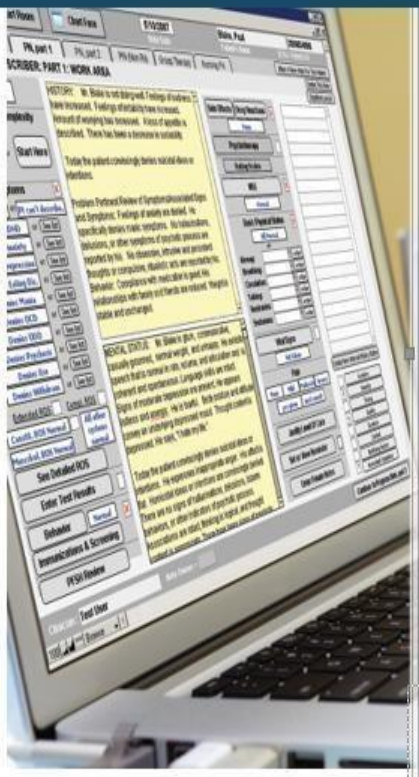
ICANotes
Behavioral Health EHR

2025

Real World Test Plan



ICANotes LLC

GENERAL INFORMATION

Plan Report ID Number: RWT Plan ICANotes 2025

Developer Name: **ICANotes, LLC**

Product Name(s): **ICANotes EHR/EMR for Behavioral Health Dec 24, 2022**

Version Number(s): **11.6, Edition 2015 Cures Update**

Certified Health IT: **15.04.04.2755.ICAN.11.01.1.221224**

Product List (CHPL) ID(s): **15.04.04.2755.ICAN.11.01.1.221224**

Developer Real World Testing Page URL: https://www.icanotes.com/features/onc-atcb-certification/

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

ICANotes is a medium-sized EHR founded in 1999 and designed by a psychiatrist to serve exclusively behavioral health providers. ICANotes serves those involved in behavioral health, including psychiatry, psychology, therapy, and addiction treatment. Currently certified for the 2015 Health Information Technology Edition, ICANotes uses a cloud-based solution. The majority of ICANotes customers provide outpatient services and receive referrals from other clinicians regularly.

It is ICANotes' belief that a single Real World Testing plan can address multiple certification criteria.

We will be utilizing real-time patient data and real-world production environments when implementing Real World Testing.

There might be a need to change our test methodology or approach based on what we found during our testing. During testing, this will only happen to accommodate unforeseen issues or problems that may arise. In these instances, a results report will document these types of changes, their reasons, and how intended outcomes were met more efficiently as a result.

Testing will take place via Google Meets software in the production environment using real-time patient data. Demographic information will be altered to ensure HIPAA privacy regulations are met. An agency will be selected to send and receive transitions of care. Testing will include the clinician or practice staff member or user, an ICANotes representative who interacts with the clinician, and an ICANotes observer who acts as recorder. Development staff will be on standby during the testing for assistance if needed. Measures will be tested in a logical order to avoid unnecessary repetition and to minimize the user's time. This plan includes the removal of **G10** and the addition of **B10**.

ICANotes will be conducting real-world testing in 2025. We will submit the results of our testing by March 15, 2026.

The ICANotes team will adjust to our customers' workflows and needs during the testing process.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

MEASURES USED IN OVERALL APPROACH

DESCRIPTION OF MEASUREMENT/METRIC

The Measure/Metrics and Descriptions for Measures 1-5 listed below will apply to multiple criteria simultaneously to demonstrate the functionality of these certified measures:

- § 170.315(b)(1) Transitions of Care (Receive)
- § 170.315(b)(2) Clinical Information Reconciliation and Incorporation
- § 170.315(c)(1) Clinical Quality Measures Record and Export
- § 170.315(b)(1) Transitions of Care (Send)
- § 170.315 (e) (1) View, Download and Transmit to 3rd Party

The Measure/Metrics and Descriptions for Measures 9 – 11 will be used to demonstrate the following criteria respectively:

