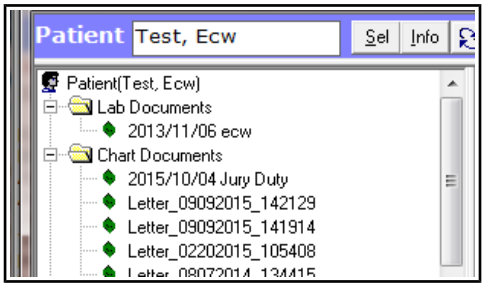
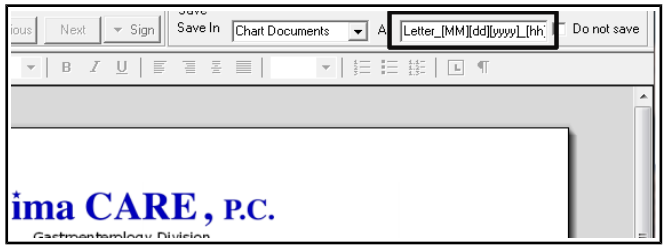
ECW Update

1. **Prescription Logs**: Starting about 2 weeks ago, logs of prescriptions written in the past day have appeared in your M jellybean every day. The logs are a safety mechanism – much like your credit card company might send you a history of purchases applied to your card in the past week. Some prescribers in PrimaCARE have chosen to electronically prescribe opiates – these logs are a necessary component of that system. Even if you do NOT prescribe opiates electronically, you will receive these logs. The programmers are working to change the frequency of this notice to once a month, rather than once a day. I am told there is no way to turn these off for specific providers – so if you don't find them useful, simply delete them.

2. **Letters**: When patients have multiple letters in their folder, the lack of meaningful names/dates attached to the letters makes searching them difficult. When entering a new letter, please put a date and name in the box at the upper right corner of the document. The date should be in the format YYYY/MM/DD. So entering something like "2015/10/04 Jury Duty" would help during any future searches for letters. As you can see in the screen to the left – finding this jury duty letter would be far easier if it were named more clearly.





3. **Lab**: The chemistry machine is being replaced in the next week or so – this will expand the lab's capability. Some labs that have been sent out (like ferritin) will be done in-house. The upgrade should also help improve the turn-around time for chemistries, and should also help with correct the problem with over-reporting of hyponatremia. Dr. Fogle and I are working with the lab to try to reduce the number of "exclamation point" lab results, making this flags more selective (and more meaningful).

The Clotridium difficile culture option has been removed from the compendium at the request of GI – the best test for C. difficile is not a culture, but a PCR. Some providers were selecting the culture option by mistake, and results took more than a week to result. The preferred choice for C. diff testing is now followed by "(C-DIFF)" in the compendium. Cleaning up the lab compendium remains a task on my agenda – I will need to discuss lab options with Bill as well as with the specialists who have a large stake in the various labs (for example, when choosing the best option for celiac sprue testing, I will talk with GI).

4. **Drug-Allergy alerts**: This update was meant to go out on 10/4/15, but the ongoing issue of drug-allergy alerts got very confusing this past week. I was given one explanation for the problem by one contact in ECW, only to be told something else a few days later. This led to a very productive conversation with Dr. Raj on 10/7/15. We are in the process of installing a fix for one bug in our production environment (the one we use for real patient care), and I will continue testing over the next week to identify any persistent problems. I don't think the attached "How To" will change much based upon further testing. Please take a look at the attached pdf explaining how to enter an allergy, and offering my view of how to fix the allergy-alert function for each patient in our ECW environment.

5. **Training**: MJ is conducting ongoing training with the office staff every week. If any of the providers are interested in small group training sessions, please let me know. Some of the primary care doctors got together in the past to exchange ideas and workflows – I found those small group sessions helpful. I can meet with small groups on Friday afternoons (usually around 4 PM) to exchange ideas and try to answer questions about workflows and improving efficiency in using ECW. If you are interested in attending such a meeting, email MJ or me.

6. **On-line resource**: All the previous updates and "How To" pdfs can be found at http://www.drkney.com/html_pages/ecw.htm.

7. **Rx Eligibility**: Remember to check "Rx Eligibility" and set a formulary (if possible) when responding to E-requests and refilling medications from telephone encounters. The prescription eligibility function is being performed in the background for most of the patients seen in your office. BUT REMEMBER to do this in E-requests and telephone encounters. It is a component of meaningful use.

8. **P2P**: I have gotten some P2P communications with no note attached. Make sure you open the "Attachment" screen (it looks just like the "Encounters" screen) and choose the right note to attach. Refer back to the P2P "How To" if you are uncertain how to do this.

9. **CAC scores**: I had a patient who recently had a coronary artery calcium score done by cardiology. I had trouble locating the results. These show up in the "Progress Note" area, not under "DI" or "Patient Docs". There IS an entry under DI – but that is the radiology report of the non-cardiac CT findings. To see the CAC score, you need to go the visit in the "Progress Note" section with the same date. I have asked cardiology to name this visit "CAC Score" to make it easier to find when scrolling through the visits.

10. **Text Reminders**: We now have the ability to remind patients of their upcoming appointments via a text sent to their phone. If you are interested in using this new tool, contact Mary Jane. It takes just a few clicks to set it up for a patient.

11. **PQRS**: We are doing pretty well in meeting many of the PQRS measures. The more difficult ones to meet are the ones we need to specifically address during a visit, and enter into the "Preventive Medicine" PQRS folder. It looks like some providers are doing this, but others are not. Remember that PQRS is a PrimaCARE-wide measure. Meaningful Use pertains to each individual provider (so if you choose to ignore Meaningful Use, only you suffer the consequences), but PQRS is practice-wide. If we don't hit the 50% mark, EVERY provider in PrimaCARE stands to lose 2% of Medicare payments in the 2017. Refer back to the PQRS "How To" if you are not sure what you need to do (diabetic foot exams, urinary incontinence, fall risk, BMI counseling). My office staff has been doing most of this work over the past month – I still need to do a few things, but they do the bulk of the work. I find the diabetic foot exam to be really useful – I no longer document exams under the physical exam. I document it all in PQRS – and pull the exam into every subsequent note. This helps me keep track of when I did the last complete foot exam (for ALL diabetics – I don't restrict this to just Medicare patients – workflows are much easier to remember and implement when they are done across the board).

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