

# Summary of Fourth Epic User Call

February 27, 2020

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 three 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 fourth call, hosted on February 27, 2020, with 55 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.

## Importing Data into CAREWare

Many attendees inquired how other users are extracting data from Epic and importing into CAREWare.

### Provider Data Import (PDI)

Some attendees were unaware of the PDI and its functions. The DART Team asked call attendees who use the PDI to provide insight on their experiences with it to inform other call attendees.

- An attendee stated that they are obligated to use CAREWare by their State Department of Public Health; their hospital uses Epic as their EMR. They have difficulties moving from one system to the other and have been using a separate Access database since the founding of their program. This MS Access database is used as a bridge between Epic and the Provider Data Import (PDI). DART inquired whether it is possible for this attendee to drop that database and start building reports via Epic. The attendee responded that although that is ideal it is not a possibility for their program.
- DART informed the call attendees that the PDI is an MS Access database that was developed by CAREWare and they map directly into CAREWare fields.
- An attendee stated that they worked with consultants to develop a system for them to be able to take data from Epic directly into the PDI. They went on to explain that their data is downloaded monthly and they generate reports that are used for quality improvement. That data is transformed by the PDI into a format that can be uploaded into CAREWare.
- Another attendee also used a consultant to build a data import for them. Their import is available through MS Access and allows them to extract reports out of Epic that can be imported into the PDI template and then into CAREWare.
- You can access more information about the PDI and other modules to import data into CAREWare here: <https://www.jprog.com/wiki/Importing-data-into-CAREWare.ashx>.

### HL7

Another attendee inquired about CAREWare and HL7. DART answered that HL7 is an additional way to import data into CAREWare. Although DART is not familiar with the functionality of the HL7, users can post a question on the CAREWare listserv for more information. JProg is the developer of CAREWare also have resources on HL7 imports.

## Extracting Services out of Epic

DART inquired how attendees map services within Epic to Ryan White service categories. An attendee answered that they can do this by creating a system that is not based on CPT codes but based on a provider name. In other words, a provider name is assigned a service type and any service that provider renders is considered that service type. They further explained that the staff member who created this system has this process documented. DART informed attendees that any documentation of processes and best practices can be submitted through Epic's repository where providers can include resources and programming tools online. Epic users should consult with their agency Epic team for more information on this resource.

## Marketing RW at Your Clinic to Garner IT support

An attendee stated that they are part of a large medical center and although their caseload is small, they have been able to work effectively with their IT team. They advised other attendees to build close relationships with their Epic champions. They should also educate their IT on the Ryan White program to fill in any gaps in knowledge.

## Non-Quantitative Electronic Lab Reports

Another attendee stated that when they view their labs in Epic, they sometimes see non-quantitative values. As a result, an "other" field is being created. Another attendee has encountered the same problem and they have a staff member that changes this data manually. Regularly, they run a report to view missing labs. While running this report, they can access any scanned documents or non-quantitative results and follow-up with the lab to manually import those results. However, they stated that this doesn't happen often, but does with the different labs for their insured patients.

## Adding Data Fields in Epic

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

- An attendee stated that their flowsheets are similar to an impatient form in a hospital. However, there is only a limited number of rows in a flowsheet. They also use prepopulated Smart Forms that were built according to their preferences and are mapped to specific data elements.
- An Epic representative advised that flowsheets will be easier for a build team to set up than Smart Forms. The Smart Forms look like a website as opposed to flowsheets that look more like Excel. The flowsheets are better unless you need a more complex format, pictures, etc.
- Furthermore, Smart Forms have more dynamic formatting where users can highlight and expand and collapse fields, but they are harder to fill out. Smart Forms should not be the first choice because they are generally used for data elements such as a physician entry or a procedure note.