- § 170.315 (g) (7) Application Access – Patient Selection
- § 170.315 (g) (9) Application Access – All Data Request
- § 170.315(b)(10) Electronic Health Information Export

Measure 1: Clinician logs into ICANotes and receives a CCDA from a external individual via Direct Protocol with no Tech Support and no errors. CCDA has demographic information adjusted so PHI is not visible. Successful receipt of CCDA is achieved and observed. The amount of time should be no more than 60 seconds.	Clinician begins a new patient encounter in ICANotes certified software with a patient referred by an external individual. With a Direct Address and unique Kno2 credentials, the clinician is able to have a seamless login and secure receipt of CCDA from the external individual using Direct Protocol (Surescripts is the underlying software that allows use of Direct Messaging). Common Clinical Data Set (CCDS) standard will be demonstrated in these transactions. Noted will be the successful receipt of the CCDA with all fields completed. The amount of time for completion should be no more than 10 mintues. Denominator Context will include a minimum of two CCDA receipts over a quarterly period. This will meet § 170.315(b)(1) (Receive).

Measure 2: The CCDA is validated, and Clinical Information Reconciliation is performed. No errors are expected. The amount of time should be no more than 180 seconds.	After successful receipt of the CCDA, the clinician validates the CCDA within ICANotes with no errors in a maximum of ten mintues. Clinical information reconciliation for medication, medication allergy, and current problem list is performed using ICANotes software. CCDS standard will be demonstrated in these transactions. Log files demonstrate the reconciliation. Reconciliation attempts are quantified across interactions, demonstrating consistent performance. This will meet § 170.315(b)(2).
Measure 3: Documentation of Medications (CQM #68) is done without assistance. The amount of time taken to document should be no more than 60 seconds. No errors are expected.	User completes and documents medications within ICANotes with no technical assistance in a maximum of 180 **seconds**. (CQM #68) within appropriate location in ICANotes software to meet 170.315(c)(1) by completing the appropriate fields in ICANotes software. Success rate of documenting medications with and without errors, monitored across a minimum of 2 documentation instances per quarter. The following day it will be reflected in the numerator and denominator of this MIPS CQM measure. Ninety five percent success rate will be reflected in the numerator over denominator.
Measure 4: Updated CCDA is sent back to external individual. Successful sending of CCDA is achieved and observed. The amount of time to send the document should be no more than 60 seconds.	The user sends an updated CCDA via Direct Protocol and posts it to the patient portal in less than 5 mintues, with confirmed success. Updated CCDA is also sent to the patient portal. Document successful sends out of total attempts, providing ongoing interoperability evidence. Confirmation of sent CCDA is noted along with log files. Two out of three attempts will be successful, ensuring the measure reflects consistent performance over time. This will meet § 170.315(b)(1) (Send).

Measure 5: Access via patient portal - Observation of the View, Download & Transmit functions is performed. This will demonstrate the portal as a key tool for the clinician to share the patient's most current health information with the patient. The amount of time should be no more than 3 minutes total for 3 tasks and there should be no errors.	Real-time patient data will be adjusted to protect PHI before Measure 5 is completed. User is allowed access to patient portal to view patient CCDA and download the CCDA without assistance. The user accesses the portal to perform View, Download, and Transmit tasks in under 5 minutes. Transmission of patient data will be sent to another individual. Measure a minimum of two View, Download and Transmit functions across three months, giving insights into patient portal reliability and engagement. This will meet § 170.315(e)(1).

Measure 6: The user successfully exports data file on demand.	Authorized user will perform an export of CCDA data from the production server in real-time (on demand) with a specific start and end date immediately. This will be done without delay within 10 mintues and sent to a specific file location. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. Minimum of two times per quarter with a 9/10 denominator. This measure allows the capture of report data selected by and on demand without assistance from development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully with requested data through verbal acknowledgements and visual observation.
Measure 7: Practice staff member successfully exports a file at a delayed time – with a specific start and end date.	Authorized user will perform an export of CCDA data in the future time– from the production server with a scheduled specific start and end date – such as November 1 - November 2, 2021. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. This measure allows the user to select a time in the future without assistance from development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully and sent to a specific file location with requested data through verbal acknowledgements and visual observation. There will be a minimum of 2 times per quarter with a denominator of 9/10.

