

ECW 10 Upgrade July, 2017

We recently upgraded ECW 10 on July 15, 2017. There were a few glitches that caused a MJ and Ernst some headaches and a lot of work, but the system seems to be working smoothly for the most part.

In this document, I want to highlight some of the changes I have found. This is a work in progress – as I use the new version of ECW 10, and find changes, I will update this pdf. Many changes are quite small, and don't impact my workflow much. If you find changes that I haven't outlined, please let me know.

Right panel

Overview panel now shows ICD10 with a green circle in front of the code, and ICD9 as a red circle – as shown in the picture below.

The screenshot shows the ECW 10 software interface. The top navigation bar includes tabs for Labs, Orders, Procedures, Growth Chart, Family History, Encounters, Patient Docs, Newsletters, and Notes. The main content area is divided into two panels: "Advance Directive" and "Problem List". The "Problem List" panel shows a list of medical conditions with their ICD10 codes (green circles) and ICD9 codes (red circles). The "Medication Summary" panel shows a list of medications with their status (e.g., Unreconciled, Taking, Discontinued) and a dropdown menu for the Group By filter.

ICD10 Code	ICD9 Code	Condition
I10	401.9	Essential (primary) hypertension
J44.20		Mild intermittent asthma, uncomplicated
E11.22		Type 2 diabetes mellitus with diabetic chronic kidney disease
F17.200		Tobacco dependence
E78.00		Pure hypercholesterolemia
Z68.30		Body mass index (BMI) of 30.0-30.9 in adult
R41.3		Amnesia
J44.9		Chronic obstructive pulmonary disease, unspecified COPD type

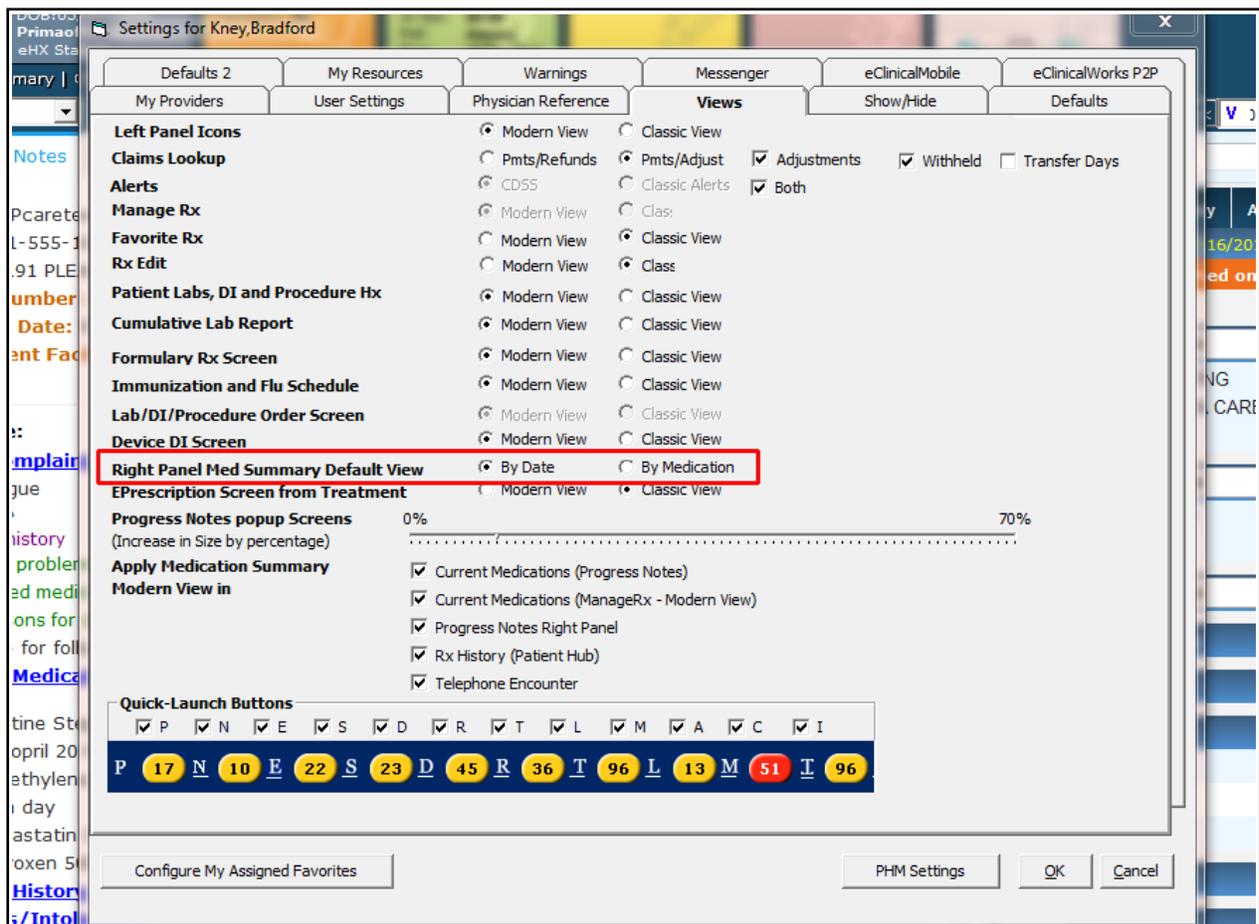
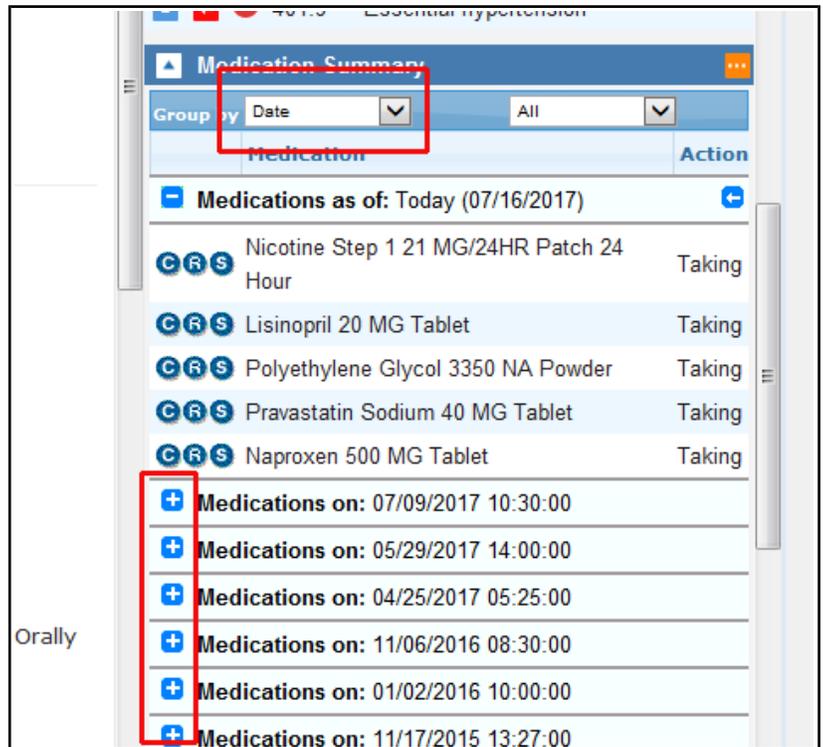
Medication	Status
Clopidogrel 75 MG Tablet	Unreconciled (OV)
Lisinopril 20 MG Tablet	Taking (OV)
MetFORMIN HCl ER 500 MG Tablet Extended Release 24 Hour	Discontinued (OV)

