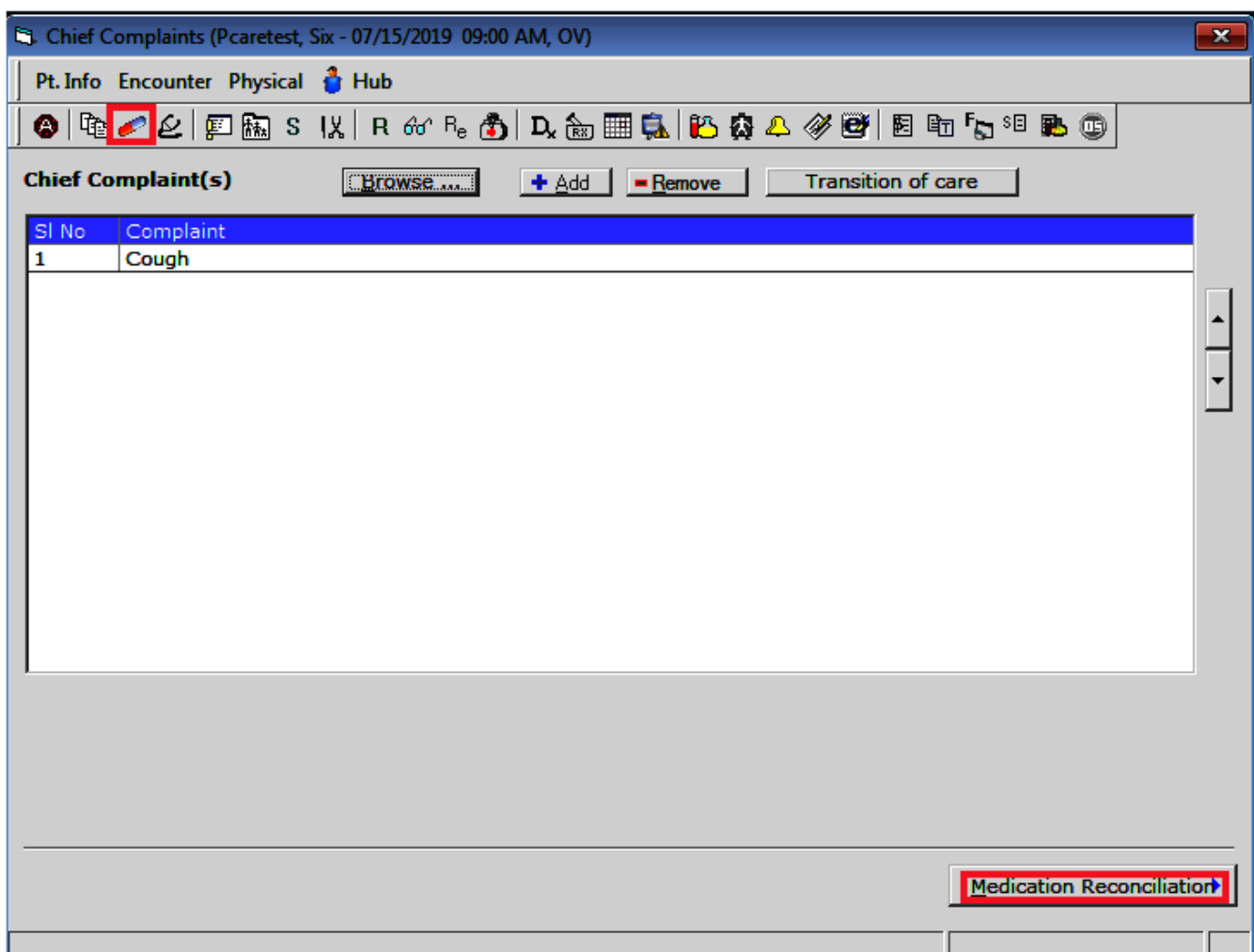


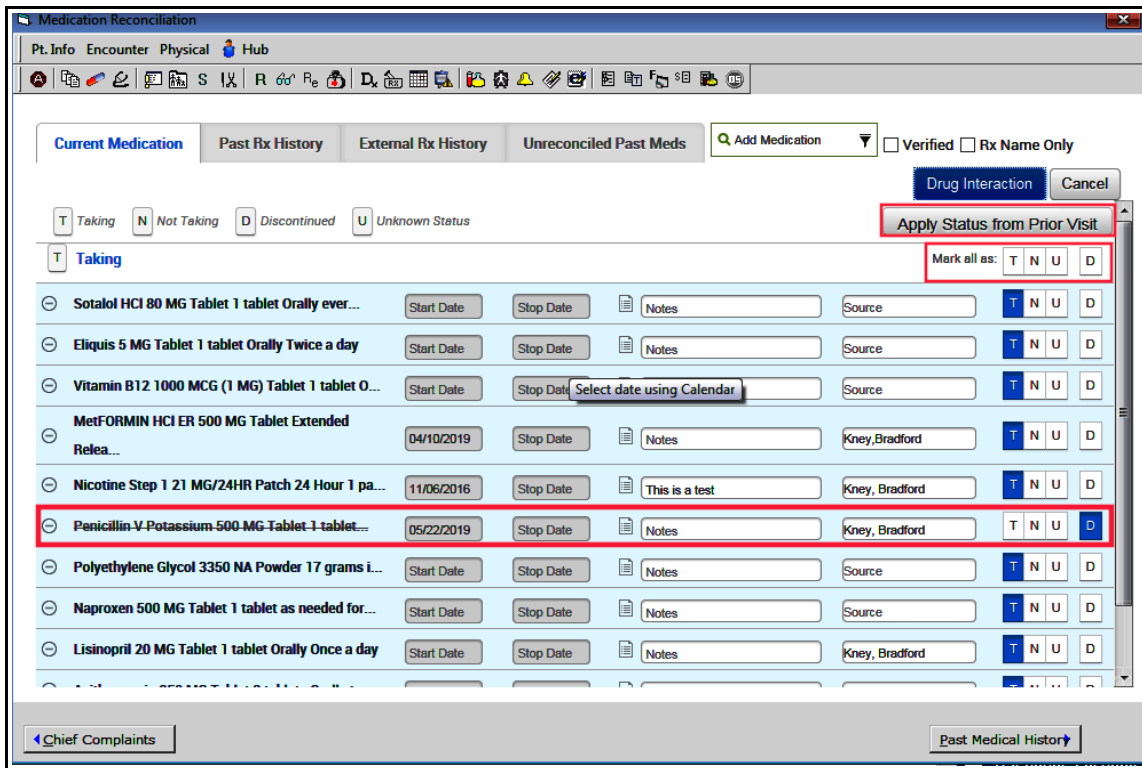
Managing Medications in ECW 11

This document discusses medication reconciliation, past Rx history, external Rx history, adding and discontinuing medications from the current medication list, writing new prescriptions from the treatment section of a note, from a telephone encounter, or by using the Quick Order function, and refilling medications from a progress note or telephone encounter.

We get Meaningful Use “credit” for reconciling medications ONLY if the user moves to the medication list from the chief complaint. Why? I don't know – just one of the many stupid things in life, like signing a HIPAA form that no one ever reads, or agreeing to the conditions found in 10 pages of fine print when installing software.



The picture of the capsule in the top navigation bar opens the medication screen, as does clicking on Alt-M – but when reconciling medications, use the navigation icon at the bottom of the chief complaint screen to get to the medication list.



