# TouchWorks® EHR MEDCIN Transition Webinar

*Bringing next-level healthcare within reach*

September 19, 2024

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# Agenda

September 19, 2024

01 Why Medcin
*Jeanne Armstrong, Chief Medical Officer*

02 Conversion Mapping
*Bob Taylor, Chief Product Strategist*

03 Conversion Process
*Jeanne Armstrong, Chief Medical Officer*

04 Q&A

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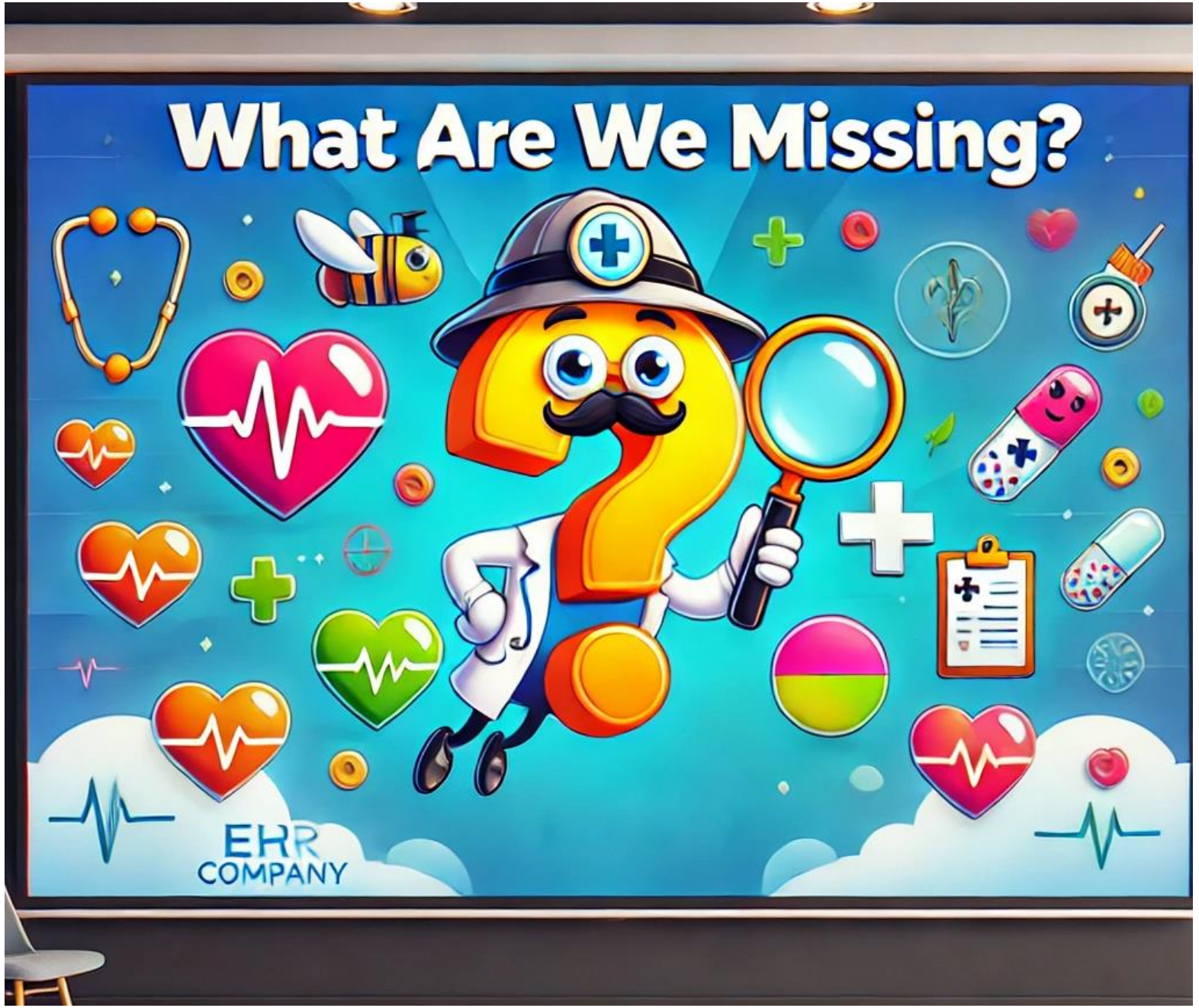


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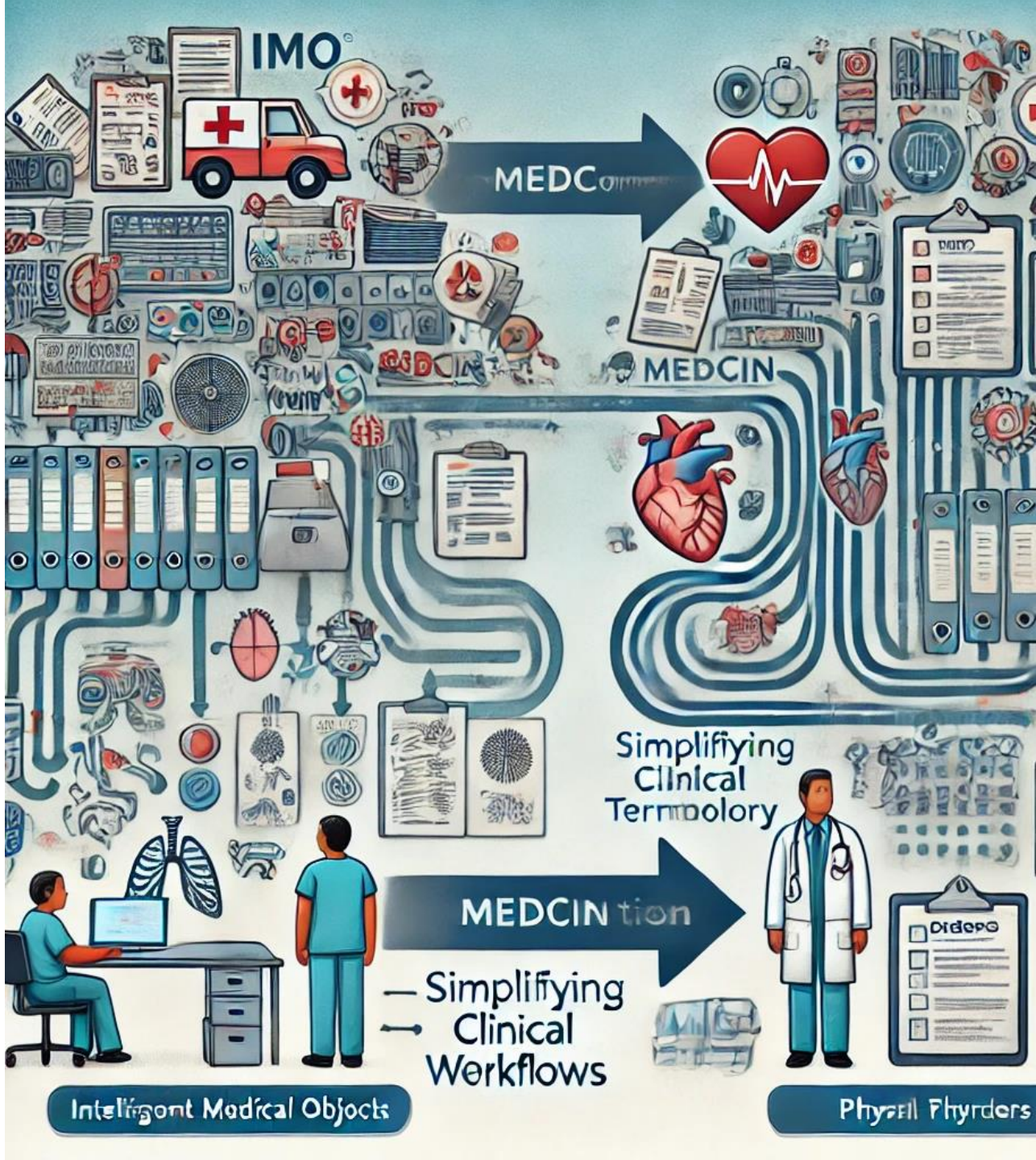
# Why are we transitioning to Medcin?

- MEDCIN Comprehensive Approach
- Codified Structured Documentation to support streamlined product workflows and Enhanced AI
- Long-term Benefits: Enhanced documentation, reduced inefficiencies, and regulatory readiness.
- Consolidating Vendors: Streamlining operations by reducing the need for multiple vendors
- Unrealized benefit of clinical and patient friendly IMO terms

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# Quippe Clinical Knowledge Graph™

- S Symptoms
- H History
- P Physical Examination
- T Tests
- D Diagnoses, Syndromes & Conditions
- R Therapy

This illustration represents only a subset of linkages to these three diagnoses within the Quippe Clinical Knowledge Graph™

# Enhancing Clinical Workflows and Preparing for the Future

- Medicomp
  - Quippe
  - Medcin
- https://medicomp.com/

Medcin provides a comprehensive clinical information model

Medcin goes beyond problem terminology.

Supports a Range of Domains: Diagnosis, social/personal history, orders, testing, therapy, HPI and more.

Interconnected Solutions: Reduced inefficiencies and enhanced reportability across clinical workflows.

