



CY2022 | Real World Testing Results Report

InSync by Qualifacts

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RWT Results Report Summary

This document provides the Real-World Testing Results Report for InSync 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.

Authorized Representative Name: Hope Winkowski, Senior Vice President Revenue Cycle Management Services & Product Compliance
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 Date of Attestation: February 1, 2023
 Authorized Representative Signature: *Hope D. Winkowski*

General Information

Results Report based on 2022 RWT Report ID Number	20211216INS
Developer Name:	Qualifacts Systems, LLC (current) InSync Healthcare Solutions, LLC (previous)
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 (current) ONC CHPL ID: 15.02.02.1708.A039.03.02.1.191226 (previous)
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 <i>[Summarize each element that changed between the plan and the actual execution of Real World Testing]</i>	Reason <i>[Describe the reason this change occurred]</i>	Impact <i>[Describe what impact this change had on the execution of your Real World Testing activities]</i>

Withdrawn Products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):	<div style="background-color: #d3d3d3; padding: 10px; text-align: center;"> <p>CY 2022, InSync by Qualifacts software and products did not withdraw any products during the reporting year.</p> </div>
Date(s) Withdrawn:	
Inclusion of Data in Results Report:	

Summary of Testing Methods and Key Findings

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

- **Adoption Rate** will determine if/when the certified capability is being used in the real world and help identify differences in care settings. Evidence of high rates of implementation and usage indicates (but doesn't by themselves prove) a certified capability's usefulness and practical value. Evidence of low rates of implementation and usage might indicate a potential problem, of which there could be several different causes. Note, it is not the goal of this exercise to identify the individual causes of why a given certified capability may have a high or low adoption rate, but rather to identify the users and care settings for which a given test is relevant.
- **Summative Assessments** will be used to measure which certified actions were performed at the conclusion of a given time period. These will be conducted by generating reports and examining audit logs from within the certified health IT module to help demonstrate the frequency of actions within the given time frame and where possible, whether those actions were successful or unsuccessful. High success rates should indicate a successful implementation of a given certified capability in a real-world setting.

In this inaugural year of ONCs RWT, InSync (and assumably all health IT developers) gained valuable insight into the vision, execution, and goal – including the *"spirit"* behind Real World Testing.

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.

Standards Updates (SVAP)

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

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

Care Setting(s) Targeted

InSync by Qualifacts software is targeted at **behavioral healthcare** and the **human services** industries and supports the **primary care** industry.

Relied Upon Software

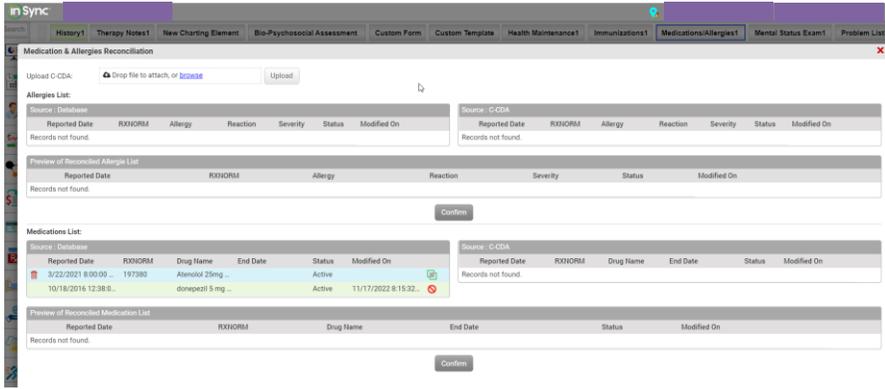
For the following measures, InSync by Qualifacts uses [Secure Exchange Solutions](#) and the clinical exchange solution software and additional 3rd party partner: § 170.315(b)(1), § 170.315(e)(1), § 170.315(h)(1)

