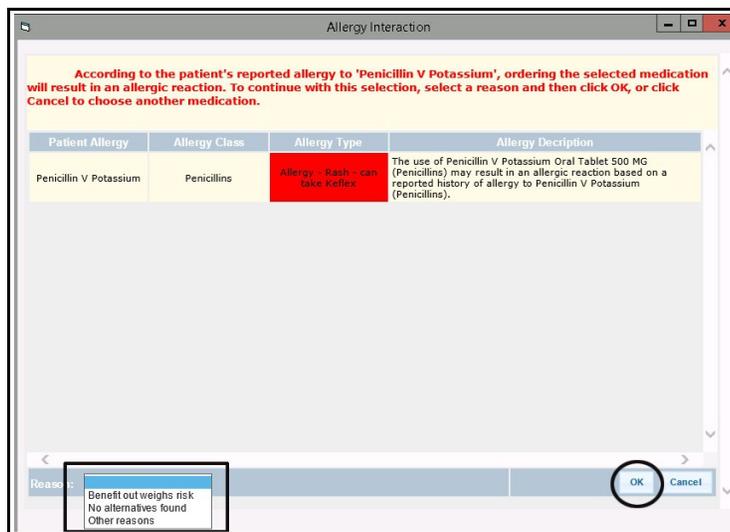


## ECW Update

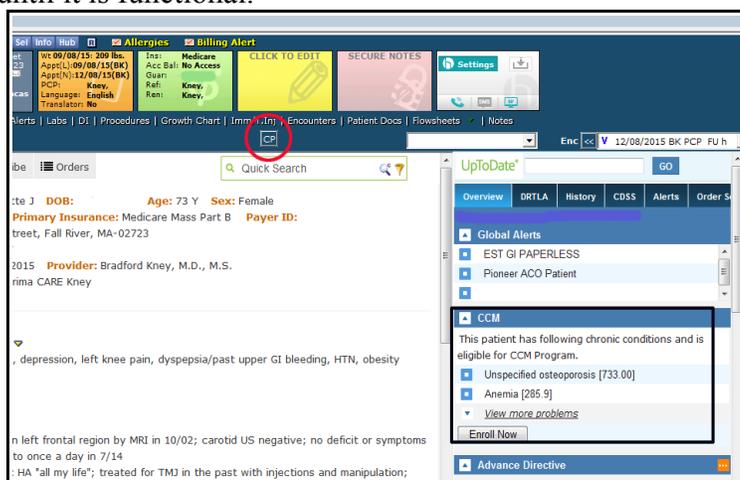
1. **PQRS:** The diabetic foot exam, incontinence screen, fall risk assessment and plan of care, and BMI counseling, are all reasonably functional in the PQRS folder. Please refer to previous emails explaining WHY these matter, and HOW to use them. Use the caret next to Preventive Medicine to pull them into subsequent notes if you wish – I find that an easy way to keep track of what I have done in the past. I have updated the “How To” for PQRS to incorporate changes in the fall risk section. Please take a look at the attachment – the fall risk section is toward the end of the document. For fall risk, remember that once you document no falls in the past year, OR 1 fall in the past year without injury – the patient is excluded from any further questioning.

2. **Allegy Alerts:** I highlighted this problem a few weeks ago. I think the recent upgrade muddied the water a little. In any event, for SOME patients, this is working. We are hoping that the allergy-drug alert will be functional for ALL patients in the very near future. If the alert does come up, and you need to bypass it, give a reason for ignoring the alert and click OK. If you do not have the option to move forward from this screen, contact MJ.

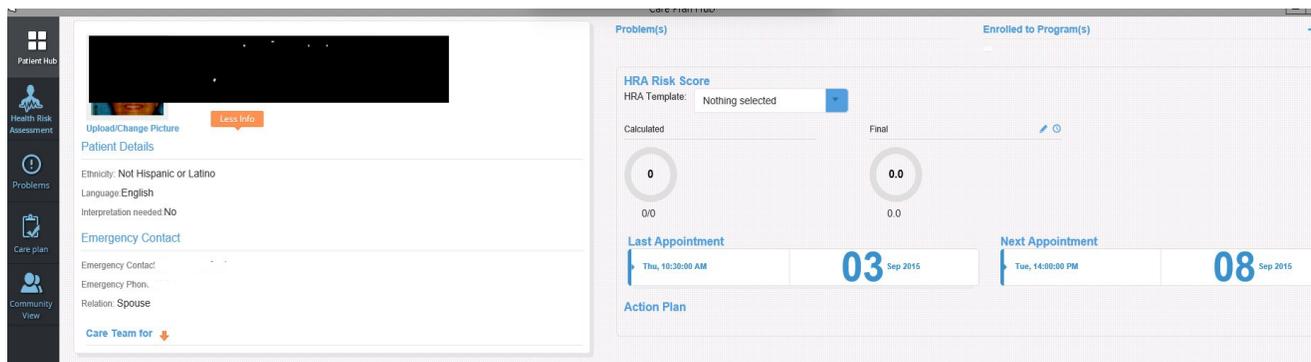


3. **Practice Specific Alerts:** One of my major pet peeves – the ability to set screening protocols, and have alerts pop up when a screening test needs to be addressed (for example, mammograms, Paps, colonoscopies, flu shots, Prevnar/Pneumovax). I pointed out our current problems to Damian (our ECW contact) on 9/4/15 – he has taken them to the development team, and I HOPE we will see this system finally work consistently in the near future. At the last meeting with Damian (9/11/15), this problem was still under study at ECW. I will keep hounding ECW about this until it is functional.

4. **Chronic Care Management:** The latest upgrade activated the Chronic Care Management module – 99490. There are a few ways to access this. From the progress note, you can click on the “CP” button (red circle in the screen shot to the right). You can also access this module from the hub (screenshot below).



The CCMR Hub looks like this:



I point this out only to show you what is there. Questions came up about this in the past week. Dr. Fogle talked about this module in the past, and I expect we will be hearing more about it in the near future. I know that the patient needs to sign a contract to allow us to bill for this care. There is a button “Enroll Now” that has appeared in the right panel of the “Overview” tab. The patient is responsible for a 20% copay for this care – a big stumbling block from my point of view. Some of you may already be using this – I’m sure it will be discussed at upcoming POD meetings.

5. **P2P**: There are many things in ECW NOT working – but P2P seems to work fairly well. This is a great way for specialists to communicate with PCP's. It is also a good way for providers to communicate with one another. It also satisfies Meaningful Use! I have attached a “How To” for P2P. I am not an expert on P2P, and if you find my workflow suboptimal or find mistakes in the “How To”, please let me know.

There are many elements of ECW that I don't use that often – you may be far more familiar with them than me – and know some tricks that would help other providers (including me). Please forward any suggestions to me – and point out any errors in my “How To” documents.

To see all old updates and “How To” pdfs, go to [http://www.drkney.com/html\\_pages/ecw.htm](http://www.drkney.com/html_pages/ecw.htm).

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September 14, 2015