Royal Solutions Group, LLC

Real World Testing Plan 2024

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GENERAL INFORMATION

Developer Name: Royal Health, Inc

Product Name: Royal Solutions

Version Number: 5

Certified Health IT Product List (CHPL) ID: 15.04.04.2845.Roya.05.00.1.211229

Developer Real World Testing Plan Page URL:

https://info.royalsolutionsgroup.com/certifications

JUSTIFICATION

Royal Health Inc has a certified EHR technology platform "Royal Solutions 5". The system will be tested in real case scenarios for ambulatory settings using the testing plan below for compliance and to maintain the certification issued by ONC. Our Real World Test (RTW) Plan includes using live practices, structured patient data, and querying the system logs and tables to document the utilization of the certified functionalities. When a certified feature has not been adopted by any of our clients, production test scenarios in a demo account will be used to test these functionalities. All testing will be performed in ambulatory clinic settings, that is the setting in which the systems is used.

STANDARD UPDATEDES: STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Standard (and version)	NA
Updated certification criteria and associated product	NA
Method used for standard updated	NA
Date of ONC ACB notification	NA
Date of customer notification (SVAP only)	NA
USCDS updated certification criteria (and USCDI version)	NA

MEASURES USED IN OVERALL APPROACH

Measurement/Metric	Interoperability: Transition of Care C-CDA
	sent/received
Description of the measure	This measure will analyze the activity of the functionality Transition of Care. The following metrics will be generated by querying the system logs:
	 # of Transition of Care documents sent that contains a CCD or Referral Note (C-CDA document).

	Number of messages received that contains
	TOC documents.
	Number of times that the C-CDA validator
	was used to validate an incoming C-CDA.
	Number of times that a received CCD
, ·	document was opened and viewed in
	human readable format using the C-CDA
	viewer feature.
Associated Certification Criteria	§170.315(b)(1) Transitions of Care
Justification	The system includes the transition of care
	functionality that allows a provider to send and
	receive a Transition of Care (Referral or CCD). Once
	the CCD document is received, this can be validated
	and viewed in human readable format.
	The system registers every time the user
	sends/receives a Transition of Care and
	views/validates the document. These metrics will
	demonstrate the use of the function Transition of
	Care that is working in production.
Relied upon software.	EMR direct.
Expected outcome	It is expected that providers can send and receive
	Transition of Care as well as validate and view in
	human readable format the received C-CDA (CCD or
	Referral Note). The number of sent/received
	Transition of Care containing a C-CDA document
	should be greater than 0 and will provide the
	frequency of use of the feature. We expect that the
	number of C-CDA send and received is not high due
	this feature being recently adopted for a few
	clients. We expect that this measure establishes a
	historic baseline of the utilization of this feature for
	future real word testing plans for the following
	years.

Measurement/Metric	Analysis of clinical information reconciliation and incorporation
Description of the measure	This measure will count how many times a C-CDA
	document is imported, and the patient data

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	(allergies, problems, and medications) is reconciled
	using the reconciliation tool. The system will create
	an entry in the database every time a user
	reconciles and incorporates the clinical information
	to the patient chart. For this metric the database
	table will be queried to find the number of times a
	reconciliation has been performed in the system.
	This feature is not currently used by our clients. If
	during the test period there are still no clients that
	have adopted this feature, we will use a demo
	account in the production environment to enter
	test cases to receive and reconcile C-CDA
	documents to prove this is working in production
	environment.
Associated Certification Criteria	§170.315(b)(2) Clinical Information and
	reconciliation
Justification	This metric will show that the system has the
	capability to reconcile and incorporate the clinical
	information in the patient record.
Expected outcome	The metric should be a numeric value and will
	demonstrate that a C-CDA is incorporated and
	reconciled using the system. This feature is not
	currently adopted so the metric value should match
	to the number of manual test cases used for this
	metric.
	metric.

