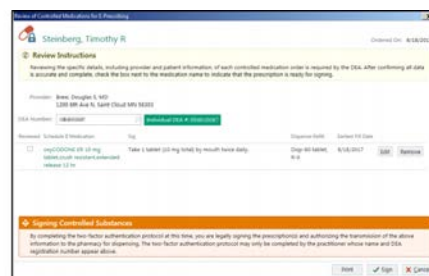
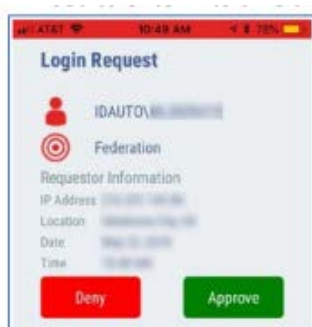


# EPAC e-Points

6/3/2021



## 1. New Electronic Prescribing Controlled Substance (EPCS) Vendor Rapid Identity Required by September 2021



2. Once you click Sign you will be asked for your verification (Hard Token, Soft Token or Biometric).



3. You will be asked for your Password, as the second form of verification.

### Why Change?

Our Current Vendor is sunseting their Product.

EPCS is more secure and less susceptible to forgery than paper prescriptions.

EPCS is efficient and convenient for both providers and patients.

There are regulatory and legal reasons that require Controlled substances to be prescribed electronically.

### What does this mean for me?

All providers who prescribe controlled substances to patients need to be set up with the new product.

There is a Phone App and Fob available similar to our current vendor.

Your administrative partners will be working with IS to set up a time (5-10 minutes) to enroll you with the new Vendor via Webex on a PC.

You need to have your phone with you during the enrollment process if you want to use the Phone App

### Are there any changes to prescribing with the New Vendor?

The Fob will work exactly like the old Fob. Push a button and a number is generated to enter into Epic

Phone App has 2 options:

1. The App will generate a number to enter into Epic
2. Ping me will generate a Message in the app that allows you to click Approve or Deny the prescription- Quick, no numbers to enter into Epic

If questions, contact Lynn McFarling at [mcfarling@centracare.com](mailto:mcfarling@centracare.com)

2. **MSHSL COVID-19 Smart Text to add to a Note and Letter.**

**Name of Smart link to place the text into a Note is .mshslcovid**

The Letter is in the Communications Activity

This will help guide Providers to complete the necessary exam and testing to allow their patients to return to High school sports

**MSHSL POST COVID-19 RETURN TO SPORT**  
Minnesota State High School League

@NAME@ is requesting clearance today following COVID-19 associated illness.

Grade: {grade:666140} School: {area jr/high schools:666141}  
Sports: {type of sport(s):666144}

**Brief COVID-19 History:**  
Date of Exam: @TD@  
Date of symptom onset: \*\*\*  
Date of Positive Test: @COVIDLABRESULT@

Symptom Severity: {GEN COVID POSITIVE TEST SYMPTOMS:40868}  
Treatment Level: {GEN COVID TREATED AT:40871}

**Criteria to Return** (Yes to both to begin progression):

At least 10 days since positive test or onset of symptoms with no symptoms or fever (without fever reducing medication for at least 24 hours?	{y/n:601090}
Able to tolerate activities of daily living without cough, shortness of breath, or fatigue?	{y/n:601090}

**Cardiac Screen** (Yes answer requires cardiac evaluation; all answers must be "No" to begin return progression):

Chest pain/tightness with activities of daily living?	{NO/YES:34097}
Chest pain/tightness with exertion?	{NO/YES:34097}
Unexplained syncope or near syncope?	{NO/YES:34097}
Unexplained/excessive dyspnea or fatigue with exertion?	{NO/YES:34097}
Palpitations (skipped heart beats, racing heart) with activity?	{NO/YES:34097}
New heart murmur on exam?	{NO/YES:34097}

**NOTE:** If a student-athlete had moderate to severe symptoms, was hospitalized, or has positive responses to any cardiac screening question or a new heart murmur, cardiac evaluation is recommended before returning to physical activity.

See return algorithms from Kim et al, JAMA Cardiology for cardiac evaluation that may include ECG, cardiac enzymes, CXR, spirometry, PFTs, echocardiogram, chest CT, Cardiac MR, and/or cardiology consult. The primary concern is CV19-induced myocarditis with scarring that may predispose to arrhythmia and sudden cardiac arrest.  
Please report any athletes with myocarditis to MDH at 651.201.5414.

