# ECW Update

1. **Practice Specific Alerts (also called "Generic Practice Alerts")**: Work continues on these alerts. I am currently working on testing a few ways to enter colonoscopies – more on this next week, after more testing and input from GI. Today, I want to highlight a few ways to look at these alerts. If you have set up the option of seeing the "Alerts" tab, you can click on it as shown below and to the right. If

you want this option but it is not set up as your default, go to "File" → "Settings" → "My Settings" - and choose "Show/Hide" - then choose what tabs you want to see (as shown to the left). You can also

choose the tab you want to open in your right panel by default – by going to "My Settings" - the second to last entry under "User Settings" allows you to choose your default right panel tab.

But, back to alerts – the screen to the right shows the alerts that have NOT been satisfied. If you want to see all of the alerts, go to either the "Alerts" link or the "CDSS" link across the top of a progress note or the Hub. CDSS opens both the CDSS data as well as the practice alerts. CDSS is being retired, so don't pay much attention to that.
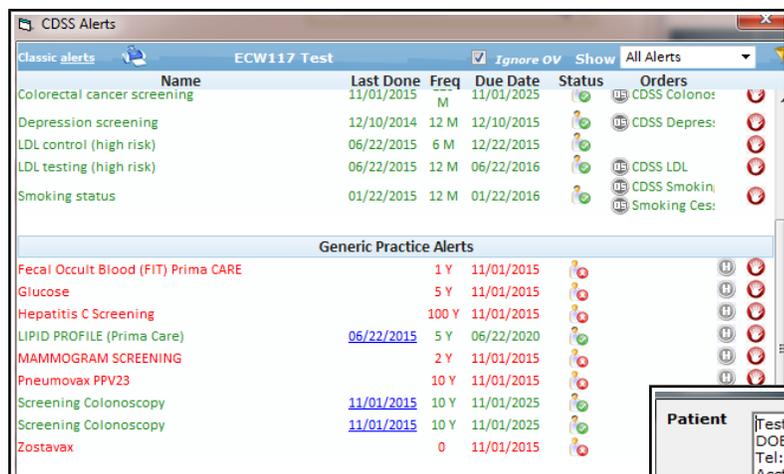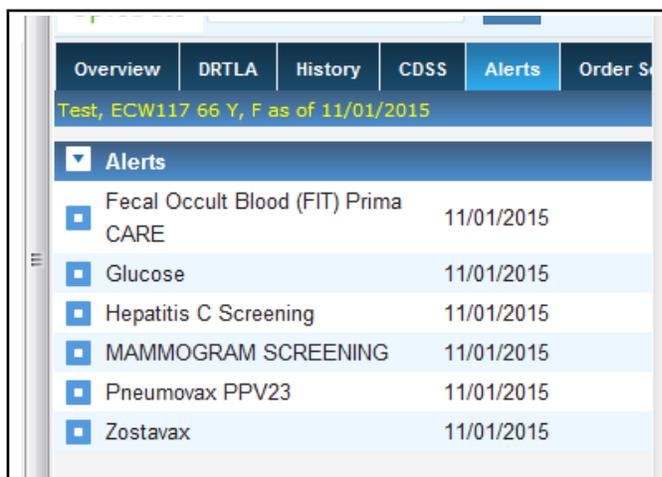
The bottom portion of this screen shows you the practice alerts – those in red have not yet been satisfied, and those in green are all set – showing the date they were satisfied in blue. The CDSS screen is a little slow in opening. By clicking on "Alerts" instead, you see just the alerts – the screen opens a little more quickly in my experience.

