ECW CARE MANAGER DOCUMENTATION
# Table of Contents

Your eCW Schedule .................................................................................................................. 1
Update/Verify Demographics/Insurance in eCW .................................................................. 2
Documenting in HPI .................................................................................................................. 3
  Documenting Case Management ......................................................................................... 4
  Depression – Completing the PHQ9 Smart Form in HPI .................................................. 6
    PHQ9 - Print, Print Preview, Fax, Save and Close .............................................................. 8
Verifying Current Medications Listed in eCW ...................................................................... 11
Adding Medications in eCW .................................................................................................... 12
Editing and Verifying Medications in eCW .......................................................................... 13
Documenting and Verifying Medical History ....................................................................... 14
Documenting and Verifying Allergies ................................................................................... 15
Documenting and Verifying Social History in eCW .............................................................. 16
Examination: Documenting Diagnoses ................................................................................. 18
Examination: Documenting General Health Goals ................................................................. 20
  Barriers to Care .................................................................................................................. 21
  Risk Assessment .................................................................................................................. 22
  Med Reconciliation .............................................................................................................. 23
  Smoking Assessment .......................................................................................................... 24
ADL Katz Index ....................................................................................................................... 25
ED Utilization .......................................................................................................................... 27
Reason for Discharge ............................................................................................................. 28
Outgoing Referrals .................................................................................................................. 29
Attaching Documents to a Referral ......................................................................................... 31
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Referral with Attachments</td>
<td>34</td>
</tr>
<tr>
<td>Patient Education</td>
<td>36</td>
</tr>
<tr>
<td>Adding a Follow-up Visit</td>
<td>40</td>
</tr>
<tr>
<td>Printing the Visit Summary</td>
<td>42</td>
</tr>
<tr>
<td>Visit Summary Defaults</td>
<td>43</td>
</tr>
<tr>
<td>PCP Review – Fax the Provider (GHS Internal and External)</td>
<td>44</td>
</tr>
<tr>
<td>Fax Inbox in eCW</td>
<td>45</td>
</tr>
<tr>
<td>Printing Letters in eCW</td>
<td>48</td>
</tr>
<tr>
<td>CM Example Welcome Letter</td>
<td>50</td>
</tr>
<tr>
<td>Changing your Home Screen to the Office Visit Screen</td>
<td>51</td>
</tr>
</tbody>
</table>
YOUR eCW SCHEDULE

Log into eCW and click on the jellybean next to the S to get to your patient list.

Choose your Facility by using the Sel button.

Double click on the patient name to open the progress note and start documenting.

NOTE: The appointments you create in GE Centricity will flow over to the eCW schedule for you. Please see the GE Care Management document for details about scheduling appointments in GE.
**UPDATE/VERIFY DEMOGRAPHICS/INSURANCE IN eCW**

Click the Info button to the right of the Patient field. Fields marked with a red asterisk (*) are required fields.

Verify the patient’s correct insurance is listed. (This information does not always flow over correctly from GE Centricity).

**REQUIRED FIELDS:** Verify First and Last Name, Date of Birth, Sex, Responsible Party, Social Security, Release of Information and Rx History Consent.

**INSURANCE:** If the patient has Blue Choice or Blue Cross Blue Shield and it is not listed, you will add it using the Add button.

Click Ok.
**DOCUMENTING IN HPI**

Click the HPI hyperlink and the HPI window will open.
**DOCUMENTING CASE MANAGEMENT**

If Case Management is listed in bold in the HPI window as shown below, you are ready to start documenting. If not, find Case Management in your list and click on it.

- **Document:**
  - Patient Understanding
  - Reason for Visit
  - ED Hx
  - Pharmacy Information
Document for each Symptom listed as needed for your patient.

Click in this field (Notes) and the Structured Data window for Patient Understanding opens.

Click in each Value field to open up the drop down menu for each section you need to fill out for your patient.