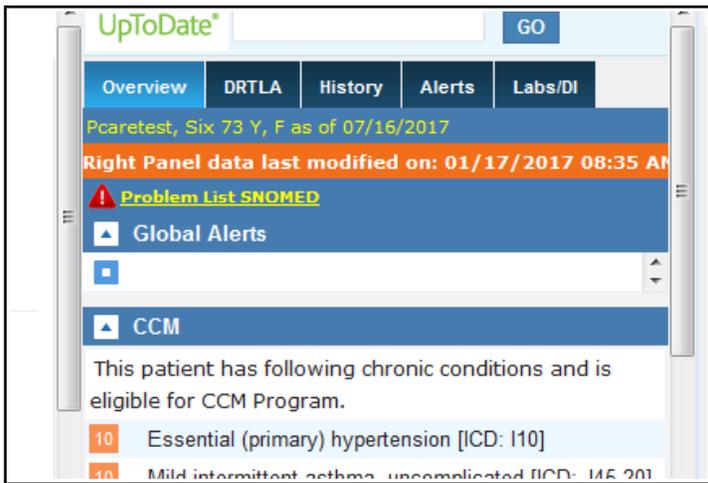
Note also in the screenshot that the medications are shown by default with the filter “Medications” - this generates a long list of medications that patient has taken. You can see that discontinued medications have a line through them – and if you click on the blue “OV” next the the medication, it will open the office note on the date the medication was discontinued. Notice that if you click on the Group By filter, you get a dropdown menu that allows you to change this option to “Date”.

I prefer to use the filter “Date” - which shows me the medications on the current date followed by the option to expand medications on earlier dates – as shown in the screenshot to the right. You can see the “Group By” option is set to “Date”, and the first list of medications shows the medication list as of the current date.

You can change the default setting for this choice in your “My Settings” section of ECW. Go to “File” (across the top of the ECW screen). Use the dropdown and choose “Settings” and then “My Settings”.

Go to the the “Views” tab, and about ¾ of the way down the screen, there is a choice called “Right Panel Med Summary Default View” - if you prefer the “Date” filter, choose “By Date” - as shown in the screenshot below.





