Outlook

Ambulatory APeX Updates - May 2025 (Effective May 13, 2025)

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A PDF Version of this newsletter is available on Knowledge Bank – Ambulatory APeX Updates - 202505

UCSF Health
APeX Training

Ambulatory APeX Monthly Update May 2025

Ambulatory Users

In this edition:

Unless otherwise indicated, Go-Live for these changes is:
May 13, 2025

Lab Centralization and Modernization (Beaker) - Providers

Audience: UCSF and BCH Providers

Change: On **May 31, 2025**, UCSF Health will transition to Beaker, a modern and intuitive laboratory information system (LIS) integrated with APeX, our electronic health record platform. Beaker will replace Sunquest, Cerner CoPath, and most SCC Soft products currently in use at UCSF Health & BCH Oakland locations.

Training: This change will impact all providers and clinical support staff involved in specimen collection or processing. To ensure a smooth transition and maintain our high standards of patient care, comprehensive training will be provided.

Training Components:

eLearning Module:

- A designated eLearning module will be available for completion. This module is designed to provide detailed information about the new processes and procedures. It will be accessible online, allowing you to complete it at your convenience.

Tip Sheets:

- In addition to the eLearning module, tip sheets will be provided. These documents will offer quick reference guides and practical tips for the new system. Reviewing these tip sheets is essential as they become available to ensure you are up-to-date with the latest information.

Recommended Action:

- **Complete the eLearning Module:** It is recommended that any providers involved in specimen collection without support of clinic staff should complete the designated eLearning module.

  - AMB: Clinic Provider Lab Collection Process with Beaker Online Training (Duration: 8 min)

  - AMB: Dermatology Provider Lab Collection Process with Beaker Online Training (Duration: 4.5 min)

- **Review Tip Sheets:** Regularly check for new tip sheets and review them thoroughly. These will be available on the APeX Training Knowledge Bank.
  - AMB/INP: Providers Surgical Pathology/Bone Marrow Add-ons
  - AMB/INP: Providers Sign and Hold Lab Orders for Radiology Procedures
  - AMB/INP: Providers Working with Infusion/Transfusion Therapy Plans

- AMB: Lab Add-On Orders

Additional resources are available in the [APeX Training Knowledge Bank](#) and on the [Lab Centralization and Modernization | APeX Hub](#).

Lab Centralization and Modernization (Beaker) – Clinical Staff **Training Strongly Recommended**

Audience: UCSF and BCH Clinical Staff, Nurses, Medical Assistants, Techs

Change: On **May 31, 2025**, UCSF Health will transition to Beaker, a modern and intuitive laboratory information system (LIS) integrated with APeX, our electronic health record platform. Beaker will replace Sunquest, Cerner CoPath, and most SCC Soft products currently in use at UCSF Health & BCH Oakland locations.

Training: The Lab Centralization and Modernization transition is set to affect all clinical support staff involved in specimen collection or processing. To ensure a smooth and efficient transition, comprehensive training has been designed, which includes:

1. **eLearning Module**: Everyone is encouraged to complete a designated eLearning module. This training is strongly recommended and should be completed by **May 31, 2025**.

2. **Training Playground**: You will have the opportunity to practice in the Training Playground, utilizing step-by-step exercise books to familiarize yourself with new procedures and systems.

3. **Tip Sheets Review**: As additional resources become available, you should review tip sheets to stay updated on best practices and new information.

This structured training approach aims to equip all involved users with the necessary skills and knowledge to adapt to the changes efficiently. Compliance with the eLearning module deadline is crucial for the successful implementation of the Lab Centralization and Modernization transition.

- [AMB: Clinic Staff Lab Collection Process with Beaker Online Training (Duration: 15 min)](#)
- [AMB: Adult Hospital Outpatient Department (Specialty Navigator) Lab Collection Process with Beaker Online Training (Duration: 13 min)](#)
- [AMB: Clinic Staff Specimen Collection Exercise Booklet](#)
- [AMB: Adult Hospital Outpatient Department (Specialty Navigator) Exercise Booklet](#)
- [AMB: Specimen Collection Label Printers ZD Series](#)

Additional resources are available in the [APeX Training Knowledge Bank](#) and on the [Lab Centralization and Modernization | APeX Hub](#).

