

SUMMARY OF eClinicalWorks USER CALL #4

DECEMBER 17, 2020

Introduction

A 2020 survey conducted by the [DISQ Team](#) on Electronic Health Records (EHRs) and [the Ryan White HIV/AIDS Program \(RWHAP\)](#) found that many of providers use [eClinicalWorks \(eCW\)](#). On December 17, 2020, the DISQ team hosted a user group call 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 Dan Murphy and Pavithra ManiPrasad from eCW. This memo describes how eCW users create the RSR, employ strategies to capture RSR-required fields, and prepare for RSR submission.

Contacts

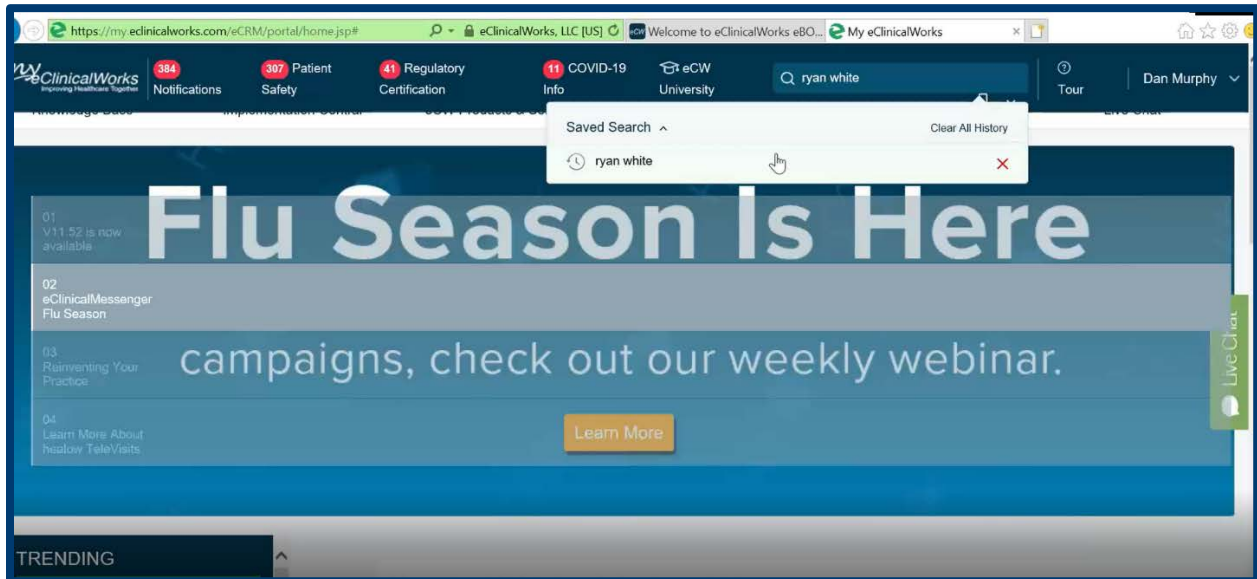
Contact the [DISQ Team](#) if you would like to be connected to another eCW user. If you have questions about eCW features, contact:

- Pavithra ManiPrasad: pavithra.maniPrasad@eclinicalworks.com
- Dan Murphy: dan.murphy@eclinicalworks.com

