

Summary of Third Epic User Call

October 31, 2019

A 2019 survey conducted by the [DART team](#) on Electronic Health Records (EHRs) and [the Ryan White HIV/AIDS Program \(RWHAP\)](#) revealed that Epic is the most commonly used EHR among RWHAP providers. DART has facilitated two calls with Epic users to foster dialogue about strategies, challenges, and best practices related to the [RWHAP Services Report \(RSR\)](#) and RWHAP data management. This memo summarizes the content of the third call, hosted on October 31, 2019, with 47 participants. If you have questions or would like to access notes from the previous call, contact the [DART team](#). We have also included participant contact information at the end of the document in case you want to directly contact a peer.

Creating the RSR from Epic

An attendee described the two main strategies for creating the RSR: the export function and TRAX.

1. The **Epic RSR Module** is good for users who only need to report the RSR. An attendee stated that they opted out of using the module because they need to report more data than that RSR can provide (e.g., to recipients). Furthermore, it is not a fully automated process, and a user would still have to do a lot of mapping and manual data entry into Epic's RSR templates.
2. Many Epic users use **TRAX** to create the XML for the RSR. An attendee stated that they extract different types of data (i.e. appointment, medications, lab results, vaccinations) from the Clarity Database and then format them into the TRAX's required input .CSV files. In addition to that, they have other data they maintain in the Access database from the Provider Data Import (PDI) to create the RSR. They have created two flowsheets to ensure they are capturing all the data needed for the RSR: one for medical case managers for RWHAP eligibility determinations and another for adherence and drug use. The data is sometimes extracted from flowsheets to also supplement data that comes from Clarity. You can access more information about TRAX here: <https://targethiv.org/library/trax-rsr-application-and-manual>.

Importing Data into CAREWare

Based on a webinar poll, 17% of respondents import their data into CAREWare, 7% into ARIES, 10% into another RSR-Ready System, 13% into another system, and 60% do not import data into another system. The bulk of the conversation focused on importing data into CAREWare.

- An attendee stated that they use CAREWare because it is a reporting requirement for their Part B recipient to be reimbursed for services.
- Another attendee revealed that their main issue was getting data out of Epic and get it into CAREWare but would like to determine whether they can stop using CAREWare permanently.
 - In response, the DART Team indicated that the main reason why a provider would be using CAREWare is because it is a requirement for their Part A and Part B funding. If users do not have that requirement, they preferably should not be using CAREWare to create the RSR and should find alternative ways to do so. However, the DART Team agreed to create a list of users who have been importing Epic data into CAREWare and connect them to other Epic users who wish to do the same.

- An attendee who has yet to switch over to Epic inquired whether there is a bridge between Epic and CAREWare in to avoid double data entry.
 - DART advised that there are two main tools that you can access to assist in data import: The Provider Data Import (PDI) and the Data Translation Module (DTM).

Provider Data Import (PDI)

- The PDI is an Access database. A user must get their data into the Access database, which maps directly to the data fields in CAREWare and helps facilitate the import process.
- An attendee stated that Epic Caboodle is a helpful resource that is part of the Epic reporting tool system. Epic Caboodle, also known as the Cogito Data Warehouse, comprises the data warehouse and analytics tools for storing and retrieving large sets of clinical data useful in reporting for care decision-making, cost management, and predictive analytics. Additionally, Caboodle data warehouses can integrate data from non-Epic systems.¹
- Another attendee stated that they are getting their XML from Epic and importing that into the PDI, but a lot of their time is spent translating the MDB into an XML that would be successfully imported into CAREWare. The process of mapping the data fields did not take them long but they struggled with getting the XML in the right format. Since this is a relatively new process for them, they are currently conducting quality checks on it now and are hoping to automate the process.
- You can access more information about the PDI here: <https://www.jprog.com/wiki/Importing-data-into-CAREWare.ashx>.

CAREWare Data Translation Module (DTM)

- An attendee stated that they were fortunate enough to have an internal report writer from their IT team create five reports for them. Those reports are run against Clarity every morning, translated into a .CSV file, and placed in a folder. Some of the reports can be saved directly to a folder on a server where they are picked up by CAREWare's data translation module (DTM). The DTM loads the data into a copy of the PDF template and the attendee goes into CAREWare, picks up that template, and loads the previous day's data.
 - Furthermore, the attendee stated that it is more of a manual process and would like to eventually go from oracle in epic to populate the PDI template to skip the intermediate area of loading into the DTM and then loading it into the PDI. The same attendee has offered to share the report templates.
- You can access more information about the DTM here: <https://www.jprog.com/wiki/CAREWare-Data-Translator.ashx>.

