

# CY2024 REAL WORLD TESTING RESULTS



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## RWT Results Report Summary

This document provides the Real-World Testing Results Report for Qualifacts InSync 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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## General Information

<b>Results Report based on 2023 RWT Report ID Number</b>	20231106qua
<b>Developer Name:</b>	Qualifacts Systems, LLC
<b>Product Name:</b>	InSync EMR/PM
<b>Version Number:</b>	Version 10
<b>Certified Health IT Product List (CHPL) ID:</b>	ONC CHPL ID: 15.02.05.3124.INSY.01.03.1.220314, <a href="#">CHPL link</a>
<b>Developer Real World Testing Page URL:</b>	<a href="https://www.qualifacts.com/onc-certification-and-costs/">https://www.qualifacts.com/onc-certification-and-costs/</a>

## 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 InSync 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## Withdrawn Products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.

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Date(s) Withdrawn: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

## Summary of Testing Methods and Key Findings

Qualifacts InSync 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, InSync (and presumably all health IT developers) continues to gain immeasurable and valuable insight into the vision, execution, and goal – including the "spirit" – behind Real World Testing. Objectively reviewing metrics throughout the year provided an opportunity for quality checkpoints, data analysis, and – as in 2022 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/USCDI)

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

<b>Standard (and version):</b>	USCDI v1
<b>Updated certification criteria and associated project:</b>	170.315 (b)(1), 170.315 (b)(2), 170.315 (e)(1), 170.315 (g)(9)
<b>Health IT Module CHPL ID:</b>	15.02.05.3124.INSY.01.03.1.220314
<b>Method used for standard update:</b>	Cures Update
<b>Date of ONC ACB notification:</b>	December 23, 2022
<b>Date of customer notification (SVAP only):</b>	n/a
<b>Conformance Measure:</b>	<ul style="list-style-type: none"> <li>- 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)</li> <li>- Number of C-CDAs Received and (or) Incorporated for (b)(1) and (b)(2)</li> <li>- Compliance of Portal Download and Email Transmit Capabilities and C-CDA Scorecard Average for (e)(1)</li> <li>- Compliance of API Resource Query Support for (g)(9)</li> </ul>
<b>USCDI updated certification criteria (and USCDI version):</b>	170.315 (b)(1), 170.315 (b)(2), 170.315 (e)(1), 170.315 (g)(9) USCDI v1

## Care Setting(s) Targeted

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

## Relied Upon Software

For the following measures, Qualifacts InSync uses Secure Exchange Software for

§ 170.315(b)(1), § 170.315(e)(1) and § 170.315(h)(1), and Smile CDR Inc (Version v2022.11) for § 170.315 (g)(10).

## Key Milestones

Key Milestone	Timeframe
<ul style="list-style-type: none"> <li>Qualifacts successfully published the RWT Plan for CY2024 within the timeframe noted. The Plan can be viewed at <a href="https://www.qualifacts.com/onc-certification-and-costs/">https://www.qualifacts.com/onc-certification-and-costs/</a>.</li> </ul>	On or before November 1, 2023
<ul style="list-style-type: none"> <li>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.</li> </ul>	Data review: December 2023 to January 2024 Submission and publication: On or before February 1, 2024
<ul style="list-style-type: none"> <li>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.</li> <li>These quarterly sessions allowed Qualifacts to review data collection toward annual Real World Test Plan criteria.</li> </ul>	Quarterly throughout 2024
<ul style="list-style-type: none"> <li>Qualifacts successfully published the RWT Plan for CY2025 within the timeframe noted. The Plan can be viewed at <a href="https://www.qualifacts.com/onc-certification-and-costs/">https://www.qualifacts.com/onc-certification-and-costs/</a>.</li> </ul>	On or before October 15, 2024
<ul style="list-style-type: none"> <li>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</li> </ul>	Data review: December 2024 to January 2025

is published on the URL above and submitted to the ACB.	Submission and publication: On or before February 1, 2025
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## Metrics and Outcomes

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

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

Year-Month	Live Partner Count	Direct messages received	Partners receiving Direct	Direct messages sent
2024-01	2047	5638	17	6
2024-02	2058	5908	13	14
2024-03	2071	6801	13	18
2024-04	2081	7014	17	11
2024-05	2089	6748	14	8
2024-06	2102	6110	15	11
2024-07	2084	6876	12	11
2024-08	2097	6391	12	7
2024-09	2102	3943	6	4
2024-10	2048	5603	9	0
2024-11	2060	4893	8	7
2024-12	2069	3776	7	5

