

### GENERAL INFORMATION

<b>Report ID Number</b>	20231006ope
<b>Developer Name</b>	OpenEMR Foundation
<b>Product Name(s)</b>	OpenEMR
<b>Version Number(s)</b>	7.0
<b>Certified Health IT Product List (CHPL) ID(s)</b>	15.05.05.3115.OPEN.01.00.1.220708
<b>Developer Real World Testing PLAN Page URL</b>	<a href="https://www.open-emr.org/wiki/index.php/Real_World_Testing_Plan">https://www.open-emr.org/wiki/index.php/Real_World_Testing_Plan</a>
<b>Developer Real World Testing RESULTS Page URL</b>	<a href="https://www.open-emr.org/wiki/index.php/Real_World_Testing_Results">https://www.open-emr.org/wiki/index.php/Real_World_Testing_Results</a>

### SUMMARY OF TESTING METHODS AND KEY FINDINGS

OpenEMR is an open source electronic health records and medical practice management software package that is used in the ambulatory primary/specialty care and behavioral health care settings. OpenEMR utilized Real World Testing to demonstrate interoperability and functionality in real world settings and scenarios. The OpenEMR Foundation developed a reporting algorithm that calculated Real World Testing metrics from real world data by analyzing the activity logs. This reporting algorithm calculated the Real World Testing metrics that were required for OpenEMR's Real World Testing. Fourteen practices reported metrics via this reporting algorithm from 4/1/24 to 9/30/24. Twelve practices were Primary/Specialty Care and two practices were Behavioral Health Care. One practice reported the generation of 31 CCDA documents and one other practice reported 39,553 API requests, which both demonstrated real-world interoperability. Notably, Direct messages, QRDA imports, and QRDA 3 reports were not utilized by any of the 14 practices from 4/1/24 to 9/30/24. Because of the low adoption of these capabilities, the OpenEMR Foundation created a testing server. The testing server included ten thousand synthetic patients created by the Synthea Patient Generator. This server was then utilized to demonstrate CCDA generation, Direct messages, QRDA imports, QRDA 3 reports, and API requests. It is expected that practices will begin to use these capabilities in the future as their interoperability needs increase. Additionally, the OpenEMR Foundation plans to pursue reports from more practices in future Real World Testing Results Reports.

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

- Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below).
- No, none of my products include these voluntary standards

**Care Setting(s)**

Primary/Specialty Care (12 practices submitted reports) Behavioral Health Care (2 practices submitted reports)
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**Metrics and Outcomes**

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Metric 1 Number of generated CCDA documents.	170.315(b)(1) 170.315(g)(9)	EMR Direct Interoperability Engine 2017	One of the 12 practices (Primary/Specialty Care) created 31 CCDA documents from 4/1/24 to 9/30/24. None of the other 11 practices created CCDA documents from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability successfully.	11 practices that submitted reports did not use this capability from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability successfully. It is expected that practices will begin to use this capability in the future as their interoperability needs increase. Additionally, we plan to pursue more reports in future Real World Testing Results Reports.
Metric 2 Set Number of Direct messages sent and received.	170.315(h)(1)	EMR Direct Interoperability Engine 2017	None of the 12 practices sent or received Direct message from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability successfully.	The 12 practices that submitted reports did not use this capability from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability successfully. It is expected that practices will begin to use this capability in the future as their interoperability needs increase. Additionally, we plan to pursue more reports in future Real World Testing Results Reports.
Metric 3 Number of QRDA imports.	170.315(c)(1) 170.315(c)(2)		None of the 12 practices imported a QRDA from 4/1/24 to 9/30/24. Because of the low adoption of this	The 12 practices that submitted reports did not use this capability from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated

			capability, a testing server demonstrated this capability successfully.	this capability successfully. The low adoption of this capability was not unexpected since this capability is not part of a typical workflow for the Primary/Specialty Care or the Behavioral Health Care setting.
Metric 4 Number of generated CQM QRDA 3 reports.	170.315(c)(3)		None of the 12 practices generated a CQM QRDA 3 from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability successfully.	The 12 practices that submitted reports did not use this capability from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability successfully. It is expected that practices will begin to use this capability in the future as their interoperability needs increase. Additionally, we plan to pursue more reports in future Real World Testing Results Reports.
Metric 5 Set API use analytics, which included number of successful requests, number of unsuccessful requests, number of requests by patients, number of requests by users, and number of requests categorized by each data category.	170.315(g)(7) 170.315(g)(9) 170.315(g)(10)		One of the 12 practices (Primary/Specialty Care) received 39,553 API requests from 4/1/24 to 9/30/24. All of these API requests were from OpenEMR users (and not OpenEMR patients). Half of the API requests were for the fhir Patient endpoint and the other half of the API requests were for the fhir Observation endpoint. There were no unsuccessful API requests. None of the other 11 practices received an API request from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability	11 practices that submitted reports did not use this capability from 4/1/24 to 9/30/24. Because of the low adoption of this capability, a testing server demonstrated this capability successfully. It is expected that practices will begin to use this capability in the future as their interoperability needs increase. Additionally, we plan to pursue more reports in future Real World Testing Results Reports.

successfully.

## KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Build 2024 Real World Testing reporting tool and release in patch. <b>STATUS: MET</b>	Primary/Specialty Care Behavioral Health Care	December 2023
Announce to OpenEMR users plan for use of the 2024 Real World Testing reporting tool. <b>STATUS: MET</b>	Primary/Specialty Care Behavioral Health Care	January 2024
OpenEMR users start collecting 2024 Real World Testing data. <b>STATUS: MET</b>	Primary/Specialty Care Behavioral Health Care	April 1, 2024
OpenEMR users stop collecting 2024 Real World Testing data. <b>STATUS: MET</b>	Primary/Specialty Care Behavioral Health Care	September 30, 2024
Collect the 2024 Real World Testing report results from OpenEMR users. <b>STATUS: MET</b>	Primary/Specialty Care Behavioral Health Care	October 2024 - January 2025
Submit the 2024 Real World Testing results to the testing body. <b>STATUS: MET</b>	Primary/Specialty Care Behavioral Health Care	January, 2025