REAL WORLD TESTING PLAN - 2025

BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (**Program**), Health IT Developers are required to conduct Real World Testing of their Certified Health IT (45 CFR 170.556 and 170.523(i)). 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 to develop their Real World Testing plans.

Health IT Developers have maximum flexibility to develop innovative plans and measures for Real World Testing. As developers are planning for how they will execute Real World Testing, they should consider the overall complexity of the workflows and use cases within the care settings in which they market their Certified Health IT to determine which approaches they will take. This 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. Health IT Developers must submit one plan for each year of Real World Testing (see resources listed below for specific timelines and due dates). ONC does not encourage updating plans outside the submission timeline and will not post updates on the Certified Health IT Product List (CHPL). 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 would expect that the Real World Testing results report will include a description of these types of changes, the reasons for them, and how intended outcomes were more efficiently met as a result. This resource should be read and understood in conjunction with the following companion resources, which describe in detail many of the Program requirements referenced in this resource.

- Real World Testing–What It Means for Health IT Developers – Fact Sheet
- Real World Testing Resource Guide – Coming Soon
- 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 Program.

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

GENERAL INFORMATION

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

Developer Name: Patagonia Health

Product Name(s): Patagonia Health EHR

Version Number(s): 6

Certified Health IT

Product List (CHPL) ID(s): 15.04.04.2139.Pata.06.01.1.221227

Developer Real World Testing Page URL:

https://patagoniahealth.com/advantages/federal-ehr-incentives/

Relied Upon Software:

Therapy Brands NewCrop provides access to Electronic Medication Prescribing.

EMR Direct provides secure messaging.

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Consistent with the ONC's recommendation that "Real World Testing verify that deployed Certified Health IT continues to ***perform as intended by conducting and measuring observations of interoperability and data exchange***", this test plan focuses on capturing and documenting the number of instances that certified capability is successfully utilized in the real world. In instances where no evidence exists due to zero adoption of a certified capability or the inability to capture evidence of successful use for other reasons, we will demonstrate the required certified capability in a semi-controlled setting as close to a "real world" implementation as possible.

It is important to note that Real World Testing is only one component of the Health IT Certification program used to demonstrate compliance with the program requirements. Real World Testing should augment and support testing that was conducted prior to certification being granted. It is not intended to duplicate the methods or results previously demonstrated. Instead, this test plan was developed to demonstrate that the certified capabilities have been successfully deployed for providers to use at their discretion in live settings.

We are using a 3-fold approach to demonstrate successful real-world implementations.

- Adoption Rate
- Summative Testing
- Interactive Testing

Adoption rate will be used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Evidence of high rates of implementation and usage indicate (but do not by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might indicate a potential problem, of which there could be several different causes. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.

Summative assessments will be used to measure which certified actions were performed at the conclusion of a given time period. These will be conducted by running reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible,

whether those actions were successful or unsuccessful. High success rates should be an indicator of a successful implementation of a given certified capability in a real-world setting.

Interactive testing will be used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero and to demonstrate ongoing compliance with updated standards and code sets (SVAP). Interactive tests will require a live test as opposed to examining historical usage statistics. The goal is to allow a user to demonstrate the certified Health IT module being used in a way consistent with their own practice or care setting.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY – (USCDI))

Patagonia Health has not updated Patagonia Health EHR to any new standards as part of SVAP or the Cures Update criteria as of this date. Any standards updates prior to execution of the 2025 plan will be addressed via SVAP.

CARE SETTINGS

Patagonia Health EHR is marketed primarily to underserved communities who treat patients with chronic conditions. We work with county health departments and other public health departments.

Care Setting	Justification
Public Health Systems	The Patagonia Health EHR helps Public Health Systems meet their compliance requirements and stringent requirements around surveillance and reporting due to county, state, federal, and grant funding by providing a solution that meets their clinical and business workflow requirements. The Patagonia Health solution provides high-quality clinical reports to make patient care easier. Additionally, the system makes it easy to access and share data with other healthcare providers in the community.
Behavioral Health	The Patagonia Health EHR helps Behavioral Health Agencies meet and organize their client records and improve workflows for behavioral health, mental health, substance use disorder and psychosocial rehabilitation. Our Behavioral Health EHR enables electronic charting for clinical assessments, outpatient services, case management and residential services. The Behavioral Health EHR apps included in our product can be integrated with the public health and primary care apps to provide integrated care for the clients.

