CY2023 | Real World Testing Plan
InSync by Qualifacts

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Executive Summary

This document provides the Real-World Testing Plan for InSync by Qualifacts for the calendar year 2023. This document provides the Real-World Test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for Real-World Testing (§ 170.405 Real-World Testing). ONC has guided that this test intends to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting targeted for use.

This document builds toward the final testing measurements and metrics to evaluate our product interoperability within production settings. With each measure, we will document the planned testing methodology, associated ONC criteria, justification for measurement, expected outcomes from the testing, care settings applied for this measure, the number of customer/practice sites to use, and our general approach and justification for decisions.

We have included our timeline and milestones for completing the Real-World Testing in CY 2023 and information about compliance with the Standards-Version Advancement Process updates.

Attestation

This Real World Testing plan is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and comprehensively addresses the health IT developer's Real World Testing requirements.

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General Information

Report ID Number	20221109qua
Developer Name:	Qualifacts Systems, LLC
Product Name:	InSync EMR/PM
Version Number:	Version 9.0.28
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.02.05.3124.INSY.01.03.1.220314, CHPL link
Developer Real World Testing Page URL:	https://qualifacts.com/onc-documentation/

Standards Updates (SVAP)

Including Standards-Version Advancement Process (SVAP) and the United States Core Data for Interoperability (USCDI)

Standard (and version):	For CY 2023, InSync by Qualifacts software is not planning to update approved standards through the SVAP process.
Updated certification criteria and associated project:	
Health IT Module CHPL ID:	
Method used for standard update:	
Date of ONC ACB notification:	
Date of customer notification (SVAP only):	
Conformance Measure:	
USCDI updated certification criteria (and USCDI version:	

Measures Used / Overall Approach

For each measurement or metric, the following elements are contained:

- *Description of the measurement/metric*
- *Associated certification criteria*
- *Justification for selected measurement/metric*
- *Care setting(s) that is addressed*
- *Expected outcomes*

We elaborate on our justification for choosing this measure and evaluate the expected outcomes in each measurement. All measurements were selected to assess the best compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

Testing Approach:

For each measurement, a testing methodology is used. For our test plan, we use the following methods:

- **Reporting/Logging:** This methodology uses the logging and reporting capabilities of the EHR to evaluate actions performed in the system as part of users' actual production workflows. A typical example is the numerator recording and measure's calculation required by §170.315(g)(1) and §170.315(g)(2). It can also include reviews of the audit log and customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate the interoperability of EHR functionality. It can serve as a benchmark to assess real-world testing over multiple time intervals.

- **Compliance and Tool:** This methodology uses inspection to evaluate if EHR complies with the ONC criteria. Assessment can be accomplished through 1-on-1 manual testing and various validation tools to assess compliance and interoperability. If an EHR Module's technology is not widely used in production by current users, compliance inspection can ensure the functionality continues to meet the certification requirements.

Care Setting(s) Targeted

InSync by Qualifacts software is targeted at behavioral healthcare and the human services industries, and additionally supporting the Primary Care industry. In each measure, we address the care settings targeted and note any necessary adjustmentor specific factor to consider with this particular measure.

Number of Customer Sites

Within each measure, we note the minimum number of customers or practice sites we plan to use for this evaluation. The numbers vary depending on our users' methodology and general use of the associated EHR Module criteria. Our customer base may test the respective measure in our production-sandbox environment, given the lack of customer experience with the criteria functionality for not widely used functionality.

Relied Upon Software

For the following measures, InSync by Qualifacts uses Secure Exchange Solutions and the clinical exchange solution software and additional 3rd party partner: § 170.315(b)(1), § 170.315(e)(1), § 170.315(h)(1)

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Applicable Real-World Testing Certification Criteria

Care Coordination	▪ § 170.315(b)(1) Transitions of care ▪ § 170.315(b)(2) Clinical information reconciliation and incorporation ▪ § 170.315(b)(3) Electronic prescribing ▪ § 170.315(b)(6) Data export
Patient Engagement	▪ § 170.315(e)(1) View, download, and transmit to 3rd party
Clinical Quality Measures	▪ § 170.315(c)(1)—record and export ▪ § 170.315(c)(2)—import and calculate ▪ § 170.315(c)(3)—report
Electronic Exchange	▪ § 170.315(h)(1) Direct Project
Application Programming Interfaces (APIs)	▪ § 170.315(g)(7) Application access—patient selection ▪ §170.315(g)(9) Application access — all data request ▪ § 170.315(g)(10) Standardized API for patient and population services
Public Health	▪ § 170.315(f)(1) Transmission to immunization registries ▪ § 170.315(f)(2) Transmission to public health agencies – syndromic surveillance ▪ §170.315(f)(7) - Transmission to public health agencies – health care surveys

