate will be determined by the number of patient admissions during this period that demonstrate usage of our interoperability functionality divided by the total number of admissions during said 60-day period.

Based on our current limited production sites, we will complete this 60-day period in Q3 of 2024. The actual number of sites and patients will be dependent on applicable production sites

Interactive Testing

Interactive testing will be used to demonstrate conformance to requirements where the adoption rate of specific certified capability is zero. Interactive tests will require a live test as opposed to examining 60-day usage statistics.

These tests will be demonstrated by utilizing “user stories”.

The goal is to allow a user to demonstrate the certified Health IT module being used in a way consistent with their own practice or care setting.

As all certification criteria apply broadly to the care settings we support, the Real-World Testing plan will incorporate several certifications into one plan.

Standards Updates

StrateqEHR has not been changed/updated since our 2015 CURES Edition Certification.

Care Settings

StrateqEHR is marketed primarily to small, rural Critical Access Hospitals, Small/Prospective Payment System Hospitals, as well as Free Standing Emergency Rooms

Care Setting	Justification
Critical Access Hospitals	Critical Access Hospitals (CAHs) serve rural areas across the US – they must be designated as a CAH based on multiple criteria, including: must be more than 35 miles from the nearest hospital facility, limited to inpatient stays less than 4 days, utilize a cost-based reimbursement for Medicare services (differing from non-CAH facilities). They frequently work closely with extended care facilities (LTAC). Due to the nature and location of these facilities, utilization and adoption of electronic health systems and interoperability functionality is often limited.

Prospective Payment System Hospitals	PPS (Prospective Payment System) hospitals are reimbursed on a fixed payment schedule, are not limited to shortened hospital stays or location. These facilities may utilize their EHRs more robustly than CAH or Free-Standing Emergency Room facilities.
Free-Standing Emergency Rooms	Free-Standing Emergency Rooms, are licensed facilities, structurally separate from a hospital and provide emergency care. These facilities do not fall under CAH or PPS guidelines and until COVID were not approved to bill Medicare/Medicaid. Most of these facilities do not utilize interoperability functionality, nor are they certified to participate in the Promoting Interoperability Medicare Program. Although our system supports the use of interoperability for these facilities, adoption and utilization is rarely used.

Measures used in Overall Approach

For each metric we will describe these elements

- Description of metric
- Associated certification criteria
- Care setting addressed
- Justification for selected metric
- Expected Outcomes

Summative Assessment Metrics

The following metrics will be measured by reviewing audit logs and reporting systems available to track the behavior of StrateqEHR during the defined timeframe. These metrics reflect the core elements of the criteria, demonstrating interoperability and the success of the certified capabilities.

When it is not possible to determine successful interoperability via confirmation from a receiving system, we will define success as transmission was made and no error message received from the receiving system.

