



# Prime Clinical Systems

## 2025 Real World Testing Results Report

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## General Information

Plan Report ID Number	20231027PCS
Developer Name	Prime Clinical Systems, Inc.
Product Name	Patient Chart Manager
Version Number	7.1
Certified Health IT Product List (CHPL) Product Number(s)	15.02.05.2206.PRIC.01.03.1.220114
Developer Real World Testing Page URL	<a href="http://www.primeclinical.com/primeclinical_real_world_testing.html">http://www.primeclinical.com/primeclinical_real_world_testing.html</a>

## Changes to Original Plan

Summary of Change	The original plan included using additional reports, audit logs, and client engagement to gather Automated Measure (170.315.g.2) reports for determining or comparing measure counts when necessary. This step was ultimately removed.
Reason	Sufficient data was collected through production-based database queries and logs, making the additional use of Automated Measure (170.315.g.2) reports unnecessary. The data from the production environment was comprehensive and met all reporting requirements.
Impact	The change streamlined the data gathering process by eliminating the need for supplementary reports and logs, ensuring a more efficient and focused approach to measuring and reporting.

## Withdrawn Products

Not Applicable

## Summary of Testing Methods and Key Findings

The testing data was automatically collected to cover our entire client base. PHI was not exposed during this process.

The gathered data was queried for events indicative of specific certified workflows that occurred throughout 2024. All data was gathered using production-based database queries and logs. The same reporting and logging methodology was applied to all tested measures.

For Real-World Test Results Reporting of Metrics and Outcomes, individual practice results were queried for events indicative of specific certified workflows that occurred over a specified time frame, which may vary between three months or a year, depending on the data received.

Successful transmissions and error rates were tracked and analyzed for trends over time. The results were quantified and summarized.

For criteria not widely used by our customer base, the respective measures were tested in our production-sandbox environment, in addition to the reporting and logging methodology.

## Standards Updates

Standards (and version)	(b)(1), (b)(2),(e)(1),(g)(9)- HL7 CDA® R2 IG: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2 and USCDI v1  (b)(3)-NCPDP SCRIPT Standard, Implementation Guide, Version 2017071  (c)(3)- CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2020  Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2020  (e)(1) WCAG 2.0, Level AA Conformance
Updated certification criteria and associated product	(b)(1),(b)(2),(b)(3),(c)(3),(e)(1),(g)(9)
Health IT Module CHPL ID	15.02.05.2206.PRIC.01.03.1.220114
Conformance measures	Measure 1-(b)(1) Measure 2-(b)(2) Measure 3-(b)(3) Measure 5-(c)(3) Measure 6-(e)(1) Measure 10-(g)(9)

## Care Settings

Prime Clinical Systems' Patient Chart Manager EHR is designed to support medical clinics in an ambulatory care setting. All measures outlined in the Real World Testing were designed for and conducted within the ambulatory care setting.

# Metrics and Outcomes

## RWT Measure #1. Transition of Care

Description	During testing, a report was generated to encompass the entire year, detailing the number of C-CDAs created and successfully sent to a third party via Direct messaging during transitions of care.
Associated Criteria	170.315(b)(1) Transitions of Care, (h)(1) Direct Project
Relied Upon Software	(b)(1) Backbeach Software AND Newcrop LLC (h)(1) Newcrop LLC
Outcome	<p>The following individual results represent data from three selected practices for CY 2024 over a 12-month period:</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– Total number of Transitions of Care logged: 423</li> <li>– Total number of Transitions of Care successfully sent: 317</li> <li>– Total number of Transitions of Care logged as failures: 106</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– Total number of Transitions of Care logged: 118</li> <li>– Total number of Transitions of Care successfully sent: 105</li> <li>– Total number of Transitions of Care logged as failures: 13</li> </ul> <p>Practice #3:</p> <ul style="list-style-type: none"> <li>– Total number of Transitions of Care logged: 4</li> <li>– Total number of Transitions of Care successfully sent: 2</li> <li>– Total number of Transitions of Care logged as failures: 2</li> </ul> <p>The successful transitions indicate that users had an understanding of this functionality and adhered to certification criteria by supporting CCDA 2.1 with USCDI standards during transitions of care.</p> <p>Several factors could contribute to outbound message failures, including incorrectly entered Direct addresses or inactive recipients. When a message failed, a task was automatically generated to notify the user of the issue. The success or failure was logged in the Direct Message Log, allowing providers and staff to monitor and resend as necessary.</p>
Challenges Encountered	N/A