Lab Centralization and Modernization (Beaker) – Community Affiliates Only

Audience: Community Affiliates

Although Community Affiliates are not transitioning to Beaker at this time, it remains essential that all lab tests are collected in accordance with the current outlined procedures. Please review the steps below to ensure continued accuracy and consistency in lab collection.

Clinic Collect Workflow for Community Affiliates

1. From the Schedule, select your patient. Click the Visit Orders Report.

> **Note**: If the order was placed as Future status, clinical staff must Release the order first for the order to be visible in the Visit Orders report.

2. Click the **Collect Specimen** hyperlink.

3. In the specimen collection window, add the *Collection Date* and *Collection Time*.

4. Click **Collection Complete.** A lab requisition will print.

5. Affix a patient label to each collection tube and send it with the printed requisition.

Lab Centralization and Modernization (Beaker) – Lab Order Changes

Audience: All Users

With the implementation of Beaker on **May 31, 2025,** clinicians will see a change to several components in APeX.

Lab Order Changes

- Slight name changes to some labs
- Changes with type/source selections
- Question changes
- Personal preference list changes (due to the above changes)

Lab Results Changes

- Separate result lines based on lab order source changes, causing results to be more granular (e.g. hematocrit results)
- Lab result trends being temporarily out of sync due to the changes in component structure

SmartTools and Note Template Changes

- SmartTools and Note Templates linked to lab results may be affected

In Basket Results Routed to Ordering Provider

Audience: All Users

Reason for Change: To improve In Basket results routing

Description & Workflow: Alongside the Beaker implementation, a big improvement is coming to Results message routing: providers will now receive lab results only for tests they personally ordered. This long-requested improvement addresses a key weakness in the current system, which routes all results—regardless of who ordered them—if the tests were drawn together.

!	/	Status	Result Alerts	Result Date	Patient	Test	Order Provider
		● Read		05/01/2025	Taco, Tuesday	MR Breast Biopsy, Left	Ucsfambmd, MD
		● Pend		04/28/2025	Testing, Cami	POCT URINE DRUG SCREEN	Ucsfambmd, MD
!		● Pend		04/23/2025	Test, Espresso	Prostate Specific Antigen, Free and Total	Ucsfambmd, MD

Results 41 new, 70 total.

Updates to Pre-Procedural Checklist (Quick Procedure)

Audience: All Users

Reason for Change: Update procedure documentation to reflect the Universal Protocol Policy, as well as to make the pre-procedural process more efficient.

Go Live Date: 4/8/2025

Description & Workflow: When performing in-clinic procedures using the Quick Procedure activity, the Pre-Procedural Checklist (consent & time out) was updated to reflect changes in the Universal Protocol Policy and has also been simplified for a more streamlined checklist experience. Policy links were also added.

Informaticists: Aris Oates, Katie Grouse; SME: Jackie Nemer; Build Analyst: Christy Sedore, David Limas

Enhancing E/M Billing Practices for Complex Care and Telephone Encounters

Exciting changes are coming for UCSF & BCH providers, including simplified workflows for the G2211 modifier and new billing opportunities for telephone encounters.

Bill for Telephone Encounters

Audience: UCSF & BCH Providers

Reason for Change: To enable billing telephone encounters as E/M services, eliminating the seven-day rule and providing new tools for accurate documentation and coding.

