Ennoble Care
2 University Plaza Drive, Suite 204
Hackensack, NJ 07601

2024 Real World Testing Results

Office Anywhere

For Criteria

§170.315 (b)(1), (b)(2), (c)(1), (e)(1), (g)(7), (g)(9)

GENERAL INFORMATION

Plan Report ID Number: Ennoble Technologies Office Anywhere_RWTResults_2024

Developer Name: Ennoble Technologies LLC

Product Name(s): Office Anywhere

Version Number(s): 2.1

Certified Health IT: 15.04.04.3094.Offi.02.01.1.221221

Developer Real World Testing Page URL: https://www.ennoblecare.com/rwt.html

CHANGES TO REAL WORLD TESTING PLAN

Summary of Change	Reason	Impact
		None

No Products were withdrawn in 2024.

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Because many of the metrics encountered no usage or extremely low usage, our testing methodology was based on having surveilled our database for feature usage, with the plan to subsequently (1) verify any actual usage experience with our users, all of whom are employees of our organization; (2) query our database to verify successful data processing; and, (3) performed mock data processing during the year in the absence of any real world usage. The Office Anywhere EHR has the Self-Developer status listing on CHPL.

Following this testing methodology, for all metrics all results were as expected with no non-conformities discovered.

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

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
CHPL Product Number	N/A
Conformance measure	N/A

CARE SETTINGS

The product was used by providers in Ambulatory Home Health and Facility-Based Care settings and the Internal Medicine specialty. The product performed as expected in these care settings.

METRICS AND OUTCOMES

As mentioned previously, during the calendar year several of the metrics specified in our testing plan did not encounter any demand for real world usage. For those metrics, we performed tests using mock data near the end of each calendar quarter, at the same time we analyzed our database for evidence of real-world usage and prepared analysis thereof. We indicate below where mock data was used in lieu of any available real-world data.

Metric	Associated Criterion	Relied-Upon Software	Outcomes	Challenges Encountered (if applicable)
Transitions of Care (Receive)	§ 170.315(b)(1)	EMR Direct v. 2023	• CCDA R2.1 files were mocked for our care setting; half of which were valid and half of which were invalid. • These files were loaded into the product's CCDA Import user interface and attempted to be imported. • In each quarterly test, the appropriate validation errors were displayed in the user interface for all invalid CCDA files, and no validation errors were displayed in the user interface for all valid CCDA files. • For all valid CCDA files in all 4 quarterly tests, the error rate was 0%, which met expectation. • 100% of the CCDA files were loaded and displayed for reconciliation in under 30 seconds, which	We were required to test with mock data due to zero real-world demand for receiving CCDA documents.

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			exceeded expectation. The average load time was 16.3 seconds with a maximum of 25 seconds.	
Clinical Information Reconciliation and Incorporation	§ 170.315(b)(2)		• For this metric, we used the valid CCDA mock files described in the Transitions of Care metric, once again testing quarterly. • For all valid CCDA files in all 4 quarterly tests, the error rate was 0%, which met expectation. • Upon reconciliation performed in the user interface, 100% of the CCDA files were saved to the database in under 30 seconds, which exceeded expectation. The average save time was 12.1 seconds, with a maximum of 19 seconds.	As with Transitions of Care, we were required to test with mock data due to zero real-world demand for receiving CCDA documents.
Transitions of Care (Send)	§ 170.315(b)(1)	EMR Direct v.2023	• Due to no real-world demand for direct messaging requests, for quarterly testing we used the CCDA R2.1 files that we received in the above tests for (b)(1)(receive) and (b)(2), and updated the patient records in our application. • These files were sent via Direct Message to our test endpoint, where we confirmed receipt. • Log files were analyzed and found to be consistent with the actions taken. • As expected, all CCDAs were available on the Patient Portal. • For all CCDA files processed in all 4 quarterly tests, the error rate was 0%, which met expectation. • 100% of the CCDA files were sent via Direct Message in under 30 seconds, which exceeded expectation. The average send time was 16.4 seconds with a maximum of 25 seconds.	We were required to test with mock data due to zero real-world demand for sending CCDA documents.
Clinical Quality Measures - Record and Export	§ 170.315 (c) (1)		• User logged into the EHR on demand with no need for technical support. The successful login was achieved and observed. • The user demonstrated the initial navigation within their practice Dashboard and switched views by provider or by practice group. This step allowed for the indication that the application had successfully created an interface with the EHR, and the necessary logic had been programmed for the desired eCQM. • The application performed with zero defects. All credentialed users gained access to their secure instance in their production environment and accessed their real patient data.	There were no challenges encountered when testing and collecting data for these criteria.
View, Download, and Transmit to 3rd Party	§ 170.315 (e) (1)	EMR Direct v. 2023	• The Ennoble Care Patient Portal enables patients and their authorized representatives to view in a human readable HTML format, download, and transmit CCDA document summaries. • We successfully recorded 55,674 view, download, and transmit actions taken during the calendar year by 810 distinct patients or patient representatives. There were 3 errors recorded for these attempted actions. All errors were due to database timeouts and could be retried by users. This is an acceptable error rate of less than 0.01%. • 4,045 CCDA documents were requested and created on the patient portal during the calendar year by 566 distinct patients or patient representatives. There were 2 errors recorded for	Unlike the Patient Portal, which saw significant usage during the calendar year, we were required to mock test the sending of CCDAs via Direct Message as there was no demand during the calendar year.

