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/

Streamline HEALTHCARE

Table of Contents

Summary of Testing Methods and Key Findings

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	60% 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	33% 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 13.4% of the customers actively on the R6 product as of August 31, 2025. All live customers as of August 31, 2025, 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 8489 active users across the surveyed sites. Data collection for all measures was for the dates of June 01, 2025, through August 29, 2025. Data collection began in August. Customers had three options for how to allow access for data:

1. The customer could pull the data independently with the instructions provided.
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, 2025.

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	As anticipated in the current Real World Testing cycle, adoption of this certified capability among our users particularly the use of edge protocols for sending and receiving CCDAs remains limited. This continues to align with the characteristics of the Streamline customer base, which is composed of Behavioral Health Centers. These organizations still receive the majority of their referrals from community sources rather than other healthcare providers, resulting in a naturally lower volume of scenarios where CCDA exchange is required. Because CCDAs represent only a small portion of total referrals, implementing edge-based exchange has not been a primary operational priority for most customers. That said, we are seeing growing interest in the use of CCDs for broader interoperability purposes, including sharing data with Health Information Exchanges (HIEs) and through alternative exchange mechanisms outside of edge protocols. For the period of June 1, 2025 through August 29, 2025, customer environments reported the following results: 1. 134 CCDAs 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: 129 Number of Active installs: 108 In alignment with the required testing measure—tracking the number of times a user reconciled medication list data from a received CCDA over a 90-day period—we evaluated CCDA reconciliation activity across customer environments. Although the system fully supports CCDA reconciliation, actual

	3) Number of times a user reconciled problem list data from a received CCDA		use of this functionality continues to be low. Behavioral Health organizations, which make up Streamline's customer base, typically use the product to support psychiatric care summaries rather than to exchange structured CCDAs. Due to 42 CFR Part 2 requirements, customers frequently choose to manually review information, restrict sensitive data as needed, and share documentation in PDF format instead of using CCDAs. As a result, adoption of CCDA reconciliation features is not prioritized in most workflows. For the evaluation period of June 1, 2025 through August 29, 2025, the following results were reported: 1. 0 instances of users reconciling medication list data from a received CCDA 2. 0 instances of users reconciling allergies and intolerance data from a received CCDA 3. 0 instances of users reconciling 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		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 2025 for the date range of June 1, 2025 to August 29, 2025 were: 1. 34497 prescriptions created 2. 2306 prescriptions changed 3. 13,648 prescriptions canceled 4. 133,276 prescriptions renewed
70.315(b)(10) - EHI export	Over a 90-day period: 1) Number of times an export file was created 2) Execute at any time (i)(C)		Over the 90-day evaluation period, we assessed adoption and use of the certified EHI Export capabilities across our customer environments. While the functionality has been fully implemented, tested, and successfully demonstrated, there has

	3) Limit ability of users who can create export (i)(D) 4) Electronic and computable format 5) § 170.315(b)(10) EHI export – Patient population EHI export		been no customer adoption to date. The following summarizes results for each required measure: Number of times an export file was created 1. During the reporting period, customers did not initiate or generate any EHI export files. Result: 0 export files created 2. Execute at any time — §170.315(b)(10)(i)(C) The system supports on demand execution of the EHI export at any time, consistent with certification requirements. However, no customers used this capability during the measurement window. Result: 0 executions 3. Limit ability of users who can create export — §170.315(b)(10)(i)(D) Role-based controls are fully implemented, allowing organizations to restrict which users may run the EHI export. Although this functionality operates as designed, customers did not use it in practice during the evaluation period. Result: No customer usage 4. Electronic and computable format The product supports exporting EHI in a certified electronic and computable format. This capability has been validated through internal testing and certification demonstrations. No customer-initiated exports occurred, so no computable files were generated during the reporting period. Result: 0 computable exports generated 5. §170.315(b)(10) — Patient Population EHI Export The system is capable of generating a full patient population EHI export in accordance with certification requirements. Although testing confirms this functionality works as intended, there was no customer adoption or execution of patient population exports during the measurement period. Result: 0 patient population exports

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	We tracked the frequency of CQM file imports and exports to validate that the certified functionality remains available, operational, and effective, independent of how often it is used. Dynamic Health IT (DHIT) provided the code needed to extract usage data from the CQM Solution product, and Streamline staff executed the reporting. The dataset excludes any self-hosted customer environments. As anticipated, providers demonstrated moderate utilization with a high success rate. The lower number of QRDA file creations is consistent with the timing of the data collection period, which fell outside typical annual reporting deadlines. Additionally, many customers are not required to submit QRDA files as part of their workflows, contributing to reduced export activity. All Customers' R6 environments connect to the same CQM Solution, delivered in partnership with DHIT. For the period of June 1, 2025 through August 29, 2025, customer environments reported the following: 13 measures recorded during the period 38,469 QRDA Category I files exported 0 QRDA Category I files imported 13 QRDA Category III aggregate reports created
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		The patient portal is available to all customers. Of the customers' data reviewed, it was found that 100% of the customers surveyed had established patient portal accounts for patients in the system. However, there has been no uptake among patient populations. The ability of a certified Health IT module to provide patients with 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. The low utilization of transmission of data is assumed to be due to the patient population and types of services provided by customers. However, we expect increased adoption with the introduction

