CREDIBLE
by QUALI**FACTS**

CY2022 | Real World Testing Results Report
Credible by Qualifacts

Contents

RWT Results Report Summary

This document provides the Real-World Testing Results Report for Credible 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	Credible-RWT-2022
Developer Name:	Credible Behavioral Health, Inc.
Product Name:	Credible Behavioral Health Software
Version Number:	Version 11
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.04.04.2704.Cred.11.00.1.171228, 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 the 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, Credible 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

Credible 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, Credible (and assumably all health IT developers) gained valuable insight into the vision, execution, and goal – including the *"spirit"* behind Real World Testing. Credible 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 Stephen L. Lord, Ed.S. EVP at Circles of Care (https://www.circlesofcare.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 Partner-agencies and want to publicly thank Mr. Lord for his 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 Partner-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, Credible by Qualifacts software and products did not include these voluntary standards.
Health IT Module CHPL ID:	
Conformance Measure:	

Care Setting(s) Targeted

Credible Behavioral Health Software targets primarily the **behavioral healthcare** and the **human services** industries.

Relied Upon Software

For the following measures, Credible by Qualifacts uses the following third-party partner: Surescripts Clinical Direct Messaging for § 170.315(b)(1), § 170.315(e)(1), § 170.315(h)(1) and Dynamic Health IT for § 170.315(c)(1), § 170.315(c)(2), § 170.315(c)(3)

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 Milestone	Timeframe
Within the year's first two quarters, Credible 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).	Q1-Q2 *Care Settings:* *behavioral healthcare and human services*

During this same time, reporting and data gathering for RWT methods were implemented and refined toward the data output of Reporting/Logging. Throughout these quarters and the entire calendar year, the reports produced against certification criteria have been regularly monitored for completeness and analysis of trends.

	Q3-Q4
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, Credible 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, Credible opted to shift to the Reporting/Logging approach across an enterprise-wide database where participation in Compliance and Tool was limited. Credible continued Partner-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 Partner-agency members.	*Care Settings:* *behavioral healthcare and human services*

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 § 170.315(b)(1) Transitions of care § 170.315(h)(1) Direct Project	Testing Method: Reporting/Logging

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

Year-Month	Cumulative Partner Count by Year-Month	Direct messages received	Partners receiving Direct	Direct messages sent	Direct messages sent successfully	Percent Successful
2022-01	480	470	6	453	447	98.68
2022-02	486	441	7	385	381	98.96
2022-03	488	467	6	446	443	99.33
2022-04	492	362	8	356	346	97.19
2022-05	498	415	7	386	386	100
2022-06	502	252	5	242	242	100
2022-07	506	292	4	291	289	99.31
2022-08	509	695	4	695	692	99.57
2022-09	510	329	5	328	327	99.7
2022-10	512	485	5	429	428	99.77
2022-11	516	354	5	318	305	95.91
2022-12	520					

While overall customer utilization is on the lower end, the percent successful is significantly positive, with an average success rate of 98.947%.

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

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

Year-Month	Cumulative Partner Count by Year-Month	Unique destinations for all Direct messages sent	Unique destinations for Direct messages containing a Clinical Summary
2022-01	480	6	5
2022-02	486	7	3
2022-03	488	2	1
2022-04	492	8	4
2022-05	498	1	0
2022-06	502	1	0
2022-07	506	4	3
2022-08	509	2	2
2022-09	510	1	1
2022-10	512	1	0
2022-11	516	2	0
2022-12	520		

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While overall utilization remains low, there is a high success rate among the destinations. One customer is a high utilizer with their connection to [Mass HIway](), the Massachusetts Health Information Exchange (HIE). When reviewing the reports, we see high success in this granular view:

Unique vs All Customers	Messages	Successfully Sent
Unique Customer	4268	4244
All Customers	4329	4279
% Unique Customer	98.6%	99.2%

Measure: Number of C-CDAs Received and (or) Incorporated § 170.315(b)(1) Transitions of care § 170.315(b)(2) Clinical information reconciliation and incorporation **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

Our team worked collaboratively with a customer on a shared video call for this measure, documenting and validating steps and results. During our review, it was noted that the customer did not have available data to parse and test. The team opted to shift to metrics for showcasing this interoperable function as the metrics demonstrate incorporating data into client records, merging and reconciling the problems, medications, and medication allergies into their respective lists.