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
<p>Within the year's first two quarters, InSync continually emphasized a collaborative team focused on product functionality, especially against functionality that is part of certification criteria.</p> <p>Reporting and data gathering for RWT methods were implemented and refined toward the data output of both collection methods. Throughout these quarters and the entire calendar year, the reports produced against certification criteria have been regularly monitored for completeness and analysis of trends.</p>	<p>Q1-Q2</p> <p><i>Care Settings: behavioral healthcare, human services, and primary care</i></p>
<p>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, InSync supported continuous quality checks on the data reporting for criteria marked with Reporting/Logging.</p> <p>InSync continued customer-facing goals focused on educating and empowering our customer base and engagement with these new regulatory changes. This included connective conversations about RWT, CoC, the Cures Act, and more, and was focused on providing connection to our customer members.</p>	<p>Q3-Q4</p> <p><i>Care Settings: behavioral healthcare, human services, and primary care</i></p>

Metrics and Outcomes

Measurement and Associated Criteria <i>(noting Relied Upon Software, if applicable)</i>	Outcomes and Challenges
<p>\$170.315(b)(1) - Transitions of care</p> <p><i>2022 RWT Expected Outcome: Our expectation is there will be moderate utilization by providers with a high success rate.</i></p> <p>While overall utilization is quite low (Q3 = 1/1971, Q4 = 0/1971), functionality is robust, allowing for the customer-agency to transmit C-CDA through Treatment Plan -> Referral module through Direct email service. This functionality allows for a powerful interoperability option that is clearly less utilized for client continuity of care across providers and specialties.</p>	<p>Metric: Adoption Rate</p>
<p>\$170.315(b)(2) - Clinical information reconciliation and incorporation</p> <p><i>2022 RWT Expected Outcome: Our expectation is there will be low utilization by providers with a high success rate.</i></p> <p>The adoption rate for this criteria is as expected (Q3 = 26/1971, Q4 = 20/1971) with the ability to perform these interoperable tasks in the integrated workflow, allowing the user to reconcile the C-CDA file from the Medication and Problem modules, respectfully.</p> 	<p>Metric: Adoption Rate</p>
<p>\$170.315(b)(3) - Electronic prescribing</p> <p><i>2022 RWT Expected Outcome: Our expectation is there will be high utilization by providers with a high success rate.</i></p> <p>The adoption rate for this criteria is relatively robust (Q3 = 556/1971, Q4 = 563/1971), allowing the agency user to prescribe medication(s) and transmit it to the pharmacy thorough Prescribe Medication module. Overall, there is a high utilization of e-prescribing across customer domains, highlighting the great need and strength of this data interoperability.</p> <p>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."</p>	<p>Metric: Adoption Rate</p>

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.

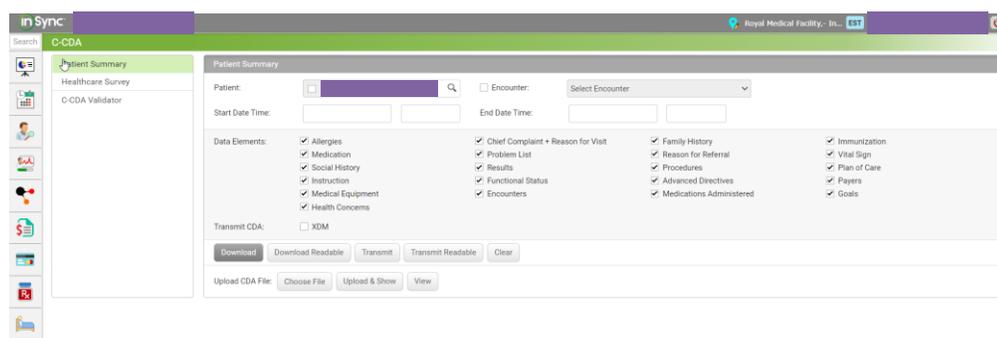
§170.315(b)(6) - Data export

Metric: Summative Assessments

2022 RWT Expected Outcomes: For the individual patient export, the CCDAs will be visually inspected to confirm that the CCDAs exported for the individual test patients are well formed and contain the expected data. For the batch export, the number of patients exported will be verified against the number of patients encountered for the week.

The summative data allows for visual 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, InSync frequently reviews measure components as an ongoing practice. For this measure, the reporting shows moderate utilization (Q3 = 50/1971, Q4 = 51/1971) overall.



