



Juno EHR v23 Real World Test Results

CHPL #: 15.04.04.2925.Juno.23.01.1.230620

<https://junohealth.com/certifications>

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GENERAL INFORMATION

Plan Report ID Number:	Junov23-2024-01
Developer Name:	DSS, Inc.
Product Name(s):	Juno EHR
Version Number(s):	V23
Certified Health IT Product List (CHPL) Product Number(s):	CHPL # 15.04.04.2925.Juno.23.01.1.230620
Developer Real World Testing Plan and Results Report Page URL:	https://junohealth.com/certifications

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Juno EHR v23 test plan includes test scenarios for the adult inpatient setting. All data exchange and communications are secured and follow both HIPAA privacy and compliance rules. ONC technical standards have been carefully reviewed and implemented for testing.

Given that no current customers are utilizing JunoEHR for the criteria included in the Real World Testing, no customer PROD environment was available for use and a TEST environment that mirrored a typical customer environment was utilized. Test scripts based on the typical clinical workflow and the software functionality were created to capture measure data for the following criteria:

Care Coordination

- §170.315(b)(1) - Transitions of Care
- §170.315(b)(2) - Clinical Information and Reconciliation and Incorporation

Clinical Quality Measures (CQMs)

- § 170.315(c)(1) - Clinical Quality Measures (CQMs) — Record and Export



- § 170.315(c)(2) - Clinical Quality Measures (CQMs) — Import and Calculate §170.315(c)(3) – Clinical Quality Measures (CQMs) – Report (Cures Update)

Electronic Exchange

- § 170.315(h)(1) – Direct Project

CDAs with allergies, problems and medications were imported for reconciliation and CCDA documents were generated after reconciliation to validate the content. Discharge Summary CDAs that were automatically generated upon patient discharge were reviewed for content.

Reports were generated using Power BI and Juno CQMSolution to validate the eCQM results.

Summary of Data for v23

Measurement /Metric	Q1	Q2	Q3	Q4	2024 Total
b1a/h1 % C-CDAs received that can be viewed in human readable format	No data	No data	100%	100%	100%
b1/h1b % discharges that include creation of the data for Discharge Summary document type	No data	100%	100%	100%	100%
b1/h1c % discharges that include creation of the data for Discharge Summary document type that can be viewed in human readable format	No data	100%	100%	100%	100%
b1/h1d % scenarios that include creation and transmission of the data for Continuity of Care Document and Discharge Summary document types through SMTP protocol to an appropriate direct address	No data	No data	100%	100%	100%
b2a % scenarios that include receipt of the Continuity of Care Document, Referral Note, and/or Discharge Summary document templates that allow the user to view the data in a format that allows comparison of each set of data, creation of a reconciled list and updating the list in the EHR based on the final reconciled list for each data set	No data	100%	100%	100%	100%
b2b % Continuity of Care documents created after	No data	No data	100%	100%	100%



the incorporation that contains the final list of reconciled data for each data set					
c1a % patients who are discharged that are included in the Measure 108 report	No data	No data	100%	100%	100%
c1b % reports viewed that include the accurate data calculated for the measure and for each of the patients detailed on the report	No data	No data	100%	100%	100%
c1c % valid QRDA I files generated using CQMSolution® for consumption by Joint Commission or CMS systems, including for Hospital Quality Reporting (HQR)	No data	No data	100%	100%	100%

Key Findings

Data for v23 for 2024 showed a total of documents generated/reviewed, with an overall compliance rate of 100% (242/242) across the various measures. No data was available for Q1 due to delays in getting the environment which would mimic a client production account. No data was available for some measures for Q2 due to issues with missing steps in the script utilized to enter data.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.

No, none of my products include these voluntary standards.

Care Setting(s)

Adult inpatient (encounters where a patient is admitted and assigned a bed)

Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
b1a/h1a % C-CDAs received that can be viewed in human readable format as detailed in § 170.205(a)(3), (4), and (5) using the using the Continuity of Care Document, Referral	§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project	Juno ConnectEHR® Surescripts Admin	Q1 & Q2-No data Q3 13/13=100% Q4 12/12=100%	Q1 & Q2-Delays in creation of environment & issues with data entry script



<p>Note, and Discharge Summary document templates that allow the user to view a specific section, set the # of sections to display and rearrange the order of the display</p> <p>Numerator # C-CDAs and/or Discharge Summaries with expected results</p> <p>Denominator: # C-CDAs and/or Discharge Summaries received & viewed</p>		Console		
<p>b1b/h1b % discharges that include creation of the data for Discharge Summary document type</p> <p>Numerator # Discharge Summaries created for discharges in designated period</p> <p>Denominator: # discharges in designated period</p>	<p>§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project</p>	Juno ConnectEHR®	<p>Q1 -No data</p> <p>Q2 11/11=100%</p> <p>Q3 13/13=100%</p> <p>Q4 12/12=100%</p>	Q1 -Delays in creation of environment
<p>b1c/h1c % discharges that include creation of the data for Discharge Summary document type that can be viewed in human readable format as detailed in § 170.205(a)(3), (4), and (5) using the using the Discharge Summary document templates that allow the user to view a specific section, set the # of sections to display and rearrange the order of the display</p> <p>Numerator = # discharges reviewed in designated period</p> <p>Denominator:</p>	<p>§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project</p>	Juno ConnectEHR®	<p>Q1 -No data</p> <p>Q2 11/11=100%</p> <p>Q3 13/13=100%</p> <p>Q4 12/12=100%</p>	Q1 -Delays in creation of environment



