Real World Testing Results Report

Streamline Healthcare Solutions, LLC

General Information

Plan Report ID Number:	
Developer Name:	Streamline Healthcare Solutions, LLC
Product Name(s):	SmartCare
Version Number(s):	R6
Certified Health IT Product List (CHPL) Product Number(s):	15.04.04.2855.Smar.R6.01.1.220915
Developer Real World Testing Plan Page URL:	https://streamlinehealthcare.com/meaningful-use/
Developer Real World Testing Results Report Page URL:	https://streamlinehealthcare.com/meaningful-use/

[Optional] Changes to Original Plan

Instructions: If a developer has made any changes to their approach for Real World Testing that differs from what was outlined in their plan, note these changes here.

Narrative Results

The only change to the original plan was in the schedule of Key Milestones. Staffing changes occurred during the data collection phase. So this was extended to ensure adequate data collection with the staff levels available.

Withdrawn Products

Narrative Results

Summary of Testing Methods and Key Findings

Streamline HEALTHCARE

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Instructions: 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.

Standards Updates

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

Instructions: 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)	NA
Updated certification criteria and associated product	NA
CHPL Product Number	NA
Conformance measure	NA

Care Setting(s)

Instructions: 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.

- Outpatient Behavioral Health
- Inpatient Behavioral Health
- Primary Care

Narrative Results

The healthcare settings in which all Real World Testing occurred was:

Care Setting	Justification
Outpatient Behavioral Health	100% of our customers identify at least a portion of their business as Outpatient Behavioral Health
Inpatient Behavioral Health	70 % of our customer base provide Inpatient BH services. All providers who do inpatient behavioral health also do some outpatient behavioral health services as well.
Primary Care	A small percentage of our customer base, operating within Outpatient Behavioral Health clinics, but providers follow a different workflow.

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.

Summative Testing Results

For the summative testing, data was collected from 24% of the customers actively on the R6 product as of August 31, 2024. All live customers as of August 31, 2024 were asked to participate. The respondents were customers who consented and coordinated in the Real World Testing process within the data collection timeframe. This includes a total number of 9,696 active users across the surveyed sites. Data collection for all measures was for the dates of June 01, 2024 through August 29, 2024. Data collection began in October. Customers had three options for how to allow the access for data:

1. The customer could pull the data independently with the provided instructions.
2. The customer could grant access to the production environment.
3. The customer could grant access to a non-production environment where production environment data was copied to the non-production environment on or after September 1, 2024.

Results were tracked for each individual customer and then collated for the results noted below.

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes & Challenges Encountered (If Applicable)

170.315(b)(1) Transitions of care	Over a 90-day period: 1) Number of CCDAs created 2) Number of CCDAs sent via edge protocols 3) Number of CCDAs received via edge protocols	RosettaHealth Product: HispDirect	**Adoption Rate of this workflow:** Number of licensed installs: 17 Number of Active installs: 6 As expected in the Real World Test Plan, there was new adoption of this certified capability by our users, specifically the sending and receiving via edge protocols. This expectation comes from the Streamline customer base being Behavioral Health Centers where referrals are generally community based versus from other healthcare providers. Thus adoption is not prioritized as the referrals in which a CCDA would be received are a small percentage of patient referrals. We have seen increased interest in the use of CCDs for the purpose of sharing with HIE's or for sharing via other methods. One surveyed customer reported creating 8271 CCDs in total for sharing externally. However these were not captured in these reports because they are not part of the CCD creation for the certified product workflow of sharing via edge protocols. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 19 CCDAs were created 2. 0 CCDAs sent via edge protocols 3. 0 CCDAs received via edge protocols
170.315(b)(2) Clinical information reconciliation and incorporation	Over a 90-day period: 1) Number of times a user reconciled medication list data from a received CCDA 2) Number of times a user reconciled allergies and intolerance list data from a received CCDA		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 136 Although CCDA documents are able to be reconciled, it was found that usage was low. Our customers use the product as a summary of care for psychiatric appointments and provide documentation in PDF format rather than CCDA because of 42CFR. Customers often prefer reviewing content and manually restricting data and then sharing as a PDF, rather than a CCDA.