§170.315(c)(1) - Clinical Quality Measures (CQMs) - Record and export

§170.315(c)(2) - Clinical quality measures (CQMs) - import and calculate

§170.315(c)(3) - Clinical quality measures (CQMs) – report

Metric: Adoption Rate

2022 RWT Expected Outcome: Our expectation is there will be moderate utilization by providers with a high success rate.

The adoption rate for this measure was moderate overall, with an increase in using CQM reporting by Q4:

- (c)(1): Q3 = 12/1971, Q4 = 12/1971
- (c)(2): Q3 = 0/1971, Q4 = 0/1971
- (c)(3): Q3 = 17/1971, Q4 = 37/1971

With our main care setting in behavioral healthcare and human services, InSync has seen waning 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 primary care setting for InSync) 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."*

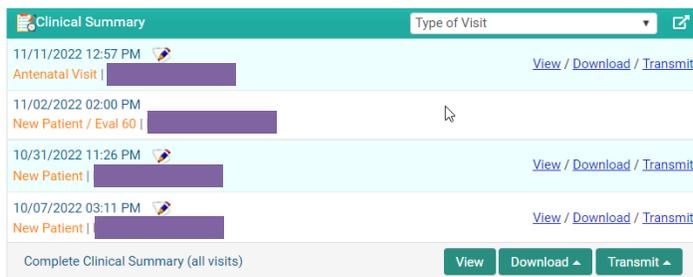
InSync provides a robust, interoperable solution for value-based reporting across our customer base. However, utilization waxes and wanes dependent on incentive-based programming overall. The concluding statement from the JAMA research provides great clarity into the overall landscape: *"In this national 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."*

§170.315(e)(1) - View, download, and transmit to 3rd party

Metric: Adoption Rate

2022 RWT Expected Outcome: Our expectation is there will be moderate utilization by patients for view and lower utilization for download and transmit with a high success rate for all certified capabilities.

The adoption rate for this criteria is relatively robust (Q3 = 193/1971, Q4 = 179/1971). Within the Client Portal, the ability to self-service this measure criteria (VDT) is user-friendly and translates to a higher adoption rate across the customer base.



§170.315(f)(1) - Transmission to immunization registries

Metric: Summative Assessments

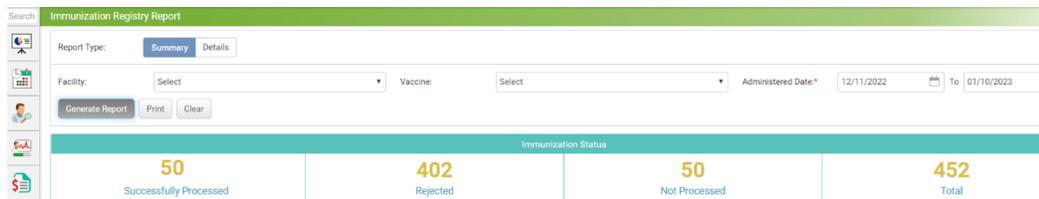
2022 RWT Expected Outcomes: Send Immunization records to the state registry.

- *High number of immunizations HL7 message transmitted to the registry*
- *Moderate number of query/responses HL7 message received from the immunization registry*

The 2022 RWT produced by InSync referred to a high number of overall messages and a moderate number of responses (query) in connection to registry submission of this data set. 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 the care settings supported. InSync

primarily supports behavioral healthcare, human services, and other specialty services (chiropractic, OT/SLP/PT), not traditional settings for ongoing immunizations.

This was echoed in the overall use of the immunizations module (Q3 = 19/1971, Q4 = 20/1971). InSync routinely visually monitors and inspects the HL7 file processing, which shows a valid structured file for use in transmission. InSync is in production with numerous registries sending and receiving data, showcasing the interoperable functionality.

