

# Gehrimed v4.2 Real World Testing Plan

---

2023 Measures

*Prepared for*

**Drummond**



**Netsmart**

[www.ntst.com](http://www.ntst.com)

11100 Nall Avenue  
Overland Park, KS 66211  
800.842.1973

# Table of Contents

---

General Information .....	1
Justification for Real World Testing Approach .....	1
Standards Updates (SVAP and USCDI) .....	1
Care Setting(s) .....	2
Overall Expected Outcomes .....	2
Relied Upon or Third-Party Software .....	3
Schedule of Key Milestones .....	3
Measures Used in Overall Approach .....	3
§170.315(b)(1) – Transitions of Care .....	3
§170.315(b)(2) – Clinical Information Reconciliation and Incorporation .....	5
§170.315(b)(6) – Data Export.....	7
§170.315(e)(1) – View, Download, and Transmit to 3 <sup>rd</sup> Party .....	8
§170.315(f)(1) – Transmission to Immunization Registries.....	10
§170.315(f)(2) – Transmission to Public Health Agencies- Syndromic Surveillance .....	11
§170.315(g)(7) – Application Access – Patient Selection .....	12
§170.315(g)(8) – Application Access – Data Category Request.....	13
§170.315(g)(9) – Application Access- All Data Request .....	15
Attestation .....	16



## General Information

---

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

Developer Name: Netsmart Technologies

Product Name(s): gEHRiMed

Version Number(s): 4.2

Certified Health IT Product List (CHPL) ID(s): 15.04.04.1532.gEHR.04.02.1.210420

Developer Real World Testing Page URL: <https://www.ntst.com/lp/certifications>

## Justification for Real World Testing Approach

---

At this time, the Gehrimed product is marketed towards the geriatric post-acute, long term care setting. For this reason, the Gehrimed Real World Testing plan will apply to this specialty care setting.

Gehrimed is certified to a wide variety of Real-World Testing (RWT) criteria. Netsmart identified use cases and measures for the criteria the Gehrimed product is certified to which falls within the RWT scope.

The following care coordination criteria will be tested, § 170.315(b)(1) Transitions of care § 170.315(b)(2) Clinical information reconciliation and incorporation § 170.315(b)(6) Data export. The product does support the patient engagement criteria § 170.315(e)(1) View, download, and transmit to 3rd party. As well as the following public health criteria Public Health § 170.315(f)(1) Transmission to immunization registries & § 170.315(f)(2) Transmission to public health agencies — syndromic surveillance. Last, the product will include the following Application Programming Interfaces (APIs) criteria § 170.315(g)(7) Application access — patient selection § 170.315(g)(8) Application access — data category request § 170.315(g)(9) Application access — all data requests.

## Standards Updates (SVAP and USCDI)

---

The Netsmart Gehrimed certified product is not and has not participated in the Standards Version Advancement Process prior to August 31, 2022. Nor is the Gehrimed certified product updated to the new United States Core Data for Interoperability (USCDI) version 1. Therefore, Netsmart does not have any data to include in this section of the Real-World Testing plan. Netsmart plans to update to the USCDI version 1 and other updates specified in the 21<sup>st</sup> Century Cures Act in accordance with the required deadlines.

<b>Standard (and version)</b>	All standards are those specified prior to April 20, 2021.
<b>Updated certification criteria and associated product</b>	Not applicable
<b>CHPL Product Number</b>	Not applicable
<b>Method used for standard Update</b>	Not applicable
<b>Date of ONC-ACB notification</b>	Not applicable
<b>Date of customer notification (SVAP only)</b>	Not applicable
<b>Conformance measure</b>	Not applicable
<b>USCDI updated certification (USCDI version)</b>	Not applicable

## Care Setting(s)

Gehrmed supports the deployment and tracking of documentation within and outside of geriatric post-acute, long term care setting. Most clients using certified technology are doing so in long-term care settings.

