



Real World Testing Results

General Information

Developer Name	Dynamic Health IT Inc.
Product Name	ConnectEHR SMART 2.0
RWT Plan Report ID Number	20231102dyn02
Version Number	FHIR4-B.S2
Product List (CHPL) ID	15.02.05.2713.DYS2.05.04.0.250711
Real World Testing Public URL	https://www.dynamichealthit.com/real-world-testing

Changes to Original Plan

Summary of Change	Reason	Impact
MyLinks was removed as a recommended PHR for expected outcomes	Due to business model changes and inactive support	Reduced options for free PHRs that supply almost immediate access to the PHR UI and data experience
Testing was expanded to allow for Custom Apps and Offline Apps to demonstrate testing procedure steps	To reduce burden and increase options	This change opens the door for Apps created with A.I., Apps using A.I., and singular-purpose Apps that effectively put FHIR data to use

Summary of Testing Methods and Key Findings

FHIR remains the future standard, to be embraced by as many users as possible across as many use cases as possible. DHIT continues to work with industry leaders during FHIR Connect-a-thons on newer standards such as Bulk Submit (pushing bulk data) and Bulk Optimize (standardizing bulk data), while embracing standards that have long been awaited, such as CDS Hooks. DHIT's participation in the CDS Hooks track was particularly interesting because the reference implementations were easy to use and provided an enjoyable, hands-on experience for everyone involved. High interactivity with the track lead and valuable feedback to the track developers added an engaging discussion and real-time insights into possible use cases for real-world workflows.

To further integrate with EHR workflows, many new FHIR requirements are in the pipeline for the HTI-4 Final Rule and the proposed HTI-5 Final Rule. Proposed removals of criteria and ever-growing Enforcement Discretions are setting the stage for a level of burden reduction never seen before. CDS Hooks appears to be a low-effort gateway to applying burden reduction for clinicians and payers by streamlining Prior Auth through the Da Vinci Burden Reduction implementation guidance, which uses CRD (Coverage Requirements Discovery), DTR (Documentation Templates and Rules), and PAS (Prior Authorization Support).

By looking to the past, we achieved the previously stated milestone of setting up a local instance of the eCR Now FHIR App to enable end-to-end testing. This will allow us to help our clients set up a local instance of the eCR Now FHIR App in their own environment or work with them to use a hosted version of the eCR Now FHIR App in a DHIT Cloud Environment.

The AIMS Platform Onboarding process and data expectations review for the latest version of the eCR FHIR Implementation Guide underscores the importance of established industry standards and coordinated client relations for production-level considerations.

Meeting the ever-changing requirements and conformance criteria for the FHIR API has continued to evolve as SMART 2.0 becomes the latest base standard. DHIT aligns with the enforcement of SMART 2.0 via secure standards and protocols such as PKCE, RS384 JWTs, OAuth 2.0, TLS 1.2 and 1.3 restrictions, and other cryptographically secure technologies to enable fast, secure, interoperable data exchange. These standards were applied as each launch - Standalone Patient, Standalone Provider, EHR Practitioner, and EHR Patient - was executed using 3rd party apps like ONC's Inferno Test Tool, Postman, Apple, One Record, and our Dynamic FHIR Client Test Tool.

As an alternative to MyLinks, due to the inactivity of their support (the Production environment is still up and available to existing Patients at previously onboarded

Practices), 3rd Party Apps like b.well, CommonHealth and Guava are the next up to give Patients ease of access to their data. b.well specifically, is available via the already established Walgreens and Samsung Apps. Setting up an account via the Walgreens App was relatively smooth, but finding the correct facility wasn't as easy as I expected. This may prove frustrating for some users. Once the facility is located and your data is retrieved, visuals of the Patient's data make it easy to access and digest. Hopefully, this ease of use translates into greater Patient engagement and value.

By continuing to support the Standalone Patient Launch, we enable an EHR system to provide Patients with the ability to access their data as FHIR Resources across 3rd-party Apps of their choice, while allowing them to revoke that access conveniently and at their discretion. In 2026, this freedom creates more room for Apps created and designed using A.I., as well as Apps that utilize A.I. for predictive and assistive content for Patients.

For EHR systems seeking to extend their Providers' ability to use FHIR, the EHR Practitioner Launch has been demonstrated and discussed to enable further use cases at the Provider level.

A prime example has been integration with an EHR Launch dictation App called AvoMD that utilizes audio recording from Providers, uses Artificial Intelligence processing for transcription and formatting, then helps to incorporate that data into a receiving system by sending the final text content to a DHIT's FHIR API Server for ingestion into the Patient's record. Innovation through integration will continually drive approaches to create FHIR data and put it to use.

