Evoke SmartVisit Module Handbook

Table of Contents

Introduction

What's the ESV module

The **Evoke SmartVisit (ESV) module** is a helpful tool comprised of required health assessment questions as directed by the Centers for Medicare & Medicaid Services (CMS). Each assessment question is segmented under a unique category that covers a section of the patient's overall health profile. The **ESV** is designed to be conducted on a yearly basis and suffices as the documentation of an *Annual Wellness Visit*.

What's the purpose of this handbook

The purpose of this Handbook is to guide you through accessing and utilizing the **ESV module** within the **Evoke360** platform. It is recommended to review the entire **Table of Contents** to familiarize yourself with the sections covered in the Handbook. This will help you navigate the content more efficiently.

How to enable permissions

If you cannot access the **ESV module**, it is likely because you do not have the correct user role and/or permissions, which are determined based on your role in the clinic (i.e., Provider, RN, MA, Office Manager, etc.). Please contact your system administrator or DataLink Customer Support to enable your organization's correct user role and permission settings.

Disclosure Statement

The content and features detailed in this Handbook may differ from those in the Evoke360 platform.

The functionality and visibility of the module in the application are dependent upon your assigned user role, permissions, and/or organization's settings. Therefore, your access may be limited or restricted based on your user profile.

Please contact your system administrator or the DataLink Customer Support team if you require additional permissions or have any questions on your access rights.

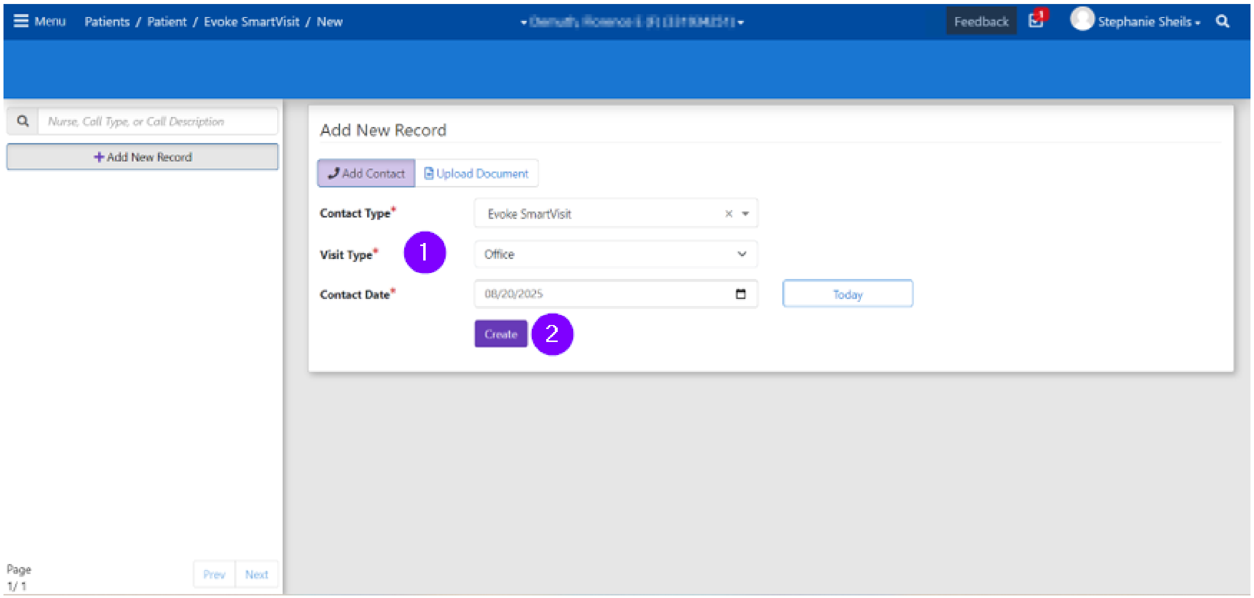
How to contact DataLink Customer Support

Call us at: (888) 636-8175, then press 1
Email us at: productsupport@datalinksoftware.com
Check out our Help Center at: https://datalinksoftware.zendesk.com/hc/en-us