Measure 8: User sets an export for a delayed time during hours after the practice is closed and is able to run successfully.	User sets a data export to run after hours, verifying the system's ability to operate independently. This measure allows the capture of report data selected by and on demand without assistance from development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. A minimum of two after-hours scheduled exports quarterly will be completed with a 9/10 success rate, establishing a baseline for this feature's reliability. ICANotes staff will verify the reports have been created successfully with requested data and sent to specific location with screenshots that capture the activity.
Measure 9: Provide user with API documentation.	User uses a third-party application to communicate with ICANotes. The user acts as an authorized person (patient) and obtains a userKey and userSecret. A Patient ID is created which assures the privacy and security of the patient. A minimum of two sessions are reviewed for seamless third-party data access, demonstrating interoperability. This will meet § 170.315(g)(7).

Measure 10: Authorized users can export EHI for a single patient or a patient population without errors and without developer support. The file must be machine-readable, meeting the requirements of § 170.315(b)(10).	The user must be able to generate an export of all Electronic Health Information (EHI) stored by the certified product at the time of certification. This export should include a single patient's data, and the export format must be electronic and in a computable format. The system must support the export without requiring developer assistance. The export must be completed in real-time, and a publicly accessible hyperlink to the export format documentation must accompany the file. Count successful exports from single patients and populations without errors. There will be a minimum of 2 population exports over three months, verifying consistent performance.This will meet § 170.315(g)(10).
Measure 11: User demonstrates the ability, through the use of the token, to receive the entirety of a patient CCDA for a specific time and date with all data categories.	The user demonstrates secure retrieval of full patient CCDA data for a specified date/time.The return of the data is confirmed to be the patient selected earlier and data is returned successfully and without delay**. A minimum of two secure data retrievals** quarterly will be completed to confirm reliability across time. Document successful retrievals without errors. This will meet § 170.315(g)(9).

ASSOCIATED CERTIFICATION CRITERIA

List certification criteria associated with the measure and if updated to the 2015 Edition Cures Update criteria.

Measure 1*	§ 170.315(b)(1) Transitions of Care (Receive)
Measure 2*	§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation

Measure 3*	§ 170.315(c)(1) Clinical Quality Measures Record and Export

Measure 4*	§ 170.315(b)(1) Transitions of Care (Send)
Measure 5*	§ 170.315(e)(1) View, Download and Transmit to 3rd party
Measure 9	§ 170.315(g)(7) Application Access – Patient Selection
Measure 10	(§170.315(b)(10) Electronic Health Information export)
Measure 11	§ 170.315(g)(9) Application Access – All Data Request

*Measures 1 through 5 will be completed in one session.

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

Measurement/Metric	Justification	Relied Upon Software
Measure 1: Clinician logs into ICANotes and receives a CCDA from via an external individual viaDirect Protocol with no Tech Support and no errors. CCDA has demographic information adjusted so PHI is	The test plan will demonstrate the functionality of this measure. The ability to receive a CCDA without developer assistance is integral to the exchange of data and interoperability	Sure Scripts Messaging

not visible. Successful receipt of CCDA is achieved and observed. The amount of time should be no more than 60 seconds.	and inherent in a certified EHR. CCDA will use CCDS standard.	

