

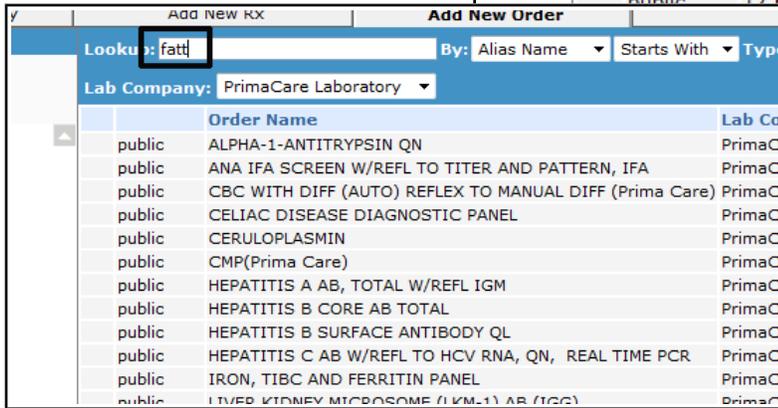
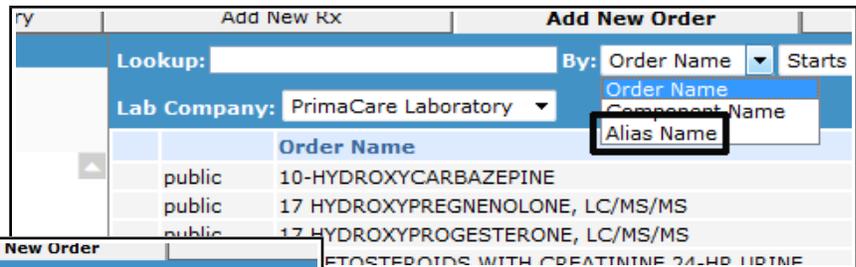
ECW Update

Alias and No Shows

The problem: I want to have a simple way to order a bunch of labs for a specific diagnosis. Like abdominal pain, fatty liver, dementia, DM.

eClniSense (which I really like) doesn't work because of the “future orders” requirement in PrimaCARE, and labs ordered via order sets do not count toward meaningful use. I don't like order sets, so I don't use them, but I was not aware that labs ordered through an order set were not counted toward meaningful use until this past week.

The solution: Alias lab sets.
Go to the screen in the treatment section to order a lab. Click on the “Order Name” down arrow and find “Alias Name”.

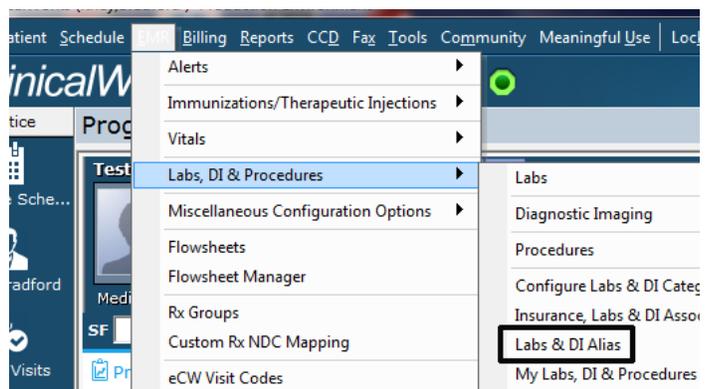


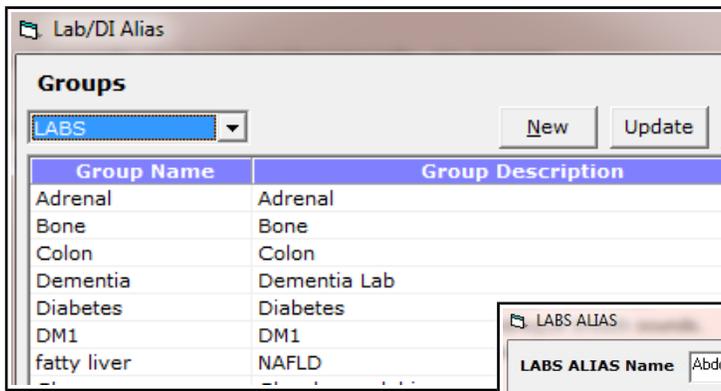
Now type in the name of an alias lab set – I set up “fatty liver” as an example. To the left, you can see I started to type “fatty liver” - with just a few letters, I was able to pull up a list of labs to pick from. This list includes tests one could pick when first evaluating NAFLD, or when following someone over time (checking LFTs, INR, platelet count, for example).

This does not enter the lab order for you – you choose which labs you want to include. But it does give you relatively small list to choose from, so you don't have to type in each choice one at a time. It is basically a favorites list for a specific diagnosis – pick what you want, ignore the rest.

Alias lists are practice-wide, so we don't want 10 different fatty liver lists. One method to keep your own lists separate is to name them “bdk fatty liver” or something like this. Then when I type in “bdk” at the start of an alias search, I know I will find only my lists – much like my templates, which always begin with “BDK”.

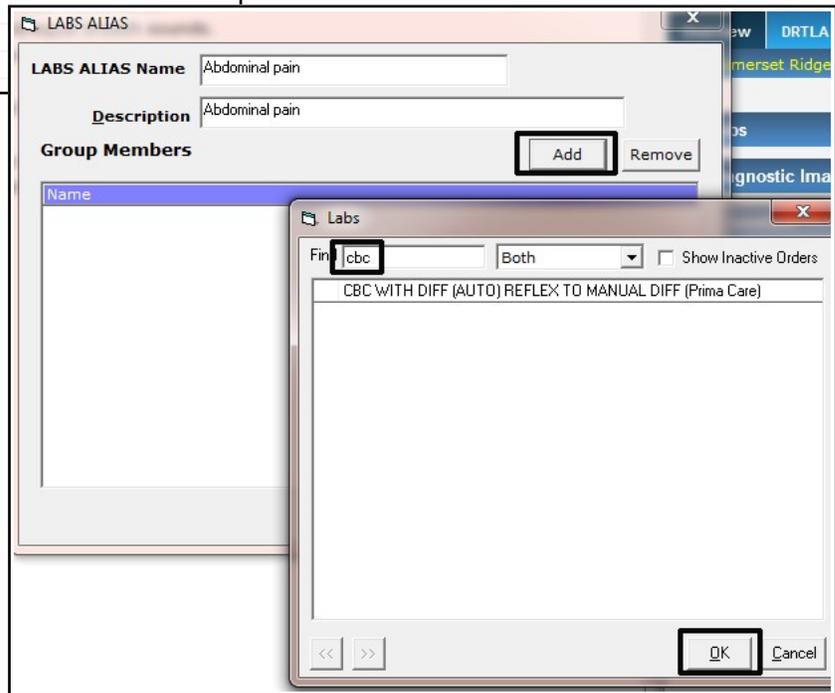
So, how do you set up an alias list? It is very simple. Go to EMR → Labs, DI & Procedures → Labs & DI Alias.





You can choose either “LABS” or “DI”. Since I don't often order multiple DI for a particular diagnosis, I don't think the DI alias groups will be very useful for me. But the lab alias function is definitely useful for me. You can either “Update” a previous alias, or create a “New” one.

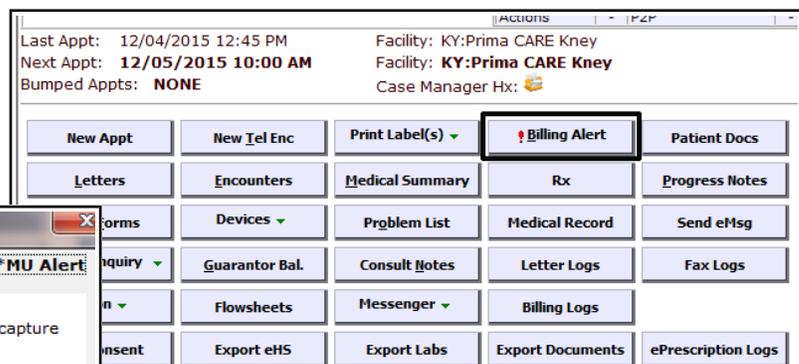
In this example, I chose “New” and opened the screen to the right. I called this “Abdominal pain” and began by entering a CBC. Click OK, and a CBC is added to the alias. Then add a CMP, UA, HCG, ESR, amylase, lipase – and whatever else you might like. Then close out and you have an alias. If you don't like the choices, go back and update. You can also go back and delete the entire alias if you don't like it.



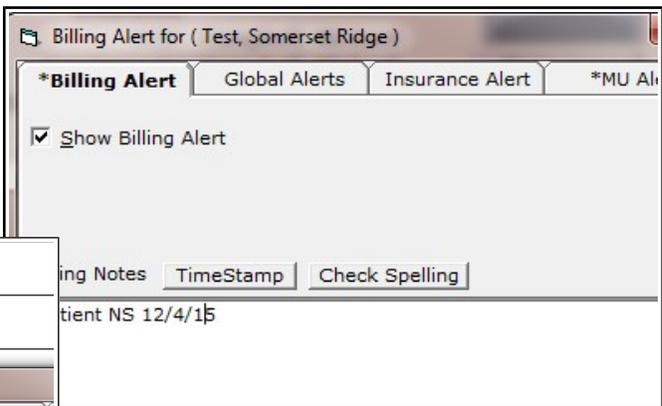
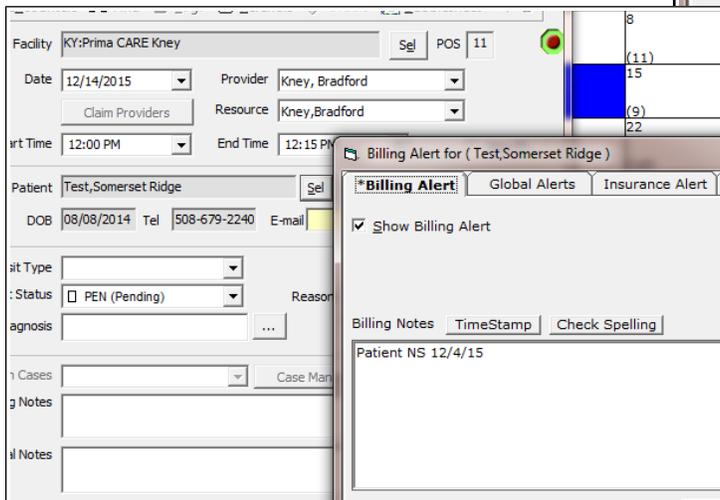
The problem: Certain patients do not show up for visits, or routinely show up late for visits. I want a way to notify my staff when such patients make an appointment to be aware of this behavior and implement a plan well ahead of the appointment to deal with it.

The solution: Those little annoying pop-ups the appear every time an appointment is made can be made to serve a useful purpose.

First, go to the patient's “Hub”. Choose “Billing Alert”. Then choose “Billing Alert” on the screen shown below.



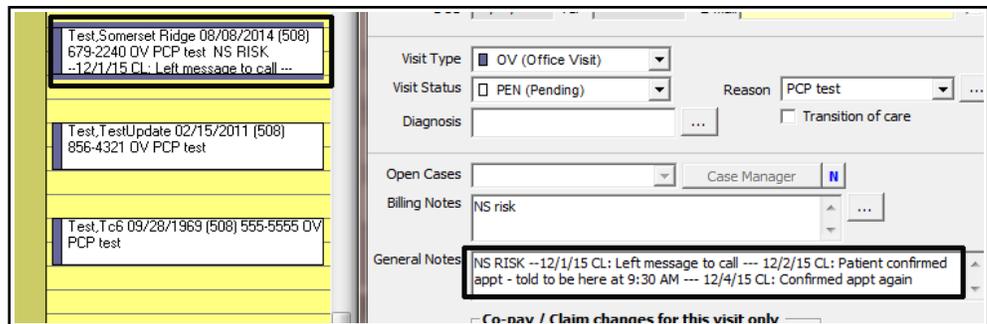
Now, put in a comment like “NS on 12/4/15”. You can use this screen to keep track of all the NS or last minute cancellations or late arrivals – very helpful information when trying to keep your schedule running smoothly.



Now, in the screen to the left, I have attempted to schedule this patient for 12/14/15 – and I get a pop-up telling me about the NS on 12/4/15. My office has a protocol in place for patients who NS – we start calling them 4 business days before their appointment – and leave successive messages until they confirm their appointment, and

then still call them the day before AGAIN to confirm. If they do not respond to our calls, the day before we leave a message telling them that we are canceling their appointment – which we do, and then shuffle the schedule around to fill that slot.

To the right, you can see that you can put notes in the “General Notes” section that will appear on the schedule. You can keep track of who has called the patient – and the outcome of those calls – in this note



section as well. So long as someone looks at the schedule a few days ahead of time, you should be able to identify at risk patients and implement whatever protocol you develop to reduce the risk of no shows and late arrivals.

If you have other ECW tricks/great workflows, please let me know.

Brad Kney, MD
updated 12/5/15