

CY2024 REAL WORLD TESTING RESULTS



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RWT Results Report Summary

This document provides the Real-World Testing Results Report for Qualifacts CareLogic for the calendar year 2024. 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)

ASTP/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 ASTP/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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Date of Attestation:	February 21, 2025
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General Information

Results Report based on 2023 RWT Report ID Number	CareLogic-RWT-2024
Developer Name:	Qualifacts Systems, LLC
Product Name:	CareLogic
Version Number:	Enterprise S3
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.04.04.2237.Care.S3.00.1.181220, 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]
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Qualifacts CareLogic did not make any changes to our approach for Real World Testing that differs from what was outlined in the CY2024 RWT plan.

Withdrawn Products

ASTP/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):	<p>In CY2024, Qualifacts CareLogic software did not withdraw any products during the reporting year.</p>
Date(s) Withdrawn:	
Inclusion of Data in Results Report:	
Report:	

Summary of Testing Methods and Key Findings

Qualifacts CareLogic focused on two distinct testing methods for our 2024 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 third year of ASTP/ONCs RWT, Credible (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 and 2023 – 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.

Standards Updates (SVAP/USCDI)

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

Standard (and version):	USCDI v1
Updated certification criteria and associated project:	170.315 (b)(1), 170.315 (b)(2), 170.315 (e)(1), 170.315 (g)(9)
Health IT Module CHPL ID:	15.04.04.3124.Care.S3.00.1.181220
Method used for standard update:	Cures Update
Date of ONC ACB notification:	December 29, 2022
Date of customer notification (SVAP only):	n/a
Conformance Measure:	<ul style="list-style-type: none"> - Number of Transition of Care C-CDAs Successfully Sent, Number of Different Destinations C-CDAs Successfully Sent, Compliance of C-CDA Creation and C-CDA Scorecard Average, and Compliance of C-CDA Error Detection for (b)(1) - Number of C-CDAs Received and (or) Incorporated for (b)(1) and (b)(2) - Compliance of Portal Download and Email Transmit Capabilities and C-CDA Scorecard Average for (e)(1) - Compliance of API Resource Query Support for (g)(9)
USCDI updated certification criteria (and USCDI version):	170.315 (b)(1), 170.315 (b)(2), 170.315 (e)(1), 170.315 (g)(9) USCDI v1

Care Setting(s) Targeted

Qualifacts CareLogic software is targeted at behavioral healthcare and the human services industries. The testing methods utilized are at an enterprise level, and each care setting is included in the analysis, review, and reporting.

Relied Upon Software

Additional software relied upon to demonstrate compliance: Rcopia (DrFirst) for § 170.315(b)(3), Updax for § 170.315(e)(1), MaxMD DIRECT mdEmail for § 170.315(b)(1), § 170.315(e)(1), and § 170.315(h)(1), Dynamic Health IT CQMsolution for § 170.315(c)(1) to (c)(3), Ping Identity for § 170.315(g)(10).

Key Milestones

Key Milestone	Timeframe
<ul style="list-style-type: none"> Qualifacts successfully published the RWT Plan for CY2024 within the timeframe noted. The Plan can be viewed at https://www.qualifacts.com/onc-certification-and-costs/. 	<p>On or before November 1, 2023</p>
<ul style="list-style-type: none"> During the end of 2023 and into Q1 2024, Qualifacts performed an analysis of data and generated the Real World Testing Results Report creation for CY2023. The final report can be found at the URL listed above. 	<p>Data review: December 2023 to January 2024</p> <p>Submission and publication: On or before February 1, 2024</p>
<ul style="list-style-type: none"> Lessons Learned: Qualifacts performed an internal “lessons-learned” process that reviewed successes from the previous year and areas for improvement for each annual RWT update. These quarterly sessions allowed Qualifacts to review data collection toward annual Real World Test Plan criteria. 	<p>Quarterly throughout 2024</p>
<ul style="list-style-type: none"> Qualifacts successfully published the RWT Plan for CY2025 within the timeframe noted. The Plan can be viewed at https://www.qualifacts.com/onc-certification-and-costs/. 	<p>On or before October 15, 2024</p>

<ul style="list-style-type: none"> During the end of 2024 and into Q1 2025, Qualifacts analyzed data and created the Real World Testing Results Report for CY2024. This is the final report that is published on the URL above and submitted to the ACB. 	<p>Data review: December 2024 to January 2025</p> <p>Submission and publication: On or before February 1, 2025</p>
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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

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

Year-Month	Live Partner Count	Direct messages received	Partners receiving Direct	Direct messages sent	Direct messages sent successfully
2024-01	484	680	7	14	14
2024-02	489	440	7	9	9
2024-03	489	56	1	7	7
2024-04	490	185	3	3	3
2024-05	492	206	3	2	2
2024-06	493	221	2	2	2
2024-07	486	200	4	12	12
2024-08	489	183	2	5	5
2024-09	491	236	3	6	6
2024-10	497	217	2	13	13
2024-11	496	169	2	5	5
2024-12	497	191	2	3	3

While overall customer utilization is on the lower end, and lower utilization from previous years, the percent successful is significantly positive, with an average success rate of 100%, which mirrors the 2023 results for this measure.