Brief Description & Workflow: Opportunities to bill for telephone encounters are expanding! Centers for Medicare and Medicaid Services now recognize telephone encounters as evaluation and management (E/M) services. This means that you can bill telephone encounters for new or established patients and code the encounter using medical decision making (MDM) or time on the date of service. The call can be initiated by the provider or patient and prolonged codes are eligible when billing based on time. The seven-day rule is no longer in effect, meaning telephone encounters can be billed regardless of the timing of the last in person or video visit. Details on billing and coding rules for telephone encounters can be found here.
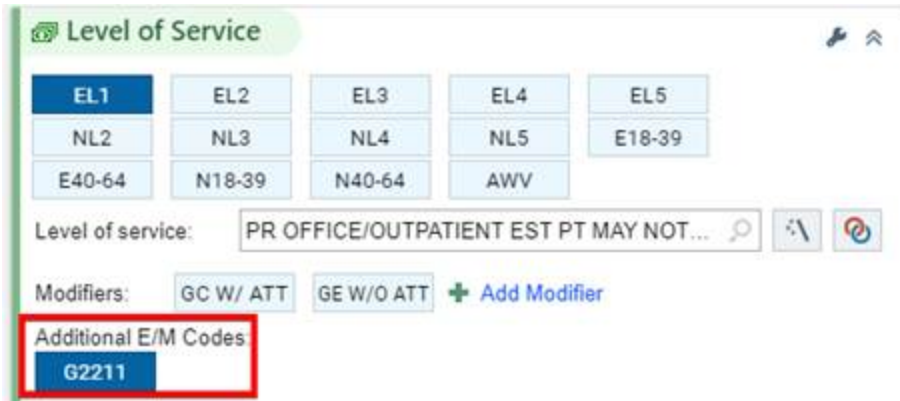
The Ambulatory telephone note templates and the .TELEMED SmartPhrase are now updated to reflect the current consent requirements. Please use these tools for documenting your telephone encounters. Use .TIMESPENT when billing based on time which includes all patient care activities that day. Under the Wrap-Up tab, select the appropriate E/M code based on (MDM) or total time spent in the LOS section. You will no longer see the telephone speed buttons.

Reducing Clicks, Adding G2211 Modifier to Office, Video Visits, and Scheduled Telephone Visits

Audience: UCSF & BCH Providers

Reason for Change: G2211 is an add-on E/M code that reimburses for higher complexity of care in an office, video visit, or scheduled telephone visit. While it has many common uses for coordination of care or indicating an ongoing, longitudinal care relationship (among other indications), many of us forget to add this code at the end of our visits.

Brief Description & Workflow: If you select a follow up needed that is ≥ 6 months (indicating an ongoing, longitudinal care is being provided) or create a letter for the visit (indicating coordination of care), the G2211 modifier will be automatically added to your visit when you choose a level of service. For a few specialties where G2211 is commonly used, we are also piloting adding this code to all office and video visits (piloting in nephrology and primary care) with future plans for possible expansion in the future. In all cases, you can remove the G2211 modifier if it was added inappropriately by deselecting the G2211 code. For more information about G2211 uses, please reference compliance document.

Implementation of ONclick

Audience: UCSF & BCH

Reason for change: Our patients are the most vulnerable within the first 30-days following discharge from the hospital. Navigating appointments and adjusting to new treatments, medications, and lifestyle changes can be difficult for patients and their caregivers.

Brief description & workflow: To help offer support during this crucial time, UCSF is partnering with ONclick to offer eligible patients a 30-day transitional care service program after their discharge.

Services include:

- Coordinating care with post-acute providers
- Promoting self-management through education with patients and caregivers
- Linking patients to community resources
- Collaborating with outpatient clinical teams

ONclick will contact eligible patients after discharge to offer their services. Patients can accept or decline this service. If accepted, ONclick will bill Medicare Part B at no cost to the patient.

Eligible patients will receive the following message in their After-Visit Summary (AVS) from their hospital stay. Please direct Onclick to contact 1-888-399-0497 or info@onclickhealth.com for any questions.

SME: Misti Meador, Build Analyst: Gena Schmidt

New Cognitive Impairment Storyboard Alert

Audience: All Users

Reason for Change: Patients with cognitive impairments need special care, and guidelines for them are not widely known. This update was made to prevent possible workplace violence from confused patients as well as to provide additional context to remind staff to assess for consent for patients with dementia (and to not assume they CAN or CANNOT be consented due to their diagnosis).

Brief Description and Workflow: Patients (50 yrs and older) with cognitive impairment get added to the UCSF Dementia Registry.

A new icon will appear at the top of the Storyboard if the patient is on the UCSF Dementia Registry.

Hovering over the icon will provide guidelines for how to care for these patients. This alert will span across all encounters and be automatically added and will remain there unless manually removed.

This patient is on the cognitive impairment registry due to their diagnosis of Dementia, unspecified dementia severity, unspecified dementia type, unspecified whether behavioral, psychotic, or mood disturbance or anxiety (CMS code). If this diagnosis is incorrect, please remove the diagnosis.