- Reducing Double Documentation

Support for Evolving Regulatory Requirements

- Meets USCDI & Social Determinants: Easily handles evolving data sets.
- Built-in regulatory support to address future needs faster and more efficiently.

Structured Documentation to best support AI tools for streamlined workflows.

Tools such as calculations, questionnaires/assessments; growth charts, CQM support

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# Challenges of Change

- Conversion of instance data and Admin problems
- Temporary Disruptions - User ad-hoc conversion upon assessment, worse in the first 6 months
- User Learning Curves: Search rules and techniques
- Adapting to New Workflows

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# Is it worth it?

Future-Ready Compliance

Streamlined Workflows for Your Team

Prepare for AI-Driven EHR Enhancements

Creating a foundation for sustainable improvements in patient care and regulatory readiness long term

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# Problem Conversion, What to expect?

- Upon upgrade to 2025.1 or higher, transition of problem domains to Medicomp MEDCIN terminology

- Using a TouchWorks delivered map of IMO to MEDCIN terms the system will convert:
- Patient instance data
  - Patient problems with a status of ‘Active’ or ‘Resolved’
  - Patient Problem List Categories:
    - Active Problems
    - Past Medical History
    - Social History
    - Family History
    - ?? Surgical History
- Administrative Problem Build Data
  - ACI Problem Favorite Lists (Specialty & User)
  - CareGuide templates – Problem Linkages
  - HPI Problem NoteForms – Problem Linkages
  - Flowsheets – Problem Linkages
  - Quicksets
  - Charge: Diagnosis Favorite Lists
  - Charge: Diagnosis Subgroups
  - Charge: Exploding Sets

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We need
YOU!

# Problem Conversion SIG

- We need you and your data!

Looking for 10 clients

Weekly to bi-weekly meetings x approximately 2 months

Help review mapping use cases

Client instance and admin problem data to help test mapping

Validate mapping rules and best practices

Please email Jeanne.Armstrong@alterahealth.com or george.chauvin@alterahealth.com to learn more or volunteer

Informatics or problem domain experience is plus

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# Mapping Discussion and Demo

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# IMO Problem Mapping to Medcin

Map All | Save | Previous | Page 1 | Next

| ContentUID | TotalCount | PreferredTerm | MedcinCode | MedcinTerm | MappingStatus |
|---|---|---|---|---|---|
| 4F33E943-457D-4CD8-9669-3B6F050F8663 | 81022 | Allergic rhinitis due to pollen | 39929 | Allergic rhinitis due to pollen | Correct |
| 2FC2BE5C-DDA7-E411-9473-005056C00008 | 80303 | Encounter for pre-operative examination | 141068 | Visit for preoperative exam | Correct |
| 4461A3F9-4047-4429-B99E-8A22D4532FB9 | 79692 | Diabetes mellitus | 30479 | Diabetes mellitus | Correct |
| 2C7FDFE1-1C74-48DD-B1EA-5844A8605473 | 74698 | Essential hypertension | 33291 | Essential hypertension | Correct |
| E4EFAD99-9196-45E3-8946-AB64FA761FB5 | 73912 | Acute bronchitis | 32890 | Acute bronchitis | Correct |
| 04E16CFD-4744-49AA-9578-B55DCA12E975 | 71903 | Asthma | 32881 | Asthma | Correct |
| 910B0305-711B-4764-AC94-9D0473411928 | 70828 | Non-smoker | 129187 | Current nonsmoker | Correct |
| 9B066D7B-CC56-4BE1-8ECE-D1704B5B5260 | 70464 | Former smoker | 3842 | Former smoker | Correct |
| 39B0215B-E117-474D-953E-203D560B74E5 | 69100 | Obesity | 33649 | Obesity | Correct |
| 40A01B44-27C7-46FB-9B4A-67DB48EE7B16 | 68926 | Former smoker | 3842 | Former smoker | Correct |
| 1239AABC-8B5A-4DDB-BE20-49632107B3F6 | 65155 | Allergic rhinitis due to other allergen | 30791 | Allergic rhinitis | Correct |
| 40F65C5A-3610-E611-8A5D-0026B959ADA5 | 63855 | Encounter for screening for malignant neoplasm of colon | 112277 | Visit for screening exam for malignant neoplasm of colon | Correct |
| 08C5BD3E-9DA1-E611-AB9B-0026B959ADA5 | 62137 | Stage 3 chronic kidney dise | 276287 | Chronic kidney disease stage 3 | Correct |
| 3DEA8F50-1C88-4AD9-8ECC-BFB16EF5B54C | 53875 | Dyslipidemia | 312437 | Dyslipidemia | Correct |
| 765102E1-A0CE-4525-AD16-F674440BFF68 | 53845 | Arthralgia of multiple sites | 276361 | Arthralgias of multiple sites | Correct |
| ED2[illegible]5D-DDA7-E411-9473-[illegible] | 53169 | Degeneration of intervertebral disc of lumbar region | 34436 | Degeneration of lumbar intervertebral disc | Correct |

## Asthma

**IMO GUID:** 04E16CFD-4744-49AA-9578-B55DCA12E975

**ICD-10 Code:** J45.909|Unspecified asthma, uncomplicated

**Medcin Code:** 32881

**Medcin Term:** asthma

**Medcin ICD-10:** J45.90: Unspecified asthma (SameAs), J45.998: Other asthma (BroaderThan), J
(SameAs), J45.99: Other asthma (BroaderThan), J45.9: Other and unspecified asthma (BroaderTh
Family history of asthma and other chronic lower respiratory diseases (NarrowerThan)

**Prefix:**

**Mapping Relationship:** SameAs

**Map Status:**
- (•) Correct
- ( ) Incorrect
- ( ) Uncertain

**Missing Concept:** ☐

**Need Review:** ☐

**Record Reviewed:** ☑

**Comments:**

Save Changes | Mark as Reviewed / Next | No mapping found

of Robert

Type here to search 75°F Mostly cloudy

# Conversion Process

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# Conversion Process

- What are we missing?
- What should be different this time, ex HCC codes given priority

- Utilize the mappings data to convert both patient problem lists (instance) and admin build data
- Convert all problem-based admin data during upgrade
- Convert patient problem lists (instance) data
  - Job can be scheduled to run and the duration determined.
- Builds a ‘Queue’ of patients to convert
  - Patients with upcoming appointments (i.e. 7 days in the future)
  - Patients who are most frequently seen within the office (i.e. most number of encounters)
  - Patient Backlog
- Log all the patient problem list and build data that was converted for audit purposes

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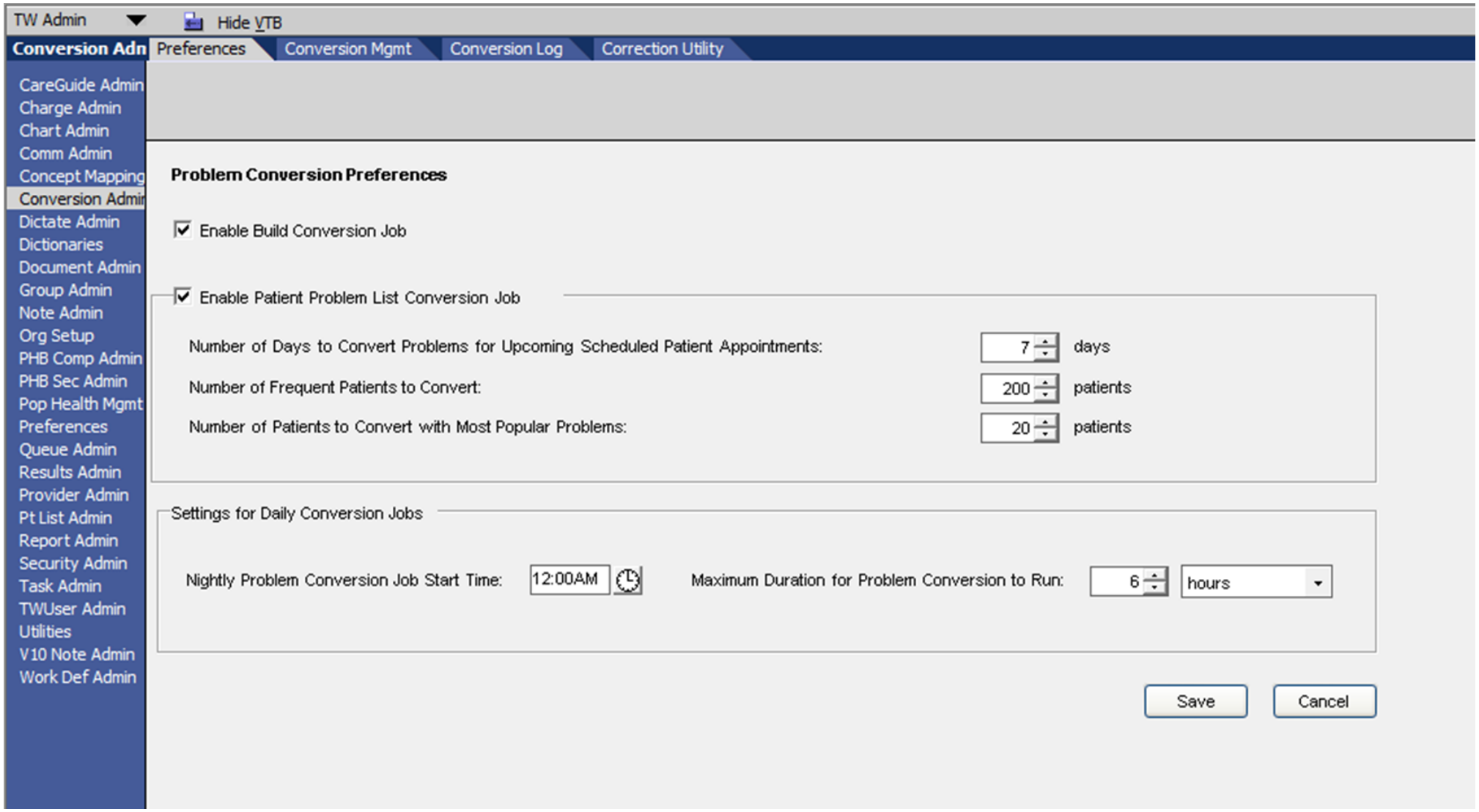
# Conversion Admin Tool