## Overall Expected Outcomes

Real World Testing will demonstrate that Gehrmed is conformant to the following certification criteria:

- [§170.315\(b\)\(1\) – Transitions of Care](#)
- [§170.315\(b\)\(2\) – Clinical Information Reconciliation and Incorporation](#)
- [§170.315\(b\)\(6\) – Data Export](#)
- [§170.315\(e\)\(1\) – View, Download, and Transmit to 3<sup>rd</sup> Party](#)
- [§170.315\(f\)\(1\) – Transmission to Immunization Registries](#)
- [§170.315\(f\)\(2\) – Transmission to Public Health Agencies- Syndromic Surveillance](#)
- [§170.315\(g\)\(7\) – Application Access – Patient Selection](#)
- [§170.315\(g\)\(8\) – Application Access – Data Category Request](#)
- [§170.315\(g\)\(9\) – Application Access- All Data Request](#)

## Relied Upon or Third-Party Software

Relied upon software is typically third-party software that is not developed by the Certified Health IT Developer presenting its health IT for testing and certification. Per the definition provided by the ONC, Gehrimed does currently utilize the Updox portal as a third-party software for providing direct messaging solution to our users. Gehrimed users access Updox functionality to receive and send CCDAs as a PDF attachment.

## Schedule of Key Milestones

Key Milestones	Date/Timeframe
Submit Real World Testing Plan documentation to Drummond.	November 1, 2022
Begin Collection of information as laid out by the plan for the period.	January 1, 2023
Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	Quarterly, 2023
End of Real-World Testing period/final collection of all data for analysis.	December 31, 2023
Analysis and report creation.	January 15, 2024
Submit Real World Testing report to ACB (per their instructions)	February 1, 2024

## Measures Used in Overall Approach

### §170.315(b)(1) – Transitions of Care

#### *Description of measurement/metric*

The following measures will demonstrate the ability to send and receive transitions of care/referral summaries across multiple protocols and/or networks.

Measurement/Metric	Description
Number of CCDAs sent for a % population over a time period.  Numerator: Total number of CCDAs sent; Denominator: Total population	Care coordination –transitions of care will be evaluated by analyzing a current active population using the CCDA ‘send’ functionality over the assessed population. This addressed CCDA sending as well as CCDA creation.

Number of CCDAs received for a % population over a time period. Numerator: Total number of CCDAs Received; Denominator: Total population.	Care coordination –transitions of care will be evaluated by analyzing a current active population using the CCDA ‘receive’ functionality over the assessed population.
Number of CCDAs Displayed for a % population over a time period. Numerator: Total number of CCDAs Displayed; Denominator: Total population.	Display and reconciliation are congruent in our HealthIT and depend on the user to determine what will be reconciled. We will observe the number of CCDAs displayed over time for our population, and subsequently incorporated.

### *Associated Certification criteria*

<b>§170.315(b)(1) Transitions of Care</b>  Not updated to 2015 edition Cures Update criteria.	<i>(i)(A&amp;B) Send and receive transition of care/referral summaries via edge protocol</i>
	<i>(ii) Validate and display</i>
	<i>(iii) Create</i>

### *Justification for selected measurement/metric*

The measurements selected demonstrate that referral messages can successfully be exchanged with external organizations using CCDA send and receive functionality in Gehrimed.

### *Test Methodology*

We will be looking at log data to determine the number of CCDAs sent/created, received/reconciled over our user base.

### *Care setting(s)*

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

### *Expected Outcomes*

Measurement/Metric	Expected Outcome
Number of CCDAs sent for a % population over a time period.	Based on database evaluation, we expect to see CCDAs sent without error for the population assessed, over time; Several items happen

	automatically in the backend as a result of successful CCDA send, pursuant to the standards set for the certified modules including sending via Direct Edge Protocols, HL7 compliance, USCDI compliance depending on the certified modality used, and the manner used.
Number of CCDAs received for a % population over a time period.	Assessing logs, we expect to see CCDAs received are incorporated for the identified denominator population. Receipt / incorporation occurs at the same time. Several items happen automatically in the backend as a result of successful CCDA receive, pursuant to the standards set for the certified modules including sending via Direct Edge Protocols, HL7 compliance, USCDI compliance depending on the certified modality used, and the manner used.
Number of CCDAs Displayed for a % population over a time period.	We expect this to be close in number to the number of CCDAs received. Upon evaluation of database logs received, we expect incorporation / reconciliation for CCDAs over the denominator population over the timeframe evaluated. When CCDAs are received, they are displayed for incorporation simultaneously. Several items happen automatically in the backend as a result of successful CCDA display, pursuant to the standards set for the certified modules including sending via Direct Edge Protocols, HL7 compliance, USCDI compliance depending on the certified modality used, and the manner used.

### §170.315(b)(2) – Clinical Information Reconciliation and Incorporation

#### *Description of measurement/metric*

The measure will demonstrate the certified products ability to capture, reconcile, and incorporate clinical information within the client systems as needed.