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Schedule of Key Milestones

Key Milestone	Timeframe
InSync by Qualifacts will communicate with customer-agencies to ask for support and participation in Real World testing. The goal is to have a sufficient number of customers committed to Real World testing at the end of Q1-2023.	Q1 2023
During the 2nd and 3rd quarters of CY 2023, Real World testing with customer-agencies will be scheduled and performed. The expectation is that InSync by Qualifacts will engage in an initial call with customers to prepare the agency for testing activities. Documented results will occur in the test results section of the test methods and ultimately build the test report. If any non-compliances are observed, we will notify ONC-ACB of the findings and make necessary changes.	Q2 and Q3 2023
Lessons Learned: Qualifacts will perform a "lessons-learned" internal process to review successes from the previous year and areas for improvement for each annual RWT update.	Q2 2023
During Q4, two key milestones will create the focus: ▪ completion of the CY 2023 Real World testing plan with submission to our certifying body, SLI Compliance, upon completion and within regulated deadlines. ▪ creation of the CY 2024 Real World testing plan for submission to our certifying body, SLI Compliance, upon completion and within regulated deadlines.	Q4 2023

Measure: Number of Transition of Care C-CDAs Successfully Sent

Measure Description	Create and send transition of care/referral summaries utilizing the CEHRT (InSync) to a third party using Direct Messaging during a transition of care throughout an interval.
Associated Criteria	▪ § 170.315(b)(1) Transitions of care ▪ § 170.315(h)(1) Direct Project
Justification for selected measurement/metric	This measure provides a numeric value to indicate the use and compliance of this interoperability measure. InSync customer-agencies use Direct Messaging tosend C-CDA exchange documents during care transitions, making this measure apositive indicator of real-world interoperability. Measure incrementation will indicate a summary of care records created usingcertified EHR technology and exchanged electronically. This measure shows support for the Direct Edge protocol in connecting to a HISP for successful transmission.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	- Send and receive transition of care (ToC)/referral summaries - Ability to record all CCDs and other clinical data elements noted in a test scenario (USCDI v1) - Demonstrate ability to send a CCD document - EHR will demonstrate the ability to confirm the successful interoperability ofan exchanged patient record with a 3rd party. InSync will utilize various reports and audit logs to accomplish this measure test, including automated measure (§ 170.315(g)(2)) reports, to determine the measure count. Metrics will include: 1. *The number of Direct messages received* 2. *The number of Direct messages sent* 3. *The percentage of Direct messages sent successfully* 4. *The number of Clinical Summary documents sent via Direct* It is anticipated that a high percentage of Direct Messages will be sent successfully, provided the destination is a valid Direct address. Completing this measure further implies users have a general understanding of the EHR functional operations for this functionality, module, and overall supportfor the user experience. Not completing this measure may indicate a lack of knowledge or possibly lack of use or need for this functionality.

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Measure: Number of Different Destinations C-CDAs Successfully Sent

Measure Description	This measure intends to track and count how many different outbound destinations the EHR successfully sent C-CDAs via Direct messaging during atransition of care event throughout a given interval. InSync will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year.
Associated Criteria	▪ § 170.315(b)(1) Transitions of care ▪ § 170.315(h)(1) Direct Project
Justification for selected measurement/metric	This measure provides a numeric value, indicating how often this interoperabilityfunctionality is utilized and the breadth of distribution across different sharing entities. This measure assures interoperability of this EHR functionality in production. This measure provides information on the separate destination count, revealing how concentrated the sharing entities connect with a given provider and be valuable in showing how health IT interoperability is utilized by an average provider. This measure covers functionality found in both the § 170.315(b)(1) Transitionsof care criteria, as well as the § 170.315(h)(1) Direct Project criteria.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	The measurement will produce numeric results over a given interval. To determine our measure count, we will utilize various reports and audit logs, including measure calculation required by §170.315(g)(1) and §170.315(g)(2) reports. Metrics will include: 1) The number of unique destinations for all Direct messages sent 2) The number of unique destinations for Direct messages containing a Clinical Summary A higher number indicates the interoperability feature is utilized across a wide range of diverse partners, while a smaller number shows a more focused distribution. InSync expects that these metrics will demonstrate C-CDA documents are both sent and received by participating organizations in real world contexts.