eCW Website Functionality

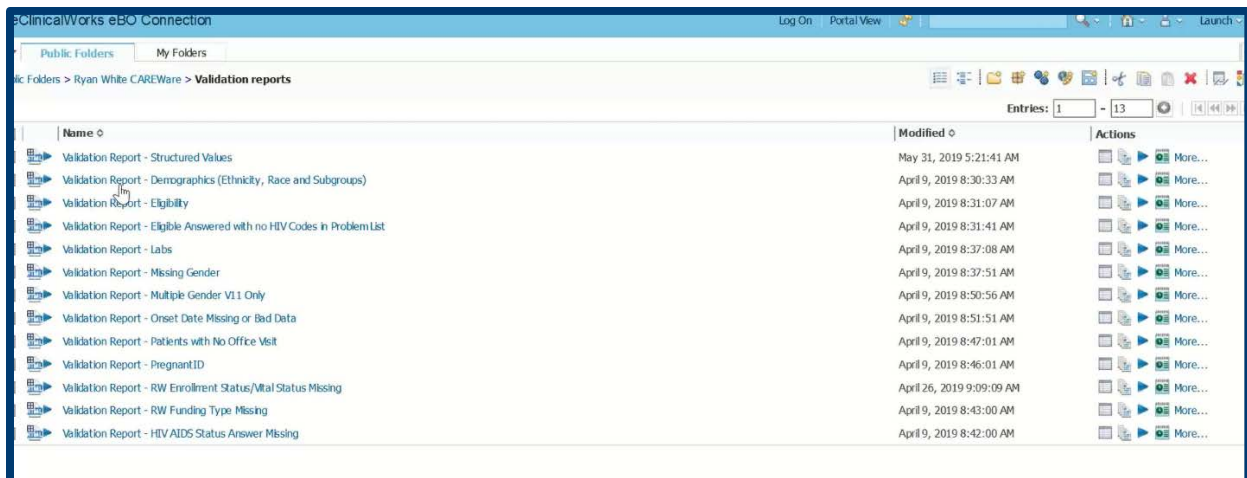
- The eCW portal (Figure 1) can be accessed at my.eclinicalworks.com and houses all of the knowledge base data, documentation, and videos. eCW has two distinct functions within its system: (1) the RSR functionality that creates the .CSV files for TRAX, and (2) the CAREWare functions that creates the files for a CAREWARE import. In 2019, eCW representatives conducted a more detailed demo of the eCW's capabilities that can be found [here](#).
- eCW added a search function in the portal and users can search "Ryan White" via the search pane and it will show all Ryan White related resources.

Figure 1: eCW Portal



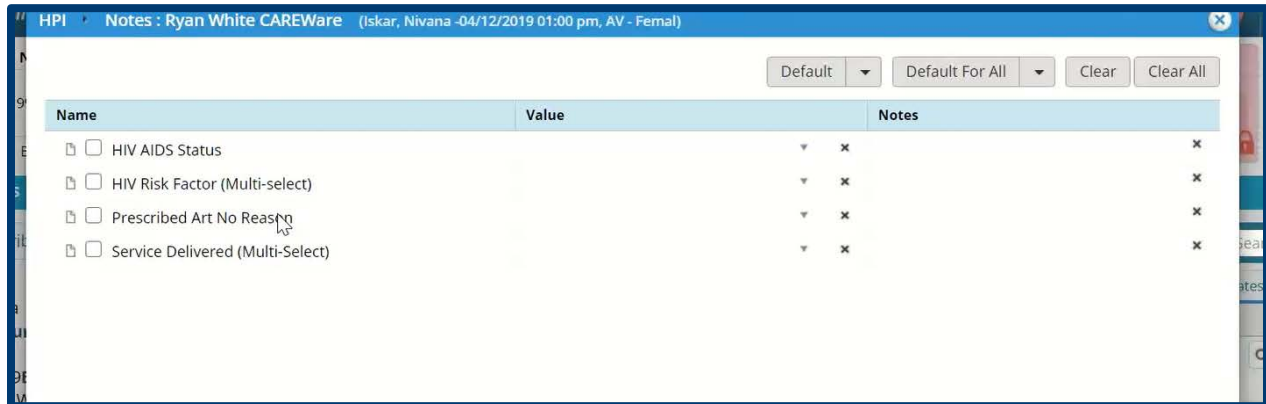
- There are also validation reports (Figure 2) in eCW that allows you to see missing and incorrect data that needs to be fixed before you submit.

Figure 2: eCW Validation Reports



- There is also Ryan White structured data in the Ryan White TRAX feature (Figure 3).

Figure 3: eCW RSR TRAX



Name	Value	Notes
<input type="checkbox"/> HIV AIDS Status	▼ x	x
<input type="checkbox"/> HIV Risk Factor (Multi-select)	▼ x	x
<input type="checkbox"/> Prescribed Art No Reason	▼ x	x
<input type="checkbox"/> Service Delivered (Multi-Select)	▼ x	x

- eCW has an Rx group that helps track ART medication data. As long as a provider prescribes the medication through the patient chart and they enter all the data in eCW, ART medication will be added to the Rx group and the report will recognize that the patient is on ART.
- Users can compare the medication data in the Rx group to the patient chart and if it matches then that patient will be noted as prescribed ART in eCW.

