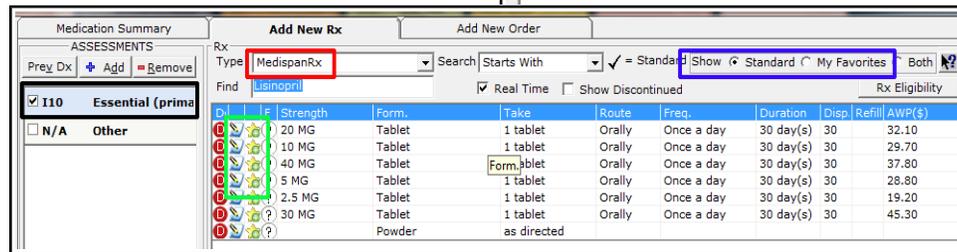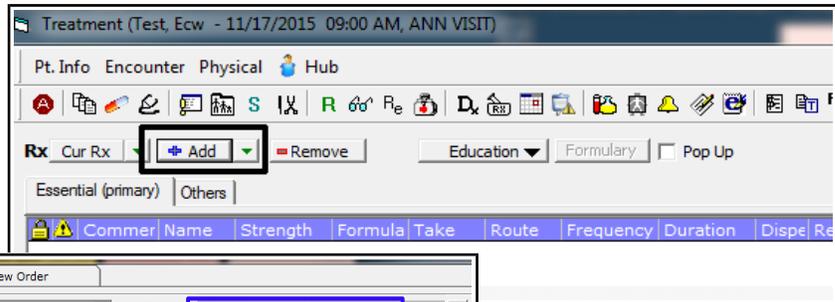# ECW: Working with Medications

Medications play a vital role in the practice of medicine. In this document, I will discuss the many ways in which you can use ECW to track medication use more easily, and start and stop medicines in a variety of different ways.
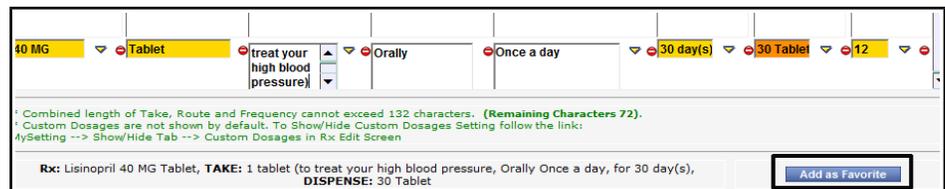
Prescribing

This section is old news – but for those new to ECW, a discussion of how to prescribe medications in ECW might be useful. New prescriptions are generated most often during a visit. From the "Treatment" screen, choose "Add" if you are prescribing a new medicine – or "Cur Rx" if you are refilling a current medicine.

The screen that comes up for prescribing a new medicine has a lot going on. The medication prescribed in this case will show up under the treatment heading of hypertension (highlighted by the black rectangle). You can change where this medication will show up (and what diagnosis will show up on the prescription) by clicking a different box next to a diagnosis (in this case, the only other choice is "Other" - this will NOT show up on the prescription). Always use "MedispanRx" - as shown by the red rectangle. Other options may not include the NDC code of the medicine – disabling the drug interaction function as well as causing a variety of other problems. ALWAYS try to use "MedispanRx" when prescribing.

I have a lot of medications in my favorites list – and I often work from "My Favorites" in order to speed up the prescription process. Click the circle next to "My Favorites" (blue rectangle) if you want to limit the choices to your favorites. Or click "Both" if you want to see both lists. To make a medication your favorite, you can simply click on the yellow star (green rectangle), or click on the little pencil (green rectangle) and write a more detailed prescription (as shown above), and then "Add as Favorite".

You can reach these same screens from a telephone encounter.

You can set whether you want to see the "Standard" view, "My Favorites" view, or "Both" from "My Settings" (File → Settings → My Settings → Defaults 2 → Default for Drug Dosages Look up). Any change you make will appear the next time you log in.

Checking the Prescription History

There are a variety of ways to check the patient's past history for a particular medication. The simplest way is the click on the "H" button. In this example, I will see when this test patient had Vicodin prescriptions written/refilled.

Note the box to the far left in the screen above - "Exclude medications with action – Taking". If I unclick this button, I will see all the instances when this medication was referenced in a note as "Taking" - as shown to the right. This test patient has been hopping from doctor to doctor, obviously! I personally find keeping the box checked to limit my view to refills much more useful.

Another way to look at prior medication use is to change the fields as shown to the left – instead of "Date", change the "Group By" option to "Medication", and then search for the medication you are interested in. This problem has come up in my practice many times – I can't recall why I cut the patient's dose of atenolol, or why I stopped the HCTZ, or who stopped the atorvastatin I prescribed in the past. By searching the medication record as shown above, I can click on the office visit around the time a change in the medication occurred. Sometimes, the medicine was stopped by someone in error – for example, the patient didn't recognize the name atorvastatin (he knew it as Lipitor) and told the MA/provider that he wasn't taking it, and they removed it from the medication list.

You can get to this screen as well by clicking "Rx History" in the screen to the right. You can also check the external history by clicking on "External Rx History". This will not work for this test patient. On the next page is an example of a real external history.

You can sort by "Last Fill Date" or by "Drug Name". Not shown here – you can scroll over further to the right to see the date the medication was refilled. The provider name is also listed. This is very useful when checking on opiates and benzodiazepines – making sure no one else is refilling the medications.