	3) Number of times a user reconciled problem list data from a received CCDA		As described above, adaptation of this functionality is not prioritized. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 1 times a user reconciled medication list data from a received CCDA 2. 0 times a user reconciled allergies and intolerance list data from a received CCDA 3. 0 times a user reconciled problem list data from a received CCDA
170.315(b)(3) Electronic prescribing	Over a 90-day period: 1) Number of prescriptions created 2) Number of prescriptions changed 3) Number of prescriptions canceled 4) Number of prescriptions renewed		**Adoption Rate of this workflow:** Number of licensed installs: 121 Number of Active installs: 121 Total Number of Prescribers Across the Installs: 1978 Reports from our eRx partner were examined showing that the eRx transactions are sent from the certified Health IT module and that they are successfully received by the eRx clearinghouse. As expected, there was high utilization by providers. The results from surveyed customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 46,787 prescriptions created 2. 5208 prescriptions changed 3. 10,112 prescriptions canceled 4. 227,249 prescriptions renewed
170.315(b)(6) Data export	Over a 90-day period: 1) Number of times a data export was performed for a patient 2) Number of times a data export was performed for multiple patients in a single transaction		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 136 Although the certified capability is available and effective, as described in the Real World Testing plan, there was zero utilization by providers. This was measured with the certified product capabilities. Instead, we have found customers are

	3) Number of times a data export was performed for all patients in a single transaction		requesting the sharing of ADT and CCDA data via custom paths and not the standard CCDA file format. The reason for this is configurations for an HIE or other data share are specific to each share. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 0 times a data export was performed for a patient 2. 0 times a data export was performed for multiple patients in a single transaction 3. 0 times a data export was performed for all patients in a single transaction
170.315(c)(1-3) Clinical quality measures (CQMs)	Over a 90-day period: 1) Number of measures recorded during the period 2) Number of QRDA Category 1 files exported 3) Number of QRDA Category 1 files imported (if applicable) 4) Number of QRDA Category 3 aggregate report(s) created over the period	Dynamic Health IT Product: CQM Solution	**Adoption Rate of this workflow:** Number of licensed installs: 44 Number of Active installs: 44 We recorded the frequency that CQM files are imported and/or exported by providers to demonstrate the certified capability is available and effective, regardless of frequency of its use. Dynamic Health IT assisted with providing the code to gather the data from the CQM Solution product. This was then run by Streamline staff. The data does not include any self-hosted customer environments. Although we have 44 licensed installs, the data is from 14 different customer practices within the designated timeframe. As expected, there was moderate utilization by providers with a high success rate. The lower number of QRDA File creation was likely due to the window of data collection being outside of a reporting timeline for customer's results reporting deadlines along with a majority of customers not having a requirement to submit QRDA files as part of their use of this functionality. Our Customers' R6 environments connect to the same CQM solution product which Streamline partners with Dynamic Health IT (DHIT). The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 9 measures recorded during the period

			2. 50,170 QRDA Category 1 files exported 3. 0 QRDA Category 1 files imported 4. 32 QRDA Category 3 aggregate reports created over the period
170.315(e)(1) View, download, and transmit to 3rd party	Over a 90-day period: 1) Number of views of health information by a patient or authorized representative 2) Number of downloads of health information by a patient or authorized representative 3) Number of transmissions of health information by a patient or authorized representative using unencrypted email 4) Number of transmissions of health information by a patient or authorized representative using encrypted method		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 136 The patient portal is available to all customers. Of the customers' data reviewed, it was found that 63.6% of the surveyed customers had established patient portal accounts for patients in the system. The ability of a certified Health IT module to provide patients access to a patient portal with the ability to view, download, and send their health care records to other providers via encrypted or unencrypted transmission methods in CCDA format is present and demonstrated. We recorded the frequency of patients viewing, downloading and transmitting their records from the portal to demonstrate this. There was moderate utilization for patients for views and lower utilization for downloading and submitting as was expected. The low utilization of transmission of data is assumed to be due to the patient population and types of services provided by customers. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 0 views by a patient or authorized representative via the patient portal from 317,926 unique patient portal accounts 2. 0 downloads of health information by a patient or authorized representative 3. 0 transmissions of health information by a patient or authorized representative using unencrypted email 4. 0 transmissions of health information by a patient or

			authorized representative using encrypted method
170.315(f)(1) Transmission to immunization registries	Over 3 separate unique 10-day periods within a 90-day window: Number (or percentage) of immunization records submitted to the immunization record		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 1 We developed this criterion to meet certification requirements for primary care settings. Penetration into this market however is low and they are predominantly adult primary care and therefore immunization reporting is not often used - as expected this functionality is being used by only one of our live customers. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 2 immunization records submitted to the immunization record
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Over 3 separate unique 10-day periods within a 90-day window: Total number of syndromic surveillance events created and submitted		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 0 Our customer base is currently not using this feature because all inpatient customers are behavioral health organizations. They are not required to report to public health agencies and do not typically have diagnoses that qualify. As of the reporting date, there was one live customer using the Primary Care Functionality and immunization reporting was not required for their business. Nonetheless, a PHIN ADT message for syndromic surveillance is automatically generated with a message that contains the correct information conforming to the standard. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 0 syndromic surveillance events created and submitted

