SUMMARY OF EPIC User Group Call
OCTOBER 25th, 2022

Introduction

Epic is a commonly used electronic health record (EHR) system among RWHAP providers. On October 25th, 2022, two RWHAP providers presented on their experience extracting data from Epic to use for HAB reporting purposes. DISQ team members Ellie Coombs and Julie Vitale facilitated the call.

- Phil Ferrero: Software Engineer at Children's Hospital Colorado. Phil created the CHIP database to compile data for RWHAP clients and generate the RSR. Data (encounters, labs, medications, diagnoses, and patient demographics) are imported from Epic's Clarity database into CHIPDB. CHIPDB runs data validation checks to identify unmapped data (e.g., medications). CHIPDB also generates the client-level data file for the RSR.

- Kevin Faaborg: Data Manager, CCID/PACT, UPMC Presbyterian. Kevin imports Epic data into CAREWare, using the Data Translation Module (DTM) and Provider Data Import (PDI). He has an intermediary Microsoft Access Database between Epic and the DTM, where he cleans and maps data. CAREWare, a recipient requirement, allows CCID/PACT to capture data not already in Epic, run performance reports, and generate the RSR.

See presentations for more detail. Contact the DISQ team if you do not have access to the presentations or would like to contact the presenters directly.

Discussion

A participant shared her experience pulling data from Epic to generate the RSR client-level data file with TRAX. Her agency downloads data from Epic every month into an MS Access database using Web Intelligence. MS Access allows her to clean the data. Data are then uploaded to a SQL server database. She then generates the .CSV files needed for TRAX to create the RSR client-level data file. Flow sheets built into Epic are used to ensure the agency is capturing RSR data in a standardized way.

Participants asked the following questions to presenters:

Question	Response / Solution
A participant expressed concerns with data cleaning given there are constantly new lab and medication names.	Both Phil and Kevin have an intermediary Microsoft Access Database for cleaning, mapping and manipulating the data exported from Epic before importing into their system (CHIPDB for Phil and CAREWare for Kevin). Kevin said he checks for new labs with a cross-reference table every week before doing the import. He gets all of the labs and uses a table to lookup the labs he specifically needs to import. Similarly, Phil has queues unmapped labs and can decide how to deal with them. He checks for new medications weekly with a pharmacist to decide what be mapped before import. Another participant mentioned they check and address mapping errors monthly.
How do you create the XML for the RSR?	Phil uses his CHIPDB database to create the XML file. Kevin uses CAREWare. Another participant uses TRAX and spoke a little about her experience to the group.
How do you get Epic to do the mapping instead of you?	Kevin gets a report with all of the labs, takes more data rather than less. He cross-references labs in the report against his own table in Microsoft Access that lists labs for import. He scans new labs for any that should be included in the import. He has a macro to update labs for import. So, his Epic team isn't doing the mapping. There is always minor maintenance involved, but they save about 30 hours a month using Microsoft Access and cross-reference. Kevin uses Access because it handles larger files with millions of rows. Julie summarizes that there is no magic way of getting Epic data and making it perfectly clean and ready for import into an RSR-Ready System. Getting data from Epic has many options: Reporting Workbench Reports, Webi, Qlik, Tableau, and SQL. A lot of work is still involved in cleaning that data. Sometimes pulling data frequently make is more manageable.

Question	Response / Solution
Can medications include a column for related diseases, like HIV?	Julie said there are medication groupers, therapeutic groupers (by condition) and pharmaceutical groupers (by drug class). When she worked at a clinic, these were not accurate and could not be relied upon as report filters. To be clear, medications can be entered as reported by the patient. Medications ordered by a medical provider can be associated to a diagnosis. Likewise, from the Problem List, a diagnosis can be associated with a medication. That association is not necessary to order a medication or list a diagnosis (at least it wasn't in Julie's experience). Medications were not consistently associated with a diagnosis, so she never determined if that association was available in the Orders universe in Webi (from Clarity) as a structured field.
How do you capture services other than medical visits?	Kevin said that some of the services can be imported from patient encounters, but some of them, like social work visits, are so complex it takes a human to read the notes and enter the subservices into CAREWare. Phil said the case managers enter data in a "smart element table" with drop down lists. He gets the data from SQL and has set up mappings in the Microsoft Access Database. Another participant created a flowsheet within Epic for income, housing, status, and social work services. She shared some snapshots of the flowsheet.