

CY2024 REAL WORLD TESTING RESULTS



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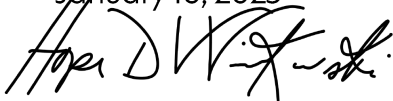
RWT Results Report Summary

This document provides the Real-World Testing Results Report for Qualifacts Credible 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 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:	January 10, 2025
Authorized Representative Signature:	

General Information

Results Report based on 2024 RWT Report ID Number	Credible-RWT-2024
Developer Name:	Qualifacts Systems, LLC
Product Name:	Credible Behavioral Health Software
Version Number:	Version 11
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.04.04.3124.Cred.11.01.1.221230, 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 Credible 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Withdrawn Products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 that were previously included in their Real World Testing plan within the past year, please provide the following information.

Version Number(s):	<p>In CY2024, Qualifacts Credible 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 Credible 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 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.

"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 ASTP/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 has been nearing a decade 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 and 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.Cred.11.01.1.221230
Method used for standard update:	Cures Update
Date of ONC ACB notification:	December 15, 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 Credible 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: Surescripts Clinical Direct Messaging for § 170.315(e)(1) and § 170.315(h)(1), Dynamic Health IT CQM solution for § 170.315(c)(1) to (c)(3), Microsoft NTP for § 170.315(e)(1), and Firely (Version 4.11.0-alpha-build-20221018.2) and Duende (Version 6.0.2) for § 170.315(g)(10).

Key Milestones

Key Milestone	Timeframe
<ul style="list-style-type: none"> Submission of Real World Testing Plan for CY2024 to the ACB. 	On or before November 1, 2023
<ul style="list-style-type: none"> Analysis and Real World Testing Results Report creation for CY2023. 	December 2023 to January 2024
<ul style="list-style-type: none"> Submission of Real World Testing Results Report for CY2023 to the ACB. 	On or before February 1, 2024
<ul style="list-style-type: none"> Lessons Learned: Qualifacts will perform an internal “lessons-learned” 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 (2024)
<ul style="list-style-type: none"> Submission of Real World Testing Plan for CY2025 to the ACB. 	On or before October 15, 2024
<ul style="list-style-type: none"> Analysis and Real World Testing Results Report creation for CY2024. 	December 2024 to January 2025
<ul style="list-style-type: none"> Submission of Real World Testing Results Report for CY2024 to the ACB. 	On or before February 1, 2025

Metrics and Outcomes

Measurement and Associated Criteria (noting Relied Upon Software, if applicable)	Outcomes and Challenges
Measure: Number of Transition of Care C-CDAs Successfully Sent § 170.315(b)(1) Transitions of care § 170.315(h)(1) Direct Project	Testing Method: Reporting/Logging

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

Year-Month	Live Partner Count	Direct messages received	Partners receiving Direct	Direct messages sent
2024-01	536	224	6	168
2024-02	538	224	5	189
2024-03	540	417	9	348
2024-04	539	344	6	296
2024-05	538	481	9	408
2024-06	538	303	9	259
2024-07	540	230	8	189
2024-08	545	252	5	185
2024-09	544	331	8	218
2024-10	544	449	7	325
2024-11	547	379	9	277
2024-12	549	368	9	310

While overall customer utilization is on the lower end, the percent successful is significantly positive, with an average success rate of 99.02%, nearly on par with the 2023 RWT Result rate of 99.16%, an increase from the 2022 RWT Result of this same metric of 98.947%.

Conversely, when viewing outgoing or sent clinical summary documents using direct messages, the utilization is dramatically reduced, which mirrors prior years' RWT Results. The following metrics are reflective of the 2024 calendar year:

Year-Month	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	1	0	n/a	n/a	0
2024-02	1	0	n/a	n/a	0
2024-03	1	0	n/a	n/a	0
2024-04	4	3	0	0	2
2024-05	3	1	0	0	1
2024-06	2	3	3	1	1
2024-07	4	3	1	0.3333	3
2024-08	2	1	1	1	1
2024-09	2	1	1	1	1
2024-10	2	1	1	1	1
2024-11	2	2	0	0	1
2024-12	3	2	1	0.5	2

Customer utilization is comparatively low, with an overall success rate of 53.70%, a slight increase from the 2023 RWT Results, which reported a 52.68% success rate. Successful delivery of Direct messages could be due to incorrect "send-to" information, among other user-involved reasons.

