

# REAL WORLD TESTING RESULTS REPORT

## BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify health IT developers' responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist health IT developers in developing their Real World Testing plans and results reports.

[A Real World Testing plan template](#) was created to assist health IT developers in organizing the required information that must be submitted for each element in their Real World Testing plan. To accompany the plan template, ONC has also provided this results report template.

While the use of this template is voluntary, health IT developers may find it useful in preparing their Real World Testing results report(s). Health IT developers must submit one year of results to address the Real World Testing of eligible products as outlined in their previous year's Real World Testing plan(s). If adjustments to approaches are made throughout Real World Testing, the health IT developer should reflect these adjustments in their Real World Testing results report. ONC expects that the results report will include a list of these changes, the reasons for them, and how intended outcomes were more efficiently met as a result.

**While every effort has been made to ensure the accuracy of restatements of 45 CFR Part 170, this template is not a legal document. The official program requirements are contained in the relevant laws and regulations. This resource should be read and understood in conjunction with the following companion resources, which describe in detail many of the Certification Program requirements referenced in this resource.**

- [Real World Testing—What It Means for Health IT Developers – Fact Sheet](#)
- [Real World Testing Resource Guide](#)
- [Real World Testing Certification Companion Guide](#)

Health IT developers should also review the following regulatory materials, which establish the core requirements and responsibilities for Real World Testing under the Certification Program.

- 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program final rule, [85 FR 25642](#) (May 1, 2020) (**ONC Cures Act Final Rule**)
  - [Section VII.B.5](#) — “Real World Testing”

## TEMPLATE INSTRUCTIONS

The following template is organized by elements required to be submitted in the Real World Testing results report. Each section provides a field for submitting responses and/or explanations for how the health IT developer addressed each required element in their Real World Testing approach. These fields serve as a foundation of information required for developing a Real World Testing results report and can be expanded with additional rows or columns to address the specific needs of the Real World Testing results being submitted.

## GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: Foothold Technology, Inc.

Product Name(s): AWARDS

Version Number(s): 3.0

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.1500.AWAR.03.00.1.171220

Developer Real World Testing Plan Page URL: <https://footholdtechnology.com/human-services-software/meaningful-use/>

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]

## [OPTIONAL] WITHDRAWN PRODUCTS

*If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.*

<b>Product Name(s):</b>	
<b>Version Number(s):</b>	
<b>CHPL Product Number(s):</b>	
<b>Date(s) Withdrawn:</b>	
<b>Inclusion of Data in Results Report:</b> [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	

## 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.*

*The method we primarily used to count and report most of our Real World Testing results was querying audit records that track user actions and use of our EHR's features, across all of our EHR installs/users.*

*For counts of licenses, we ran a report in our CRM and then compared the counts to query counts. For example, we were able to query our audit records for use of certified capabilities that are licensed separately, such as Electronic Prescribing, and validate our values with the data in our CRM related to license agreements. For measures with relied upon software, we asked our partner vendors for help in supplying the counts for our shared customers.*

*We continue to experience low adoption of some of our EHR features and the low adoption rate is reflected in some of the measures where we were unable to report non-zero results on live data. As instructed, we used synthetic data to demonstrate functionality and outcomes when real world testing results showed no live data.*

## 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)	
Updated certification criteria and associated product	
CHPL Product Number	
Conformance measure	

### 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.*

### Behavioral Health

### 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.

(from 85 FR 25766)

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)	Outcomes	Challenges Encountered (if applicable)
Number of contracted customer agencies of the EHR: <i>Total number of instances (hosted site URL + db) of the certified Health IT system, regardless of care setting, participation in incentive programs, or use of certified capabilities.</i>	n/a		432	
Number of active customer agencies of the EHR <i>Total number of instances (hosted site URL + db) of the certified Health IT system, regardless of care setting, participation in incentive programs, or use of certified capabilities, that have used the system in</i>	n/a		364	

the 90 days prior to RWT Report creation.				
Number of active users of EHR <i>Total number of <b>active</b> users of the certified Health IT system, regardless of care setting, participation in incentive programs, or use of certified capabilities in the 90 days prior to RWT Report creation.</i>	n/a		38,418	
Certified capabilities that are licensed separately from the base EHR (AWARDS) license.			DrFirst Rcopia and IMO (Intelligent Medical Objects)	
Number of installs/users who licensed DrFirst Rcopia			94 installs	
Number of installs/users who licensed IMO (Intelligent Medical Objects)			150 installs	
Number of installs/users that have used DrFirst Rcopia in the			90 installs have used/ 439 users have used	

