2023 Qualifacts InSync Real World Testing Results Report

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RWT Results Report Summary

This document provides the Real-World Testing Results Report for Qualifacts InSync for the calendar year 2023. 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 2023 RWT Report ID Number	20221109qua
Developer Name:	Qualifacts Systems, LLC
Product Name:	InSync EMR/PM
Version Number:	Version 10 (current) Version 9.0.28 (previous)
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://www.qualifacts.com/onc-certification-and-costs/

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]

In 2023, Qualifacts InSync encountered no interest or engagement for measures where the testing methods were designed to interact with the customer. As such, 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Withdrawn Products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):	In CY2023, Qualifacts InSync software did not withdraw any products during the reporting year.
Date(s) Withdrawn:	
Inclusion of Data in Results Report:	

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Summary of Testing Methods and Key Findings

Qualifacts InSync focused on two distinct testing methods for our 2023 Real World Testing Plan:

- **Reporting/Logging:** This methodology uses the EHR's logging and reporting capabilities to evaluate system actions as part of users' 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 that can be accessed at different times of the year and evaluate the interoperability of EHR functionality. It 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.

> **"You can't connect the dots looking forward; you can only connect them looking backward. So you have to trust that the dots will somehow connect in your future."**
> **–Steve Jobs**

In this sophomore year of ONCs RWT, InSync (and presumably all health IT developers) continues to gain immeasurable and valuable insight into the vision, execution, and goal – including the "spirit" – behind Real World Testing. Objectively reviewing metrics throughout the year provided an opportunity for quality checkpoints, data analysis, and – as in 2022 – the privilege to grow, learn, explore, engage, and move the needle forward on the reachable goal of national interoperability.

Where appropriate in this RWT Results Report, a review of "year-over-year" data was noted and discussed. The beauty of these annual ONC results reports is the review of calendar year data not only for real-world application and use but also to see the trends of that use from one year to the next. The healthcare IT industry is nearing eight years since the passage of The 21st Century Cures Act – we continue to discover and explore the aims, ideals, and purpose of firmly creating a nationally interoperable, interchangeable foundation.

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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):	In 2023, Qualifacts InSync 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

Qualifacts InSync software is targeted at behavioral healthcare and the human services industries and additionally supports the Primary Care industry. The testing methods utilized are at an enterprise level, and each of the care settings are included in the analysis, review, and reporting.

Relied Upon Software

For the following measures, Qualifacts InSync uses Secure Exchange Software for § 170.315(b)(1), § 170.315(e)(1) and § 170.315(h)(1), and Smile CDR Inc (Version v2022.11) for § 170.315 (g)(10).

Key Milestones

Key Milestone	Timeframe
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. During this same time, reporting and data gathering for RWT methods were monitored 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.	**Q1-Q2** **Care Settings:** behavioral healthcare and human services
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.	**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 § 170.315(b)(1) Transitions of care § 170.315(h)(1) Direct Project	Testing Method: Reporting/Logging

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

Matrices	Q3 Result	Q4 Result
The number of Direct messages received	18402	17187
The number of Direct messages sent	18	17
The percentage of Direct messages sent successfully	18	17
The number of Clinical Summary documents sent via Direct	706	399

The overall use of C-CDA documents sent from the InSync software show a robust volume received per reporting quarter. Conversely, the low utilization trend for messages sent, whether with or without the C-CDA document, is significantly lower. In reviewing these results when viewing the utilization of outgoing – or sent – Clinical Summary documents using Direct messages (via Secure Exchange Solutions), we can glean the successful use of this functionality and how its use benefits and impacts the overall coordinated care of the consumer.

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

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

Matrices	Q3 Result	Q4 Result
The number of unique destinations for all Direct messages sent	4	7
The number of unique destinations for Direct messages containing a Clinical Summary	3	2

Overall utilization remains relatively low, including the unique destinations. Where we can lean into the knowledge that InSync customers use the functionality, the smaller number shows an accurate, focused use.

We are in a time of great change regarding interoperability in the healthcare IT space. C-CDA use, promoting interoperability, has long been fraught with challenges, yet there is such potential when used – here's to continual advances and uses as we continue to innovate and create progress.

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

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

Matrices	Q3 Result	Q4 Result
The number of Clinical Summary documents imported	396	365
The percentage of patients seen in per month in a 90-day period having at least one Clinical Summary document imported	0.13%	0.12%
For the patients having at least one Clinical Summary documented imported	371	310
a. The percentage of patients with a least one Medication record incorporated via Clinical Summary	0.10%	0.12%
b. The percentage of patients with a least one Medication Allergy record incorporated via Clinical Summary	0%	0%
c. The percentage of patients with a least one Problem record incorporated via Clinical Summary	0%	0%

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 change in the behavioral healthcare and human services industries.

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

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

Matrices	Q3 Result	Q4 Result
The percentage of NewRx messages sent successfully	99.49%	99.45%
The number of RxChangeRequest messages received	49938	59102
The percentage of RxChangeResponses messages sent successfully	90.14%	88.65%
The number of RxFill messages received	436244	407298

Overall, there is relatively robust use of e-prescribing across all customer domains, highlighting the great need and strength of this data interoperability. The strong positives are the performance rates of successful messages for NewRx (average 99.5%) and the successful messages for RxChangeResponse (average 89.4%). While the RxFill messages dipped from one measurement period to the next, the use among customers is quite robust.

At Qualifacts, we wholeheartedly continue to 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 (such as NDPDP 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

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

Matrices	Q3 Result	Q4 Result
The total number of CQM reports created by agencies, separated by measure	1292	4792
The percentage of agencies with access to the CQM software that have created at least one CQM report	1.99%	1.80%

InSync provides clinical quality measurements that span metrics for our customers' many care settings. 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 COVID-19 continued into PY2022 (https://qpp.cms.gov/mips/exception-applications?py=2022).