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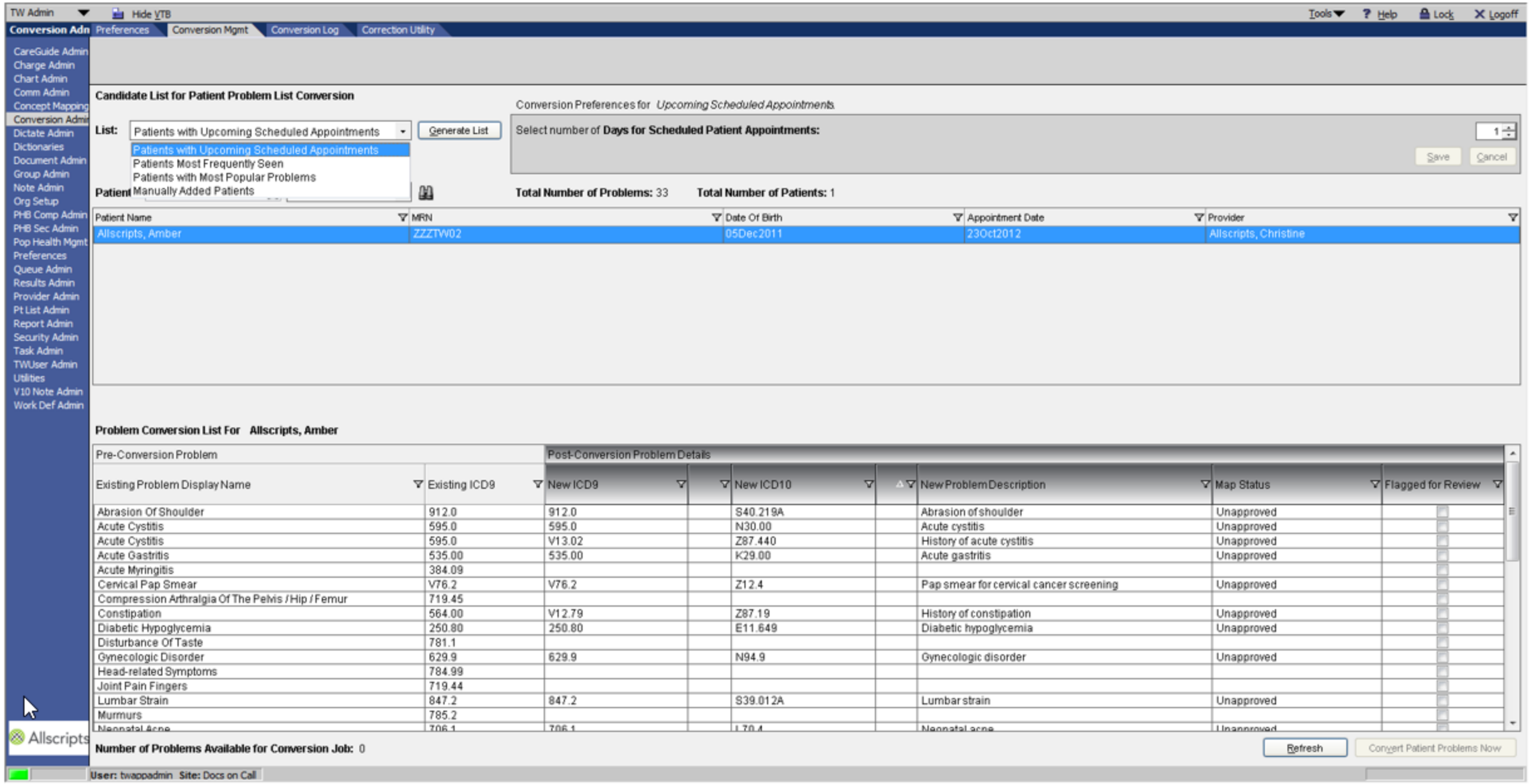


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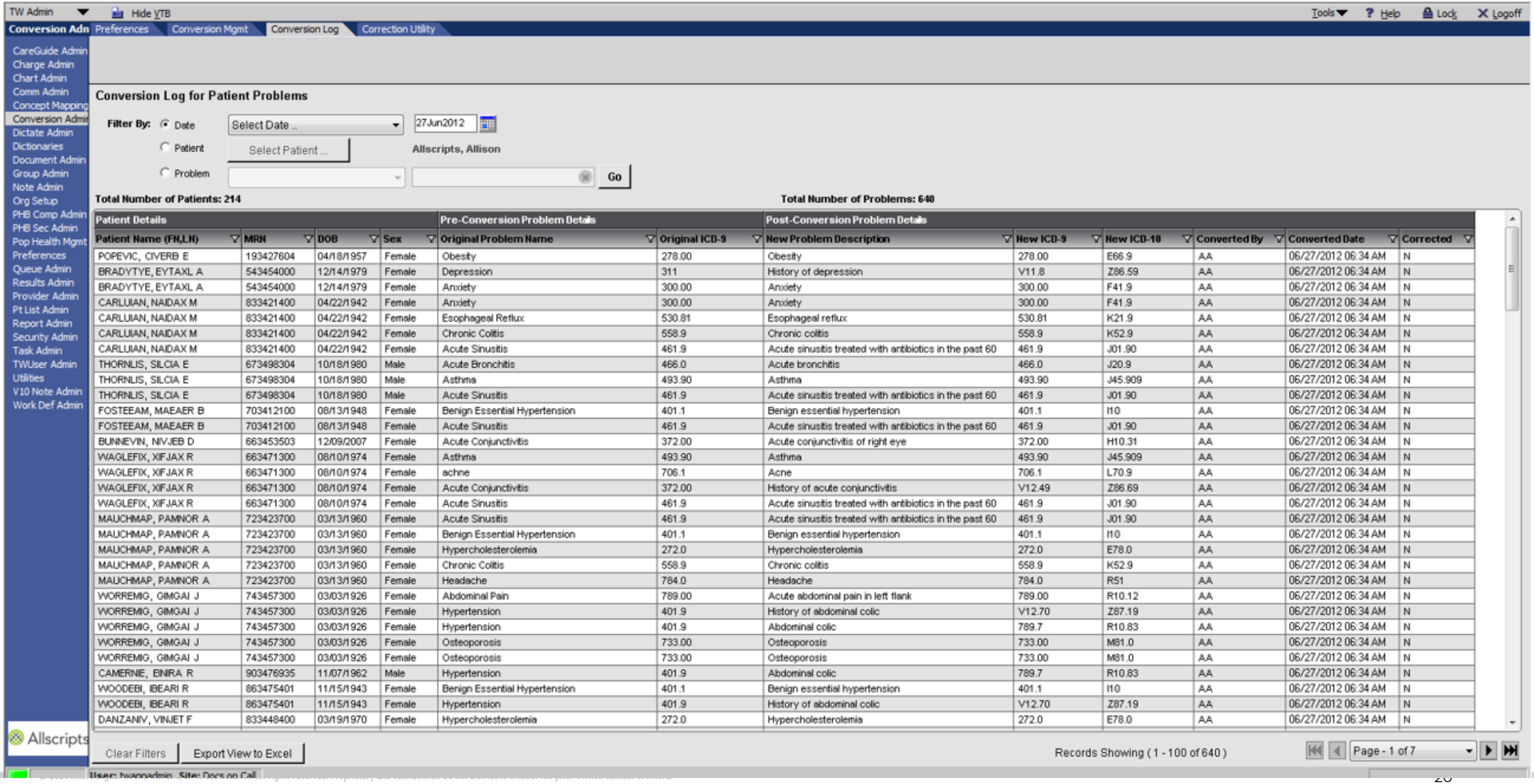
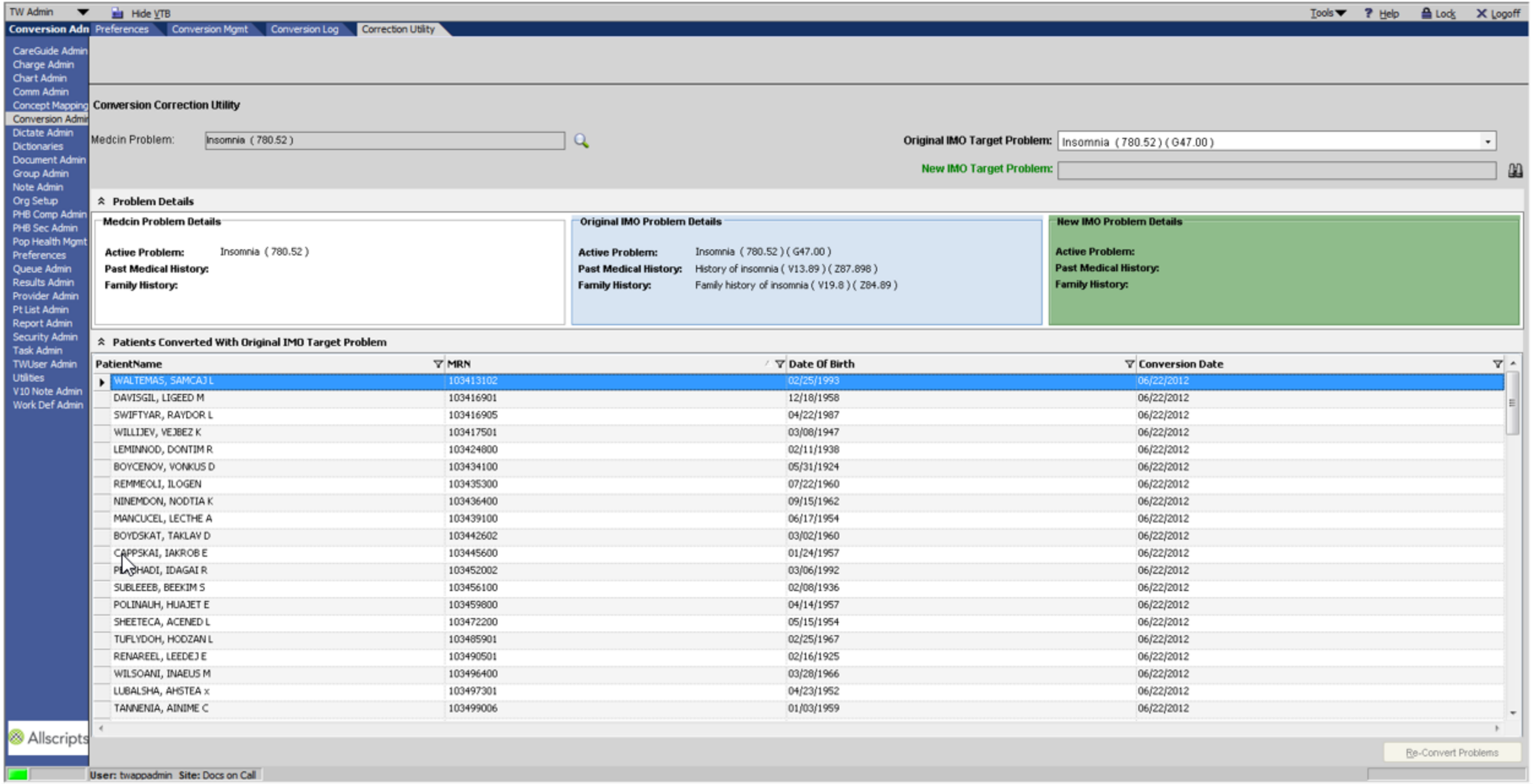