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Measure: Number of C-CDAs Received and (or) Incorporated

Measure Description	This measure tracks and counts receipt of a transition of care/referral electroniccare summary and (or) incorporates the reconciled data representing a client's active medication list, allergies, and current problem list. The C-CDA is received utilizing Direct Messaging from an outside entity during a transition event over the period indicated. InSync will pull data from our customer-agency systems and record the results throughout 90 days in the calendar year.
Associated Criteria	▪ § 170.315(b)(1) Transitions of care ▪ § 170.315(b)(2) Clinical information reconciliation and incorporation
Justification for selected measurement/metric	MACRA outlines the goal of this interoperable measure in QPP materials as well as in 81 FR 77229 as: *"…clinical information reconciliation is completed using CEHRT for the following three clinical information sets: (1) Medication – Review of the patient's medication, including the name, dosage, frequency, and route of each medication; (2) Medication allergy – Review of the patient's known medication allergies; and (3) Current Problem List – Review of the patient's current and active diagnoses."* This measure will provide a numeric value to indicate how often customer-agencies have utilized this interoperability feature against the compliance requirement. This measure has specification requirements focused both on thereceipt of electronic care summary and the reconciliation of three clinical information sets, as noted below. An incrementation to this measure suggests that the EHR can receive a C-CDA electronic care summary. By incorporating the C-CDA electronic care summary, EHR demonstrates successful integration and interoperability of (1) Medications, (2) Medication allergy, and (3) Current Problem List for the client recordsreceived. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging

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Expected Outcomes	The measurement will produce numeric results over a given interval. To determine our measure count, we will utilize various reports and audit logs, including measure calculation required by §170.315(g)(1) and §170.315(g)(2)reports. Metrics will include: 1) The number of Clinical Summary documents imported 2) The percentage of patients seen in per month in a 90-day period 3) having at least one Clinical Summary document imported 4) For the patients having at least one Clinical Summary documented imported a. The percentage of patients with a least one Medication record incorporated via Clinical Summary b. The percentage of patients with a least one Medication Allergy record incorporated via Clinical Summary c. The percentage of patients with a least one Problem record incorporated via Clinical Summary A higher number indicates the interoperability feature is utilized towards compliance to the underlying ONC criteria. The outcome will show that the EHR can receive a C-CDA patient summary record. In incorporating the C-CDA electronic care summary, the EHR will demonstrate successful interoperability of (1) Medications, (2) Medication allergy, and (3) Current Problem List for the client records received. The outcome will include the demonstration of support for Direct Edge protocol in connecting to a HISP. Completing this measure further implies users have a general understanding of the EHR functional operations for this functionality, module, and overall supportfor the user experience. Not completing this measure may indicate a lack of knowledge or possibly lack of use or need for this functionality. InSync expects that these metrics will demonstrate C-CDA documents are both received and incorporated by participating organizations in real world contexts.

Measure: Compliance of C-CDA Creation and C-CDA Scorecard Average

Measure Description	This measure will track the compliance towards the criteria for C-CDA creation *("Enable a user to create a transition of care/referral summary formatted in accordance with the standard specified").* This measure additionally tracks compliance towards reviewing the file against ONC's C-CDA Scorecard 2.0 (https://site.healthit.gov/scorecard/) From ONC: *"The C-CDA Scorecard leverages the work completed by an ONC-funded grant — SMART (Substitutable Medical Apps Reusable Technologies) and promotes best practices in C-CDA implementation by assessing key aspects of the structured data foundin individual documents. It is a tool designed to allow implementers to gain insight and information regarding industry best practices and usage overall. It also provides a rough quantitative assessment and highlights areas of improvement which can be made todayto move the needle forward."*
Associated Criteria	▪ § 170.315(b)(1) Transitions of care
Justification for selected measurement/metric	This measure will assure compliance to the measure criteria, specifically the ability to create a C-CDA and evaluate it against the ONC C-CDA Scorecard tool. As each file is presented for review to the C-CDA Scorecard 2.0 testing sandbox, the site response will be to assign a score and grade. ("Each C-CDA document is scored and graded for a set of enhanced interoperability rules developed by HL7.") This score and grade will indicate any C-CDA errors and provide scoring todemonstrate compliance with certification requirements and supports interoperability within the production setting. ➢ To avoid disclosing PHI, we will employ two options: (1) de-identify PHIin the submitted C-CDA or (2) utilize data from "Test Client" records. ➢ De-Identification standards: https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Number of Customer Sites	InSync will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of three-to-five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool

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Expected Outcomes	The customer-agency user will use InSync EHR to create a C-CDA from a client record containing clinical data elements required in the criteria. This C-CDA file will be further presented to the C-CDA Scorecard tool to obtain a result (assigned score and grade). InSync will also confirm the process and steps done by the customer-agency user meet the related standards towards the criteria andrequirements. Metrics will include: 1) The number and percentage of C-CDAs tested that score at each level (A+ to D) 2) The number and percentage of C-CDAs tested that have one or more conformance errors • It is anticipated that +/- 75% of C-CDAs tested will score B- or higher. • It is anticipated that +/- 5% of C-CDAs tested will have conformance errors. A high score from the C-CDA Scorecard tool indicates strong support for interoperability, and a lower score suggests needing further improvement.

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Measure: Compliance of C-CDA Error Detection

Measure Description	This measure tracks compliance with the measurement criteria and functionalityof detecting errors within a received or imported C-CDA.
Associated Criteria	▪ § 170.315(b)(1) Transitions of care
Justification for selected measurement/metric	This measure will assure compliance to the criteria, specifically detecting any conformance or vocabulary standard errors of a received or imported in C-CDA. C-C DA error detection assures the user of the validity of received or imported inC-CDAs, a certification requirement, and supports interoperability within the production setting. ➢ To avoid disclosing PHI, we will employ two options: (1) de-identify PHIin the submitted C-CDA or (2) utilize data from "Test Client" records. ➢ De-Identification standards: https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Number of Customer Sites	InSync will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of three-to-five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	The user will import in, either through upload or inbound Direct Messages, C-CDAs with different known errors. The user will use the EHR functions to parse the C-CDA document and perform errors detection, which the user will review. We will confirm the process and steps followed by the user meet the criteria requirements of the EHR, and functionality works as expected in the productionenvironment. InSync expects that the methodologies described above will demonstrate that participating organizations in real-world contexts utilize C-CDA both received and incorporated.

Measure: Electronic Prescribing {NewRx, RxChangeRequest, RxChangeResponse, RxFill}

Measure Description	This measure tracks and counts electronic prescriptions created, renewed, filled, and successfully sent from the EHR throughout a given interval. The measure willlook to the following criteria: - *Create new prescriptions (NewRx)* - *Request and respond to change prescriptions (RxChangeRequest, RxChangeResponse)* - *Receive fill status notifications (RxFill)* InSync will pull data from our customer-agency systems and record the results throughout 90 days in the calendar year. InSync will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year.
Associated Criteria	▪ § 170.315(b)(3) Electronic prescribing
Justification for selected measurement/metric	This measure has historically had the objective to show functionality towards "*Generate and transmit permissible prescriptions electronically*" {Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: 81 FR 77227}. This measure will provide insight and reporting indicating functionality and use to accomplish the objective. The number of messages for specific types (NewRx, RxChangeRequest, RxChangeResponse, RxFill) electronically transmitted throughthe Surescripts network and sent from, or received by, InSync EMR/PM Software.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	The measurement will produce numeric results over a given interval. To determine our measure count, we will utilize various reports and audit logs, including measure calculation required by §170.315(g)(1) and §170.315(g)(2) reports. A successful measure increment indicates compliance to the underlyingONC criteria. It will show that the EHR can create the highlighted message types,send over a production network (Surescripts) to a pharmacy. Metrics will include: *1) The percentage of NewRx messages sent successfully* *2) The number of RxChangeRequest messages received* *3) The percentage of RxChangeResponses messages sent successfully* *4) The number of RxFill messages received*

	InSync uses the Surescripts network for sending and receiving electronic prescription messages. It is anticipated that less than 1% of messages sent will be rejected by Surescripts. InSync expects that the methodologies described above will demonstrate that participating organizations in real-world contexts utilize electronic prescriptions in practitioner workflows. We expect that the practitioners at our customer-agencies are creating, responding, and receiving electronic prescribing into their overall workflows as this functionality has wide use and adoption by organizations using the InSync software.