Conversely, the utilization dramatically reduces when viewing the utilization of outgoing – or sent – Clinical Summary documents using Direct messages. The following metrics are reflective of the 2024 calendar year:

Year-Month	Live Partner Count	Partners sending Direct	Clinical Summary documents sent via Direct	Clinical Summary documents sent via Direct successfully	Clinical Summary documents sent via Direct Percent Successful	Unique Partners sending Clinical Summary documents via Direct
2024-01	484	3	1	1	100%	1
2024-02	489	3	1	1	100%	1
2024-03	489	3	2	2	100%	1
2024-04	490	1	0	0	n/a	0
2024-05	492	1	0	0	n/a	0
2024-06	493	1	0	0	n/a	0
2024-07	486	2	0	0	n/a	0
2024-08	489	3	0	0	n/a	0
2024-09	491	2	0	0	n/a	0
2024-10	497	2	0	0	n/a	0
2024-11	496	2	0	0	n/a	0
2024-12	497	1	4	4	100%	1

While customer utilization is relatively low, the overall success rate is high, with 100% successfully sent, identical to 2023 results.

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

Year-Month	Live Partner Count	Unique destinations for all Direct messages sent	Unique destinations for Direct messages containing a Clinical Summary
2024-01	484	6	1
2024-02	489	5	1
2024-03	489	6	1
2024-04	490	3	0
2024-05	492	2	0
2024-06	493	2	0
2024-07	486	3	0
2024-08	489	5	0
2024-09	491	3	0
2024-10	497	2	0
2024-11	496	5	0
2024-12	497	2	2

Overall utilization remains low, and an even lower utilization of a C-CDA document contained in the Direct Message.

Reviewing the average for the calendar year, the following decreasing trend in use is seen:

- ↓ 2024 Direct Messages Sent Monthly: 3.67 messages monthly
- 2023 Direct Messages Sent Monthly: 14.25 messages monthly

- ↓ 2024 Messages Containing a C-CDA: 0.42 messages monthly
- 2023 Messages Containing a C-CDA: 11.75 messages monthly

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

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

Year-Month	Live Partner Count	Number of Clinical Summary documents imported in the month	Patient seen with Medication Incorporated	Patient seen with Medication Allergy Incorporated	Patient seen with Problem Incorporated
2024-01	484	601	0	0	0
2024-02	489	420	0	0	0
2024-03	489	55	0	0	0
2024-04	490	170	0	0	0
2024-05	492	170	0	0	0
2024-06	493	213	0	0	0
2024-07	486	185	0	0	0
2024-08	489	138	0	0	0
2024-09	491	189	0	0	0
2024-10	497	221	0	0	0
2024-11	496	161	0	0	0
2024-12	497	203	0	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 additional functionality to reconcile the information is entirely void of use. This exactly mirrors the results reported in CY2023: this functionality is used across all customers, albeit at a lower volume in 2024 over 2023, but incorporation isn't being utilized.

- ↓ 2024 C-CDA Incorporation (average): 227
- 2023 C-CDA Incorporation (average): 280

While the functionality is powerful for care coordination, higher utilization may be lacking due to lagging behavioral healthcare industry changes. The functionality and error reduction are well documented ([NIH/PubMed](#)). Yet, the onus for use lies directly with the provider -- between the Cures Act and movements like OpenNotes, placing consumers directly in control of their healthcare ecosystem; accurate and accessible data (though CCD use and reconciliation) is likely only to be enhanced and promoted.