Performance Measures for Clinical Care

- An attendee, who is an OCHIN client, stated that they gather information on performance measures in their Business Objects, or BO, reports on top of Clarity. Since they are an OCHIN client, their Clarity database and Epic system are with OCHIN and they are using most of the BO

¹ Monica, K. Epic Modules supporting Care Across Healthcare Settings. EHR Intelligence. 2017 Apr. Retrieved from: <https://ehrintelligence.com/news/epic-modules-supporting-care-across-healthcare-settings>

reports that came with their system. OCHIN was able to provide them with RWHAP reports that they were able to tailor to fit their needs. For HIV, they recently collected data for their PART C funds, including total HIV patient count, linkage to care, nutrition, Hepatitis B and C, and mental health screening. They are struggling with substance abuse treatment because it is not well captured at the clinic level.

- Another attendee stated that they have Part A and B funds and they must provide data to the state through the PDI every quarter. When they look at performance measures, they use fresh data extracted from Epic or the existing data they provide to the state from the PDI, depending on the time period in question. If that is not enough, they get what data they can from Clarity and the data gets tailored to create tables in the Access database where they have data tables they maintain for services, lab values, etc.
- Users need to create relationships with their IT department to see who can help them build the reports they need.

Marketing RW at Your Clinic to Garner IT support

In order to market Ryan White at your clinic, it is important to build relationships and rapport. From their experience, an attendee stated that they have had to approach people in leadership about Ryan White many times. They have argued that since their organization is the recipient of a patient care grant, a large percentage of the patients cannot get care unless the Ryan White money comes to their institution. Since they have this money, they are contractually obligated to present data to Ryan White in order to continue to receive money and give their patients access to the care they need.

Training Clinicians on Epic Data Entry

To make sure that clinicians are inputting data correctly, a user can compile the data to show who is doing it well. This doesn't have to be in the form of calling out individuals, but to get people on board because they are encouraged to improve data quality to avoid looking like they are not providing adequate clinical care.

Another attendee stated that they created flow sheets to make sure they had all the RSR data elements. After they created them, they ran reports monthly and then followed up with the struggling clinicians to improve on data quality.

Determining HIV Patients with Mental Health/Substance Abuse Disorder

An attendee inquired about the easiest ways to identify people with HIV patients and a mental health diagnosis and/or substance use disorder using Epic.

- An attendee stated that they are currently using flowsheets for the screening that was validated and available to them through their organization. The PHQ-9 is a screening of two questions. If the score adds up to more than three, then the tool gets expanded to a nine-point questionnaire that will help identify an individual who has a mental health issue. They use CAGE for the substance use screening tool. Case managers and providers do different portions of the substance screening tool, so it isn't as efficient as the depression screening.
 - They have moved toward the flowsheet for the depression screening and that has improved their numbers greatly as it is easier to identify people who have a diagnosis of depression.

- Now they are moving toward improving the way they track workflow. Once a person is deemed to have substance use disorder, they refer them to useful. However, there are still challenges with tracking the referrals due to lack of resources and challenges with managing the referral system.
- An attendee inquired whether this attendee was using AUDIT/DAST, which is a validated substance use screening tool. The attendee answered that the case manager does the AUDIT/DAST on their recertification forms while they are conducting a psychosocial assessment. However, through feedback, they felt that the CAGE tool was quicker and easier to conduct in a visit. There is a flow sheet in Epic for an AUDIT/DAST. However, the case manager isn't currently entering data into the flow sheet, so their process needs to be refined.
- In order to capture substance abuse treatment, they are referring patients to external providers. Previously they had a psychiatrist working in their clinic. Since they are no longer have that individual, they are currently working on how to capture outside referrals. Right now, it is manually being entered CAREWare. For reporting purposes, they need to document the referral and show the follow-up. With that said, there is a possibility that there is documentation of the referral in Epic but not whether the individual was connected and the outcome of that connection.