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



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	2	1	1	100.00%	1
2024-02	3	3	3	100.00%	1
2024-03	5	3	3	100.00%	1
2024-04	5	0	0	n/a	0
2024-05	4	0	0	n/a	0
2024-06	7	0	0	n/a	0
2024-07	5	3	3	100.00%	2
2024-08	3	4	4	100.00%	1
2024-09	2	0	0	n/a	0
2024-10	0	0	0	n/a	0
2024-11	4	1	1	100.00%	1
2024-12	4	0	0	n/a	0

Customer utilization is comparatively low, but the overall success rate was 100%, which signifies successful interoperability overall.

**Measure: Number of Different Destinations C-CDAs Successfully Sent**

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

Testing Method:  
 Reporting/Logging

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

Year-Month	Live Partner Count	Unique destinations for all Direct messages sent	Unique destinations for Direct messages containing a Clinical Summary
2024-01	2047	2	1
2024-02	2058	4	1
2024-03	2071	7	2
2024-04	2081	5	0
2024-05	2089	6	0
2024-06	2102	9	0
2024-07	2084	7	3
2024-08	2097	4	2
2024-09	2102	2	0
2024-10	2048	0	0
2024-11	2060	4	1
2024-12	2069	5	0

Overall utilization, including the unique destinations, remains significantly low, mirroring previous years' results. Where we can lean into the knowledge that InSync customers use the functionality, the smaller number shows an accurate, focused use.

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

**Measure: Number of C-CDAs Received and (or) Incorporated**  
 § 170.315(b)(1) Transitions of care  
 § 170.315(b)(2) Clinical information reconciliation and incorporation

Testing Methods:  
Reporting/Logging

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

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	2047	111	669,335	1,148	0.17%	136	1	0
2024-02	2058	171	658,803	1,172	0.18%	135	0	0
2024-03	2071	113	665,780	1,169	0.18%	116	1	0
2024-04	2081	102	693,368	1,181	0.17%	113	1	0
2024-05	2089	109	698,759	1,208	0.17%	124	0	0
2024-06	2102	96	671,212	1,186	0.18%	89	0	0
2024-07	2084	80	696,616	1,185	0.17%	143	4	0
2024-08	2097	72	708,073	1,181	0.16%	113	1	0
2024-09	2102	70	679,082	1,186	0.17%	77	0	0
2024-10	2048	3	743,140	1,152	0.16%	135	0	0
2024-11	2060	37	700,389	1,184	0.17%	103	1	1
2024-12	2069	170	692,089	1,216	0.18%	101	0	3

This powerful interoperability option is clearly less utilized for client continuity of care across providers and specialties. Where functionality is available and positive, the two areas of Clients Seen with Summary Document and where there is the incorporation of data, higher utilization may be lacking due to lagging change in the behavioral healthcare and human services industries.

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

Testing Method:  
Reporting/Logging

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

### NewRx

Year-Month	Live Partner Count	Partners sending NewRx	NewRx sent	NewRx sent successfully	Percent NewRx sent successfully
2024-01	2047	602	772,998	769,362	99.53%
2024-02	2058	613	723,019	713,290	98.65%
2024-03	2071	615	713,422	709,114	99.40%
2024-04	2081	605	760,873	757,288	99.53%
2024-05	2089	614	766,925	763,402	99.54%
2024-06	2102	591	696,569	692,934	99.48%
2024-07	2084	598	770,013	765,947	99.47%
2024-08	2097	596	778,996	775,108	99.50%
2024-09	2102	596	536,528	533,962	99.52%
2024-10	2048	596	845,401	841,410	99.53%
2024-11	2060	601	732,830	728,839	99.46%
2024-12	2069	604	720,416	716,919	99.51%

### RxChangeRequest / RxChangeResponse

Year-Month	Live Partner Count	Partners sending RxChangeResponse	Partners receiving RxChangeRequest	RxChangeResponse sent	RxChangeResponse sent successfully	Percent RxChangeResponse sent successfully
2024-01	2047	171	365	4,931	4342	88.06%
2024-02	2058	169	367	4,100	3459	84.37%
2024-03	2071	155	348	4,685	4085	87.19%
2024-04	2081	157	360	3,545	3123	88.10%
2024-05	2089	161	339	3,360	2902	86.37%
2024-06	2102	158	330	3,035	2634	86.79%
2024-07	2084	162	332	3,761	3258	86.63%
2024-08	2097	160	343	3,414	2980	87.29%
2024-09	2102	151	318	2,639	2336	88.52%
2024-10	2048	166	357	3,881	3410	87.86%
2024-11	2060	160	340	3,179	2777	87.35%
2024-12	2069	166	353	3,449	3000	86.98%