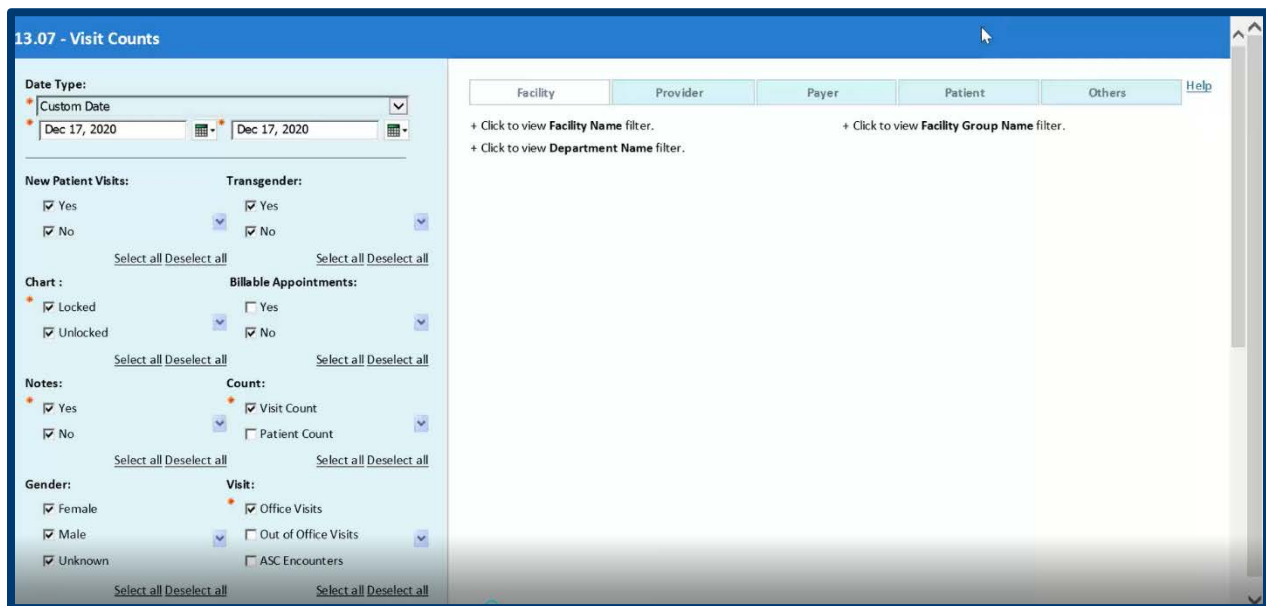
Importing data into systems other than CAREWare

- Call attendees that use systems other than CAREWare inquired whether they can create a feature in eCW that is similar to the CAREWare feature.
- A call attendee from Missouri stated that they use a system called SCOUT and inquired whether they will still be able to import data from eCW into their system.
 - NextGen responded that as long as their submission requirements through SCOUT are the same as the RSR, they should be able to use the RSR package. NextGen encouraged this caller to contact eCW or open a support case. They reminded call attendees eCW has a function that contains the .CSV files that are needed to import into [TRAX](#) to generate the XML, therefore, it is possible for a user to import their data from eCW into another system. However, if users still use another system eCW can potentially support the export and import process and users will need to reach out to them to set it up.
- Another call attendee that uses CHAMP, an RSR-Ready System used in Newark, New Jersey, stated that CHAMP is the unit tracking system that they must use to get their Ryan White funding. As of right now, they document those units in CHAMP for the Ryan White billing as well as using eCW to do any insurance billing. They have been trying to figure out ways to get information between the two systems. The call attendee noted that all clients are in eCW, so that they track everything the same way and the CHAMP is the

additional step that they take. Furthermore, in eCW, if the service is paid for through Ryan White Part A they are tagging it as nonbillable and then they manually enter it in CHAMP as a fee-for-service. In conclusion, having to manage multiple systems is a problem and this caller inquired how easy it would be to pull those nonbillable services out of eCW and put into CHAMP.

- eCW responded that they would need to find out what types of files CHAMP can accept in terms of those input files. eCW already has a service report that pulls info based on CPT codes. The non-billables are based on basic visit types and you will filter based on those visit types. The 13.07-Visit Counts report (Figure 4) can be used where you can look for encounters and filter for whether the service is billable, and all of the appointments will show up. The 13.07 report is a canned report that everyone has access to as long as you have eBO.

