ECW Newsletter

- For those of you, like me, who have been frustrated that the spellcheck dictionary doesn't appear to want to learn new words – there is an easy explanation. It lacks that function. It is just taunting you when it asks if you want to add a word to your personal dictionary. Your personal dictionary does not exist – gotcha! Maybe it will exist in a future iteration.

- If you noticed that ECW has been adding the billing code 94760 whenever you or your staff include an oximetry reading – it is not your imagination. Unfortunately, this code is NOT reimbursed by Medicare or BCBS. I have had a few people research this, and they agree that insurers consider it bundled in the E+M code. We are de-linking the CPT from your oximetry readings, so it should NOT appear in the future. If you WANT to bill it, you can – just add it in the billing box in ECW.

- Naming convention for Telephone Messages: ECW is very prone to Telephone Message Bloat. We suggest that you name your telephone messages in some way to make them easier to search. Just like the visits (where you enter the type of doctor first, followed by a problem – like VASC PAD), we ask that you provide a more meaningful title for telephone messages. Suggestions include "Lab slip", "Refill", "Referral", "Results", "Question", "Update" - whatever seems most descriptive. In my office, typical titles include "Lab slip CBC/A1c/lipid", or "Refill amlodipine", or "Referral ortho", or "Question about leg pain". Please help to make future searches of the chart easier by providing more meaningful names to telephone messages. I am told that in version 10 we will be able to separate out telephone messages from visits.

- Drug alerts are verbose, duplicative, and useless. Every new prescription includes interactions for ALL other drugs. So if I add Augmentin for a patient taking 25 other drugs, ALL the other drug interactions are alerted – which have absolutely NO bearing on the Augmentin prescription. This results in serious alert fatigue. We have sent a message to the developers to try to make this function more useful.

- You may have noticed that the colors in the schedule are quite confusing. Light red might mean that the patient canceled the appointment, while pink might mean the patient is waiting to be seen. Brian and MJ are working to make the color scheme more useful – so different shades of green might mean patient checked in (very light green), patient ready to be seen (lime), patient checking out (darker green), visit completed (very dark green) – as an example.

- For those using alerts, you have been frustrated by funky entries about MRI and other meaningless things. Brian and MJ are working on clearing up this problem. We have a lot more about alerts and health care monitoring to address in the future. The CDSS data linkage remains non-functional. It is a priority for Brian – he is working on getting the ECW programmers to correctly implement this function so that mammograms, colonoscopies, flu shots, BMI, LDL, A1c – are all captured by the alert system. This will make the alert reminders functional.

We are all experiencing significant problems with ECW – some problems are unique to your workflow, others are felt by all providers in PrimaCARE. Setting up a forum might help us all to see the problems others are experiencing, as well as provide us a way to disseminate solutions to these problems. A PC ECW forum is in the works – a link on the PrimaCARE homepage (http://www.prima-care.com) to the forum is planned. More on this in the very near future.

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