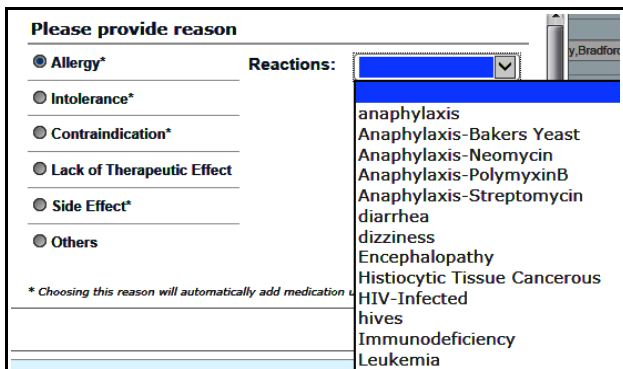
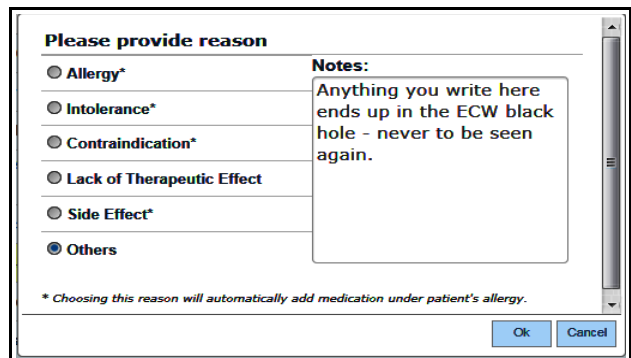
“T” stands for taking, “N” for not taking, “D” for discontinued, and “U” for unknown.

Two quick ways to update a medication list:

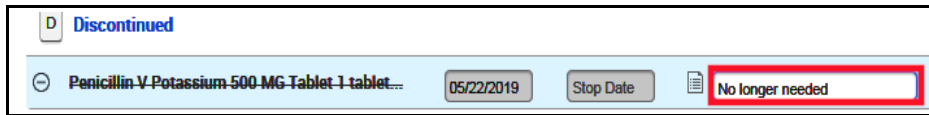
- “Apply Status from Prior Visit” – if the medication list got a bit messed up since the last visit (things happen in ECW), try clicking this button to revert the list to mirror that last visit.
- “Mark all as”: If some medications were listed as unknown or not taking at the last visit, but today the patient reports taking all the medications, just click on the “T”, and all medications will be associated with a “T”.

If a medication was discontinued since the last visit, mark it with a “D”, as I did with penicillin in the example above. When writing time-limited prescriptions, try to remember to add a stop date so they don't end up living for months (or years) on the patient's medication list.