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Measure: Compliance of Data Export C-CDA

Measure Description	This measure tracks compliance with the measurement criteria and functionalityof setting configuration options when creating an export summary and (or) a setof export summaries. Additionally, this measure tracks the ability to select the date and period for the data used to create the summaries.
Associated Criteria	▪ § 170.315(b)(6) Data export
Justification for selected measurement/metric	This measure will assure compliance to the measure criteria, specifically the ability to create and generate export summaries in the C-CDA format. The C-CDA will contain common clinical dataset components, including USCDI v1 standard data, such as Allergies and Intolerances, Medications, Patient Demographic Information, Vital Signs, and more. By using reporting/logging, the metrics below showcase data export functionality, configurability, and conformity to standard.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	We plan to use the following metrics to demonstrate the use and functionality in real world setting. Metrics will include: 1) count of exports (unique count of exports) 2) count of C-CDAs generated during data export We expect that these metrics will demonstrate data export in real world contexts.

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Measure: Clinical Quality Measure Successful Creation, Aggregate, and Report

Measure Description	This measure is tracking components of eCQM measures throughout a giveninterval: - successful calculation of selected clinical quality measures (CQMs) - electronically create a data file for transmission of clinical qualitymeasurement data The objective of this measure seeks to showcase that: - the technology must be able to record all of the data that would benecessary to calculate each CQM - export a data file at any time the user chooses - electronically create a data file for transmission InSync will pull data from our customer-agency systems and record the results throughout 90 days in the calendar year.
Associated Criteria	▪ § 170.315(c)(1)—record and export ▪ § 170.315(c)(2)—import and calculate ▪ § 170.315(c)(3)—report
Justification for selected measurement/metric	This measure will provide a count and list of electronic clinical quality measures (eCQMs) calculated and available to export or transmit to programs such as but not inclusive of the Quality Payment Program Merit-based Incentive Payment System (MIPS). As the criteria, § 170.315(c)(1) to (c)(3), work collectively towards eCQM functionality of the EHR, this measurement utilizes all three criteria.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	This measurement will include a count and a list of eCQMs calculated and available to export or transmit over a given interval. InSync will utilize various reports and audit logs to determine the measure count. A successful measure submission indicates compliance to the underlying ONC criteria. This measure will show that InSync can calculate eCQM measures and produce aggregate and exportable data sets for reporting use. Metrics will include: *1) The total number of CQM reports created by agencies, separated by measure* *2) The percentage of agencies with access to the CQM software that have created at least one CQM report*

	Completing this measure further implies users have a general understanding of the EHR functional operations for this functionality, module, and overall support for the user experience. Not completing this measure may indicate a lack ofknowledge or possibly lack of use or need for this functionality. InSync expects that the methodologies described above will demonstrate that participating organizations in real-world contexts utilize Clinical Quality Measures, including recording, calculating, and reporting.

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Measure: Compliance of QRDA Cat III with Cypress Validation Utility

Measure Description	This measure tracks compliance with the measurement criteria and functionalityof creating a QRDA Cat III XML and verification of the measure criteria against the Cypress Validation Utility (CVU). ➢ https://cypressdemo.healthit.gov/ ➢ https://ecqi.healthit.gov/cms-qrda-pre-submission-validation-tools
Associated Criteria	▪ § 170.315(c)(1)—record and export ▪ § 170.315(c)(2)—import and calculate ▪ § 170.315(c)(3)—report
Justification for selected measurement/metric	This measure will ensure compliance with the criteria, specifically the ability to calculate electronic clinical quality measures (eCQMs) and create a valid QRDA Category III XML file containing the calculation results. The Cat III XML file will bevalidated against compliance using the Cypress Validation Utility (CVU). Cypress serves as the official testing tool for the EHR Certification program supported by the Office of the National Coordinator for Health IT (ONC). (https://www.healthit.gov/cypress/about.html) As the criteria, § 170.315(c)(1) to (c)(3), work collectively towards eCQM functionality of the EHR, this measurement utilizes all three criteria.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Number of Customer Sites	InSync will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of three-to-five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	As the CVU does not allow for testing with de-identifiedclients, InSync will use the CVU to generate the Test Deck set of clients. From that data generation, the Test Deck is imported into the EHR CQM calculation tool, the resulting QRDA-III are validated against the CVU tool Metrics will include: 1) The number QRDA-III files created and the number eCQM measures reported on 2) The percentage of QRDA-III files having zero conformance errors 3) The percentage of eCQM measures correctly calculated It is anticipated that greater than +/- 98% of the files will have zero conformance errors and greater than +/- 98% of the measures will correctly calculate.

