

# WEBeDoctor Physician Office V6.0 Real World Testing Result Report 2025

## GENERAL INFORMATION

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

**Developer Name:** WEBeDoctor, Inc.

**Product Name(s):** WEBeDoctor Physician office

**Version Number(s):** V6.0

**Certified Health IT Product List (CHPL) Product Number (Current):**  
15.99.05.2526.WEBe.06.02.1.260113

**Certified Health IT Product List (CHPL) Product Number (Previous):**  
15.99.09.2526.WEBe.06.01.1.231204

**Developer Real World Testing Plan Page URL:** <https://new.webedoctor.com/certification>

**Developer Real World Testing Results Report Page URL:**  
<https://new.webedoctor.com/certification>

## CHANGES TO ORIGINAL PLAN

There are no changes to the original CY2025 RWT plan.

## WITHDRAWN PRODUCT(S)

Withdrawn Products	
<b>Product Name(s):</b>	WEBeDoctor Physician office
<b>Version Number(s):</b>	V6.0
<b>CHPL ID(s):</b>	15.99.09.2526.WEBe.06.01.1.231204
<b>Date(s) Withdrawn:</b>	January 14, 2026
<b>Inclusion of Data in Results Report:</b> [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	All Real-World testing data was captured on the withdrawn product

## SUMMARY OF TESTING METHODS & KEY FINDINGS

Consistent with the ONC’s recommendation that “Real World Testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange”, WEBeDoctor Real-World test plan focused on capturing and documenting the ability of certified capabilities to be successfully utilized in the real world. To demonstrate real-world interoperability, WEBeDoctor compiled end-user data through calculated feedback automation and compiled some data using queries, based on the number of instances a specific action is performed in the solution software. This approach did not require the end user to be actively involved in testing.

## TIMELINE AND MILESTONES FOR REAL-WORLD TESTING 2025

Key Milestone	Date / Time Frame
Submitted Real World Testing Plan documentation to ACB.	October 7, 2024
Collected information as laid out by the plan for the period.	January 1, 2025
Followed up with providers and authorized representatives.	Quarterly, 2025
Completed collection of data of Real-World Testing for analysis.	December 31, 2025
Performed analysis and report creation.	January 2026
Submitted Real World Testing report to ACB.	January 2026

## STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

For 2025 RWT testing, we did not do any SVAP updates.

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
The method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A

USCDI-updated certification criteria (and USCDI version)	N/A

### Care Setting(s)

Ambulatory Practices
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### METRICS AND OUTCOMES

Associated Criteria	Measurement /Metric and outcomes	Relied Upon Software (if applicable)	Challenges Encountered (if applicable)
<b>§170.315(g) (7) – Application Access – Patient Selection</b>	Number of Patient searches conducted using the Patient endpoint during a 90-day window: 7		No challenges encountered
<b>§170.315(g) (9) – Application Access- All Data Request</b>	Number of successful CCD retrievals using either the certified CCD Document Reference endpoints within 90 days: 5		No challenges encountered
<b>§170.315(g) (10) Standardized API for patient and population services</b>	<p>FHIR API requests observed during the 90-day period: 5</p> <p>We checked and found that users fetched single patient’s data through API in accordance with §170.315(g) (10), certification criteria.</p> <p>Data was requested for specific dates 90 days through the API.</p>		No challenges encountered

	Both patients and clinicians fetched appropriate data using WEBeDoctor FHIR API based on their credentials.		
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## Outcomes Explained

### §170.315(g)(7) – Application Access – Patient Selection

#### Outcomes Explained

One WEBeDoctor client for the 90 days utilized an endpoint to search for patients. The totals demonstrate the ability of our patient endpoint to search for a patient. The searches resulted in listing patients that match the provided criteria.

#### Justification & Test Methodology

This measure demonstrates that search **capability** is available and utilized.

This criterion is included because WEBeDoctor Physician Office v6.0 remains certified to §170.315(g)(7) under its current CHPL listing.

Metrics were derived from API access logs, audit records, and automated system queries. Low volumes reflect limited third-party application adoption and do not indicate technical limitations.

### §170.315(g)(9) – Application Access- All Data Request

#### Outcomes Explained

We performed a query for 90 days. We checked and found that users fetched all data for a single patient through API in accordance with §170.315(g) (9), certification criteria. Data was requested for 90 days through the API. Both patients and clinicians fetched appropriate data using WEBeDoctor API based on their credentials.

#### Justification & Test Methodology

The capability was available and can be utilized.

Metrics were derived from API access logs, audit records, and automated system queries. Low volumes reflect limited third-party application adoption and do not indicate technical limitations.

### §170.315(g) (10) Standardized API for patient and population services

#### Outcomes Explained

We performed a query for 90 days. We checked and found that users fetched single patient’s data through API in accordance with §170.315(g) (10), certification criteria. Data was requested for 90 days through the API. Both patients and clinicians fetched appropriate data using WEBeDoctor FHIR API based on their credentials.

It demonstrates secure, scalable, and efficient access to electronic health information (EHI) for both individual patients and population-level services.

**Justification & Test Methodology**

The capability is available and can be utilized.

Metrics were derived from API access logs, audit records, and automated system queries.

Low volumes reflect limited third-party application adoption and do not indicate technical limitations.