Use the same steps as above to document any other sections pertinent to your patient: Reason for Visit, ED Hx: and Pharmacy Information.
**Depression – Completing the PHQ9 Smart Form in HPI**

If you are completing documentation on Depression for your patient, you must go to the Total Health category in HPI to complete the PHQ9 Smart Form. Click the + sign next to the Total Health category and click on Depression. Click in the Notes field and the PHQ9 Smart Form will open automatically.
Fill out the PHQ9 form using the checkboxes.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2) Feeling down, depressed, or hopeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Trouble falling or staying asleep, or sleeping too much</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Feeling tired or having little energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Poor appetite or overeating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Feeling bad about yourself or that you are a failure or have let yourself or your family down</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Trouble concentrating on things, such as reading the newspaper or watching tv</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Moving or speaking so slowly that other people could have noticed, or the opposite being so fidgety or restless that you have been moving around a lot more than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PHQ9 - Print, Print Preview, Fax, Save and Close

If you do not want to fax or print the form, just click Save and then click Close and you will get the popup listed below:

Message from webpage

Form Data Saved Successfully.

OK
The information you documented now shows in the Notes window. Close the window with the Red X.
The PHQ9 Depression Screening information is partially displayed on the note.

You can click on the Green link shown above to reopen the form or go to Patient Docs, where the Depression screen is stored in the Disability folder.
VERIFYING CURRENT MEDICATIONS LISTED IN eCW

Click the Current Medication hyperlink. (Current Medication is listed in the bottom half of the window).

Click the Cur Rx button and Click Select All. Click Ok.

Don’t worry if you have more meds to add or need to edit the way the med is listed, those steps will be described in the following pages.
**ADDING MEDICATIONS IN eCW**

Click the + Add button.

Make sure your Type field is set to All Rx or Multum Rx.

Use the Find field to search for the medication. Click on the Strength to add it to the Selected Rx field in the bottom of the window. Click OK. (If you need to make changes to the way this med is taken by the patient, you can do that in the next step.)

**Make sure you use a med from the list that has a ✓ next to it. This indicates that the drug will be checked for drug-drug, drug-disease, and drug-allergy interactions.**
**EDITING AND VERIFYING MEDICATIONS IN eCW**

To edit the way the patient is taking the medication, click twice in the column you want to edit. When you see the cursor in the field, backspace over what is currently listed, or when the words are highlighted blue, you can type over the words to edit.

If the patient reports that they have stopped a med, click in the Stop Date column and choose a date.

After you have edited, added and verified that all the meds are correct, you must click the Medication Verified checkbox. The following statement will be added to the documentation:

```
Click the Past Medical History button.
```

**Current Medication:**

- TYLENOL 325 mg tablet 2 tab(s) every 4 hours
- METFORMIN 850 mg tablet 1 tab(s)
  once a day (in the morning)

Medication List reviewed and reconciled with the patient
**DOCUMENTING AND VERIFYING MEDICAL HISTORY**

Add to the Medical History by clicking the Browse button for a dictionary of medical issues, or click the +Add button and type in the patient’s history.

Using the Browse button:

Click History Verified. Do not close this window yet as next we will document the Allergies, which is the bottom half of this window. (See next page).
**DOCUMENTING AND VERIFYING ALLERGIES**

To add Drug Allergies: Click the Browse Rx... button. Use the Find field. Click on the medication name to add it to the Selected Rx list on the right. Click Ok.

To add non-drug allergies: Click the + Add button. You will get a blue box with a drop down arrow as shown to the left. Click the drop-down arrow and choose Non Structured. You will get a popup stating that this entry will be excluded from automated drug-allergy checking. Click Ok.

Fill in the fields by free texting or clicking to the far right of each field to get a drop down menu of the most common choices.

Click **Allergies Verified**.

Close the window with the red X in the top right-hand corner.
**DOCUMENTING AND VERIFYING SOCIAL HISTORY IN eCW**

Scroll down and click on the Social History hyperlink. 

Click in the Details column next to Case Management Social History.
Click in the Care Plan Team Value field to add **Member Names**: Click in the Notes field and click on the participating team members. Click Ok.

There are several different types of structured data.

Some sections will only let you choose one answer. If there are multiple checkboxes available, you can make multiple selections.

There will be times when an answer to a question will prompt more questions to appear.

Some answers will require the use of the number pad.

You may be prompted to free text answers in the Notes section for some questions.

**Click Social History Verified** before you move on to the next section.

Click **Social History Verified**.

