

Summary of Third eClinicalWorks User Call

Call Date: January 16, 2020

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 January 16, 2020, the DART team hosted the third meeting with providers who use eCW to discuss tips and best practices for new eCW users and importing data from eCW to RSR-Ready Systems to complete the [RWHAP Services Report \(RSR\)](#). The call also included eCW representative Pavithra ManiPrasad to answer any technical questions. Sixty-seven participants attended the webinar. This memo describes how users can create the RSR with eCW (through TRAX or import to an RSR-ready system) and prepare for RSR submission. Notes from the first two calls can be found [here](#) on TargetHIV.

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. If you have questions about eCW features, contact Pavithra ManiPrasad: pavithra.maniPrasad@eclinicalworks.com.

Creating the RSR with eCW

The DART team provided a high-level overview of how users can create the RSR with eCW. There are currently 2 pre-built options, and eCW has worked with providers to develop exports for other systems:

- 1) [CAREWare](#): Users can export their data from eCW and upload it into CAREWare. CAREWare is an RSR Ready system developed by HRSA HAB. For any CAREWare issues, users can contact the CAREWare help desk at cwhelp@jprog.com. DART also reminded call attendees that CAREWARE 6 is necessary for the 2019 RSR and users must migrate to the new build as soon as possible. Furthermore, CAREWare Version 6, Build 47, is the minimum build that will be required to generate the 2019 RSR.
- 2) [TRAX](#): TRAX is an application developed by HRSA HAB that converts structured CSV files into the client-level data file providers will upload for the RSR. eCW can export the 12 CSV files that providers need to populate to run TRAX.

eCW Ryan White Module

- Many attendees asked if there is value in using the eCW Ryan White Module if they still need to enter data into CAREWare. DART noted that providers often use CAREWare because it is a requirement of their Part A or Part B recipient. DART also noted that CAREWare offers data validations and quality reports that allow providers to check their data throughout the year to ensure its accuracy and completeness.
- Another user stated that they are a Part C direct recipient and the RSR is only one of the reports they have to submit. While they would prefer to use one system to run analytics, they use CAREWare for reports that are not available in eCW.
- An attendee inquired about the availability of RSR validation reports in eCW. eCW does have a number of validation reports available. These validation reports were briefly demoed in the first eCW call and can be viewed [here](#). Users can also contact eCW for more information.
- An attendee inquired whether users need the module to run the RSR or whether they can simply use the eBO. DART answered that it is labor intensive for users to run the report by themselves, and

if they plan to use TRAX or do a CAREWare abstract the eCW Ryan White module is probably the best option.

- An attendee inquired whether there is a way to capture all required information for the RSR in one location in eCW. DART answered that it's difficult to get all the information you would need into one place, but eCW has a logical format in their system to make it easier for users to input information. eCW further explained that most of the structured data is captured in the patient demographic section and HPI section. The clinical data (lab orders and medications) can be captured on the progress note. Users can also create a progress note template and capture all the information they need on the same page.
- eCW advised that the most recent version of the eBO CAREWare report is from **September 2019**.

Custom Reports in eCW

- An attendee stated that they have a challenge in their running their eCW custom reports for CD4 data. After the run this report, they find that a lot of their data is missing. Pavithra advised this user check lab attributes and mapping, which if not done properly will not pull values.
- A user stated that they have developed custom reports but they do not have a SQL data editor so they have to edit through trial and error. Nathan Kaderavek shared that his organization has worked to construct reports from structured data in the HPI section of eCW and are willing to share their work with other providers (see Attendee Contact Information). They have had issues with tracking costs for some of their clients because they are captured at the client encounter level, which is problematic for some services (such as transportation assistance). Pavithra suggested creating dummy CPT codes for these services so that they can be tracked.

Best Practices for New Users

The DART team offered the following tips for new users:

- The data pulled out of eCW are built around eCW structured data fields. It is important that front-end users (e.g., clinicians and case managers) make sure they are using the structured fields as much as they can.
- It's also important to make sure that your data are clean before you do your imports and exports. Users can utilize the eCW validation reports to make sure the data is as clean as possible before they try to extract it.
- You should check their data throughout the year. The DART Team encourages providers to look at their data as often as they can and try to import data quarterly or every 6 months.
- You should consider building an electronic bridge across data systems. eCW has worked with the state of Texas to build a bridge to ARIES. Providers may contact eCW (Pavithra) if they would like to explore the option of building a bridge to a system that is not currently supported.

Working with Qualitative Data

- A user inquired about how to deal with qualitative data from their lab – sometimes viral load results supplied by surveillance will indicate “see comment” instead of a count). Pavithra advised that only numbers are allowed, and qualitative responses are identified and marked as an error. Providers would need to work with the surveillance to update the data structure or manually update these responses to the value in the comment.