If you want to see ALL the alerts, unclick the button at the bottom called "Overdue". We are still working on cleaning up the list of alerts – as well as adding new alerts to it (one of the colonoscopy alerts will disappear soon). There are also many alerts that are incorrect – because only data going forward is automatically entered by ECW to satisfy the alerts. Over time, this system should become more accurate and relevant.
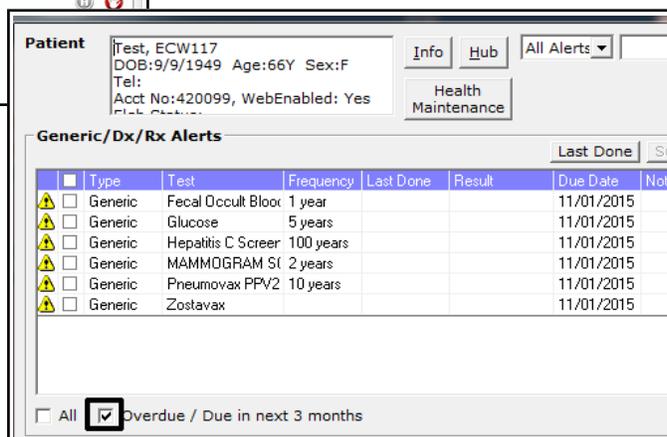
Please see the recent "How To" for details about how to enter data and link it to alerts (all prior updates/How To documents can be found at http://www.drkney.com/html_pages/ecw.htm). You can also see much of the same data by clicking the CDSS tab of the right panel. But since CDSS is not that functional, I suggest paying primary attention to the alerts in the second part of the CDSS screen. If you want to satisfy an alert by referencing old data in ECW, remember to use the "H" button.

2. **Problem List**: We are all struggling to clean out the ICD-9 codes from the problem lists, as well as enter ICD-10 codes into the problem list. You don't have to do this at the first visit after 10/1/15 – you can do it over time. For some of the complex patients, this switchover to ICD-10 can be pretty time-consuming. Try to keep the problem list relevant and short. Acute problems, like pharyngitis, acute low back pain, styes, etc – should not populate the problem list. Old problems that have resolved (for example, a patient might have had iron deficiency anemia, but since she had a hysterectomy, that problem has resolved) should be removed from the problem list (if they are important, move them to "Medical History"). Try to avoid repetitive and duplicate entries.

We have heard many times about RAF scores and HCC (Hierarchical Condition Categories). We have been told many times to make sure to use all the diagnostic codes that apply to a particular patient in every calendar year – so our RAF scores are accurate. Some of the overlooked conditions that carry significant weight (per HCC) include amputations, ostomies, ESRD on dialysis, prior transplants, and HIV positive status. You may not address the patient's prior kidney transplant, but if it isn't documented as a problem at least once during the year, the RAF score for that patient will be falsely lower than it should be. So, the first step is to get all the significant problems on the problem list. The second step is to document them in at least one note during the year.

ECW does have a tool that can help. The problem list includes little arrows – blue and red, as shown to the right. The blue arrows identify problems that were applied during an encounter in the past 6 months. These arrows refresh to red after 6 months of non-use. So, if you make sure to simply add any condition associated with a red arrow during an office visit – you can be sure that you have applied every diagnosis on the problem list to an encounter (and a bill) in the calendar year. Even just adding a diagnosis like "ESRD on dialysis" and documenting something like "Followed by nephrology. Continue monitoring." - will make sure the problem is taken into account when the RAF score is calculated, and will take very little of your time.

		Problem List	All	! ← …
■	←	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	
■	←	F41.1	GAD (generalized anxiety disorder)	
+	←	E78.0	Pure hypercholesterolemia	
+	←	K21.9	Gastro-esophageal reflux disease without esophagitis	
■	←	I73.9	Peripheral vascular disease, unspecified	
+	←	K76.0	NAFLD (nonalcoholic fatty liver disease)	
+	←	M51.16	Lumbar disc disease with radiculopathy	
+	←	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	

The bottom line: Make sure all relevant problems are on the problem list - including problems like colostomies, amputations, transplants, and dialysis. And make sure you include the problems in your progress notes/bills at least once a year. Look out for the red arrows that identify problems that have not been entered into a progress note in more than 6 months.

The next EMR Committee meeting is on Tuesday, 11/3/15, from 7 AM to 8 AM in the Almeida Board room.

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November 1, 2015