

# MaximEyes.com v1.1

## Real World Test Results: MaximEyes.com



### General Information

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

Product Name(s): MaximEyes.com

Version Number(s): 1.1

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04. 2729.Maxi.01.00.1.201014

Developer Real World Testing Plan Page URL: <https://www.first-insight.com/resources/certifications/>

### Summary of Testing Methods and Key Findings

*Provide a summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability.*

*If any non-conformities were discovered and reported to the ONC-ACB during testing, outline these incidences and how they were addressed.*

*Note: A single Real World Testing results report may address multiple products and certification criteria for multiple care settings.*

This is the test report for year 2024. This is the companion document for the test plan of year 2024 that had described the approach for conducting real world testing for year 2024 and the testing measures that were employed. MaximEyes.com database queries were reviewed to determine the frequency of transport for several workflows used by Optometrists and Ophthalmologists to perform interoperability. The metrics collected allows us to ensure that our product is conforming to interoperability criteria within the real-world use cases performed by our users.

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

Both required and voluntary standards updates must be addressed in the Real-World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.

Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

✓ Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.)

<b>Standard (and version)</b>	All standard versions are those specified in USCDI v1. We plan to use SVAP to update the (c)(3) module to support the new version of the CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2024 during the testing period.
<b>Updated certification criteria and associated product</b>	§170.315(c)(3) - Clinical quality measures (CQMs) report MaximEyes.com v1.1
<b>CHPL Product Number</b>	15.04.04.2729.Maxi.01.00.1.201014
<b>Conformance measure</b>	§170.315(c)(3) - Clinical quality measures (CQMs) report

### Care Setting(s)

The expectation is that a developer's Real-World Testing is conducted within each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use.

List each care setting that was tested.

Optometry and Ophthalmology: MaximEyes.com markets to both optometrists and ophthalmologists. However, we will not be testing those scenarios separately as we have reviewed all the scenarios, and it is determined that at this time both optometrists & ophthalmologists would use the functionality in the same way.

### Metrics and Outcomes

Health IT developers should detail outcomes from their testing that successfully demonstrate that the certified health IT:

1. is compliant with the certification criteria, including the required technical standards and vocabulary codes sets;
2. is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use; and/or,
3. EHI is received by and used in the certified health IT.

(from 85 FR 25766)

Health IT developers could also detail outcomes that did not result from their measurement approach if that better describes their efforts.

Within this section, health IT developers should also describe how the specific data collected from their Real World Testing measures demonstrate their results. Where possible, context should be provided to the measures and results to understand the number of sites/users/transactions tested for the specified measures (i.e., the denominator for comparison to the reported results). If applicable, any Relied Upon Software that is used to meet a criterion's requirements should be included in this section.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
# Of CCDA files sent by the provider via secure email to an external physician, # of CCDAs imported by the physician, # of CCDA files reconciled, # of CCDA files uploaded to the patient portal.	§170.315(b)(1) Transitions of care §170.315 (b)(2): Clinical Information Reconciliation and Incorporation	Updox Direct (Version 2016.0)	<p>Testing Methodology: Logging</p> <p>Measurement Description: In situations where documentation needs to be coordinated between providers and patients both within and outside of a healthcare organization. The shared documentation includes transitions of care documents, healthcare plan documents, health information provided to the patient through a portal, and the export of patient healthcare records.</p> <p>Care of setting: Optometry &amp; Ophthalmology</p> <p>Testing Result: In the duration of 12 Months (Jan 1, 2024 – December 31, 2024), for the queried practices it was observed that,</p> <p># Of CCDA files sent by the provider via secure email to an external physician – 24</p> <p># Of technical errors encountered during the sending of CCDA to external physician - None</p> <p># Of CCDAs imported by the physician – 2</p>	

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
			<p># Of CCD A files reconciled – None</p> <p># Of CCD A files uploaded to the patient portal. – 24,217</p> <p>Analysis and findings: Our results reveal the module functionality is working as expected, but it also shows that the clients share the data through C-CDA but do not reconcile the data frequently during their day-to-day workflows.</p> <p>Non-Conformities or Errors Discovered: During our analysis, no errors were seen, and we did not see any criteria for non-conformities.</p> <p>Changes to this Measure from Original RWT Test Plan: We did not make any notable changes to our documented RWT Test Plan in our testing methods or metrics</p>	
<p># of times QRDA I files were exported,</p> <p># of times QRDA III file was exported,</p> <p># of times QRDA I file was imported.</p>	<p>§170.315(c)(1) - Clinical quality measures (CQMs) — record and export</p> <p>§170.315(c)(2) - Clinical quality measures (CQMs) — import and calculate</p> <p>§170.315(c)(3) - Clinical quality measures (CQMs) — report</p>		<p>Testing Methodology: Logging</p> <p>Measurement Description: Provider can import CQM measures via QRDA category I and calculate combined system data with imported data.</p> <p>QRDA category III can be exported with only system data or combined imported and system data and use to report to incentive programs.</p> <p>Care of setting: Optometry &amp; Ophthalmology</p> <p>Testing Results: In the</p>	

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
			<p>duration of 12 Months (Jan 1, 2024 – December 31, 2024), for the queried practices it was observed that,</p> <ul style="list-style-type: none"> <li># Of times QRDA I files were exported – 0</li> <li># Of times QRDA III file was exported - 1</li> <li># Of times QRDA I file was imported – 0</li> </ul> <p>Out of the 3 practices that were queried, it was observed that although none of the providers had imported and exported the QRDA I file ,1 provider had exported the QRDA III file. List of eCQMs that got submitted were –</p> <ul style="list-style-type: none"> <li>CMS 165- Controlling High Blood Pressure</li> <li>CMS 156 - Use of High Risk in Older Adults</li> <li>CMS 138 - Tobacco Screening &amp; Intervention</li> <li>CMS 131 -Diabetes: Eye Exam</li> <li>CMS 143- POAG: Optic nerve Eval</li> <li>CMS 142 -Diabetic Retinopathy: Communication</li> <li>CMS 68-Documentation of current Meds in Medical</li> <li>CMS 50 - Closing Referral Loop: Receipt of Specialist Report.</li> </ul> <p>Record QRDA I file import was tested by our internal team for approximately 5-10 test patients.</p>	