Measurement/Metric	Number of View, Download and Transmit to 3 rd
	Party of C-CDA by the patient or authorized
	representative
Description of the measure	The patient portal will track in the system logs when
	a patient login occurs in the patient portal, views
	his/her data, and uses the features: view,
	download, or transmit of the C-CDA document. The
	metrics will count the number of times that a
	patient views, downloads, or transmit his/her data.
	The following metrics will be generating querying
	the system logs:
	 Number of patients that login in the portal
	 Number of times a CCD document was
	viewed.
	Number of times a CCD document was
	downloaded
	Number of times a CCD document was

	transmitted (Secure or insecure)
Associated Certification Criteria	§170.315(e)(1)
Relied upon software	EMR Direct
Justification	The metric will reflect the activity in the patient
	portal to login and use of the features view,
	download and transmit of the data by a patient.
Expected Outcome	The metric will be numeric values and will show the
	frequency of when a patient view, download, or
	transmit the C-CDA. It is expected that the number
	of views of a C-CDA will be greater than the number
	of download or transmit the C-CDA since the
	patient or authorized representative will view the
	C-CDA document first and then download or
	transmit. The metrics is not expected to be high
	since these features are not the main features of
	the patient portal that are used by our patients.

Measurement/Metric	Analysis of the use of Application Access Patient Data
Description of the measure	Number of request calls to the API to search patient and retrieve a full CCDA data. The metric will query the system logs to get the information regarding: • Number of API calls for patient selection (patient search) • Number of API requests to retrieve full data of the C-CDA.
Associated Certification Criteria	§170.315(g)(7) §170.315(g)(9)
Justification	This measure will verify that third party applications can use the public API to retrieve all USCDI classes (returning a CCDA format) defined by the (g)(9) criterion. If no requests are made to confirm all the features, proper functionality will be determined through test scenarios. These metrics will show that the different API requests are working in the production environment.

Expected Outcome	It is expected that the analysis of the logs show
	proper responses to the API requests made b
	external client applications or test scenarios that
	make API requests. The metrics is not expected t
	be high due has not been adopted widely by th
	clients.

Measurement/Metric	Analysis of the use of FHIR API
Description of the measure	Number of request calls to the FHIR API to retrieve a FHIR resource (data category). The metric will query the system logs to get the information regarding: • Number of FHIR API requests for different FHIR resources for single patient token. • Number of FHIR API requests for multipatient tokens.
Associated Certification Criteria	§170.315(g)(10)
Relied upon software	EMR Direct
Justification	This measure will demonstrate patient ability to connect with an approved app using FHIR R4 standard. If no requests are made to confirm application access due low adoptability, proper functionality will be determined through engaging with an interoperability test platform to demonstrate that the certified feature works properly in the production environment.
Expected Outcome	It is expected that the analysis of the logs shows proper responses to the FHIR API requests made by external client applications or test scenarios that make FHIR API requests. Transitioning to a standardized API for requesting access to records will increase requests to access records. However due to g(10) was certified/implemented during the end of 2022 and currently has not been adopted by any of our clients the metrics is not expected to be high during 2024.

Measurement/Metric	Frequency of utilization of Direct Project
Description of the measure	Number of messages sent/received using the Direct
	SMTP protocol.
Associated Certification Criteria	§170.315(h)(1)
Relied upon software	EMR Direct
Justification	The system tracks in the internal logs when the user send messages using the Direct protocol to exchange health information. Using and analyzing the logs we will count the number of messages sent and received using Direct protocol that has been tracked in the system logs. This metric will demonstrate that the functionality for exchange health information through Direct protocol is working in production environment.
Expected Outcome	This metric will be numeric values showing the number of messages and frequency of messages sent and received using Direct Protocol.

CARE SETTING(S)

Care Setting	Justification
Outpatient Radiology and Hospital Radiology.	The certified system is used in ambulatory
	settings only. The outpatient radiology and hospital radiology are the most common
	setting that the system is used.

SCHEDULE OF KEY MILESTONES

Key Milestone	Date/Timeframe
Test Plan Submission	September 28, 2023
Identify Clients to Participate	Q1/Q2 2024
where it is applicable	
Create queries that will be	Q1/Q2 2024
used for the metrics and test	
with internal data.	
Data Collection	Q2-Q4 2024
Analysis and report creation	Q4 2024
Submit Real World Testing	Q1 2025
report to ACB	

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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Date: September 27th, 2023