Last updated from www.mshsl.org on 2/4/2021

3. **New Standard Notes** The notes help providers document appropriately to support new E&M changes. Standard notes have also been shown to reduce documentation time and time to find information. A copy of the Note Templates will be attached to the e points

- **Standard Ambulatory Consult Note** There will be a Note Button Created for the Consult note called Gen Consult. A copy of the template
- **Standard Derm Note**
- **To submit requests for New Specialty Standard Notes or changes to the current Standard Note template use Service Now Catalog Smart Tool Request form**

4. **Hard Stop for Consult Orders** Discussion led by Dr Ruggiero. Request is to create a hard stop for the Reason for Consultation. After many years of trying to teach referring providers to place comments and it not happening the group felt that to improve the consultant's knowledge of what the referring provider is asking to be addressed, improve patient experience and proper scheduling/billing of consultations that adding a required field for Reason for consult and adjusting the wording on the buttons to describe the consultative services should be done. A mock up of the request will be brought to the next EPAC meeting for further discussion.



**5. OB Updating Delivery Labor Events/ Prenatal Events to improve documentation of Labor and Delivery. System level Clinical expert group of OB providers, Compliance**

The Events log will be updated to better reflect the complexity of the patient's care and comorbid conditions. The sections will be color coded with Blue areas for providers to complete and White for Nursing

Labor Events/Prenatal Conditions				
Prenatal History				
Prenatal Conditions	<input type="checkbox"/> none	obesity	tobacco use	
	alcohol use	drug use	anemia (Hgb less than 11)	
	multiple gestation	diabetes	hypertension	
	thrombocytopenia (platelets less than 150,000)	HELLP syndrome	polyhydramnios (AFI greater than 24cm)	
	oligohydramnios (AFI less than 5cm)	postterm pregnancy (greater than 40 weeks)	prolonged pregnancy (greater than 42 weeks)	
	recurrent miscarriage	poor obstetrical history	previous stillbirth	
	placental abruption	fetal growth restriction	hx/active genital herpes	
	fetal anomaly	uterine anomaly	placenta anomaly	
	cord anomaly	other hematologic disease (add comment)	hypothyroidism	
	anxiety/depression/psychiatric issues	other		
	Labor Events			
	Induction Indications	<input type="checkbox"/> placental abruption		
		chorioamnionitis		
		fetal demise		
	diabetes			
	hypertension			
	premature rupture of membranes (before onset of labor) greater than 37 weeks			
	premature preterm rupture of membranes - Less than 37 weeks			

post term pregnancy (Greater than 40 weeks)	
prolonged pregnancy (Greater than 42 weeks)	
oligohydramnios (AFI less than 5 cm)	
polyhydramnios (AFI greater than 24 cm)	
multiple gestation	
non reassuring antenatal testing	
elective maternal	
other	

Examples of a more detailed cascade – Diabetes and Hypertension displayed below.

Labor Events/Prenatal Conditions			
Prenatal History			
Prenatal Conditions	<input type="checkbox"/> none	obesity	tobacco use
	alcohol use	drug use	anemia (Hgb less than 11)
	multiple gestation	diabetic	hypertension
	thrombocytopenia (platelets less than 150,000)	HELLP syndrome	polyhydramnios (AFI greater than 24cm)
	oligohydramnios (AFI less than 5cm)	postterm pregnancy (greater than 40 weeks)	prolonged pregnancy (greater than 42 weeks)
	recurrent miscarriage	poor obstetrical history	previous stillbirth
	placental abruption	fetal growth restriction	hx/active genital herpes
	fetal anomaly	uterine anomaly	placenta anomaly
	cord anomaly	other hematologic disease (add comment)	hypothyroidism
	anxiety/depression/psychiatric issues	other	
	Hypertension		
	Chronic hypertension	Gestational hypertension	Preeclampsia (without severe features)
	Preeclampsia (severe features)	Eclampsia	

Labor Events/Prenatal Conditions				
Prenatal History				
Prenatal Conditions	<input type="checkbox"/> none	obesity	tobacco use	
	alcohol use	drug use	anemia (Hgb less than 11)	
	multiple gestation	diabetes	hypertension	
	thrombocytopenia (platelets less than 150,000)	HELLP syndrome	polyhydramnios (AFI greater than 24cm)	
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	placental abruption	fetal growth restriction	hx/active genital herpes	
	fetal anomaly	uterine anomaly	placenta anomaly	
	cord anomaly	other hematologic disease (add comment)	hypothyroidism	
	anxiety/depression/psychiatric issues	other		
	Diabetes			
	A1 GDM (diet)	A2 GDM (insulin)	A2 GDM (oral medication)	Preexisting diabetes Type 1
				Preexisting diabetes Type 2