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

Year-Month	Live Partners Prior to Month Start	# of documents imported within the month	Clients seen in the month	Clients seen in the month w/ Summary Document	Percent seen in the month w/ Summary Document	Client seen with Medication Incorporated	Client seen with Medication Allergy Incorporated	Client seen with Problem Incorporated
2022-01	480							
2022-02	486							
2022-03	488							
2022-04	492							
2022-05	498							
2022-06	502							
2022-07	506	2	692885	2724	0.39%	10	1	3
2022-08	509	2	734721	2932	0.40%	11	1	4
2022-09	510	3	717536	2775	0.39%	11	1	4
2022-10	512	100	731640	2800	0.38%	10	1	3
2022-11	516	47	717886	2808	0.39%	11	1	4
2022-12	520							

Automated reporting metrics for this criteria were formally recorded beginning in Q3 of the calendar year. As part of continuous quality improvement, Credible reviews this data manually for trends and analysis

This powerful interoperability option is clearly less utilized for client continuity of care across providers and specialties. Where functionality is available and positive, the two areas of Clients Seen with Summary Document and where there is the incorporation of data, higher utilization may be lacking due to lagging behavioral healthcare industry change.

Measure: Electronic Prescribing {*NewRx, RxChangeRequest, RxChangeResponse, RxFill*} § 170.315(b)(3) Electronic prescribing	Testing Method: Reporting/Logging

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

NewRx

Year-Month	Live Partners Prior to Month Start	Partners sending NewRx	NewRx sent	NewRx sent successfully	Percent NewRx sent successfully
2022-01	480	315	542387	539831	99.53%
2022-02	486	318	513532	511786	99.66%
2022-03	488	320	602113	600210	99.68%
2022-04	492	326	526371	524689	99.68%
2022-05	498	328	541040	539262	99.67%
2022-06	502	329	562912	560508	99.57%
2022-07	506	331	498220	496469	99.65%
2022-08	509	330	588237	587146	99.81%
2022-09	510	334	530118	529350	99.86%
2022-10	512	338	526041	525079	99.82%
2022-11	516	342	529374	523427	98.88%
2022-12	520				

RxChangeRequest / RxChangeResponse

Year-Month	Live Partners Prior to Month Start	Partners sending RxChangeResponse	Partners receiving RxChangeRequest	RxChangeRequest received	RxChangeResponse sent	RxChangeResponse sent successfully	Percent RxChangeResponse sent successfully
2022-01	480	43	164	2179	197	62	31.47%
2022-02	486	42	176	2357	182	71	39.01%
2022-03	488	44	178	2971	202	99	49.01%
2022-04	492	45	175	2790	226	110	48.67%
2022-05	498	43	184	2900	237	127	53.59%
2022-06	502	49	183	3252	234	117	50.00%
2022-07	506	49	181	3016	217	103	47.47%
2022-08	509	55	192	3611	267	131	49.06%
2022-09	510	57	197	3115	250	114	45.60%
2022-10	512	57	185	2886	367	149	40.60%
2022-11	516	49	192	2978	227	105	46.26%
2022-12	520						

RxFill

Year-Month	Live Partners Prior to Month Start	Partners receiving RxFill	RxFill received
2022-01	480	0	0
2022-02	486	0	0
2022-03	488	0	0
2022-04	492	0	0
2022-05	498	0	0
2022-06	502	0	0
2022-07	506	0	0
2022-08	509	0	0
2022-09	510	0	0
2022-10	512	0	0
2022-11	516	0	0
2022-12	520		

Overall, there is a high utilization of e-prescribing across all customer domains, highlighting the great need and strength of this data interoperability. NewRx success across all months is 99.62%, with lower utilization and success in responding to prescription changes. This can be due to a variety of factors, including provider choice. RxFill is not a prescription management feature used by our customer base.

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.