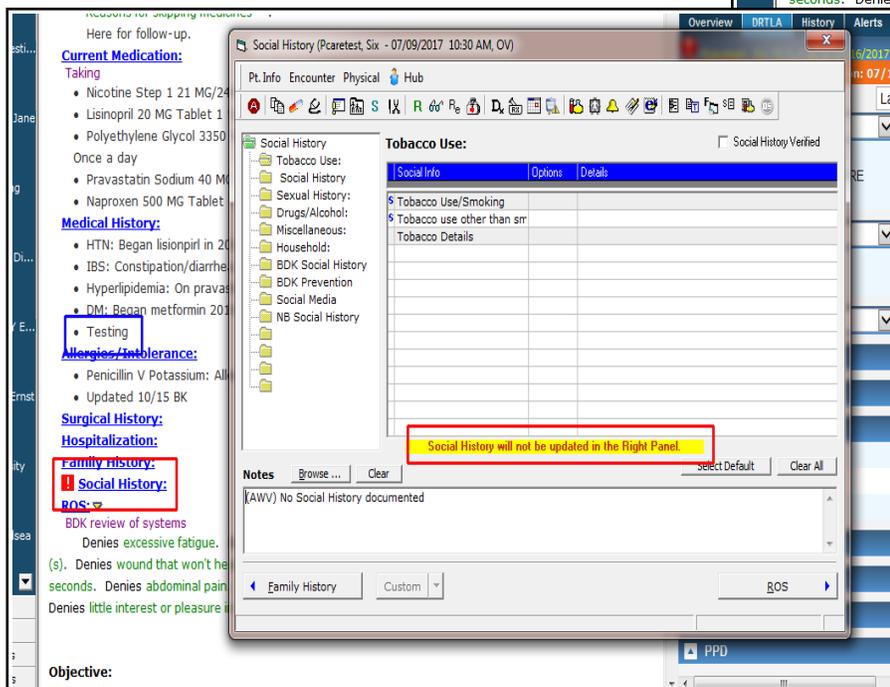
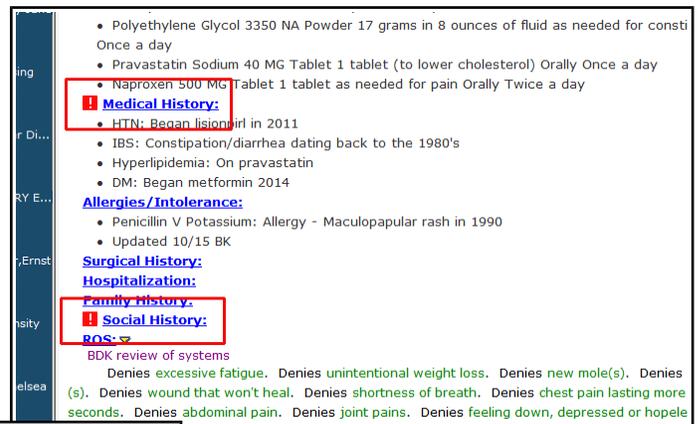
You also see in the right panel a bright orange banner telling you when the right panel was last modified. I am still experimenting with this – adding a diagnosis in the problem list does not reset the date – but changing an element under the history tab does. This might be useful when you see the patient on July 18 – and someone else sees the patient on July 20. When go back to review your note and lock it on July 21, the right panel might have been changed by the other provider – and the banner notifies you of that.

As an example of this “EMR time travel” - look at the following example:

This is a note on Six Pcaretest from 7/9/17. On 7/16/17, I opened the Hub and changed the medical and social history.

In the note of 7/9/17, since this is dated PRIOR to the changes, those changes are not reflected.

I did try altering the medical history in the note – it did show up in the note – as you see in the screen below (“Testing” under Medical History).



BUT this change will not show up in the future, as someone else (me) changed this section at a later time (July 17).

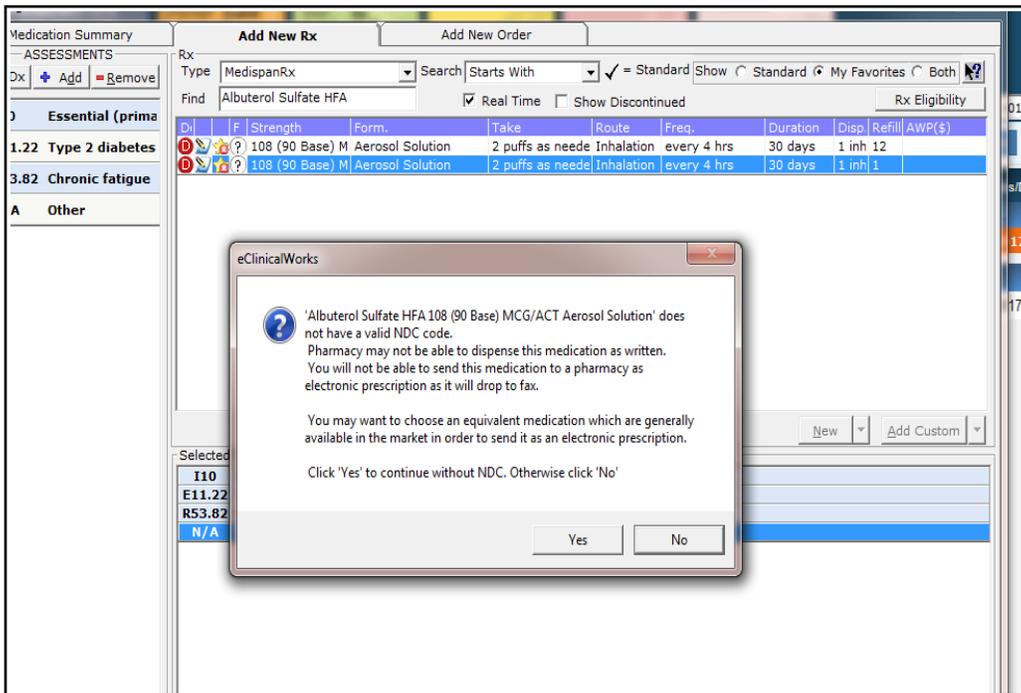
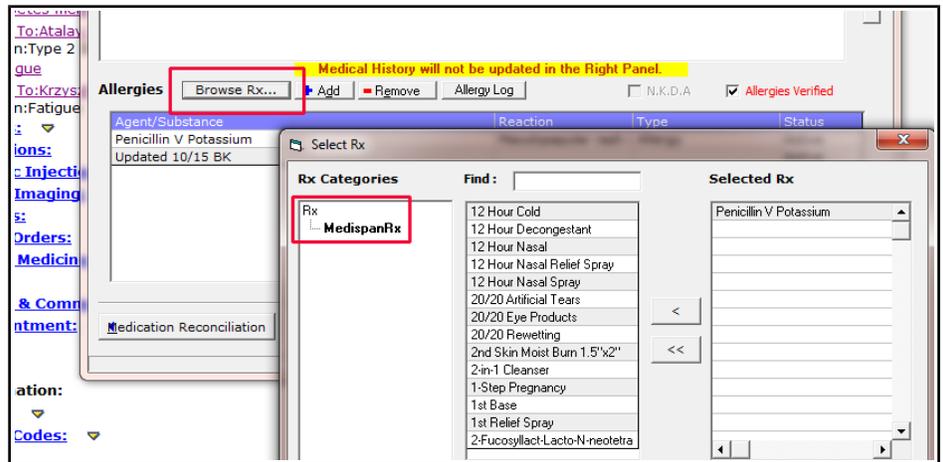
As you can see, I also changed the social history, and ECW is warning me that anything I write in social history will appear in this note but not in the right panel going forward.

