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CARE Query

EHR Instructions to Create a List of Patients Who May Benefit From Reproductive Health Education

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For the Epic® EHR System

EHR=electronic health record.



Inspired by **patients.**
Driven by **science.**

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About This Guide

These instructions are created specifically to generate a patient list in the Epic EHR system and will not work for other conditions, treatments, or therapeutic areas or on other EHR systems.

The processes outlined in this piece are variable, and not all steps will apply to every health system. Any steps or settings that are not part of a health system's standard process should be excluded or modified accordingly. Any questions should be directed to the appropriate service provider. The practice is solely responsible for implementing, testing, and monitoring, as well as the ongoing operation of any EHR tools.

While EHRs may assist providers in identifying appropriate patients for consideration of assessment treatment and referral, the decision and action should ultimately be decided by a provider in consultation with the patient, after a review of the patient's records to determine eligibility, and UCB shall have no liability thereto.

Women Are Key Healthcare Decision Makers

Women represent the majority of patients with an immune-mediated inflammatory disease (IMID)



The impact of IMIDs on the price of healthcare can be staggering

Estimated annual U.S. healthcare cost^{4,5}

Psoriasis

\$35.2 billion

Rheumatoid arthritis

\$19.3 billion

The human toll of IMIDs can be overwhelming



Physical burden^{6–9}

- Severe fatigue and pain
- Erosive disease
- Chronic opioid use



Psychosocial burden^{10–12}

- Suicidal ideation
- Sexual dysfunction
- Discrimination and humiliation



Poor quality of life¹³

- Work impairment
- Assistance required for daily activities/chores

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Timely discussions about family planning are necessary

~50% of pregnancies in the United States are unplanned.¹⁴

70% of patients seek family planning information from patient advocacy groups.¹⁵

Women struggle to express their feelings, doubts, and concerns about pregnancy and lactation.^{15–17}

Specialists may want to address concerns related to treatment and family planning.^{18,19}



There is an opportunity for healthcare providers to partner with their patients to better understand their fears and worries.

Using the EHR

- The customers (i.e., physician, medical group, integrated delivery network) shall be solely responsible for implementation, testing, and monitoring of the instructions to ensure proper orientation in each customer's EHR system.
- Capabilities, functionality, and setup (customization) for each individual EHR system vary. UCB shall not be responsible for revising the implementation instructions it provides to any customer in the event that customer modifies or changes its software, or the configuration of its EHR system, after such time as the implementation instructions have been initially provided by UCB.
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Using the Patient List to Identify Patients

The following are potential inclusion and exclusion criteria:
(Note that this list of criteria is variable, and the end user may choose which criteria to include and exclude in the patient list based on their clinical judgment.)

Inclusion Criteria:

Age	18–45 years
Gender	Female (as assigned at birth)
Disease and ICD Code:^{20,21}	
Rheumatoid Arthritis	M05.xx and M06.xx
SLE (systemic lupus erythematosus)	M32.xx
AS (ankylosing spondylitis)	M45.xx
nr-axSpA (nonradiographic axial spondyloarthritis)	M45.A
PsA (psoriatic arthritis)	L40.5x
Plaque PSO (plaque psoriasis)	L40.0x and L40.9x
Crohn's Disease	K50.xx
Reproductive Health Codes Suggesting Potential Need for Discussion:²⁰	
Natural Family Planning	Z30.02
Removal of Intrauterine Device	Z30.432
Procreative Management	Z31.xx
Location	Fertility Clinic

Exclusion Criteria:

Surgical Procedure or Medical Birth Control:^{20,22}	
Tubal Ligation	Z98.51 and Z30.2
Contraception Initial	Z30.01x
Contraceptive Surveillance	Z30.4x (except Z30.432)
Contraceptive Management	Z30.8 and Z30.9
Diaphragm or Cervical Cap Fitting With Instructions	CPT 57170
Contraceptive Medications:²⁰	
Long-term Use of Antibiotics	Z79.2

Instructions

One of Epic's reporting solutions, Reporting Workbench or SlicerDicer, may be used to create the patient list. Consult your organization if administrative user rights are required to access the reporting solutions.

Health systems may use groupers for reporting purposes. For this report, a diagnosis and medications grouper may be considered. If no such groupers are available, consider creating the grouper records. The grouper records may be used in both reporting solutions.

