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insync

CY2025 REAL WORLD TESTING PLAN

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Executive Summary

This document provides the Real-World Testing Plan for InSync for the calendar year 2025. This document provides the Real-World Test measurements and metrics that meet the intent and objectives of the ASTP/ONC Condition of Certification and Maintenance of Certification requirements for Real-World Testing (§ 170.405 Real-World Testing). ASTP/ONC has guided that this test intends to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting targeted for use.

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

We have included our timeline, milestones for completing the Real-World Testing in CY 2025, and information about compliance with the Standards-Version Advancement Process updates.

Attestation

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

Authorized Representative Name:	Hope Winkowski, Vice President of Product Compliance
Authorized Representative Email:	hope.winkowski@qualifacts.com
Authorized Representative Phone:	301-652-9500 x0428
Date of Attestation:	October 3, 2024
Authorized Representative Signature:	Hope D. Winkowski, M.Ed, NCC, OHCC

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General Information

Report ID Number	20241003qua
Developer Name:	Qualifacts Systems, LLC
Product Name:	InSync EMR/PM
Version Number:	Version 10
Certified Health IT Product List (CHPL) ID:	ASTP/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/

Standards Updates

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

Standard (and version):	For the CY2025 period, Qualifacts InSync does not have any voluntary SVAP updates
Updated certification criteria and associated project:	
Health IT Module CHPL ID:	
Method used for standard update:	
Date of ASTP/ONC ACB notification:	
Date of customer notification (SVAP only):	
Conformance Measure:	
USCDI updated certification criteria (and USCDI version):	

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Measures Used / Overall Approach

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

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

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

Testing Approach:

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

- **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 ASTP/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.

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Care Setting(s) Targeted

Qualifacts InSync software targets behavioral healthcare and the human services industries and supports the Primary Care industry. In each measure, we address the care settings targeted and note any necessary adjustment or specific factor to consider with this particular measure.

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).

Applicable Real-World Testing Certification Criteria

Care Coordination	▪ § 170.315(b)(1) Transitions of care ▪ § 170.315(b)(2) Clinical information reconciliation and incorporation ▪ § 170.315(b)(3) Electronic prescribing ▪ § 170.315(b)(10) Electronic Health Information Export
Patient Engagement	▪ § 170.315(e)(1) View, download, and transmit to 3rd party
Clinical Quality Measures	▪ § 170.315(c)(1)—record and export ▪ § 170.315(c)(2)—import and calculate ▪ § 170.315(c)(3)—report
Electronic Exchange	▪ § 170.315(h)(1) Direct Project
Application Programming Interfaces (APIs)	▪ § 170.315(g)(7) Application access—patient selection ▪ §170.315(g)(9) Application access — all data request

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	▪ § 170.315(g)(10) Standardized API for patient and population services
Public Health	▪ § 170.315(f)(1) Transmission to immunization registries ▪ § 170.315(f)(2) Transmission to public health agencies – syndromic surveillance ▪ §170.315(f)(7) - Transmission to public health agencies – health care surveys

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Schedule of Key Milestones

Key Milestone	Timeframe
▪ Submission of Real World Testing Plan for CY2025 to the ACB.	On or before October 15, 2024
▪ Analysis and Real World Testing Results Report creation for CY2024.	December 2024 to January 2025
▪ Submission of Real World Testing Results Report for CY2024 to the ACB.	On or before February 1, 2025
▪ Lessons Learned: Qualifacts will perform a "lessons-learned" internal process to review successes from the previous year and areas for improvement for each annual RWT update. ▪ Quarterly review of data collection toward annual Real World Test Plan criteria.	Quarterly (2025)
▪ Submission of Real World Testing Plan for CY2026 to the ACB.	On or before October 15, 2025
▪ Analysis and Real World Testing Results Report creation for CY2025.	December 2025 to January 2026
▪ Submission of Real World Testing Results Report for CY2025 to the ACB.	On or before February 1, 2026

