carelogic

by QUALIFACTS

CY2022 | Real World Testing Results Report
CareLogic by Qualifacts

Contents

RWT Results Report Summary

This document provides the Real-World Testing Results Report for CareLogic by Qualifacts for 2022. This document includes elements that allow reflection, direct results, and analysis of the process of conducting Real World Testing of our certified health IT (45 CFR § 170.405)

ONC has provided the guidance that Real World Testing 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. Our RWT plans are built toward final testing measurements and metrics to evaluate our product interoperability within production settings.

Attestation

This Real World Testing Results Report has all the required elements documented on the ONC Real World Testing Results Report Template. The information in this document is current and comprehensively addresses the health IT developer's Real World Testing Results Report requirements.

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General Information

Results Report based on 2022 RWT Report ID Number	Qualifacts-RWT-2022
Developer Name:	Qualifacts Systems, LLC (current) *Qualifacts Systems, Inc (previous)*
Product Name:	CareLogic
Version Number:	Enterprise S3
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.04.04.3124.Care.S3.00.1.181220, CHPL link
Developer Real World Testing Page URL:	https://qualifacts.com/onc-documentation/
Developer Real World Testing Results Page URL:	https://qualifacts.com/onc-documentation/

Changes to Original Plan

Summary of Change *[Summarize each element that changed between the plan and the actual execution of Real World Testing]*	Reason *[Describe the reason this change occurred]*	Impact *[Describe what impact this change had on the execution of your Real World Testing activities]*
For measures where we anticipated customer engagement, we encountered a *great* willingness to collaborate toward education and empowerment but a limited desire to participate. As noted in the following "*Summary of Testing Methods and Key Findings*" narrative, Credible understood this request to be significant, and we appreciate the interest received.		In measures where the testing methods were designed to interact with the customers, we pivoted and utilized our quality metrics for reporting against real-world data to accommodate this shift in our intended design.

Withdrawn Products

ONC Guidance: *If a developer withdrew any products within the past year that were previously included in their Real World Testing plan, please provide the following information*

Version Number(s):	
Date(s) Withdrawn:	CY 2022, CareLogic by Qualifacts software and products did not withdraw any products during the reporting year.
Inclusion of Data in Results Report:	

Summary of Testing Methods and Key Findings

CareLogic by Qualifacts focused on two distinct testing methods for our 2022 Real World Testing Plan:

- **Reporting/Logging:** This methodology uses the EHR's logging and reporting capabilities to evaluate system actions as part of users' actual production workflows. A typical example is the numerator recording and measure calculation required by §170.315(g)(1) and §170.315(g)(2). R/L 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 interoperability of EHR functionality. R/L can be a benchmark for assessing 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.

In this inaugural year of ONCs RWT, CareLogic (and assumably all health IT developers) gained valuable insight into the vision, execution, and goal – including the *"spirit"* behind Real World Testing. CareLogic anticipated more substantial customer participation in this testing, knowing it was a big lift to ask of our customer base. We are so pleased to have had Barbara June, Chief Operating Officer at Clayton Center Community Services Board (https://www.claytoncenter.org/), work with the Qualifacts Compliance Team to perform testing on multiple Compliance and Tool metrics. We are continually grateful for the collaboration and continued partnership with our customer-agencies and want to publicly thank Ms. June for her time, dedication, and commitment to healthcare technology.

With a lower engagement than written in the 2022 RWT Plans, we have opted to utilize a two-pronged approach for measuring criteria and expected outcomes. First, and where appropriate, we returned to a Reporting/Logging approach across an enterprise-wide database where participation in Compliance and Tool was limited. Second, our team performed quality checks throughout the year on anonymized data as part of our continuous quality initiatives.

This inaugural year of having a Real World Test Plan, working directly with our customer-agencies towards the goals of RWT, and performing continuous quality touchpoints, all to lead to the Real World Test Report, has been a positive growth experience. As healthcare IT developers, we continue to grow, learn, explore, engage, and move the needle forward on the reachable goal of national interoperability.