Safety and dignity considerations for persons living with cognitive impairment (CI)/dementia:
1. Do NOT assume an inability to make choices but assess capacity with each decision to ensure informed consent.
2. Assess what accommodations are needed for effective communication: hearing aids, sound amplifiers, glasses, dentures, and/or interpreter in patient's preferred language.
3. If distressed:
   a. Avoid the use of 'agitation' and describe the specific behaviors
   b. Identify potential cause:
      • Medical: Infections, electrolytes, hypoxia, stroke, dehydration, thyroid
      • Medications: Sedatives, psychoactive meds, withdrawal from alcohol/benzos
      • Physical: Pain, urinary retention, constipation, discomfort lying in bed, reduced sensory input (hearing/vision challenges), hunger/thirst, temperature, noise, or visitors
      • Psychological: Fear, anxiety, loss of dignity/independence, uncertainty, loneliness, boredom, privacy concerns, communication challenges
   c. Develop a plan to address the unmet need
   d. Avoid psychoactive medications unless imminent harm, as they mask underlying unmet need and likely worsen distress

Informaticist – Tip Tilton; SME – Stephanie Rogers, Sasha Binford; Build Analyst – Maggie Polak

Updates to Electromyogram and Nerve Conduction Study Orders

Audience: All Users

Reason for Change: To streamline the ordering of Electromyogram and Nerve Conduction Studies.

Brief Description & Workflow: The Electromyogram [NEU5] order has been updated to Electromyograms/Nerve Conduction Studies (EMG/NCS) to reflect that the order includes both components.

Additionally, the standalone Nerve Conduction Test [NEU6] order will be retired from the system in a future release. The Process Instructions have been updated with a warning that the test will be retired soon, and users should order Electromyograms/Nerve Conduction Studies (EMG/NCS) [NEU5] instead.

Informaticist/SME: Dr. Katie Grouse; Build Analyst: Casey Burke

Pregnancy Checklist Update

Audience: All OB Providers

Reason for Change: Pregnancy Checklist Updated

Description & Workflow: The Pregnancy Checklist tool will start replacing the .obpnc SmartPhrase with newly pregnant patients starting January 14th. Patients already being seen for routine pregnancy will continue to use the existing phrase.

Please see [this presentation](#) for more information on how to use the checklist.

SME: Neda Ghaffari MD, Danielle Briggs NP, Build Analyst: Maggie Polak

Referral Standardization

Audience: All Users

Reason for change: To standardize and consolidate referrals for ease of user lookup and system maintenance.

Brief Description & Workflow: The referral standardization team is working with various groups to improve referrals. The referral standardization will be an ongoing effort with multiple specialty referrals

going live each month.

Referrals and Go-Live Dates: All referrals listed below are going live on May 13, 2025.

Updated referrals:

- Referral to Geriatric Medicine & Subspecialties [REF28]
- Referral to Oncology for Behavioral Health [REF142]
- Referral to End of Life Option Act [REF380]

Related referrals being deactivated:

- Referral to Psychiatry Oncology [REF91]
- Discharge referral to Psychiatry Oncology [REF3084]
- Discharge referral to Psycho Oncology Cancer Center [REF3105]
- Amb Referral to Geriatric Medicine Hem [REF587]
- Amb Referral to Geriatrics Medicine in Women's Hlth [REF173]
- Discharge referral to Care at Home (Home-based geriatric care) [REF3201]
- Discharge referral to Geriatric Medicine [REF3030]

Referral Improvements include:

- Consolidation of referrals by specialty, subspecialty, discharge, and different referrals based on location (UCSF, BCH Oakland, MarinHealth, etc.)
- Standardization of referral workspace
- Includes enhanced feature: sidebar guidance with instructions of when and how to get the patient referred
- Improves the referral and decision tree workflow

Note: Locate referral orders by searching "Referral To" without additional qualifiers such as "Amb" or "Discharge"

Review the Referrals to Specialty Standardization Tip Sheet for more information about the referral standardization efforts.

Informaticist/SME: Laura Hill-Sakurai, MD, Nicole Ling, MD, Lisa DeAngelis and Specialty SMEs; Analyst: Ambulatory and Patient Access Teams

SlicerDicer Go-Live: Wave 3

Audience: All Users

Reason for Change: Provide additional Self-Service Reporting Tools to all users with Reporting Workbench Access.