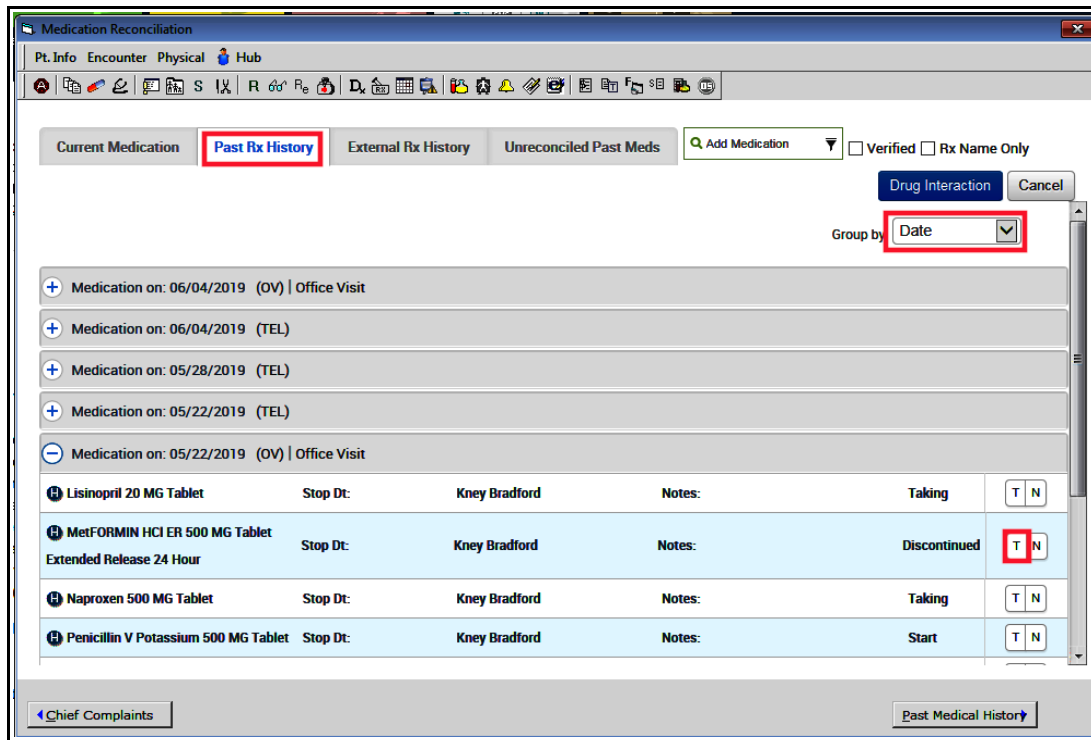
When the “D” is selected, the box to the right opens. A glitch in multiple iterations of ECW results in the “Notes” section never being visible again – so don't bother writing anything here. If you choose allergy, intolerance,



contraindication, or side effect, a reaction option opens. This will be added automatically to the allergy list for the patient. The reaction choices are limited, so I usually go back and modify this information in the allergy section of the chart.



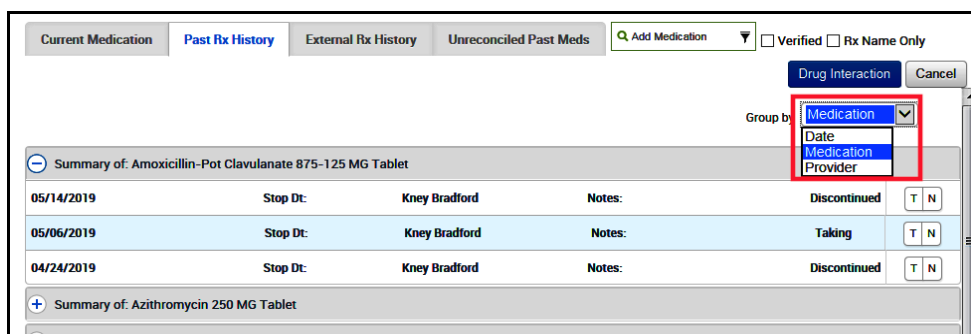
If you do want to add a reason for discontinuing a medication that CAN be seen in the future, put the comment in the notes section shown here.



In the “Past Rx History” tab, the medication list from any previous visit can be reviewed – just click on the “+” next to the date, and the medication list opens up. I have used this screen hundreds of times to:

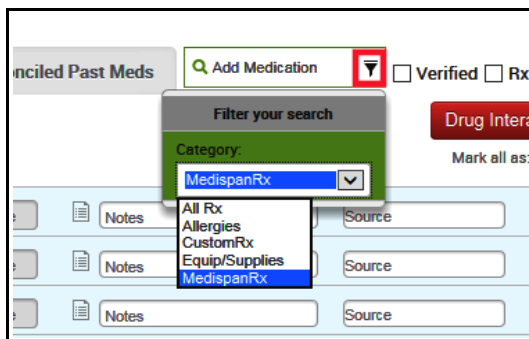
- Find a medication that the patient reported he/she is still taking, but someone had discontinued it in error. In this example, if the patient is still taking metformin, all you need to do is hit the “T” and it will reappear on today's medication list.
- To reconstruct a medication list that has somehow disappeared, or has gotten really messed up. This can happen when the patient is seen by another provider who doesn't really understand ECW, and that provider added and deleted medications inappropriately, or the medication list was not reconciled at a prior visit and all medications are listed as “Unknown”.

You can change the filter from “Date” to “Medication” or to “Provider” - this can be helpful in the right circumstances.



