

ECW Update

I plan to send out brief updates like this fairly often. I have often felt left in the dark about changes in ECW – and feel quite strongly that regular updates are useful. If you disagree – the delete button is only one click away.

PQRS: The checkboxes that pop up at the end of every office visit with a Medicare patient are going to disappear. These were a means of documenting PQRS in the past, but they are no longer being tracked. Other means of documenting PQRS are needed. Currently, Steward can access our PQRS data only through the “Preventive Medicine” part of ECW (if you look there, you will see folders called “PQRS” and “PQRS Exclusion”). We are working with Rosemary Schuster from Steward to develop a more functional way to record PQRS compliance. For now, don't be surprised when the PQRS checkboxes DON'T pop up at the end of your visits. I, personally, will be delighted to see them disappear.

Meaningful Use: I think we have all been clicking the “verified” box for medication reconciliation and allergies, but I have NOT been clicking the “verified” box in family history. I HAVE been making sure to click the checkboxes for structured elements in Family History (Diabetes, Hypertension, Heart Disease, Stroke, Mental Illness, Cancer) – but this DOES NOT count for meaningful use unless you ALSO click “Family History Verified”. Medications, Allergies, and Family History are the only areas where you MUST check the “verified” box. You can certainly click the “verified” box for other sections (like Social History, Hospitalization, Medical History), but you don't HAVE to. In the future, some of these may become necessary for meaningful use, but not so far.

LMR: We all know that data importation from LMR to ECW was a total disaster. We are still living with the consequences of this debacle. One consequence that you may not be aware of is that immunizations that were declined in LMR (LMR had an option to document that the patient declined a flu shot or Pneumovax or whatever) show up in ECW as if they were given. In the Overview tab, the immunization will look like it was given. If you click on the immunization to open up the detail box, in the “Comments” section, it will say something like “Mig: declined”. But unless you actually open the box, you will not know this. In my office, we always keep LMR open to the patient chart, and always double check immunizations in LMR and ECW to make certain we have all the correct information. This is very tedious, but I know of no other way to be certain that the data in ECW is correct. It is a slow process of updating ECW with the correct data – one patient at a time.

Training: At the most recent EMR Committee meeting, mandatory training of one staff member from every office was discussed. We do not have the resources to send someone out to all the offices to train all the PrimaCARE staff on changes in ECW workflows and newer functions. Having MJ meet once a week in the training room with about 5 staff from 5 different offices seems to be a better way to use our limited training resources. Please choose one person in your office who seems to be best suited to attend these training sessions, and then return to your office to show the rest of the staff what was learned. The EMR Committee members all realize this is a burden on the offices, but it is the best solution RIGHT NOW, given the resources we have.

ECW: You do not need to hit the “Transmit” button for labs, but in order for radiology to receive your order, YOU MUST HIT THE “TRANSMIT” button. Lab = no transmit, X-ray = YES TRANSMIT. More on this in a future email. This is just a brief “heads up” reminder.

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