Measure 2: The CCDA is validated, and Clinical Information Reconciliation is performed. No errors are expected. The amount of time should be no more than 180 seconds	A prescribing clinician will perform clinical information reconciliation for medication, medication allergy and the current problem list effectively without developer assistance. As a result, a revised CCDA using CCDS standard will be created which can then be shared with the referring clinician and be sent to the patient portal for patient access. The ability to do this as part of the test plan will show how clinicians can complete this task efficiently and without error. The most current information will be available to both clinicians and the patient as required by a certified EHR.	
Measure 3: Documentation of Medications (CQM #68) is done without assistance. The amount of time should be no more than 60 seconds. No errors are expected.	Regular documentation of medications is a vital tool for clinical notes and a Clinical Quality Measure. By completing this task, the clinician or designated representative performs an essential task required at each visit.	
Measure 4: Updated CCDA is sent back to external individual. Successful sending of CCDA is achieved and observed. The amount of time to send the document should be no more than 60 seconds.	The test plan will demonstrate the functionality of this measure. The ability to send a CCDA without developer assistance is integral to the exchange of data and interoperability inherent in a certified EHR.	
Measure 5: Access via patient portal – Observation of the View, Download & Transmit functions is performed. This will demonstrate the portal as a key tool for the clinician to share the	The patient portal is vital to all patients. Patients will be able to login at any time and view their most current information as well as share it with any other clinicians they might choose to visit. This allows the	

patient's most current health information with the patient. The amount of time should be no more than 3 minutes total for 3 tasks and there should be no errors.	exchange of information by the patients themselves which is key to giving them control of their health information. This is an essential part of certified EHR technology.	
Measure 6: The user is observed successfully exporting data file on demand.	Exporting data consistent with the CCDS standard on demand is an essential requirement for a clinical practice with a certified EHR. Office staff, clinicians and all end users need the capability of doing this immediately and successfully without developer assistance.	
Measure 7: User is able to successfully export a file at a delayed time – with a specific start and end date.	Exporting data consistent with the CCDS standard at a relative time is a requirement for a clinical practice with a certified EHR. Office staff, clinicians and all end users need the capability of doing this successfully without developer assistance.	
Measure 8: The user is able to delay a file export to a time after the practice is closed and have it run successfully.	Exporting a specific report with large amount of data consistent with the CCDS standard after hours is an essential requirement for a clinical practice with a certified EHR. Office staff, clinicians and all end users need the capability of doing this successfully without developer assistance. The certified EHR requires this capability to avoid placing undue load on the technology during regular business hours.	

Measure 9: The users with API documentation.	Demonstrate that providers and their patients can exchange or access health information through the use of a third-party application and with adherence to HIPAA privacy regulations. This measure will show how the patient authentication component works using the API to ensure the correct patient has been selected, which is vital to the exchange of data and interoperability in a certified EHR.	

Measure 10: A user must be able to create export files containing the patient's EHI in electronic computable format.	A user will have the ability to export a single patient's EHI without error and without developer assistance at any time the user chooses. The system must allow for patient population EHI export as well, and this must comply with the requirements for the B10 criterion. The export must be electronic and machine-readable.	
Measure 11: The user demonstrates the ability, through the use of the token, to receive the entirety of a patient CCDA for a specific time and date with all data categories.	The user will be able to retrieve the identified patient's entire CCDA for a specific time and date range. The ability to do this as part of the test plan will show how this can be completed efficiently and without error. This enables the users and patients to retrieve information through the API as required by a certified EHR.	

CARE SETTING(S)

Care Setting	Justification

Outpatient Behavioral Health Care Practices with 1-5 prescribing clinicians	The test plan will demonstrate the following using clinicians from the care setting of 1-5 prescribing clinicians, the ICANotes target audience: Clinicians will receive CCDAs from a referring provider via Direct protocol. Surescripts, a CHPL certified product # 15.02.02.2391.A046.01.00.1.171109, is a third party used by ICANotes to provide the underlying structure for transporting CCDA using Direct Messaging. Next the clinician will conduct clinical information reconciliation for medication, medication allergy, and current problem list within ICANotes software. Documentation of Medications is an important Clinical Quality Measure available for use in the MIPS program and done through specific steps taken in the ICANotes software. The CCDS standard will be demonstrated in these transactions through screenshots collected. Access via portal (View/Download/Transmit) (e1) is used by ICANotes providers to communicate with patients − a key requirement in a certified EHR. All required functions are demonstrated: view, download and transmit to third party. The office person will demonstrate view, download and transmit

Care Setting	Justification
	with another user who has portal access. Real-time patient data will be altered before portal access is completed. The ability to complete all measures successfully with these practices will be displayed through the completion of the testing and the results demonstrated. These will show how ICANotes is providing optimal service.
	Successful data exports in real time, relative time and specific data export done after business hours display the ability of the user to perform these tasks using the reporting capabilities of the certified EHR.
	The ability to use an API with an EHR allows clinicians using a certified EHR to successfully share data with other practices and with their patients directly. An API is a critical healthcare technology component.

