

General Information

Developer Name	Welligent, Part of the ContinuumCloud
Product Name	Welligent
Version Number	8MU3
Certified Health IT Edition	2015 Cures Update
Product List (CHPL) ID	15.02.05.2536.WELL.01.01.1.220201 (current) 15.02.02.2536.A110.01.00.1.200221 (previous)
Real World Testing Public URL	https://www.welligent.com/solutions/meaningful-health/

Changes to Original Plan

Summary of Change	Reason	Impact
All CCDAs were sent via ITI protocol.	Welligent does not currently have trading partners using DIRECT as a mode of transmission	No measurable impact. Currently evaluating trading partners who send and receive DIRECT messages.
Final testing completed in 1st quarter 2023	Staff attrition, and resulting loss of expertise, delayed testing. We resolved this issue by partnering with Dynamic Health to capitalize on their expertise in guiding our RWT certification and documentation	No measurable impact. Established a testing plan for 2023 RWT.

Summary of Testing Methods and Key Findings

Our current interoperability functionality has improved collaboration in patient care. We will continue to pursue trading partners who use DIRECT messaging and look forward to receiving 2.1 CCDs in our production environment. The additional data provided in the 2.1 CCDs will further benefit patient care.

Current trading partners have not expressed the need for FHIR® integration. We continue to move forward with integration (in our production environment) to better support interoperability and certification requirements.

Current trading partners are not using specific data exports implemented for ONC certification. This functionality may become necessary as we move to the 2.1 CCDA export to our HIEs. Functionality has been tested utilizing the ONC test script.

RWT methods used:

- Visual validation
- ITI transmission of CCDAs
- C-CDA scorecard
- FHIR upload to PHR app

Care setting(s) that were tested for real world interoperability

Ambulatory Care

Voluntary updates to the standards and implementation specifications approved through SVAP (if applicable)

NA

Metrics and Outcomes – Care Coordination: Transitions of Care

Measurement/Metric	Relied-upon Software	Associated Criteria	Outcomes	Challenges Encountered
100 percent of outbound TOC's successfully received by HISP	ConnectEHR	170.315(b)(1) Transition of Care (Cures Update)	99.99 % of the TOC CCDs (version 1.1) sent during the measurement period were received by HIEs we report to.	The HIEs that receive the TOC CCD messages did not accept DIRECT messaging. All CCDAs were sent to HIEs via ITI protocol and associated webservices. The HIE integrations expected version 1.1 CCDs.
Average C-CDA grade from scorecard for C-CDAs generated from ConnectEHR is a "C" or better	ConnectEHR	170.315(b)(1) Transition of Care (Cures Update)	Average grade of C was not accomplished.	The CCDs sent to participating HIEs were expecting version 1.1 CCDs.
75 percent of C-CDAs flagged as restricted were received in restricted status based on confirmed receipt from trading partner	ConnectEHR	170.315(b)(1) Transition of Care (Cures Update)	CCDs during the measurement period were all created using version 1.1 and accepted by HIEs that we report to.	The HIEs that receive the TOC CCD messages did not accept DIRECT messaging. All CCDAs were sent via ITI protocol and associated webservices. Version 1.1 CCDs couldn't accommodate restricted flagging.
75 percent of trading partner's TOC C-CDAs successfully received by ConnectEHR.	MaxMD	170.315(h)(1) Direct Project	Successfully sent and received DIRECT messaging with trading partner using evaluation accounts.	We currently do not have trading partners using DIRECT as a mode of transmission.

Key Milestones–

170.315(b)(1) Transition of Care (Cures Update)

170.315(h)(1) Direct Project

Key Milestone	Care Setting	Date/Timeframe
<ul style="list-style-type: none"> • Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment 	Ambulatory Care	December 2022 February 2023
<ul style="list-style-type: none"> • Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. The user is able to create a C-CDA Release <p>2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information.</p> <ul style="list-style-type: none"> • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol 	Ambulatory Care	December 2022 February 2023

