REAL WORLD TESTING RESULTS REPORT 2025

REPORT OVERVIEW

Under the ASTP/ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). Health IT developers must submit results annually to address the Real World Testing of eligible products as outlined in their previous year's Real World Testing plan(s). If adjustments to approaches are made throughout Real World Testing, the health IT developer should reflect these adjustments in their Real World Testing results report. ASTP/ONC expects that the results report will include a list of these changes, the reasons for them, and how intended outcomes were more efficiently met as a result.

TruBridge is proud to offer a product which is certified under the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology certification program. This document summarizes TruBridge's real world testing results for the TruBridge EHR product for the 2025 calendar year, which measure the real world usage of certified capabilities focused on interoperability and health information exchange. As stated by ASTP/ONC, "the objective of real-world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT's certification." With this goal in mind, we have designed our real world testing plan and its metrics to provide measurable evidence of our product's interoperability and conformance to previously certified criteria, in alignment with the stated intent of the Real World Testing Condition and Maintenance of Certification.

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: TruBridge, Inc.

Product Name(s): TruBridge EHR

Version Number(s): 22

Certified Health IT

Product List (CHPL) ID(s): 15.04.04.3104.Thri.22.04.1.241210

Developer Real World Testing Page URL: https://trubridge.com/certifications/

SUMMARY OF TESTING METHODS AND KEY FINDINGS

This report's testing methods focused on capturing and documenting the number of instances that certified capability is successfully utilized in the real world, where results were derived from a 3-fold approach to testing: adoption rate, summative testing, and interactive testing. Adoption rates were used to determine if/when certified capability is being used in the real world and to help identify differences in care settings. Utilization rates for different care settings were determined by analyzing the data collected to ascertain the number of facilities using the certified capabilities out of the total number of facilities. Summative assessments were used to measure which certified actions were performed within a given time period. Summative data was gathered by running reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame, and where possible, whether those actions were successful or unsuccessful. Most metrics were gathered over a time interval of 90 days, to ensure sufficient time to gauge and measure interoperability, but this time frame also reflects the reporting periods typically required for compliance with federal incentive programs. We chose the methodology of tracking actual production data in order to reflect the real world use of certified capabilities in the provision of healthcare, in alignment with the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health IT's (ASTP/ONC) intent and purpose of Real World Testing. Please note, production activity data was aggregated across the customer base and there is no usage of protected health information (PHI) as defined under HIPAA during the collection or analysis of the real world test data and results. Interactive testing was used to demonstrate conformance to requirements where the adoption rate of a given certified capability is zero.

This report's findings demonstrate ongoing conformity to certified criteria by providing quantified evidence of the active utilization of certified capabilities across all care settings for which the certified Health IT module is marketed. It is important to note that most care settings have the certified criteria deployed in them, but not all criteria are used with the same frequency in all settings. The outcomes in this report confirm that certified capabilities are deployed effectively in live settings for clinicians to use at their discretion. All recorded summative metrics provide verification that the certified capabilities have been implemented successfully by our client base, and that the certified Health IT module is being actively utilized in real world production environments in the exchange of data and provision of healthcare as intended. These measurements reflect the interoperability and overall success of required certified capabilities in the real world, in alignment with ASTP/ONC's stated intent and purpose of Real World Testing.

When production data was not available due to zero adoption, interactive testing was leveraged to evaluate the certified Health IT's compliance to the criteria requirements and to provide confirmation that interoperability features are functioning as previously certified. Visual inspection and validating test tools were used to confirm the certified capabilities are functioning as intended, confirming these interoperability features are available and can be deployed and utilized in production if clients elect to use them.

As expected, utilization rates differed for distinct criteria and care settings, but testing results established that certified capabilities are readily available and effective. All results in this report have been compared to Real World Test results from previous years, in order to evaluate whether certified capabilities are being used effectively from year to year. Consistent utilization over time indicates that certified Health IT is deployed successfully and is continuing to function as intended and previously certified.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS-SVAP AND USCDI)

TruBridge EHR has been updated to USCDI v3 standards to conform to HTI-1 Final Rule requirements. TruBridge EHR has not been updated to any voluntary standards as part of the Standards Version Advancement Process (SVAP).