Close the window with the red X in the top right-hand corner.
EXAMINATION: DOCUMENTING DIAGNOSES

Click on the Examination hyperlink. Click on the + sign next to Case Management in the list on the left to show the list of diagnoses.

The following sections have to be documented:

Diagnoses of your patient:
- Asthma
- COPD
- Diabetes
- Heart Failure
- HTN
- Hyperlipidemia

General Health Goals

See the following pages for specific instructions.
Documenting Diagnoses

One at a time, click on a diagnosis in the left column to open the area to document. Add data by clicking in the Observation column and documenting the structured data for that diagnosis. **Repeat for each diagnosis!**
EXAMINATION: DOCUMENTING GENERAL HEALTH GOALS

Complete the necessary areas in General Health Goals:

- Barriers to Care
- Risk Assessment
- Med Reconciliation
- Smoking Assessment
- ADL Katz Index
- ED Utilization
- Reason for Discharge
**Barriers to Care**

Click in the Observation column next to Barriers to Care. Click in the Value field to document NO BARRIERS IDENTIFIED OR YES BARRIERS IDENTIFIED. Click Close.
**Risk Assessment**

Click on the Risk Assessment Observation field to document Risk level (1-4 with 1 being the highest risk and 4 being the lowest), the Rationale for the risk level, assessing goal progress compared to CM plan, and the method of care plan communication with patient. Click Close.
**Med Reconciliation**

Click in the Observation column next to Med Reconciliation. Click next to Pt. Ed. Current Medication to bring up the three structured data choices in the next window. Choose from Verified with Meds, Not Verified, or Verified (not on any meds). Click Close.
**SMOKING ASSESSMENT**

Smoking Assessment will be documented at each visit. Click in the Observation column next to Smoking Assessment. Click in the Value fields to fill out the Objectives. Click Close.
ADL Katz Index
Click in the Observation field. Click in the Value field to display the list of choices for the ADL assessment and the Katz Index Score. Click Close.
ADL Assessment: choose Independent or Total Dependence/Needs Assistance. If you choose Total Dependence/Needs Assistance, there will be more values to answer and they are mandatory (marked with a red asterisk). Total your “0”s and “1”s for the Katz Index Score.
ED UTILIZATION
Document the Objective under ED Utilization.
**Reason for Discharge**

Document the Reason for Discharge.
**OUTGOING REFERRALS**

Click on the **Treatment** hyperlink. Click on the Outgoing Referral button.
Complete the following fields: Ref To Provider and/or Specialty, Appt. Date and Time, Reason, and Assigned To. To search for options to add to the fields, use drop-down menus or Sel and/or ellipsis (...) buttons.

**Assigned To:** If the office you are referring to is on eCW and you are 100% sure who the referral should be assigned to, you can use this field to assign it and it will go to their R jellybean. Otherwise, you will fax the referral to the PCP.

***The Referral will be left open until the Consult Report is received back from the PCP.

Clicking the Add button will add a blank line in the Reason field. Click in the Description field and type in CM- and the reason.
ATTACHING DOCUMENTS TO A REFERRAL
Attachments

Click the Attach button for each type of document to see the list of what documents are available. Click in the checkbox next to the items you want attached and click Ok.

![Lookup Encounters](image)
Click Ok. Click the Send Referral button.
**Fax Referral with Attachments**

Click Fax with Attachments.
The referral is populated with the provider name you chose in the Ref To field when you first created the referral. Copies can be faxed to additional recipients by using the CC Fax: field Browse button. Click Send Fax.

After you send the fax, click Ok on the Referral window and you will be back on the Treatment window.
**Patient Education**

To print patient education, click the OS (Order Set) icon in the top toolbar of the Treatment window.
Choose the diagnosis from the drop-down menu in the Order Sets window.
Scroll down to the Patient Education section on the right side near the bottom. Double click on the pdf file icon to print it for the patient.
Put a check mark next to each education topic you printed for the patient and click Order.

The patient education topics you choose and printed will populate into the Notes window of the Treatment section.
ADDING A FOLLOW-UP VISIT

You are now at the Treatment window. Click on the Billing button at the bottom.
Next we will learn how to print the note.

Click in the Follow Up field and type when you want the patient to return, or click on one of the choices below the field, such as 4W, 2M, etc.... If no follow-up is required, check the box for Follow up N/A.