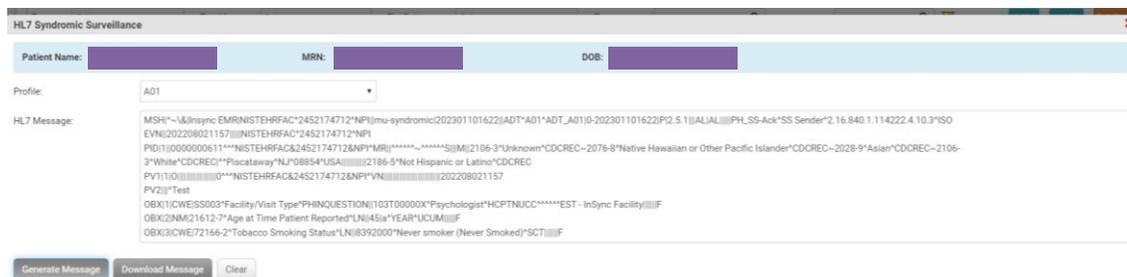


§170.315(f)(2) - Transmission to public health agencies – syndromic surveillance

Metric: Summative Assessments

2022 RWT Expected Outcome: Our expectation is a moderate number of syndromic surveillance HL7 messages generated and transmitted to public health agencies.

This HL7-standard data can be transmitted from encounter shortcuts, creating a syndromic surveillance message for transmission. Overall utilization shows lower usage, but usage in production showcasing interoperable data and structure (Q3 = 4/1971, Q4 = 4/1971).



§170.315(f)(7) - Transmission to public health agencies – health care surveys

Metric: Summative Assessments

2022 RWT Expected Outcomes: Moderate number of API authentication events. A moderate number of API authentication done with 3rd party system

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 (Q3 = 0/1971, Q4 = 0/1971).



§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

Metric: Summative Assessments

2022 RWT Expected Outcomes: Patient ID is accepted, and a token is returned. Patient CCDS data is visible in the app as either discreet data fields or as a CCDA

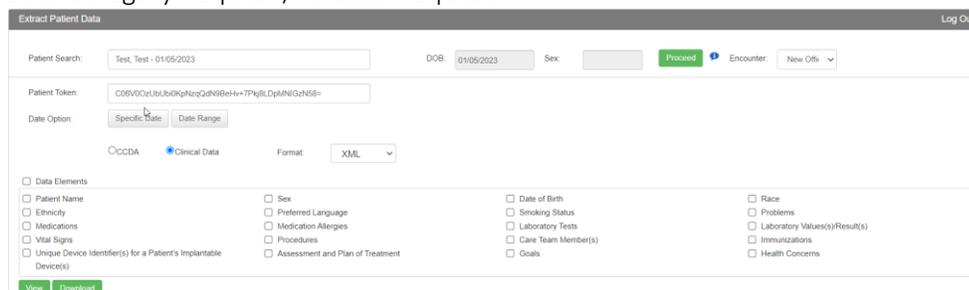
As an industry, utilization for (g)(7-9) has been markedly low overall, and the data from InSync validates this same trend (all criteria: Q3 = 0/1971, Q4 = 0/1971). While our software functionality is poised and available for interoperable API calls, utilization remains low, matching the national trend.

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." InSync, 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.

Patient Selection



Data Category Request / All Data Request



§170.315(h)(1) - Direct Project

Metric: Adoption Rate

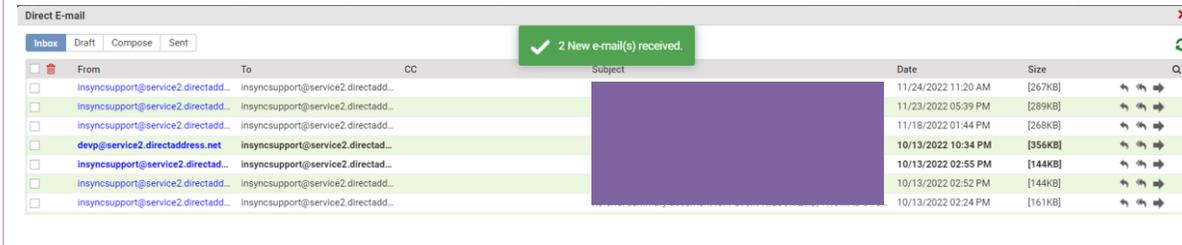
2022 RWT Expected Outcome: Our expectation is there will be moderate utilization by providers with a high success rate.

The anticipated adoption rate for this criteria was higher than the actual (Q3 = 21/1971, Q4 = 16/1971), and the successful transmission of Direct Messages through [Secure Exchange Solutions](#), our trusted Partner for this criteria, is strong.

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.



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