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Standards Updates (SVAP)

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

Standard (and version):	
Updated certification criteria and associated project:	CY 2022, CareLogic by Qualifacts software and products did not include these voluntary standards.
Health IT Module CHPL ID:	
Conformance Measure:	

Care Setting(s) Targeted

CareLogic by Qualifacts software targets primarily the **behavioral healthcare** and the **human services** industries.

Relied Upon Software

CareLogic utilizes the following additional software to demonstrate compliance: Rcopia (DrFirst), Change Healthcare Clinician, Dynamed Plus, Updox, MaxMD DIRECT mdEmail, Dynamic Health IT CQMsolution, Ping Identity, Pentaho Report Designer.

Key Milestones

ONC Guidance: *Include a list of key milestones that were met during the Real World Testing process. Include details on how and when the developer implemented measures and collected data. Key milestones should be relevant and directly related to the outcomes discussed. For each key milestone, describe when Real World Testing began in specific care settings and the date/timeframe during which data was collected.*

Key Milestones	Timeframe
Within the year's first two quarters, CareLogic maintained a continual emphasis on a collaborative team focused on product functionality, especially against functionality that is part of certification criteria. Education and connection for collaboration with our customers began through multiple avenues, including webinars and user groups towards multiple goals (an empowered customer base and the testing method of Compliance and Tool). During this same time, reporting and data gathering for RWT methods were implemented and refined toward the data output of Reporting/Logging.	Q1-Q2 *Care Settings:* *behavioral healthcare and human services*

Throughout these quarters and the entire calendar year, the reports produced against certification criteria have been regularly monitored for completeness and analysis of trends.	
Much like the first half of the calendar year, the collaborative team emphasis continues, maintaining cohesion against certified functionality. In the latter quarters of the calendar year, CareLogic supported continuous quality checks on the data reporting for criteria marked with Reporting/Logging. Where testing results were with customer participation, each measure was confirmed in the process, and steps were done by the user that meets the criteria requirements of the EHR module and works as expected in production as it does in a controlled test environment. As noted in the above "Summary of Testing Methods and Key Findings," where there was a lack of robust participation, CareLogic opted to shift to the Reporting/Logging approach across an enterprise-wide database where participation in Compliance and Tool was limited. CareLogic continued customer-agency engagement through our community forum and state and regional user groups. Our goal focused on educating and empowering our customer base and engagement. Where anticipated engagement wasn't as robust as we noted in the 2022 RWT Plan, having open conversations about RWT, CoC, the Cures Act, and more was met repeatedly, providing connection to our customer-agency members.	**Q3-Q4** *Care Settings:* *behavioral healthcare and human services*

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Metrics and Outcomes

Measurement and Associated Criteria *(noting Relied Upon Software, if applicable)*	Outcomes and Challenges
Measure: Number of Transition of Care C-CDAs Successfully Sent **Measure: Number of Different Destinations C-CDAs Successfully Sent** § 170.315(b)(1) Transitions of care § 170.315(h)(1) Direct Project	Testing Method: Reporting/Logging

CareLogic used reporting across all live customer databases, where we gleaned the following metrics for these reporting results against the criteria:

MM/YY	Direct Messages Received	Customers Receiving Direct	Received with C-CDA Attached	Direct Messages Incorporated	Direct Messages Sent	Sent with C-CDA Attached
Jan-22	2735	10	2602	613	150	110
Feb-22	2154	11	1992	476	112	74
Mar-22	2407	12	2283	522	66	9
Apr-22	2480	10	2415	545	70	42
May-22	2334	8	2284	533	71	35
Jun-22	2710	9	2657	548	41	8
Jul-22	2260	8	2225	422	60	31
Aug-22	2051	7	2036	383	58	30
Sep-22	2050	10	2004	487	62	24
Oct-22	2877	8	2840	572	40	8
Nov-22	2426	12	2361	553	58	7
Dec-22	1652	8	1636	304	88	53

While overall customer utilization is on the lower end, the percent sent is positive when viewing the percentage of messages where a C-CDA was included (49.2% overall). As part of continuous quality improvement, CareLogic reviews this data manually for trends and analysis.