Description & Workflow: Use SlicerDicer to find data you need to investigate a hunch. You can refine your searches on the fly to better understand the data. In Hyperdrive, examine trends, drill down to line-level details, and jump to related records to follow up.

SlicerDicer has several Essentials tutorials to help you discover the core features, which are accessible in every data model using the Tutorials menu in the upper right corner of the screen. Many data models also have customized Story tutorials that walk you through common workflows specific to the data model.

Learn more about SlicerDicer by reviewing the following eLearning's:

Overview of SlicerDicer [RPT050]

Creating Populations in SlicerDicer [RPT051]

SlicerDicer Weekly Office Hours until May 29, 2025

Date	Time	Meeting Link
Wednesday's	3:40 pm – 4:30 pm	JOIN
Thursday's	8:10 am – 9:00 am	JOIN

SlicerDicer Data Models Available in Wave 3

Clinical	Revenue	Operational
Abstracted Surgical Procedures	Medication Billing Transactions	Inpatient Tasks
Anesthesia Records	Medication Inventory Balance Updates	
Births	Medication Inventory Purchase Requests]	
Immunizations Administered	Prescription Adjudications	
Lab Specimens and Test	Buckets (HB)	
Lab Tasks	Open AR (HB)	
Lab Component Results	Open AR (PB)	
NHSN Antimicrobial Usage		
NHSN Patient Days		
Patient Infections		
Patient Isolations		
Pregnancies		
Quality Improvement Abstractions		
Surgeries and Invasive Procedures		
Syndromic Surveillance Events		

Reporting Office Hours

APeX Reporting Team members and EIA are hosting Office Hours monthly. Get answers to your questions on APeX Reporting content and workflows, and Tableau Dashboards. This is a forum to

provide end users with immediate training support, there is no set agenda, however we do provide a Reporting Tip each session. Below is the upcoming schedule for Office Hours:

[APeX Reporting Office Hours Meeting Link](#)

Date	Time
May 15, 2025	12:10 pm - 1:00 pm
June 5, 2025	12:10 pm - 1:00 pm
June 19, 2025	12:10 pm - 1:00 pm
July 3, 2025	12:10 pm - 1:00 pm
July 17, 2025	12:10 pm - 1:00 pm

Spring Upgrade and Beaker Go-Live – Saturday, May 31, 2025

Audience: All Users

Change: In addition to the Beaker Go-Live on May 31, 2025, UCSF will also be having its Spring Upgrade. Please view the

- [Ambulatory Spring Upgrade 2025 Newsletter – Essential](#)
- [Ambulatory Spring Upgrade 2025 Newsletter – Specialty/Other](#)

Audience Legend

All Users: All APeX Ambulatory Users at any location

MarinHealth: UCSF MarinHealth Clinics

Community Affiliates: Community Clinics that use APeX

UCSF: All UCSF locations in San Francisco; including UCSF Benioff Children's clinics in Oakland and Mission Bay.

BCH: Benioff Children's Hospital-Oakland and Mission Bay (Pediatric Specific Changes)

APeX New Hire Training Schedule

Need to see when the next APeX Training class offering? [Click here](#) to see a list of all upcoming Ambulatory APeX classes.

For Newcomers, Join our LISTSERV!

If you were forwarded this announcement and you want to receive the Ambulatory Monthly Updates directly, join our [Listserv here.](#)

To view previous Ambulatory Updates- [click here](#)
To view Inpatient Provider Announcements- [click here](#)

[The APeX Knowledge Bank- Website](#)
For APeX news on upcoming upgrades and events, visit the [New APeX Hub website](#)

Always Remember Your Responsibilities for Use for the Electronic Health Record
APeX is the legal electronic health record for patients at the UCSF Medical Center. All users have the following responsibilities:

- Assure that all information is entered correctly and accurately and within your scope of practice.
- Stay up to date on changes in APeX.
- Follow all UCSF Policies & Procedures on use of the electronic health record.
- Report any issues or problems to your manager and/or IT Service Desk at (415) 514-APeX (2739).

Regards,

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My CliftonStrengths: Relator | Deliberative | Harmony | Consistency | Analytical

UCSF Health

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For APeX Training: Visit the APeX Knowledge Bank
APeX Efficiency Support for Providers: Schedule a PEAK 1:1