

# Summary of Second Epic User Call

August 8, 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 second call, hosted on August 8, 2019 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.

## Analytical Tools

### Clinical HIV Registry

Part of the discussion focused on strategies for utilizing the clinical HIV registry option in Epic as an analytical tool.

#### **What is the HIV registry:**

- On the last call, one clinic indicated that the HIV registry within Epic facilitates 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.
- Another attendee stated they use the HIV registry to generate retention reports and other quality indicators for HIV care. They are in the process of developing quality dashboards for HIV care to display results. With these dashboards, providers can see how they are performing on key metrics both for their panel and compared to other department statistics.

#### **Tips for creating the registry:**

- Epic has a foundational system that contains the registry with defined metrics. The registry must be configured, with a lot of manual labor, to the clinic's local environment.
- An attendee advised that it is beneficial to have an employee who works for the HIV program with the skillset that will allow clinics to build the dashboards internally. If not, clinics can work with their larger IT program to configure it. However, it is best to start with someone who knows how to execute this kind of work and has experience working with registries. With some clinician validations, a clinic can possess a solid registry with the ability to pull basic reports.
- Another attendee indicated 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.
- One community health center, an OCHIN client, stated they can use the HIV registry, but they can't change it.

## Other Reporting Tools

One clinic reported that Epic divides reports into two main categories: analytics reporting and clinical operations reporting. Analytics reporting is based on data warehouses (Clarity and Caboodle) behind the

scenes. Clinics are encouraged to use Caboodle which is a streamlined data model to make it easier to do standard reports. However, Caboodle requires people to have access to and know the data model and know how to write queries. The Epic model is that they give you the general tools they think will have high impact for everyone and each user will customize them. However, if a user were to request for customization, Epic will encourage them to consult their IT department. If changes are made, there are not shareable across sites because each site has its own lab names and it will have to change the report to fit their local context.

## Performance Measures

There was a brief discussion about how users are using Epic to conduct analytics on performance measures.

- An attendee reported using as many tools as they can to get data and create queries, put them into Excel, analyze the data, and making organized tables for their quality improvement and management team.
- Another attendee reported that they receive monthly extracts from Epic from their institution's analytics institute. These extracts then get imported into CAREWare to run reports on the backend and create the RSR.

## Creating the RSR

### How Users Track RSR Services

With the changes to the RSR, clinics will now have to report the number of support services. With that said, there was a discussion about best practices in tracking services per visit.

- A community health center has a small patient population, so it is easy to manually track services, but as their patient population grows, it is important for them to know how services can be tagged as something exportable for the RSR.
  - Their current solution is to use patient contacts in the notes, a structured data field, to track services. With this solution, a provider can document patient touches and the analyst can pull the data to report. This is easier for them because they have specific days that they treat HIV clients and data can be pulled for those days.
  - This health center reported that they will ask OCHIN to include RSR specific types of patient touches and match them to the services they have to report.
- Another attendee stated that they have a lot of analysts to do the manual process of using Excel with agreed-upon parameters to filter. In other words, they export all service for clients with HIV in excel and filter based on what they want to report.
- Most attendees reported using the same form of manual process to track services but are continuing to think of innovative ways to track and get accurate data for the new reporting requirements in the RSR.

### Epic RSR Module

Users also discussed the RSR export feature in Epic. The 25-minute demo in Epic provides a tutorial on using the module and attendees reported that it seems as if a patient case is being recreated in Epic. Some of the data is pulled in and remains constant while other data (e.g., labs and medications) change every year and needs to be manually input.

This was briefly discussed on the last call as 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 would require additional resources.

- One clinic indicated that they had looked into the RSR module in Epic and deemed it not useful for them because this module only creates the RSR report and they have multiple streams of Ryan White funding and must report to various entities.
- Attendees agreed that the module can be useful for clinics who only execute the RSR report and have a small number of patients, but with a larger number of patients, it is a labor-intensive process.
- Just as the previous call, some attendees indicated that they would continue their process because using this module would be labor-intensive in terms of IT and finances.

## TRAX

Based off of the feedback from an attendee who used CAREWare for RSR creation, it was advised that they can use TRAX, an application that accepts .CSV files as input and converts those data to the XML file. An attendee indicated that they get data out of Epic through Clarity, modify it to their needs, save it as a .CSV file, and import data into TRAX. The attendee advised that using CAREWare might not be the best method because individuals normally use CAREWare for medical case management and referrals and have to supplement details with Epic data. With that said, some of the services have to be done outside of Epic and using CAREWare might be an extra step.

## Using Shared Resources on the Epic Web Portal

An attendee indicated that most of what is shown on the web system is screenshots of flow sheets of where they put the data, but it doesn't explain how they build data sets or what the data look like in their system. Users can get general ideas, but there is still research that needs to be done in the local setting.