## RxFill

Year-Month	Live Partner Count	RxFill received	Partners receiving RxFill
2024-01	2047	0	0
2024-02	2058	0	0
2024-03	2071	0	0
2024-04	2081	0	0
2024-05	2089	0	0
2024-06	2102	0	0
2024-07	2084	0	0
2024-08	2097	0	0
2024-09	2102	0	0
2024-10	2048	0	0
2024-11	2060	0	0
2024-12	2069	0	0

Overall, there is relatively robust use of e-prescribing across all customer domains, highlighting the great need and strength of this data interoperability. The results remain strong and static when reviewing year-over-year metrics from 2023 to 2024.

- Successful messages for NewRx
  - o 2024 average 99.43%
  - o 2023 average 99.5%
- Successful messages for RxChangeResponse
  - o 2024 average 87.12%
  - o 2023 average 89.4%
- 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 NPDDP standards) to enhance use and interoperability.

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

§ 170.315(c)(1)—record and export  
 § 170.315(c)(2)—import and calculate  
 § 170.315(c)(3)—report

Testing Method:  
 Reporting/Logging

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

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	2047	95	19	136
2024-02	2058	116	23	136
2024-03	2071	56	20	136
2024-04	2081	94	16	136
2024-05	2089	172	23	136
2024-06	2102	199	25	136
2024-07	2084	190	24	156
2024-08	2097	222	29	156
2024-09	2102	188	19	156
2024-10	2048	205	24	169
2024-11	2060	89	20	169
2024-12	2069	177	20	169

InSync provides clinical quality measurements that span metrics for our customers' many care settings. However, we have seen less and less participation in using CQM measures due to factors such as:

- The use of the MIPS Extreme and Uncontrollable Circumstances (EUC) exception for MIPS/APM under the Quality Payment Program due to COVID-19 continued into PY2022 (<https://qpp.cms.gov/mips/exception-applications?py=2022>).
- The 2022 report from the [JAMA Health Forum](#) highlighted that psychiatrists (one of the main care settings for InSync) performed significantly lower and received more significant penalties in QPP's MIPS program. This report has been widely cited as the reason for low participation, with headlines reporting the "pinch of MIPS" to "low MIPS system scores" as the reason for this trend.

JAMA relayed in their study: "In this cross-sectional study comparing psychiatrists with other outpatient physicians in the 2020 Medicare MIPS, psychiatrists had significantly lower performance scores and, consequently, were more likely to be penalized and less likely to receive bonus payments than their peers. These performance disparities were driven primarily by lower scores in the quality and promoting interoperability domains. In particular, psychiatrists performed more poorly on technology-dependent measures, such as participation in health information exchanges; care

coordination measures, such as documentation of patient medications in medical records; and preventive care measures unrelated to psychiatry, such as cancer screening."

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

The concluding statement from the JAMA research provides excellent clarity into the overall landscape: *"In this national cross-sectional study of Medicare psychiatrists and other outpatient physicians participating in the 2020 MIPS, psychiatrists received significantly lower performance scores, were penalized more frequently, and received fewer bonus payments than other outpatient physicians. CMS may want to reconsider the use of many current MIPS measures for assessing the performance of psychiatrists."*

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

§ 170.315(b)(1) Transitions of care

Testing Methods: Compliance and Tool

**Measure: Compliance with C-CDA Error Detection**

§ 170.315(b)(1) Transitions of care

InSync tested 10 sample C-CDA XML files through the HealthIT "C-CDA Scorecard 2.0" Edge Test Tool.

Section Scores	Zero Errors	A+	A-	B+	B-	C	D	F
IG Errors	6							
Cures Act Errors	6							
Letter Grade		3	3	1	3			
Miscellaneous		9						
Patient		10						
Problems		5	1	1	2	1		
Immunizations		3	1					
Encounters			7	3				
Vital Signs		2	2	1	5			
Allergies			5		2			
Lab Results				7				
Medications			5	2				
Procedures					5			
Social History				4	4	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, InSync’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

# QRDA III Created	# Measures	# Zero Conformance	Percent Conforming	# Correctly Calculated
0	26	0	0	0

In the 2024 RWT Plans, InSync chose the outcomes listed to ensure compliance with the criteria, specifically the ability to calculate electronic clinical quality measures (eCQMs) and create a valid QRDA Category III XML file containing the calculation results. InSync used the Cat III XML file to validate against compliance using the Cypress Validation Utility (CVU). InSync was able to fulfill this testing criteria for importing CVU Test Deck clients, yet it was unable to fulfill this testing criteria for QRDA III file generation.