MEASURES USED IN OVERALL APPROACH

For each measurement/metric, describe the elements below:

- ✓ Description of the measurement/metric
- ✓ Associated certification criteria
- ✓ Care setting(s) that are addressed
- ✓ Justification for selected measurement/metric
- ✓ Expected Outcomes

ADOPTION RATES

The following metrics are applicable to all criteria and all care settings. These metrics will not be used directly to demonstrate interoperability or conformance to certification criteria. Instead, they will primarily be used to help determine the participants that will be in scope for this evaluation. They can also aid with the justification for other metrics by providing additional context (i.e., extremely low adoption rates for certain certified capabilities will necessitate a different approach to testing).

Metric	Description
Number of licensed installs/users of EHR • The definition of a "license" is dependent upon the model used (e.g., total number of systems, total number of seats per license, etc.)	Identify the total number of licensed installs/users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.
Number of active installs/users of EHR	Identify the total number of ***active*** installs and/or users of the certified Health IT module, regardless of care setting, participation in incentive programs, or use of certified capabilities.

The following metrics are applicable to all criteria that are licensed separately from the base license and all care settings.

Metric	Description
Certified capabilities that are licensed separately	Identify which certified capabilities are licensed separately from the base EHR license. Examples may include eRx, CQMs, public health, etc.
Number of installs/users who licensed a certified capability	Where applicable, identify the number of licensed installs/users of a given certified capability.
Number of installs/users that have used the certified capability in the preceding 365 days	Where applicable, identify the number of ***active*** installs/users of a given certified capability.

SUMMATIVE ASSESSMENT METRICS

The following metrics will be measured by viewing audit logs and reporting systems available to track the behavior of the certified Health IT module during a given time frame. All metrics are designed to reflect the core elements of the criteria, demonstrate interoperability, and demonstrate the success rate of the certified capability being used. In most cases we elected to record these metrics over a 90-day period to reflect the reporting periods typically required for compliance with the federal incentive programs.

The continued measurable use of certified capabilities will provide implicit evidence of successful implementation of the required certified capability. This is especially meaningful in cases where interoperability with outside

systems is demonstrated. In cases where it is not possible to determine "success" via an explicit confirmation by a receiving system, success will be defined as a transmission was made where no error was received from the destination system or its intermediaries. Additionally, we will review internal customer and vendor issue tracking systems for reports of failures or unsatisfactory performance in the field.

All testing is scheduled to be conducted against the ONC Certification Criteria for Health IT version of the criteria.

Criterion	Metric	Care Setting	Justification and Expected Outcome
170.315(b)(1) Transitions of care	Over a 90-day period: 1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3) Number of CCDAs received via edge protocols	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Furthermore, it is not feasible to obtain copies of CCDA documents from "outside" developers or providers who have no incentive to participate in this exercise. Therefore, we intend to demonstrate the required certified capabilities by demonstrating how often CCDAs are created and exchanged with other systems to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.

170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1) Number of times a user reconciled medication list data from a received CCDA 2) Number of times a user reconciled allergies and intolerance list data from a received CCDA 3) Number of times a user reconciled problem list data from a received CCDA	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. The expectation is each of these steps is done electronically within the certified Health IT module. While this certified capability is available to our users, most providers in the real world typically prefer to perform these steps manually and elect to save any outside received CCDAs as attachments to the patient record. Therefore, we intend to record the frequency that providers are electronically reconciling and incorporating CCDAs that were received from outside providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.
170.315(b)(3): Electronic prescribing	Over a 90-day period: 1) Number of prescriptions created 2) Number of prescriptions changed 3) Number of prescriptions canceled 4) Number of prescriptions renewed	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. However, it is not possible to demonstrate the correct standards were used because it is not feasible to obtain copies of eRx documents from “outside” companies or pharmacies who have no incentive to participate. Therefore, we intend to demonstrate the required certified capabilities are effective by demonstrating how often eRx transactions are performed by examining reports from our eRx partner. This will demonstrate that not only are the eRx transactions sent from the certified Health IT module, but that the transactions are successfully received by the eRx clearinghouse. Our expectation is there will be high utilization by providers with a high success rate.

170.315(b)(10) Electronic Health Information export	Over a 90-day period: 1) Number of single patient exports 2) Number of patient population exports	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to export single patient and patient population electronic health information. We intend to record the frequency that each export occurs to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by our clients with a high success rate.
170.315(c)(1-3): Clinical quality measures (CQMs)	Over a 90-day period: 1) Number of measures recorded during the period 2) Number of QRDA Category 1 files exported 3) Number of QRDA Category 1 files imported (if applicable) 5) Number of QRDA Category 3 aggregate report(s) created over the period	• Public Health Systems • Behavioral Health	These criteria will be tested together. C1 requires a certified Health IT module to record required data, calculate CQMs from the recorded data, and export the data in QRDA Category 1 format. C2 requires a certified Health IT module must be able to import data from a QRDA Category 1 formatted file and calculate the CQMs based on that data. C3 requires a certified Health IT module must be able to create a QRDA Category 1 formatted file and a QRDA Category 3 aggregate report to be used for transmitting CQM data to CMS. We intend to record the frequency that CQM files are imported and/or exported by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be moderate utilization by providers with a high success rate.