This function doesn't always work perfectly, but it is a useful tool.

You can also use the Virtual Gateway run by DPH – but that is a bit more cumbersome to access.

You can also see another view of the external history from the "Current Medications" screen (the icon of the capsule across the top of the visit screen).

You can also access "Past Rx History" from this window – and choose to see medications by date, medication name, or provider. I prefer searching from the treatment window (described earlier) – but I sometime access this screen when I am reviewing medications with the patient and have a simple question to answer that doesn't require a more extensive search. Notice here that you can distinguish office visits (OV) from an electronic refill via SureScripts (SS).

One trick I have learned: If the patient was seen by another provider who altered the medication list a bit – I can use this screen to find an older visit of mine and pull the correct medications back into the current note. If someone inadvertently deleted allopurinol from a recent

visit, I can just go back to a past visit – review the medications, and choose "T" to reflect that patient is still taking this medication. This pulls the medicine back into the current medication list. I have tested this out a few times with test patients – it does not change the medication list in the prior visits.

Stopping Medications

There are a few ways to stop medications in ECW. How you do it changes how someone in the future will be able to track the change.

From the "Current Medications" screen, you can delete a medication by using the minus button or the "D" button. Using the minus button removes the medication with no trace. If

I search back to this visit and someone eliminated Crestor with the minus button, I will see no "paper trail". It will be gone, and I will have no way of knowing that it was removed at that visit – except if I went back to an earlier visit and found Crestor – then I could make the assumption that someone deleted it using the minus button from the visit in question.

- Taking lisinopril : 10 MG 1 tablet by mouth QD,90 days ,90 ,Refills: 3
- Taking OMEPRAZOLE : 40 MG 1 once a day,Refills: 3
- Taking ibuprofen : 800mg take 1 po 2 times a day
- Taking Flonase : 50 MCG/ACT 1 spray in each nostril Nasally once a day
- Taking Lisinopril : 40 MG 1 tablet Orally once a day,30 day(s) ,30
- Taking Percocet : 2.5-325 MG 1 tablet as needed Orally every 6 hrs,26
- Discontinued Crestor : 10 MG 1 tablet Orally once a day,30 day(s) ,90

On the other hand, if I use the "D" button, there will be record in this visit that Crestor was discontinued. It will show up on the patient summary page as shown to the left, and if I check "Rx History" from either the "Treatment" screen or the

"Current Medications" screen, I will see that it was discontinued at the visit in question.

Which method to use? It depends on what you want done. When a patient's medication list still lists the doxycycline they took 3 months ago, I usually just "minus" this out. However, if they stopped the Crestor because of muscle cramps, I would use the "D" button to provide an indication in the history when the Crestor was stopped. The "D" button also gives you the option of entering a reason – though I have never been able to access these reasons once they were entered.

A third way to delete a medication is to use the stop button in the treatment section. I use this method when I am stopping a medicine during a visit. Say Test's rib fracture has healed – and I want to stop his

Medication List
- **Stop Vicodin : 5-300 MG 1 tablet as needed Orally every 6 hrs**
- **Start Metformin HCl : 500 MG 1 tablet with meals Orally Twice a day,30 d**
- **Continue Lipitor : 20 MG Orally 1 tab QD**

Other medications you are on
- Taking Erythromycin : 2 % 1 drop to affected area Externally Twice a day
- Taking Atacand : 8 MG 1 tablet Orally once a day,30 day(s) ,30

Vicodin – I would use the "S" button at the visit. This will show up in the patient summary as shown to the left. Which method to use depends upon the circumstances.

I have experienced some problems when stopping medications. Occasionally, if I delete a medication and then check the right overview panel, the medication can still be seen. If the medication remains in the right panel after you have tried to delete it, something has gone wrong. Sometimes this happens because the patient has a visit in the next few days with another provider in PrimaCARE. If that

upcoming note includes the current medication list, it will overrule any changes you make in your visit today.

Another problem with shared charts: Let's say Test saw Dr. Schnure yesterday and he changed the omeprazole to pantoprazole. But my note from today already included the active medication list with omeprazole on it (my own testing suggests that ECW activates the medication list in future notes a day or so prior to the actual visit date, though I have seen medication lists in visits 7-10 days in the future). The medication list in my CURRENT note will not include that changes that Dr. Schnure made 1 day before – and so the medication list will be wrong. This is one of the downsides of shared charts – the computer uses the most recent data to populate the chart going forward. And the medication list in my note is more recent than the medication list in the note written yesterday by Dr. Schnure. When I encounter a patient who was seen by someone else in the very recent past, I make sure to manually correct the medication list to reflect any recent changes – or I go to "Past Rx History" as I described before – click on the recent note in the history, and import any medication changes into my current note.

Always remember that the most recent data trumps older data in ECW. So if you and your MA have the same HPI screen open at 2 different computers on the same patient – and you write a long HPI and close the screen – then your MA notices the HPI screen is open on his/her computer (which is the HPI present PRIOR to your entry) – once this older HPI screen is closed, it becomes the most recent data – wiping out your HPI. I hope I have explained this adequately – it can make your head spin as you think about a little computer data time travel. Just keep in mind why glitches might occur – some are due to software problems, but some are also due to our own actions, and our failure to understand how the software works.

Brad Kney, MD
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