# discharges in designated period				
<p>b1d/h1d % scenarios that include creation and transmission of the data for Continuity of Care Document and Discharge Summary document types through SMTP protocol to an appropriate direct address in accordance with § 170.202(d) based on the date/time specified and that leads to such summaries being processed by a service that has implemented the standard specified in § 170.202(a)</p> <p>Numerator # C-CDAs and/or Discharge Summaries transmitted without errors</p> <p>Denominator: # C-CDAs and/or Discharge Summaries created and transmitted</p> <p>Exclusions: Error due to inappropriate direct addresses</p>	<p>§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project</p>	<p>Juno ConnectEHR®</p> <p>Surescripts Admin Console</p>	<p>Q1 & Q2-No data</p> <p>Q3 13/13=100%</p> <p>Q4 12/12=100%</p>	<p>Q1 & Q2-Delays in creation of environment & issues with data entry script</p>
<p>b2a % scenarios that include receipt of the Continuity of Care Document, Referral Note, and/or Discharge Summary document templates that allow the user to view the data in a format that allows comparison of each set of data, creation of a reconciled list and updating the list in the EHR based on the final reconciled list for each data set</p> <p>Numerator # data sets with expected results</p> <p>Denominator</p>	<p>§ 170.315 (b)(2) Clinical information and reconciliation and incorporation</p>	<p>Juno ConnectEHR®</p> <p>Surescripts Admin Console</p>	<p>Q1 -No data</p> <p>Q2 9/9=100%</p> <p>Q3 33/33=100%</p> <p>Q4 13/13=100%</p>	<p>Q1 -Delays in creation of environment</p>



<p># data sets reviewed and reconciled</p> <p>Data sets=active meds, allergies and intolerances, problem list</p>				
<p>b2b % Continuity of Care documents created after the incorporation that contains the final list of reconciled data for each data set</p> <p>Numerator # CCD created with expected results for each of the three data sets</p> <p>Denominator # CCDs generated</p> <p>Data sets=active meds, allergies and intolerances, problem list</p>	<p>§ 170.315 (b)(2) Clinical information and reconciliation and incorporation</p>	<p>Juno ConnectEHR®</p>	<p>Q1 & Q2 -No data</p> <p>Q3 13/13=100%</p> <p>Q4 13/13=100%</p>	<p>Q1 & Q2-Delays in creation of environment & issues with data entry script</p>
<p>c1a % patients who are discharged that are included in the Measure 108 report</p> <p>Numerator # patients included on the Measure 108 report with data evaluated</p> <p>(1) Initial Patient Population (2) Numerator (3) Denominator (4) Denominator Exclusion</p> <p>Denominator # patients included on the Measure 108 report with data evaluated</p>	<p>§170.315(c)(1) Clinical quality measures (CQMs) – record and export</p> <p>And</p> <p>§170.315(c)(3) Clinical quality measures (CQMs) – report</p>	<p>Juno CQMSolution®</p>	<p>Q1 & Q2 -No data</p> <p>Q3 9/9=100%</p> <p>Q4 9/9=100%</p>	<p>Q1 & Q2-Delays in creation of environment & issues with data entry script</p>
<p>c1b % reports viewed that include the accurate data calculated for the measure and for each of the patients on the report</p> <p>Numerator # patients with expected results based on data entry for the</p>	<p>§170.315(c)(1) Clinical quality measures (CQMs) – record and export</p> <p>And</p> <p>§170.315(c)(3)</p>	<p>Juno CQMSolution®</p>	<p>Q1 & Q2 -No data</p> <p>Q3 9/9=100%</p> <p>Q4 9/9=100%</p>	<p>Q1 & Q2-Delays in creation of environment & issues with data entry script</p>



<p>specific patient (1) Initial Patient Population (2) Numerator (3) Denominator (4) Denominator Exclusion</p> <p>Denominator # patients reviewed prior to transmission/uploading</p>	<p>Clinical quality measures (CQMs) – report</p>			
<p>c1c % valid QRDA I files generated using CQMSolution® for consumption by Joint Commission or CMS systems, including for Hospital Quality Reporting (HQR)</p> <p>Numerator # valid QRDA I files generated</p> <p>Denominator # QRDA I files requested for subsequent transmission/uploading</p>	<p>§170.315(c)(1) Clinical quality measures (CQMs) – record and export And §170.315(c)(3) Clinical quality measures (CQMs) – report</p>	<p>Juno CQMSolution®</p>	<p>Q1 & Q2 -No data Q3 1/1=100% Q4 2/2=100%</p>	<p>Q1 & Q2-Delays in creation of environment & issues with data entry script</p>

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Release of documentation for the Real World Testing to be provided to authorized representatives and providers running the Juno v23 software. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements.	Inpatient	December 1, 2023-not done as no customer is using this functionality
Begin collection of information as laid out by the plan.	Inpatient	January 1, 2024-delayed until April as test environment was not available
Meet with previously identified providers and authorized representatives to ensure that Real World Testing protocols are effective.	Inpatient	March 1, 2024-internal DSS only
Follow-up with providers and authorized representatives to understand any issues arising with the data collection.	Inpatient	Quarterly 2024-internal DSS only



Data collection and review.	Inpatient	Quarterly 2024
End of Real World Testing period/final collection of all data for analysis.	Inpatient	January 2025
Analysis and report creation.	Inpatient	January 15, 2025
Submit Real World Testing report to ACB (per their instructions).	Inpatient	February 1, 2025

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Authorized Representative Signature:	<i>Hilary Kloska</i>	Date Signed:	1/27/2025