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
			<p>Analysis and Findings: It was observed that no errors were seen.</p> <p>Non-Conformities or Errors Discovered: During our analysis, we did not discover any errors or criteria non-conformities.</p> <p>Changes for this Measure from Original RWT Test Plan: We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics</p>	
<p># of times health care surveys were exported</p> <p># of patients the health care surveys were exported for</p> <p># of eCR files exported ,</p> <p># of patients the eCR was exported for</p>	<p>§170.315(f)(5) - Transmission to public health agencies — electronic case reporting</p> <p>§170.315(f)(7) - Transmission to public health agencies — health care surveys</p>		<p>Testing Methodology: Logging</p> <p>Measurement Description: This measure is used to determine that providers are able to generate data through clinical processes involving patient care and are able to export and electronically submit the data.</p> <p>Care of setting: Optometry &amp; Ophthalmology</p> <p>Testing Results: In the duration of 12 Months (Jan 1, 2024 – December 31, 2024),</p> <p># of times health care surveys were exported-0</p> <p># of patients the health care surveys were exported for-0</p> <p>For the queried practice it was observed that none of the clients reported using electronic case reporting</p> <p>Analysis and findings: It is observed that this</p>	

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
			<p>functionality is currently not widely used by our clients. Non-Conformities or Errors Discovered: No errors were experienced.</p> <p>Changes for this Measure from Original RWT Test Plan: We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics</p>	
<p>#of patients searched, # of times the encounter element was fetched and the data that was fetched. # of CCDAs generated.</p>	<p>§170.315(g)(7) - Application access — patient selection §170.315(g)(9) - Application access — all data request</p>	<p>Updox Direct (Version 2016)</p>	<p>Testing Methodology: Logging Measurement Description: Developer will test the ability of its certified API technology to manage multiple applications' requests for patient data using the single patient services requirements. Care of setting: Optometry &amp; Ophthalmology Testing Results: In the duration of 12 Months (Jan 1, 2024 – December 31, 2024), for the queried practice it was observed none of the users reported accessing the patient data via API. Analysis and findings: It is observed that this functionality is currently not widely used by our clients. Non-Conformities or Errors Discovered: No errors were experienced. Changes for this Measure from Original RWT Test</p>	

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
			Plan: We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.	
<p>#of apps approved by MaximEyes.com</p> <p>#of apps registered on the developer portal</p> <p>#of patient apps who had accessed the patient data via the APIs</p> <p># of provider apps who had accessed the patient data via the APIs</p> <p>#of system apps who had accessed the patient data via the APIs</p> <p># of patients who had accessed their data via the APIs.</p>	<p>§170.315(g)(10) - Standardized API for patient and population services §</p>		<p>Testing Methodology: Logging</p> <p>Measurement Description: The developer will test the ability of its certified API technology to manage multiple applications' requests for patient data using the single patient and bulk patient service requirements</p> <p>Care of setting: Optometry &amp; Ophthalmology</p> <p>Testing Results: In the duration of 12 Months (Jan 1, 2024 – December 31, 2024),</p> <p>#of apps approved by MaximEyes.com – 2</p> <p>#of apps registered on the developer portal – 2</p> <p>#of patient apps who had accessed the patient data via the APIs – 1</p> <p># of provider apps who had accessed the patient data via the APIs – None</p> <p>#of system apps who had accessed the patient data via the APIs – 1</p> <p># of patients who had accessed their data via the APIs. – None</p> <p>Analysis and findings: Our results indicate that app developers were able to register on the developer</p>	



Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
			<p>portal for patient and population FHIR API. The First Insight team received communication regularly from app developers clarifying the FHIR API capabilities to test the Single and Bulk FHIR application. All the applications that registered used the available sandbox for testing.</p> <p>Non-Conformities or Errors Discovered: No errors were experienced.</p> <p>Changes for this Measure from Original RWT Test Plan: We did not make any notable changes from our documented RWT Test Plan in our testing methods or metrics.</p>	

## Key Milestones

*Include a list of key milestones that were met during the Real World Testing process. Include details on how and when the developer implemented measures and collected data. Key milestones should be relevant and directly related to outcomes discussed.*

*For each key milestone, describe when Real World Testing began in specific care settings and the date/timeframe during which data was collected.*

Key Milestone	Care Setting	Date/Timeframe	Status
Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This may include surveys, specific information on data we will be collecting, what outcomes we are looking for and Customer Agreements	Optometry & Ophthalmology	December 15, 2023	Met

Collection of information as laid out by the plan for the period	Optometry & Ophthalmology	1 January – 31 March; 1 April – 30 June; 1 July – 30 September; 1 October – 31 December	Met
Provide data collection updates to providers and authorized representatives on a regular basis	Optometry & Ophthalmology	Quarterly 2024	Met
End of Real-World Testing period/final collection of all data for analysis.	Optometry & Ophthalmology	January 1,2025	Met
Analysis and report creation.	Optometry & Ophthalmology	January 2025	Met
Submit Real World Testing report to ACB	Optometry & Ophthalmology	February 1,2025	Met

**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: 1/23/2025