ESV process overview

To complete an *Annual Wellness Visit* in the **ESV module**,

1. Search and select patient by the **patient search functionality**, or click the patient hyperlink from an **ESV-related report**,
2. Select the *Evoke SmartVisit* option from the **patient page or patient banner**,
3. Complete the required* fields (1) from the **Add New Record** page,
    a. Select "Evoke SmartVisit" from **Contact Type***
    b. Select the **Visit Type***
    c. Select the **Contact Date***
4. Click the **Create** button (2) to open the new **Evoke SmartVisit**,
5. Complete all required* fields from the ESV's **SOAP Note format**:
    a. All sections must have a green checkmark to sign and complete.
6. Finalize the ESV from the **Signature** page,
    a. Confirm the visit type from the dropdown,
    b. Click the **Sign & Complete** button,
        i. Type your name and credentials to serve as an electronic signature.



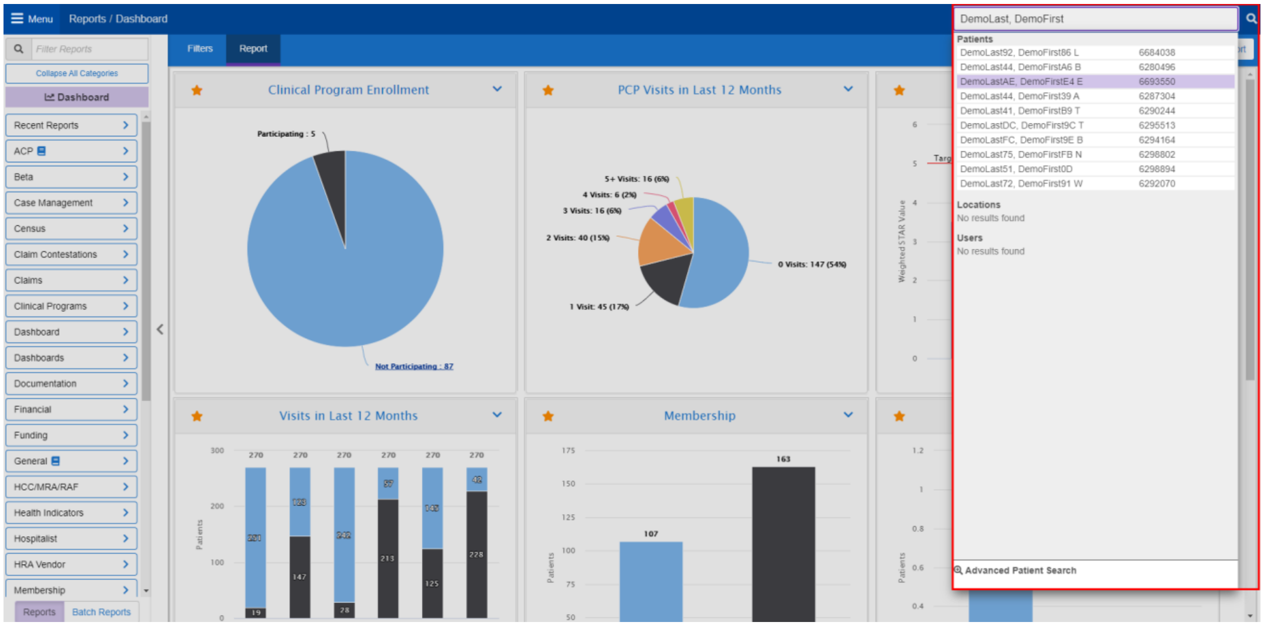
Overview of ESV module > Add New Record page.

Skip to Completing the ESV

How to search for a patient

You may search for any patient in the **Evoke360** application by utilizing the magnifying glass patient search functionality located at the upper-right corner of the application.

1. Click the magnifying glass icon located at the upper-right corner of the application,
2. Type in at least three valid characters of the patient's last name, then first name, or their identification number,
3. Click the correct patient's name populated within the dropdown options,
    a. If multiple patients display with same name, then hover your mouse over the name to see the date of birth.
4. Navigate the patient's page.