Criterion	Metric	Relied Upon Software (if applicable)	Care Setting	Justification/Expected Outcomes
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<p>170.315 (b)(1) Transitions of Care</p>	<p>Over a defined 60-day period:</p> <ol style="list-style-type: none"> 1. Number of CCDs created 2. Number of CCDs sent via edge protocol 3. Number of CCDs received via edge protocol <p>*CCDs refer to Continuing Documents, Referral Notes, and Discharge Summaries</p>	<p>N/A</p>	<p>Critical Access Hospitals</p> <p>Prospective Payment System Hospitals</p>	<p><u>DESCRIPTION/JUSTIFICATION:</u></p> <p>This criterion requires a certified Health IT module to create CCDs according to specified standards and vocabulary code sets, as well as the ability to send and receive these CCDs utilizing edge protocols.</p> <p>Because it is not possible to demonstrate that all required standards and code sets are used (as not all CCDs may contain all elements) or that we can obtain CCD documents from outside system, we intend to demonstrate these capabilities by:</p> <p>Recording/documenting the frequency CCDs are created and exchanged with other systems to show the capability is available and effective within StrateqEHR regardless of frequency of use.</p> <p><u>Benchmark:</u></p> <p>Our benchmark is a rate of 80% or higher success in creating/sending documents of total attempts during a defined 60-day period, and 80% or more success in successful receipt compared with total attempts from external sources.</p> <p><i>NOTE: we do not control the content or frequency our sites will receive these documents from external systems.</i></p> <p>This data will be captured/calculated within StrateqEHR reports/monitoring.</p> <p><u>EXPECTATION:</u></p> <p>Our expectation is (based on our current clientele), there will be minimal utilization by providers but a high success rate when this</p>
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				functionality is utilized.
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<p>170.315 (b)(2) Clinical information reconciliation and incorporation</p>	<p>Over a defined 60-day period:</p> <p>Number of times user reconciles medication list data from a received CCD</p> <p>Number of times user reconciles allergies/intolerances from a received CCD</p> <p>Number of times user reconciles the problem list data from a received CCD</p> <p>*CCDs refer to Continuing Documents, Referral Notes, and Discharge Summaries</p>	<p>First Data Bank (FDB)</p>	<p>Critical Access Hospitals</p> <p>Prospective Payment System Hospitals</p>	<p><u>DESCRIPTION/JUSTIFICATION:</u></p> <p>This criterion requires the certified Health IT module to take a CCD received via edge protocol from an outside system, match to correct patient, display, and allow a provider to reconcile the Medication, Allergy and Problem List data to the patient record.</p> <p>We are integrated with First Data Bank for our pharmacy module which includes RXNorm code translation as well as allergy interaction checking/database – this integration allows us to interpret the medication and allergens from incoming CCDs and utilizing the standardized coding systems, integrate this data into our patient record (EHR) if desired by the clinician.</p> <p><u>BENCHMARK:</u></p> <p>The benchmark for reconciling and incorporating (medications/allergies/problems) data from an external CCD is 80% or greater success of total attempts during a defined 60-day period, understanding there are several factors not within our control – including receipt of document, the validity of data within the document received, as well as the clinician desire to reconcile and incorporate said data into our EHR. Based on these variations we will incorporate any/all attempt of reconciliation of any of the three data types into one test/result.</p> <p>This data will be captured/calculated within StrateqEHR reports/monitoring</p> <p><u>EXPECTATIONS:</u></p>
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				Our expectation is (based on our current clientele) there will be minimal utilization by users, but a high success rate when this functionality is utilized.
170.315 (b)(3) Electronic prescribing	Over a defined 60-day period: Number of prescriptions created Number of prescriptions changed Number of prescriptions cancelled Number of prescriptions renewed	New Crop	Critical Access Hospitals Prospective Payment System Hospitals Free-Standing Emergency Rooms	<p><u>DESCRIPTION/JUSTIFICATION:</u></p> <p>This criterion requires the certified Health IT module to perform prescription-related electronic transactions (eRX) using required standards.</p> <p>We intend to demonstrate effectiveness by recoding how often eRX transactions are performed by examining reports from our certified eRX partner (NewCrop). This will demonstrate the eRX transactions are being entered within our system, successfully received by our partner and managed by the eRX clearinghouse.</p> <p><u>Benchmark:</u></p> <p>The benchmark for Electronic Prescribing is 80% or greater success of all medications prescribed during a defined 60-day period will be handled successfully with ePrescribing via NewCrop</p> <p>NOTE: based on our current clientele, the number of prescriptions changed/cancelled and renewed will be minimal if at all as this is usually handled by the patients PCP not inpatient or ED provider.</p> <p>This data will be captured using internal reports/monitoring from StrateqEHR and NewCrop.</p> <p><u>EXPECTATIONS:</u></p> <p>Based on our current clientele we expect the adoption of creating</p>