Measurement/Metric	Description
Number of CCDAs Reconciled for a % population over a time period.	We will observe reconciled CCDAs as a function of total number of CCDAs received to evaluate real world functionality of this module.



Numerator: Total number of CCDAs Reconciled; Denominator: Total population.	
--	--

### *Associated Certification criteria*

<b>§ 170.315 (b)(2) Clinical information and reconciliation and incorporation</b>  Not updated to 2015 edition Cures Update criteria.	(i) <i>General requirements</i>
	(ii) <i>Correct Patient</i>
	(iii) <i>Reconciliation</i>
	(iv) <i>System verification</i>

### *Justification for selected measurement/metric*

Clinical Information Reconciliation may be completed multiple times in a given period on a single patient. This measure will demonstrate the volume from both an end-user perspective (Numerator), and a Patient perspective (Denominator).

### *Test Methodology*

In order to evaluate clinical information reconciliation and incorporation pursuant to 170.315(b)(2) we will be analyzing log data to evaluate CCDAs received/incorporated. Other items related to the standards occur in the backend automatically (patient matching, correct pt., system verification).

### *Care setting(s)*

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

### *Expected Outcomes*

Measurement/Metric	Expected Outcome
Number of CCDAs Reconciled for a % population over a time period.  Numerator: Total number of CCDAs Reconciled; Denominator: Total population.	This is expected to be congruent with the number of CCDAs received / displayed as this functionality is congruent in the process of receiving, reviewing, reconcile. We expect to see a similar number for CCDAs received over the denominator population over time. Several items happen automatically in the backend as a result of successful CCDAs reconcile, pursuant to the

	standards set for the certified modules including sending via Direct Edge Protocols, HL7 compliance, USCDI compliance depending on the certified modality used, and the manner used.
--	--

### §170.315(b)(6) – Data Export

#### *Description of Measurement/Metric*

This measure will demonstrate the end user's ability to create export summaries on an as needed basis.

Measurement/Metric	Description
CCDA creation: Numerator: Number of CCDAs created Denominator: Total population	This will allow us to evaluate CCDA creation for users in the real world over evaluated time.

#### *Associated Certification Criteria*

§ 170.315 (b)(6) Data Export Not updated to 2015 edition Cures Update criteria.	(i)General requirements for export summary configuration
	§ 170.315 (b)(6)(ii)
	§ 170.315 (b)(6)(iii)

#### *Justification for Selected Measurement/Metric*

The measurement selected demonstrates providers can generate a CCD for given criteria for a patient.

#### *Test Methodology*

We will assess the creation and export of CCDAs pursuant to standards outlined in 170.315(b)(6) for user creation of CCDAs per general export summary requirements; this will also be done via log evaluation to analyze CCDAs sent for the evaluated population.

Log files will provide audit of CCDAs generated and user access. Database tables within the certified product application contain a record of all CCDA requests made. If there is no client usage record, we will use internal testing systems to show the ability to generate patient data export summaries.

#### *Care Setting(s)*

Care Setting	Justification
--------------	---------------

The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated
--	--

### *Expected Outcomes*

Measurement/Metric	Expected Outcome
CCDA creation: Number of CCDAs created for the target population over time	We expect this to be close to the number of CCDAs sent for care coordination, transitions of care, other provider information as the functionality for creation is generally tied with CCDA send. This will be evaluated via database logs for the identified population over time. Several items happen automatically in the backend as a result of successful CCDA creation, pursuant to the standards set for the certified modules including sending via Direct Edge Protocols, HL7 compliance, USCDI compliance depending on the certified modality used, and the manner used.

## **§170.315(e)(1) – View, Download, and Transmit to 3<sup>rd</sup> Party**

### *Description of Measurement/Metric*

The measures identified will encompass the Number of Views, downloads, and transmission of patient health data using the patient portal functionality.

Measurement/Metric	Description
Numerator: Number of ‘views’ by patients of their health data Denominator: Total population	Patient Engagement–Patient engagement in their health data by viewing their data per standards related to 170.315(e)(1) will be reviewed from the logs / database to determine usage over time for the identified denominator.
Numerator: Number of ‘downloads’ by patients of their health data Denominator: Total population	Patient Engagement –Patient engagement in their health data by downloading their data per standards related to 170.315(e)(1) will be

	reviewed from the database to determine usage over time for the identified denominator.
--	---

### *Associated Certification Criteria*

<b>§ 170.315 (e)(1) View, Download, and Transmit to 3<sup>rd</sup> Party</b>  Not updated to 2015 edition Cures Update criteria.	§170.315(e)(i)(A)
	§170.315(e)(i)(B)
	§170.315(e)(i)(C)

### *Justification for Selected Measurement/Metric*

The measurements selected show that patient health data can be viewed and downloaded by patients and that they can successfully transmit to external parties.