Measure: Electronic Prescribing {NewRx, RxChangeRequest, RxChangeResponse, RxFill}
 § 170.315(b)(3) Electronic prescribing

Testing Method:
 Reporting/Logging

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

NewRx

Year-Month	Live Partner Count	Partners sending NewRx	NewRx sent	NewRx sent successfully	Percent NewRx sent successfully
2024-01	484	303	618,804	616,116	99.57%
2024-02	489	305	569,727	564,945	99.16%
2024-03	489	292	81,109	80,646	99.43%
2024-04	490	303	588,838	586,292	99.57%
2024-05	492	305	583,072	580,208	99.51%
2024-06	493	305	527,147	525,080	99.61%
2024-07	486	304	575,939	573,208	99.53%
2024-08	489	304	561,833	559,010	99.50%
2024-09	491	303	523,697	521,124	99.51%
2024-10	497	303	588,697	525,821	89.32%
2024-11	496	301	502,333	494,784	98.50%
2024-12	497	303	527,635	524,829	99.47%

- 2024 NewRx Successful Messages (average): 98.56%

RxChangeRequest / RxChangeResponse

Year-Month	Live Partner Count	Customers sending RxChangeResponse	RxChangeResponse sent	RxChangeResponse sent successfully	Percent RxChangeResponse sent successfully
2023-03	428	81	461	304	65.94%
2023-04	429	111	747	580	77.64%
2023-05	430	112	945	665	70.37%
2023-06	433	112	818	595	72.74%
2023-07	436	105	883	646	73.16%
2023-08	443	115	1,055	716	67.87%
2023-09	443	112	883	614	69.54%
2023-10	447	116	1,489	1,196	80.32%
2023-11	447	120	1,600	1,119	69.94%
2023-12	447	109	1,298	933	71.88%

- ↑ 2024 Successful RxChangeRequest (average): 74.25%
- 2023 Successful RxChangeRequest (average): 71.95%

RxFill

Year-Month	Live Partner Count	Partners receiving RxFill	RxFill received
2024-01	484	236	30,084.00
2024-02	489	230	19,636.00
2024-03	489	233	20,661.00
2024-04	490	245	29,187.00
2024-05	492	234	28,095.00
2024-06	493	234	24,441.00
2024-07	486	243	26,960.00
2024-08	489	233	19,158.00
2024-09	491	237	24,529.00
2024-10	497	243	27,149.00
2024-11	496	231	22,045.00
2024-12	497	231	20,283.00

Overall, e-prescribing is highly utilized across all customer domains, highlighting the great need and strength of this data interoperability. NewRx volume and success rates remained highly utilized year over year.

Similar to the CY2023 Results Report for the metrics on RxChangeRequest/RxChangeResponse and RxFill, both showcase broad utilization. However, we are mindful that success with RxChangeRequests RxChangeResponses can additionally be attributed to various factors, with provider choice being the strongest.

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

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

Year-Month	Live Partner Count	Total number of CQM reports	Partners creating CQM reports
2024-01	484	4	4
2024-02	489	0	0
2024-03	489	4	2
2024-04	490	0	0
2024-05	492	7	1
2024-06	493	0	0
2024-07	486	1	1
2024-08	489	1	1
2024-09	491	0	0
2024-10	497	2	2
2024-11	496	1	1
2024-12	497	1	1

CareLogic relies on the CQMsolution® 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.
- The 2022 report from the [JAMA Health Forum](#) highlighted that psychiatrists (the primary care setting for CareLogic) 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."

CareLogic provides a robust, interoperable solution for value-based reporting across our customer base—however, utilization waxes and wanes depending 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

Testing Methods: Compliance and Tool

Measure: Compliance with C-CDA Error Detection

§ 170.315(b)(1) Transitions of care

CareLogic tested ten (10) sample C-CDA XML files through the HealthIT "C-CDA Scorecard 2.0" Edge Test Tool.

Area	Zero Errors	A+	A-	B+	B-	C	D
IG Errors	0						
Cures Act Errors	0						
Letter Grade						1	9
Avg Score							
Miscellaneous Patient		10					
Demographics		10					
Medications				6	2		2
Social History						10	
Allergies						1	9
Problems Encounters							10
Immunizations							1
Laboratory Tests and Results							1
Procedures							
Vital Signs							2

The robust overview afforded by this systematic review allows excellent insight and understanding toward use and areas of improvement. While the overall grade has fluctuated little year over year, CareLogic's data analysis has grown, providing 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
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# of QRDA III Created	# Measures	# Zero Conformance	Percent Conforming	# Correctly Calculated	Percent Calculated
1	16	0	100	16	100

In the 2024 RWT Plans, CareLogic 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. CareLogic used the Cat III XML file to validate against compliance using the Cypress Validation Utility (CVU). CareLogic achieved 100% conformance, zero errors, and completely accurate calculations in the results shown.

CareLogic attested to using ONC Test Procedure Version 1.4 and using Test Tool and Version Cypress 7.0.2. CareLogic uses Dynamic Health IT as our additional 3rd party partner for CQM reporting, using their CQMsolution.

