Real World Testing Results Report

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General Information	
Plan report ID #:	20231208amm
Developer Name:	American Medical Solutions, Inc.
Product Name:	Helios
Version #:	2.0
Product List (CHPL) ID:	15.02.05.1086.AMEM.01.01.1.220217
Certified Health ID:	170.315(b)(1), 170.315(b)(2), 170.315(c)(1), 170.315(c)(2), 170.315(c)(3), 170.315(e)(1), 170.315(f)(1), 170.315(f)(5), 170.315(g)(7), 170.315(g)(9), 170.315(g)(10), and 170.315(h)(1)
Developer Real World testing Page URL:	https://amsemr.com/services/
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Justification for Real World Testing Approach

Helios is a web-based Practice management Software (PPMS, EHR) system for use in an ambulatory care setting. The goal is to demonstrate interoperability through data transfer with respect to clinical data and documents. Methodology and functionality used is consistent with the certified criteria established and certified to the ONC-ACB on March 31, 2020. Interoperability is achieved through C-CDA format utilizing direct messaging processes in a patient-by-patient basis. Additionally other parts of interoperability are achieved through patient access. Real world testing will be performed on specific scenarios included in this test plan, as demonstrated by the use of this application with outcomes logged, reported and analyzed.

Justification for using an analytics approach is based on the best way to demonstrate the interoperability and functionality or the system.

Changes To Original Plan

There were no changes to the original test plan.

Withdrawn Products

There were no withdrawn products from the original test plan.

Summary Of Testing Methods and Key Findings

The real-world test plan conducted consisted of sending data, analyzing data and the verification of conformity depending on the measure. During our testing, we reviewed the requirement, established the workflow appropriate, conducted the test and documented the outcome. For any criteria associated with exporting, importing data to or from a target, each test was successfully accomplished. Instances when there were a lag or disruption in data transfer reaching the target was due to network traffic on the side of the target entity however after delay the data was processed. It made us aware that we will need to have a contingency plan to alert users of a network disruption.

The methods chosen were done so with the idea that these methods would be readily available to the clinic users and the information tested were based in industry standards to promote interoperability.

Meaning, elements of the interoperability standard were reviewed, and testing procedures and methods were chosen to help test, analyze, correct and provide feedback to development teams of changes of necessary actions.

Based on our selected criteria. The analysis was performed by taking note of the number of data packets sent vs. the number of data packets received if applicable. Additionally, where there is quantitative data available, the number of tangible data elements such as appointments, encounters or patients sent vs. received was factored in to determine the success or failure of the test.

For criteria based on patient portal and patient access, the results were documented based on the number of patients granted access vs. the number who are able to access the system. As an analysis for expected outcomes. Administrators reviewed the total number of data sets sent, received, transmitted or reported depending on the measure. Only expected measures with controllable outcomes were reviewed and reported. Patient access is a measure where granting access and not gaining access was the determining factor.

Other analysis was conducted based on total number of information data set points attributed to the applicable measure with starting values prior to import, reporting, export or transmission and an ending value of data set points. Error rates were reviewed to determine processed data between entities or expected outcomes in reporting or access controls.

Standards Updates (Including Standards Version Advancement Process (SVAP) and United States Core Data for Interoperability (USCDI))

Standards Updates	
Standard	USCDI V1
Date of ONC-ACB notification	12/27/2022
Date of customer notification (SVAP only)	N/A
USCDI – update criteria	b1, b2, e1, f5, g9
Health IT Module CHPL ID	15.02.05.1086.AMEM.01.01.1.220217
Method used for standard update	Cures Update
Conformance measure	Transition of Care - for b1 Clinical Information Reconciliation and Incorporation - for b2 View download transmit 3rd party - for e1 Transmission to Public Health Agencies - Electronic Case Reporting - for f5 Application access all data - for g9
USCDI updated certification criteria (USCDI version)	b1, b2, e1, f5, g9 - USCDI V1

Measures and Approach

All measures conducted in an ambulatory clinical setting.

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Care Settings

The care setting was representative of an ambulatory clinic.

Metrics and Outcomes

Associated Criteria	Approach	Expected Outcomes	Resulted Outcomes and Challenges Encountered	Relied Upon Software	Justification
170.315 (b)(1) – Transition of Care	Clinical information sent and received using established Appropriate protocols	Review using the data analytics approach indicating the information sent and received should reach target with a > 1% error rate	Information was sent and received target with 0% error rate. No challenges were encountered	EMR Direct	To gage the ability and verify if information is sent and received to determine information is available to health Professionals when needed.
170.315 (b)(2) – Clinical Information Reconciliation and Incorporation	Clinical information reconciled and incorporated within the patient account	Review using the data analytics approach indicating the information was incorporated within the targeted data set with a > 1% error rate	Information was incorporated within the target data with 0% error rate. No challenges were encountered	N/A	To measure the accuracy and completeness of the most recent information is available to health professionals when needed.
170.315 (c)(1) – Clinical Quality Measures – Record and Export	CQM information to be recorded and exported using appropriate functionality and protocols.	Review using the data analytics approach indicating the data recorded and exported with a 1% error rate.	CQM information was exported with 0% error rate. No challenges were encountered	N/A	To measure clinical quality measures being documented and available to external users.
170.315 (c)(2) – Clinical Quality Measures – Import and Calculate	CQM information to be imported and calculated in the appropriate section	Review using the data analytics approach indicating the	Data was imported and calculated with 0% error rate. No	N/A	To measure clinical quality measures being available to internal users.

		data was imported and calculated with a > 1% error rate	challenges were encountered		
170.315 (c)(3) – Clinical Quality Measures – Report	CQM data to be reported using appropriate tools or functionality	Review using the data analytics approach indicating the data reported with a > 1% error rate	Data was reported with 0% error rate. No challenges were encountered	N/A	To measure clinical quality measures being reported and available.
170.315 (e)(1) – View, Download, and Transmit to 3rd Party	Data to be displayed/viewed, exported and available for download and transmitted to a 3rd party using Appropriate protocol and or tools.	Review using the data analytics approach indicating the data processed with a > 1% error rate	Data was processed with 0% error rate. No challenges were encountered	N/A	To measure the accuracy and availability of data being available for viewing, downloading and transmission to 3rd parties.
170.315 (f)(1) – Transmission to Immunization Registries	Appropriate data set to be transmitted to approved immunization registries	Review using the data analytics approach indicating the data transmitted with a > 1% error rate	Data was transmitted with 0% error rate. No challenges were encountered	N/A	To measure the availability of immunization data being transmitted to appropriate registries.
170.315 (f)(5) – Transmission to Public Health Agencies – Electronic Case Reporting	Appropriate data set to be transmitted to approved public health agencies in electronic format	Review using the data analytics approach indicating the information data transmitted with a > 1% error rate	Data was transmitted with 0% error rate. No challenges were encountered	N/A	To measure the availability of health data being transmitted to appropriate health agencies electronically

170.315 (g)(7) – Application Access – Patient Selection	Grant patient access to appropriate data set in the system	Review using the observational testing approach indicating the patients gain access with a > 1% error rate	Patients were able to gain access to the appropriate data set with a 0% error rate. No challenges were encountered	EMR Direct	To measure and assure patient access to data
170.315 (g)(9) – Application Access - All Data Request	Grant access without specific data set criteria allowing for an all data request	Review using the observational testing approach indicating the patients gain access to all data with a > 1% error rate	Patients were able to gain access to all data with a 0% error rate. No challenges were encountered	EMR Direct	To measure health data being available to appropriate applications without specific criteria making all data available
170.315 (g)(10) – Standardized API for patient and population services	Allow access to standardized API facilitating data transfer	Review if applicable parties are able to gain access with a > 1% error rate.	Applicable parties were able to gain access with a 0% error rate. No challenges were encountered	EMR Direct	To measure health data being available to API applications
170.315 (h)(1) – Direct Project	Create a file using direct messaging functionality to send information to another entity	Review using the data analytics approach to assure the creation and that the file was sent with respective data with a > 1% error rate	A direct messaging compatible file was created and sent with respective data with a 0% error rate. No challenges were encountered	EMR Direct	To measure health data being available to appropriate users using direct messaging functionality

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Key Milestones

Milestone	Date/Timeframe	Milestone Met
Real World Test Plan Submission	November 14, 2023	Yes
Submit call to action for prospected providers for testing	January 2024	Yes
Submit test results for testing	January 15, 2024	Yes
Start phased approach implementing testing and analysis	April – June 2024	Yes
Review and analyze data based on testing Results	July - September 2024	Yes
Report findings of Real World Testing to ACB	October 1, 2024	Yes
Submit Real World Testing Plan	November – 2024	Yes
Submit test results for testing	March 12, 2025	Yes

All milestones, testing and analysis were conducted within an ambulatory clinic care setting. Helios is only provided to these types of clinicians and illustrates our only customer base. All certified measures are also only provided to these types or providers in this type of care setting.

Attestation

This Real-World Testing Results Report is complete with all required elements, including measures that address all certification criteria and care settings. All information in this results report is up to date and fully addresses the health IT developer's Real World Testing requirements.

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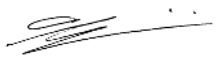
Authorized Representative Signature:	
Date:	3/12/2025