Summary of First Quarterly eClinicalWorks User Call

Call Date: June 5, 2019

A 2019 survey conducted by the DART team on Electronic Health Records (EHRs) and the Ryan White HIV/AIDS Program (RWHAP) found that 11% of providers use eClinicalWorks (eCW). On June 5, 2019, the DART team hosted the first quarterly meeting with providers who use eCW to discuss strategies, challenges, and best practices for using eCW to complete the RWHAP Services Report (RSR). The call also included an eCW demonstration presented by Dan Murphy from eCW. Seventy participants attended the webinar, the majority of whom were current eCW users (57%) or switching to eCW in the near future (5%).[1] This memo describes how eCW users create the RSR, employ strategies to capture RSR-required fields, and prepare for RSR submission.

Contacts

Attendee contact information has been included with their permission below. Contact the DART team if you would like to be connected to another eCW user or receive a link to the recording of the webinar.

If you have questions about eCW features, contact:

- Pavithra Maniprasad: pavithra.maniprasad@eclinicalworks.com
- Dan Murphy: dan.murphy@eclinicalworks.com

eCW Demo (Dan Murphy)

Dan Murphy from eCW provided an overview of eCW's capabilities related to RWHAP and the RSR. Users must have eCW version 10 or higher and eBO 7 or higher in order to obtain the RWHAP module. Users can utilize eCW to capture patient demographic data and prepare files for TRAX or CAREWare.

Data Entry

Data collection in eCW takes place in two primary workflows: the front desk level and the clinician level.

<u>Front Desk</u>
eCW's workflow starts with the initial front desk encounter. This includes some RWHAP-specific data elements, but otherwise closely mirrors the usual format of an office visit for any patient. eCW maintains a structured data section for clients who are RWHAP eligible. Patients must be marked as "RW – Eligible" in order to be included in the RSR (Figure 1).

Figure 1: Example Structured RSR Data Element (Enrollment Status)

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[1] Other respondents were considering using eCW (11%), unsure (24%), or planning to switch away from eCW (3%).

Clinician Level: Use of TRAX or CAREWare

Through eCW, providers can create files for import into TRAX or CAREWare. TRAX is a free application developed by HRSA HAB that accepts .CSV files as input and converts data into the RSR XML file. CAREWare is a data management system commonly used by RWHAP recipients and providers that is supported by HRSA HAB free of charge. Providers may import data from eCW into CAREWare as a recipient requirement, to create the RSR XML file, and/or to use CAREWare's HIV-related features (e.g., performance measures).

The clinician level work flow includes a History of Present Illness (HPI) section in the Progress Note, which allows clinicians to capture additional structured data and customize preparation for CAREWare or TRAX (Figure 2). The HPI section includes a drop-down menu to specify which services (e.g., housing) were delivered to the client (Figure 3). eCW can also help providers customize this section to meet their needs.

Figure 2: Selecting CAREWare or TRAX in the HPI Section in the Progress Note

eCW recommends that all clinicians utilize built-in templates for RWHAP to facilitate efficient, standardized data management and reporting. In addition to the front desk workflow assistance, eCW offers support and documentation to assist clinician workflows.
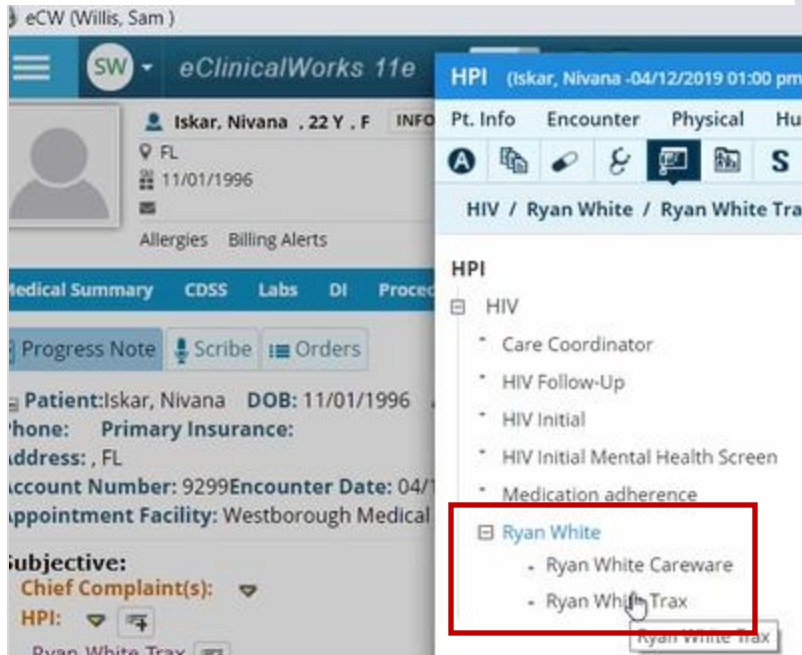
Figure 3: Entering Additional Services for CAREWare Import in the HPI Section in the Progress Note
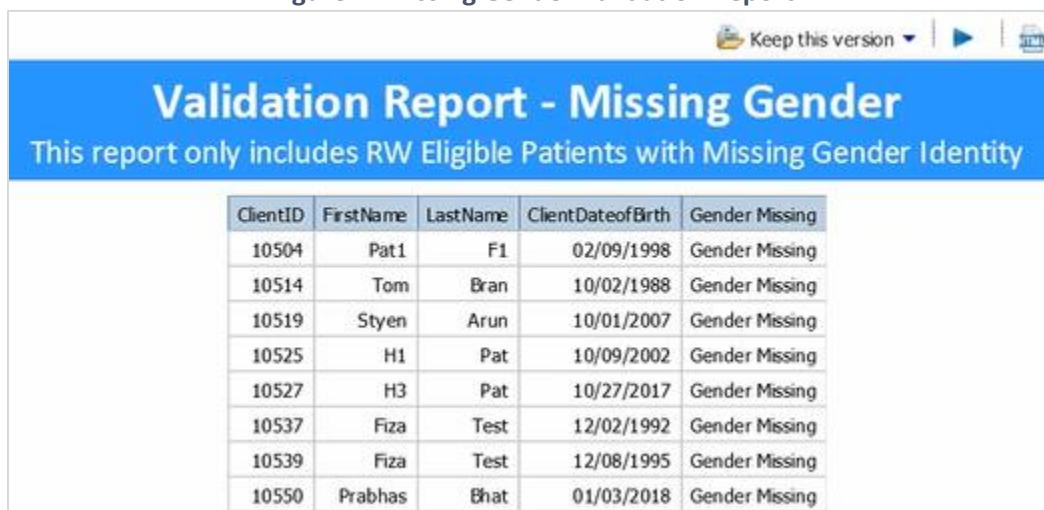
Creating File for Import through the eBO Module