170.315(e)(1) View, download, and transmit to 3rd party	Over a 90-day period: 1) Number of views of health information by a patient or authorized representative 2) Number of downloads of health information by a patient or authorized representative 3) Number of transmissions of health information by a patient or authorized representative using unencrypted email 4) Number of transmissions of health information by a patient or authorized representative using encrypted method	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to provide patients access to a patient portal with the ability to view, download, and send their health care records to other providers via encrypted or unencrypted transmission methods in CCDA format. We intend to record the frequency that patients are viewing, downloading, and transmitting their records from the portal using the certified capabilities to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.
170.315(f)(1): Transmission to immunization registries	Over 3 separate unique 10-day periods within a 90-day window: 1) Number (or percentage) of immunization records submitted to the immunization registry	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to transmit immunization data to a registry using a specified format. We intend to record the frequency that immunization data is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization by providers with a high success rate.
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Over 3 separate unique 10-day periods within a 90-day window: 1) Total number of syndromic surveillance events created and submitted	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to transmit syndrome-based public health surveillance data to a registry using a specified format. We intend to record the frequency that syndromic surveillance data is submitted to registries by providers to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.

170.315(g)(7) Application access — patient selection	1) Number of requests for a patient ID or token 2) Number of requests that provided sufficient information to provide a valid response 3) Number of follow-up requests made using the provided patient ID or token	• Public Health Systems • Behavioral Health	This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request a unique patient identifier from the certified Health IT module that can be used to request additional patient data. We intend to record the frequency that patient ID requests are received by providers via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.
170.315(g)(9) Application access — all data request	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 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	• Public Health Systems • Behavioral Health	This criterion requires the certified Health IT module to provide an API and supporting documentation that enable external applications to request all categories of patient data defined in the CCDS from the certified Health IT module. We intend to record the frequency that patient data requests for all categories are received by providers and fulfilled via API to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be zero adoption of this certified capability by our users, so we have added interactive testing methodology for these capabilities to the test plan below to demonstrate the feature is available and functions as expected should any users elect to begin using this feature.
170.315(g)(10) Standardized API for patient and population services	1) Number of authorized Patient Applications 2) Number of authorized Provider Applications 3) Number of authorized Bulk Applications 4) Number of patient data requests	• Public Health Systems • Behavioral Health	This criterion requires the ability of a certified Health IT module to respond to requests for patient data through FHIR standards from authorized/registered applications. We intend to record the frequency that data is requested through FHIR applications to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be low utilization with a high success rate.

INTERACTIVE TESTING

The following test plans will be executed to demonstrate Real World certified capabilities for criteria where metrics are not available. Patagonia Health serves two major areas (public health and behavioral health), where patients are often low-income individuals with limited adoption of technology. Providers in those settings do not typically use a high-level of technology to communicate with their patients and therefore do not have existing workflows that use CDA documents or APIs. Furthermore, the patient population is not very mobile, so the migration of data from one EHR to another does not happen often, unlike Mainstream Healthcare. The criteria to be evaluated using interactive testing are:

- 170.315(b)(1) Transitions of care
- 170.315(b)(2) Clinical information reconciliation and incorporation
- 170.315(b)(10) Electronic Health Information export
- 170.315(e)(1) View, Download and Transmit to a 3rd Party
- 170.315(f)(2) Transmission to public health agencies — syndromic surveillance
- 170.315(g)(7) Application access — patient selection
- 170.315(g)(9) Application access — all data request
- 170.315(g)(10) Standardized API for patient and population services

Justification for this approach

- Core ONC certification requirements were implemented as Patagonia Health services the public health and behavioral health care settings. Patagonia Health EHR is a SaaS based product that is used by smaller health agencies and publicly funded agencies with low-income patients who often do not have access to insurance or technology and as a result there is limited use of patient portals or patient facing API. Additionally, because patients do not typically move between EHRs, CCDA documents are not often used for data migration workflows.
- Funding is what keeps the smaller health agencies and publicly funded providers sustained. The SaaS model is optimal for smaller organizations because providers are not required to maintain their own IT staff because Patagonia is able to provide that service. We were originally expecting to expose features such as scheduling and appointment functionality through the API, but there has not been adoption of these features yet. We suspect that due to the lack of dedicated IT staff and lack of technology focus of patients, that API criteria are not a priority for adoption.
- Behavioral Health is more focused on progress notes and use less of the ONC certified capabilities within the certified Health IT module. They may use different forms, but data collection, communication methods for interoperability are identical.