CARE SETTINGS

The following care settings were tested:

- Critical Access Hospitals
- Prospective Payment System Hospitals

METRICS AND OUTCOMES

For each measurement/metric, the following elements will be described below:

- ✓ Description of the measurement/metric or interactive test plan
- ✓ Associated certification criteria
- ✓ Relied Upon Software (if applicable)
- ✓ Outcomes
- ✓ Challenges Encountered (if applicable)

SUMMATIVE ASSESSMENT RESULTS

TRANSITIONS OF CARE

- Associated Criterion – 170.315(b)(1)
- Measurements/Metrics – 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
    4) Utilization rate
- Relied Upon Software: hDirect Core Services (Inpriva)
- Outcomes

  Critical Access Hospitals (CAH):

  1) Number of CCDAs created: 30,505
  2) Number of CCDAs sent via edge protocols: 10,296
  3) Number of CCDAs received via edge protocols: 625
  4) Utilization rate: 89.94% (143 of 159 facilities)

  Prospective Payment System (PPS) Hospitals:

  1) Number of CCDAs created: 52,882
  2) Number of CCDAs sent via edge protocols: 11,241
  3) Number of CCDAs received via edge protocols: 2,585
  4) Utilization rate: 73.19% (243 of 332 facilities)

This criterion requires the ability of a certified Health IT module to create CCDAs according to specified standards and vocabulary code sets, as well as send and receive CCDAs via edge protocols. Results show success in every care setting by providing a numeric value indicating how frequently CCDAs are created, sent, and received, thus demonstrating successful interoperability in a real world setting. Although volume varied from different settings, successful exchange of data across all care settings confirms the certified capabilities are available, effective, and being actively utilized. The observed differences in volume between care settings reflect both the proportions of various care settings within our client base, as well as the patient volumes in these care settings. Consistent utilization of the certified capabilities provides assurance of successful interoperability in the exchange of patient health data as a part of patient care transitions.

Overall, the results indicated moderate utilization, which aligned with our expectation. Results show modest fluctuations when compared with the observed volumes from the previous years, but results indicated regular usage in all care settings. Consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria.

CLINICAL INFORMATION RECONCILIATION AND INCORPORATION

- Associated Criterion – 170.315(b)(2)
- Measurement/Metrics - 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
  3) Number of times a user reconciled problem list data from a received CCDA
  4) Utilization rate
- Outcomes
  Critical Access Hospitals (CAH):
  1) Number of times a user reconciled medication list data from a received CCDA: 4,544
  2) Number of times a user reconciled allergies and intolerance list data from a received CCDA: 4,574
  3) Number of times a user reconciled problem list data from a received CCDA: 4,156
  4) Utilization rate: 38.36% (61 of 159 facilities)

  Prospective Payment System (PPS) Hospitals:
  1) Number of times a user reconciled medication list data from a received CCDA: 7,389
  2) Number of times a user reconciled allergies and intolerance list data from a received CCDA: 6,898
  3) Number of times a user reconciled problem list data from a received CCDA: 6,910
  4) Utilization rate: 30.72 % (102 of 332 facilities)

This criterion requires the ability of a certified Health IT module to take a CCDA received via an outside system and match it to the correct patient; reconcile the medication, allergy, and problem lists; and then incorporate the lists into the patient record. Results show success in every care setting by providing a numeric value indicating how frequently received CCDAs are reconciled and incorporated into the patient record, thus demonstrating successful interoperability in a real-world setting. Although usage of this interoperability feature varied from different settings, this does indicate successful exchange of data across all care settings, providing assurance of the certified Health IT's interoperability in production, which confirms the certified capabilities are available, effective, and being actively utilized.

The differences in volume and utilization rates between care settings likely reflect different usage of their EHR systems to suit their unique needs and workflows. Lower usage in the Prospective Payment System hospital setting may indicate a lesser need for this functionality in that setting, whereas observance of higher usage in the Critical Access Hospitals indicates that these facilities employ workflows which may be more likely to incorporate exchanged health data as a part of patient care transitions.