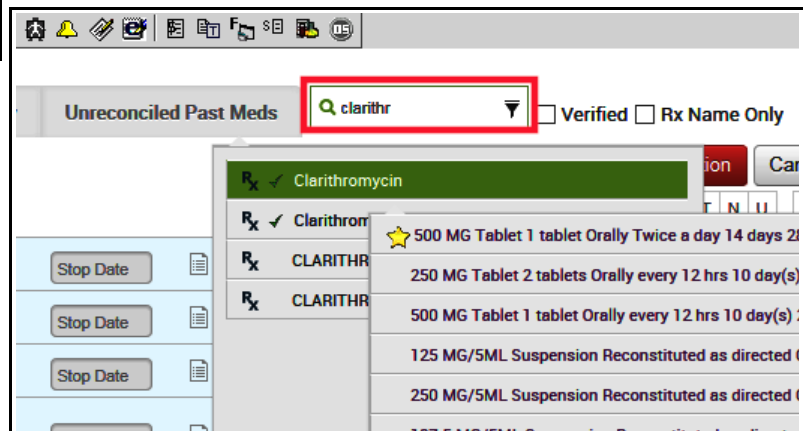
Date	Source	Qty	Duration	T	N
07/18/2018	MESIHA MENA	60 Unspecified	4		
- TRAMADOL HCL 50 MG TABLET (05/01/2019)					
05/01/2019	HAISMAN JUNG	3 Unspecified	2		
- SIMVASTATIN 10 MG TABLET (04/09/2019)					
04/09/2019	KNEY BRADFORD	90 Unspecified	90		
01/04/2019	KNEY BRADFORD	90 Unspecified	90		
10/06/2018	KNEY BRADFORD	90 Unspecified	90		
07/09/2018	KNEY BRADFORD	90 Unspecified	90		
- LOSARTAN-HCTZ 50-12.5 MG TAB (04/06/2019)					
04/06/2019	KNEY BRADFORD	90 Unspecified	90		
01/06/2019	KNEY BRADFORD	90 Unspecified	90		

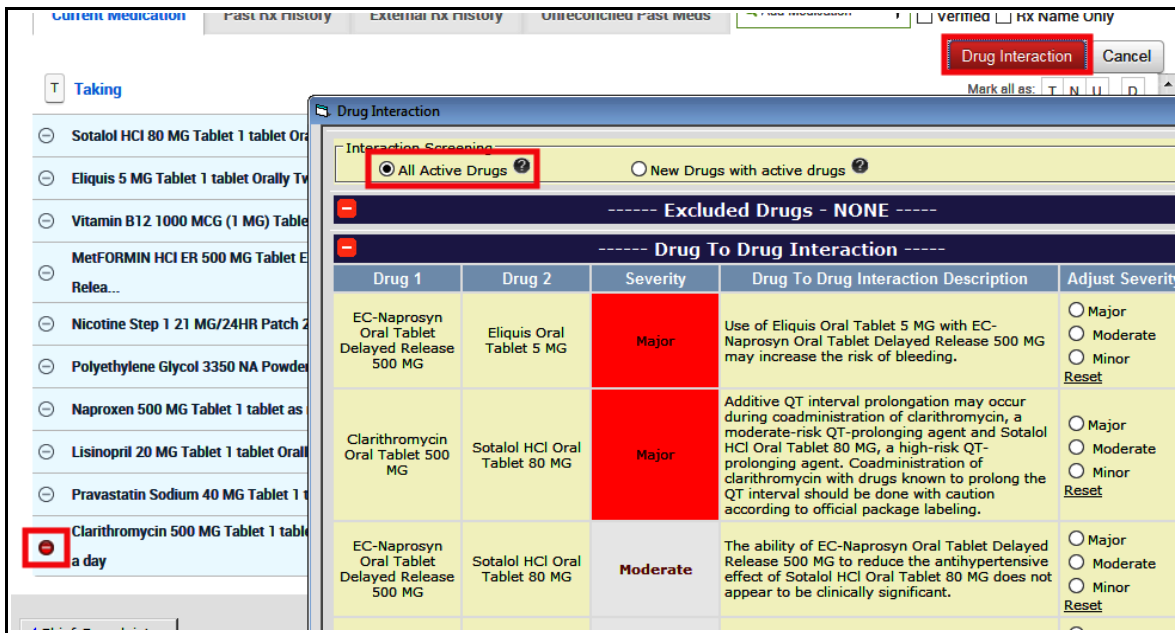
The last tab in the medication reconciliation screen that I want to address is “External Rx History”. This is a very useful tab when medication noncompliance is suspected as the cause for an inadequate therapeutic response to a new medication. It is also a way to determine what the “new little blue pill” that another provider prescribed really is. This pulls data from pharmacy refills – as you can see from this list, it tracks all refills, including those of prescribers outside of ECW/Prima CARE (Dr. Haisman). It does occasionally miss refills, so if it is really important to know about a medication refill, it is best to call the pharmacy. But this screen can be really useful, and save a bit of frustration and polypharmacy when noncompliance is the problem.



Medications can also be added to the list during reconciliation. Make sure to always use MedispanRx so the drug interaction program will work properly.

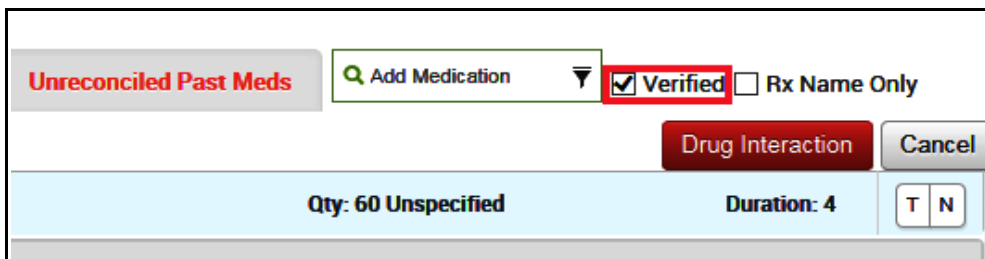
Suppose the patient was seen elsewhere and a provider prescribed clarithromycin for the patient's cough. This can be added to the current medication list. The yellow star indicates that a 14 day course of clarithromycin is one of my medication favorites (one option for treating H pylori).





