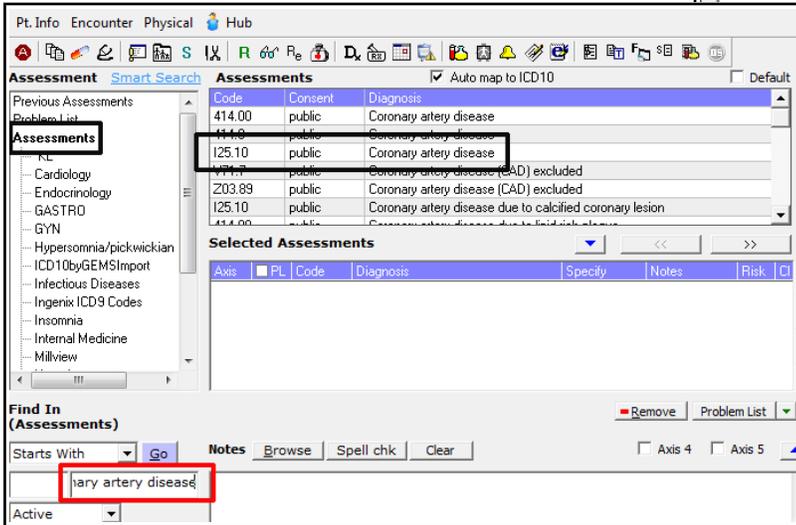
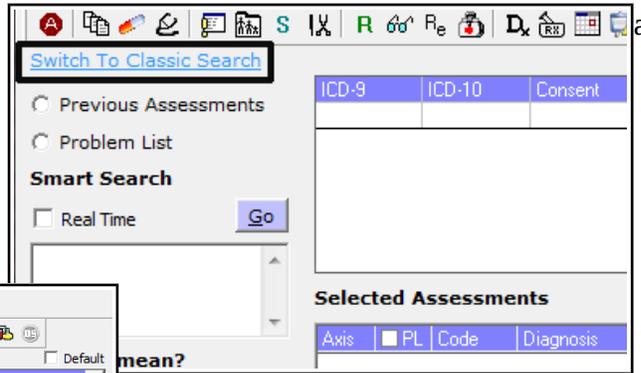


# ECW Update

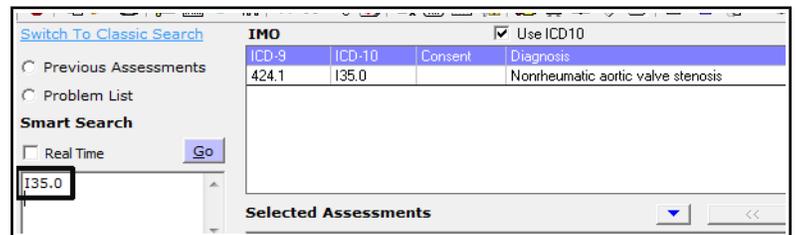
1. **Smart Search/IMO:** IMO stopped working for few hours last week. In the event this happens again, you can always use the “Classic Search” option. It is actually faster than IMO. As you can see below, choosing the “Assessments” option, then typing in “coronary artery disease” DOES provide a reasonable ICD-10 choice. It does NOT



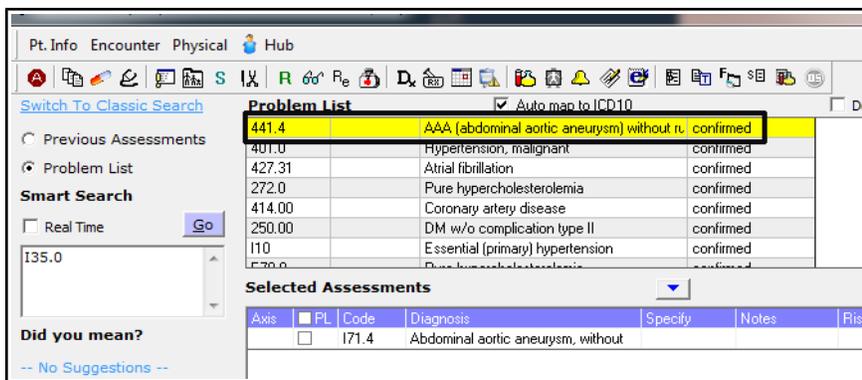
mean? give you the blue links that allow you to drill down a bit more – but in a pinch, the “Classic Search” option works.