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Measure: Compliance of Portal Download and Email Transmit Capabilities and C-CDA Scorecard Average

Measure Description	This measure tracks compliance with the measurement criteria and functionalityof viewing, downloading, and transmitting client health information to a third-party.
Associated Criteria	▪ § 170.315(e)(1) View, download, and transmit to 3rd party
Justification for selected measurement/metric	This measure will assure compliance to the EHR Module criteria, specifically the ability for a patient to download and transmit their patient data as a C-CDA fromthe client portal and evaluate it against the ONC C-CDA Scorecard tool. As each file is presented for review to the C-CDA Scorecard 2.0 testing sandbox, the site response will be to assign a score and grade. (“Each C-CDA document is scored and graded for a set of enhanced interoperability rules developed by HL7.") This score and grade will indicate any C-CDA errors and provide scoring todemonstrate compliance with certification requirements and supports interoperability within the production setting. ➢ To avoid disclosing PHI, we will employ two options: (1) de-identify PHIin the submitted C-CDA or (2) utilize data from “Test Client” records. ➢ De-Identification standards: https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	The metrics will include showcasing functionaluty in the client portal against the measure criteria: (1) The number of clinical summaries sent from the portal to a direct address (2) The number of clinical summaries sent from the portal to a email address InSync expects that these metrics will demonstrate that C-CDAs are being viewed, downloaded, and transmitted by patients in real world contexts.

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Measure: Compliance of Immunization Message

Measure Description	This measure tracks compliance with the measurement criteria and functionalityof creating immunization information for electronic transmission.
Associated Criteria	▪ § 170.315(f)(1) Transmission to immunization registries
Justification for selected measurement/metric	This measure will ensure compliance with the measurement criteria and functionality of creating immunization information for the electronic transmission, record immunization information on a client and create an immunization message that a Partner-agency user can deliver/transmit to a public health registry. ➢ To avoid disclosing PHI, we will employ two options: (1) de-identify PHIin the submitted file or (2) utilize data from "Test Client" records. ➢ De-Identification standards: https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Number of Customer Sites	InSync will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of three-to-five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	The user will use the EHR functions to document immunization information typical to their workflow, including vaccination name, dosage amount, lot number, manufacturer name, and other required criteria elements. Then, thePartner-agency user will use the EHR functions to produce the HL7 v2.5.1 VXUimmunization message according to the ONC standards. Metrics will include: 1) The number of VXU messages created and the percentage having zero errors per the HL7 Context-Free validation available in the NIST Immunization Test Suite tool. • *It is anticipated +/- 75% of VXU messages created will have zero errors.* InSync will additionally confirm that the user's process and steps meet the criteriarequirements of the module and work as expected in production as in a controlled test environment.

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Measure: Compliance of Syndromic Surveillance

Measure Description	This measure tracks compliance with the measurement criteria and functionalityof creating and submitting syndromic surveillance data.
Associated Criteria	▪ § 170.315(f)(2) Transmission to public health agencies – syndromic surveillance
Justification for selected measurement/metric	This measure will assure compliance with the measurement criteria and functionality of creating and submitting data defined as syndromic surveillance. The World Health Organization defines syndromic surveillance as *"Syndromic surveillance is the near real-time collection, analysis, interpretation, and dissemination of health-related data in order to enable the early identification ofthe impact (or absence of impact) of potential health threats that may requirepublic health action."*[2] *As our customers do not regularly use this feature, so* InSync *will focuson its compliance evaluation to ensure it works if needed in future production situations.* ➢ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from "Test Client" records. ➢ De-Identification standards: https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Number of Customer Sites	InSync will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of three-to-five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	The customer-agency user will use the EHR functions to document data and clinical information typical to their workflow. Then, the customer-agency user willuse the EHR functions to produce the HL7 v2.5.1 message according to ONC standards. Utilizing the NIST Syndromic Surveillance Test Suite (https://hl7v2-ss-r2-testing.nist.gov/ss-r2/#/home) is one option to seek confirmation towards compliance. All files submitted to the NIST Tool will be either de-identified or ofTest Clients. Metrics will include: 1) The number of messages created and the percentage having zero errors per the HL7 Context-Free validation available in the NIST Syndromic