Maintaining compliance throughout the year is a responsibility all Production clients take seriously. This seriousness is demonstrated by ensuring their Service Base URL, including Organization details and API endpoints, is reviewed and updated as needed. Revocation functionality being implemented and tested for all Dynamic FHIR servers is a bare minimum that can be routinely confirmed via manual or automated testing. To add to the efforts of Certified Developers and Health IT, Insights Conditions, which gathers and analyzes FHIR API activity, is the latest 2026-2027 reporting initiative to go beyond meeting certification at a single point in time throughout the year.

We have several Production Implementations of the MultiPatient API or Bulk Data, which allow population-level data to be requested and returned for groups of Patients from EHR systems, supporting large projects such as data sharing with the County and HIEs. Some systems are leveraging this data exchange to integrate data into their workflows.

A current Production Implementation involves Bulk FHIR Data being sent across 3 separate Systems using an on-demand or pre-defined interval (nightly or 3x a week or weekly), utilizing Persistent IDs from C-CDA data to FHIR data to support downstream

de-duplication and post processing. Persistent IDs, a best practice concept that expects a unique ID is assigned to a data element and that the ID stays the same for the lifetime of that data element, is a DHIT C-CDA initiative in combination with a DHIT FHIR initiative, even though both initiatives are not a requirement at the Certification Compliance level.

An upcoming Production Implementation, for Population Health, involves UDS (Uniform Data System) which is an annual, mandatory reporting system for HRSA-funded health centers that standardizes de-identified patient quality data. Utilizing the CQMsolution UI, an extensive, feedback-loop, customer-driven UI experience has been designed from the ground up to capture, calculate and support the direct needs of UDS centric clients.

A similar time intensive effort was undertaken for a future Production Implementation called UDS+ which involves Quality Measure Reporting and Data Submission using FHIR-based data for Patient Level Health. The entire workflow involves processing and communication between multiple DHIT products. A new product, CrossFHIR, was specifically designed to handle current and future use cases for Bulk Submission by managing the endpoints, incoming requests and on-going processing of each submission. UDS+ has currently been postponed due to real world restructuring factors.

Care Setting(s) that were tested for Real World Interoperability

Ambulatory, Inpatient

Standards and Implementation Specifications (SVAP)

[**USCDIV3.1 \(June 2025\) - Supporting Executive Order 14168**](#)

Metrics and Outcomes

Measurement/Metric	Associated Criteria	Outcomes
100% of encounters where the Patient is able to retrieve FHIR API data from the PHR app	(g)(7) Application access— patient selection (g)(9) Application access— all data request (g)(10) Standardized API for patient and population services	100% confirmed
100% of encounters from Step #1 where Patient's PHR data matches data from the EHR. This will be done by visual validation of the following FHIR resources: <ul style="list-style-type: none"> ● Demographics ● Problems ● Medications ● Allergies 	(g)(7) Application access— patient selection (g)(9) Application access— all data request (g)(10) Standardized API for patient and population services	100% confirmed
100% of encounters where the Provider is able to retrieve FHIR API data from app	(g)(7) Application access— patient selection (g)(9) Application access— all data request (g)(10) Standardized API for patient and population services	100% confirmed
100% of encounters from Step #3 where data for randomly-selected Patients as presented in the app matches data from EHR. This will be done by visual validation of the following FHIR resources: <ul style="list-style-type: none"> ● Demographics ● Problems ● Medications ● Allergies 	(g)(7) Application access— patient selection (g)(9) Application access— all data request (g)(10) Standardized API for patient and population services	100% confirmed

Key Milestones

Key Milestone	Care Setting	Date / Time Frame
Partnered with PHR that can receive Patient clinical data as described in this RWT plan		
Ensured that PHR had functionality to access the Dynamic FHIR API, as described here	Ambulatory / Inpatient	May 2025
Partnered with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR		
Encounter was created and visually confirmed	Ambulatory / Inpatient	June 2025
Dynamic FHIR API transformed C-CDA into FHIR resources		
PHR app consumed FHIR resources to populate EHR data	Ambulatory / Inpatient	July 2025
Partnered with a provider-centric app for improved Patient care		
Ensured that app has functionality to access the Dynamic FHIR API	Ambulatory / Inpatient	May 2025
Partnered with EHR and confirmed that they are integrated with the Dynamic FHIR API module of ConnectEHR		
Data is rendered correctly: Provider compares Patient data in app to Patient data in EHR and notes any discrepancies	Ambulatory / Inpatient	June 2025
Partnered with a provider-centric app that required periodic bulk data downloads		
Ensured that app has functionality to access the Dynamic FHIR API	Ambulatory / Inpatient	May 2025
Partnered with EHR and confirmed that they are integrated with the Dynamic FHIR API module of ConnectEHR		

Key Milestone	Care Setting	Date / Time Frame
Data rendered correctly: Provider compared Patient data in app to Patient data in EHR and no discrepancies were found	Ambulatory / Inpatient	June 2025