

Canvas:

Canvas Medical V1 2024 Real World Test Plan

General Information

Plan Report ID Number:

Developer Name: Canvas Medical, Inc

Product Name(s): Canvas

Version Number(s): 1

Certified Health IT: 2015 Cures Update

CHPL Product Number: 15.04.04.3112.Canv.01.00.1.220523

Developer Real World Testing URL: <https://www.canvasmedical.com/compliance/onc/mandatory-disclosures>

Justification for Real World Testing Approach

Canvas Medical v1 is a certified electronic health record (ehr) that is sold to ambulatory primary care clinics and tech-enabled multispecialty provider organizations operating in hybrid settings (telehealth and in-person).

Functionality within Canvas is shared across all supported care settings and so our Real World Testing plan aims to incorporate data from our entire customer base.

This test plan focuses on capturing and documenting the number of instances that each certified capability (listed below) 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 using interactive testing methods in a semi-controlled setting as close to a “real world” implementation as possible.

- 170.315 (b)(1): Transitions of Care (Cures Update)
 - 170.315 (b)(2): Clinical Information Reconciliation and Incorporation (Cures Update)
 - 170.315 (b)(3): Electronic Prescribing (Cures Update)
 - 170.315.(b)(10): Electronic Health Information Export
 - 170.315 (c)(1): Clinical Quality Measures - Record and Export
 - 170.315 (c)(2): Clinical Quality Measures - Import and Calculate
 - 170.315 (c)(3): Clinical Quality Measures - Report (Cures Update)
 - 170.315 (e)(1): View, Download, and Transmit to 3rd Party (Cures Update)
 - 170.315 (f)(1): Transmission to Immunization Registries
 - 170.315 (f)(5): Transmission to Public Health Agencies - Electronic Case Reporting (Cures Update)
 - 170.315 (g)(7): Application Access - Patient Selection
 - 170.315 (g)(9): Application Access - All Data Request (Cures Update)
 - 170.315 (g)(10): Standardized API for Patient and Population Services (Cures Update)
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Standards Updates (SVAP and USCDI)

Standard and Version	All standard versions are as specified in 2015 Cures Update
Date of ONC-ACB Notification (SVAP or USCDI)	Not applicable
Date of Customer Notification	Not applicable
USCDI-updated criteria	Not applicable

Care Settings

Canvas markets to provider organizations that operate in hybrid settings. Most customers deliver care to patients using a combination of of the following:

- In-person, office-based visits
 - Synchronous telehealth visits
 - Asynchronous digital consultations
 - In-Facility or in-home visits
 - Field-based visits
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Overall Expected Outcomes

Real World Testing will demonstrate that the certified capabilities have been successfully deployed for providers to use at their discretion in live settings.

Measures Used:

Criteria	Requirement(s)	Measure (quarterly)	Justification & Expected Outcome
170.315 (b)(1): Transitions of Care (Cures Update)	Create a Valid CCDA	INTERACTIVE: 1) A CCDA of each type (Referral Note and CCD) will be created in Canvas using a test patient and uploaded to the ETT.	Justification: All customers have the ability to generate CCDAs regardless of whether they have implemented DataMotion for transmission. Manually loading CCDAs created in Canvas to the ETT will confirm their conformance Expected Outcome: Success is when the ETT validates that the files uploaded are conformant.
	Create and send a CCDA	1) Number of CCDAs sent via edge protocols	Justification: To meet this standard, Canvas customers must also use DataMotion (a relied upon software). There has been no adoption of this tool to date. As customers begin to implement this offering, Canvas can measure the volume of CCDs generated and sent via DataMotion to other EHRs Expected Outcome: Success will be measured through volume. As our customers implement this tool, usage will demonstrate that the capability is available and effective.
	Receive and display a CCDA	1) Number of CCDAs received via edge protocols	Justification: To meet this standard, Canvas customers must also use DataMotion (a relied upon software). There has been no adoption of this tool to date. As customers begin to implement this offering, Canvas can measure the volume of CCDs successfully received via DataMotion from other EHRs. Expected Outcome: Success will be measured through volume. As our customers implement this tool, usage will demonstrate that the capability is available and effective.
170.315 (b)(2): Clinical Information Reconciliation and Incorporation (Cures Update)	Receive and reconcile a CCDA	1) Percentage of CCDAs imported successfully 2) Number of CCDA Import Notes Created 3) Number of CCDA Import Notes Reconciled and Locked	Justification: Evaluating a statistically significant number of CCDAs received and displayed by providers using Canvas spanning multiple customers will demonstrate the real-world utility of the feature. Expected Outcome: Success will be measured through volume. Our expectation is there will be low utilization by providers with a high success rate (with expected errors).
170.315 (b)(3): Electronic Prescribing (Cures Update)	Enable a user to perform the following (...) prescription-related electronic transactions	1) Number of and success rates for: • NewRx • RxChange • CancelRx • RxRenewal • RxFill • Medication History	Justification: Evaluating a statistically significant sample size of electronic prescriptions spanning multiple organizations using Canvas will demonstrate the real-world utility of the feature. Expected Outcome: Transactions are successfully delivered with standard errors (e.g., pharmacy does not support electronic transactions). Data validation errors are prevented, or the end-user is notified of the errors when applicable.
170.315 (b)(10): Electronic Health	Export Electronic Health Information (EHI) for:	1) Export files created for: a) a single patient	Justification: This measure will demonstrate the ability of a user (with the right permissions) to export EHI for a single patient, while also demonstrating Canvas's ability to export

Information Export	- a single patient - a population	b) a population	records for a population of patients. Expected Outcome: As a new requirement, we are uncertain about future utilization.
	Export format documentation	INTERACTIVE Review of the documentation for required elements	Justification: As we add new functionality quickly, we will need to make sure all new resources are available and documented for this export. Expected Outcome: Success is defined by verifying that the documentation is complete
170.315 (c)(1): Clinical Quality Measures - Record and Export	Record & Export	1) Number of measures recorded during the period 2) Number of QRDA Category 1 files exported	Justification: We have made the measures optional to all customers regardless of participation in programs. We intend to report on the frequency that CQM measures are recorded and exported by our customers to demonstrate the certified capability is available and effective. Expected Outcome: Success will be measured through volume. We expect moderate utilization of our eCQMs with high success rates but limited utilization of the export functionality.
170.315 (c)(2): Clinical Quality Measures - Import and Calculate	Import & Calculate every CQM (clinical quality measure)	1) Number of QRDA Category 1 files imported (if applicable)	Justification: Many of our customers are new starts and therefore do not have historical data to import. We intend to report on the frequency that CQM files are imported by our customers to demonstrate the certified capability is available and effective. Expected Outcome: Success will be measured through volume. We expect limited utilization of the import functionality.
170.315 (c)(3): Clinical Quality Measures - Report (Cures Update)	Enable a user to create a data file for transmission electronically	1) Number of QRDA Category 3 aggregate report(s) created over the period	Justification: We intend to report on the frequency that QRDA reports are created by our customers to demonstrate the certified capability is available and effective. Expected Outcome: Success will be measured through volume. We expect limited utilization of the reporting functionality.
170.315 (e)(1): View, Download, and Transmit to 3rd Party (Cures Update)	Preview CCD	1) System logs will be evaluated to identify patients with a successful CCD document view in the patient app.	Justification: Many of our customers have developed their own patient-facing applications. For those using the Canvas patient web app, usage will demonstrate the ability of a patient to preview a CCD document template in the live production environment of their patient app. Expected Outcome: Success is defined by the number of patients with successful CCD document previews. We expect usage to be limited.
	Download CCD	1) System logs will be evaluated to identify patients with a successful CCD document download in the patient app.	Justification: Many of our customers have developed their own patient-facing applications. For those using the Canvas patient web app, usage will demonstrate the ability of a patient to download a CCD document template in the live production environment of their patient app. Expected Outcome: Success is defined by the number of patients with successful CCD document downloads. We expect usage to be limited.