Industry-wide, the metrics for transmission of secure messaging is still a growing interoperable trend. In Q3 of 2022, DirectTrust (Secure Exchange Solutions is a DirectTrust member) reported a 14% increase in messages in Q2 from the same time the previous year. The headline from EINPresswire announced, *"DirectTrust Reports Direct Exchange Transactions Reach 3.3 Billion During Second Quarter; Average 75 Million Per Month."* This represented 260M-plus messages and revealed a growing trend of consumers using secure direct messaging (668,000 in Q2, a 1% increase over the same period the previous year).

These metrics are essential to champion and understand as we continue to gain momentum toward a nationally interoperable healthcare and behavioral healthcare model.

Measure: Number of C-CDAs Received and (or) Incorporated Measure: Compliance of Problem List/Medication/Medication Allergy Reconciliation and Incorporation from C-CDA § 170.315(b)(2) Clinical information reconciliation and incorporation	Testing Methods: Reporting/Logging

CareLogic used reporting across all live customer databases, where we gleaned the following metrics for these reporting results against the criteria:

MM/YY	Direct Messages Received	Customers Receiving Direct	Received with C-CDA Attached	Direct Messages Incorporated	Direct Messages Sent	Sent with C-CDA Attached
Jan-22	2735	10	2602	613	150	110
Feb-22	2154	11	1992	476	112	74
Mar-22	2407	12	2283	522	66	9
Apr-22	2480	10	2415	545	70	42
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Oct-22	2877	8	2840	572	40	8
Nov-22	2426	12	2361	553	58	7
Dec-22	1652	8	1636	304	88	53

While overall utilization of Direct Messaging remains quite low (average of 9.4 customers monthly over a 12 month period), the percentage of C-CDA inclusion as a received message remains markedly high (97%). As part of continuous quality improvement, CareLogic reviews this data manually for trends and analysis.

CareLogic provides functionality that is robust, allowing for the customer-agency to receive, incorporate and reconcile data elements from a C-CDA into the client record, as shown below. This provides a powerful interoperable solution allowing for care coordination and continuity of care.

Reconciliation Entry

Reconciliation Type:	Admission	D
Client Program:	Out Patient (OP)	
Service Document Selection:	Manual Reconciliation	

Measure: Number of NewRx Prescriptions Messages Successfully Sent § 170.315(b)(3) Electronic prescribing	Testing Method: Reporting/Logging

CareLogic used reporting across all live customer databases, where we gleaned the following metrics for these reporting results against the criteria:

NewRx

Month/Year	Total Prescriptions	Total Providers	Total Practices
Jan-22	502,399	1941	209
Feb-22	495,003	1936	206
Mar-22	562,683	1956	210
Apr-22	526,328	1923	204
May-22	530,070	1921	212
Jun-22	558,525	1876	208
Jul-22	494,112	1809	218
Aug-22	581,707	1829	205
Sep-22	537,918	1811	201
Oct-22	541,749	1782	203
Nov-22	548,319	1768	201
Dec-22	535,725	1709	191

Overall, there is a high utilization of e-prescribing across all customer domains, highlighting the great need and strength of this data interoperability.

At Qualifacts, we wholeheartedly support CMS' statement, *"Adopting the standards to facilitate e-prescribing is one of the key action items in the Federal government's plan to expedite the adoption of electronic medical records and build a national electronic health information infrastructure in the United States."*

We look forward to the continued enhancements of USCDI elements in the Medication class and, eventually, the inclusion of robust, applicable data standards to enhance use and interoperability.

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Measure: Number of Quality Measures Successfully Reported on to CMS Measure: Compliance of QRDA Cat III with CVU+ Tool § 170.315(c)(1)—record and export § 170.315(c)(2)—import and calculate § 170.315(c)(3)—report	Testing Method: Reporting/Logging Testing Method: Compliance and Tool

CareLogic used reporting across all live customer databases, where we gleaned the following metrics for these reporting results against the criteria. In calendar year 2022, CareLogic had 13 customers using the CQM reporting module. Out of those 13, only four (4) customers attested to QPP's MIPS as a group in March 2022. A 31% success rate for submission of the QRDA file to MIPS is lower than anticipated, the data echoes the JAMA report noted below for the care settings of CareLogic customers.