170.315(f)(3) Transmission to public health agencies — reportable laboratory tests and value/results	Over 3 separate unique 10-day periods within a 90-day window: Total number of reportable laboratory results created and submitted		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 0 This functionality was built to meet requirements for CEHRT certification. However, we do not have customers who are reporting this as one of their Interoperability Measures because they are excluded due to the limited volume of applicable reportable diagnosis or because they are not reporting that particular measure. Hospitals we serve are not emergency departments, but would be screened in at other hospital settings and screened for other items prior to admission to the psychiatric unit that would utilize our system. This functionality does result in a qualifying laboratory result that will trigger the creation of an ELR message when entered. The results from customer environments in 2024 or the date range of June 1, 2024 to August 29, 2024 were: 0 reportable laboratory results created and submitted
170.315(f)(5) Transmission to public health agencies — electronic case reporting	Over 3 separate unique 10-day periods within a 90-day window: Total number of electronic case reports created and submitted		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 0 Our current customers are not required at this time to submit this type of data to a public health ministry for MIPS. It is however reportable for both eligible hospitals and providers, although many of these reportable diseases are not commonly seen in an inpatient behavioral healthcare setting. Our customers would be noting these diagnoses as shared from other healthcare providers in the referral process. We have enabled capability for 3 electronic case reports available for each patient encounter showing expected patient data. Visual inspection confirms this functionality is available for deployment to a customer system. The results from customer

			environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 0 electronic case reports created and submitted
170.315(g)(7) Application access — patient selection	1) Number of requests for a patient ID or token 2) Number of requests that provided sufficient information to provide a valid response 3) Number of follow-up requests made using the provided patient ID or token		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 0 This capability is available, but our current customers have not expressed the need to use them. There has not been a request from a patient to directly download their health information via an API. Customers in behavioral health are particularly sensitive to the harm associated with disclosure of behavioral health data, and the privacy and security concerns with the adoption of API criteria are particularly complex and sensitive. In addition, the interfaces being requested by customers do not require the use of the API process but instead customers have requested other processes be developed to share data per the sharing partner's requirements. Patient ID is accepted and tokens are returned for each test patient when assessing this functionality. Patient CCDS data is visible as either discrete data fields or as a CCDA for each test patient. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 0 requests for a patient ID or token 2. 0 requests with a valid response 3. 0 follow-ups made using the patient ID or token
170.315(g)(8) Application access — data category request	1) Number of requests for a patient's data made by an application via a		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 0

	data category request using a valid patient ID or token Number of requests for a patient's data made by an application via a data category request using a valid patient ID or token for a specific date range		This capability is available, but our current customers have not expressed the need to use them. There has not been a request from a patient to directly download their health information via an API. Customers in behavioral health are particularly sensitive to the harm associated with disclosure of behavioral health data, and the privacy and security concerns with the adoption of API criteria are particularly complex and sensitive. In addition, the interfaces being requested by customers do not require the use of the API process but instead customers have requested other processes be developed to share data per the sharing partner's requirements. Patient ID is accepted and tokens are returned for each test patient when assessing this functionality. Patient CCDS data is visible as either discrete data fields or as a CCDA for each test patient. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 0 requests for a patient's data made by an application via a date category using a valid patient ID or token
170.315(g)(9) Application access — all data request	1) Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token Number of requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token for a specific date range		**Adoption Rate of this workflow:** Number of licensed installs: 136 Number of Active installs: 0 This capability is available, but our current customers have not expressed the need to use them. There has not been a request from a patient to directly download their health information via an API. Customers in behavioral health are particularly sensitive to the harm associated with disclosure of behavioral health data, and the privacy and security concerns with the adoption of API criteria are particularly complex and sensitive. In addition, the interfaces being requested by customers do not require the use of the API process but instead customers have requested other processes be developed to share data per the sharing partner's requirements. Patient ID is accepted and

			tokens are returned for each test patient when assessing this functionality. Patient CCD data is visible as either discrete data fields or as a CCDA for each test patient. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 0 requests for a patient's Summary Record made by an application via an all data category request using a valid patient ID or token
170.315(h)(1) Direct Project	1) Number of Direct Messages sent 2) Number of Delivery Notifications received 3) Number of Direct Messages received Number of Delivery Notifications sent	RosettaHealth Product: HispDirect	**Adoption Rate of this workflow:** Number of licensed installs: 17 Number of Active installs: 6 Although this functionality was not used for sending CCDAs, there was adoption of notifying customers of direct messages and delivery is a core functionality that was demonstrated to work. The results from customer environments in 2024 for the date range of June 1, 2024 to August 29, 2024 were: 1. 0 message sent 2. 0 delivery notifications received 3. 0 direct messages received