				prescriptions within our system to be high with a high success rate, but, based on workflow for these care settings, we expect minimal if any usage of the changing/cancelling/renewing prescription functionality that is available within our system.
170.315 (f)(1) Transmission to immunization registries	Over a 60-day define period: Number of immunization records submitted to the immunization registry Number of times a user pulls/requests immunization history and forecast from the immunization registry	N/A	Critical Access Hospitals Prospective Payment System Hospitals	<u>DESCRIPTION/JUSTIFICATION:</u> This criterion requires the certified Health IT module to transmit immunization data to a registry utilizing a standardized format, enable user to request/access, and display patient's immunization history and forecast from the registry. <u>BENCHMARK:</u> The benchmark for transmission to an immunization registry is 80% of vaccines administered will be successfully transmitted to the immunization registry during a defined 60-day period. 80% of attempted pulls/requests for history and forecast from the immunization registry will be successful during this defined 60-day period. <u>EXPECTATIONS:</u> Based on our current clientele, we expect minimal usage of this functionality (as hospitals are not primary sources of immunization documentation), yet we expect the success rate of those minimal usage to be high.
170.315 (f)(2) Transmission to public health agencies – Syndromic	Over a 60-day defined period: Number of syndromic surveillance events	N/A	Critical Access Hospitals	<u>DESCRIPTION/JUSTIFICATION</u> This criterion requires the certified Health IT module to transmit syndrome-based public health

Surveillance	created and submitted		Prospective Payment System Hospitals	<p>surveillance data to a registry utilizing specific format. We will record the frequency that this data is submitted to the registry to demonstrate capability is available and effective.</p> <p><u>BENCHMARK:</u></p> <p>The benchmark for the creation and submission of syndromic surveillance events successfully transmitting/accepted is 80% within a defined 60-day period.</p> <p><u>EXPECTATIONS:</u></p> <p>Based on our current clientele, we expect minimal usage of this functionality, with high success rate.</p>

Interactive Testing

The following testing plans will be executed to demonstrate Real World certified capabilities where metrics are not available due to no adoption of these criteria – either due to lack of interest, or other factors such as low implementation sites.

*Note: currently no current live sites are utilizing the interoperability functionality available within our system.

High Level Interactive Test Plan

Criterion	Interactive Test Plan	Justification/Expected Outcomes
170.315 (b)(1) Transitions of Care	<p>Strateq has built this workflow to enhance the user experience – automating the creation/sending of any/all CCD documents (referral notes/discharge summary and CCD) to the patient portal upon discharge.</p> <p>This workflow requires our clients to utilize our partner Bridge Patient Portal, with integration points at registration</p>	<p>Justification:</p> <p>Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms)</p> <p>If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our</p>

	<p>and at discharge.</p> <p>Strateq also has the ability built in to send additional documents to other facilities/providers at discharge – this is currently a manual process.</p> <p>StrateqEHR will create 10 patients, each with unique captured data within the patient record, and integrated with Bridge Patient Portal.</p> <p>Once discharged, this data will be automatically sent to the patient’s portal account where it can be viewed, downloaded and transmitted to other systems as desired.</p> <p>We will also take 5 of these created patients/data and send to the ONC test tool for validation of successful transmission.</p> <p>Codified data that will be captured within the patient record via registration process and clinical documentation will include:</p> <ul style="list-style-type: none"> ✓ USCDI v1 data elements ✓ Assessment and plan of treatment ✓ Goals ✓ Health concerns ✓ Unique device identifier(s) for implantable devices ✓ Encounter diagnoses ✓ Cognitive status ✓ Discharge instructions 	<p>integrated functionality utilizing interactive testing in a simulated real-world environment.</p> <p>Expected Outcomes:</p> <p>All 10 patients we simulate, will upon discharge automatically send the appropriate CCD document (Discharge Instructions/CCD/Referral Note) to the patient portal account.</p> <p>The 5 patients/data we send to the ONC test tool will pass validation as well.</p>
<p>170.315 (b)(2) Clinical information reconciliation and incorporation</p>	<p>Strateq has developed the functionality/workflow for users to reconcile and incorporate data from incoming CCDs to the patient medical record in StrateqEHR.</p> <p>Once a patient’s CCD is received from another system, the document is validated and attached to the correct patients record.</p>	<p>Justification:</p> <p>Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms)</p> <p>If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our</p>