CareLogic projected the following measure justification in our 2022 RWT plan: *This measure will provide assurance of compliance to the EHR Module criteria, specifically the ability to calculate electronic clinical quality measures (eCQMs) and create a valid QRDA Category III (Cat III) file containing the calculation results.*

CareLogic relies on the CQM Solution from Dynamic Health IT as our trusted partner for Clinical Quality Measures and associated criteria for this measure. However, we have seen less and less participation in using CQM measures due to factors such as:
- The use of the MIPS Extreme and Uncontrollable Circumstances (EUC) exception for MIPS/APM under the Quality Payment Program due to the COVID-19 pandemic.
- A recent 2022 report (as an example) from JAMA Health Forum highlighted that psychiatrists (the main care setting for Credble) performed significantly lower and received greater penalties in QPP's MIPS program. *"In this cross-sectional study comparing psychiatrists with other outpatient physicians in the 2020 Medicare MIPS, psychiatrists had significantly lower performance scores and, consequently, were more likely to be penalized and less likely to receive bonus payments than their peers. These performance disparities were driven primarily by lower scores in the quality and promoting interoperability domains. In particular, psychiatrists performed more poorly on technology-dependent measures, such as participation in health information exchanges; care coordination measures, such as documentation of patient medications in medical records; and preventive care measures unrelated to psychiatry, such as cancer screening."*

CareLogic provides a robust, interoperable solution for value-based reporting across our customer base. However, utilization waxes and wanes dependent on incentive-based programming overall. The concluding statement from the JAMA research provides great clarity into the overall landscape: *"In this national cross-sectional study of Medicare psychiatrists and other outpatient physicians participating in the 2020 MIPS, psychiatrists received significantly lower performance scores, were penalized more frequently, and received fewer bonus payments than other outpatient physicians. The CMS may want to reconsider the use of many current MIPS measures for assessing the performance of psychiatrists."*

Measure: Compliance of C-CDA Creation and C-CDA Scorecard Average Measure: Compliance of C-CDA Error Detection § 170.315(b)(1) Transitions of care Measure: Compliance of Data Export C-CDA and C-CDA Scorecard Average § 170.315(b)(6) Data export	Testing Methods: Compliance and Tool

CareLogic's RWT Plan indicated this measure to be coordinated with a customer, yet as shown in this results report; CareLogic did not achieve diverse and robust participation as initially planned.
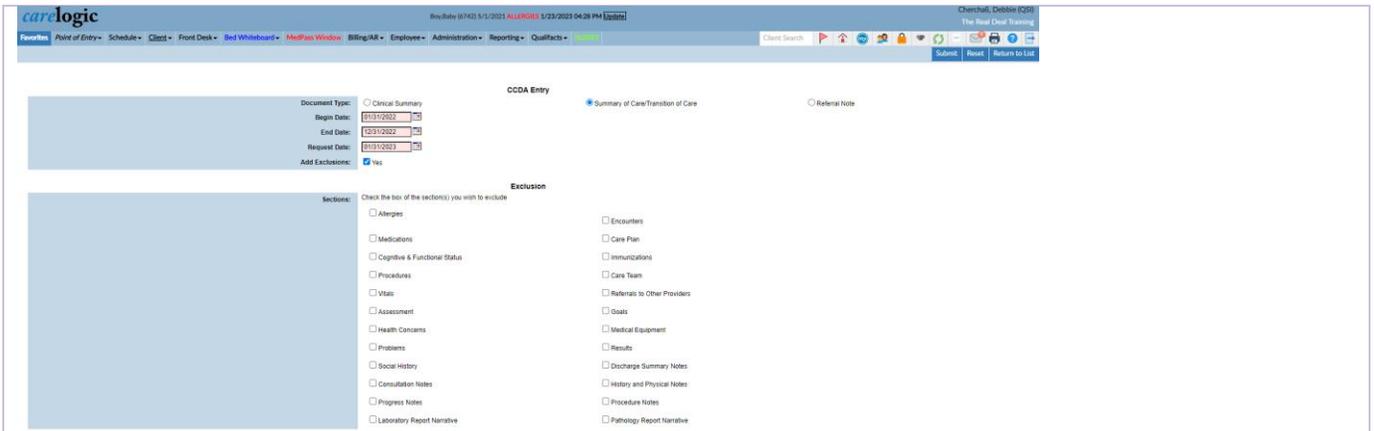
While overall utilization is lower (an average of 2105 C-CDA creations per month over a 12-month period), functionality is robust, allowing for the customer-agency to transmit C-CDA through Direct email service. This functionality allows for a powerful interoperability option that is less utilized for client continuity of care across providers and specialties.