	4) Number of transmissions of health information by a patient or authorized representative using encrypted method		of our new product, SmartPortal, which leverages a third-party platform, Intelichart. This enhanced platform is designed to modernize patient engagement, improve usability, and support broader adoption of portal capabilities. The results from customer environments in 2025 for the date range of June 1, 2025 to August 29, 2025 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		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 leveraged by customers. We have tested this functionality using the NIST Immunization Testing Suite Edition 2 and have demonstrated its accuracy The results from customer environments in 2025 for the date range of June 1, 2025 to August 29, 2025 were: 0 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		Our customer base is not currently using this feature because all inpatient customers are behavioral health organizations. These organizations are not required to submit syndromic surveillance data to public health agencies and typically do not treat conditions that would qualify for such reporting. However, the functionality has been fully tested and verified. We have tested this functionality using the NIST HL7v2 Syndromic Surveillance Test Suite and have demonstrated its

			accuracy. When enabled, the system automatically generates a PHIN-compliant ADT message for syndromic surveillance that includes all required data elements and conforms to the applicable standards. For the period of June 1, 2025 through August 29, 2025, customer environments reported: 0 syndromic surveillance events created or 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		The certified functionality does work as intended: when a qualifying laboratory result is entered, the system will automatically generate an electronic laboratory reporting (ELR) message that conforms to required standards. However, no such events occurred during the evaluation period. For the period of June 1, 2025, through August 29, 2025, customer environments reported: 0 reportable laboratory results created or 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		This functionality was developed and certified to meet the requirements of §170.315(f)(5) for electronic case reporting. However, none of our current customers are required to submit electronic case reports within their applicable reporting programs, including MIPS. Although electronic case reporting is required for eligible hospitals and some providers, many of the reportable conditions defined in public health reporting programs are not commonly encountered in inpatient behavioral health settings. In most cases, behavioral health organizations document these conditions only when such diagnoses are communicated by other healthcare providers during the referral or intake process, rather than identifying or diagnosing them directly. As a result,

			real-world usage of electronic case reporting within our customer base is not expected to be high. The system's capability for electronic case reporting is fully enabled and available for deployment. For every patient encounter, the system can generate an electronic case report containing the required data elements. Visual inspection and testing confirm that this functionality operates as expected and conforms to certification requirements. For the evaluation period of June 1, 2025 through August 29, 2025, across customer environments: 0 electronic case reports were created or submitted
170.315(h)(1) Direct Project	1) Number of Direct Messages sent 2) Number of Delivery Notifications received 3) Number of Direct Messages received 4) Number of Delivery Notifications sent	RosettaHealth Product: HispDirect	**Adoption Rate of this workflow:** Number of licensed installs: 125 Number of Active installs: 1 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 2025 for the date range of June 1, 2025 to August 29, 2025 were: 1. 0 message sent 2. 0 delivery notifications received 3. 0 direct messages received 4. 0 Number of Delivery Notifications sent

Streamline HEALTHCARE

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)(10) EHI export	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 environments. Two test environments were used to test the direct processes. We were able to complete reconciliation of the data within those environments. 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.

	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 NIST Immunization Test Suite Edition 2, 1.0 to verify message conformance.		The outcome of this testing procedure was successful. The file generated meets CDC's general requirements for HL7 immunization files and passed validation using the NIST Immunization Testing Suite.
170.315(f)(2) Transmission to public health agencies — syndromic surveillance	This criterion is relevant to the inpatient behavioral health setting. 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		The outcome of this testing procedure was successful. The system did generate the reporting 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.

	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.		
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. 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.		The outcome of this testing procedure was successful as all of the test scenario HL7 messages passed validation for laboratory results. The messages generated passed validation using the NIST ELR Testing Suite.
170.315(f)(5) Transmission to public health agencies — electronic case reporting	Over 3 separate unique 10-day periods within a 90-day window:		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

	Total number of electronic case reports created and submitted		as expected based on the workflow and passed validation using the NIST Testing Suite.
170.315 (g)(7): Application Access - Patient Selection Meets 170.315 (g)(8): Application Access - Data Category Request Meets170.315 170.315(b)(10) EHI export (g)(9): Application Access - All Data Request 170.315(b)(10) EHI export (multiple patient) g(10): Standardized API for patient and population services			Streamline achieved certification to §170.315(g)(10) in late 2025. During the current Real World Testing period, no customers in production environments adopted or used the API capabilities associated with §170.315(g)(7), (g)(8), or (g)(9). These capabilities remain fully certified, technically enabled, and available for deployment, but customers did not implement them within their operational workflows. In contrast, §170.315(g)(10) continues to have active production-level use. Use of the API continued into the 2025 reporting period, though with reduced volume attributed to several customers discontinuing transmissions due to the end of state-specific reporting and interoperability requirements outside the scope of the certified API. Measured Real-World Use (June 1, 2025 – August 29, 2025) Across the three customers actively using the §170.315(g)(10) standardized API, the system recorded: 79 successful transmissions of distinct patient records This confirms that certified API functionality is operational, capable of supporting real-world data exchange, and used by a subset of the customer base. The decrease in transmission volume relative to prior years aligns with changes in state-mandated reporting pathways and does not reflect limitations in the certified capabilities.

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 8 months instead of the anticipated 90 days. This milestone began on January 1, 2025 and was completed August 19, 2025. The reason for the length was the plan to execute included the need to allow for customer socialization and data collection across all customers.
Data collection	• Outpatient Behavioral Health • Inpatient Behavioral Health • Primary Care	This milestone began August 19, 202515, 2025 and ended on September 19, 2025. All data collection in the Summative Testing was collected for the dates of June 1, 2025 through August 29, 2025. Steps to complete data collection included: • Customer communication began on August 19, 2025. • 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 September 3, 2025 and ended December 18, 2025.
Review and collate data	• Outpatient Behavioral Health • Inpatient Behavioral Health • Primary Care	Data review began on December 19, 2025, and was completed by January 26, 2025.

Writing report	• Outpatient Behavioral Health • Inpatient Behavioral Health • Primary Care	Report writing began on January 13, 2025 and was a 12 day process.