Rhapsody Integration Engine - Real World Test Plan Report 2024

General Information

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

Developer Name: Rhapsody

Product Name(s): Rhapsody Integration Engine

Version Number(s):

Rhapsody Version	CHPL ID
6.4	15.04.04.1291.Rhap.64.00.0.180918
6.5	15.04.04.1291.Rhap.65.01.0.200102
6.6	15.04.04.1291.Rhap.66.02.0.210315
6.7	15.04.04.1291.Rhap.66.03.0.210907
6.8	15.04.04.1291.Rhap.68.04.0.220107
6.9	15.04.04.1291.Rhap.69.05.0.221108
6.10	15.04.04.1291.Rhap.06.06.0.221221
7.0	15.04.04.1291.Rhap.07.08.0.231207
7.1	15.04.04.1291.Rhap.06.07.0.231018
7.2	15.04.04.1291.Rhap.07.09.0.240529
7.3	15.04.04.1291.Rhap.07.10.0.240828

Version(s) used for testing: 7.2 (CHPL ID: 15.04.04.1291.Rhap.07.09.0.240529)

Certified Health IT Product List (CHPL) ID(s): 170.315(f)(1), 315(f)(2), 315(f)(3), 315(f)(4), 315(f)(5), 315(f)(6), 315(f)(7)

Developer Real World Testing Plan Page URL: https://rhapsody.health/onc-compliance/

Developer Real World Testing Results Report Page URL: https://rhapsody.health/onc-compliance/

Changes to Original Plan

Summary of Change	Reason	Impact
For some of the criteria (f)(4), (f)(5), and (f)(6), we conducted internal testing rather than identifying clients to collect data. More details in Summary section.	We could not identify clients to participate in testing that fit the criteria. We are not sure what each customer uses Rhapsody for, which made it challenging to contact the correct clients to participate in testing.	This should not have a significant impact. Successful message creation is still demonstrated without client involvement.

We stated that data collection would occur over a 1 day period with 3 data collection events. There were some situations where collection occurred over a 2 day period, still with 3 data collection events.	Not enough messages were transmitted in 1 day so we increased the data collection period to 2 days.	This had no significant impact.
For the schedule of key milestones, we stated that we would identify partners from January to March, but this continued through August.	It was understood that we are allowed to conduct testing for 3 consecutive days instead of 3 days that were spread out over the course of 3 months (I.e. one data collection each month) so there was no urgent need to identify partners by March.	This had no significant impact.
The target sample size was at least 500 messages. This was not always the case.	Not enough messages were transmitted in the timeframe.	This had no significant impact.

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.

Testing Methods -

- Client Environment – Testing methods for (f)(1), (f)(2), (f)(3) and (f)(7) are detailed in the Test Plan. In brief, interfaces were identified for each scenario, and message counts from a relevant component in each interface were taken as success/failure measurements to demonstrate successful on-going testing.
- Internal Environment – Since Lyniate was unable to find customers using Rhapsody for the (f)(4), (f)(5), and (f)(6) criteria, there were some changes to the plan for these 3 criteria.

  Changes:

1. Environment: Internal mirror-production environments were used. Rhapsody configuration to handle these scenarios has been created and placed into these environments.
2. Files/messages: In place of real messages flowing through an existing environment, synthetic data has been sourced. This data has been used in the mirror-production environments to demonstrate that the configuration can correctly handle these messages. As this is synthetic data, there is a limited number of files/messages that can be used, as compared to a real-life scenario. For each scenario, a varying numbers of messages was used, depending on how many could be sourced.
3. Measurement: The measurement will still be a rate of success.
   - For the (f)(4) test, a mir ror production environment has been created. Test data has been obtained and used to demonstrate that a CDA document can be successfully created.
   - For the (f)(5) test, a mirror production environment has been created. Anonymized test data has been obtained and used to demonstrate that an HTML case report can be successfully created.
   - For the (f)(6) test, a mirror production environment with form-generated data has been used for the (f)(6) criteria.

- Key Findings - There was 100% successful message transmission and/or creation for all 7 criteria. No errors occurred.

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.

[x] No, none of my products include these voluntary standards.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Conformance measure	N/A

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: Inpatient, Ambulatory

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.

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 (Success/Failure)	Challenges Encountered
Rate of successful creation and transmission of messages	170.315 (f)(1): Transmission to Immunization Registries	6.x, 7.x	Using 3 collection periods from one client: 683 success /0 error = 100% success	N/A. All messages were created and transmitted successfully.
Rate of successful creation and transmission of messages	170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance	6.x, 7.x	Using 3 collection periods from one client: 213,347 success /0 error = 100% success	N/A. All messages were created and transmitted successfully.
Rate of successful creation and	170.315 (f)(3): Transmission to Public Health	6.x, 7.x	Using 3 collection periods from one	N/A. All messages were created and

transmission of messages	Agencies - Reportable Laboratory Tests and Values/Results		client: 193 success /0 error = 100% success	transmitted successfully.
Rate of successful creation of messages	170.315 (f)(4): Transmission to Cancer Registries	6.x, 7.x	Using 1 collection period from internal testing: 8 success /0 error = 100% success	There were challenges in identifying participants so internal testing was conducted. All messages were created successfully.
Rate of successful creation of messages	170.315 (f)(5): Transmission to Public Health Agencies - Electronic Case Reporting	6.x, 7.x	Using 1 collection period from internal testing: 32 success /0 error = 100% success	There were challenges in identifying participants so internal testing was conducted. All messages were created successfully.
Rate of successful creation of messages	170.315 (f)(6): Transmission to Public Health Agencies - Antimicrobial Use and Resistance Reporting	6.x, 7.x	Using 1 collection period from internal testing: 45 success /0 error = 100% success	There were challenges in identifying participants so internal testing was conducted. All messages were created successfully.
Rate of successful creation of messages	170.315 (f)(7): Transmission to Public Health Agencies - Health Care Surveys	6.x, 7.x	Using 3 collection periods from one client: 112,517 success /0 error = 100% success	N/A. All messages were created successfully.

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
Find Real World Testing partners. (*For this milestone, we identified clients who have implemented the necessary scenarios required for Real World Testing. We conducted interviews and examination of client configuration to ensure they met the tested criteria. Once identified, requested their participation as a testing partner for the relevant criteria and scheduled the testing.)*	N/A	Ongoing from January – August 2024
Conduct testing. (*At the agreed-upon test times, we worked with testing partners to collect the raw data. Processing of the raw data into reportable forms took place.)*	Inpatient, Ambulatory	Ongoing from January – August 2024
Completion of test report. (*The completed report will be submitted to Drummond Group.)*	N/A	October 2024