## RWT Measure #2. Clinical Information Reconciliation and Incorporation

Description	During testing, a report was generated to encompass the entire year, detailing the number of C-CDAs received and successfully incorporated from a third party via Direct messaging during referral or transition-of-care patient encounters. In these cases, clinicians performed clinical information reconciliation for medications, medication allergies, and the current problem list.
Associated Criterion	170.315(b)(2) Clinical Information Reconciliation and Incorporation
Relied Upon Software	N/A
Outcome	<p>The following individual results represent data from three selected practices for CY 2024 over a 12-month period:</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– Number of times CDAs were logged as incorporated, with Medications, Allergies, and Problems reconciled: 86</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– Number of times CDAs were logged as incorporated, with Medications, Allergies, and Problems reconciled: 35</li> </ul> <p>Practice #3:</p> <ul style="list-style-type: none"> <li>– Number of times CDAs were logged as incorporated, with Medications, Allergies, and Problems reconciled: 12</li> </ul> <p>Successful clinical information reconciliations demonstrated that users understood this functionality and confirmed adherence to certification criteria by supporting CCDA 2.1 with USCDI standards. This was achieved by enabling users to simultaneously display a patient's active data and attributes from the medication list, allergies, and problem list, allowing for clinical information reconciliation and incorporation with the C-CDA document.</p> <p>Customers can also manage a patient's medication, problem, and allergy lists using alternative methods, as the system offers multiple ways to perform reconciliations.</p>
Challenges Encountered	N/A

### RWT Measure #3. Electronic Prescribing

Description	During testing, a report was generated to encompass the entire year, including the number of electronic prescriptions created and successfully sent to pharmacy destinations using the NCPDP SCRIPT Standard.
Associated Criterion	170.315(b)(3) Electronic Prescribing
Relied Upon Software	Newcrop LLC
Outcome	<p>The following individual results represent data from three selected practices for CY 2024 over a 12-month period:</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– Total number of prescriptions logged as sent electronically: 17,624</li> <li>– Total number of prescriptions logged as successfully sent: 17,591</li> <li>– Total number of prescriptions logged as failures: 33</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– Total number of prescriptions logged as sent electronically: 15,036</li> <li>– Total number of prescriptions logged as successfully sent: 14,948</li> <li>– Total number of prescriptions logged as failures: 88</li> </ul> <p>Practice #3:</p> <ul style="list-style-type: none"> <li>– Total number of prescriptions logged as sent electronically: 6,582</li> <li>– Total number of prescriptions logged as successfully sent: 6,539</li> <li>– Total number of prescriptions logged as failures: 43</li> </ul> <p>Several factors could contribute to eRx failures. When an eRx failed, a task was automatically generated to notify the user of the issue. The success or failure was logged in the ePrescription log, allowing providers and staff to monitor and resend as necessary.</p>
Challenges Encountered	N/A

#### RWT Measure #4. Electronic Health Information Export

Description	During testing, a report was generated to encompass the entire year, including the number of times a single patient's or a patient population's C-CDA files were exported
Associated Criterion	170.315(b)(10) Electronic Health Information Export
Relied Upon Software	N/A
	<p>The following individual results represent data from three selected practices for CY 2024 over a 12-month period.</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– A total of 21,863 CDA files were exported through Batch Export.</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– A total of 235 CDA files were exported through Batch Export.</li> </ul> <p>Practice #3:</p> <ul style="list-style-type: none"> <li>– A total of 5 CDA files were exported through Batch</li> </ul> <p>Successful exports of C-CDA files demonstrated users' understanding of the functionality and confirmed compliance with certification criteria, including support for C-CDA 2.1 with USCDI standards. These exports also verified that C-CDA files could be generated for both individual patients and entire patient populations.</p>
Challenges Encountered	N/A