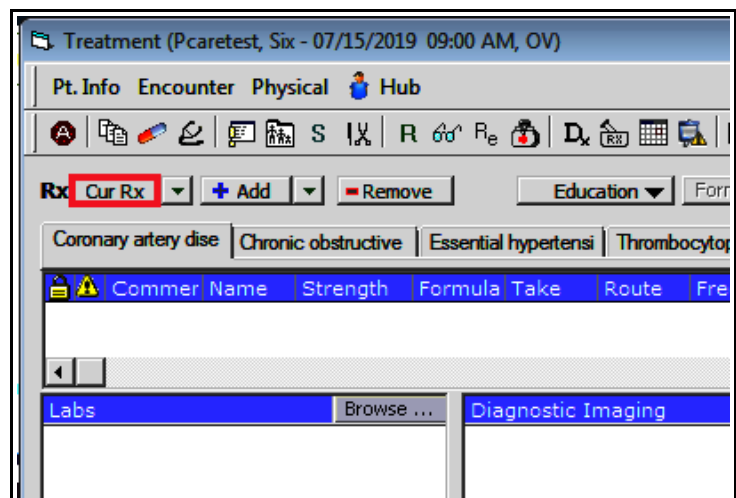
Clicking on the drug interaction icon opens the program that compares the list of structured medications to one another for significant interactions. Here it appropriately points out that naproxen is not a great choice in this patient taking Eliquis, and the clarithromycin plus sotalol has the potential for killing the patient – not good.

The minus sign to the left of medications is active ONLY when a medication is first added to the medication list. So if an error is made when reconciling medications, the medication can be deleted so long as this screen is still active. Once the user has moved to another screen, the minus icon is grayed out and the only way to remove a medication is by hitting the “D” button.



Always remember to click “Verified” after reconciling medications. Don’t worry about the “Unreconciled Past Medications”.

To refill a current medication, click on “Cur Rx”.



Medication Summary

ASSESSMENTS

Prev Dx + Add - Remove

30 = 30 day with 3 refills 90 = 90 day with 0 refills PDMP

Show 50 Group by Date All Summary of All

Medication Action

Medications as of: Today (06/11/2019) Perform Actions

C R 30 90 S	H Amoxicillin-Pot Clavulanate 875-125 MG Tablet	Taking
C R 30 90 S	H Famotidine	Taking
C R 30 90 S	H Lipitor 20 mg Tablet	Taking
C R 30 90 S	H flu injection	Taking
C R 30 90 S	H Wheelchair Cushion Miscellaneous	Taking
C R 30 90 S	H Famotidine 20 MG Tablet	Taking

In this example, I am refilling famotidine under the diagnosis of "Other". The user can click the "R" for refill, and edit the prescription later. Or choose "30" or "90" days and select the number of refills in the box at the top of the screen. "S" stops the medication, and "C" continues it without creating a prescription.

Clicking on the "H" opens the history of the medication in ECW.

C R 30 90 S	H Wheelchair Cushion Miscellaneous	Taking	Kney Bradford 06/30/2014
C R 30 90 S	H Famotidine 20 MG Tablet	Taking	Kney Bradford
C R 30 90 S	H Bedpan 0 Miscellaneous		
C R 30 90 S	H Lisinopril 40 MG Tablet		

Selected Meds

I10	Essential hypertension
N20.0	Kidney stone
Z79.4	Long term current use of insulin
K76.0	Steatosis, liver
N/A	Other

eClinicalWorks

Exclude medications with action - "Taking"

Date	Provider	Medication	Action
Summary of: Lisinopril			
07/17/2017	Jenkins Susan	Lisinopril 40 MG Tablet	Start
04/17/2014	Willis Sam	Lisinopril 20 MG Tablet	Start
04/17/2014	Willis Sam	Lisinopril 5 MG Tablet	Start

Note the box "Exclude medications with action - Taking". Excluding all the entries of "Taking" makes it much easier to see the dates when the medication was started, refilled, or stopped.

Medication Summary

ASSESSMENTS

Prev Dx + Add - Remove

Add New Rx Add New Order

C R 30 90 S	H Wheelchair Cushion Miscellaneous	Taking
C R 30 90 S	H Famotidine 20 MG Tablet	Taking
C R 30 90 S	H Bedpan 0 Miscellaneous	Taking
C R 30 90 S	H Lisinopril 40 MG Tablet	Taking