Measure: Clinical Quality Measure Successful Creation, Aggregate, and Report § 170.315(c)(1)—record and export § 170.315(c)(2)—import and calculate § 170.315(c)(3)—report	Testing Method: Reporting/Logging

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

Year-Month	Live Partners Prior to Month Start	Total number of CQM reports	Partners creating CQM reports	Unique Partners with at least one CQM created all time (cumulative)
2022-01	480	84	7	111
2022-02	486	91	8	111
2022-03	488	33	6	112
2022-04	492	9	3	112
2022-05	498	85	7	113
2022-06	502	104	8	113
2022-07	506	46	6	113
2022-08	509	59	5	113
2022-09	510	4	3	114
2022-10	512	34	6	116
2022-11	516	55	4	116
2022-12	520			

Credible relies on the CQM Solution from Dynamic Health IT as our long-standing 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*

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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."

Credible 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."*

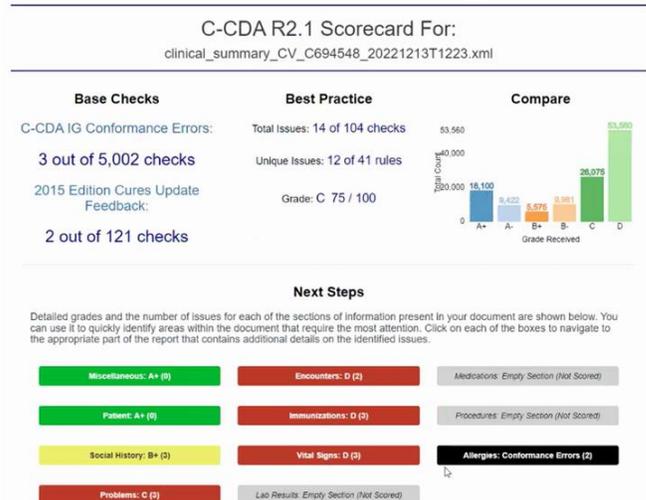|	
Measure: Compliance of C-CDA Creation and C-CDA Scorecard Average § 170.315(b)(1) Transitions of care **Measure: Compliance of C-CDA Error Detection** § 170.315(b)(1) Transitions of care **Measure: Compliance of Data Export C-CDA and C-CDA Scorecard Average** § 170.315(b)(6) Data export	Testing Methods: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

Our team worked collaboratively with a customer on a shared video call for this measure, documenting and validating steps and results.

Utilizing a test client in the customer's production/live domain, the customer user produced a Health Exchange Document (C-CDA), which was saved locally. Once the HL7 XML file was extracted from a zip file, the customer navigated to https://site.healthit.gov/scorecard/ and followed the prompts to upload the file. The scorecard site timed out with the first attempt to upload, while the second attempt was successful.

Sample C-CDA received a grade of "C" for the overall score. Review of the Scorecard "Next Steps" toward greater interoperability for this test client was covered.

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Measure: Compliance of Data Segmentation of Privacy	Testing Method: Compliance and Tool
§ 170.315(b)(7) Security tags – summary of care – send § 170.315(b)(8) Security tags – summary of care – receive	

Credible's RWT Plan indicated this measure to be coordinated with a customer, yet as shown in this results report; Credible did not achieve diverse and robust participation as initially planned. This measure was quality frequently tested throughout the year and was part of the 2015 Cures Edition attestation with our certifying body (Drummond).

With files from the Edge testing tool, Credible was able to successfully attest that our *"Product conforms to the 2015 Edition Cures Update170.315(b.8) requirements and can receive a C-CDA Release 2.1 summary record that is tagged at the document, section, and entry level as restricted and subject to re-disclosure restrictions using the HL7 Implementation Guide: Data Segmentation for Privacy (DS4P), Release 1."*

Credible used ONC Test Procedure Version 1.2 and Test Tool (and version) ETT C-CDA R2.1 Validator for 2015 Edition Cures Update Version: 2.3.49.

Measure: Compliance of QRDA Cat III with Cypress Validation Utility	Testing Method: Compliance and Tool
§ 170.315(c)(1)—record and export § 170.315(c)(2)—import and calculate § 170.315(c)(3)—report	

Credible's RWT Plan indicated this measure to be coordinated with a customer, yet as shown in this results report; Credible 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 was quality frequently tested throughout the year and was part of the 2015 Cures Edition attestation with our certifying body (Drummond). Credible attested the *"requirements by allowing users to electronically create a datafile for transmission of clinical quality measurement data in accordance with the applicable implementation specifications specified by the CMSimplementation guides for Quality Reporting Document Architecture(QRDA), Category I, for inpatient measures in § 170.205(h)(3) and CMSimplementation guide for QRDA, Category III for ambulatory measures in §170.205(k)(3)."*

Credible attested to using ONC Test Procedure Version 1.4 and using Test Tool and Version Cypress 7.0.2.