So, this is why paying some attention to the banner telling you when the right panel was last updated is important.

Now, if you write your notes and lock them soon after the patient leaves your office, none of this time travel stuff will ever bother you (and Rich will be very happy!).

Allergies

Finally, ECW got rid of all the other options when entering allergies – when using the “Browse Rx” button to add allergies, there is no option BUT to use MedispanRx. REMEMBER to always add drug allergies as NDC-linked entries in MedispanRx – NEVER add a drug allergy by using the “Add” button and typing in free text – the drug interaction program CANNOT understand free text – it can only understand entries that use the NDC codes provided by MedispanRx.



3. Prescribing: There is a new warning about prescribing medications that are not NDC linked. You can still send these scripts – by printing them and faxing them manually.

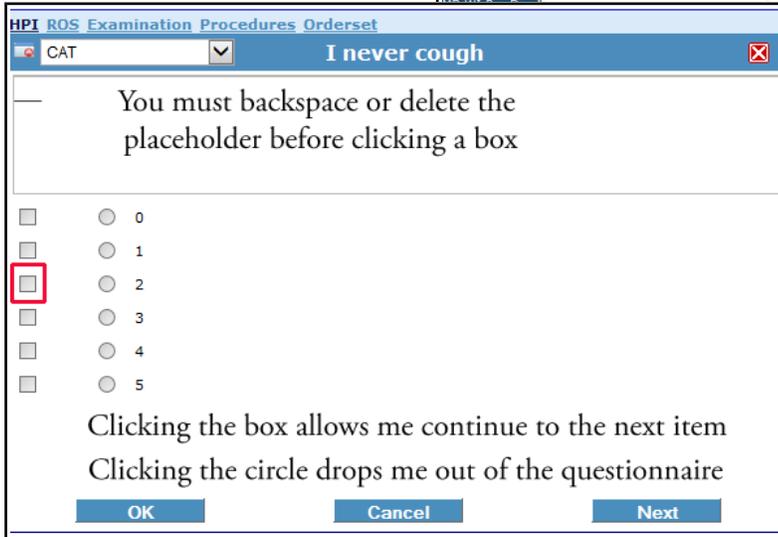
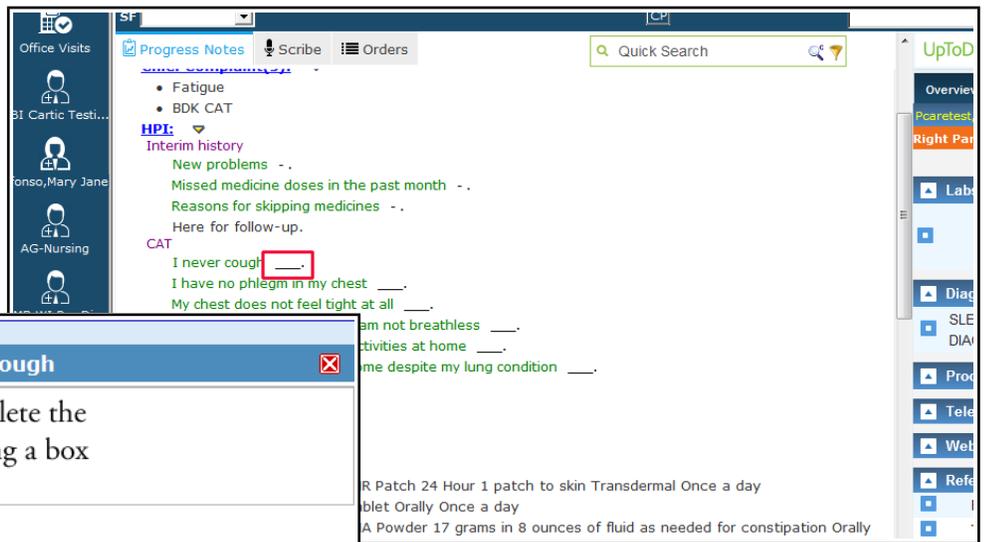
I have not tried to send a non-NDC-linked medication via ECW – it may still go via fax in ECW.

Placeholders

Placeholders are the little dashes after a question or statement in a template. Without a placeholder, the question/statement would not be visible.

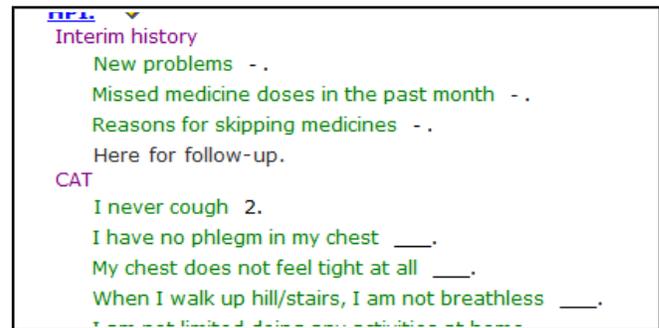
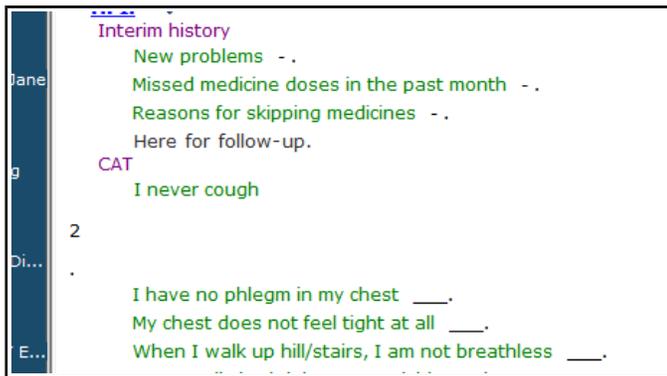
Here we see a placeholder in the CAT questionnaire.

If I click on the placeholder, the screen below opens up.



The placeholders used to disappear automatically when you clicked a box, but this useful function ended with an “upgrade” of ECW about 2 years ago. So, first, I usually backspace a few times to eliminate the placeholder, then check a box.

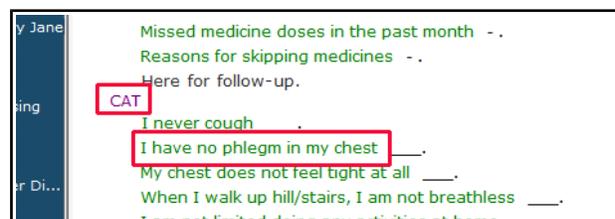
In this case, I am going to demonstrate clicking a square box – this allows me to run down the entire questionnaire without dropping back into the note (and then having to open the questionnaire again). BUT, there is a NEW issue with the appearance of the note when using the CAT template in this way. In this case, I am going to click “OK” rather than move on to the next item just to show you the problem.



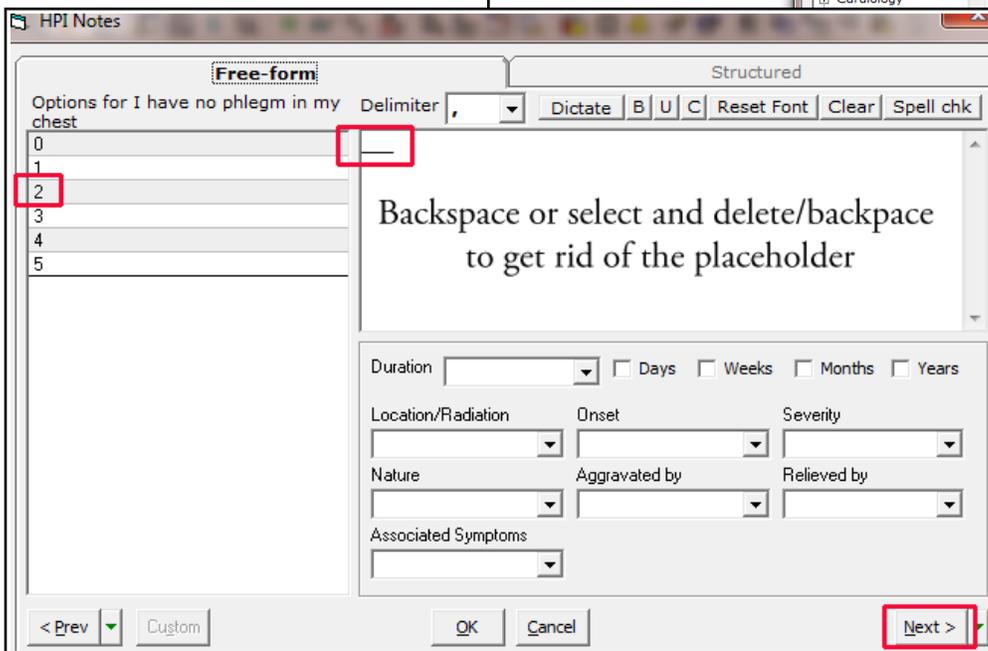
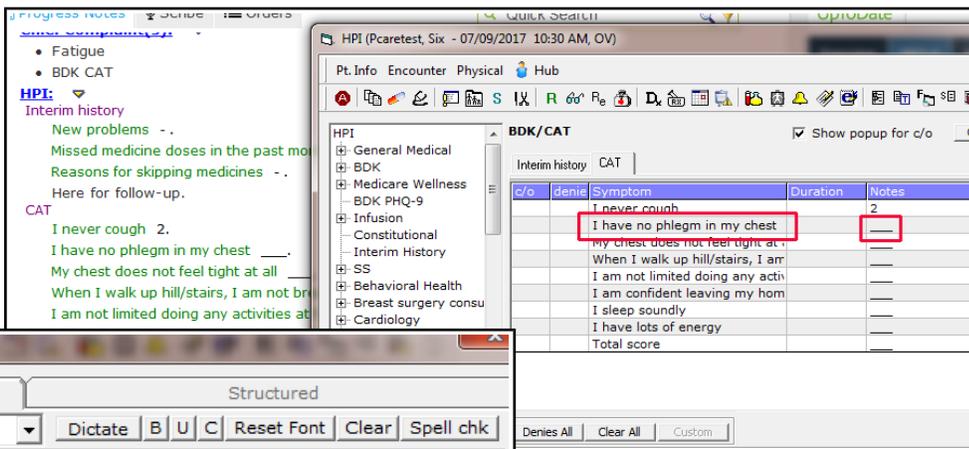
In the prior version of ECW, the result would look like the example above on the right. NOW, this method of entering data ends up looking like the example above on the left. You can imagine the entire CAT questionnaire with all the extra spaces and dots added – it would take up a full screen to view, and would be somewhat difficult to follow. As of this writing, this glitch cannot be fixed by PrimaCARE – it needs to be addressed by ECW, and we all know how quickly they fix the bugs in this program!