Medications on: 06/11/2019 09:45:00 (OV) Office Visit Perform Actions

Medications on: 05/28/2019 11:30:00 (OV) Follow Up Visit Perform Actions

Medications on: 05/22/2019 11:42:00 (OV) Hospital Follow up Perform Actions

Medications on: 07/17/2017 16:04:00 (OV) BP Check Perform Actions

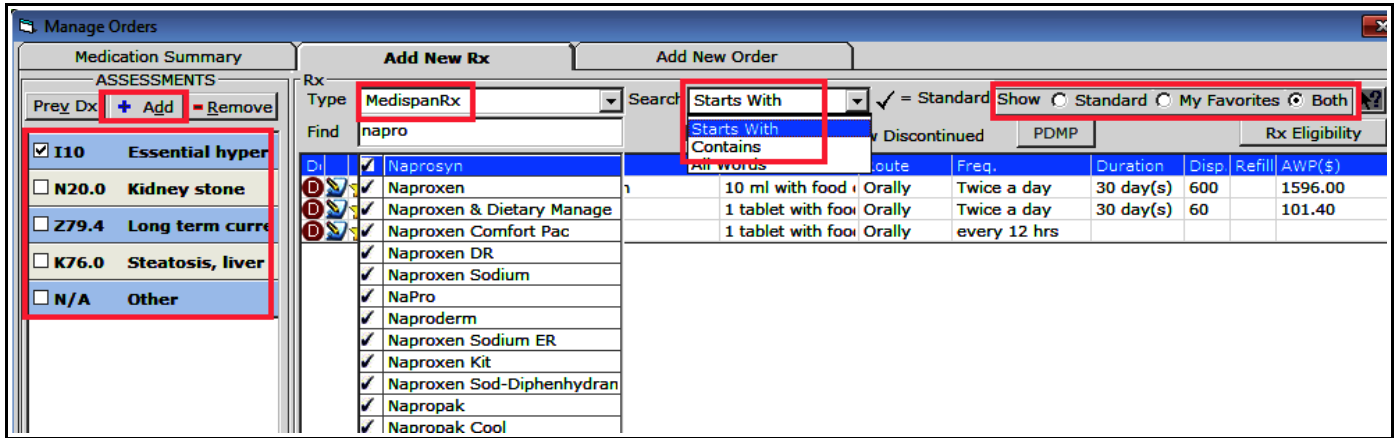
C R 30 90 S	H Lisinopril 40 MG Tablet	Start
C R 30 90 S	H Amoxapine 150 MG Tablet	Taking
C R 30 90 S	H Lipitor 20 MG Tablet	Taking
C R 30 90 S	H Famotidine	Taking
C R 30 90 S	H flu injection	Taking

Selected Meds

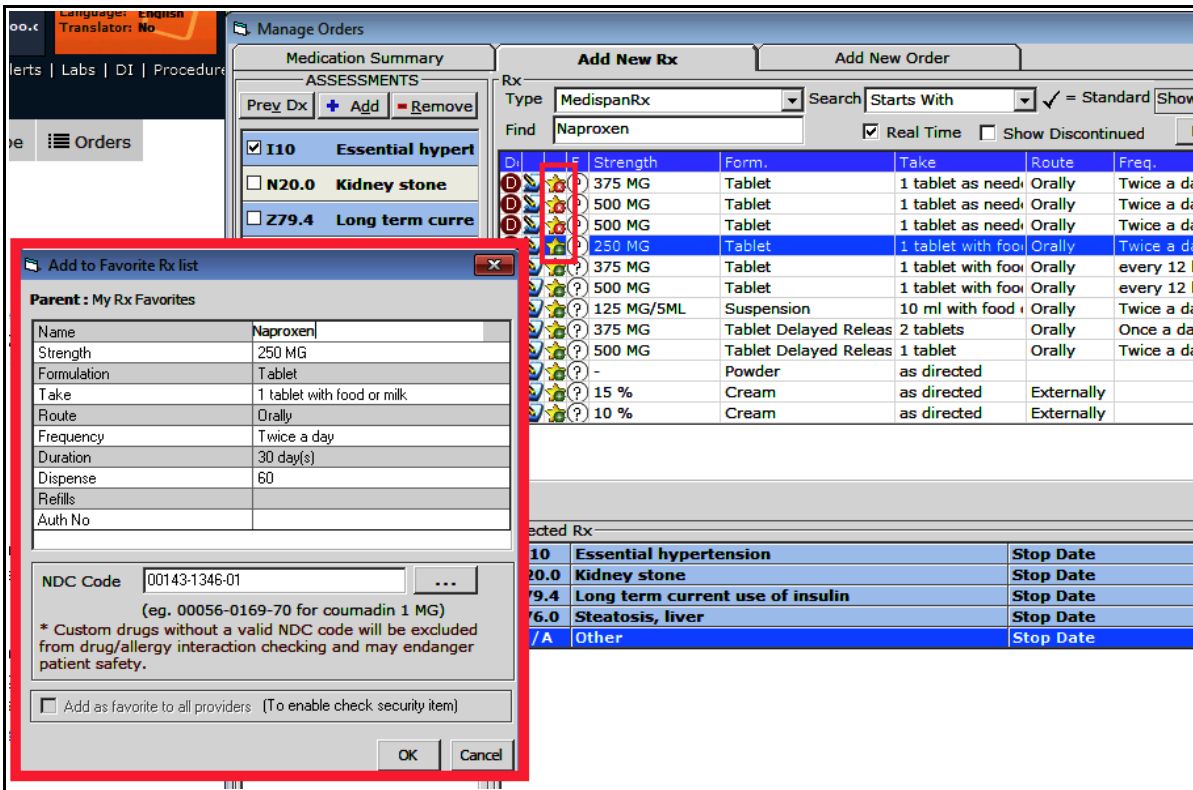
I10	Essential hypertension	Stop Date
N20.0	Kidney stone	Stop Date

Scrolling down the medication list provides a few of prior encounters. Clicking on the "+" opens the medications from that encounter. Clicking on the blue "OV" opens a view of the encounter.

To start a new medication, simply change the tab from "Medication Summary" to "Add New Rx".