| MM/YY	C-CDA Created
Jan-22	1662
Feb-22	1700
Mar-22	2074
Apr-22	1770
May-22	1824
Jun-22	1870
Jul-22	1751
Aug-22	1922
Sep-22	2077
Oct-22	2305
Nov-22	3100
Dec-22	3211

The summative data allows for inspection of criteria points for this metric, from enabling a user to set the configuration options for export to setting the date and period within which data would be used to create the export summaries and other data criteria as specified in the Common Clinical Data Set. As part of continuous quality focus, CareLogic frequently reviews measure components as an ongoing practice.

Using sample data in an production environment, our team uploaded a XML file to the C-CDA Scorecard 2.0 to verify compliance against standards and receive feedback through the ONC scoring system.
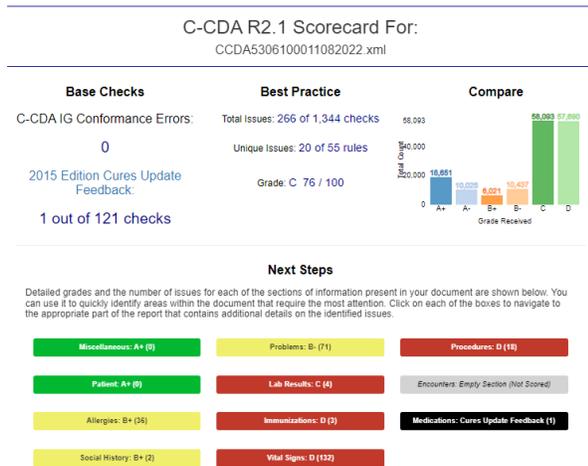
Measure: Compliance of QRDA Cat III with Cypress Validation Utility § 170.315(c)(1)—record and export § 170.315(c)(2)—import and calculate § 170.315(c)(3)—report	Testing Method: Compliance and Tool

CareLogic's RWT Plan indicated this measure to be coordinated with a customer, yet as shown in this results report; CareLogic did not achieve diverse and robust participation as initially planned.

What is challenging in the execution, as we intended, is using test client data and importing it into a production environment, altering the live data for a customer. Coupled with low utilization overall (see notes for Measure: Clinical Quality Measure Successful Creation, Aggregate, and Report), our team shifted to taking sample files out of Cypress and validating the calculations. This measure is frequently tested throughout the year as part of CareLogic's continuous quality improvement.

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| Measure: Compliance of Portal Download and Email Transmit Capabilities and C-CDA Scorecard Average § 170.315(e)(1) View, download, and transmit to 3rd party	Testing Method: Compliance and Tool

CareLogic's RWT Plan indicated this measure to be coordinated with a customer, yet as shown in this results report; CareLogic did not achieve diverse and robust participation as initially planned. The customer is not utilizing Client Portal functions and as a group we took this time to speak to use as well as reviewing capabilities.

