REAL WORLD TESTING RESULTS REPORT

BACKGROUND & INSTRUCTIONS

Under the ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). 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 in developing their Real World Testing plans and results reports.

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

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

GENERAL INFORMATION

Report ID Number	**20231107spe**
Developer Name	**SpectraMedix**
Product Name(s)	**VBP Performance Suite**
Version Number(s)	11
Certified Health IT Product List (CHPL) ID(s)	**15.07.05.2359.SPEC.01.00.1.230309**
Developer Real World Testing PLAN Page URL	https://www.spectramedix.com/spectramedix-health-it-certification-documents
Developer Real World Testing RESULTS Page URL	https://www.spectramedix.com/spectramedix-health-it-certification-documents

[OPTIONAL] CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	**Reason** [Describe the reason this change occurred]	**Impact** [Describe what impact this change had on the execution of your Real World Testing activities]
No change		

[OPTIONAL] WITHDRAWN PRODUCTS

If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information.

Product Name(s):	
Version Number(s):	
CHPL ID(s):	
Date(s) Withdrawn:	
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Measure – 1: Clinical data loading and eCQM calculation.	This measure tested the functionality of recording the clinical data from the external system through FTP API, importing the data into the database from the external system, calculate the eCQM measures as per the measure specifications, and display the measure data in the portal.
Measure-2: Generating QRDA I and III files.	This measure tested the functionality of downloading the measure data in the form of QRDA I and/or III (§170.315(c)(3)).

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

No, none of my products include these voluntary standards

Care Setting(s)

Care Setting	Justification
Hospital Care Setting	The objective of choosing this care setting was as follows: • The VBP Performance Suite was marketed in this type of care setting. • The system was able to ingest real-time patient data from the hospital system, and thus the product demonstrated that all the certified capabilities were consistent during real-time testing in the live environment. The chosen measures were based on real-time patient data throughout the year; hence the certified health IT developer obtained the test results for ongoing interoperability and functionalities.

Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Measure-1: Clinical data loading and eCQM calculation.	§170.315(c)(1)(i) - Record all data necessary to calculate CQMs §170.315(c)(1)(ii)- Export a data file §170.315(c)(2)(i) - Import a data file §170.315(c)(2)(ii) - Calculate each CQM	N/A	a) All the patient data from the external system was ingested into the VBP Performance Suite with the assurance of data completeness. b) All the required eCQM measures were calculated. c) The VBP Performance Suite portal displayed the eCQM results. The errors in these processes were tracked, analyzed, and trended over time.	N/A
Measure-2: Generating QRDA I and III files.	§170.315(c)(3)(i) - create a data file for transmission of CQM data in QRDA Category I and Category III	N/A	a) All the measures were visible in the portal and had relevant data. b) The QRDA Category I and III	N/A

			files were successfully generated in the form of XML and ZIP files. The errors in these processes were tracked, analyzed, and trended over time.	

Results Report

Data was collected from multiple sources every month and processed accordingly, below is the sample report for one of the sources and the observations for the same

Metric	24-Jul	24-Aug	24-Sep	24-Oct
Total Number of Files Received	95,008	102,891	109,326	118,293
Qualifying Encounters for Controlling High Blood Pressure (CBP)	78,349	83,284	87,386	92,529
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) (HbA1c)	69,241	73,832	77,641	82,496
Qualifying Encounters for Screening for depression and follow-up plan (SCDFU)	81,218	86,338	90,547	95,811

This table presents data from July 2024 to October 2024, capturing key metrics related to the number of received files and the count of qualifying encounters for different healthcare measures.

1. Number of Files Received – Shows an increasing trend in the total files processed, rising from 95,008 in July to 118,293 in October.
2. Qualifying Encounters for Controlling High Blood Pressure (CBP) – Indicates the count of valid patient encounters for CBP, increasing from 78,349 to 92,529 over four months.
3. Qualifying Encounters for Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)– The number of encounters related to HbA1c testing grows consistently from 69,241 to 82,496.
4. Qualifying Encounters for Screening for depression and follow-up plan (SCDFU)– Also shows a positive trend, moving from 81,218 to 95,811.

Key Observations:

- All metrics show a steady increase over time, which may indicate better data collection, an increase in patient visits, or improved reporting practices.
- The Number of Files Received has the highest increase (approximately 24.5% growth over four months).
- The Qualifying Encounters for CBP, HbA1c, and SCDFU show parallel upward trends, suggesting improved healthcare service tracking.

KEY MILESTONES

Key Milestone	Care Setting	Milestone Met/Not-Met	Date/Timeframe
Planned data collection start date	Hospital	Met	Jan, 2024

Analyzing the collected data	Hospital	Met	Quarterly, 2024
Follow-up with the authorized representatives on a regular basis to understand any issues regarding the data collection	Hospital	Met	Quarterly, 2024
End of Real-World Testing for the period, and final collection of data for the final analysis and report creation	Hospital	Met	Dec 31st, 2024
Report generated date	Hospital	Met	Jan, 2025
Submitted RWT report to ACB	Hospital	Met	Feb, 2025