Overall, the results aligned with the expectation of low utilization and high success rate. Results show modest fluctuations when compared with the observed volumes from the previous years, but results indicated regular usage in all care settings. Consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria.

ELECTRONIC PRESCRIBING

- Associated Criterion – 170.315(b)(3)
- Measurement/Metrics - 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
  5) Utilization rate
- Relied Upon Software: DrFirst EPCS for schedules II-V controlled substances
- Outcomes

  Critical Access Hospitals (CAH):

  1) Number of prescriptions created: 151,816
  2) Number of prescriptions changed: 527
  3) Number prescriptions canceled: 1,180
  4) Number of prescriptions renewed: 39,062
  5) Utilization rate: 79.87% (127 of 159 facilities)

  Prospective Payment System Hospitals (PPS):

  1) Number of prescriptions created: 362,869
  2) Number of prescriptions changed: 1,375
  3) Number prescriptions canceled: 1,672
  4) Number of prescriptions renewed: 55,255
  5) Utilization rate: 65.96 % (219 of 332 facilities)

This criterion requires the ability of a certified Health IT module to perform prescription-related electronic transactions (eRx) using required standards. Results show success in every care setting by providing a numeric value indicating how frequently electronic prescriptions are created, changed, canceled, or renewed. The volume of transactions provides confirmation of the certified Health IT's conformance to the 170.315(b)(3) criterion, and demonstrates that certified capabilities are working as expected in all care settings in the provision of care for patients in the real world.

The differences in volume and utilization rates between care settings likely reflect different usage of their EHR systems to suit their unique needs and workflows. Lower usage of some certified capabilities in both the Prospective Payment System Hospital and Critical Access Hospital settings may indicate a lesser need for the change or cancelation

workflows in the hospital setting, whereas observance of higher usage of create and renewal functions indicates those prescription related workflows are more common within hospital settings.

Overall, the results showed moderate to high utilization, which is somewhat aligned with our expectation to see high utilization. Results show modest fluctuations when compared with the observed volumes from the previous years, but results indicated regular usage in all care settings. Consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria.

ELECTRONIC HEALTH INFORMATION (EHI) EXPORT

- Associated criterion – 170.315(b)(10)
- Measurement/Metrics – Over a 90-day period:
  1) Number of times an EHI export was performed for single patient
  2) Number of times an EHI export was performed for all patients
- Outcomes
  Critical Access Hospitals (CAH):
  1) Number of times an EHI export was performed for single patient: 11
  2) Number of times an EHI export was performed for all patients: 2
  3) Utilization Rate: 1.26% (2 of 159 facilities)

  Prospective Payment System Hospitals (PPS):
  1) Number of times an EHI export was performed for single patient: 2
  2) Number of times an EHI export was performed for all patients: 0
  3) Utilization Rate: 0.6% (2 of 332 facilities)

This criterion requires the ability of a certified Health IT Module to create export file(s) with a single patient's and/or patient population's electronic health information (EHI) which can be stored by a product in an electronic and computable format. Results show success in every care setting by providing a numeric value indicating how frequently electronic health information exports are performed for single patients and patient populations. The volume of exports provides confirmation of the certified Health IT's conformance to the criterion, and demonstrates that certified capabilities are working as expected in all care settings.

Overall, the results showed very low utilization, which is aligned with our expectation. Consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria. These numeric results will be used to establish a historical baseline of usage, which will be compared to real world testing results in subsequent years.

DECISION SUPPORT INTERVENTIONS

- Associated Criterion 170.315 (b)(11)
- Measurement/Metrics – Over a 90-day period:
  1) Number of decision support interventions triggered on medication data
  2) Number of decision support interventions triggered on demographic data
  3) Number of times a user entered electronic feedback on a decision support intervention
  4) Number of times a user modified a source attribute
- Outcomes
  Critical Access Hospitals (CAH):
  1) Number of decision support interventions triggered on medication data: 31,266
  2) Number of decision support interventions triggered on demographic data: 31,276
  3) Number of times a user entered electronic feedback on a decision support intervention: 0
  4) Number of times a user modified a source attribute: 0
  5) Utilization Rate: 11.32% (18 of 159 facilities)