			these attempted actions. All errors were due to database timeouts and could be retried by users. • 24 CCDA documents were emailed to patients or patient representatives during the calendar year with no errors recorded. • Each quarter, due to lack of demand, we mock tested the sending of test Direct Message electronic transmissions to our test Direct Message account. 100% of these transmissions were received with no loss of fidelity. • Patients were able to view 33,934 individual USCDIv1 data elements in human readable format during the calendar year with no errors recorded. • By analyzing usage logs we were able to calculate that our performance benchmark of 3 tasks in 3 minutes was met 98% of the time.	
Encounter Summary API Access	§ 170.315 (g) (7,9)	MeldRx 2.0	• The Ennoble patient portal provides a hyperlink to enable patients or their representatives to request an identifier that can subsequently be used to request additional patient data. During the calendar year, 75 patients or patient representatives requested these API identifiers through the patient portal. All requests were successful. • Any API "all data requests" by third party applications would have been made against the Darena MeldRx application, a relied upon software.	None

KEY MILESTONES

The following key milestones were met during the real -world testing process.

Key Milestone	Care Setting	Date / Timeframe
Prepare the Office Anywhere application for use in collecting data to support the RWT plan results.	**Facilities:** • Ambulatory – Home Health • Ambulatory – Facility-Based Care **Specialties:** • Internal Medicine	December 2023 & January 2024
Identify the users that will participate in the test plan	**Facilities:** • Ambulatory – Home Health • Ambulatory – Facility-Based Care **Specialties:** • Internal Medicine	December 2023 & January 2024
Confirm that the Real -World Test Plan participants are able to log into their accounts and are ready to start the RWT plan documentation	**Facilities:** • Ambulatory – Home Health • Ambulatory – Facility-Based Care **Specialties:** • Internal Medicine	January 31, 2024

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Conduct the series of Real- World Testing with the participants on a regular basis (minimum, once a quarter) to obtain feedback on their progress and or if there are any issues to address. If no adoption of any criteria, mock the data to test interactively.	**Facilities:** • Ambulatory – Home Health • Ambulatory – Facility-Based Care **Specialties:** • Internal Medicine	Quarterly 2024 • March 31, 2024 • June 30, 2024 • September 30, 2024 • December 31, 2024 • January 31, 2025 submit to ACB

ATTESTATION

The following is an attestation of the Ennoble Technologies LLC 2024 Real World Testing Results Report for Office Anywhere 2.1.[i]

This Real World Testing plan Results was completed with all required elements, including measures that address all certification criteria and care settings. All information in these results is up to date and fully addresses the health IT developer's Real World Testing requirements.

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Authorized Representative Signature:

Jonathan Taylor

January 31, 2025