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2023 Real World Test Plan | Results Phase

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]
Developer Name
Product Name(s): Raintree
Version Number(s): 10.2.500
Certified Health IT Product List (CHPL) Product Number(s):
15.04.04.2841.Rain.10.01.1.221206
Developer Real World Testing Plan Page URL:
https://www.raintreeinc.com/certified-health-it-product-certification/
Developer Real World Testing Results Report Page URL [if different from above]:

[OPTIONAL] CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	Reason [Describe the reason this change occurred]	Impact [Describe what impact this change had on the execution of your Real World Testing activities]
N/A	No changes made to plan.	

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SUMMARY OF TESTING METHODS AND KEY FINDINGS

Provide a summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability.

If any non-conformities were discovered and reported to the ONC-ACB during testing, outline these incidences and how they were addressed.

Note: A single Real World Testing results report may address multiple products and certification criteria for multiple care settings.

Real-World interoperability testing of our application and usage by our clients concluded that all certified criteria in our Real World Test Plan for plan year 2022 is determined to be functionally sound. Test methodologies include quarterly monitoring of reports, queries, and logs (as applicable) to show usefulness of deployed features, as well as validated quality assurance of product features. Raintree did not experience non-conformities of any certified criteria during testing.

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STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI)

Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.

Indicate as to 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.
- [ ] No, none of my products include these voluntary standards.

Standard (and version)	USCDI V1 maintenance.
Updated certification criteria and associated product	All applicable USCDI criteria.
CHPL Product Number	15.04.04.2841.Rain.10.01.1.221206
Conformance measure	N/A

CARE SETTING(S)

The expectation is that a developer's Real World Testing is conducted within each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use.

List each care setting that was tested.

- Medical speciality category includes: Rheumatology, Pain Management, Podiatry, Pediatrics, Behavioral Health, and Primary Care.
- Therapy speciality category includes: Adult and Pediatric physical, occupational, and speech-language therapy

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METRICS AND OUTCOMES

Health IT developers should detail outcomes from their testing that successfully demonstrate that the certified health IT:

1. is compliant with the certification criteria, including the required technical standards and vocabulary codes sets;
2. is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use; and/or,
3. EHI is received by and used in the certified health IT.

Health IT developers could also detail outcomes that did not result from their measurement approach if that better describes their efforts.

Within this section, health IT developers should also describe how the specific data collected from their Real World Testing measures demonstrate their results. Where possible, context should be provided to the measures and results to understand the number of sites/users/transactions tested for the specified measures (i.e., the denominator for comparison to the reported results). If applicable, any Relied Upon Software that is used to meet a criterion's requirements should be included in this section.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Explanation of Outcomes	Challenges Encountered and Reportable Results
Facilitate transitions of care	B.1, B.2, B.6	Kno2 (b.1)	Quarterly review through the Promoting Interoperability Transitions of Care report verified patient care documents/care summaries are successfully sent and received by clinicians and their	Q1: Send: 295/295 Receive: 17/17 Q2: Send: 179-179 Receive: 53/53 Q3: Send: 145/145 Receive: 61/61 Q4: Send: 159/159 Receive: 47/47

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			care teams.	Quarterly review of utilization of this functionality verified care documents and/or referral summaries were successfully transmitted by both sending and receiving clinicians or care team at a 100% success rate for Client A.
Patient Access to Personal Health Information	E.1	N/A	Quarterly log review to analyze efficiencies of patient exchange of health information determined how often patients (end-users) were accessing health information to view, download, and transmit their health information from the patient portal.	Client A: Q1: 5151/6912=74.5% Q2: 5103/6806=75% Q3: 5073/6661=76.2% Q4: 5202/6759=77% Client B: Q1: 2725/3465=78.6% Q2: 2955/3842=76.9% Q3: 2932/3807=77% Q4: 2779/3606=77.1%

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Volume	B.3	DoseSpot	This measure was able to quantify the volume of electronic prescriptions generated by clients on a quarterly basis. Outcomes concluded an overwhelming amount of electronic prescriptions used by clients via third-party software, DoseSpot. The expected outcome was met that the eRx module is being utilized by our prescribing physicians and providing an accurate count of prescriptions being sent to pharmacies.	We collected results for one client that has the highest amount of electronic prescriptions in our client-base. The following are the success rates by quarter. Q1 - electronic prescriptions were utilized at a rate of 99.5% Q2 - electronic prescriptions were utilized at a rate of 99.8% Q3 - electronic prescriptions were utilized at a rate of 99.7% Q4 - electronic prescriptions were utilized at a rate of 99.8%
Prescription Status	B.3	DoseSpot	The intent of this measure is to utilize the report that categorizes the status of each	Report details on both controlled and non-controlled medications were listed and filtered

			prescription generated in Raintree into: pending prescriptions; completed electronic prescriptions; printed prescriptions; and electronic prescriptions with errors. Note: Expected outcomes were met, as it is expected that clinicians and clinical staff will be able to review prescription status in a timely manner. Pending prescriptions should always be reviewed and completed. Errors in transmission are tracked and reviewed for best next steps.	based on identified categories. Q1: Pending prescriptions: 0 Completed Prescriptions: 788 Printed Prescriptions: 6 eRx with errors: 22 Q2: Pending prescriptions: 0 Completed Prescriptions: 372 Printed Prescriptions: 0 eRx with errors: 4 Q3: Pending prescriptions: 0 Completed Prescriptions: 700 Printed Prescriptions: 10 eRx with errors: 0