In lieu of creating and using grouper records, the *Diagnosis by Code* and *Meds: Current, by therapeutic class* criteria may be used as an alternative.

STEP 1 Create Grouper Records – Optional

(Only needs to be completed if no diagnosis grouper and medication records are available.)

To create a Diagnosis Grouper record for each of the diagnosis groups in the inclusion and exclusion criteria list:

1. Access the Grouper Record Editor in Tools > Management Console.
2. Select the Diagnosis master file and select the ICD-10 code set.
3. Add all ICD codes from the inclusion criteria list to the diagnosis grouper and click Save.

To create a Medication Grouper record for each of the contraceptive medications in the exclusion criteria list:

1. Access the Grouper Record Editor in Tools > Management Console.
2. Select the Medications master file.
3. Add all desired contraceptives to the medication grouper and click Save.

STEP 2 Create the Patient List

Option 1 – Reporting Workbench:

1. Access Reporting Workbench (click the Epic logo > Reports > My Reports).
2. Navigate to the Library tab from the Reports menu.
3. Enter “generic criteria” or “find patients” in the search field and click Search.
4. Select the Find My Patients – Generic Criteria report and click New.
5. The Report Settings field will display. Click the Criteria tab in the toolbar.
6. Enter “age” in the search field (Filter Criteria).
7. Set the age range to 18–45 years.
8. Enter “sex” in the search field (Filter Criteria).
9. Select Female.
10. Diagnosis criterion:
 - a. Using the Diagnosis Grouper criterion:
 - i. Enter “diagnosis” in the search field (Filter Criteria).
 - ii. Select “Diagnosis by Grouper” in the search field.
 - iii. Enter the diagnosis grouper created in Step 1 and set the logic criteria to separate inclusion and exclusion diagnosis groupers.
 - b. Using the Diagnosis by Code criterion:
 - i. Enter “diagnosis” in the search field (Filter Criteria).
 - ii. Select “Diagnosis by Code” in the search field.
 - iii. Enter the diagnosis codes from the inclusion and exclusion table and set the logic criteria to separate inclusion and exclusion codes.
11. Medication criterion:
 - a. Using the Medications Grouper criterion:
 - i. Enter “meds” in the search field (Filter Criteria).
 - ii. Select “Meds: Current, by grouper” in the search field.
 - iii. Enter the medications Grouper created in Step 1.
 - b. Using the Meds: Current, by therapeutic class criterion:
 - i. Enter “meds” in the search field (Filter Criteria).
 - ii. Select “Meds: Current, by therapeutic class” in the search field.
 - iii. Enter the contraceptive therapeutic class and set the logic criteria to exclude the contraceptives from the patient query.
12. Enter “procedures” in the search field (Filter Criteria).
13. Enter the procedure CPT code 57170 from the exclusion list and exclude the result from the query.
14. Enter “encounters” in the search field (Filter Criteria).
15. Set the encounter department to include all desired departments. For example, select the fertility clinic as coded in your health system.
16. Set the logic to reflect the inclusion and exclusion criteria table.
17. In the General tab, enter the desired Report Name (e.g., “*Reproductive Health Patient List*”) and a Description.
18. Click Save and Run to create the patient list. The list will display all patients matching the criteria.

Note: Optional – Reproductive health procedures can be included or excluded in the patient query. Select the Procedures criterion and select all desired CPT codes. Click Include or Exclude as desired.

STEP 2 Create the Patient List (cont'd)

Option 2 – SlicerDicer:

1. Access SlicerDicer (click the Epic logo > Reports > SlicerDicer).
2. Click New to start a new query.
3. Select the patient's data model.
4. Click the drop-down arrow next to All Patients and select the desired patient base.
5. In the Search for criteria field, enter "Age" and select the Age criterion from the list.
6. Set the age range to 18–45 years and click Accept.
7. In the Search for criteria field, enter "Sex" and select the Sex criterion from the list.
8. Select Female and click Accept.
9. In the Search for criteria field, enter "Diagnosis" and select the Diagnosis criterion from the list.
10. Set the Mode to ICD/Grouper and select the inclusion Diagnosis Grouper created in Step 1 or select all individual diagnosis codes from the inclusion table. When selecting individual diagnosis codes or names, set the logic to OR between each of the diagnosis codes/names. Click Accept.
11. In the Search for criteria field, enter "Diagnosis" and select the Diagnosis criterion from the list.
12. Set the Mode to ICD/Grouper and select the exclusion Diagnosis Grouper created in Step 1 or select all individual diagnosis codes from the exclusion table. When selecting individual diagnosis codes or names, set the logic to OR between each of the diagnosis codes/names. Click Accept.
13. In the Search for criteria field, enter "Medications" and select the Current Medications criterion from the list.
14. Select the contraceptive therapeutic class or contraceptive medication grouper and click Accept.
15. In the Search for criteria field, enter "Procedures" and select the Procedures criterion from the list.
16. Enter the CPT code 57170 from the exclusion list and exclude the result from the query.
17. In the Search for criteria field, enter "Encounters" and select the Encounters criterion from the list.
18. Set the encounter department to include all desired departments. For example, select the fertility clinic as coded in your health system.
19. Click Save As to save the query (e.g., "Reproductive Health Patient List") and refine the query results.
20. Export the new report to Reporting Workbench.
21. In the General tab, enter the desired Report Name and a Description.
22. Click Save and Run to create the patient list. The list will display all patients matching the criteria.

Note: Optional – Reproductive health procedures can be included or excluded in the patient query. Select the Procedures criterion and select all desired CPT codes. Set the OR logic between each of the CPT codes. Click Accept once complete.

STEP 3 Patient Outreach

Once a list of patients has been created, patients may be contacted with reproductive health education:

- The patient's communication preference is captured in the Patient Profile section. Patients may receive communications based on their preferred method of communication: mail, phone, portal, and decline.

Once the patient list query has been created, you may follow the steps below:

- You can select patients to communicate with by clicking on the **Communications** button. Patients will be sorted based on their preferred method of communication. There are 4 communication options (tabs) available: Mail, Phone, MyChart, and Do Not Contact. Within each tab, the number of patients is listed. Do Not Contact patients will not receive any outbound message.
- Complete the Mail, Phone, MyChart, and Do Not Contact tabs with a unique name based on the health system's preferences and naming conventions.
- Enter the message in the open window and click the **Generate** button. Hyperlinks inviting the patient to complete a survey can be included.

Detail

Summary

Results loaded: 55 of 55

Results shown: 5 of 5

Select All

Show All

Last PAS-II

Last RAPID-3

☒ Disease Severity

Phone

Last Appt With Me

Contains:

☐ (Blanks)
☐ (Non-blanks)
☒ Activated
☐ Not Used

Age	Sex	PCP	Diagnosis	Last Visit Date	Pt. Portal	Status
24	Female		M05.XX	9/2/2021	Activated	
37	Female		M05.XX	5/24/2022	Activated	
29	Female		M05.XX	11/6/2021	Activated	
43	Female		M05.XX	2/3/2022	Activated	
31	Female		M05.XX	8/16/2021	Activated	

Hypothetical example of a Patient Follow-up setup page

PAS-II=Patient Activity Score-II; PCP=primary care provider; RAPID-3=Routine Assessment of Patient Index Data 3.

