

Update on issues in ECW:

1. It came to my attention that some providers still don't have their lab/X-ray ordering screens set up to default to the “future” screen. This default can be set very easily, but MJ needs to provide you temporarily with administrative authority to alter your settings. She cannot do this for you, but can do it with you over the phone or in person. It is REALLY frustrating if this default is not set – unless you are careful, your orders go into the “today” section, and then you have to delete them and re-enter them. It is so much easier to have the default set properly.
2. eCliniSense: For those who use this function, it is not news to you that the orders are dumped into the “today” lab section rather than the “future” section. Prior to migration to the newer lab interface, this worked well. Now, it doesn't function properly. Ernst is addressing this with ECW – and I hope we can find a fix quickly. Be aware that when ICD-10 starts in October, ECW will need to learn your ordering patterns again with the new codes. I will attach an old newsletter about eCliniSense to this email for those who would like to try it again (once we get the current bug fixed). I find eCliniSense very helpful for certain diagnoses where I typically order a lot of labs (abdominal pain, fatty liver, DM). I personally prefer this to order sets.
3. External Rx History: The function to check the external prescription history has not worked for some time. This was brought to the attention of ECW about a month ago. We finally received word from ECW: “eClinicalWorks has confirmed that this is a bug within the application that development will be taking for review for possible inclusion in the next version. There will be no ongoing updates for this case, please check future version release notes for information.” It sounds like this will not be fixed until the next upgrade (I think this is scheduled for November). There is a chance it may be fixed sooner – keep checking it periodically.
4. Practice specific alerts: I sent an email out last week reporting that this system was working “for the most part”. This is true – but I discovered on Monday that the alert date for mammograms is not being reset by mammograms done in-house at PrimaCARE. The alert date IS reset when I add a scanned mammogram. I really hope we can get this system working properly soon – I think it is incredibly important for patient care as well as for tracking data for things like PQRS and Meaningful Use. It is possible to reset the alert date by hand – for example, if a patient needs a FU mammogram in 6 months rather than the default of 2 years, you can do this in the current practice specific alert system (this is a huge improvement over CDSS). I will send out a “How To” on this soon – when the alert system is working well, I plan to send out a few newsletters to provide some help in using the multiple options available.
5. Lab Favorites: Apparently, some providers still have “Q” labs in their favorites, and are using these to order labs. There are no more “Q” labs in the lab compendium. Please delete any of these from your favorites, and set up new favorites using the current lab orders. The lab names do change at times. Bill is trying to make the compendium easier to understand – so we know which labs to order. For example, the CBC name changed this week. There is now one choice – which reflexes to a manual differential if certain criteria are met. IF you want a smear review, you can put that in the note section of the order. I am attaching a brief “How To” reminder to this email outlining adding labs/DI to your favorites.
6. Resource limitations: Unfortunately, we have only MJ and Ernst to help with the myriad of problems with ECW. In order to best utilize our resources, please try to avoid calling MJ/Ernst – instead, use the ECW support email address: Ecwsupport@prima-care.com.

7. PQRS: I sent out an email about this last week. The PQRS section in “Preventive Medicine” is not going to look that pretty. Unfortunately, because some data is linked to the existing choices in PQRS, our ability to modify those choices is very limited. I am attaching a “How To” to this email explaining how to enter the data for the diabetic foot exam, urinary incontinence, and BMI counseling. Fall risk is a bit more complicated, and Ernst is working with ECW to set up the section so it complies with CMS requirements for documentation. I have attached my proposal for the fall risk template. I find this whole process quite frustrating – trying to make a square peg fit in a round hole. I hope that in 2016, we will be able to start with a clean slate and make the templates for PQRS fit more smoothly into the workflow of an office visit.

I have gotten a fair amount of positive feedback about these updates. This is a particularly long update, but there is a lot going on in ECW. I hope you find these useful – but, as I mentioned before, the delete button is 1 click away if you find these updates bothersome.

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