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

Measure Description	Create and send transition of care/referral summaries utilizing the CEHRT (InSync) to a third party using Direct Messaging during a transition of care throughout an interval.
Associated Criteria	▪ § 170.315(b)(1) Transitions of care ▪ § 170.315(h)(1) Direct Project
Justification for selected measurement/metric	This measure provides a numeric value to indicate the use and compliance of this interoperability measure. InSync customer agencies use Direct Messaging to send C-CDA exchange documents during care transitions, making this measure a positive indicator of real-world interoperability. Measure incrementation will indicate a summary of care records created using certified EHR technology and exchanged electronically. This measure supports the Direct Edge protocol in connecting to an HISP for successful transmission.
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	▪ Send and receive transition of care (ToC)/referral summaries. ▪ Ability to record all CCDs and other clinical data elements noted in a test scenario (USCDI v1). ▪ Demonstrate ability to send a CCD document. ▪ EHR will demonstrate the ability to confirm the successful interoperability of an exchanged patient record with a 3rd party. InSync will utilize various reports and audit logs to accomplish this measure test, including automated measure (§ 170.315(g)(2)) reports, to determine the measure count. Metrics will include: - The number of Direct messages received. - The number of Direct messages sent. - The percentage of Direct messages sent successfully. - The number of Clinical Summary documents sent via Direct. It is anticipated that a high percentage of Direct Messages will be sent successfully, provided the destination is a valid Direct address.

Measure: Number of Different Destinations C-CDAs Successfully Sent

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

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

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

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

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

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

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

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Measure: Compliance of C-CDA Error Detection

Measure Description	This measure tracks compliance with the measurement criteria and functionality of detecting errors within a received or imported C-CDA.
Associated Criteria	▪ § 170.315(b)(1) Transitions of care
Justification for selected measurement/metric	This measure will ensure compliance with the criteria, specifically detecting any conformance or vocabulary standard errors of a received or imported in C-CDA. CDA error detection assures the user of the validity of received or imported C-CDAs, a certification requirement, and supports interoperability within the production setting. To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted C-CDA or (2) utilize data from "Test Client" records. De-Identification standards: https://www.hhs.gov/hipaa/for- professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	Qualifacts will import in, either through upload or inbound Direct Messages, C-CDAs with different known errors. We will use the EHR functions to parse the C-CDA document and perform error detection, which the user will review. We expect that the methodologies described above will demonstrate that participating organizations in real-world contexts utilize C-CDA both received and incorporated.

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

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

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

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Measure: Electronic Health Information Export Requests

Measure Description	Create a "single-patient" or "patient-population" electronic health information file in an electronic and computable format. This measure reviews both the utilization of these criteria with a focus on the successful creation of such files upon request.
Associated Criteria	▪ § 170.315(b)(10) Electronic Health Information Export
Justification for selected measurement/metric	This measure provides a numeric value to indicate the use and conformance of this interoperability measure. Measure incrementation will indicate overall performance and utilization of this criteria. Leaning on the conformance methods of this criteria, the insight of the data collected will hold focus against: - Is created in a timely fashion, includes all the EHI for a single patient as described in § 170.315(b)(10)(i)(A), is electronic and in a computable format; and it includes a publicly accessible hyperlink of the export's format. {reference: https://www.healthit.gov/test-method/electronic-health-information-export}
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	InSync will utilize various reports and audit logs to accomplish this measure test, including automated measure (§ 170.315(b)(10)) reports, to determine the measure count. Metrics will include: - The number of single-patient EHI Export requests - The number of patient-population EHI Export requests - The number of reports per type requested - The average time (start to finish) - The number of reports successfully completed - The percentage of reports completed successfully. It is anticipated that the request rate will be lower as this criterion is relatively new in the healthcare IT ecosystem. However, even with lower utilization, we anticipate high success rates with report requests and completion showcasing functionality.

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

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

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	- The percentage of agencies with access to the CQM software that have created at least one CQM report. Completing this measure further implies that users have a general understanding of the EHR functional operations for this functionality and module, as well as overall support for the user experience. Not completing this measure may indicate a lack of knowledge or possibly a lack of use or need for this functionality. InSync expects that the methodologies described above will demonstrate that participating organizations in real-world contexts utilize Clinical Quality Measures, including recording, calculating, and reporting.