Figure 4: eCW 13.07-Visit Counts report

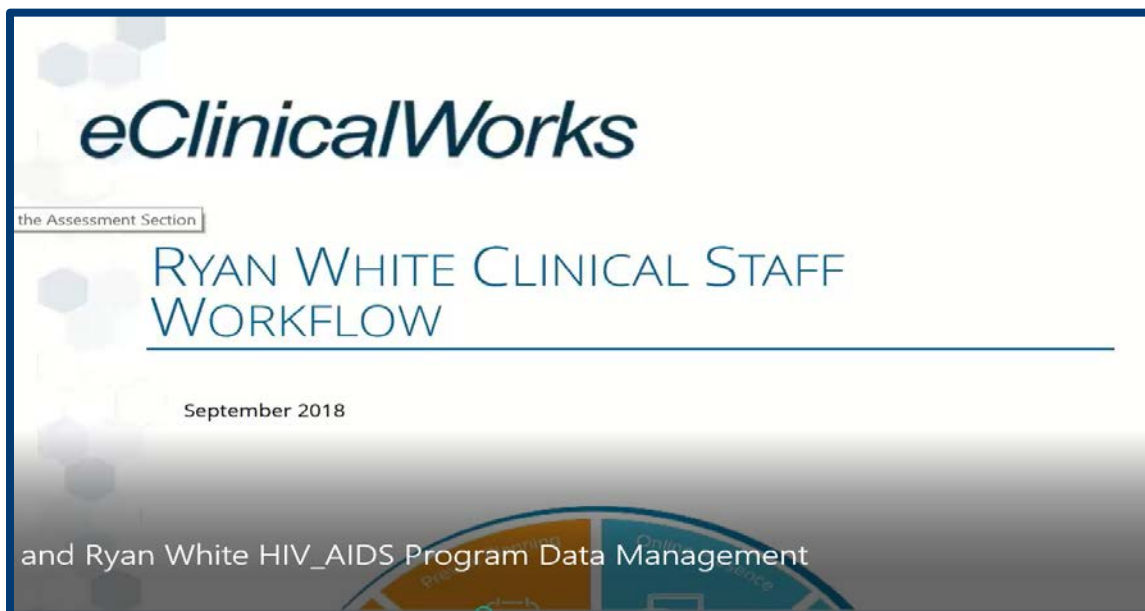


- eCW would first talk to the agency and then they would work with CHAMP to understand more about the import process.
- The caller responded that the CHAMP system has a built-in feature that pulls the RSR data so they wouldn't need eCW for that, but they were wondering if there were other tips or ways, they can use eCW to coordinate with CHAMP to stop the double data entry. eCW responded that as of now, since they don't have an integration with CHAMP, users might still have to put in the duplicated effort.
- eCW stated that even though they don't have a solution right now, if they have additional items outside of RSR, then they would have to create additional reports and follow the same import process.

Tips for new users

- eCW stated that they train new users on how to utilize the RSR package by assisting them with entering all the structured data and help with the submission process. If users have a few questions before getting involved, there is a help center that can be contacted.
 - Someone from eCW will be assigned directly to an agency. It will be their job to create the structured data. All the providers must do is learn the workflow. A lot of you have built the structured data in your system already. They recommend using the RW templates and order sets to make it easier to parse out who is a Ryan White patient and who is not. Furthermore, eCW has documentation to assist with the front office and clinical workflow (Figure 5).

Figure 5: eCW Clinical Staff Workflow



- The DISQ Team stated that one of the first steps for someone who is new to the RSR is to understand what tools are needed. It is important to think about whether you need to import your eCW data into another system or can you generate the XML directly from eCW. If users need help talking through that decision, the DISQ team is happy to help.

Lab data exchange between eCW and CAREWare

- A call attendee stated that they use eCW to keep track of the lab data and import it into CAREWare using a customized report. They extract all the lab test results from eCW and use python to integrate the data into CAREWare. While establishing this process, CAREWare advised this user to use the eCW ID and a CAREWare ID for data matching and this has proven to be successful.

- eCW stated that when updates do happen through HRSA, eCW is responsible for all changes to the eCW's CAREWare function. However, if users have built their own process to import eCW data to CAREWare, users would be responsible for incorporating changes.

Using eCW for referrals

- A call attendee stated that when they are using CAREWare across different providers, they can do referrals amongst providers and inquired whether eCW has the same functionality. eCW responded that if they create a referral in eCW, they will be able to get the output in .CSV and map it through the fields in CAREWare.
- The eCW referral process can work well when it's used across all agencies, but some agencies are using eCW and others are using CAREWare and that gets challenging. The DISQ team offered to investigate this topic a bit more.