### *Test Methodology*

Count of distinct patient views and downloads of their health data via patient portal will be reviewed from the logs / database to determine usage over time for the identified denominator.

Transmissions is a functionality not used by our user base after evaluation. In consulting with our ONC-ACB, we found that as ‘view / download’ was used, additional test data would not be needed to be created for ‘transmit’ functionality

### *Care Setting(s)*

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

### *Expected Outcomes*

Measurement/Metric	Expected Outcome
Number of ‘views’ by patients of their health data over an identified population denominator	Expected validation of normal viewing of patient data over time. We will look at views over time and note/address any issues if applicable while monitoring. Validating view activity automatically verifies 170.205(a)(1)/(2) compliance as well as 107.205(a)(4)/(5) compliance based on how data view is setup, as well as CCDS / USCDI / HL7

	standards as outlined in 170.213, 170.205(a)(4)/(5)
Number of ‘downloads’ by patients of their health data over an identified population denominator.	Expected validation of normal downloading of patient data in human readable format with the data they selected. We expect the number of download attempts to be congruent with downloads for a patient’s data. Downloading automatically validates functionality of associated certified criteria related to 170.205(a)(4)/(5)

### §170.315(f)(1) – Transmission to Immunization Registries

#### *Description of measurement/metric*

This measure will demonstrate the ability to transmit data to immunization registries as required for compliance purposes.

Measurement/Metric	Description
<p>170.315(f)(1): Transmission to immunization registries Number of HL7 transmissions sent for a % population over a time period.</p> <p>Numerator: Total number of test transmissions sent.</p> <p>Denominator: Total population.</p>	<p>Transmission to immunization registries. Using a real-world environment, we will evaluate the transmission of immunization data to immunization registries. We will test the send of the document to a registry by evaluating the HL7 document sent to a targeted folder.</p>

#### *Associated Certification criteria*

§ 170.315 (f)(1) Transmission to Immunization Registries	§170.315(f)(1)(i)
	§170.315(f)(1)(ii)

#### *Justification for selected measurement/metric*

There are no clients on the Gehrimed certified product sending data to immunization registries. For this reason, we will be using testing tools in a real-world environment to demonstrate that the capability is present should a client opt to begin sending data to immunization registries.

### Test Methodology

As we have no clients using this functionality, we are currently not partnered with an immunization registry. After clarifying with our ONC-ACB, we will be testing the HL7 file(s) generated and sent to a target folder, in the same fashion that would be sent to a registry. And to demonstrate clients have a functioning ability to send immunization data to registries should they opt to do so in the future.

### Care setting(s)

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

### Expected Outcomes

The measure and use of testing tools will demonstrate compliance with the criteria and the ability to send data should a client ever opt to do so.

### §170.315(f)(2) – Transmission to Public Health Agencies- Syndromic Surveillance

The measure will demonstrate the ability to send syndromic surveillance records to public health agencies.

Measurement/Metric	Description
170.315(f)(2): Syndromic Surveillance.  Numerator: Number of syndromic surveillance submissions sent.  Denominator: care population.	This metric allows testing of how syndromic surveillance functions in a real-world scenario. As we have no clients using this certified functionality, we will be using test data in a real world setting to create syndrome based public health information.

### Associated Certification Criteria

§ 170.315 (f)(2) Transmission to public health agencies -syndromic surveillance	§170.315(f)(2)
---	----------------

### Justification for Selected Measurement/Metric

There are no clients on the Gehrimed certified product sending data to public health agencies for syndromic surveillance reporting. For this reason, we will be using testing tools in a real-world

environment to demonstrate that the capability is present should a client opt to begin sending data to public health agencies.

### *Test Methodology*

As we have no clients using this functionality, we are currently not partnered with an immunization registry. After clarifying with our ONC-ACB, we will be testing the HL7 file(s) generated and sent to a target folder, in the same fashion that would be sent to a registry. And to demonstrate clients have a functioning ability to send syndromic surveillance data to registries should they opt to do so in the future.

### *Care Setting(s)*

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

### *Expected Outcomes*

The measure and use of testing tools will demonstrate compliance with the criteria and the ability to send data should a client ever opt to do so.