Relied upon software for full certification is as follows:

CQM Solution (c1) Dynamic Health IT, Inc: CHPL Product Number 15.05.05.2713.DH23.03.06.0.221229

EXPECTED OUTCOMES

Expected outcomes will include the following data points:

- Total number of events tested
- Number of passed (i.e. successful) events
- Number of failed events
- Success rate expressed in percentage (successes / total number of events)
- Feedback from participants
- Aim for continuous improvement.

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our RWT groups to ensure the expected outcomes are reliably attained.

§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation	The receiving clinician will be able to validate the CCDA consistent with the CCDS standard, perform reconciliation successfully for medication, medication allergy and problem list at any time without delay and create an updated CCDA as required to demonstrate EHR exchange of information and interoperability.
170.315(c)(1) Clinical Quality Measures Record and Export	Documentation of current medications (CQM #68) will be completed in the ICANotes software without error, delay or developer assistance during each patient visit. This will then be reflected in the numerator and denominator of the MIPS CQM measure calculation.
§ 170.315(b)(1) Transitions of Care (Send)	Users will send the updated CCDA, consistent with the CCDS standard back to the an external individual successfully, without delay or developer assistance. This demonstrates the ability of the EHR to meet the Transitions of Care Send option, a key component of interoperability of a certified EHR.
§ 170.315(e)(1) View, Download and Transmit to 3rd party	Users will demonstrate the patient portal can be accessed without delay and reflect correct patient information in an accessible format for viewing, downloading and transmitting to another individual or institution. This allows the exchange of information by the patients themselves which is key to giving them control of their health information.

	This is an essential part of interoperability and certified EHR technology.
§ 170.315(g)(7) Application Access – Patient Selection	The user will be able to authenticate and verify a patient for use with the API without developer assistance. The expected time to complete the measure is 1 to 2 minutes, which will be compared with the actual time. This is an essential first component of the use of an API, key to a certified EHR.
§ 170.315(g)(10)- Application Access – Standardized API Criterion	Users will create Electronic Health Information (EHI) exports for a single patient in real-time, ensuring timely access to health data. Additionally, users can export patient population EHI files in a format that complies with certification requirements. The export format must be electronic, machine-readable
§ 170.315(g)(9) Application Access – All Data Request	Entirety of CCDA for specific patient, for a specific time and date range, will be retrieved successfully and in a timely manner without developer assistance. Expected time to accomplish this task is 2-3 minutes.

SCHEDULE OF KEY MILESTONES

Identify the user practices along with participants that will participate in the test plan.	Ambulatory Setting, Behavioral Health	December 2024

Confirm that the Real World Test Plan participants are able to log in successfully to their accounts prior to beginning the 2025 testing.	Ambulatory Setting, Behavioral Health	January 2025
Perform testing. Collect data and review	Ambulatory Setting, Behavioral Health	Quarterly (ongoing)

Conduct preliminary Data Analysis by software tools such as event log viewer, Filemaker itself to query the database, and SQL for other queries as needed. Make adjustments if needed.	Ambulatory Setting, Behavioral Health	Quarterly (ongoing)
Real World Test analysis and generation of the report	Ambulatory Setting, Behavioral Health	January 2026
Submit Real World Test Report to ACB before deadline	Ambulatory Setting, Behavioral Health	February 2026

ATTESTATION

This Real World Test Plan is complete for the 2025 period 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. Authorized Representative Name: October Boyles

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Authorized Representative Signature:

Date: October 15, 2024