The workaround:

Do NOT click on the placeholder to enter data – click on the question or on the questionnaire title.

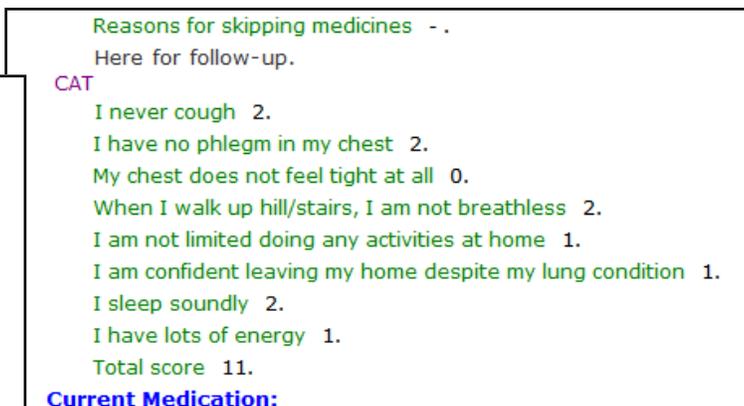
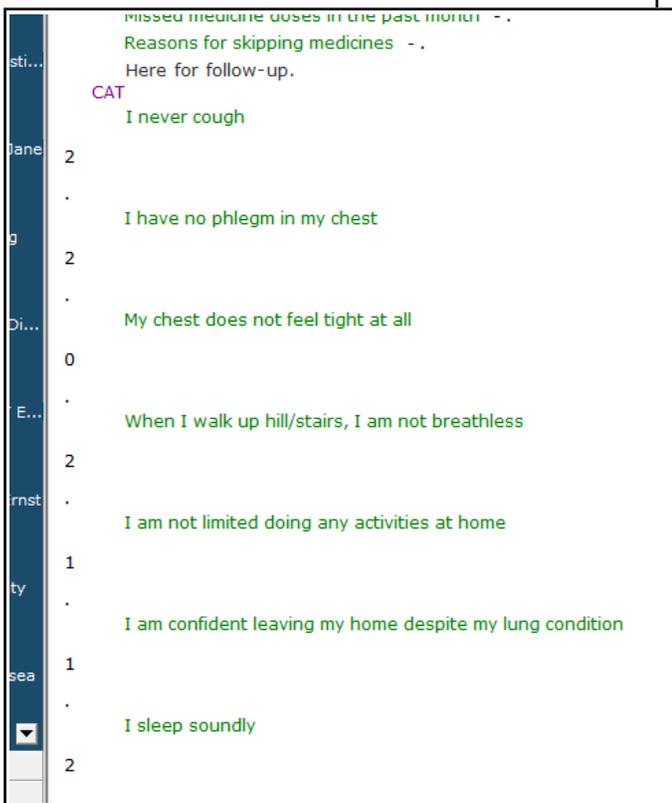


This opens the entire CAT tab – now click on either the placeholder or the question. This opens the following screen.



Get rid of the placeholder, then either select the answer from the choices on the left, or type something in freehand. To stay in the CAT questionnaire, choose “Next”.

When the last answer has been entered, click OK.



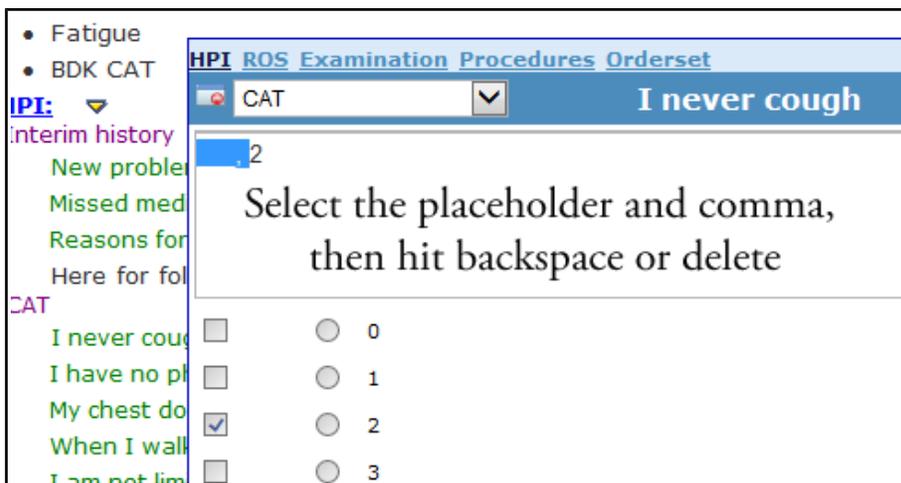
The resulting chart entry (above) is easy to read.