## **§170.315(g)(7) – Application Access – Patient Selection**

### *Description of measurement/metric*

Measurement/Metric	Description
Number of test patient ID requests, return of ID or token over test population	API patient selection. This will evaluate the functionality of our certified module to address patient id requests over our API. Successful completion of the API request validates associated certification criteria outlined in §170.315 (g)(7).

### *Associated Certification criteria*

<b>§ 170.315 (g)(7) Application Access – Patient Selection</b>	§170.315(g)(7)(i)
	§170.315(g)(7)(ii)

***Justification for selected measurement/metric***

We will be evaluating test real world scenarios of how this functionality will provide a variety of search parameters to support identification of a patient for subsequent searches. This measure will demonstrate that the search capability is available and utilized.

***Test Methodology***

After evaluating our API use, currently API calls are made for billing access. However, none of our clients use the API points needed to meet the requirements. As such, we will be using test data / test scenarios like when first certified to evaluate real world functionality. This will allow us to evaluate real world functionality of patient ID request and return of ID / token data.

***Care Setting(s)***

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

***Expected Outcomes***

Measurement/Metric	Expected Outcome
Number of patient ID requests, return of ID or token over test population	Expected validation of normal test patient ID selection and return of ID/Token per standards.

**§170.315(g)(8) – Application Access – Data Category Request*****Description of measurement/metric***

Measurement/Metric	Description
Number of test patient data category requests (per CCDS categories) over a denominator population	API test data category request(s). Patient test data category requests will be evaluated over a denominator population over a timeframe. Successful completion of the API request



	validates associated certification criteria outlined in §170.315 (g)(8).
--	--

### *Associated Certification criteria*

§ 170.315 (g)(8) Application Access – Data Category Request	§170.315(g)(8)(i)
	§170.315(g)(8)(ii)

### *Justification for selected measurement/metric*

We will be creating a test real world scenario for the functionality to provide patient data upon request based on selected resource and the supplied parameters. This measure will demonstrate that the capability is available and utilized as none of our clients use this functionality

### *Test Methodology*

After evaluating our API use, currently API calls are made for billing access. However, none of our clients use the API points needed to meet the requirements. As such, we will be using test data / test scenarios similar to when first certified to evaluate real world functionality. We will evaluate scenarios of requesting categorical CCDA data over our API.

### *Care setting(s)*

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

### *Expected Outcomes*

Measurement/Metric	Expected Outcome
Number of patient data category requests (per CCDS categories) over a denominator population	Validation of patient data category requests via API for CCDS data in a test environment. This will be along similar lines as all data requests as the methodology is similar.

**§170.315(g)(9) – Application Access- All Data Request*****Description of measurement/metric***

Measurement/Metric	Description
Number of All Test Data requests (per CCDS) over a population.	API all data request. This will allow evaluation of patient ‘all data’ selection for API exchange of patient information. Successful completion of the API request validates associated certification criteria outlined in §170.315 (g)(9).

***Associated Certification criteria***

<b>§ 170.315 (g)(9) Application Access – All Data Request</b>  Not updated to 2015 edition Cures Update criteria.	§170.315(g)(9)(i)
	§170.315(g)(9)(ii)

***Justification for selected measurement/metric***

We will be creating a test real world scenario for the functionality to provide a generated CCD upon request based on the supplied parameters. This measure will demonstrate that the capability is available and utilized as none of our clients use this functionality

***Test Methodology***

After evaluating our API use, currently API calls are made for billing access. However, none of our clients use the API points needed to meet the requirements. As such, we will be using test data / test scenarios similar to when first certified to evaluate real world functionality. We will evaluate scenarios of requesting / receiving All Data for a client per the regulations, over our API.

***Care Setting(s)***

Care Setting	Justification
The user population for this functionality is in a post-acute, long term care setting.	This is the care setting in which Gehrimed electronic health record technology is used; this is the care setting where these modules will be evaluated

### Expected Outcomes

Measurement/Metric	Expected Outcome
Number of All Data requests (per CCDS) over a population.	Ability to select All Category Data per CCDS for patients selected will be evaluated in a test environment. Evaluating this functionality over time will ensure functionality and interoperability as expected. The certified CCD endpoint will provide the generated CCD as XML.

## 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.

Authorized Representative Name: Megha Shah

Authorized Representative Email: mshah1@ntst.com

Authorized Representative Phone: 913-279-0551

Authorized Representative Signature:

*Shah Megha*

Date: 10/31/2022