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Measure: Compliance of QRDA Cat III with Cypress Validation Utility

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

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

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

Measure: Compliance of Immunization Message

Measure Description	This measure tracks compliance with the measurement criteria and functionality of creating immunization information for electronic transmission.
Associated Criteria	§ 170.315(f)(1) Transmission to immunization registries
Justification for selected measurement/metric	This measure will ensure compliance with the measurement criteria and functionality of creating immunization information for electronic transmission, recording immunization information on a client, and creating an immunization message that a customer-agency user can deliver/transmit to a public health registry. To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from "Test Client" records. De-Identification standards: https://www.hhs.gov/hipaa/for- professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	Qualifacts InSync will use the EHR functions to document immunization information typical to their workflow, including vaccination name, dosage amount, lot number, manufacturer name, and other required criteria elements. Then, using the EHR functions, we will produce an HL7 v2.5.1 VXU immunization message according to the ASTP/ONC standards. Metrics will include: - The number of VXU messages created and the percentage having zero errors per the HL7 Context-Free validation available in the NIST Immunization Test Suite tool. - It is anticipated +/- 75% of VXU messages created will have zero errors.

Measure: Compliance of Syndromic Surveillance

Measure Description	This measure tracks compliance with the measurement criteria and functionality of creating and submitting syndromic surveillance data.
Associated Criteria	▪ § 170.315(f)(2) Transmission to public health agencies – syndromic surveillance
Justification for selected measurement/metric	This measure will ensure compliance with the measurement criteria and functionality of creating and submitting data defined as syndromic surveillance. The World Health Organization defines syndromic surveillance as "Syndromic surveillance is the near real-time collection, analysis, interpretation, and dissemination of health-related data in order to enable the early identification of the impact (or absence of impact) of potential health threats that may require public health action." As our customers do not regularly use this feature, InSync will focus on its compliance evaluation to ensure it works if needed in future production situations. To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from "Test Client" records. De-Identification standards: https://www.hhs.gov/hipaa/for- professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	Qualifacts InSync will use the EHR functions to document data and clinical information typical to their workflow. Then, we will use the EHR functions to produce the HL7 v2.5.1 message according to ASTP/ONC standards. Utilizing the NIST Syndromic Surveillance Test Suite (https://hl7v2-ss- r2-testing.nist.gov/ss-r2/#/home) is one option to seek confirmation towards compliance. All files submitted to the NIST Tool will be either de-identified or of Test Clients. Metrics will include: - The number of messages created and the percentage having zero errors per the HL7 Context-Free validation available in the NIST Syndromic Surveillance Test Suite tool. - It is anticipated +/- 75% of messages created will have zero errors.

Measure: Compliance of Health Care Surveys

Measure Description	This measure tracks the ability to generate a Health Care Survey CDA for upload to various agencies, such as the CDC's NHCS Secure Transfer portal.
Associated Criteria	▪ § 170.315(f)(7) Transmission to public health agencies – Health Care Surveys
Justification for selected measurement/metric	This measure will ensure compliance with the measurement criteria and functionality of creating a healthcare survey message. Because our customers do not regularly use this feature, InSync will focus on its compliance evaluation to ensure it works if they need it in future production situations. To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from "Test Client" records. De-Identification standards: https://www.hhs.gov/hipaa/for- professionals/privacy/special-topics/de-identification/index.html
Care Setting	Behavioral healthcare agencies and Primary care agencies
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	Qualifacts InSync will use the EHR functions to document clinical data, which produces a Health Care Survey message typical to a 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.
Reference	https://qpp.cms.gov/docs/pi_specifications/Measure%20Specifications/2021%20MIPS%20PI%20Electronic%20Case%20Reporting.pdf

Measure: Compliance of API Resource Query Support

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

315 Deaderick Street, Suite 2300 Nashville, TN 37238 qualifacts.com

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

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