



# REAL WORLD TESTING RESULTS REPORT 2025

## GENERAL INFORMATION

<b>Report ID Number</b>	20241104bpp
<b>Developer Name</b>	Bridge Patient Portal Inc
<b>Product Name(s)</b>	BridgeInteract
<b>Version Number(s)</b>	3
<b>Certified Health IT Product List (CHPL) ID(s)</b>	15.05.05.1947.BRID.01.00.0.180703
<b>Developer Real World Testing PLAN Page URL</b>	<a href="https://www.bridgeinteract.io/certifications/">https://www.bridgeinteract.io/certifications/</a>
<b>Developer Real World Testing RESULTS Page URL</b>	<a href="https://www.bridgeinteract.io/certifications/">https://www.bridgeinteract.io/certifications/</a>

## CHANGES TO ORIGINAL PLAN

<b>Summary of Change</b>	<b>Reason</b>	<b>Impact</b>
<b>Adoption of HTI-1 Standards (USCDI v3 &amp; Bulk Data)</b>	We updated to USCDI v3 and Bulk Data v2.0.0 in Nov 2025 to meet HTI-1 requirements. The original plan did not anticipate this update.	Testing for g(10) was expanded to include validation against these newer standards using ONC Inferno and Postman.

<b>Shift to Manual/Synthetic Testing</b>	Real-world patient traffic occurs primarily through our user interface (frontend), which abstracts the direct API calls. Direct 3rd-party app connections were low volume.	We utilized internal manual testing (Postman) and synthetic data to ensure valid sample sizes (N>50) for all criteria.
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## SUMMARY OF TESTING METHODS AND KEY FINDINGS

In 2025, our Real World Testing strategy focused on validating the interoperability of our API specifically regarding the g(7), g(9), and g(10) criteria. Since our production environment abstracts API complexity from the patient via our frontend user interface, direct "patient-initiated" API traffic from third-party apps remains low.

To demonstrate functional interoperability and compliance, we conducted rigorous manual and synthetic testing cycles in August 2025 and November 2025. The November cycle coincided with our platform upgrade to HTI-1 standards (USCDI v3).

### Testing Methods:

- **ONC Inferno & Postman:** We utilized the ONC Inferno testing tool to validate FHIR conformance. During periods of federal tool unavailability, we supplemented this with extensive Postman scripts to simulate third-party application behavior (requesting tokens, downloading CCDAs, and executing bulk exports).
- **Synthetic Data:** We utilized a set of test patients to execute end-to-end workflows, ensuring that if a real-world patient were to connect a 3rd party app today, the system would perform as required.

### Key Findings:

- **HTI-1 Compliance:** The system successfully demonstrated conformance with USCDI v3 and Bulk Data v2.0.0 standards during the November validation.
- **100% Success Rate:** Across all simulated interactions (50+ token requests, 30+ CCDA downloads, 100+ FHIR reads), we observed a 100% success rate with no 500-level errors or data corruption.
- **No Non-Conformities:** No non-conformities were discovered during the testing period.

## STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) STANDARDS UPDATES

Standard (and version)	Updated certification criteria and associated product	Health IT Module CHPL ID	Conformance method and measurement/metric(s)
<b>FHIR Bulk Data Access v2.0.0</b>	§ 170.315(g)(10) Standardized API for Patient and Population Services	15.05.05.1947.BRID.01.00.0.180703	<b>Method:</b> ONC Inferno & Postman Validation.  <b>Metric:</b> Measure 4 (100% success on 10 bulk export jobs).

### CARE SETTING(S)

The following care settings were tested:

- Ambulatory (Pediatrics)
- Ambulatory (Neurology)
- Ambulatory (Family Medicine)

## METRICS AND OUTCOMES

Measurement/ Metric	Associated Criterion	Outcomes	Challenges Encountered
<p><b>Measure 2: Application Access - Patient Selection</b></p>	<p>§ 170.315(g)(7)</p>	<p>Result: 100% Success Rate</p> <p>Data Context: We executed 50 distinct patient token requests using Postman to simulate external app connectivity.</p> <p>Detailed Outcomes:</p> <ul style="list-style-type: none"> <li>• 50/50 requests successfully returned a valid patient token.</li> <li>• 50/50 follow-up requests using that token were authenticated successfully.</li> </ul> <p>This confirms the system correctly identifies patients and issues credentials.</p>	<p>Low Adoption: Direct patient use of this specific API endpoint is low as patients prefer the native BridgeInteract UI. We mitigated this by running manual scenarios to prove availability.</p>

<b>Measure 3: Application Access - All Data Request</b>	§ 170.315(g)(9)	<p>Result: 100% Success Rate</p> <p>Data Context: We executed 30 full CCDA downloads via the API router using the tokens generated in Measure 2.</p> <p>Detailed Outcomes:</p> <ul style="list-style-type: none"><li>• 30/30 requests successfully generated and downloaded the full CCDA XML.</li><li>• Files were validated for completeness.</li></ul>	N/A
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<b>Measure 4: Standardized API for Patient and Population Services</b>	§ 170.315(g)(10)	<p>Result: 100% Success Rate</p> <p>Data Context: Testing was performed in November 2025 during the HTI-1 upgrade (USCDI v3).</p> <p>Detailed Outcomes:</p> <ul style="list-style-type: none"><li>• 100+ Read Requests: Successfully fetched individual patient resources (USCDI v3 data classes) via Inferno and Postman.</li><li>• 10 Bulk Export Jobs: Successfully initiated and completed bulk data exports (NDJSON format).</li><li>• Error Rate: &lt; 1%.</li></ul>	<p>Tool Availability: During periods where the ONC Inferno tool was offline (federal downtime), we pivoted to using validated Postman collections to ensure testing continuity.</p>
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## KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
<b>Internal Interoperability Testing (Mid-Year)</b>  Conducted manual Postman tests to validate g(7) and g(9) token and CCDA flows.	Ambulatory	August 2025
<b>HTI-1 Upgrade &amp; Validation (USCDI v3)</b>  Deployed updates for USCDI v3 and Bulk Data v2.0.0. Validated g(10) compliance using ONC Inferno and Postman.	Ambulatory	November 10, 2025
<b>Final Year-End Data Collection</b>  Aggregated logs and confirmed system stability post-upgrade.	Ambulatory	<b>December 2025</b>