Notes

References: 1. Buck Luce C, Hewlett SA, Kennedy JT, Sherbin L. Center for Talent Innovation. The power of the purse: engaging women decision makers for healthy outcomes. Accessed April 12, 2023. https://www.talentinnovation.org/_private/assets/PopHealthcare_ExecSumm-CTI.pdf 2. Fairweather D, Frisanco-Kiss S, Rose NR. Sex differences in autoimmune disease from a pathological perspective. *Am J Pathol*. 2008;173(3):600-609. 3. Data on file. UCB, Inc. 4. Birnbaum H, Pike C, Kaufman R, Marynchenko M, Kidolezi Y, Cifaldi M. Societal cost of rheumatoid arthritis patients in the US. *Curr Med Res Opin*. 2010;26(1):77-90. 5. Vanderpuye-Orgle J, Zhao Y, Lu J, et al. Evaluating the economic burden of psoriasis in the United States. *J Am Acad Dermatol*. 2015;72(6):961-967.e5. 6. Mease PJ, Van Der Heijde D, Karki C, et al. Characterization of patients with ankylosing spondylitis and nonradiographic axial spondyloarthritis in the US-based Corrona Registry. *Arthritis Care Res (Hoboken)*. 2018;70(11):1661-1670. 7. Sloan VS, Sheahan A, Stark JL, Suruki RY. Opioid use in patients with ankylosing spondylitis is common in the United States: outcomes of a retrospective cohort study. *J Rheumatol*. 2019;46(11):1450-1457. 8. Mease PJ, Liu M, Rebello S, Kang H, Park Y, Greenberg J. Comparative disease burden of patients with rheumatoid arthritis, psoriatic arthritis, and axial spondyloarthritis: data from the Corrona Rheumatoid Arthritis and Psoriatic Arthritis/Spondyloarthritis (PsA/SpA) Registries. *Arthritis Rheumatol*. 2018;70(suppl 9):abstract 2133. Accessed April 12, 2023. <https://acrabstracts.org/abstract/comparative-disease-burden-of-patients-with-rheumatoid-arthritis-psoriatic-arthritis-and-axial-spondyloarthritis-data-from-the-corrona-rheumatoid-arthritis-and-psoriatic-arthritis-spondyloarthritis/> 9. Machold KP, Stamm TA, Nell VPK, et al. Very recent onset rheumatoid arthritis: clinical and serological patient characteristics associated with radiographic progression over the first years of disease. *Rheumatology (Oxford)*. 2007;46(2):342-349. 10. Lada G, Chinoy H, Heal C, Warren RB, Talbot PS, Kleyn CE. Depression and suicidality in patients with psoriasis and the role of psoriatic arthritis: a cross-sectional study in a tertiary setting. *J Acad Consult Liaison Psychiatry*. 2022;63(4):372-383. doi:10.1016/j.jaclp.2021.12.007 11. Armstrong A, Jarvis S, Boehncke W-H, et al. Patient perceptions of clear/almost clear skin in moderate-to-severe plaque psoriasis: results of the Clear About Psoriasis worldwide survey. *J Eur Acad Dermatol Venereol*. 2018;32(12):2200-2207. 12. Bay LT, Graugaard C, Nielsen DS, Möller S, Ellingsen T, Giraldi A. Sexual health and dysfunction in patients with rheumatoid arthritis: a cross-sectional single-center study. *Sex Med*. 2020;8(4):615-630. 13. van der Heijde D, Braun J, Rudwaleit M, Purcaru O, Kavanaugh AF. Improvements in workplace and household productivity with certolizumab pegol treatment in axial spondyloarthritis: results to week 96 of a phase III study. *RMD Open*. 2018;4(1):e000659. doi:10.1136/rmdopen-2018-000659 14. Unintended pregnancy. Centers for Disease Control and Prevention. Accessed April 12, 2023. <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm#print> 15. Johansen CB, Laurberg TB, Egeberg A, et al. Awareness and expectations surrounding family planning and pregnancy among Danish patients with chronic inflammatory disease of the skin or joints: results from an online survey. *Rheumatol Ther*. 2021;8(3):1419-1433. 16. Mills BS, Dao KH, Tecson KM, Beil EF, Tate R, Cush JJ. Perceptions of pregnancy and lactation from the Pregnancy and Lactation Autoimmune Network registry. *J Rheumatol*. 2020;47(1):149-154. 17. McBride SR, Fargnoli MC, Fougereousse A-C, et al. Impact of psoriatic disease on women aged 18 to 45: results from a multinational survey across 11 European countries. *Int J Womens Dermatol*. 2021;7(5 Part B):697-707. doi:10.1016/j.ijwd.2021.08.011 18. Birru Talabi M, Clowse MEB, Blalock SJ, Hamm M, Borrero S. Perspectives of adult rheumatologists regarding family planning counseling and care: a qualitative study. *Arthritis Care Res (Hoboken)*. 2020;72(3):452-458. 19. Murray S, Augustyniak M, Murase JE, et al. Barriers to shared decision-making with women of reproductive age affected by a chronic inflammatory disease: a mixed-methods needs assessment of dermatologists and rheumatologists. *BMJ Open*. 2021;11(6):e043960. doi:10.1136/bmjopen-2020-043960 20. ICD10Data.com. Accessed April 12, 2023. <https://www.icd10data.com/> 21. Non-radiographic axial spondyloarthritis finally got its own diagnostic code: here's why it matters. CreakyJoints. Accessed May 2, 2023. <https://creakyjoints.org/about-arthritis/diagnosis/non-radiographic-axial-spondyloarthritis-icd-10-diagnostic-code/> 22. Medicare risk adjustment eligible CPT/HCPCS codes. Centers for Medicare & Medicaid Services. Accessed May 2, 2023. <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS>