SUMMARY OF Epic CALL

MAY 25th, 2022

Introduction

On May 25, 2022, the DISQ Team facilitated a session with Epic users on Ryan White HIV/AIDS Program (RWHAP) data reporting and management. The meeting provided an opportunity for RWHAP providers that use the same electronic health record (EHR) to share questions and solutions. It was attended by 44 participants.

Introducing two new DISQ Team Members

DISQ has two new team members with backgrounds in RWHAP agencies: Aaron O'Brien and Julie Vitale. Both have experience with CAREWare, and Julie has experience with Epic Systems as well. Julie and Ellie Coombs from DISQ facilitated the meeting.

Ryan White Module: Cases versus Episodes

One provider in Illinois, which started using Epic in March 2022, asked about the difference between a case and an episode.

- A case is a person
- An episode is a series of encounters for that case

Another user from Wisconsin joined Epic OCHIN in November 2021. He confirmed that these terms refer to the Ryan White Module. A provider opens cases in the Ryan White Module and indicates the client is eligible for RWHAP. He creates episodes to document encounters under that case. However, he is having trouble because the cases are not linked to the episodes. He is in conversations with OCHIN to get it resolved.

Ryan White Module

There are things that do not get captured in a structured way in Epic that are needed for reporting and analysis. A lot of the documentation is in notes. The Ryan White Module creates structured fields. It can also support RSR reporting by creating the XML file and generating performance measures. The cost of the module depends on the contract with Epic.

The Ryan White Module might require double documentation within Epic. For example, multiple people on the call indicated that they must transcribe lab data manually into the module.

A provider in Texas with 6,000 clients reported that the module is not letting them access lab data. The provider asked if anyone is using the module for a large population, and how they are updating the lab data.

Someone shared that a couple of years ago, Vanderbilt (4,000 clients) researched the Ryan White Module and determined it would still require quite a bit of manual work. For

every patient, you had to manually enter data for the case. They decided that it would not work for them. It is possible, however that this has changed since then. DISQ recommends checking with your Epic team to see how much manual work would be involved in using the Ryan White Module.

No one else had a solution around this. The module might work for 250 patients, but it would not be manageable for 4,000 or 6,000 people.

OCHIN
There were 6 users on the call who indicated that they use OCHIN. DISQ may consider starting an OCHIN group.

User Web
This is a great resource for Epic Users. For OCHIN users, the equivalent to User Web is Ella. Julie shared that she learned a lot by trial and error when she could have saved time with User Web. The community forums were very helpful. You can search for terms like "Ryan White" and find hundreds of people sharing flow sheets and information.

You do not need to be Epic certified to access the User Web, but you do need permission and to be affiliated with a provider. If your organization is a registered Epic user, all the requested staff get access to User Web. Participants of the call shared the following resources and links:

- User Web: Registration
- User Web: Select your organization
- User Web: Description and Privacy Page
- Ella for OCHIN
- Ryan White Services Reporting Setup and Support Guide
- Overview of Ryan White Services Reporting
- RSR Module Demo Video

Accessing Labs
Labs are often reported as a challenge. There are many terms for the variable fields in Epic Clarity: Lab_Name, Lab_Component_Name, Lab_Base_Name, Lab_Common_Name, etc. It can take some time to figure out which ones make the most sense. Likewise, values can vary. CD4 count comes back as a number; viral lab comes back as text: <20 detected, undetected, UNDETECTED, etc.

Someone from an agency in Pennsylvania imports data from Epic to CAREWare.
- They get a bi-weekly report from their Epic report writers – where the lab was drawn, patient demo data (DOB, name), result date, name of lab, ranges, and lab value. Then, they translate the data to match the CAREWare description.
- They also started with every possible string that could come from viral load and translated those terms to "<20." The CAREWare Data Translation Module is helpful, and Julie agreed that sometimes it is easier to do some data cleaning before using the Data

Translation Module (DTM), although you can do "clean-up" through mapping in DTM and CAREWare.

- Your Epic Report Team might be able to build a report that describes the labs, results, and patient data, which you can download as an Excel file.
- If you are looking to reduce double data entry through data imports, talk to the person doing the manual entry to figure out what was is the most time consuming to enter. You can start with some early wins, like CD4 count, which is easier than viral load. A partial win is better than no win at all!

Other Strategies for Creating the RSR

Altova Map

A provider in Texas has not been successful with the Ryan White Module, so she uses Altova Map Force. She creates a TXT file from Clarity, which maps the data. Altova Map Force creates the XML file. She has challenges every year, especially when there are changes in the data fields. There is a useful document of the XML schema on TargetHIV.

TRAX

A provider from Tennessee shared that he uses TRAX. He uses clinical data from Epic (extracts it from Clarity). For all case management services and referrals, he uses a separate database, REDCap. He has created forms in REDCap into which case managers enter the data. He brings data from REDCap, Epic, and Excel into Access. He creates data exports from Access. He does it every quarter for Parts A and B. He creates the .CSV files for TRAX on an annual basis.

Anyone interested in using TRAX can get support from the DISQ Team. TargetHIV has additional information on TRAX for the RSR.

Services

Services can be tricky to export from Epic. Many services are not billable "visits" in Epic, but rather encounters that are documented as "documentation" or "phone notes". One user said his data abstractor needs to read the notes to determine if the case management services were medical or non-medical case management.

Julie shared potential strategies to standardize data entry.

- Julie's agency used the **chief complaint** (which is also the **reason for visit** or **reason for call** in her version of Epic) to align with some **subservices** in CAREWare. She would have preferred to use **encounter type** for all services, since **chief complaint** was only available in Reporting Workbench and not Webi (the interface with Clarity).
- Use a team approach because standardization requires changes in data entry.
- Another challenge, if you rely on case managers to enter service data – not every client has a case manager, so you would be missing data for these clients. Providers need another strategy for collecting this data for patients without a case manager on site.

Identifying RWHAP Clients

There is not a clean way to extract RWHAP clients; a lot of data cleaning is involved.

HIV Registry

A question from the chat: *We work off of the HIV Registry Smart Form and had never heard of the Ryan White module. Is anyone familiar with both? If so, would you be able to share the advantages for using the Ryan White module?*

- HIV Registry Smart Form is a data entry template – a way to collect data in a structured format. The user was able to extract data within Workbench from the Registry Smart Form.
- Julie's team was told they could not use the data from the Ryan White Data Module through Reporting Workbench, Webi, Dashboards or any other reporting tool. This was one of the reasons that her agency decided against the Module, as they use this data in many ways for quality improvement, performance measures, and data integrity checks in both Epic and their RSR-ready system (CAREWare).
- Julie recommends that anyone interested in this should contact their Epic/IT team to see if this has changed over the years, or perhaps other agencies are set up in a way that makes this possible.

Unlike the HIV Registry Smart Form, The Ryan White Module also creates the RSR. Data from the HIV Registry Smart Form would still need to be exported and converted into XML through TRAX or an RSR ready system.

Reporting Work Bench

Julie recommends Work Bench because it allows you to pick the fields you need for operational reports. Some data, like labs for example, are impossible to collect with Reporting Workbench as this is using real-time data from Chronicles, not structured data from Clarity or Caboodle.

To reach the DISQ Team, email Data.TA@caiglobal.org