This question came up last week – a provider KNEW the ICD-10 code, but had trouble finding it in IMO. Some of you may not know that you CAN enter the code itself in IMO – you are not restricted to names.

Let's say that I know the code for nonrheumatic aortic stenosis is I35.0 – perhaps I found it on the ICD-10 site that I use as my backup to ECW - <http://www.icd10data.com/> - I could simply put this code in IMO, and it would bring it up for entry into my note. You can also enter ICD-9 codes this way – entering 272.0 will generate the ICD-10 code for pure hypercholesterolemia.



Some providers don't know that they can use the “Auto map to ICD 10” from the problem list. As I mentioned in the ICD-10 “How To” a few weeks ago, this often provides the least specific ICD-10 code for the problem. It is a quick way to convert existing ICD-9 codes to ICD-10 codes. You can always fine tune things later. The BEST way to do this is by entering the problem in Smart



Search/IMO and drilling down to the most specific and correct diagnosis – but, when time is of the essence, the auto map function can be a sanity-saver. Just double-click on the diagnosis – as shown above – and ECW/IMO converts the old ICD-9 code to a reasonable ICD-10 code.

One caution about coding in ICD-10 – it does require a fair amount of medical knowledge to code correctly. If you are relying on someone else to select the proper codes for your visits, it would be wise to double check the choices periodically to make sure they are choosing appropriate codes. I have found ICD-10 to be a lot closer to real medicine than ICD-9 – I think doctors and mid-levels are in the best position to correctly code in ICD-10. At the very least, you need to be aware of what the specific codes require – CAD includes options regarding angina, migraine has a lot of options including with or without aura, Barrett's requires information about dysplasia, and on and on.

## 2. Drug-Allergy pop-ups: We

all experienced a problem last week with these pop-ups. On the plus side, the drug-allergy function is working more reliably. BUT then an error occurred where we could not override an interaction that was not clinically meaningful. This problem was fixed after a couple of days. But the functioning drug-allergy pop-ups do generate a lot of noise. It looks like MedispanRx

Patient Allergy	Allergy Class	Allergy Type	Allergy Description
Hydrocodone-Acetaminophen	Red Dye	Side Effects - nausea and vomiting	The use of Azithromycin Oral Tablet 250 MG (Red Dye) may result in an allergic reaction based on a reported history of allergy to Hydrocodone-Acetaminophen (Red Dye).
Hydrocodone-Acetaminophen	Yellow Dyes (Non-tartrazine)	Side Effects - nausea and vomiting	The use of Azithromycin Oral Tablet 250 MG (Yellow Dyes (Non-tartrazine)) may result in an allergic reaction based on a reported history of allergy to Hydrocodone-Acetaminophen (Yellow Dyes (Non-tartrazine)).

Reason:

includes a lot of information about dyes used in medications. So if someone had nausea after taking Vicodin, an allergy pop-up will occur to azithromycin because the same dyes are present in both medications. This is not clinically relevant, and this interaction needs to be overridden, as demonstrated above.

Agent/Substance	Reaction	Type	Status
Hydrocodone-Acetaminophen	nausea and vomiting	Side Effects	Active
IV Contrast	Hives	Allergy	Active

Another issue came up last week about non-structured allergies. As I pointed out the “Allergy How To” (all previous

updates and “How To” documents can be found at [http://www.drkney.com/html\\_pages/ecw.htm](http://www.drkney.com/html_pages/ecw.htm)), any allergy entered via the “Add” option is “nonstructured”. That means it will never trigger a drug interaction. Some providers have wondered why an entry for “IV Contrast” has not triggered any pop-ups. If you are expecting a non-structured allergy like “IV Contrast” to warn you when ordering a CT with IV contrast – you are expecting too much from ECW. ANY ALLERGY ENTERED VIA THE “ADD” BUTTON WILL NEVER ALERT YOU TO AN INTERACTION. PLEASE use the “Browse Rx...” button when entering allergies to specific medications. We are working with ECW/MedispanRx to include IV contrast as a MedispanRx option (via the “BrowseRx...” entry option) – but I don't have high hopes that this will appear soon. For now, LOOK at the allergies prior to ordering a CT with contrast. It is also a good idea to ALWAYS look at allergies prior to prescribing any new medication. Don't depend upon ECW to alert you to drug-allergy interactions – but having a functioning drug-allergy alert system is a back-up safety mechanism – in case we don't review allergies on a busy day. I think this danger is greatest when prescribing in a Telephone Encounter – the workflow in those encounters (for me) is less robust than during a face-to-face visit.