preceding 365 days				
Number of installs/users that have used IMO (Intelligent Medical Objects) in the preceding 365 days			150 installs	
Number of CCDAs created in a 90 day period (Q4 2024)	170.315(b)(1) Transitions of care	InterSystems IRIS for Health	73,085	
Number of CCDAs sent via edge protocols(Q4 2024)	170.315(b)(1) Transitions of care	InterSystems IRIS for Health	50,846	
Number of CCDAs received via edge protocols (Q4 2024)	170.315(b)(1) Transitions of care	InterSystems IRIS for Health	2	
Number of times a user reconciled the medication list, medication allergies, or problem list data from a received or manually uploaded CCDA (Q4 2024)	170.315(b)(2) Clinical information reconciliation and incorporation	InterSystems IRIS for Health	Real world testing of this criterion based on Q4 of 2024 real world data resulted in 0 reconciliation attempts. We did not have any reconciliation done in test environments during the reporting period but have since proven that our functionality is available and works successfully with 3	We do not currently have any customers taking advantage of this functionality in our EHR. However, we are able to successfully perform the reconciliation using synthetic data and confirm success with the expected audit trail record.

			out of 3 reconciliation attempts using synthetic data = 100% success rate.	
Number of prescriptions created (Q4 2024)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	164,344	
Number of prescriptions changed (Q4 2024)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	87	
Number of prescriptions canceled (Q4 2024)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	1564	
Number of prescriptions renewed (Q4 2024)	170.315(b)(3) Electronic prescribing	DrFirst Rcopia	2846	
Number of times a data export was performed for a single patient (Q4 2024)	170.315(b)(10) Electronic Health Information export		683	
Number of times a data export was performed for multiple patients in a single transaction (Q4 2024)	170.315(b)(10) Electronic Health Information export		12,163	
Number of measures recorded during the period (Q4 2024)	170.315(c)(1-3) Clinical quality measures (CQMs)		Real world testing of this criterion based on Q4 of 2024 real world data resulted in 0 attempts to record measures. In a synthetic environment during	We do not currently have any customers taking advantage of this functionality in our EHR. However, we are able to successfully access the CQM reports and QRDA files using synthetic data, and confirm success with the expected audit trail records.



			the past year, Clinical Quality Measures reports were run successfully, tested for 7 measures. Rate of success 7/7 = 100%.	
Number of QRDA Category 1 files exported (Q4 2024)	170.315(c)(1-3) Clinical quality measures (CQMs)		<p>Testing of this criterion based on Q4 of 2024 real world data showed 0 reports for which a QRDA Cat 1 export was attempted.</p> <p>Tested in a synthetic environment, a measures report was run and QRDA Cat 1 file successfully exported one time during the past year. Rate of success 1/1 = 100%</p>	We do not currently have any customers taking advantage of this functionality in our EHR. However, we are able to successfully download the Cat I file using synthetic data, and confirm success with the expected audit trail record.
Number of QRDA Category 1 files imported (if applicable) (Q4 2024)	170.315(c)(1-3) Clinical quality measures (CQMs)		n/a	n/a
Number of QRDA Category 3 aggregate report(s) created over the period (Q4 2024)	170.315(c)(1-3) Clinical quality measures (CQMs)		Testing of this criterion based on Q4 of 2024 real world data showed 0 reports for which a QRDA Cat III export was attempted.	We do not currently have any customers taking advantage of this functionality in our EHR. However, we are able to successfully import the QRDA using synthetic data, and confirm success with the expected audit trail record.