“MedispanRx” should be the filter used whenever writing a new prescription - this makes sure that the NDC code is pulled with the medication, and that the allergy and drug interaction programs will work. At times, other options in the “Type” dropdown – like “Custom” or “All” - will need to be used. This is especially true for diabetic supplies and durable medical equipment (like nebulizers, TENS units, etc.). Try changing the search filter from “Starts With” to “Contains” if a medication can't be located in the MedispanRx database. I prefer to see both the standard medication choices as well as my favorites, so I have “Both” selected by default (this option can be changed in the “My Settings” folder). Try to link medications to an appropriate diagnosis – current assessments are visible, and clicking on “Add” opens the Smart Search box where other diagnoses can be added to the assessment list.



The first 3 entries under naproxen are my favorites – with different doses, number to dispense, and number of refills (not seen here). To delete a favorite, click on the “x” in the yellow star. To make a medication your favorite, click on the “+” in the yellow star. Clicking on the “+” opens the inset screen. The instructions, duration, dispense quantity, and refills can all be modified in this screen.

ASSESSMENTS

Prev Dx + Add - Remove

Rx Type MedispanRx Search Starts With ✓ = Standard Show Standard My Favorites

Find Naproxen Real Time Show Discontinued PDMP

Diagnosis	Strength	Form.	Take	Route	Freq.	Duration	Disp	Refill
I10 Essential hypert	375 MG	Tablet	1 tablet as need	Orally	Twice a day	30 days	40	1
N20.0 Kidney stone	500 MG	Tablet	1 tablet as need	Orally	Twice a day	30 days	60	1
Z79.4 Long term curre	500 MG	Tablet	1 tablet as need	Orally	Twice a day	30 days	40	1
K76.0 Steatosis, liver	250 MG	Tablet	1 tablet with food	Orally	Twice a day	30 day(s)	60	
S80.01: Contusion of rig	375 MG	Tablet	1 tablet with food	Orally	every 12 hrs			
	500 MG	Tablet	1 tablet with food	Orally	every 12 hrs			
	125 MG/5ML	Suspension	10 ml with food	Orally	Twice a day	30 day(s)	600	
	375 MG	Tablet Delayed Releas	2 tablets	Orally	Once a day	30 day(s)	60	
	500 MG	Tablet Delayed Releas	1 tablet	Orally	Twice a day	30 day(s)	60	
	-	Powder	as directed					
	15 %	Cream	as directed	Externally				
	10 %	Cream	as directed	Externally				

Selected Rx

- I10 Essential hypertension
- N20.0 Kidney stone
- Z79.4 Long term current use of insulin
- K76.0 Steatosis, liver
- S80.01X Contusion of right knee, initial en
- Start - Naproxen 500 MG Tablet
- N/A Other

Rx Cur Rx + Add - Remove Education Formulary Pop Up Generate H Id C

Essential hypertens | Kidney stone | Long term current us | Steatosis, liver | **Contusion of right k** | Others

Commer	Name	Strength	Formula	Take	Route	Frequency	Duration	Dispe	Refill:	Auth
Start	Naproxen	500 MG	Tablet	1 tablet	Orally	Twice a da	30 days	40	1	

“Contusion of right knee” was added to the assessments, and the naproxen favorite in blue was dropped into the note as shown below.

Clicking on the naproxen prescription above opens the “Rx Edit” screen. I dislike the keypads that are used for duration, dispense, and refills, but a recent change (July, 2019) restored the ability to free text into these boxes.

Strength - Formulation	Take	Route	Frequency	Duration	Dispense	Refill
250 MG - Tablet	1 tablet with food or	Orally	Twice a day	30 days	40	
375 MG - Tablet	1 tablet with food or	Orally	every 12 hrs			
500 MG - Tablet	10 ml with food or m	Externally	Once a day			
125 MG/5ML - Suspension	2 tablets		Twice a day			
375 MG - Tablet Delayed Release	1 tablet					
500 MG - Tablet Delayed Release	as directed					
-- Powder						
15 % - Cream						
10 % - Cream						

500 MG Tablet 1 tablet as needed for pain Orally Twice a day 30 days 40 1

* Combined length of Take, Route and Frequency cannot exceed 132 characters. (Remaining Characters 88).
 * Custom Dosages are not shown by default. To Show/Hide Custom Dosages Setting follow the link: MySetting --> Show/Hide Tab --> Custom Dosages in Rx Edit Screen

Rx: Naproxen 500 MG Tablet, TAKE: 1 tablet as needed for pain, Orally Twice a day, for 30 days, DISPENSE: 40, REFILLS: 1