## RWT Measure #5. Clinical Quality Measures

Description	<p>During testing, a report was generated covering the CMS submission period for MIPS Quality Reporting to identify which of the 14 currently supported clinical quality measures (CQMs)—CMS 2, 22, 68, 69, 90, 122, 125, 130, 138, 139, 155, 165, 347, and 349—were successfully exported during that period.</p> <p>The CQM criteria 170.315(c)(1)-(c)(3) collectively functioned within the eCQM module, and these measures applied to all three.</p>
Associated Criterion	<p>170.315(c)(1) Clinical Quality Measures- Record and Export</p> <p>170.315(c)(2) Clinical Quality Measures- Import and Calculate</p> <p>170.315(c)(3) Clinical Quality Measures- Record</p>
Relied Upon Software	N/A
Outcome	<p>This report highlights data from three selected practices during the CY 2024 eCQM Reporting period (Q1), where reports were generated.</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– Reports were generated for the following eCQMs: 22, 50, 68, 69, 138</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– Reports were generated for the following eCQMs: 2, 68, 69, 122, 127, 138, 165</li> </ul> <p>Practice #3:</p> <ul style="list-style-type: none"> <li>– Reports were generated for the following eCQMs: 22, 69, 122, 130, 138, 165</li> </ul> <p>The successful export of these reports indicated that users understood this functionality and demonstrated our adherence to certification criteria, including support for QRDA I for record and export, import and calculate, and QRDA III for reporting.</p>
Challenges Encountered	N/A

## RWT Measure #6. View, download, and transmit to 3rd party

Description	During testing, a report was generated to encompass the entire year, detailing the number of patients who successfully logged into their Patient Portal accounts. The report also tracked the number of times patients or authorized representatives performed the following actions during each login: sharing (transmissions), downloading, or viewing a summary.
Associated Criterion	170.315(e)(1) View, Download and Transmit to 3rd Party
Relied Upon Software	Newcrop LLC
Outcome	<p>The following individual results represent data from three selected practices for CY 2024 over a 12-month period:</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– Total instances of patient engagement logged: 456</li> <li>– Number of downloads of PHI by patient or authorized representative: 55</li> <li>– Number of views of PHI by patient or authorized representative: 401</li> <li>– Number of transmissions of PHI by patient or authorized representative: 0</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– Total instances of patient engagement logged: 851</li> <li>– Number of downloads of PHI by patient or authorized representative: 205</li> <li>– Number of views of PHI by patient or authorized representative: 628</li> <li>– Number of transmissions of PHI by patient or authorized representative: 18</li> </ul> <p>Practice #3:</p> <ul style="list-style-type: none"> <li>– Total instances of patient engagement logged: 122</li> <li>– Number of downloads of PHI by patient or authorized representative: 36</li> <li>– Number of views of PHI by patient or authorized representative: 84</li> <li>– Number of transmissions of PHI by patient or authorized representative: 2</li> </ul> <p>Successful actions performed by patients or authorized patient representatives via the Patient Portal demonstrated a strong understanding of this functionality and confirmed adherence to certification criteria. This was achieved by supporting CCDA 2.1 with USCDI standards and ensuring that C-CDA files could be viewed, downloaded, and transmitted to a third party.</p>
Challenges Encountered	N/A

## RWT Measure #7. Transmission to Immunization Registries

Description	During testing, monthly <i>HealthcareXChange</i> immunization statistics reports were generated to cover the entire year. These reports detailed the number of immunization records created and sent, as well as the number successfully accepted, accepted with errors, and rejected by an IIS/immunization registry.
Associated Criterion	170.315(f)(1) Transmission to Immunization Registries
Relied Upon Software	N/A
Outcome	<p>The following individual results represent data from three selected practices for CY 2024 over a 12-month period:</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– Total number of Immunization Messages sent: 7728</li> <li>– Total number of Immunization Messages accepted: 7646</li> <li>– Total number of Immunization Messages accepted with error: 71</li> <li>– Total number of Immunization Messages accepted with rejected: 0</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– Total number of Immunization Messages sent: 6609</li> <li>– Total number of Immunization Messages accepted: 6486</li> <li>– Total number of Immunization Messages accepted with error: 123</li> <li>– Total number of Immunization Messages accepted with rejected: 0</li> </ul> <p>Practice #3:</p> <ul style="list-style-type: none"> <li>– Total number of Immunization Messages sent: 3368</li> <li>– Total number of Immunization Messages accepted: 3167</li> <li>– Total number of Immunization Messages accepted with error: 201</li> <li>– Total number of Immunization Messages accepted with rejected: 0</li> </ul> <p>The reports demonstrated a 100% success rate, fully complying with the specified ONC criteria. The successful export of immunization records for transmission to immunization registries indicated that users had a clear understanding of this functionality and underscored our adherence to certification requirements.</p>
Challenges Encountered	Not Applicable