TW Admin
Hide VTB
Tools
Help
Lock
Logoff
Conversion Adn
Preferences
Conversion Mgmt
Conversion Log
Correction Utility
CareGuide Admin
Charge Admin
Chart Admin
Comm Admin
Concept Mapping
Conversion Admi
Dictate Admin
Dictionaries
Document Admin
Group Admin
Note Admin
Org Setup
PHB Comp Admin
PHB Sec Admin
Pop Health Mgmt
Preferences
Queue Admin
Results Admin
Provider Admin
Pt List Admin
Report Admin
Security Admin
Task Admin
TWUser Admin
Utilities
V10 Note Admin
Work Def Admin
Conversion Log for Patient Problems
Filter By:
Date
Select Date ..
27Jun2012
Patient
Select Patient ...
Allscripts, Allison
Problem
Go
Total Number of Patients: 214
Total Number of Problems: 640
Patient Details
Pre-Conversion Problem Details
Post-Conversion Problem Details
Patient Name (FN,LN)
MRN
DOB
Sex
Original Problem Name
Original ICD-9
New Problem Description
New ICD-9
New ICD-10
Converted By
Converted Date
Corrected
POPEVIC, CIVERB E 193427604 04/18/1957 Female Obesity 278.00 Obesity 278.00 E66.9 AA 06/27/2012 06:34 AM N
BRADYTYE, EYTAXL A 543454000 12/14/1979 Female Depression 311 History of depression V11.8 Z86.59 AA 06/27/2012 06:34 AM N
BRADYTYE, EYTAXL A 543454000 12/14/1979 Female Anxiety 300.00 Anxiety 300.00 F41.9 AA 06/27/2012 06:34 AM N
CARLUIAN, NAIDAX M 833421400 04/22/1942 Female Anxiety 300.00 Anxiety 300.00 F41.9 AA 06/27/2012 06:34 AM N
CARLUIAN, NAIDAX M 833421400 04/22/1942 Female Esophageal Reflux 530.81 Esophageal reflux 530.81 K21.9 AA 06/27/2012 06:34 AM N
CARLUIAN, NAIDAX M 833421400 04/22/1942 Female Chronic Colitis 558.9 Chronic colitis 558.9 K52.9 AA 06/27/2012 06:34 AM N
CARLUIAN, NAIDAX M 833421400 04/22/1942 Female Acute Sinusitis 461.9 Acute sinusitis treated with antibiotics in the past 60 461.9 J01.90 AA 06/27/2012 06:34 AM N
THORNLIS, SILCIA E 673498304 10/18/1980 Male Acute Bronchitis 466.0 Acute bronchitis 466.0 J20.9 AA 06/27/2012 06:34 AM N
THORNLIS, SILCIA E 673498304 10/18/1980 Male Asthma 493.90 Asthma 493.90 J45.909 AA 06/27/2012 06:34 AM N
THORNLIS, SILCIA E 673498304 10/18/1980 Male Acute Sinusitis 461.9 Acute sinusitis treated with antibiotics in the past 60 461.9 J01.90 AA 06/27/2012 06:34 AM N
FOSTEEAM, MAEAER B 703412100 08/13/1948 Female Benign Essential Hypertension 401.1 Benign essential hypertension 401.1 I10 AA 06/27/2012 06:34 AM N
FOSTEEAM, MAEAER B 703412100 08/13/1948 Female Acute Sinusitis 461.9 Acute sinusitis treated with antibiotics in the past 60 461.9 J01.90 AA 06/27/2012 06:34 AM N
BUNNEVIN, NIVJEB D 663453503 12/09/2007 Female Acute Conjunctivitis 372.00 Acute conjunctivitis of right eye 372.00 H10.31 AA 06/27/2012 06:34 AM N
WAGLEFIX, XIFJAX R 663471300 08/10/1974 Female Asthma 493.90 Asthma 493.90 J45.909 AA 06/27/2012 06:34 AM N
WAGLEFIX, XIFJAX R 663471300 08/10/1974 Female achne 706.1 Acne 706.1 L70.9 AA 06/27/2012 06:34 AM N
WAGLEFIX, XIFJAX R 663471300 08/10/1974 Female Acute Conjunctivitis 372.00 History of acute conjunctivitis V12.49 Z86.69 AA 06/27/2012 06:34 AM N
WAGLEFIX, XIFJAX R 663471300 08/10/1974 Female Acute Sinusitis 461.9 Acute sinusitis treated with antibiotics in the past 60 461.9 J01.90 AA 06/27/2012 06:34 AM N
MAUCHMAP, PAMNOR A 723423700 03/13/1960 Female Acute Sinusitis 461.9 Acute sinusitis treated with antibiotics in the past 60 461.9 J01.90 AA 06/27/2012 06:34 AM N
MAUCHMAP, PAMNOR A 723423700 03/13/1960 Female Benign Essential Hypertension 401.1 Benign essential hypertension 401.1 I10 AA 06/27/2012 06:34 AM N
MAUCHMAP, PAMNOR A 723423700 03/13/1960 Female Hypercholesterolemia 272.0 Hypercholesterolemia 272.0 E78.0 AA 06/27/2012 06:34 AM N
MAUCHMAP, PAMNOR A 723423700 03/13/1960 Female Chronic Colitis 558.9 Chronic colitis 558.9 K52.9 AA 06/27/2012 06:34 AM N
MAUCHMAP, PAMNOR A 723423700 03/13/1960 Female Headache 784.0 Headache 784.0 R51 AA 06/27/2012 06:34 AM N
WORREMIG, GIMGAI J 743457300 03/03/1926 Female Abdominal Pain 789.00 Acute abdominal pain in left flank 789.00 R10.12 AA 06/27/2012 06:34 AM N
WORREMIG, GIMGAI J 743457300 03/03/1926 Female Hypertension 401.9 History of abdominal colic V12.70 Z87.19 AA 06/27/2012 06:34 AM N
WORREMIG, GIMGAI J 743457300 03/03/1926 Female Hypertension 401.9 Abdominal colic 789.7 R10.83 AA 06/27/2012 06:34 AM N
WORREMIG, GIMGAI J 743457300 03/03/1926 Female Osteoporosis 733.00 Osteoporosis 733.00 M81.0 AA 06/27/2012 06:34 AM N
WORREMIG, GIMGAI J 743457300 03/03/1926 Female Osteoporosis 733.00 Osteoporosis 733.00 M81.0 AA 06/27/2012 06:34 AM N
CAMERNIE, EINRA R 903476935 11/07/1962 Male Hypertension 401.9 Abdominal colic 789.7 R10.83 AA 06/27/2012 06:34 AM N
WOODEBI, IBEARI R 863475401 11/15/1943 Female Benign Essential Hypertension 401.1 Benign essential hypertension 401.1 I10 AA 06/27/2012 06:34 AM N
WOODEBI, IBEARI R 863475401 11/15/1943 Female Hypertension 401.9 History of abdominal colic V12.70 Z87.19 AA 06/27/2012 06:34 AM N
DANZANIV, VINJET F 833448400 03/19/1970 Female Hypercholesterolemia 272.0 Hypercholesterolemia 272.0 E78.0 AA 06/27/2012 06:34 AM N
Clear Filters
Export View to Excel
Records Showing ( 1 - 100 of 640 )
Page - 1 of 7
Allscripts
User: twappadmin Site: Docs on Call