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				Q4: Pending prescriptions: 0 Completed Prescriptions: 2012 Printed Prescriptions: 2 eRx with errors: 2
Exchange of appointment data	G7, G8, G9	N/A	The Appointment Reminder Report was analyzed on a routine basis to show status of appointment reminders sent out to patients. Functionality was verified by the volume of text messages being sent to patients who had an appointment.	Expected results concluded that every patient who requested an appointment did receive a text message reminder with a successful delivery status through bidirectional exchange from Raintree to service provider, Twilio, through WebAPI transmission. The following are the monthly reports of sent appointment reminder text messages: January - 1230 February - 1084 March - 1303 April - 1258

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				May - 1519 June - 1683 July - 1480 August - 1507 September - 1299 October - 1657 November - 1617 December - 1574
Potential patient records converted to actual patient records	G7, G8, G9	N/A	The Lead to Patient Conversion Report was used to identify the number of potential (lead) patient records that have been executed in client databases. In addition, this report showed the number of converted lead records that are now patients with an appointment in client databases. Outcomes verified tracking the number of potential patient requests that turn into actual patient appointments is an important	Reportable results identified that upon completion of the patient form on the customer's website, a patient request was automatically generated, which resulted in the reduction of manual entry for office staff that use the new patient records for scheduling, encounter paperwork, etc. This workflow demonstrates interoperability through API integration between website forms and Raintree to create a new

			aspect of patient management.	patient record. There were no reported errors or challenges during the measurement period. Data was reviewed quarterly. Q1: 219/564 Q2: 118/750 Q3: 138/837 Q4: 71/879 Denominator value: new patient visits Numerator value: patient visits that turned into patient records with established care.
Transmission to Immunization Registry	F1	N/A	This metric validates successful and secure transfer of patient health information by form of immunization records from one provider or care entity to a public health registry.	Data logs in real-world client settings prove successful and secure transfer of Immunization data records to their local public health registry in New York state. We collected monthly logs for a pediatric therapy client.

				There are not any reported challenges encountered during this measurement period. January : 5654 February : 4183 March : 4820 April : 4016 May : 5159 June : 4589 July : 3942 August : 5628 September : 5404 October : 6665 November : 6631 December : 4639
Data exchange for inbound and outbound Secure Messaging	H1	Kno2	Verification of data exchange among clinical staff for inbound and outbound Secure Messaging was complete via log review for completeness of direct messaging usage.	Results were collected on a pediatric client and medical client. Results below are shown quarterly and indicate volume or use of outbound secure messaging.

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				Client A Q1: Inbound - 0 Outbound - 2297 Q2: Inbound - 0 Outbound - 1424 Q3: Inbound - 0 Outbound - 2214 Q4: Inbound - 0 Outbound - 2016 Client B Q1: Inbound - 0 Outbound - 404 Q2: Inbound - 0 Outbound - 377 Q3: Inbound - 0 Outbound - 359 Q4: Inbound - 0 Outbound - 277 *Our two sample clients are not currently utilizing inbound secure messaging through Kno2.

Conformance to §170.315(f)(2) - Transmission to public health agencies — syndromic surveillance criterion requirements.	F2	N/A	This metric validates successful and secure transfer of patient health data from clinician or health system to public health agency.	No challenges were encountered during testing. Results showed conformance to the capability to send data to public health registries for lab results. Results are shown below by quarter and indicate the volume of lab results sent out to a public health registry. Client A: Q1: 2533 Q2: 2437 Q3: 2152 Q4: 1767
Compliance to §170.315(f)(5) - Transmission to public health agencies — electronic case reporting criterion requirements.	F5	N/A	This metric validates successful and secure transfer of patient health data from clinician or health system to public health agency.	No challenges were encountered during testing. Results showed conformance to the capability to send data to public health registries. This was a small subset of data, as we do not have a

				lot of clients that utilize this feature.

KEY MILESTONES

Include a list of key milestones that were met during the Real World Testing process. Include details on how and when the developer implemented measures and collected data. Key milestones should be relevant and directly related to outcomes discussed.

For each key milestone, describe when Real World Testing began in specific care settings and the date/time frame during which data was collected.

Key Milestone	Care Setting	Date/Time Frame
Conduct testing and begin collecting results	Ambulatory therapy	1/1/2023
Quarterly review of data metrics	Ambulatory therapy	Monthly or Quarterly, 2023
End of Real World Testing period/final collection of data for analysis	Ambulatory therapy	12/31/2023
Finalized results	Ambulatory therapy	1/30/2024

ATTESTATION

Real World Testing Results are complete with all required elements, including measures that address all certification criteria and care settings. All information in these results are up to date and fully address the Health IT Developer's Real World Testing requirements.

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