The eCW eBO reporting module contains specific folders to facilitate RWHAP reporting, including separate folders for TRAX and CAREWare. eCW prepares the 12 .CSV files that will be imported into TRAX. Importing data into CAREWare entails a two-step process using the Data Translation Module (DTM) and Provider Data Import (PDI). Providers can use eCW to produce the files that can be imported into the DTM, which will produce files for the PDI import into CAREWare.

Validation

eCW also offers in-house validation reports to identify and address data quality issues prior to RSR submission. Reports can be run by type to identify missing data easily. They are found in the Validation subfolder in the eBO. eCW recommends doing quarterly data analysis and review to monitor issues well in advance of annual RSR submission.

Figure 4: Missing Gender Validation Report

eCW updates the system whenever HRSA HAB issues new guidance, including guidance related to structured data fields and reporting. eCW can also work directly with providers to address issues and walk through updates and offers a workbook to walk through the EBO abstraction process.

eCW Q&A

- Question: How does eCW handle fields that are updated regularly based on changes in the patient's status (e.g., housing status or poverty level/sliding fee scales)?
  - Answer: These fields can be added to the HPI section of the RWHAP module. The HPI will then use the latest reported value for the applicable reporting year.
  - For patient sliding fees, providers can input data under Patient Demographics in the Insurance section. eCW will include insurance information for the applicable reporting year in the final RSR.
- Question: Is it possible to indicate the funding type (Part A, B, C, or D) for specific services?
  - Answer: Providers can create structured data questions in the HPI section indicating "service delivered," which can then be tied to the specific funding type. However, this is considered part of a customized eCW package and is not available by default.

- Question: Can agencies that are required to use eShare and AIRS still benefit from using eCW to report the RSR?
  - Answer: Agencies can still utilize eCW to prepare the RSR, but there is currently no bridge functionality between eCW and AIRs or eShare.
- Question: How can non-clinician encounters, such as food bank service, be documented in eCW?
  - Answer: These instances can be documented as telephone encounters in eCW.

How Users Complete the RSR

Based on a webinar poll, most respondents use an RSR-Ready System in addition to eCW either through double data entry (44%) or data export and import (22%). Fewer respondents completed the RSR directly from eCW (e.g., using TRAX) (7%), used an "other" method (12%), or weren't sure (15%).[2] In a second poll, 64% of respondents indicated that they would use a CAREWare import feature to complete the RSR if one became available. An additional 14% stated that they already use a different RSR-Ready system, 20% were unsure, and 2% maintained that manual data entry meets their current needs. Some strategies discussed on the call are shown below:

- One participant noted that her state's Part B funding regulations require her agency to use eCW. Her agency has just begun working with Epividian, a healthcare analytics organization, to build a bridge between eCW and CAREWare to eliminate double data entry. However, her agency is also weighing whether to utilize the native data export functionality within eCW instead.
- Another participant's agency, which is a non-medical case management provider, exports data from eCW into the eCOMPAS Transitional Care Management System (TCMS) on a daily basis. TCMS allows for good case management practices and is RSR-Ready, which eliminates double data entry.
- Another user utilizes ARIES, which is RSR-Ready, in conjunction with eCW.

Preparations for 2019 Reporting

The DART team provided a brief overview of upcoming changes to RSR reporting for data year 2019. The following resources are available to providers:

- 2019 RSR Data Dictionary
- An overview of 2019 changes to reporting
- May 8, 2019 webinar on 2019 changes to reporting

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[2] These findings from the webinar poll were largely aligned with the results from the 2019 EHR user survey. However, the webinar poll revealed that fewer participants use eCW to create the XML file directly (7%) compared to EHR users who responded to the survey (19%).