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
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CareLogic regularly reviews functionality as part of our continuous quality improvement and uses test clients in production/live environments to review the criteria and requirements. For this measure, we examined 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

Year-Month	Live Partner Count	Via Direct	Via Email
2024-01	484	0	0
2024-02	489	0	0
2024-03	489	0	0
2024-04	490	0	0
2024-05	492	0	0
2024-06	493	0	0
2024-07	486	0	0
2024-08	489	0	0
2024-09	491	0	0
2024-10	497	0	0
2024-11	496	0	0
2024-12	497	0	0

The data showcases a yin and yang moment: *the functionality is available, but use is nonexistent.*

As data evidenced, the functionality was not used (with the exception of a single creation in March 2024) by customers in 2024, Qualifacts has utilized the flexibility offered that aligned with ASTP's statement "the use of synthetic patient data in lieu of or in addition to real patient data in real or simulated/test scenarios, executed in environments that mirror production environments." Where functionality testing in a production environment occurred quarterly, non-conformities were not identified as a result of internal testing. Should non-conformities be found during testing, they would be reported in the quarterly attestations to ONC-ACB.

For many years, Patient engagement has been a topic for discussion and dissection 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

Testing Method: Compliance and Tool

CareLogic 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
Application Version 2.0.15
6 files / 0 errors

The 2024 RWT Plans anticipated that +/- 75% of VXU messages created will have zero errors. As shown in the table above, a 100% error-free success rate was achieved, same as reported in previous years' result reports.

Creating and transmitting VXU messages are vital components of overall interoperability and coordinated client care. However, reporting on a large volume of immunization data will likely not be achievable in care settings that CareLogic supports (behavioral healthcare and human services agencies) as they are not traditional settings for ongoing immunizations.

Measure: Compliance of Health Care Surveys
 § 170.315(F)(7) Transmission to public health agencies – Health Care Surveys

Testing Method: Compliance and Tool

The 2024 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 2024 reporting period, similar to 2022 and 2023, the ability to generate reports towards the criteria of this measure is available for use.

Per the standards for this measure where ASTP relays, “Create health care survey information for electronic transmission in accordance with the standard specified in [§ 170.205\(s\)\(1\)](#),” InSync has tested the C-CDA functionality referenced in (s)(1) through our C-CDA testing activities. As HL7 references, the benefit of using the CDA structure is that it creates a standardized format for data collection that can then be collected by the NCHS.

The NIST scorecard overview below is a duplicate of reporting earlier in this results report and showcases testing and functionality of this interoperable, standardized data format.

Area	Zero Errors	A+	A-	B+	B-	C	D
IG Errors	0						
Cures Act Errors	0						
Letter Grade						1	9
Avg Score							
Miscellaneous Patient		10					
Demographics		10					
Medications				6	2		2
Social History						10	
Allergies						1	9
Problems							10
Encounters							
Immunizations							1
Laboratory Tests and Results							1
Procedures							
Vital Signs							2

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

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 following tables.

We look forward to a healthcare IT ecosystem where FHIR API provides ONC’s goals – 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

Count of registered applications (sandbox)

Year-Month	Live Partner Count	Sandbox: Requested	Sandbox: Completed
2024-01	484	1	1
2024-02	489	2	2
2024-03	489	1	1
2024-04	490	0	0
2024-05	492	2	2
2024-06	493	1	1
2024-07	486	0	0
2024-08	489	1	1
2024-09	491	1	1
2024-10	497	0	0
2024-11	496	1	1
2024-12	497	0	0

Count of registered applications (production)

Year-Month	Live Partner Count	Production: Requested	Production: Completed
2024-01	484	0	n/a
2024-02	489	0	n/a
2024-03	489	0	n/a
2024-04	490	0	n/a
2024-05	492	0	n/a
2024-06	493	0	n/a
2024-07	486	0	n/a
2024-08	489	0	n/a
2024-09	491	0	n/a
2024-10	497	0	n/a
2024-11	496	0	n/a
2024-12	497	0	n/a

Count of Client Access Keys created

Year-Month	Live Partner Count	Total Number of Keys Created	Partners Creating Access Keys
2024-01	484	0	0
2024-02	489	0	0
2024-03	489	1	0
2024-04	490	0	0
2024-05	492	0	0
2024-06	493	0	0
2024-07	486	0	0
2024-08	489	0	0
2024-09	491	0	0
2024-10	497	0	0
2024-11	496	0	0
2024-12	497	0	0

As data evidenced, the functionality was not used (with the exception of a single creation in March 2024) by customers in 2024, Qualifacts has utilized the flexibility offered that aligned with ASTP's statement "the use of synthetic patient data in lieu of or in addition to real patient data in real or simulated/test scenarios, executed in environments that mirror production environments." Where functionality testing in a production environment occurred quarterly, non-conformities

were not identified as a result of internal testing. Should non-conformities be found during testing, they would be reported in the quarterly attestations to ONC-ACB.