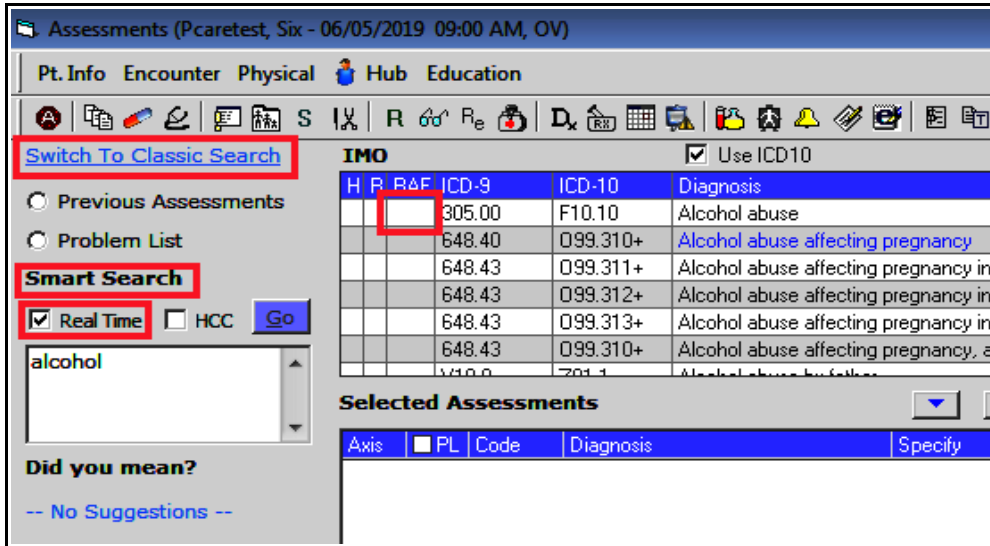
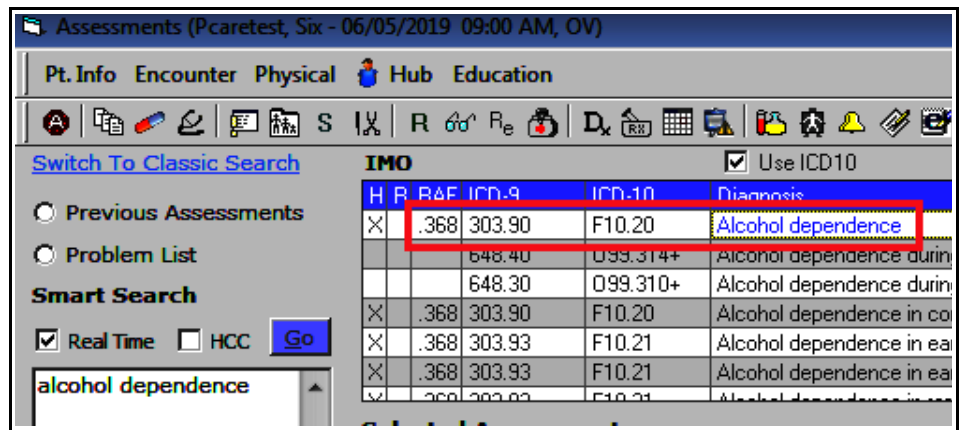


Entering an Assessment/Diagnosis in ECW 11

“Smart Search” is by far the easiest way to find the right ICD10 code for you assessment. If you find yourself in a screen that looks very different, you are likely in “Classic Search” - just switch back to “Smart Search”. I prefer real time searches, though when ECW gets very slow, it is quicker to uncheck this box and hit “Go” after entering your search word.



Pay attention to RAF scores – the higher the RAF score, the more money Prima CARE gets to care for the patient in the managed care plans. Notice that changing the diagnosis from alcohol abuse to alcohol dependence adds a significant value of 0.368 to the RAF score. Other diagnoses that I have neglected to code in the past EVERY year that carry significant RAF scores include morbid obesity, cerebral palsy, amputations, ileostomy in place, gastrostomy in place, and colostomy care.