	Transmit CCD	1) System logs will be evaluated to identify patients with a successful CCD document transmission in the patient app.	Justification: This measure will demonstrate the ability of a patient to transmit a CCD document template in the live production environment of their patient app. The ability to send via Direct is tied to the implementation of DataMotion as a relied upon software. Expected Outcome: CCD documents were successfully sent via email and Direct with the expected errors (e.g., invalid direct address, lack of response, etc.) We expect usage to be limited as many of our customers have developed their own patient-facing applications.
170.315 (f)(1): Transmission to Immunization Registries	Record immunizations and generate the HL7 v2.5.1 Z22 VXU immunization information messages	1) Percentage of immunization records submitted to immunization registries	Justification: We intend to record the frequency that immunization data is submitted to registries to demonstrate the certified capability is available and effective, regardless of the frequency it is used. Expected Outcome: We expect limited volume with a high rate of success.
170.315 (f)(5): Transmission to Public Health Agencies - Electronic Case Reporting (Cures Update)	Consume and Maintain Table of Reportable Condition Trigger Codes Create a case report for the patient encounter(s) based on a matched trigger	INTERACTIVE 1) Provider will document a condition from the trigger code table in a test encounter	Justification: While Canvas provides the capability for electronic case reporting, there has been zero adoption to date. Therefore, we plan to demonstrate real world performance through interactive testing. Expected Outcome: Success is when a case report is generated for the patient encounter(s) based on a matched trigger.
170.315 (g)(7): Application Access - Patient Selection	Receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for that patient's data.	1) Number of patient-restricted tokens with a reduced set of scope	Justification: The evaluation of a statistically significant sample size of API requests spanning a broad spectrum of API Information Sources will demonstrate the real world utility of the API Expected Outcome: Our expectation is there will be low utilization by patients with a high success rate (including expected errors that could include failure in authorization/ authentication, incorrectly formatted request, etc.)
170.315 (g)(9): Application Access - All Data Request (Cures Update)	Respond to requests for patient data for all of the data categories specified in USCDI V1	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	Justification: The evaluation of a statistically significant sample size of API requests spanning a broad spectrum of API Information Sources will demonstrate the real world utility of the API Expected Outcome: Our expectation is there will be low utilization by external applications with a high success rate (including expected errors that could include failure in authorization/ authentication, incorrectly formatted request, etc.)

	Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range.	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 for a specific date range	Justification: The evaluation of a statistically significant sample size of API requests spanning a broad spectrum of API Information Sources will demonstrate the real world utility of the API Expected Outcome: Our expectation is there will be low utilization by external applications with a high success rate (including expected errors that could include failure in authorization/ authentication, incorrectly formatted request, etc.)
170.315 (g)(10): Standardized API for Patient and Population Services (Cures Update)	Standardized API for Patient and Population Services	INTERACTIVE 1) Run the inferno tests on the production API service with test patient data. 2) Review of the documentation for required elements	Justification: The standardized testing tool reflects a wider variety of features that our customers employ and is therefore the most thorough method of showing real world capabilities. Expected Outcome: Success is defined by passing all sections of the Inferno test using the production API and verifying that the documentation is complete

Schedule of Key Milestones

Key Milestones	Date/Time Frame
Finalization of the Real World Testing plan	December 2023
Development of candidate list of providers to assist with interactive Real World Testing	December 2023
Data collection and interactive testing	2024 - Quarterly
Validation of expected outcomes	2024 - Quarterly
Analysis and report creation	January 2025
Submit Real World Testing Report to ACB	February 2025

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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A handwritten signature in black ink, appearing to read "K O'Neill", written in a cursive style.