ALSO – remember to use ONLY the “MedispanRx” option in the “Browse Rx...” entry box for medications – if you use “All” or “CustomRx”, the allergy may not include an NDC number, and may not trigger an alert in the future. This step is CRUCIAL for a functioning allergy alert system.

I have encountered a few patients for whom new allergy entries were redundant. On 10/16/15, I saw a patient for whom I had entered trimethoprim-sulfamethoxazole as an allergy – the patient had hives while taking Bactrim. The patient was seen by a specialist, and someone in that office entered “Sulfa” as an allergy, with no “Reaction” specified. We share charts, and often ancillary staff are tasked with updating medications and allergies. PLEASE make sure your staff knows what they are doing – if they don't know that Bactrim is a sulfa antibiotic, they probably shouldn't be updating the allergies – or, at the very least, they should point out any changes they make to the allergy list, so you can double check it. Likewise, if they alter the medication list, they should point out the changes to you. Messing up med lists and allergies makes everyone's job more difficult. The issue of ancillary staff deleting meds has come up many times before – in LMR as well as in ECW. In my office, my medical assistants are not permitted to discontinue medications. They can report them as “Not Taking”, but if a medication is to be deleted from the med list, I am the one in my office to do this. It does require more time and effort on my part, but restricting this power to me reduces the likelihood of errors.

PrimaCARE as a group has addressed the issue of specialist offices deleting medications many times before. The decision was made (when we were still using LMR) that the primary care providers have the responsibility for keeping the medication list up to date and correct. Specialists can certainly change and delete medications they are prescribing, and deleting duplicate med entries as well as antibiotics taken in the past is appropriate for all offices. But, in general, change a medication to “Not Taking” rather than deleting it if you are not the prescriber for that medication.

### 3. Pediatric Health

**Form:** This issue pertains only to providers who see children. The ECW pediatric health form has not functioned very well since we started using ECW. I think we are getting close to a functional form now. Make sure all the immunizations are correct in ECW. The data transfer from LMR

Immunizations/T.Injections								
Hx Imm Schedule Flu Schedule								
Immunizations Add Delete Print Print Form Fax								
	S	Name	Dose	Date	Given By	Location	Lot Number	
<input type="checkbox"/>		Fluzone 2015 - 2016	0.5 mL	10/08/2015	Kney, Bradford	LD	UI450AC	
<input type="checkbox"/>		xxxxxxFluzone 2014 - 2015		10/16/2014	Kney, Bradford	LD	UI189AB	
<input checked="" type="checkbox"/>		Flu, Split, 6-35 MO, IM 90655		10/31/2011			UH454AC	
<input checked="" type="checkbox"/>		DTaP, IM 90700 Free from ...		03/17/2010			KNEY-U3009AA	
<input checked="" type="checkbox"/>		MMR, SC 90707		03/17/2010			KNEY-0034Y	
<input checked="" type="checkbox"/>		Polio OPV Live 90712		03/17/2010			KNEY-D0413	
<input checked="" type="checkbox"/>		Varicella		03/17/2010			KNEY-1073Y	
<input checked="" type="checkbox"/>		HIB 90645		03/04/2008				
<input checked="" type="checkbox"/>		Prenar 13		03/04/2008				
<input checked="" type="checkbox"/>		Hepatitis B, Adult Dosage ...		10/10/2007				

was horrible. Some immunizations did not come over (Prenar in particular), and some immunizations that the patient declined to receive came over looking like the patient DID receive them. Even those that came over are not quite right – like this child who received “Hepatitis B, Adult Dosage” when he was a baby!! Once you are sure the entries are correct, hit the “Print Form” button, and if you have Word, a form will pop up that you can print. I don't use Word in my office – so I had to purchase it for one computer in order to print these forms.

Brad Kney, MD  
updated 10/18/15