Specify Detail

Substance use status

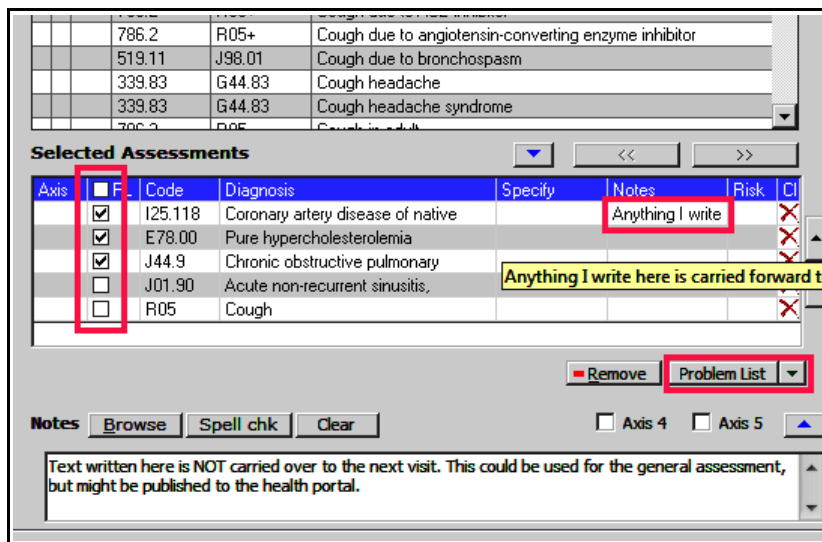
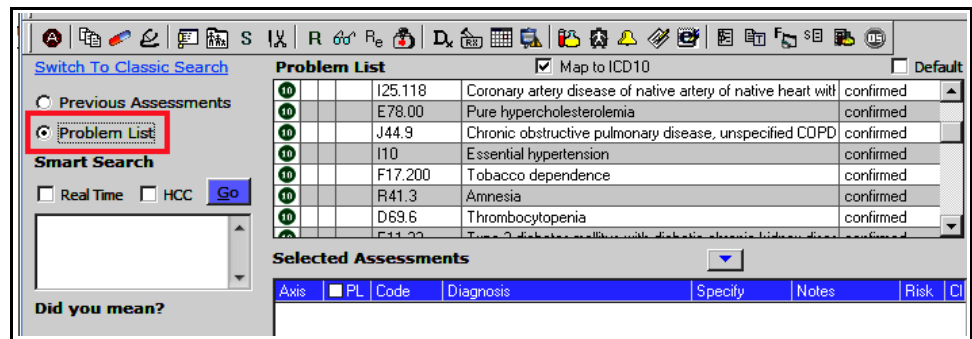
- uncomplicated
- in remission
- with intoxication
- in withdrawal
- alcohol-induced anxiety disorder
- alcohol-induced mood disorder
- alcohol-induced persisting amnesic disorder
- alcohol-induced persisting dementia
- alcohol-induced psychotic disorder
- alcohol-induced sexual dysfunction

Complication of substance-induced condition

- uncomplicated
- with delirium
- with perceptual disturbance
- with delusions
- with hallucinations
- with unspecified complication

Any diagnosis in blue needs further specificity – a box similar to the one on the left opens – click on the most accurate description of the problem and hit “OK”.

A simple time-saving tool is to use the problem list to populate the assessment. This is one good reason to keep the problem list accurate and succinct. “Previous Assessments” tends to be a long list of diagnoses – too long to be useful in my opinion.



“PL” stands for “Problem List”. A check mark in this box means either the problem is already on the problem list, OR that you have chosen a diagnosis that automatically populates the problem list. This last issue has resulted in problem list bloat in our charts – often, providers are not aware that they have added a problem to the problem list. For example, a diagnosis of paresthesia automatically populates the problem list, even though I personally would never add such a broad symptom to the problem list. If you uncheck the PL box in this screen – it doesn't matter – the problem

populates the problem list as soon as the diagnosis is dropped into the assessment screen. If you DO want to add a problem to the problem list, checking the PL box will accomplish this. Clicking on “Problem List” opens a separate problem list screen where additions and deletions can be made.

Some providers enter their assessment in the “Notes” section next to the diagnosis – but anything entered there is carried forward to all future notes. The next time anyone chooses coronary artery disease as a diagnosis, the prior assessment is also carried into their note. Please use the treatment section for both the assessment and plan.

As a general rule in ECW, anything called “Notes” is published to the health portal. So it is wise to avoid entering anything in a box labeled as “Notes” unless it is specifically meant as instructions or information for the patient.

Brad Kney, MD
July 24, 2019