Clicking the placeholder in the note and entering the data that way results in the entry to the left. Far uglier and far more difficult to read at a glance.

The workaround takes no more time than clicking on the placeholders – you just need to remember to start from the tab (in this case, HPI tab, but I have found this true for placeholders in other areas well, like examination).

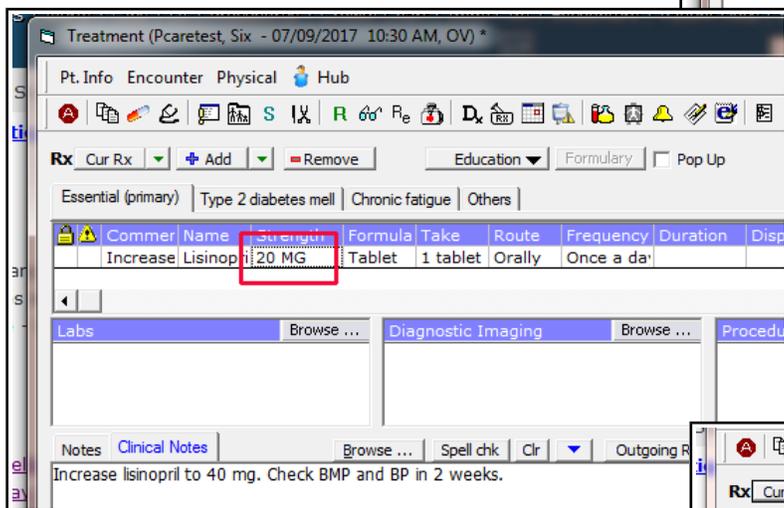
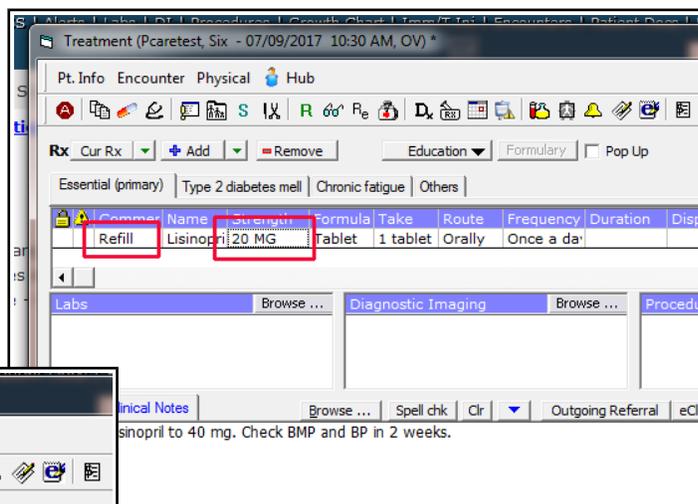
One other workaround that requires more effort:

Instead of deleting the placeholder BEFORE you click the box, first select your answer to the question, then select the placeholder and comma and delete it – this results in just the “2” being entered without any whitespace or period.

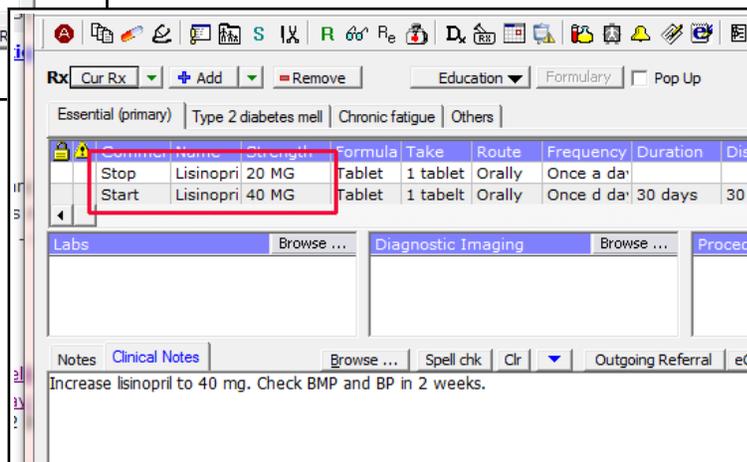


Prescriptions

In the past, when I elected to increase or decrease the dose of a medication – changing the pill size to a new strength, I would do this simply by refilling the medication and changing to the pill size in the “Strength” section of the prescription. I changed the “Refill” entry to “Increase”,



and then changed the pill size to 40 mg. Then I added the dispense and refill information and sent the script.



However, each strength of a pill has a different NDC number, so this method, though easy, results in a non-NDC-linked medication.

ECW now requires you to STOP the old dose and set up an entirely new prescription using **MedispanRx**.

SNOMED Errors

After a phone call with Damian at ECW – the following is my understanding.

First, what is SNOMED?

The **Systematized Nomenclature of Medicine (SNOMED)** is a systematic, computer-processable collection of medical terms that allows a consistent way to index, store, retrieve, and transmit information electronically. In 2002, SNOMED was updated and became SNOMED CT (SNOMED Clinical Terms). SNOMED CT provides the core general terminology for electronic health records. The Smart Search IMO (stands for “Intelligent Medical Objects”) we use in ECW is linked to SNOMED CT, so all diagnoses found with the Smart Search tool will be mapped properly to a SNOMED term.