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

Our team worked collaboratively with a customer on a shared video call for this measure, documenting and validating steps and results. The customer is not utilizing Client Portal functions and as a group we took this time to speak to desired use cases as well as reviewing capabilities.

Credible regularly reviews functionality as part of our continuous quality improvement and uses test clients in production/live environments to review the criteria and requirements. For this measure:
- Navigate to Client Portal and log in with unique credentials
- Navigate to "My Clinical Summary" on the navigation bar in the portal
- Using parameters available (Health Exchange Document Type, State Date, End Date), generate a C-CDA (shown on-screen in a HTML rendition) with the following output options:
  - *Enclose CCD Summary in Zip File*
  - *Enclose Plain Text Summary in Zip File*
  - *Send summary via Direct*
  - *Send summary via email*

The criteria noted in the 2022 Credible RWT Plan noted the ability to generate and download a C-CDA as well as transmit over email.

Generate and send via email:

🔘 Send summary via email   **Email Address:** [   ]

⚠ The summary will be sent over an unsecured connection

[GENERATE SUMMARY]

Measure: Compliance of Immunization Message § 170.315(f)(1) Transmission to immunization registries Measure: Compliance of Syndromic Surveillance § 170.315(f)(2) Transmission to public health agencies – syndromic surveillance	Testing Method: Compliance and Tool

Our team worked collaboratively with a customer on a shared video call for this measure, documenting and validating steps and results. The customer noted that immunizations are not a general service for their behavioral healthcare agency, but there is an opportunity to provide them to clients.

The customer navigated to a test client in their production database, to the Immunizations section of the navigation bar (controlled by security roles and rights), and then created an immunization entry for this client. The creation included vaccination name, dosage amount, lot number, manufacturer name, and other required criteria elements. Our teams generated the HL7 file and visually inspected it using Notepad. Credible further submitted HL7 files to the NIST tool to validate the message and as an additional step in confirmation towards compliance.

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 Credible supports as behavioral healthcare and human services are not traditional settings for ongoing immunizations.

Measure: Compliance of Electronic Case Reporting	Testing Method: Compliance and Tool
§ 170.315(f)(5) Transmission to public health agencies – electronic case reporting	

Credible's RWT Plan indicated this measure to be coordinated with a customer, yet as shown in this results report; Credible 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.

These criteria and data are flexible intentionally, with QPP providing the scope of a "borderless registry" as an acceptable means of defining this measure and its intent. As such, Credible does not have any customers who have engaged in this criteria.

Our team continues to use the following Northstar as the guidance of this measure's compliance, as noted in the 2022 RWT Plans: "...compliance with the measurement criteria and functionality by creating and maintaining the consumption of data classes and elements that meet standards defined in § 170.213 (United States Core Data for Interoperability)."

We have maintained testing specific with USCDI v1 elements, creating a data export knowing that this baseline data set is the national set for interoperability. As this measure's success is truly limited to individual specifications for use, it is challenging to forecast victories overall without scope from a registry or otherwise to perform further acceptance testing.

Credible sees a time in the future when data classes and data elements are widely used, supported, and generated to create a robust ecosystem of true national interoperability. However, without mandated use towards interoperability, it is challenging to forecast the rich use of this measure now and in the immediate future.

Measure: Compliance of API Resource Query Support	Testing Method: Compliance and Tool
§ 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	

Our team worked collaboratively with a customer on a shared video call for this measure, documenting and validating steps and results.

On request, the customer navigated to the security profile to ensure that generating a client access key was configurable for profile codes (and was enabled for their admin profile).

View Client Access Key

Instructions Placeholder. Api Url: https://exchange.cbh3.crediblebh.com Domain: Coc Client Access Key fe00d0fc-7827-1683-965e-abff699add07

Navigation returned to the client, where a Client Access Key was generated and, on request during sharing, an email to the client arrived for validation.
The following areas were then visually, and quality tested:
- Patient authentication – returned security token
- PatientData – pulled all data accurately
- All data requests – pulled data accurately

During this testing, we also reviewed (g)(10) functionality, walked through the new standards, reviewed the API documentation on the qualifacts.com website, and more.