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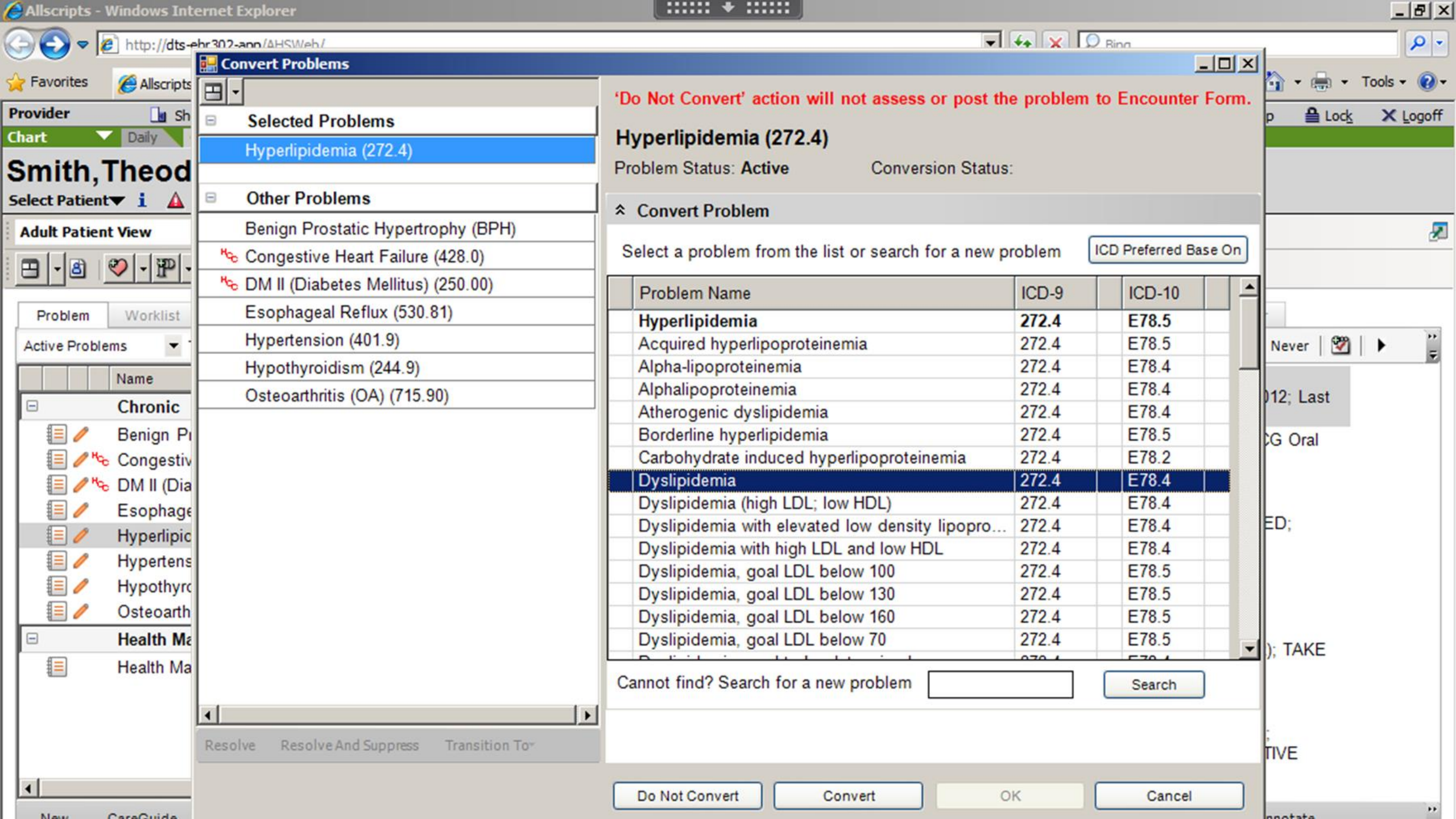
Allscripts - Windows Internet Explorer
Favorites
Allscripts
Provider
Chart
Daily
Smith,Theod
Select Patient
Adult Patient View
Problem
Worklist
Active Problems
Name
Chronic
Health Ma
Convert Problems
Selected Problems
Hyperlipidemia (272.4)
Other Problems
Benign Prostatic Hypertrophy (BPH)
Congestive Heart Failure (428.0)
DM II (Diabetes Mellitus) (250.00)
Esophageal Reflux (530.81)
Hypertension (401.9)
Hypothyroidism (244.9)
Osteoarthritis (OA) (715.90)
Resolve
Resolve And Suppress
Transition To
'Do Not Convert' action will not assess or post the problem to Encounter Form.
Hyperlipidemia (272.4)
Problem Status: Active
Conversion Status:
Convert Problem
Select a problem from the list or search for a new problem
ICD Preferred Base On
Problem Name
ICD-9
ICD-10
Hyperlipidemia 272.4 E78.5
Acquired hyperlipoproteinemia 272.4 E78.5
Alpha-lipoproteinemia 272.4 E78.4
Alphalipoproteinemia 272.4 E78.4
Atherogenic dyslipidemia 272.4 E78.4
Borderline hyperlipidemia 272.4 E78.5
Carbohydrate induced hyperlipoproteinemia 272.4 E78.2
Dyslipidemia 272.4 E78.4
Dyslipidemia (high LDL; low HDL) 272.4 E78.4
Dyslipidemia with elevated low density lipopro... 272.4 E78.4
Dyslipidemia with high LDL and low HDL 272.4 E78.4
Dyslipidemia, goal LDL below 100 272.4 E78.5
Dyslipidemia, goal LDL below 130 272.4 E78.5
Dyslipidemia, goal LDL below 160 272.4 E78.5
Dyslipidemia, goal LDL below 70 272.4 E78.5
Cannot find? Search for a new problem
Search
Do Not Convert
Convert
OK
Cancel

# Ad Hoc Conversion Dialog

Non-MEDCIN problems will need to manually “converted” by the user if problem is assessed

Former approach allowed user to map other items as well to aid in caring for patient who had not yet been converted and for unmapped problems

We are considering an ad-hoc wizard approach to aid in more efficient conversions for use cases where the patient’s problem have not yet been converted

What else would help ease the transition?

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# FAQs

- **We had MEDCIN before, switch off was painful, now you're going back, will this happen again?**
  - We learned a lot from that experience and are committed to ensuring a smooth transition
  - As you saw from Bob Taylors demo we have substantially better tools
- **If MEDCIN is such a benefit, why did we switch in the first place?**
  - At the time Allscripts desired a single problem vendor across all products.
  - V11 note had moved away from structured use of the MEDCIN hierarchy; Allscripts had initially invested in MEDCIN in the early phased on v10 but had never extended or used the concepts as their full informational model
- **Is there an additional cost?**
  - Terminology costs are covered by your maintenance costs.
  - Overtime we will amend client contracts to eliminate direct vendor items such as IMO as we roll the same fees into your base maintenance. Simplified billing!
- **What release can we expect this change?**
  - the conversion and transition are planned for 2025.1 so clients taking 2025.1 and higher adopt medcin problem terminology, release vehicle to be finalized soon

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# FAQs

- **Will this effect the current problems list and problem search functionality?**
  - With the initial release there will be some changes, such as the removal of the health maintenance problem placeholder (go head, cheer out loud!); ability to add problem terms that require additional information to generate a fully specified ICD code
  - Phased approach to problem list over 2025, be sure to attend our feature feedback sessions
- **How will this effect quality reporting?**
  - Low impact initially, improve long term
  - Problem value sets look to icd-10 and snomed terms, MEDCIN supports both; at minimum problems on our problem lists will require a snomed code
  - Converted problems are treated as “refined” TouchWorks, which means the problems details will persist when the linked problem entry is updated to the new term; this means metadata such as onset date, description, impression, etc will remain unchanged
- **How is this different than the v11.3 conversion?**
  - It is similar in that the conversion is required as we change terminology vendors; in 2012 the motivation was in support of the migration to ICD9 to ICD10.
  - In 2025 the conversion is motivated by the benefits of robust information model and the benefits Medicomp Quippe provides