Qualifacts InSync is in the process of transitioning our CQM reporting to a new vendor as a relied-upon software. This planned transition aims to provide our customers with an enhanced experience of analytics and reporting. We will confidently track the successful reporting of this metric during our internal quarterly data reviews using this relied-upon software moving forward.

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

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

Testing Method: Compliance and Tool

InSync regularly reviews functionality as part of our continuous quality improvement and uses test clients in production/live environments to review the criteria and requirements. For this measure, we reviewed two specific outcomes:

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

Year-Month	Live Partner Count	Via Direct	Via Email
2024-01	2047	0	0
2024-02	2058	0	0
2024-03	2071	0	0
2024-04	2081	0	0
2024-05	2089	0	0
2024-06	2102	0	0
2024-07	2084	0	0
2024-08	2097	0	0
2024-09	2102	0	0
2024-10	2048	0	0
2024-11	2060	0	0
2024-12	2069	0	0

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

As data evidenced, the functionality was not used 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.

Quarterly Testing	Total Files Tested	Total Files Passed	Passed Percentage
Q1 2024	4	3	75%
Q2 2024	4	4	100%
Q3 2024	4	4	100%
Q4 2024	4	4	100%

Due to the low use of this functionality, Qualifacts InSync relied on our quarterly testing activities to satisfy this criterion. As indicated, files presented for testing via Direct and email passed with great success, apart from one file in the first quarter. While our RWT Plans looked for usability and volume of use over time, our quarterly review focuses appropriately on functionality.

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

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

**NIST Immunization Test Suite Tool | Tool Release Date: 11/20/2024 Application Version: 2.1.0**  
6 files / 0 errors

The 2024 RWT Plan anticipated that +/- 75% of VXU messages created will have zero errors. Where error messages were received, it was solely due to incomplete test data. Once the data element was entered and the test re-run, InSync achieved an error-free success rate.

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

The 2024 RWY Plan anticipated the same metric as above: “+/- 75% of messages created will have zero errors,” which we have achieved. Qualifacts used HL7 v2.5.1 messaging according to ONC standards. Utilizing the NIST Syndromic Surveillance Test Suite, eight files were presented for testing and zero errors occurred.

The 2024 RWT Plans additionally relayed the following for Syndromic Surveillance: “As our customers do not regularly use this feature, so InSync will focus on its compliance evaluation to ensure it works if needed in future production situations.”

<b>Measure: Compliance of Health Care Surveys</b> § 170.315(f)(7) Transmission to public health agencies – Health Care Surveys	Testing Method: Compliance and Tool
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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 2023 and 2022, yet 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 the testing and functionality of this interoperable, standardized data format.

Section Scores	Zero Errors	A+	A-	B+	B-	C	D	F
IG Errors	6							
Cures Act Errors	6							
Letter Grade		3	3	1	3			
Miscellaneous		9						
Patient		10						
Problems		5	1	1	2	1		
Immunizations		3	1					
Encounters			7	3				
Vital Signs		2	2	1	5			
Allergies			5		2			
Lab Results				7				
Medications			5	2				
Procedures					5			
Social History				4	4	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

**Count of registered applications (sandbox and production)**

	2024 Count
Count of registered applications (sandbox)	5
Count of registered applications (production)	1

**Count of Client Access Keys created**

Year-Month	Live Partner Count	Total Number of Keys	Partners Creating
2024-01	2047	1	1
2024-02	2058	1	1
2024-03	2071	2	2
2024-04	2081	1	1
2024-05	2089	1	1
2024-06	2102	1	1
2024-07	2084	8	3
2024-08	2097	2	1
2024-09	2102	2	1
2024-10	2048	3	1
2024-11	2060	0	0
2024-12	2069	0	0

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

During 2024, Qualifacts InSync had five requests from developers to connect via FHIR API, and all five received credentials and had successful connections to the sandbox environment. As publicly noted in Qualifacts' Endpoint Directory, only one of those developers had a direct connection to the production data.

[ <https://documentation.qualifacts.com/platform/insync/insync-fhir.html>]

We look forward to a healthcare IT ecosystem where FHIR API provides the goals 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