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Interactive Testing Results

Associated Criterion(a)	Measurement/Metric	Relied Upon Software (if applicable)	Outcomes & Challenges Encountered (If Applicable)
170.315 (b)(1): Transitions of Care 170.315 (b)(2): Clinical information reconciliation (h)(1): Direct Project 170.315(b)(6) Data export (Single Patient)	Streamline Healthcare will set up test patients with identical patient demographics on each of the systems along with patient data representative of behavioral health, but include different problems, medications and medication allergies on each of the systems. Streamline Healthcare will send Transitions of care CCDA documents from the inpatient behavioral health site to the outpatient/primary care integrated with behavioral health with slightly different representative patient data and vice versa, using Direct messaging. Streamline Healthcare will then run through the steps of performing the workflow to reconcile and incorporate the CCDA with the new/changed medications, problems and medication allergies on each of the systems. Streamline Healthcare will resend the reconciled Transitions of care CCDA documents back and perform the	RosettaHealth Product Name: HispDirect	The outcome of this testing process was that we were able to successfully transmit a CCD file between two separate Streamline customer environments. Two voluntary, live customer environments were used to test the direct processes. We were able to complete reconciliation of the data within those environments. A summary of the challenges encountered were: ● Using live, non-production customer environments, updates and refreshes were sometimes made during the course of the project which then required reconfiguration of the system ● As this process is not currently used by the customers who participated in this testing, configurations necessary for reconciliation of files and to send the CCD data with the correct identifiers needed to be completed in the non-production environments. Once configured the system worked as expected. ● The data was sent from Organization A to B, reconciled, and then a return CCDA was sent back from Organization B to A and reconciled successfully. Both organizations provided inpatient and outpatient services. So the patient data was pulled from both workflows, which are the same workflows for this data in SmartCare.

	workflow to reconcile and incorporate the CCDA again.		
170.315(f)(1) Transmission to immunization registry	Streamline Healthcare will set up a test clinic in the production environment (cloud-based) to test the transmission of immunizations to a registry. Streamline Healthcare will create a set of test patient data that includes representative data for children of the ages who would normally receive vaccines and an adult who will receive an influenza vaccination. Streamline Healthcare will send a request for immunization history for each of the test patients and use the HL7 context free NIST H7 Immunization 2.5.1 IG Release 1.5 Tool to verify message conformance. Streamline Healthcare can receive a response from the HL7 context free NIST H7 Immunization 2.5.1 IG Release 1.5 Tool with history and forecast. Streamline Healthcare will send immunization records to the HL7 context free NIST H7 Immunization 2.5.1 IG Release 1.5 Tool to verify message conformance.		The outcome of this testing procedure was successful. The challenges faced were due to the lack of current active use of the certified product. The file generated meets CDC's general requirements for HL7 immunization files and passed validation using the NIST Immunization Testing Suite. However, we are working on state specific requirements for New York and Pennsylvania. These updates are currently in progress.
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	This criterion is relevant to the inpatient behavioral health setting.		The outcome of this testing procedure was successful. The challenges faced were due to the lack of current active use of the certified product. The system did generate the reporting

	Streamline Healthcare will set up a test instance of an inpatient behavioral health setting in the production environment (cloud-based) to test the transmission of a syndromic surveillance event. Streamline Health will setup test patients in the inpatient setting and update the patients with a confirmed diagnosis to trigger a syndromic surveillance event per the list based on the guidelines from the CDC: https://www.cdc.gov/nssp/technical-pubs-and-standards.html#Dictionaries Streamline Health will use the NIST syndromic surveillance HLv2 tool found here: https://hl7v2-ss-r2-testing.nist.gov/ss-r2/#/home to confirm that the PHIN ADT message conforms to the expected standard.		as expected based on the workflow and generated one small error regarding formatting.. Once this was corrected, the message passed validation using the NIST Syndromic Surveillance Testing Suite.
170.315(f)(3) Transmission to public health agencies — reportable laboratory tests and value/results	Streamline Healthcare will set up a primary care setting in the production environment (cloud-based) to test the transmission of a reportable laboratory test value/results event. Streamline Health will set up test patients in the primary care setting and update the patients with a reportable laboratory tests and values/results event.		The outcome of this testing procedure was successful as all of the test scenario HL7 messages passed validation for laboratory results. There were two errors that were generated based on formatting and the wrong Global Code. Both of these errors were corrected. Once that was finished, the messages generated passed validation using the NIST ELR Testing Suite.