<ul style="list-style-type: none"> Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted. 		
Recipient uses scorecard to grade C-CDA	Ambulatory Care	December 2022 February 2023
<ul style="list-style-type: none"> Tester uses Document Center to locate Clinical Document. Care provider reviews the Direct Status screen (under Direct Outgoing menu choice). Recipient validates that Social History section of C-CDA is flagged as restricted 	Ambulatory Care	December 2022 February 2023

Metrics and Outcomes – Care Coordination: Clinical information reconciliation and incorporation

Measurement/ Metric	Relied-upon Software	Associated Criteria	Outcomes	Challenges Encountered
100 Percent of patient data can be matched to an existing patient. Data can be reconciled with data for existing patient restricted status based on confirmed receipt from trading partner	ConnectEHR	170.315(b)(2) Clinical information reconciliation and incorporation	Currently our providers are retrieving/viewing the CCDAs via the ITI standard interface/web services protocol. The reconciliation process is not being utilized as clinicians	Clinicians are finding it more useful to view the CCDAs and to summarize and manually integrate core components of the CCDAs into the patient's chart.

Key Milestones– 170.315(b)(2) Clinical information reconciliation and incorporation

Key Milestone	Care Setting	Date/Timeframe
Import live patient data	Ambulatory Care	December 2022 February 2023
Confirm role access limits	Ambulatory Care	December 2022 February 2023
Verify imported data matches existing client	Ambulatory Care	December 2022 February 2023
Reconcile imported allergy, medication, and problem data with existing data	Ambulatory Care	December 2022 February 2023

Metrics and Outcomes – Care Coordination: Data export

Measurement/ Metric	Relied-upon Software	Associated Criteria	Outcomes	Challenges Encountered
100 Percent of Exports ran at the correct time.		170.315(b)(6) Data export	100% of the exports ran at the correct time.	No challenges encountered
C-CDA count matches actual patient count for requested date range.		170.315(b)(6) Data export	1 error was identified that pulled a patient without a visit.	Changed the testing to ONLY pull CCDAs for patients with a visit record.

Spot-checked C-CDAs pass scorecard with average overall grade of "C" or better.		170.315(b)(6) Data export	All CCDAs created in batch export were tested using the ONC scorecard and received a grade of "C" or better.	No challenges encountered
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Key Milestones– 170.315(b)(6) Data export

Key Milestone	Care Setting	Date/Timeframe
Generate export file	Ambulatory Care	December 2022 February 2023
Use the Edge Test Tool to check validity of output file	Ambulatory Care	December 2022 February 2023
Export summary was created and completed successfully	Ambulatory Care	December 2022 February 2023
Calculate and compile metrics	Ambulatory Care	December 2022 February 2023

Metrics and Outcomes – Application Program Interface: patient selection, data category request, all data request

Measurement/Metric	Relied-upon Software	Associated Criteria	Outcomes	Challenges Encountered
Patient is able to retrieve FHIR API data from PHR app for 100 percent of encounters.	Dynamic FHIR API	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	FHIR API - 100% of encounters were confirmed for all test patients.	Test patients were used because FHIR functionality is not yet part of our production environment (due to lack of customer need/adoption). Plan is to phase in FHIR to our production environment so that production data is available for future RWT.
In 100 percent of encounters from Step #1, PHR data matches data from EHR. This will be confirmed by visual validation of the following FHIR resources: <ul style="list-style-type: none"> Demographics Problems Medications Allergies 	Dynamic FHIR API	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	PHR DATA MATCHES – Visually validated 100% of test patients.	Test patients were used because FHIR functionality is not yet part of our production environment (due to lack of customer need/adoption).
Spot-checked C-CDAs pass scorecard with average overall grade of "C" or better.		170.315(b)(6) Data export	All CCDAs created in batch export were tested using the ONC scorecard and received a grade of "C" or better.	No challenges encountered

Key Milestones:

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

Key Milestone	Care Setting	Date/Timeframe
<ul style="list-style-type: none"> • Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR. 	Ambulatory Care	December 2022 February 2023
Encounter is created and visually confirmed	Ambulatory Care	December 2022 February 2023
<ul style="list-style-type: none"> • Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data 	Ambulatory Care	December 2022 February 2023
Visually validate Assessment, Plan of Treatment and Health Concerns narrative text	Ambulatory Care	December 2022 February 2023