## RWT Measure #8. Syndromic Surveillance Registries

Description	During testing, reports were generated covering the entire year, identifying the number of syndromic surveillance records and the specific types of messages—Registration, Discharge, and Update—exported from both urgent and non-urgent care settings for electronic submission to a public health agency.
Associated Criterion	170.315(f)(2) Syndromic Surveillance Registries
Relied Upon Software	N/A
Outcome	<p>Individual results based on data received from two practices for CY 2024, over a 12-month period:</p> <p>Practice #1:</p> <ul style="list-style-type: none"> <li>– Total number of Syndromic Surveillance Reports created: 462</li> <li>– Registration Type Reports: 460</li> <li>– Update Type Reports: 1</li> <li>– Discharge Type Reports: 1</li> </ul> <p>Practice #2:</p> <ul style="list-style-type: none"> <li>– Total number of Syndromic Surveillance Reports created: 46</li> <li>– Registration Type Reports: 26</li> <li>– Update Type Reports: 19</li> <li>– Discharge Type Reports: 1</li> </ul> <p>The results indicate that surveillance reports were generated by two practices; overall usage was lower than expected.</p> <p>While the functionality for exporting Syndromic Surveillance records is being utilized, it is up to each practice to decide how to use the reports and which registry to submit them to.</p> <p>Nevertheless, the successful exports demonstrate users' general understanding of the feature and compliance with certification criteria.</p> <p>To enhance adoption and ensure the reports are effectively leveraged, increased user training and awareness initiatives may be beneficial.</p>
Challenges Encountered	Not Applicable

## RWT Measure #9. Cancer Registries

Description	During testing, reports were generated for the entire year to identify the number of cancer case data records exported for electronic submission to a public health agency.
Associated Criterion	170.315(f)(4) Transmission to Cancer Registries
Relied Upon Software	N/A
Outcome	<p>The testing data for this measure was collected automatically using production-based database queries for CY 2024, over a 12-month period. The results indicate that the features for this measure were not actively utilized during this time.</p> <p>To assess compliance, self-testing was conducted following the ONC Certification Criteria for Health IT. This process involved populating test data in our testing environment, exporting Cancer CDA files, and validating them using the online CDA Guideline Validation tool. Despite the lack of utilization, self-testing confirmed that the system meets the necessary criteria.</p> <p>While the system demonstrates compliance, further efforts could focus on understanding why these features were underutilized and implementing strategies, such as user training or outreach, to encourage adoption and maximize their benefits</p>
Challenges Encountered	Not Applicable

## RWT Measure #10. Standardized API for Patient and Population Services

Description	<p>The Prime Clinical FHIR® API allows other health IT applications to make read-only data requests for patient health information that is part of USCDiv1. The API interface supports requests for either all patient data or specific data by category.</p> <p>This measure tracked clients registered for the use of FHIR resources, with activity monitored through the registered users' log.</p> <p>During testing, a report was generated covering the entire year, identifying the number of times patient data was accessed by registered clients.</p>
Associated Criteria	<p>170.315(g)(7) Application Access- Patient Selection</p> <p>170.315(g)(9) Application Access- All Data Request</p> <p>170.315(g)(10) Standardized API for Patient and Population Services</p>
Relied Upon Software	Dynamic Health IT FHIR Server
Outcome	<p>We did not receive any requests for the use of this feature, indicating that these options are not being utilized.</p> <p>To assess compliance, self-testing was conducted in accordance with the ONC Certification Criteria for Health IT. This process involved populating test data in our testing environment, exporting CDA files, and validating them using the online CDA Guideline Validation tool and Inferno test tools.</p> <p>Despite the lack of utilization, self-testing confirmed that the system meets the necessary criteria.</p>
Challenges Encountered	Not Applicable

## Schedule of Key Milestones

Key Milestone	Care Setting	Date/Time frame
Real World Testing CY 2024: Data collection commenced as outlined in this plan.	Ambulatory	Q1 2024
Real World Testing CY 2024: Data was collected and reviewed as outlined in this plan	Ambulatory	Quarterly, 2024
Real World Testing CY 2024: Collected data organized for analysis and observation as outlined in this plan.	Ambulatory	Q3-Q4 2024
Real World Testing CY 2024: Initiated preparation of the Real-World Test Plan Results Report.	Ambulatory	Q4, 2024
Real World Testing CY 2024: Finalized the Real-World Test Plan Results for planned submission to SLI by February 1, 2025	Ambulatory	Q1 2025