Measure: Number of Different Destinations C-CDAs Successfully Sent

§ 170.315(b)(1) Transitions of care
 § 170.315(h)(1) Direct Project

Testing Method:
 Reporting/Logging

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

Year-Month	Live Partner Count	Unique destinations for all Direct messages sent	Unique destinations for Direct messages containing a Clinical Summary
2024-01	536	1	0
2024-02	538	1	0
2024-03	540	1	0
2024-04	539	4	2
2024-05	538	3	1
2024-06	538	2	1
2024-07	540	4	3
2024-08	545	2	1
2024-09	544	3	1
2024-10	544	2	1
2024-11	547	2	1
2024-12	549	3	2

Overall utilization remains low, yet the destinations have a high success rate. Compared to the same data from the last reporting period, the average customer count experienced a typical fluctuation from one 12-month period to the next (501 in 2022, 570 in 2023, and 549 in 2024). The same fluctuation occurred in the unique destinations for all messages (28 in 2024, 23 in 2023, and 35 in 2022).

One customer is a high utilizer with their connection to [Mass Hlway](#), the Massachusetts Health Information Exchange (HIE), for [CANS assessments](#). When reviewing the reports, we see high success in this granular view:

Unique vs All Customers	Messages Sent	Messages Successful
Unique Customer	3,147	3,133
All Partners	3,172	3,143
% Unique Customer	99.20%	99.65%

The percentage of successful messages remains high, with slight differences year over year:

- 99.2% in 2022
- 99.66% in 2023
- 99.65% in 2024

The volume of messages decreased year over year, led by this unique customer:

- 4,268 in 2022
- 3,880 in 2023
- 3,133 in 2024

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

Credible 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	Patients seen in the month	Patients seen in the month w/ Summary Document	Percent seen in the month w/ Summary Document	Patient seen with Medication Incorporated	Patient seen with Medication Allergy Incorporated	Patient seen with Problem Incorporated
2024-01	536	10	798363	1323	0.001657141	390	77	0
2024-02	538	4	792060	1318	0.001664015	375	77	0
2024-03	540	1	796135	1245	0.001563805	354	71	0
2024-04	539	1	804588	1327	0.001649291	333	73	1
2024-05	538	2	800781	1377	0.001719571	352	70	1
2024-06	538	5	756146	1340	0.001772145	357	76	1
2024-07	540	2	770903	1356	0.001758976	381	78	2
2024-08	545	4	768805	1339	0.001741664	380	77	1
2024-09	544	0	762966	1297	0.001699945	397	83	2
2024-10	544	4	797767	1349	0.00169097	411	87	2
2024-11	547	1	753058	1161	0.001541714	357	82	1
2024-12	549	1	780590	1123	0.001438655	341	69	1

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 data is incorporated, higher utilization may be lacking due to lagging behavioral healthcare industry change. This is the same trend reported in these RWT Results Reports over the three years of submission.

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

Testing Method:
Reporting/Logging

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

NewRx

Year-Month	Live Partner Count	Partners sending NewRx	NewRx sent	NewRx sent successfully	Percent NewRx sent successfully
2024-01	536	380	612966	612079	0.9986
2024-02	538	377	573806	569534	0.9926
2024-03	540	374	553383	552539	0.9985
2024-04	539	376	589538	588829	0.9988
2024-05	538	377	590155	589261	0.9985
2024-06	538	379	525289	524281	0.9981
2024-07	540	378	590844	589653	0.998
2024-08	545	380	568529	567351	0.9979
2024-09	544	391	543666	542754	0.9983
2024-10	544	396	616338	615243	0.9982
2024-11	547	394	524091	522880	0.9977
2024-12	549	393	543704	542380	0.9976

RxChangeRequest / RxChangeResponse

Year-Month	Live Partner Count	Partners sending RxChangeResponse	Partners receiving RxChangeRequest	RxChangeResponse sent	RxChangeResponse sent successfully	Percent RxChangeResponse sent successfully
2024-01	536	94	216	958	427	0.4457
2024-02	538	90	211	721	379	0.5257
2024-03	540	90	202	781	353	0.452
2024-04	539	91	216	742	397	0.535
2024-05	538	84	192	727	410	0.564
2024-06	538	77	134	557	264	0.474
2024-07	540	77	149	583	292	0.5009
2024-08	545	79	164	563	298	0.5293
2024-09	544	79	198	631	379	0.6006
2024-10	544	91	211	949	614	0.647
2024-11	547	85	208	815	539	0.6613
2024-12	549	93	205	843	567	0.6726

*Year over year, larger percentages of failures on RxChangeResponse are recorded by Surescripts as "Error Code 601: Message could not be delivered to recipient" – the failures are not from EHR to Surescripts but, rather, the inability to send to the pharmacy.