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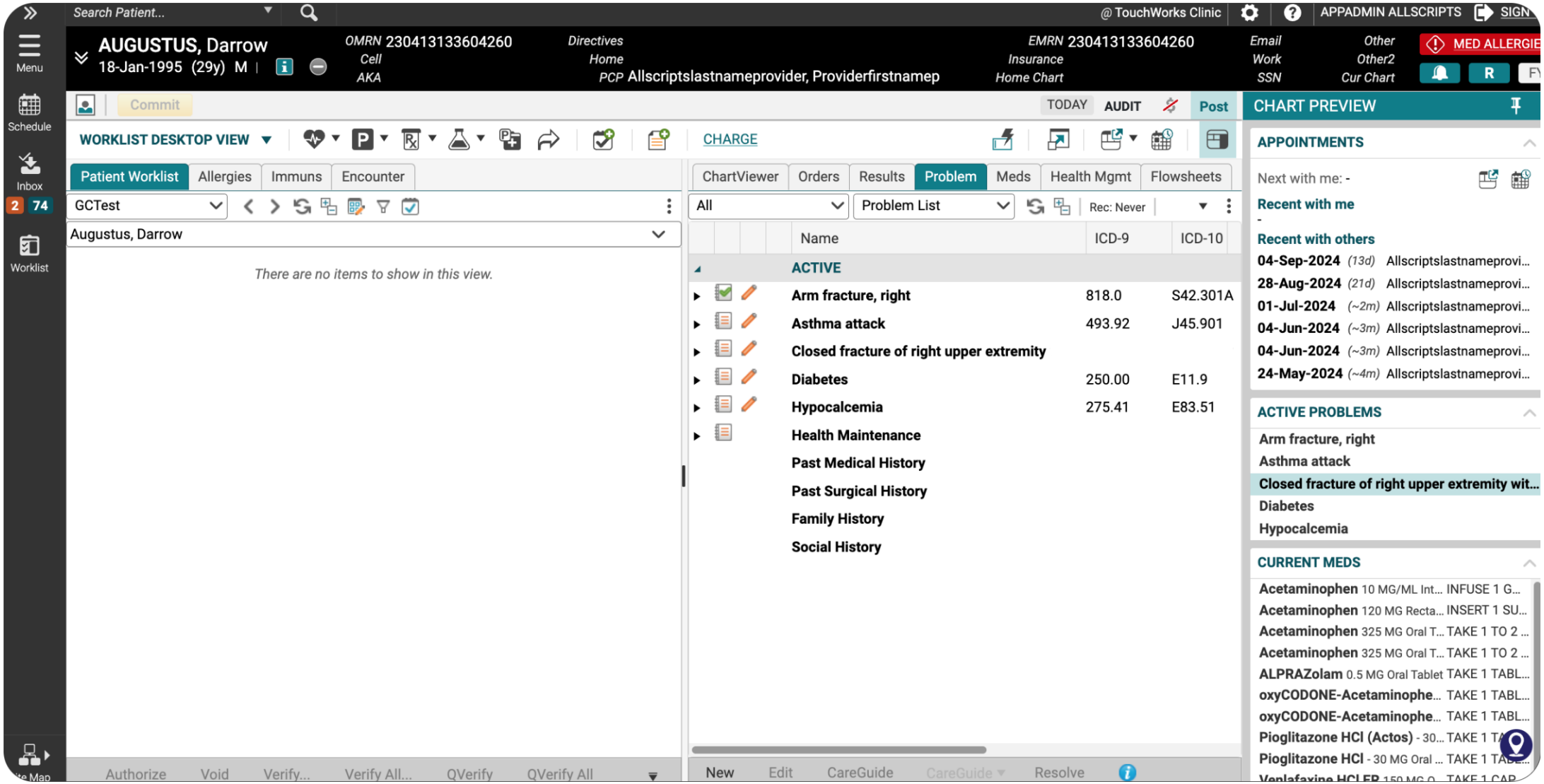


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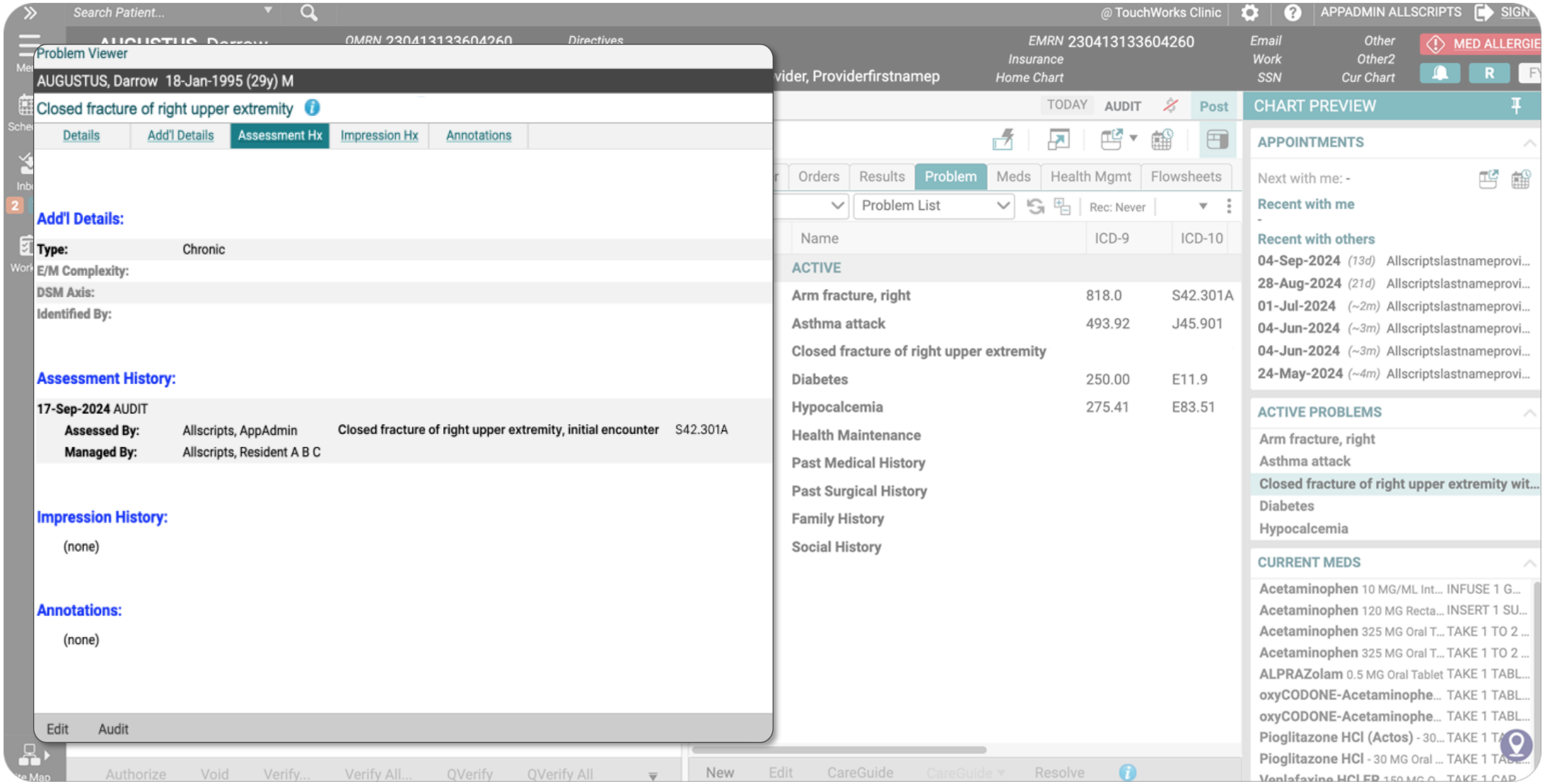