	<p>The clinician then can view the incoming document in human-readable format, as well as having the ability to reconcile (side by side) the data and determine if/what data they wish to incorporate from the incoming document to our system</p> <p>StrateqEHR will simulate receipt of 10 patient CCDs within the system, allowing the testing user to view/reconcile and incorporate data from the incoming CCD.</p> <p>The data fields we will demonstrate reconciliation and incorporation include:</p> <ul style="list-style-type: none"> ✓ Medications ✓ Allergies/Intolerances ✓ Problems 	<p>integrated functionality utilizing interactive testing in a simulated real-world environment.</p> <p>Expected Outcomes:</p> <p>All 10 patients/CCDs will contain Medication, Allergy/Intolerances and problems which will successfully be viewed and incorporated into the patient record in StrateqEHR.</p>
<p>170.315 (f)(1) Transmission to immunization registries</p>	<p>Strateq has developed the functionality to transmit immunization data to an immunization registry, as well as the ability to request/access and display a patients immunization history and forecast from this registry.</p> <p>StrateqEHR will simulate transmission of immunization data for 10 patients to the ONC test system, including all scenarios required for the ONC 2015 Cures Edition Certification.</p>	<p>Justification:</p> <p>Currently none of our live sites are using this integrated functionality based on their Care Setting (Free-Standing Emergency Rooms)</p> <p>If we do not have any appropriate care settings live by the planned start of our 90-day data collection timeline, we will demonstrate our integrated functionality utilizing interactive testing in a simulated real-world environment.</p> <p>Expected Outcomes:</p> <p>StrateqEHR will demonstrate successful transmission and requesting/accessing and displaying patient forecast for all 10 patients utilizing the ONC test tool.</p>
<p>170.315 (f)(2) Transmission to public health agencies – Syndromic Surveillance</p>	<p>Strateq has developed the functionality to send data to Syndromic Surveillance registries.</p> <p>StrateqEHR will simulate transmission of Syndromic Surveillance data to the ONC test system for 10 patients -</p>	<p>Justification:</p> <p>Currently none of our live sites have implemented or are using this functionality based on their Care Setting (Free-Standing Emergency Rooms)</p>

	including all scenarios required for the ONC 2015 Cures Edition Certification.	Expected Outcomes: StrateqEHR will demonstrate successful transmission of data for all 10 patients utilizing the ONC test tool.
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Schedule of Key Milestones

Real World test planning will begin in Q1 2024 – the 60-day reporting period is planned to be completed between July - September 30, 2024.

Key Milestone	Care Setting	Date/Timeframe
Identification of participating sites/users	<ul style="list-style-type: none"> ○ Critical Access Hospitals ○ Prospective Payment System Hospitals ○ Free-Standing Emergency Rooms 	Quarter 1-2 2024
Data Collection	<ul style="list-style-type: none"> ○ Critical Access Hospitals ○ Prospective Payment System Hospitals ○ Free-Standing Emergency Rooms 	60 days (actual dates TBD) during Q3 7/1/2024-9/30/2024.
Review/Collate data	<ul style="list-style-type: none"> ○ Critical Access Hospitals ○ Prospective Payment System Hospitals ○ Free-Standing Emergency Rooms 	October 15, 2024 – November 15, 2024
Write Report	<ul style="list-style-type: none"> ○ Critical Access Hospitals ○ Prospective Payment System Hospitals ○ Free-Standing Emergency Rooms 	November 16 – December 30, 2024

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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Authorized Representative Signature

A handwritten signature in black ink, appearing to be 'CS YEE', written over a horizontal line.

Date: October 15, 2023