RxFill

Year-Month	Live Partner Count	RxFill received	Partners receiving RxFill
2024-01	536	0	0
2024-02	538	0	0
2024-03	540	0	0
2024-04	539	0	0
2024-05	538	0	0
2024-06	538	0	0
2024-07	540	0	0
2024-08	545	0	0
2024-09	544	0	0
2024-10	544	0	0
2024-11	547	0	0
2024-12	549	0	0

Overall, e-prescribing is highly utilized across all customer domains, highlighting the great need and strength of data interoperability.

NewRx, year over year, the percentage of successful messages sent stays relatively static:

- 99.77% in 2024
- 99.81% in 2023
- 99.62% in 2022

Low utilization and success with change requests and responses continue to trend and can be attributed to various factors, with provider choice being the strongest. Our customers have yet to receive an RxFill message from a participating pharmacy.

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

Credible 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	Unique Partners with at least one CQM created all time (cumulative)
2024-01	536	23	6	130
2024-02	538	29	5	131
2024-03	540	29	12	136
2024-04	539	229	10	137
2024-05	538	13	1	140
2024-06	538	26	11	143
2024-07	540	31	8	145
2024-08	545	27	6	147
2024-09	544	29	7	147
2024-10	544	31	13	147
2024-11	547	5	4	147
2024-12	549	25	7	147

Credible relies on 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 [JAMA Health Forum](#) highlighted that psychiatrists (the main care setting for Credible) 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."

Credible provides a robust, interoperable solution for value-based reporting across our customer base. However, utilization waxes and wanes overall depending on incentive-based programming.

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."*

<p>Measure: Compliance of C-CDA Creation and C-CDA Scorecard Average § 170.315(b)(1) Transitions of care</p> <p>Measure: Compliance with C-CDA Error Detection § 170.315(b)(1) Transitions of care</p> <p>Measure: Compliance of Data Export C-CDA and C-CDA Scorecard Average § 170.315(b)(6) Data export</p>	<p>Testing Methods: Compliance and Tool</p>
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Credible tested 24 sample C-CDA XML files through the HealthIT "C-CDA Scorecard 2.0" Edge Test Tool.

Section Scores	A+	A-	B+	B-	C	D
Allergies	0	0	0	0	0	20
Encounters	0	0	0	3	0	19
Immunizations	0	0	0	0	0	19
Lab Results	0	0	0	1	0	0
Medications	0	0	0	0	16	6
Miscellaneous	22	0	0	0	0	0
Patient	21	0	0	0	0	1
Problems	0	0	0	0	0	22
Procedures	0	0	0	0	0	0
Social History	0	0	0	0	0	22
Vital Signs	0	0	0	0	0	22

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, Credible's data analysis has grown, providing a wealth of knowledge for continual quality improvement.

Measure: Compliance of Data Segmentation of Privacy

§ 170.315(b)(7) Security tags – summary of care – send
 § 170.315(b)(8) Security tags – summary of care – receive

Testing Method: Compliance and Tool

Credible performed manual testing of sample files imported from ETT with the following results using ASTP/ONC Test Procedure Version 1.2 and Test Tool (and version) ETT C-CDA R2.1 Validator for 2015 Edition Cures Update Version: 2.3.49:

Imported file from ETT	Has Security Markings	Correctly Identified
170.315_b8_ds4p_amb_sample1_v8.xml	YES	YES
170.315_b8_ds4p_amb_sample2_v4.xml	NO	YES
170.315_b8_ds4p_inp_sample1_v7.xml	YES	YES
170.315_b8_ds4p_inp_sample2_v4.xml	NO	YES
Security-tags-Summary-of-Care-receive-sample1.xml	YES	YES

Through this testing, 100% of the files were correctly identified.

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

Partner	# QRDA III Created	# Measures	# Zero Conformance	Percent Conforming	# Correctly Calculated	Percent Calculated
COMPLIANCE	1	16	0	100	16	100

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

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

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

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

Year-Month	Live Partner Count	Via Direct	Via Email
2024-01	536	0	28
2024-02	538	0	36
2024-03	540	0	37
2024-04	539	2	36
2024-05	538	0	43
2024-06	538	0	32
2024-07	540	2	43
2024-08	545	2	37
2024-09	544	0	42
2024-10	544	1	39
2024-11	547	1	37
2024-12	549	0	12

The data again showcases a yin-yang moment this year: *the functionality is being used, but the use is quite low.*

Patient engagement has long been a topic for discussion and dissection for many years in the healthcare IT ecosystem. ASTP/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? ASTP/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.* As these numbers show, the challenge is the leap for an engaged national patient population to use and participate with readily available information.

