

# ECW Update

The main items on my agenda this week were the practice specific alerts, improving ways to view labs, and improving ways to view outside radiology studies.

1. **Practice specific alerts:** The two goals in using these alerts are:

- Helping us (particularly PCP's) keep track of what screening tests/immunizations/lab tests/physical exams have and have NOT been done for a particular patient (who meets the criteria for needing those things), and
- Having the ability to mine the screening tests/immunizations/lab tests/physical exam data from all of PrimaCARE in order to measure “quality” (a difficult concept to pin down) of care and report this to third parties (like Steward and CMS)

Ideally, we would like to be able to import this data into our notes as well – and we are told that this will be possible in the next iteration of ECW (early in 2016).

**One problem:** Mining data that is entered as a procedure is not possible – this is just the way ECW is set up. Mining data entered as a diagnostic image IS possible.

This brings me to colonoscopies. Different offices enter colonoscopies in different ways, but when they are ordered in ECW, they are ordered as a procedure. When they are scanned into ECW, they are scanned into the fold “Procedures”. This makes sense from a medical perspective, but will not work for us when we are trying to meet quality benchmarks for CMS – because we cannot extract this data from ECW.

**The proposal:** Order colonoscopies as a diagnostic image, and scan the procedure note and pathology report into the “Imaging Documents” folder. It is very easy to link the scan to an order from “Imaging Documents” – and it will appear under “DI” with a gray paperclip – which you can simply click to view the colonoscopy procedure note/pathology report. I find this very nice – very quick, easy to find – rather than opening the patient documents folder and searching for the right scan. The only thing you need to remember is that a colonoscopy is a diagnostic image, not a procedure. I have spoken with both Dr. Schnure and Dr. Capozza about this, and they are comfortable with this workflow.

I have attached a “How To” going over this workflow. Many colonoscopies are scanned in by GI, and this will continue – just remember to look for them in the right panel under “DI”, or in the “DI” screen, or in the “Imaging Documents” folder in patient documents. Having the gray paperclip linking to the scan WILL make your life easier when searching for the report.

NOTE: For those of who are using the “Manage Alerts” button to enter outside mammograms – the workflow described in the attached document for entering colonoscopies will work for mammograms as well. The advantage of bypassing the “Manage Alerts” button is that you CAN change the order date with the workflow in the attached pdf. So, if the mammogram was done 8 months ago, the order date in “DI” will be correct if you use this workflow. If you use the “Manage Alerts” workflow, you do not have the option of changing the order date – which makes the “DI” panel a little confusing – though the alert date is set correctly by either method. If you don't know what I am talking about, I suggest you review the “Alerts How To” at [http://www.drkney.com/html\\_pages/ecw.htm](http://www.drkney.com/html_pages/ecw.htm), as well as the attached pdf describing how to enter a colonoscopy as a diagnostic image.

2. **Viewing labs:** MJ and I have worked on the “Lab Categories”. I think this is a great step forward in viewing labs. Take a look. We have added some categories (like “ENDOCRINE”), and plan to get rid of some categories (like “IMMUNOLOGY RAST” and “HEMATOLOGY/COAG” - since there already is a “HEMATOLOGY” and a “COAGULATION” category). We are working to match the appropriate labs to the appropriate categories – but I think this is already quite useful. Try clicking on various categories to see what happens. I think you will find this minor tweak quite useful. No longer will you have to sift through 15 INR's to find the last BMP.

LAB CATEGORIES	Show CC List	Show Cancelled Orders	Order Dt	Coll Dt	Result Dt	Labs
ALL	?	HM S O				
ANATOMIC PATH/C...	?	C	10/19/2015	10/19/2015	10/19/2015	CMP(Prima Care)
BLOOD BANK	?	C	07/29/2015	07/29/2015	07/29/2015	BMP(Prima Care)
BLOOD GASES	?	T	06/09/2015	06/17/2015	06/17/2015	LIVER/HEPATIC (Prima...
CHEMISTRY	?	C	05/27/2015	05/27/2015	06/05/2015	LIPID PROFILE (Prima...
COAGULATION	?	C	05/27/2015	05/27/2015	06/05/2015	CMP(Prima Care)
ENDOCRINE	?	C	12/18/2014	12/18/2014	12/18/2014	BMP(Prima Care)
GENETICS	?	T	12/12/2014	12/12/2014	12/12/2014	BMP(Prima Care)
HEMATOLOGY	?	C	12/10/2014	12/10/2014	12/10/2014	BMP(Prima Care)