- The 2022 report from the JAMA Health Forum highlighted that psychiatrists (one of the main care settings for InSync) performed significantly lower and received more significant penalties in QPP's MIPS program. This report has been widely cited as the reason for low participation, with headlines

reporting the "pinch of MIPS" to "low MIPS system scores" as the reason for this trend.

JAMA relayed in their study: "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 excellent 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. 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 with 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

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

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Area	Zero Errors	A+	A-	B+	B-	C	D
IG Errors	7						
Cures Act Errors	5						
Letter Grade		2	5		1		
Avg Score	92.0%						
Miscellaneous		8					
Patient		8					
Problems		3		2	1	2	
Immunizations		2	1				
Encounters			6				
Vital Signs		3	1	2			
Allergies				1			
Lab Results				3			1
Medications			4				
Procedures					3	3	
Social History				3	2	4	

InSync tested 7 sample C-CDA XML files through the HealthIT "C-CDA Scorecard 2.0" Edge Test Tool.

The overview afforded by this systematic review allows excellent insight and understanding toward use and areas of improvement. This data review provides InSync with a wealth of knowledge for continual quality improvement.

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

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

# QRDA III Created	# Measures	# Zero Conformance	Percent Conforming	# Correctly Calculated	Percent Calculated
1	30	0	100	30	100

In the 2023 RWT Plans, InSync chose the outcomes listed to 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. InSync used the Cat III XML file to validate against compliance using the Cypress Validation Utility (CVU).

In the results shown, InSync achieved 100% conformance, zero errors, and completely accurate calculations. InSync attested to using ONC Test Procedure Version 1.4 and using Test Tool and Version Cypress 7.0.2.

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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

InSync 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, we reviewed two specific outcomes:

- The number of clinical summaries sent from the portal to a direct address
- The number of clinical summaries sent from the portal to an email address

Matrices	Q3 Result	Q4 Result
The number of clinical summaries sent from the portal to a direct address	0	0
The number of clinical summaries sent from the portal to a email address	0	0

The data showcases a yin and yang moment: the functionality is available, but the use is not present.

Patient engagement has long been a topic for discussion and dissection for many years in the healthcare IT ecosystem. ONC created the Patient Engagement Playbook quite some time ago and it remains the industry leading robust resource with regular updates. How do the benefits of an engaged patient benefit their care *and* the practice? ONC relays, simply, "Patient engagement can have big benefits for your practice and your patients: better communication, better care, and better outcomes. Health information technology (health IT) is a powerful tool to help you get there — so learn how to make it work for you."

The OpenNotes movement echoes these benefits and effects and takes the conversation even one step further:

"Patients who read notes report that they:

- have improved understanding of their health and medical conditions
- recall their care plan more accurately
- are better prepared for visits
- feel more in control of their care
- take better care of themselves
- take their medications as prescribed more frequently
- have more successful conversations and stronger relationships with their doctors."

The benefits are overwhelmingly clear: engaging through portals provides positive care and outcomes, engagement and relationships, and overall understanding. The challenge, as these numbers show, is the leap for an engaged national patient population to use and participate with the information readily available.

Measure: Compliance of Immunization Message § 170.315(f)(1) Transmission to immunization registries **Measure: Compliance of Syndromic Surveillance**	Testing Method: Compliance and Tool

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

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

InSync created a sample of immunization VXU messages and utilized the NIST Immunization Test Suite tool for the following results:

NIST Immunization Test Suite Tool | Tool Release Date 10/12/2023
6 files / 6 errors > corrected files, retested with zero errors

- 3 of the 6 files contained the error message OBX[3]-5[1].1 (location of injection); test file was updated with missing data element, retested and the error was resolved.
- 4 of the 6 files contained the error message RXR[1]-1[1].1 (route of administration); test file was updated with missing data element, retested and the error was resolved.

The 2023 RWT Plans anticipated that +/- 75% of VXU messages created will have zero errors. Where error messages were received, it was solely due to incomplete test data. Once the data element was entered and the test re-run, InSync achieved an error-free success rate.

HL7v2 Syndromic Surveillance Test Suite Date: 02/13/2023 00:00:00 Application Version: 1.7.2
8 files / 0 errors

The 2023 RWT Plans additionally relayed the following for Syndromic Surveillance: "As our customers do not regularly use this feature, so InSync will focus on its compliance evaluation to ensure it works if needed in future production situations." With the data shown in the table above, the expected outcome of successful generation and testing of an HL7 v2.5.1 message has been demonstrated.

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

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

The 2023 RWT plans indicated "document clinical data which produce a 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 will be sent to the public health registry."

Where healthcare survey events were absent from any data events during the 2023 reporting period, similar to 2022, yet the ability to generate reports towards the criteria of this measure is available for use.

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

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

Matrices	CY2023 Count
Count of registered applications (sandbox)	4
Count of registered applications (production)	0

This measure testing provided assurances toward the ability to connect to the EHR's API resources and query patient clinical data through the API. We anticipated that these metrics would show a shift toward using FHIR API -- and they mildly do just that -- but adoption has proven to be minimal in the behavioral healthcare and human services care settings, as shown in the included table.

During 2023, Qualifacts InSync had four requests from developers to connect via FHIR API, and all four received credentials and had successful connections to the sandbox environment. As publicly noted in Qualifacts' Endpoint Directory, no direct connections have been made to the production data.[https://documentation.qualifacts.com/platform/insync/insync-fhir.html]

We look forward to a healthcare IT ecosystem where FHIR API provides the goals ONC envisions – innovation, solution, and low cost.

> **"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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