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

Credible 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: 11/20/2024 Application
Version: 2.1.0
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, as has been the result in previous years RWT Results Reports for this Qualifacts EHR platform.

```

HL7v2 Syndromic Surveillance Test Suite Date: 04/08/2024 00:00:00
Application Version: 1.7.3
8 files / 0 errors
  
```

The 2024 RWT Plans additionally relayed the following for Syndromic Surveillance: *"As our customers do not regularly use this feature, so Credible will focus on its compliance evaluation to ensure it works if needed in future production situations."* The data shown in the table above demonstrates the expected outcome of successfully generating and testing an HL7 v2.5.1 message, as has been the trend year over year and as reported in these RWT Results Reports.

The creation and transmission of 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 Credible supports (behavioral healthcare and human services agencies) as they are not traditional settings for ongoing immunizations.

<p>Measure: Compliance of Electronic Case Reporting § 170.315(F)(5) Transmission to public health agencies – electronic case reporting</p>	<p>Testing Method: Compliance and Tool</p>
<p>The 2024 RWT plans indicated "use the EHR functions to document immunization information typical to their workflow, including data classes expressed in the standards in §170.213 (USCDI) and other required criteria elements. Using documentation and compliance to create reportable elements consisting of the data elements in the EHR based on criteria trigger codes and components will be explored and reviewed, as required by this measure criteria."</p> <p>As shown in the results reporting for Measure: Compliance of Immunization Message (§ 170.315(F)(1) Transmission to immunization registries) and Measure: Compliance of Syndromic Surveillance (§ 170.315(F)(2) Transmission to public health agencies – syndromic surveillance) the validity of the messaging has been confirmed.</p> <p>These criteria and data are flexible intentionally, with QPP providing the scope of a "borderless registry" as an acceptable means of defining this measure and its intent. As such, Credible does not have any customers who have engaged in this criteria.</p> <p>We have maintained testing specific with USCDI v1 elements, creating a data export knowing that this baseline data set is the national set for interoperability. As this measure's success is truly limited to individual specifications for use, it is challenging to forecast victories overall without scope from a registry or otherwise to perform further acceptance testing.</p> <p>Credible sees a time in the future when data classes and data elements are widely used, supported, and generated to create a robust ecosystem of true national interoperability. However, without mandated use towards interoperability, it is challenging to forecast the rich use of this measure now and in the immediate future.</p>	
<p>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</p>	<p>Testing Method: Compliance and Tool</p>
<p>This measure testing was to provide 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 the use of FHIR API -- and they mildly do just that -- but adoption has</p>	

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 in which FHIR API provides the goals ASTP/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

Count of registered applications (sandbox)

Year-Month	Live Partner Count	Requested	Completed
2024-01	536	1	1
2024-02	538	1	1
2024-03	540	2	1*
2024-04	539	0	0
2024-05	538	0	0
2024-06	538	0	0
2024-07	540	0	0
2024-08	545	1	1
2024-09	544	0	0
2024-10	544	0	0
2024-11	547	1	1
2024-12	549	0	0

*March 2024: The request was submitted via email, and Qualifacts Credible sent the application developer a registration form as indicated in our documentation (<https://documentation.qualifacts.com/platform/credible/credible-fhir.html>). However, the application developer never responded.

Count of registered applications (production)

Year-Month	Live Partner Count	Requested	Completed	API Calls	API Calls w/o Error
2024-01	536	0	n/a	n/a	n/a
2024-02	538	0	n/a	n/a	n/a
2024-03	540	0	n/a	n/a	n/a
2024-04	539	0	n/a	n/a	n/a
2024-05	538	1*	0	n/a	n/a
2024-06	538	0	1	n/a	n/a
2024-07	540	0	n/a	n/a	n/a
2024-08	545	0	n/a	n/a	n/a
2024-09	544	0	n/a	n/a	n/a
2024-10	544	0	n/a	n/a	n/a
2024-11	547	0	n/a	n/a	n/a
2024-12	549	11	11	?	?

*May 2024: Request from application developer for bulk; no response was received from Credible customer to connect

*June 2024: Request was approved for connection from May 2024

Count of Client Access Keys created

Year-Month	Live Partner Count	Total Number of Keys Created	Partners Creating Access Keys
2024-01	536	13	7
2024-02	538	6	2
2024-03	540	9	2
2024-04	539	5	2
2024-05	538	4	1
2024-06	538	4	2
2024-07	540	4	2
2024-08	545	5	2
2024-09	544	9	3
2024-10	544	4	3
2024-11	547	2	2
2024-12	549	7	2