			Tested in a synthetic environment during the past year, a measures report was run and QRDA Cat III file successfully exported one time. Rate of success 1/1 = 100%	
Number of views of health information by a patient or authorized representative (Q4 2024)	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	<p>Real world testing of this criterion based on Q4 of 2024 real world data showed 0 patients attempted to view their CCDA.</p> <p>We had no attempts in test environments during the reporting period but have since proven that our functionality is available and works successfully with 3 views by a synthetic patient login.</p>	We do not currently have much use of our client portal login functionality in general.
Number of downloads of health information by a patient or authorized representative (Q4 2024)	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	<p>Testing of this criterion based on Q4 of 2024 real world data showed 0 patient logins attempted to download their CCDA.</p> <p>We had no attempts in test environments during the reporting period but have since proven that our functionality is</p>	We do not currently have much use of our client portal login functionality in general.

			available and works successfully with downloads by a synthetic patient. Rate of Success 1/1 = 100%	
Number of transmissions of health information by a patient or authorized representative using unencrypted email (Q4 2024)	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	Testing of this criterion based on Q4 of 2024 real world data showed 0 patients attempting to transmit their CCDAs using unencrypted email. We had no attempts in test environments during the reporting period but have since proven that our functionality is available and works successfully with emails sent for a synthetic patient to valid email addresses and received successfully. Rate of Success 2/2 = 100%	We do not currently have any customers taking advantage of this functionality in our EHR.
Number of transmissions of health information by a patient or authorized representative using encrypted method (Q4 2024)	170.315(e)(1) View, download, and transmit to 3rd party	InterSystems IRIS for Health	Testing of this criterion based on Q4 of 2024 real world data showed 0 patients attempting to transmit direct messages.  We had no attempts in test environments during the reporting period but have since proven that our functionality is	We do not currently have any customers taking advantage of this functionality in our EHR.

			available and functioning with successful transmission for a synthetic patient using a test direct address. Rate of Success 1/1 = 100%	
Number of API queries from an external source for a patient search (Q4 2024)	170.315(g)(7) Application access — patient selection		90	Only one customer of ours uses this feature for a daily API query.
<p>1) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token</p> <p>2) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range filter</p>	170.315(g)(9) Application access — all data request	Intersystems IRIS for Health	<p>We had 0 live attempts and 0 synthetic attempts within the reporting period to test this criterion.</p> <p>We have since proven this functionality is available and functioning by calling the API with 2 different client IDs for synthetic patients, one with a specific date range. Rate of Success 2/2 = 100%</p>	We do not have customers querying for CCDA documents.
App registration: Number of applications	170.315(g)(10) Standardized API for Patient and Population	Google's Cloud Healthcare API and Auth0	There were 0 live attempts to exchange tokens with a trading	We have not exchanged any tokens in production at this point, largely because our customers report that their

that have exchanged a token with AWARDS' authorization server. (Q4 2024)	Services		partner using FHIR.  We tested this successfully in 1 attempt during Q4 2024 using synthetic data with the Inferno test tool.	current trading partners haven't moved to FHIR yet.
Authentication and app authorization: Number of times an application has been authenticated by a user and been authorized to view a single patient's record. (Q4 2024)	170.315(g)(10) Standardized API for Patient and Population Services	Google's Cloud Healthcare API and Auth0	There were 0 live attempts to authenticate an app during Q4 2024. We did perform 1 test which was successful using synthetic data with the HIXNY HIE.	While we don't have any customers currently seeking to authenticate apps, we do expect to have at least one customer go live with this functionality in 2025.
Number of Direct Messages sent (Q4 2024)	170.315(h)(1) Direct Project		Real world testing of this criterion based on Q4 of 2024 real world data showed 0 attempts to use our transmit direct message functionality. In our test environment, 3 direct messages were successfully sent. Rate of Success 3/3 = 100%	We do not currently have any customers making use of this functionality.
Number of Delivery Notifications received . (Q4 2024)	170.315(h)(1) Direct Project		Real world testing of this criterion based on Q4 of 2024 real world data showed 0 attempts to	With no customers sending direct messages, there are no related delivery notifications that would have been received.

			<p>transmit direct messages so there were no delivery notifications received.</p> <p>In our test environment, 3 delivery notifications were received for the 3 messages sent = 100% success rate.</p>	
Number of Direct Messages received . (Q4 2024)	170.315(h)(1) Direct Project		64,836	
Number of Delivery Notifications sent . (Q4 2024)	170.315(h)(1) Direct Project		60,846	

## 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/timeframe during which data was collected.*

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	Behavioral Health	90 days
Data collection	Behavioral Health	90 days
Review and collate data	Behavioral Health	90 days
Writing report	Behavioral Health	90 days; end of 2024/early 2025