	Surveillance Test Suite tool. • *It is anticipated +/- 75% of messages created will have zero errors.* InSync will confirm that the process and steps meet requirements, the data is available to send and that all data is either de-identified.

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Measure: Compliance of Health Care Surveys

Measure Description	This measure tracks the ability to generate a Health Care Survey CDA for upload to various agencies, such as the CDC's NHCS Secure Transfer portal.
Associated Criteria	▪ § 170.315(f)(7) Transmission to public health agencies – Health Care Surveys
Justification for selected measurement/metric	This measure will ensure compliance with the measurement criteria and functionality of creating a health care survey message. *Because our customers do not regularly use this feature, so InSync will focus on its compliance evaluation to ensure it works if they need it in future production situations.* ➢ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from "Test Client" records. ➢ De-Identification standards: https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Number of Customer Sites	InSync will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of three-to-five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	The user will use the EHR functions to document clinical data which produce an Health Care Survey's message typical to the user's workflow and clinical documentation (e.g., influenza). After completing the encounter, the EHR will create the HL7 Electronic Case CDA message regarding the patient's information which would be sent to the public health registry. InSync will also confirm that any process and steps utilized will meet the criteria requirements of the module and work as expected in production as in acontrolled test environment.
Reference	https://qpp.cms.gov/docs/pi_specifications/Measure%20Specifications/2021%20MIPS%20PI%20Electronic%20Case%20Reporting.pdf

Measure: Compliance of API Resource Query Support

Measure Description	This measure tracks compliance with the measurement criteria and functionalityof an API query of patient data resources. Currently, very few of our Partner-agencies actively use the API capabilities in production, making obtaining reporting results of this interoperability feature inthe production environment limited. Consequently, to confirm functionality works, we will test this in our production-mirrored test environment using the same API functionality certified for these criteria. We will make a client selection using an API client, query the various clinical dataelements, and perform a C-CDA query to cover all parts of these criteria.
Associated Criteria	▪ § 170.315(g)(7) Application access—patient selection ▪ § 170.315(g)(9) Application access—all data request ▪ § 170.315(g)(10) Standardized API for patient and population services
Justification for selected measurement/metric	This measure will assure compliance to the measure criteria, specifically the ability to connect to the EHR's API resources and query patient clinical data through the API. InSync will collect the following metrics to demonstrate usability and interoperability: ▪ Count of registered applications ▪ Count of API calls received ▪ Count of Client Access Keys created
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	The outcome criteria for (g)(7) Patient selection will include measuring the number of Access Keys created. The outcome criteria for (g)(9) Application access – all data request, will include the metric specifically focused on highlighting the request for access through API functionality. InSync will report on the following metrics for this first year of Real World Testing for the new (g)(10) certification criteria: ▪ Count of registered applications o The count of registered applications showcases that the documentation for third-party applications is complete and sufficient to access data, creating connections to access data. ▪ Count of API calls received o The count of API calls received showcases the ability of a

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	third-party app to call and receive data, utilizing regulation items (secure connection, authentication and authorization). This metric additionally highlights to overall goal of interoperability and standardized data exchange. InSync expects these metrics to highlight the shift towards open API under the §170.315 (g)(10) standard. InSync expects that the first metric will reflect the movement towards FHIR consistency across the health IT community through request and use. The second metric spotlights and furthers the overarching national goal of FHIR interoperability, step in the direction of a national ecosystem of interoperability and data sharing. *"A nationwide ecosystem of standard FHIR APIs will enable more innovation and solutions developed by industry and reduce one-off interfaces, resulting in lower interoperability costs in the future."* On the Road to Cures Update: Certified API Technology | Avinash Shanbhag and Rob Anthony, August 19, 2022 HealthITbuzz

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