3. **Scanning outside diagnostic imaging:** You may not know that you can scan outside X-rays into ECW and link them to diagnostic imaging – making it very easy to review X-rays from multiple sources from the “DI” page. Even if you are scanning the X-ray months after it was done, it can still be entered with the correct completion date. I personally don't find the “Patient Documents” area that user-friendly. But if all I have to do is click on a gray paperclip in “DI” to see the CT report from CMH - life is good. It does require a few extra clicks by the person scanning in the document, but it is really pretty easy. Please look at the attached document describing the workflow for this very helpful function.

I have discussed this above with regard to mammograms and colonoscopies – but I want to highlight the fact you can do this with ANY diagnostic image.

4. **P2P:** Due to a glitch in the P2P process, you may be seeing duplicate messages. This is NOT the fault of those sending the message – it is a problem within ECW itself. If you get duplicate notes from the same day – read one and feel free to ignore/delete the duplicates. One observation: I tend to just click on the paperclip next to the P2P, read the note, and then delete the P2P. There is a place for the sender to enter a message to the recipient, but you have to click on the P2P entry (anywhere but on the paperclip) to open the screen with the message. Since the vast majority of these P2P messages do NOT include a message, I find myself rarely checking to see if there IS a message. I suspect many others do the same – so if you really want to send a message to a provider, I suggest you send it via the “M” jellybean. So, if a cardiologist saw a patient who reported new rectal bleeding during the visit, it would be best to send a short message to the PCP via the usual messaging workflow (using the “M” jellybean) as well as instructing the patient to call his/her PCP to evaluate the problem.

5. **Problem List and ICD-10:** The following question came up at the EMR Committee meeting last week. If a specialist feels that the ICD-10 code in the problem list (for a problem for which the specialist is seeing the patient) is not accurate or specific enough, should the specialist add the more accurate and specific code, and remove the less specific/less accurate code from the problem list?

So long as the problem is within the scope of care of that specialist, I would say he/she should enter the new code and get rid of the existing code. I would prefer to avoid problem list bloat – keep it short and accurate. If someone entered a very nonspecific code, and the specialist wants to add a more specific code – I would suggest certainly doing this and getting rid of the nonspecific code. Likewise, if the PCP sees the patient and finds that the specialist entered a very nonspecific code, he/she may certainly delete the nonspecific code and enter a more specific code. Please do NOT delete a very specific code only to enter a nonspecific code – that would not be a good idea!

We all share charts in ECW, and I don't want to step on toes – but if someone is entering nonspecific codes or redundant codes into the problem list, I feel we should have the authority to clean up the problem list, and keep it accurate, as short as possible, and as functional as possible. Note that changing the problem list does NOT change the provider's note – all it changes is the problem list.

This is just my opinion. Please email me your suggestions, or come to the next EMR Committee meeting to voice your opinion. We meet on the first Tuesday of every month at 7 AM.

Another issue: Laterality. In Smart Search/IMO, some codes purport to include “bilateral” as an option – but if you look closely, this isn't really true. Carpal tunnel syndrome, for example, DOES include a “bilateral” option, but if you look at the code IMO generates for this “bilateral CTS”, it is the SAME code used for RIGHT CTS. Billing has been in touch with MJ about some of these discrepancies – and MJ has been in touch with ECW about correcting Smart Search/IMO to reflect the real existing ICD-10 codes.

6. **Scribe:** I have heard from MJ that some providers who are dictating and using “Scribe” are very happy. This update to ECW seems to work pretty well. If you dictate and are paying someone to transcribe – I suggest you look into “Scribe”.

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