  Prospective Payment Hospitals (PPS):
  1) Number of decision support interventions triggered on medication data: 32,586
  2) Number of decision support interventions triggered on demographic data: 32,676
  3) Number of times a user entered electronic feedback on a decision support intervention: : 0
  4) Number of times a user modified a source attribute: 0
  5) Utilization Rate: 10.54% (35 of 332 facilities)

This criterion requires the ability of a certified health IT module to enable electronic decision support interventions based on specified data standards in 170.213, including but not limited to Problems, Medications, Demographics, and Allergies. It also requires health IT modules to allow users to provide electronic feedback data for evidence-based decision support interventions, and to access and modify source attributes for decision support interventions. Results show success by providing a numeric value indicating how frequently users are interacting with different types of decision support interventions. This provides confirmation of the certified Health IT's conformance to the criterion and demonstrates that certified capabilities are working as expected.

Overall, the results showed low utilization, which is somewhat aligned with our expectation. We expected larger volumes of interactions with the DSI alerts, but we did expect to see little to no utilization of the electronic feedback and source attribute modification capabilities. The lack of utilization of the feedback and source attribute modification indicates that while these capabilities are potentially valuable in some scenarios, they are not likely to be used frequently. Source attribute modification requirements are pending removal from the criterion, so we will discontinue collecting data on that metric if the capability is removed from the criterion as proposed in the HTI-5 rule. These numeric results will be used to establish a historical baseline of usage, which will be compared to real world testing results in subsequent years.

TRANSMISSION TO IMMUNIZATION REGISTRIES

- Associated Criterion – 170.315(f)(1)
- Measurement/Metric - Over 3 separate unique 10-day periods within a 90-day window:
    1) Number (or percentage) of immunization records submitted to the immunization record
- Outcomes
    1) Number of immunization records submitted to the immunization record
        - Small Facilities: 29,504
        - Medium Facilities: 72,041
        - Large Facilities: 66,275

This criterion requires the ability of a certified Health IT module to transmit immunization data to a registry using a specified format. Results show success in every care setting by providing a numeric value indicating how frequently immunization messages are successfully sent from the EHR Module to an immunization registry. These measurements indicate compliance to the underlying ONC criteria by showing the certified health IT module can create and send standards-conformant immunization messages, confirming successful interoperability of patient immunization data to an immunization registry.

The contrasts in volume are likely to reflect the varying facility sizes which utilize the certified capabilities. Lower volume in smaller facilities and higher volume in larger facilities is generally expected, although variability in seasons (i.e., cold, flu, pandemic, etc.) and facility initiatives such as health fairs can all affect the volume of messages transmitted to public health agencies. Therefore, it is understood that there will be fluctuations in the transmission rates regardless of facility size.

Overall, the results aligned with the expectation of low utilization and high success rate. Results show modest fluctuations when compared with the observed volumes from the previous years, but results indicated regular usage. Consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria.

TRANSMISSION TO PUBLIC HEALTH AGENCIES – SYNDROMIC SURVEILLANCE

- Associated Criterion – 170.315(f)(2)
- Measurement/Metric - Over 3 separate unique 10-day periods within a 90-day window:
    1) Number of syndromic surveillance events created and submitted
- Outcomes
    1) Number of syndromic surveillance events created and submitted
        - Small Facilities: 30,633
        - Medium Facilities: 83,379
        - Large Facilities: 81,495

This criterion requires the ability of a certified Health IT module to transmit syndrome-based public health surveillance data to a registry using a specified format. Results show success in every care setting by providing a numeric value indicating how frequently syndromic surveillance events are created and submitted from the EHR Module to a public health registry. These measurements indicate compliance to the underlying ONC criteria by showing the certified health IT module can create and send standards-conformant syndromic surveillance messages, confirming successful interoperability with a public health registry.

The contrasts in volume are likely to reflect the varying facility sizes which utilize the certified capabilities. Lower volume in smaller facilities and higher volume in larger facilities is generally expected, although variability in seasons (i.e., cold, flu, pandemic, etc.) and facility initiatives such as health fairs can all affect the volume of messages transmitted to public health agencies. Therefore, it is understood that there will be fluctuations in the transmission rates regardless of facility size.