Apply Cancel

ok

1	2	3
4	5	6
7	8	9
0	.	C

Write

Select Unit

NAPROXEN

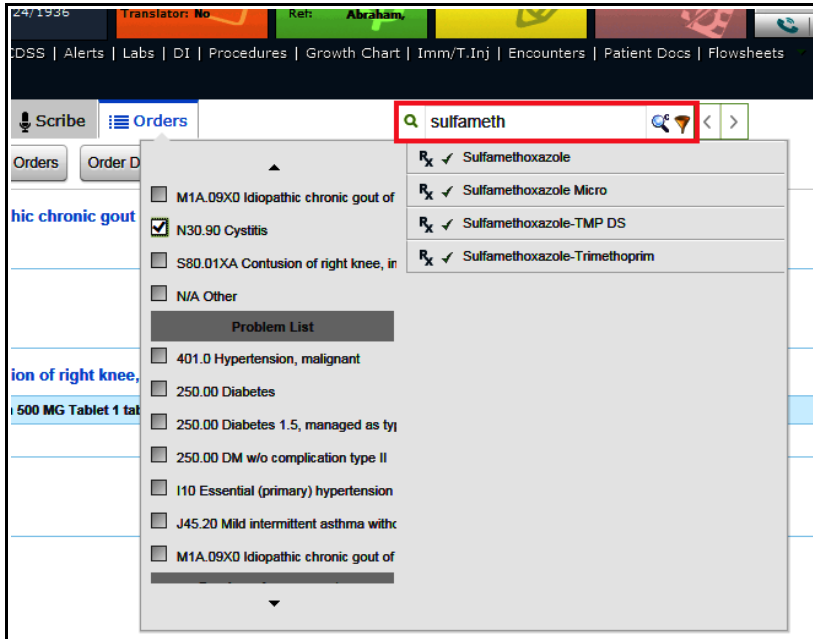
Strength - Formulation	Take	Route	Frequency	Duration
250 MG - Tablet	1 tablet with food or	Orally	Twice a day	30 days
375 MG - Tablet	1 tablet with food or	Orally	every 12 hrs	
500 MG - Tablet	10 ml with food or m	Externally	Once a day	
125 MG/5ML - Suspension	2 tablets		Twice a day	
375 MG - Tablet Delayed Release	1 tablet			
500 MG - Tablet Delayed Release	as directed			
-- Powder				
15 % - Cream				
10 % - Cream				

500 MG Tablet 1 tablet as needed for pain TAB k nex * in Days only

Hitting tab moves the cursor from box to box allowing the user to free text rapidly across the prescription. However, one little glitch makes it impossible to click on the options in blue to

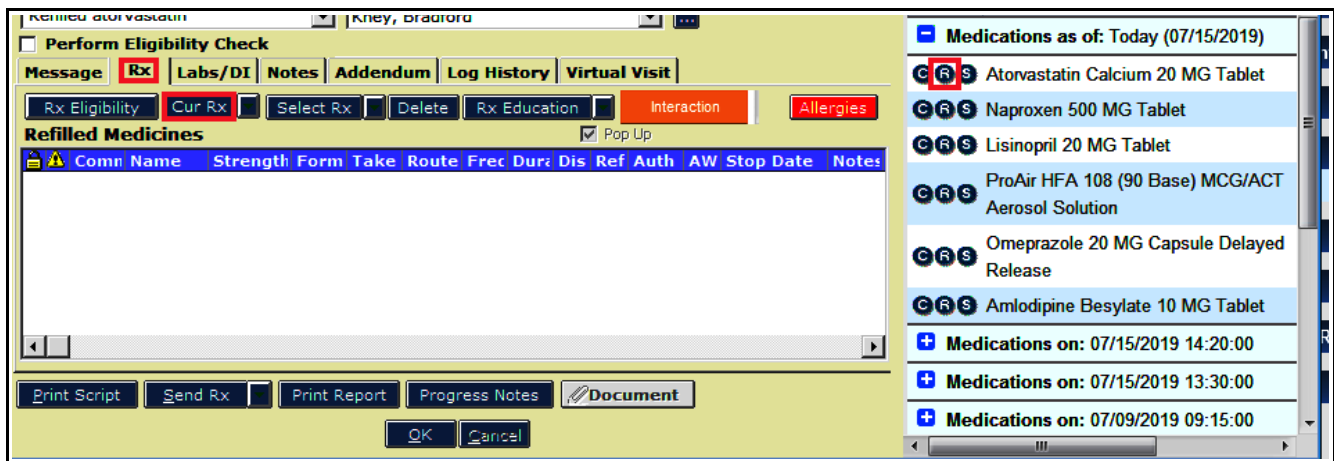
move them into the blank boxes below – UNLESS the user clicks on the minus button next to the box first.

One caution: If the prescription for naproxen is written “1 tablet as needed, Orally, Twice a day, 30 days, #20” - but then the user returns to the “Take” area and changes the instructions to “1 tablet as need for pain”, ECW will automatically recalculate the number of pills and change the #20 to #60 (30 days x twice a day). This is not a big issue with naproxen, but can be a significant problem with opiates and benzodiazepines.



Using the Quick Search box at the top of a progress note is another way to add a prescription.

Do not use the Quick Search box in ECW 11 to order labs or DI – orders end up in the “Today's Orders” area, which does not work with the Prima CARE workflow (in ECW 11e, it will be possible to use this function for lab/DI orders). Prescriptions, however, can be added here in ECW 11.



To get to the prescription section of the telephone encounter, click on the “Rx” tab. To refill a prescription in a telephone encounter, either the “R” in the right panel can be used, or the “Cur Rx” button. The latter opens the same screen seen on page 6 of this document after clicking on “Cur Rx” in the treatment screen of a note. The “R” button in the right panel will reproduce the same information found in the last refill of this medication. In both cases, clicking on the medication once it is dropped into the refill section of the screen will open the same “Rx Edit” screen shown on the previous page.

A new medication can be ordered from a telephone encounter by clicking on the “Select Rx” button, using the same workflow shown earlier when ordering a new medication from the treatment section of a note.

One last way to write a prescription in a telephone encounter is to open a virtual visit. Going to the treatment section of a virtual visit uses the same workflow as in a real patient visit.

The last step is to send the prescription to a pharmacy. Click on "Send Rx" - or "ePrescribe Rx" if "Send Rx" does not default to the ePrescribing screen.

I prefer to ALWAYS preview prescriptions before they are sent – so I am SURE ECW hasn't made some change to it, or I haven't missed an error. Once satisfied, click "Send ePrescription".

Brad Kney, MD
July 15, 2019