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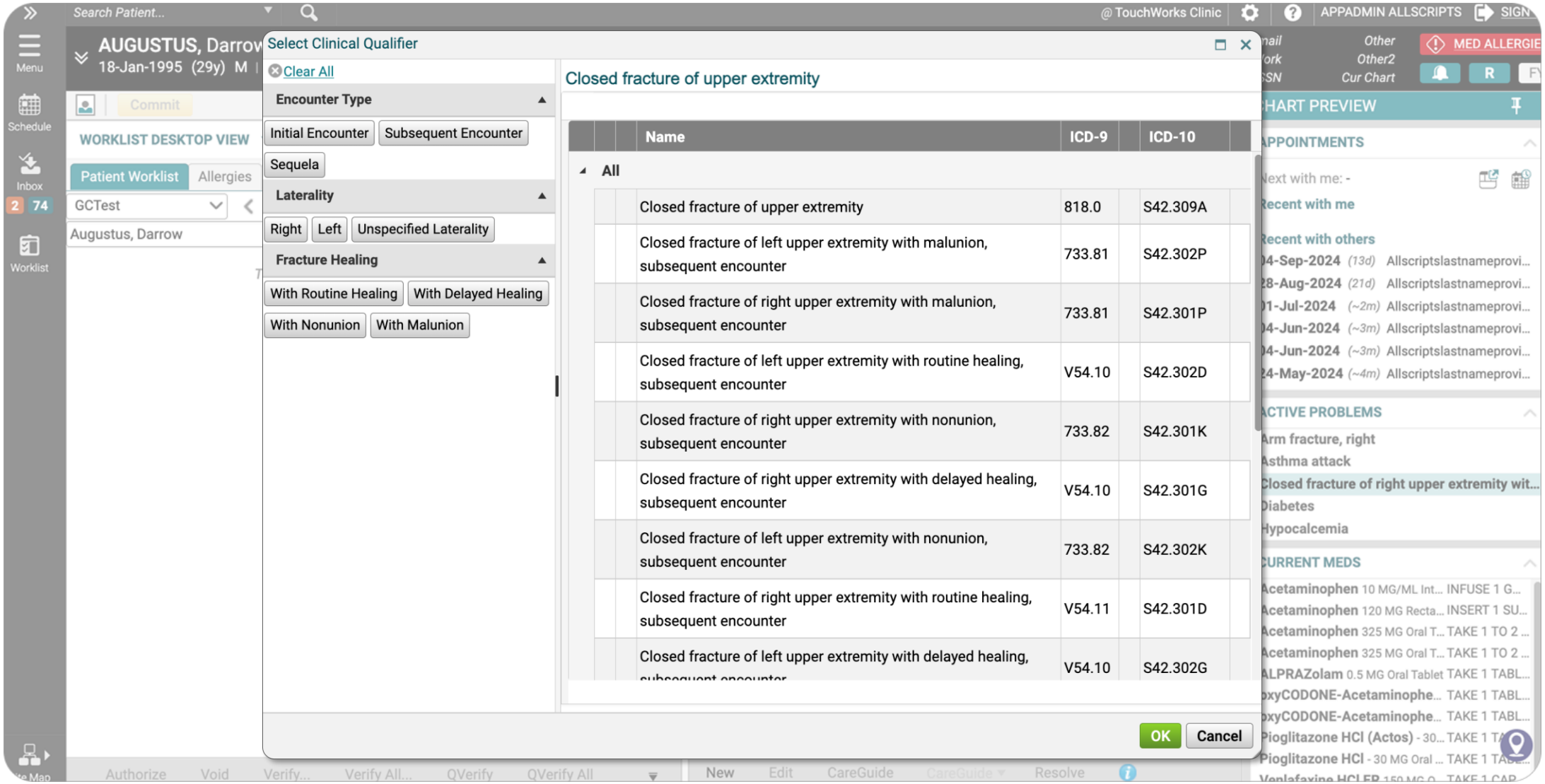


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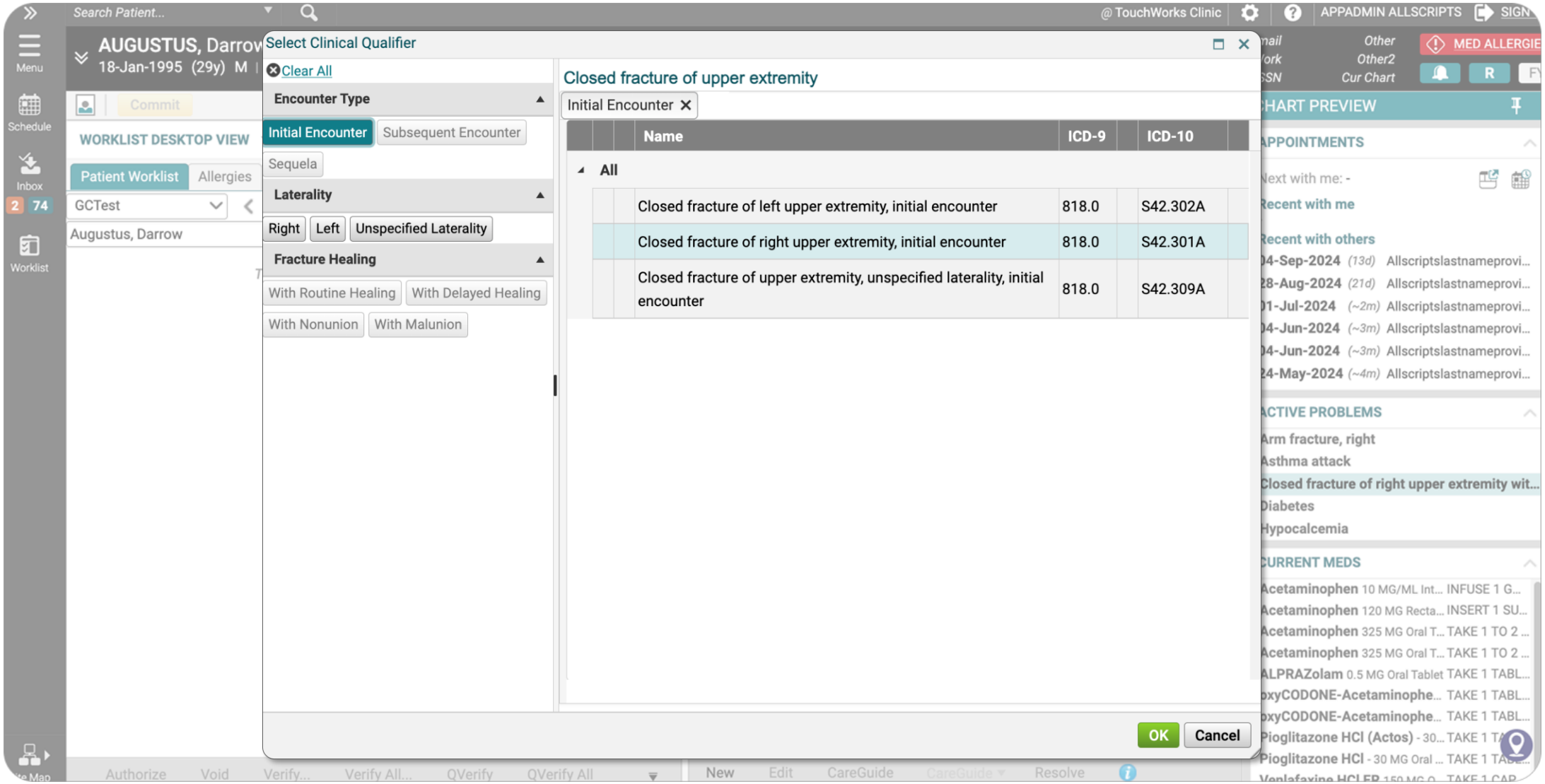


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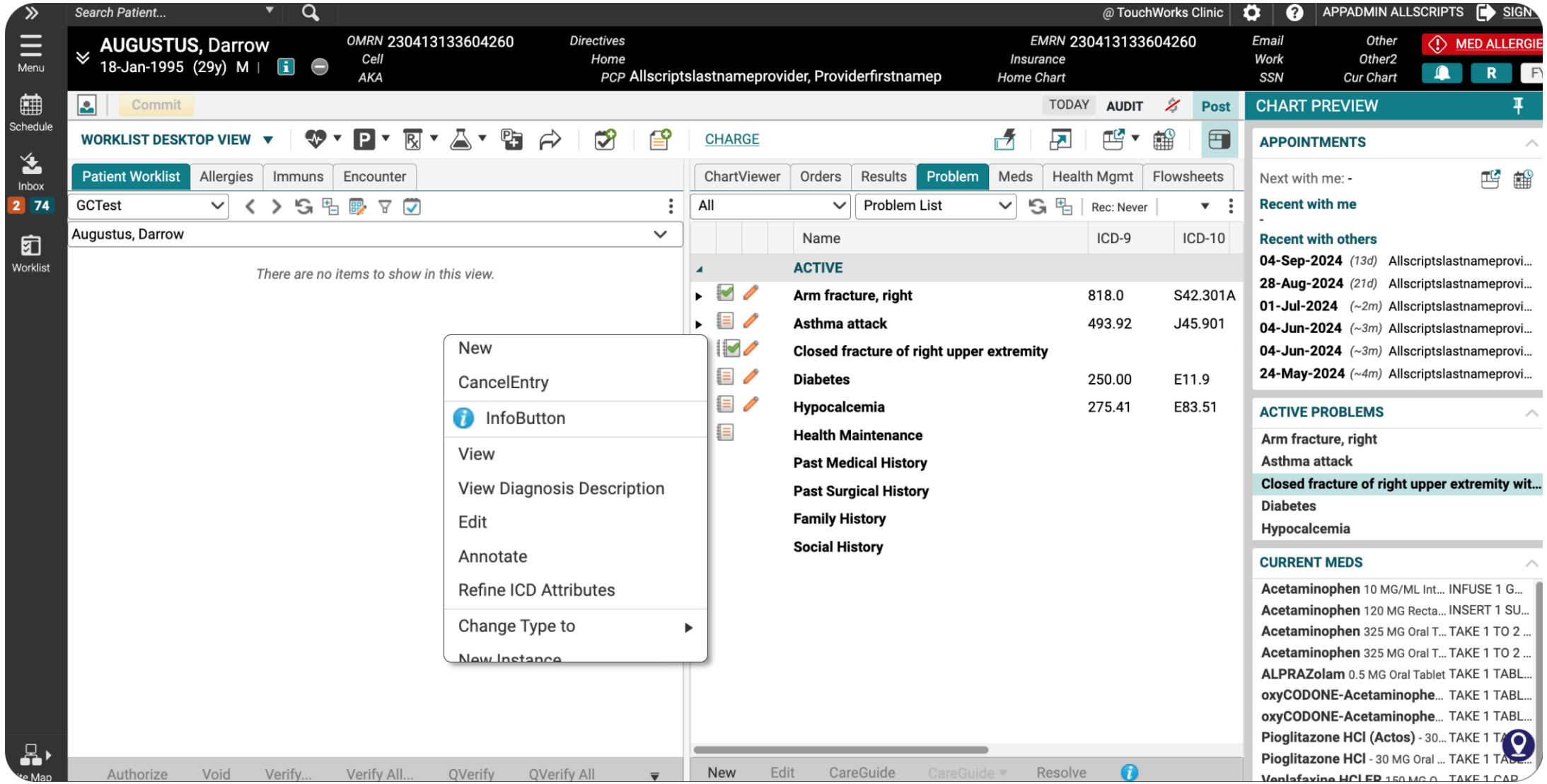


