2025 Real-World Testing Results

Developer: Health Innovation Technologies, Inc
Product: RevolutionEHR
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revolutionEHR

Document History

Version	Date	Author	Changes
1.0	February 5, 2026	KR	Finalized Initial Report

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Summary of Testing Methods & Key Findings

RevolutionEHR is marketed to and utilized by eye care professionals in an ambulatory setting. The user base consists predominantly of optometrists in office-based practices with health information exchange needs surrounding communicating with other health care professionals. As an example, an optometrist using RevolutionEHR might receive a referral from another doctor in the community with that referral being accompanied by Direct-based exchange of a C-CDA. Similarly, an optometrist might initiate a referral to another doctor in the community and have the same electronic exchange needs. These clinical scenarios will be the foundation of our real-world testing.

RevolutionEHR is also used in the clinics of two optometric training institutions. Importantly, these are ambulatory settings with identical clinical needs to what is discussed above. As such, our testing will be performed in a private, office-based practice yet be applicable across the entire customer base.

Standards Updates (including Standards Version Advancement Process (SVAP) and United States Core Data for Interoperability (USCDI))

No, none of my products include these voluntary standards

Care and Practice Setting

RevolutionEHR version 7 is designed for eye care professionals (optometrists, ophthalmologists, opticians) delivering care in an ambulatory setting.

Metrics & Outcomes

(b)(1) – Transitions of Care

Measurement/Metric
Methodology: EHR system logs will be reviewed to determine the frequency of send/receive use as well as validation of proper operation. These data points will be used for calculation of the error rate measurement.
Expectation: The expectation is that providers will be able to successfully share EHI using Direct messaging. Error rates will be tracked over the testing period and trended.

Relied Upon Software
Secure Exchange Solutions, SES Direct messaging service.
Outcome
The system logs show that messages were successfully sent and received using the Direct messaging system. Errors are identified through reports from EHR users, partnered vendors, or automated application environment monitoring. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There was only 1 reported and resolved issue during the calendar year of 2024.

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(b)(2) – Clinical Information Reconciliation and Incorporation

Measurement/Metric
Methodology: EHR system logs will be reviewed to determine the frequency of incorporation process utilization as well as validation of proper operation. These data points will be used for calculation of the error rate measurement.
Expectation: The expectation is that providers will be able to receive and incorporate EHR. Error rates will be tracked over the testing period and trended.

Outcome
The system logs show that data received was incorporated into patient records successfully. Errors are identified through reports from EHR users, partnered vendors, or automated application environment monitoring. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There were no reported errors during the calendar year of 2024.

(b)(10) – Data Export

Measurement/Metric
Methodology: EHR system logs will be reviewed to determine the frequency of data export utilization as well as validation of proper operation. These data points will be used for calculation of the error rate measurement.
Expectation: The expectation is that providers will be able to successfully export EHI using the single & population export functionality. Error rates will be tracked over the testing period and trended.

Outcome
The system logs show that EHI data was successfully exported. Errors are identified through reports from EHR users, partnered vendors, or automated application environment monitoring. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There were no reported errors during the calendar year of 2024.

(c)(1) – Clinical Quality Measures – Record and Export

Measurement/Metric
Methodology: Providers/users will submit the QRDA1 file export and scorecard screenshot at specified intervals. These data points will be used for calculation of the error rate measurement.
Expectation: The expectation is that providers will be able to export a QRDA1 file for each patient included in each of the measures from the Clinical Quality Measures scorecard in RevolutionEHR. Error rates will be tracked over the testing period and trended.

Outcome
The system logs show that users are able to export QRDA1 files for the CQM scorecard successfully for the 2023 calendar year. Errors are identified through reports from EHR users, partnered vendors, or automated application environment monitoring. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There were a few instances where developer assistance was needed due to the query size, but these requests were handled timely to ensure they did not negatively impact the user's ability to participate in quality reporting.

(c)(2) – Clinical Quality Measures – Import and Calculate

Measurement/Metric
Methodology: Providers/users will submit the QRDA3 file export and scorecard screenshots at specified intervals.

These data points will be used for calculation of the error rate measurement.

Expectation: The expectation is that providers will be able to import QRDA1 files, see those files scored, and then request and receive a QRDA3 file of those results. Error rates will be tracked over the testing period and trended.