CareLogic regularly reviews functionality as part of our continuous quality improvement and uses test clients in production/live environments to review the criteria and requirements. The criteria noted in the 2022 CareLogic RWT Plan noted the ability to generate and download a C-CDA as well as transmit over email.
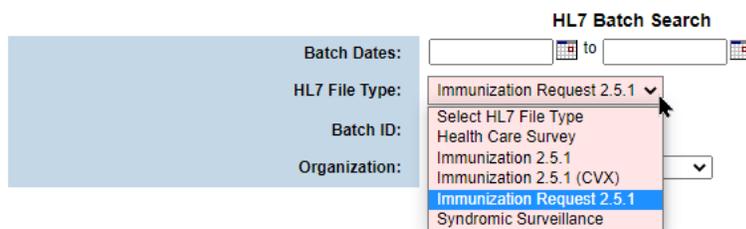
Generate and send via email:
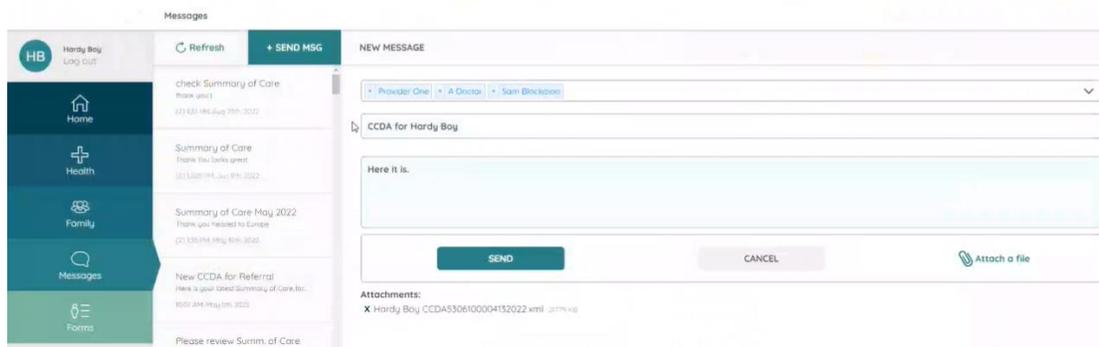
Measure: Compliance of Immunization Message § 170.315(f)(1) Transmission to immunization registries	Testing Method: Compliance and Tool

Our team worked collaboratively with a customer this measure, however, the customer noted that immunizations are not a general service for their behavioral healthcare agency. The ability to record immunization data is a vital component to public health recording and care of consumers.

Creation and transmission of VXU messages is another vital component to overall interoperability and coordinated client care. It is unlikely that reporting on a large volume of immunization data will be achievable in care settings CareLogic supports as behavioral healthcare and human services are not traditional settings for ongoing immunizations.

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Measure: Compliance of Health Care Surveys Message § 170.315(f)(7) Transmission to public health agencies – health care surveys	Testing Method: Compliance and Tool

CareLogic's RWT Plan indicated this measure to be coordinated with a customer, yet as shown in this results report; CareLogic did not achieve diverse and robust participation as initially planned. The 2022 RWT plans indicated defining functionality for this measure against USCDI against the consumption and maintenance of data elements as well as transmission to a public health agency.

Where healthcare survey events were absent from any data events during the 2022 reporting period, the ability to generate reports towards the criteria of this measure is available for use.

Measure: Compliance of API Resource Query Support § 170.315(g)(7) Application access—patient selection § 170.315(g)(8) Application access—data category request § 170.315(g)(9) Application access—all data request	Testing Method: Compliance and Tool

As an industry, utilization for (g)(7-9) has been markedly low overall, and the data from CareLogic validates this same trend with no requests for data during the reporting year. While our software functionality is poised and available for interoperable API calls, utilization remains low, matching the national trend.

In 2021, ONC wrote this fundamental closing statement in an FAQ document, whose guiding light continues today: *"By using the REST architectural style, FHIR takes the best of existing health information technology and common internet standards to create a modern method of interoperability. This allows health care systems to implement FHIR without steep learning curves and leading to faster application design."* CareLogic, like the majority of healthcare IT developers, is excited to watch FHIR API {(g)(10)} move interoperability and adoption forward this calendar year and beyond.