Overall, the results aligned with the expectation of low utilization and high success rate. Results show modest fluctuations when compared with the observed volumes from the previous years, but results indicated regular usage. Consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria.

TRANSMISSION TO PUBLIC HEALTH AGENCIES – REPORTABLE LABORATORY TESTS AND VALUE/RESULTS

- Associated Criterion – 170.315(f)(3)
- Measurement/Metric - Over 3 separate unique 10-day periods within a 90-day window:
    1) Number of reportable laboratory results created and submitted
- Outcomes
    1) Number of reportable laboratory results created and submitted
        - Small Facilities: 92
        - Medium Facilities: 447
        - Large Facilities: 381

This criterion requires the ability of a certified Health IT module to transmit reportable laboratory tests and values/results to a registry using a specified format. Results show success in every care setting by providing a numeric value indicating how frequently reportable laboratory results are created and submitted from the EHR Module to a public health registry. These measurements indicate compliance to the underlying ONC criteria by showing the certified health IT module can create and send standards-conformant reportable laboratory results messages, confirming successful interoperability with a public health registry.

The contrasts in volume are likely to reflect the varying facility sizes which utilize the certified capabilities. Lower volume in smaller facilities and higher volume in larger facilities is generally expected, although variability in seasons (i.e., cold, flu, pandemic, etc.) and facility initiatives such as health fairs can all affect the volume of messages transmitted to public health agencies. Therefore, it is understood that there will be fluctuations in the transmission rates regardless of facility size.

Overall, the results aligned with the expectation of low utilization and high success rate. Although the results showed lower volumes from the previous year, consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria.

TRANSMISSION TO PUBLIC HEALTH AGENCIES – ELECTRONIC CASE REPORTING

- Associated criterion – 170.315(f)(5)
- Measurement/Metric – Over a 90-day period:
    1) Number of patients reviewed by eCR
    2) Number of reports generated and sent to the CDC (AIMS)
    3) Number of response reports received from the CDC
- Outcomes
    1) Small Facilities:
        - Number of patients reviewed by ECR: 413,265
        - Number of reports generated and sent to the CDC (AIMS): 95,260
        - Number of response reports received from the CDC: 84,858
    2) Medium Facilities:
        - Number of patients reviewed by ECR: 1,292,549
        - Number of reports generated and sent to the CDC (AIMS): 292,981
        - Number of response reports received from the CDC: 266,907
    3) Large Facilities:
        - Number of patients reviewed by ECR: 716,328
        - Number of reports generated and sent to the CDC (AIMS): 194,649
        - Number of response reports received from the CDC: 181,801

This criterion requires the ability of a certified Health IT module to identify which encounters may be reportable and then generate an electronic case report for transmission to a registry using a specified format. Results show success by providing a numeric value indicating how frequently patients are reviewed by eCR and how frequently response reports are received back to the EHR, demonstrating successful transmissions from production environments to public health agencies. These measurements indicate compliance by showing the certified health IT module can create and send standards-conformant electronic case reporting messages, confirming successful interoperability with a public health registry.

Overall, the results aligned with our expectation of low utilization. Consistent utilization from year to year indicates the certified capabilities are deployed successfully and performing steadily in production environments, demonstrating ongoing conformity to the certified criteria. These numeric results will be used to establish a historical baseline of usage, which will be compared to real world testing results in subsequent years.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Scheduling and logistics	• Critical Access Hospitals • Prospective Payment System Hospitals	90-days
Data collection	• Critical Access Hospitals • Prospective Payment System Hospitals	90-days
Review and collate data	• Critical Access Hospitals • Prospective Payment System Hospitals	90-days
Writing report	• Critical Access Hospitals • Prospective Payment System Hospitals	90-days

ATTESTATION

This Real World Testing Results report is complete with all required elements, including measures that address all certification criteria and care settings. All information in this report is up to date and fully addresses the Health IT Developer's Real World Testing requirements.

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