High Level Interactive Test Plan:

- **Care Settings**: Patagonia is currently used in the Public Health System sector and Behavioral Health setting.
- **Test Environment:** Interactive testing for Behavioral Health will be performed in a cloud-based staging environment typically used for sales and demonstrations. This environment is an exact copy of a facility

deployment but without the live patient data. This is a client requirement due to the sensitive nature of behavioral health and mental health information. Interactive testing for Public Health Systems will be performed in a live cloud-based production environment.

  - Patagonia Health will use recorded teleconference sessions to capture results of interactive testing.
  - Patagonia Health will perform real world testing on a representative number of deployments in order to demonstrate that this functionality exists and functions in an identical manner in all cloud-based deployments.

- **Test Data**: For Behavior Health Patagonia Health will use test patients that will be entered into the mirror environment including the CCDS fields that represent the behavioral health environment including the CCDS fields that represent the behavioral health environment, including:
  - Demographics
  - Care team
  - Diagnoses (using ICD10)
  - Medication History
  - Medication allergies
  - Encounter notes
  - Behavioral Health Treatment plan
- For Public Health Systems Patagonia Health will be performed using test patient data in the live production environment in order to represent characteristics of real-world deployments. Precautions will be taken to reduce the risk of exposure of PHI.

Criterion	Interactive Test Plan	Justification and Expected Outcome
All Criteria creating CCDA – 170.315(b)(1) Transitions of care	Patagonia Health will provide audit logs that demonstrate adoption of the EHR software and creation of encounter notes on a weekly basis, to provide evidence that the EHR is being used on a daily basis, however without the use of any CDA or Portal functionality for both Behavioral Health and Public Health System care settings.	**Justification:** The Public Health and Behavioral Health patient populations which Patagonia Health customers serve do not use technology to retrieve their health information and they typically do not need to export their health information from the Patagonia Health system used, so there has not been a need for CCDA interoperability functionality. In the area of behavioral health, other functionality is used for behavioral health workflow. This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. However, it is not possible to consistently and reliably demonstrate that all required standards and code sets were used because not all CCDAs created in a real-world setting contain all the necessary data elements. Furthermore, it is not feasible to obtain copies of CCDA documents from "outside" developers or providers who have no incentive to participate in this exercise. Our expectation is there will not be enough utilization by providers to demonstrate expected outcomes. **Expected outcomes:** • Using Visual Inspection, the content of the exported CCDA documents for each of the test patients contains the expected data. • Using Visual Inspection, the content of the exported CCDA documents after the clinical information reconciliation and incorporation has been performed contains the expected changes to the medications, problems and medication allergies.

170.315 (b)(2): Clinical information reconciliation and incorporation	Patagonia Health will use 3 test patients across both of the Public Health and Behavioral Health care settings with representative test data which includes medications, problems and medication allergies and export both individual test patients and the set of patients. Patagonia Health will use the Transitions of Care functionality to create the CCDA document for each patient, and then modify the exported CCDA to add/change data in a way that is representative of typical clinical encounters for each of the medications, problems and medication allergies and import them back into the system. Patagonia Health will then run through the steps of performing the workflow to reconcile and incorporate the CCDA with the new/changed medications, problems and medication allergies and re-export the test patients. Once this is complete, Patagonia will use the Data export functionality to export the updated patients one at a time, and as a batch, as well as using a timeframe search.	**Justification:** The Public Health patient population which Patagonia Health serves does not typically use external services so there is no need to export data or import clinical information from other organizations. In the area of behavioral health other functionality is used for behavioral health workflow. As a result, there is low adoption of these criteria in the Real World to date, however interactive testing will be used to demonstrate that the certified capabilities are available in the production environment for us if needed. **Expected outcomes:** • Using Visual Inspection, the content of the exported CCDA documents for each of the test patients contains the expected data. • CCDAs can be imported and medications, problems and allergies can be reconciled. • Using Visual Inspection, the content of the exported CCDA documents after the clinical information reconciliation and incorporation has been performed contains the expected changes to the medications, problems and medication allergies.

