Summary of First Quarterly Epic Systems User Call

Call Date: May 1, 2019

A 2019 survey conducted by the DART team on Electronic Health Records (EHRs) and the Ryan White HIV/AIDS Program (RWHAP) found that Epic Systems (Epic) is a commonly used system among RWHAP providers. On May 1, 2019, the DART team hosted the first quarterly meeting with providers who use Epic to discuss strategies, challenges, and best practices for using Epic to complete the RWHAP Services Report (RSR). Over 100 participants attended the webinar, almost all of whom were current Epic users (84%) or switching to Epic in the near future (10%).[1] This memo describes how Epic users create the RSR, employ strategies to capture RSR-required fields, and use analytical tools to ensure both data quality and quality of care. Contact information regarding attendees has been shared with their permission. Email the DART team if you would like to be connected to another Epic user or if you need assistance with Epic and do not have your representative's contact information.

How Users Complete the RSR

Based on a webinar poll, most respondents use an RSR-Ready System in addition to Epic either through double data entry (36%) or data export and import (25%). Fewer respondents completed the RSR directly from Epic (e.g., using TRAX) (10%), used an "other" method (12%), or weren't sure (16%).[2]

Importing Data into RSR-Ready Systems

Recipients often require their providers to report data in RSR-Ready Systems for monitoring purposes. To reduce double data entry, many develop strategies to import data from Epic into those systems.

- One clinic uses Caboodle (an Epic data warehouse) to export data to .CSV files and then imports them into CAREWare.

- Several attendees spoke about the importance of frequent data exports to review data quality and ensure data are accurate and complete for RSR submission.

- Some manually extract data out of Epic on a daily basis and then process these data using the Provider Data Import (PDI). Some also CAREWare's automated scheduling feature to manage daily data exports.

- Other attendees reported that they filter medication imports (to only HIV medications or those prescribed within the last year) to streamline the time-consuming import/export process.

Upcoming Epic RSR-Ready Module

There was discussion regarding the new RSR-Ready module in Epic.

- Call attendees noted that Epic wishes to work with providers to build out the functionality in advance of 2019 reporting, and providers can contact their Epic representative to learn more.

- The module will be a "curated registry" in which providers will identify RWHAP clients and map data sources to RSR data fields. It should also be straightforward for providers to map existing Flow Sheets and Smart Forms to these fields.

- Some attendees indicated that they would maintain their current RSR processes instead of switching to the new Epic module because current processes work well and the new module

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[1] Smaller proportions were considering using Epic (3%) or unsure (3%).

[2] These findings from the webinar poll were largely aligned with the results from the 2019 EHR user survey.

would require additional resources. While implementation opportunities vary by clinic site, providers stressed the importance of identifying and staying in touch with Epic representatives to facilitate usage of the module.

Adding RSR Data Fields into Epic

A common challenge reported by providers is that Epic does not capture all the data elements required for the RSR. For example, demographics like housing status and sexual orientation are not easily reported. Additionally, these data may be required for state-level and grant reporting. Therefore, the discussion also focused on strategies for creating and incorporating these data elements into Epic.

Use of Flow Sheets

Several attendees reported using Flow Sheets to capture data elements that are not already captured in Epic to meet RSR and grant-related reporting requirements.

- At one provider, case managers use multiple sources (e.g., client records from other clinics and client self-report) to populate a Flow Sheet for new clients and a separate Flow Sheet for clients receiving medical case management. The data manager also cleans and manages newly collected data in Access to enable up-to-date, efficient reporting and to identify data quality issues.

- Another provider reported that using Flow Sheets helps conduct thorough new assessments, streamline data for future import to CAREWare, and create performance measures to track clinical metrics. The provider writes highly detailed specifications for the Flow Sheet to share with its network Health Informatics Team, which is responsible for changes to Epic, but is not well-versed in RWHAP requirements. This process facilitates faster information-sharing about the types of fields needed and whether certain fields (such as client date of birth) can be populated directly from Epic. It also helps establish relationships with contacts on the Health Informatics Team.

Smart Forms

Other attendees reported using Smart Forms, a data collection configuration tool that can be used at multiple levels (client, visit, and note). Multi-level capability distinguishes Smart Forms from Flow Sheets, although both can be used depending on staff preference. Data elements that are not captured elsewhere in Epic must be entered manually into the Smart Form.

- One provider reported that Smart Forms have been an important tool for organizing RWHAP data that are not available in other fields in Epic, but that the clinic is still trying to develop strategies to time-stamp data to ensure that it is up-to-date.

- Another Smart Form user reported that since Epic source data changes frequently, it requires significant effort to make sure that reports use data from the correct source and timeframe.

Analytical Tools: Registries

One clinic built an HIV registry within Epic to facilitate quality reporting. The clinic is currently in the process of developing Epic panel-level dashboards to display results. These dashboards show information for all clients seen at the HIV provider's office, but users can also select outliers and review specific client charts. It took years to establish the registry and it only became possible when the attendee (a clinician) built the system mostly by himself without major assistance from IT staff. Another attendee expressed that the process of trying to build a registry has been extremely slow (six-plus years so far.