Click in the Reason field and type in Care Management.

Click Close.

Close the window with the red X in the top right-hand corner.
PRINTING THE VISIT SUMMARY

Click the small button to the right of the Print button, and click on print Visit Summary.
**Visit Summary Defaults**

The following parts of the note should be the defaults that come up every time you click Print Visit Summary. If they are not, make sure the following are checked and click Save Options as my default. Click Print Preview. Click the printer icon in the top toolbar of the preview, choose a printer from the Print dialog box and click Print.
PCP REVIEW – FAX THE PROVIDER (GHS INTERNAL AND EXTERNAL)

Click the Fax button at the bottom of the Progress Note.

Use the Browse button to the right of the Name field. If the provider’s name and fax number are in the database, the information will populate into the field for Name and fax number. If necessary, you can free text this information in. Click Send Fax button at the bottom of the Fax Preview window.
**Fax Inbox in eCW**

Click the D drop-down menu. Click Fax Inbox.

Right click the fax (you will be able to verify the patient name in the top window). Click on Attach to Consult Notes.
Search for your patient field. Highlight the line and click Ok.

Click the Consult Notes folder and use the Document Name field using this naming convention: CM (Date of note) and PCP SIGN-OFF. Click Ok.
Click Reviewed and Ok on this window.
**PRINTING LETTERS IN eCW**

Either use Patient Lookup (little blue man), or the drop-down next to the Little Blue Man to find your patient/ **open the Patient Hub.** (The drop-down arrow next to Patient Lookup will hold the names of the last five patient charts you have accessed.)

Click the Letters button at the Patient Hub.

Click the ellipsis button. (We will only be using the bottom section of this window, so that is all we are displaying in this screen shot)

Type cm in the field as shown to the left. Highlight the letter you want to run. Click Ok.
The letter name you chose should show up in the second field. Click Run Letter(s).

The letter may open up automatically, or the Microsoft Word icon will turn orange in the bottom tray of your computer screen as shown below. Click on the icon to open the letter, edit, and print.

Always click Yes to the popup message shown.
CM Example Welcome Letter

Monday, September 30, 2013

DANIELLE TEST
GREENVILLE, SC 29605

Dear Danielle,

Welcome to the Intensive Community Care Management program! This program is a collaboration with your Doctor to help you take control of your chronic disease. Today, you have taken the first step to feeling better.

The Intensive Community Care Management Program works with you to make your health goals reachable. Your Physician and Nurse Care Manager will work closely with you to teach you how to take better care of your chronic disease(s) so you can live a longer, healthier life. Examples of chronic diseases are Diabetes, High Blood Pressure, High Cholesterol, Heart Failure, Asthma and/or COPD.

Today you made goals with your health care team. These goals will help you take better care of your health. Your Nurse Care Manager, Anita, will call you to talk about your goals and answer any questions you have.

Attention! If you are sick or in pain for more than 1-2 days call your doctor at (864) to make an appointment. After hours, call to talk with the doctor on call.

We look forward to working with you to help you feel better and meet your goals.

The chart below will need to be customized for each office.

<table>
<thead>
<tr>
<th>Your Total Health Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine Clinic (864) 435-5048 Doctor on Call (864) 435-7000</td>
</tr>
<tr>
<td>Hours: Monday-Friday 8am - 4:00pm Hours: Daily after 4:00pm, Weekends &amp; Holidays</td>
</tr>
<tr>
<td>Tracy (Manager) (864) 435-0013 Leslie (Nurse Case Manager) (864) 435-8508</td>
</tr>
<tr>
<td>Joyce (Nurse Case Manager) (864) 422-4567 Melissa (Social Worker) (864) 422-8107</td>
</tr>
<tr>
<td>Hours: Monday-Friday 8am - 4:30pm</td>
</tr>
</tbody>
</table>

Sincerely,


Print the letter, close it and do not save it.
CHANGING YOUR HOME SCREEN TO THE OFFICE VISIT SCREEN

File/Settings/My Settings
User Settings Tab/Office Visits Home Screen

Under the User Settings Tab, change the drop down to Office Visits. Click Ok. Log off and back on.