170.315(b)(10) : Electronic Health Information export	Patagonia Health will used to export EHI for a single patient and multiple patients in a staging environment	**Justification:** This criterion requires the ability of a certified Health IT module to enable a clinician or their staff to export all EHI stored in the certified Health IT product for a single patient or the EHI for the clinicians entire patient population. This supports individual patients' access to their electronic data and empowers providers and providers organizations to migrate all the EHI from one Certified Health IT product to any health IT system of their choosing. Although this certified functionality is accessible to our users Therefore, we intend to demonstrate the required certified capabilities by using interactive testing by electronically exporting EHI for a single patient at any time the user chooses without developer assistance or exporting the EHI for the clinicians entire patient population to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Our expectation is there will be a very low utilization by providers with a high success rate. **Expected outcomes:** The functionalities described above must meet the requirements of §170.315(b)(10), ensuring users can successfully perform electronic EHI data exports without errors, thereby demonstrating compliance.
170.315(e)(1): View, Download and Transmit to a 3rd Party	Patagonia Health will use the 3 test patients in each of the care settings which includes representative data. Patagonia will then view, download and transmit each of the test patient data through the patient's portal.	**Justification:** The Public Health patient population which Patagonia Health serves does not typically use technology, so there is no adoption rate for the patient portal. In the area of behavioral health other functionality is used for behavioral health workflow. **Expected outcomes:** • Using Visual Inspection, the content of the patient data viewed through the patient portal for each of the test patients contain the expected data. • Using Visual Inspection, the content of the patient data downloaded through the patient portal for each of the test patients contain the expected data. • Using Visual Inspection, the content of the patient data transmitted (using email and an encrypted method) through the patient portal for each of the test patients contain the expected data.

170.315(f)(2): Transmission to public health agencies — syndromic surveillance	Patagonia Health will use at least 3 test patients in the urgent care settings as part of our public health care setting and update the patients with a confirmed diagnosis to trigger a syndromic surveillance event. Patagonia Health will use the NIST syndromic surveillance HLv2 tool found here: https://hl7v2-ss-r2-testing.nist.gov/ss-r2/#/home to confirm that the PHIN ADT message conforms to the expected standard.	**Justification:** Syndromic surveillance is not relevant in the behavioral health setting, so only the Public Health environment will be tested. Due to the funding model of the public health systems Patagonia Health serves electronic syndromic surveillance reporting has not been a priority, and other means continue to be used to report syndromic surveillance. **Expected outcomes:** • A PHIN ADT message for syndromic surveillance will be automatically generated upon the detection of a syndromic surveillance event. • The PHIN ADT message contains the correct syndromic surveillance information and conforms to the standard.
170.315 (g)(7): Application Access - Patient Selection 170.315 (g)(9): Application Access - All Data Request	Patagonia will use Postman to demonstrate that a patient user can request their own data from the API hosted in the cloud-based staging environment. The patient will follow these high-level steps: • Test user logs into test app as patient and looks up their test results. • Test app queries the API for discrete CCDS fields • Test ap queries the API for patient CCDA documents	**Justification:** This criterion requires the ability of a certified Health IT module to have implementation of APIs that allow patients to access their data using third-party applications, aligning with FHIR standards for interoperability Due to the funding model of the public health systems Patagonia Health serves there has been no up take in the creation of APIs. We expect that due to the lack of dedicated IT staff and lack of technology focus of patients, that API criteria are not a priority for adoption. For Behavioral Health, the risk of allowing access using APIs has not been deemed acceptable. **Expected outcomes**: • Patient ID is accepted, and token is returned • Patient CCDS data is visible in the app as either discrete data fields or as a CCDA

170.315(g)(10) Standardized API for patient and population services	This criterion requires the ability of a certified Health IT module to have implementation of APIs that allow patients to access their data using third-party applications, aligning with FHIR standards for interoperability	**Justification:** While the certified functionality is accessible to our users, this product is not yet in production with real customers. To demonstrate compliance, we intend to use the Inferno tool for interactive testing, showcasing that the certified capability is available and effective, regardless of actual usage frequency. We expect very low utilization by providers but anticipate a high success rate when used. **Expected outcomes**: • Number of authorized Patient Applications • Number of authorized Provider Applications • Number of authorized Bulk Applications • Number of patient data requests

SCHEDULE OF KEY MILESTONES

Real World test planning will commence in the first quarter of 2025. Each phase is expected to take 90-days to complete, with report writing to occur end of 2025/early 2026.

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	• Public Health Systems • Behavioral Health	90-days
Data collection	• Public Health Systems • Behavioral Health	90-days
Review and collate data	• Public Health Systems • Behavioral Health	90-days
Writing report	• Public Health Systems • Behavioral Health	90-days

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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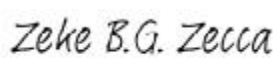

Date: 10/30/2024