	Streamline Health will use the NIST ELR tool found here: https://hl7v2-elr-testing.nist.gov/mu-elr/ to validate that the ELR messages sent are well-formed HL7v2 messages that conform to the HL7v2 ELR implementation guide.		
170.315(f)(5) Transmission to public health agencies — electronic case reporting	Streamline Healthcare developed this workflow as an automatic workflow that runs in the background. Whenever a diagnosis, lab result or medication is entered, it is checked against a trigger table. When a match occurs, it creates a report. Streamline Healthcare will create 3 test patients in their test clinic production system, each one with a different encounter or parameter that matches the trigger code table, as well as representative data for that encounter, including but not limited to: o Encounter diagnosis and their associated ICD10 code o Reason for visit o Problems o Medications o Laboratory Tests o Laboratory Values(s)/Result(s) o Vital Signs o Procedures o Immunizations		The outcome of this testing procedure was successful. The challenges faced were due to the lack of current active use of the certified product. The system did generate the reporting as expected based on the workflow and passed validation using the NIST Testing Suite.

	Streamline Healthcare will document the patient encounter in the SmartCare EHR and satisfy the trigger conditions, then use visual inspection to show that the trigger resulted in a transmission of the expected data for each patient to create a report.		
170.315 (g)(7): Application Access - Patient Selection meets170.315 (g)(8): Application Access - Data Category Request Meets170.315 170.315(b)(6) Data export (g)(9): Application Access - All Data Request 170.315(b)(6) Data export (multiple patient)	Streamline Healthcare will set up 2 test clinics in the production environment with all 3 types of services. 5 Test patients with representative behavioral health data will be set up in one of the test clinics in advance (Clinic B). Clinic A will be running an app which will allow it to access data in Clinic B. ○ Clinic A queries Clinic B for token representing 5 patients ○ Clinic A uses those 5 tokens to request data by category for all 5 patients ○ Clinic A uses those 5 tokens to request CCDA documents for all 5 patients		The outcome of this testing process was successful. The environments used were one made from a copy of a customer environment that is used on an ongoing basis. The second was a core environment set up that has been stood up for one year. The CCD was able to be passed between the two environments as expected. The test was completed as follows: ● 5 patient records that existed in system B were also added to system A. ● The workflow to produce a CCDA was completed in System B. ● System A was used to query the 5 patient records and request tokens. This was successful ● System B submitted the CCDA records to System A and a visual confirmation on the user interface and review of the database confirmed the data was successfully shared. Streamline was certified in late 2024 on g(10). Although we did not have any customers adopting g(7), g(8) and g(9), we did have adoption of g(10) by the end of 2023 across 22 customers, who are all on R6. We had 1,135 successful transmissions of patient data during the reporting period.

Key Milestones

Instructions: 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/time frame during which data was collected.

Key Milestone	Care Setting	Date/Time Frame
Scheduling and logistics	• Outpatient Behavioral Health • Inpatient Behavioral Health • Primary Care	The actual time frame for this step was 12 months instead of the anticipated 90 days. This milestone began on January 1, 2024 and was completed August 15, 2024. The reason for the length was the plan to execute included the need to allow data collection across all customers.
Data collection	• Outpatient Behavioral Health • Inpatient Behavioral Health • Primary Care	This milestone began July 15, 2024 and ended on December 31, 2024. All data collection in the Summative Testing was collected for the dates of June 1, 2024 through August 29, 2024. Steps to complete data collection included: • Customer communication began on September 1, 2024. • The environment set up with customer cooperation began after the communication began and continued through the data collection phase as each customer was coordinated with. • Data collection from customer environments began October 1, 2024 and ended December 31, 2024.

		Interactive testing also began October 1, 2024 and due to review of the data, was continued through January 17, 2024.
Review and collate data	• Outpatient Behavioral Health • Inpatient Behavioral Health • Primary Care	Data review began on January 2, 2024 and was completed by January 17, 2025.
Writing report	• Outpatient Behavioral Health • Inpatient Behavioral Health • Primary Care	Report writing began on January 13, 2025 and was a 12 day process.