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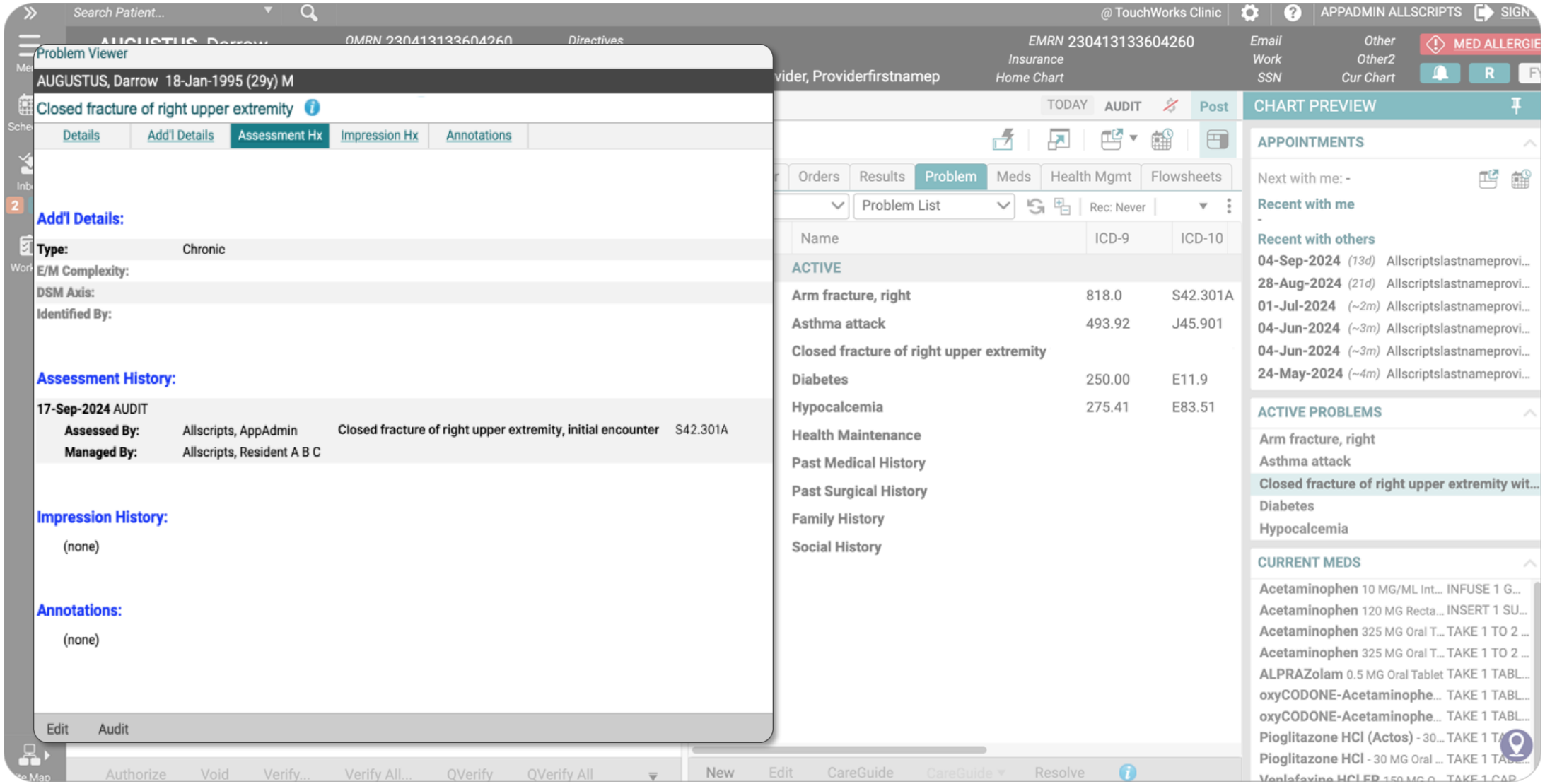


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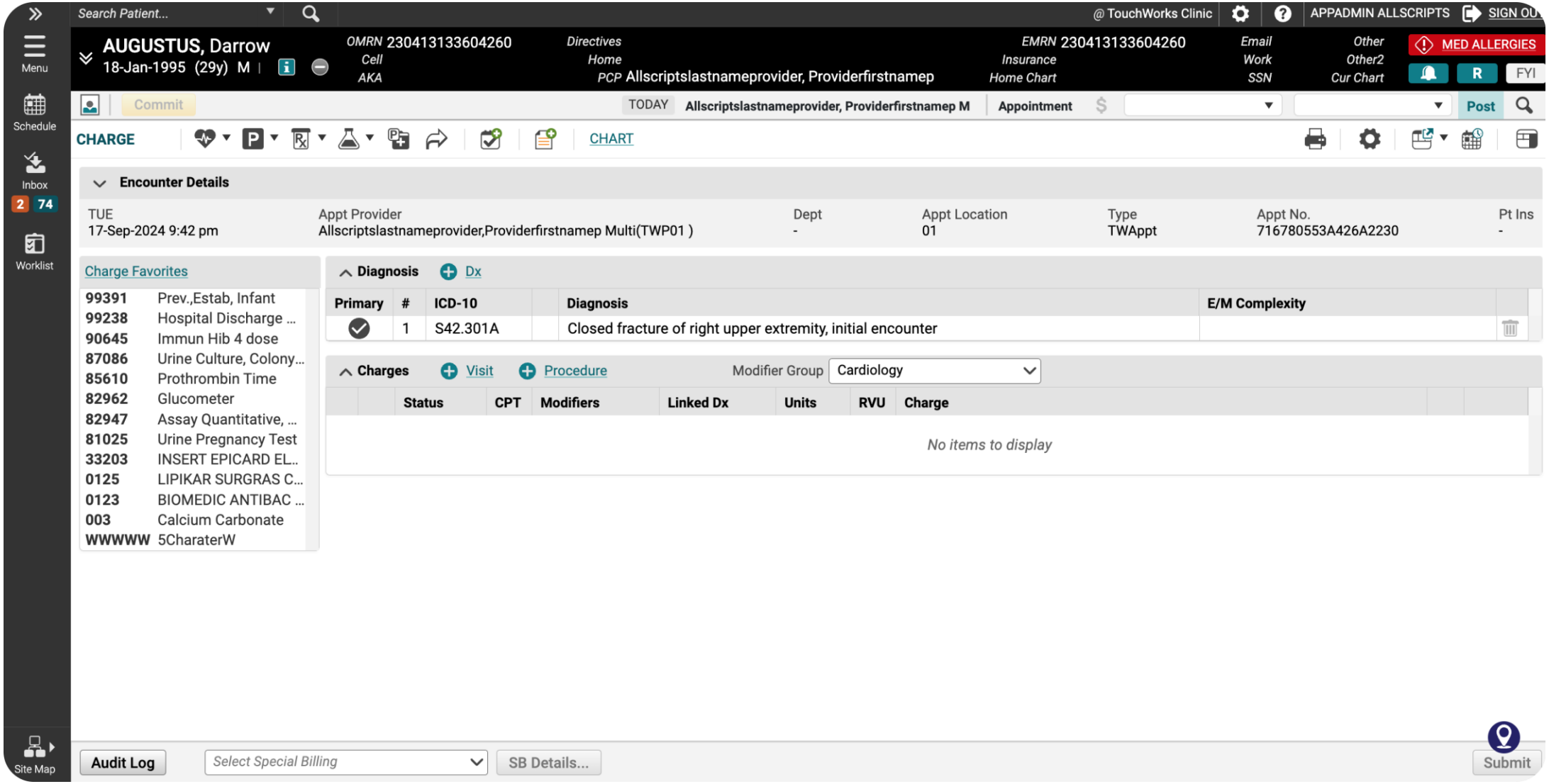


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# Questions, Concerns, Ideas

# How can we best support your organization through this transition?

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