Outcome

The system logs show that users are able to import QRDA1 files and then request and receive a QRDA3 file of those results. Errors are identified through reports from EHR users, partnered vendors, or automated application environment monitoring. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There were no reported errors during the calendar year of 2024.

(c)(3) – Clinical Quality Measures - Report

Measurement/Metric

Methodology: Data points from the RWT plan for (c)(1) and (c)(2) will be used for calculation of the error rate measurement.

Expectation: The expectation is that all QRDA1 and QRDA3 files submitted match expectations and comparisons to reference scorecards. Error rates will be tracked over the testing period and trended.

Outcome

The system logs show that the data from (c)(1) and (c)(2) could be used successfully for CQM calculations. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There were few instances where developer assistance was needed due to the query size, but these requests were handled timely to ensure they did not negatively impact the user's ability to participate in quality reporting.

(e)(1) – View, Download, and Transmit to 3rd Party

Measurement/Metric

Methodology: EHR system logs will be reviewed to determine the frequency of view, download, and transmit process utilization as well as validation of proper operation. These data points will be used for calculation of the error rate measurement.

Expectation: The expectation is that information can be viewed by patients, downloaded by patients, and sent via Direct messaging and standard e-mail to recipients. Error rates will be tracked over the testing period and trended.

Relied Upon Software

Secure Exchange Solutions, SES Direct messaging service.

Outcome

The system logs show that the patient can view, download, and transmit. Errors are identified through reports from EHR users, partnered vendors, or automated application environment monitoring. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There were no reported errors during the calendar year of 2024.

(g)(7) – Application Access – Patient Selection

Measurement/Metric

Methodology: EHR system logs will be reviewed to determine the frequency of API connection as well as validation of proper operation. These data points will be used for calculation of the error rate measurement.

Expectation: Connecting the third-party application to the API (i.e., no access errors) and confirming the ability to access specific patients will equal success. Error rates will be tracked over the testing period and trended.

Outcome

The system logs show that the API connection is still available and active. However, our logs also show that no customer has enabled it. Third-party application access is not common in the eye care industry.

(g)(9) – Application Access – All Data Request

Measurement/Metric

Methodology: EHR system logs will be reviewed to determine the frequency of API connection as well as validation of proper data returns. These data points will be used for calculation of the error rate measurement.

Expectation: Connecting the third-party application to the API (i.e., no access errors) and confirming the return of all data categories for the patient will equal success. Error rates will be tracked over the testing period and trended.

Outcome

The system logs show that the API connection is still available and active. However, our logs also show that no customer has enabled it. Third-party application access is not common in the eye care industry.

(g)(10) – Standardized API for Patient and Population Services

Measurement/Metric

Methodology: EHR system logs will be reviewed to ensure the API connection was valid as well as validation of proper data transmission. These data points will be used for calculation of the error rate measurement.

Expectation: Connecting to the third-party application via API provided by DHIT (i.e., no access errors) and confirming the passage of all data categories for the patient will equal success. Error rates will be tracked over the testing period and trended

Relied Upon Software

Dynamic Health IT (DHIT) is our hosting provider for FHIR resource files

Outcome

The system logs show that files were successfully sent to and received by DHIT. Errors are identified through reports from DHIT or automated application environment monitoring. There were no reported errors during the calendar year of 2024.

(h)(1) – Direct Project

Measurement/Metric

Methodology: EHR system logs will be reviewed to determine frequency of use and validate the proper operation of transport mechanisms. These data points will be used for calculation of the error rate measurement.

Expectation: Success will be determined through the user's ability to both send and receive Direct messages with C-CDAs attached. Any deviation from that will be considered an inconsistency. Error rates will be tracked over the testing period and trended.

Relied Upon Software

Secure Exchange Solutions, SES Direct messaging service.

Outcome

The system logs show that users are able to use our Direct message system to successfully send and receive messages with C-CDAs attached. Errors are identified through reports from EHR users, partnered vendors, or automated application environment monitoring. All reported errors are promptly addressed and resolved. The occurrence of errors accounted for less than 1% of total usage logs. There was only 1 reported and resolved issue during the calendar year of 2024.

Schedule of Key Milestones

Key Milestone	Date/Timeframe
Identify providers to perform RWT	January 2025
Review testing procedures with providers	January 2025
Data collection and review	Quarterly 2025
Final collection of data / End of RWT	December 2025
Data analysis and RWT report creation	January 2026
Submission of RWT report to Drummond	February 2026

Attestation

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