Axis	PL	Code	Diagnosis	Specify
<input checked="" type="checkbox"/>		I10	Essential (primary) hypertension	
<input checked="" type="checkbox"/>		E11.22	Type 2 diabetes mellitus with diabetic	
<input checked="" type="checkbox"/>		E11.40	Type 2 diabetes mellitus with diabetic	
<input checked="" type="checkbox"/>		I48.1	Persistent atrial fibrillation	

HOWEVER – and this is why we are seeing the error message (the exclamation point in the red triangle) – some older data in ECW was NOT linked to SNOMED, and the error message is asking you to make sure the problem list is correct (this was mapped automatically by ECW during the upgrade). By my rough count, about 5-10% of my patients have some potential error in the problem list. It is very easy to correct.

The next screenshot shows what happens if you click on the “Problem List SNOMED” link.

Click "Assign" to locally link problem list to SNOMED instead of mapping at eClinicalWorks Cloud during the transition of care. User can assign SNOMED codes locally and those will be used during the transition of care.

Local Problem List-SNOMED Linking

Type	Problem Description	Problem Code	SNOMED Description	SNOMED Code	Clear	Assign
10	Type 2 diabetes mellitus with diabetic chronic kidney disease	E11.22	* Diabetic renal disease	127013003	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Acquired hypothyroidism	E03.9		111566002	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Isolated proteinuria	R60.0		230970001	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	MGUS (monoclonal gammopathy of unknown significance)	D47.2		277577000	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Low back pain	M54.5		278860009	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	History of breast cancer	Z85.3		429087003	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Persistent atrial fibrillation	I48.1		440269007	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Type 2 diabetes mellitus with diabetic neuropathy	E11.40		44054006	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Atrial fibrillation with controlled ventricular response	I48.91		49436004	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Essential (primary) hypertension	I10		59621000	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	CKD (chronic kidney disease), stage 3 (moderate)	N18.3		709544004	<input type="checkbox"/>	<input type="button" value="Assign"/>
10	Pulmonary hypertension	I27.2		70995007	<input type="checkbox"/>	<input type="button" value="Assign"/>

* Indicates Auto assigned SNOMED Codes and Description in this session. Users can review and refine the auto assigned SNOMED codes further. Clicking on 'Save' will save the SNOMED codes locally.

Initially, I assumed that all the codes with the blank description were the source of the error. However, it is the single code that HAS a description that is the source of the error. ECW is asking me to confirm that “Type 2 DM with diabetic chronic kidney disease” is that same as the SNOMED description “Diabetic renal disease”.

Click 'Assign' to locally link problem list to SNOMED instead of mapping at eClinicalWorks Cloud during the transition of care. User can assign SNOMED codes locally and those will be used during the transition of care.

Local Problem List-SNOMED Linking

Type	Problem Description	Problem Code	SNOMED Description	SNOMED Code	Clear	Assign
10	Type 2 diabetes mellitus with diabetic chronic kidney disease	E11.22	* Diabetic renal disease	127013003		Assign
10	Acquired hypothyroidism	E03.9		111566002		Assign
10	Isolated proteinuria	R80.0		230970001		Assign
10	MGUS (monoclonal gammopathy of unknown significance)	D47.2		277577000		Assign
10	Low back pain	M54.5		278860009		Assign
10	History of breast cancer	Z85.3		429087003		Assign
10	Persistent atrial fibrillation	I48.1		440059007		Assign
10	Type 2 diabetes mellitus with diabetic neuropathy	E11.40		44054006		Assign
10	Atrial fibrillation with controlled ventricular response	I48.91		49436004		Assign
10	Essential (primary) hypertension	I10		59621000		Assign
10	CKD (chronic kidney disease), stage 3 (moderate)	N18.3		709044004		Assign
10	Pulmonary hypertension	I27.2		70995007		Assign

* Indicates Auto assigned SNOMED Codes and Description in this session. Users can review and refine the auto assigned SNOMED codes further. Clicking on 'Save' will save the SNOMED codes locally.



Above, is a larger image of the same screenshot.

If I click “Save”, the diagnosis in ECW will be linked to that SNOMED code (127013003) highlighted by the blue rectangle. It is crucial for computers talking to one another to use the same language – SNOMED CT. Computers communicate in bits and bytes, not in words – so the SNOMED code is used when transferring data – a very important function in the future as the tower of Babel in medicine is slowly torn down. Clicking on “Assign” opens the next screen.

There are many more choices for this code, and the best code for this patient is not the simple code in the last screen – CKD3 due to T2DM is a far more accurate code. In this example, I chose this code, and you can see (screenshot below) that ECW linked the diagnosis in the problem list to a different SNOMED CT code.



Type	Problem Description	Problem Code	SNOMED Description	SNOMED Code
10	Type 2 diabetes mellitus with diabetic chronic kidney disease	E11.22	Chronic kidney disease stage 3 due to type 2 diabetes mellitus	731000119105
10	Acquired hypothyroidism	E03.9		111566002

At this point, I can hit the “Save” button, and you can now see that the error message has been removed.

So, why should you care? Right now, I don't think this creates a problem for us (I could be wrong) – but down the pike, when ECW is communicating to SAH or Southcoast or some other medical entity (or CMS for payments or quality measures) – this probably will be important. It is yet another burden on us, but doesn't take much effort to correct. For now, I will address these errors as they come up and as I have time. I suspect we will hear more about this over time.

This page will be updated as I learn more about this problem.

Brad Kney, MD
7/29/17