The magnifying glass patient search functionality located at the upper-right corner.

[Skip to How to add a new record (create an ESV)]
[Skip to Completing the ESV]

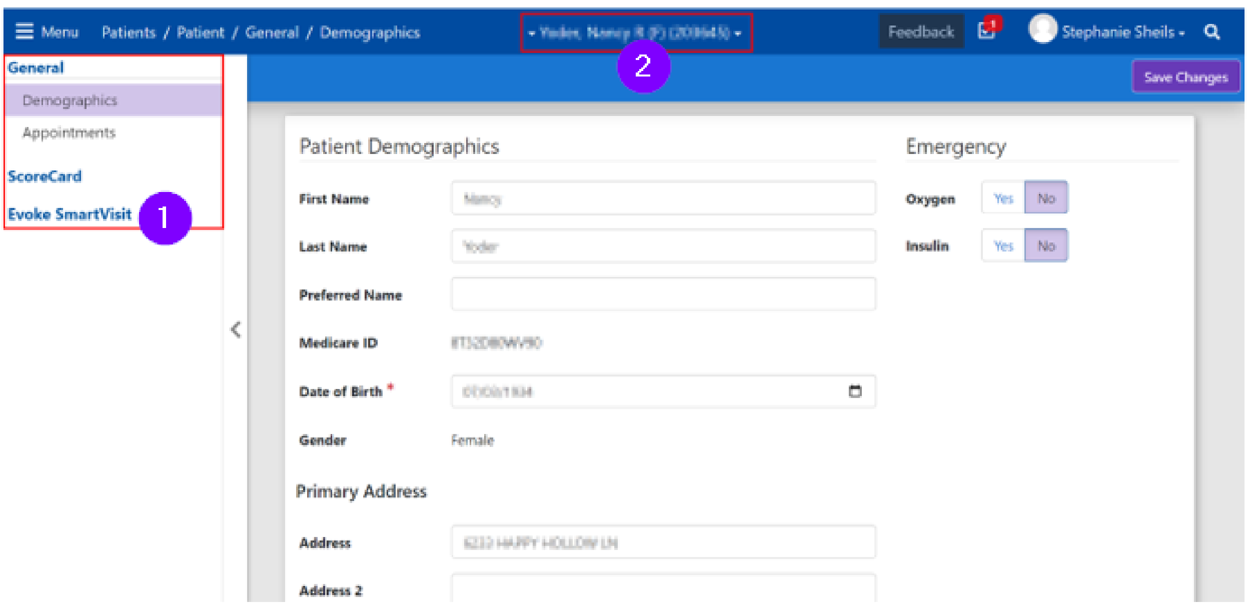
Accessing the ESV from the patient page

The patient page includes general information on their demographics and appointments, their ScoreCard, and their **Evoke SmartVisit (ESV)**. These sections and the visible patient data depends on your permissions and/or organization's settings.

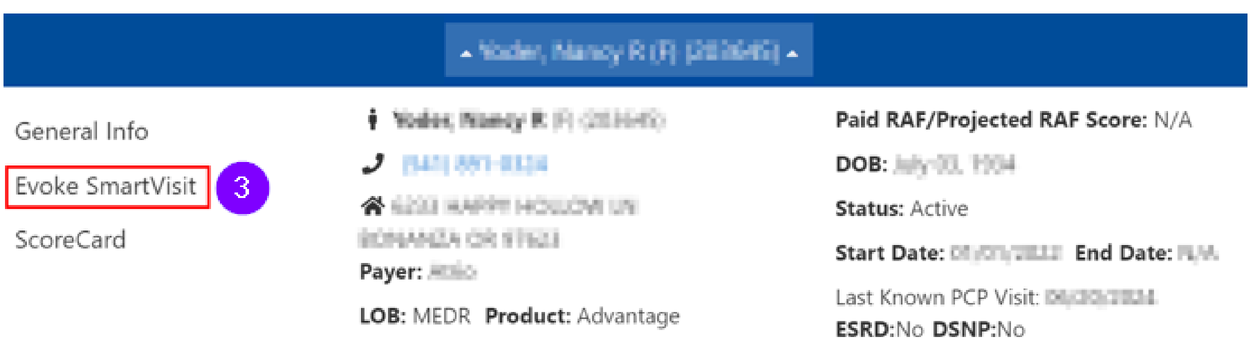
The **ESV module** can be accessed from the patient page side menu options and from the patient banner options. You can click the patient's name to expand the patient banner dropdown.

To access the ESV **after** you have searched for and selected a patient,

1. Click the *Evoke SmartVisit* option from the **patient page side menu** (1), or
2. Click the **patient banner** (2), and then the *Evoke SmartVisit* option from the side menu.



Patient page options (1) and patient banner (2).



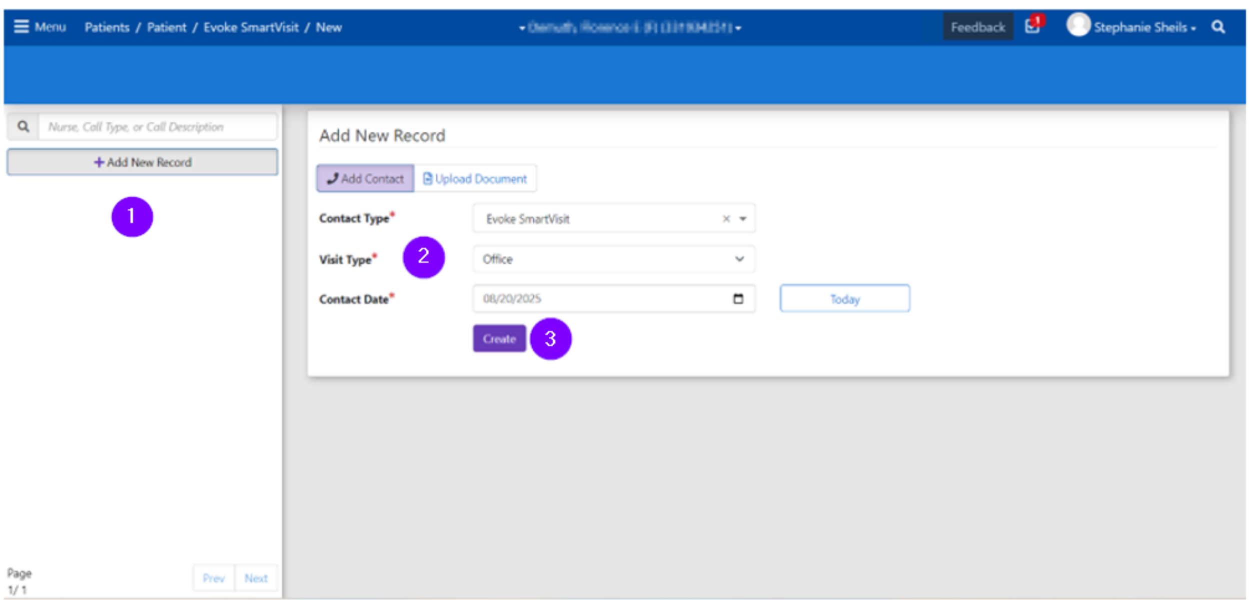
The patient banner (2) > Evoke SmartVisit (3).

How to add a new record (create an ESV)

The **Call Preview** page is defaulted to the **Add New Record** (contact) page. The left-side panel (1) lists all created documentation in descending chronological order. After the **ESV** has been created, it will appear listed within this panel (1).

To **add a new record** (create an ESV),

1. Search and select the patient by the **patient search functionality**, or click the patient hyperlink from an **ESV-related report**,
2. Select the *Evoke SmartVisit* option from the **patient page or patient banner**,
3. Complete the required* fields (2) from the **Add New Record** page,
    a. Select "Evoke SmartVisit" from **Contact Type***
    b. Select the **Visit Type***
    c. Select the **Contact Date***
        i. **Note:** The **Contact Date** must be the date of service, and not the date the ESV is being created. The date of service is the date the provider evaluates the patient.
4. Click the **Create button** (3) to open and complete the new **Evoke SmartVisit**.

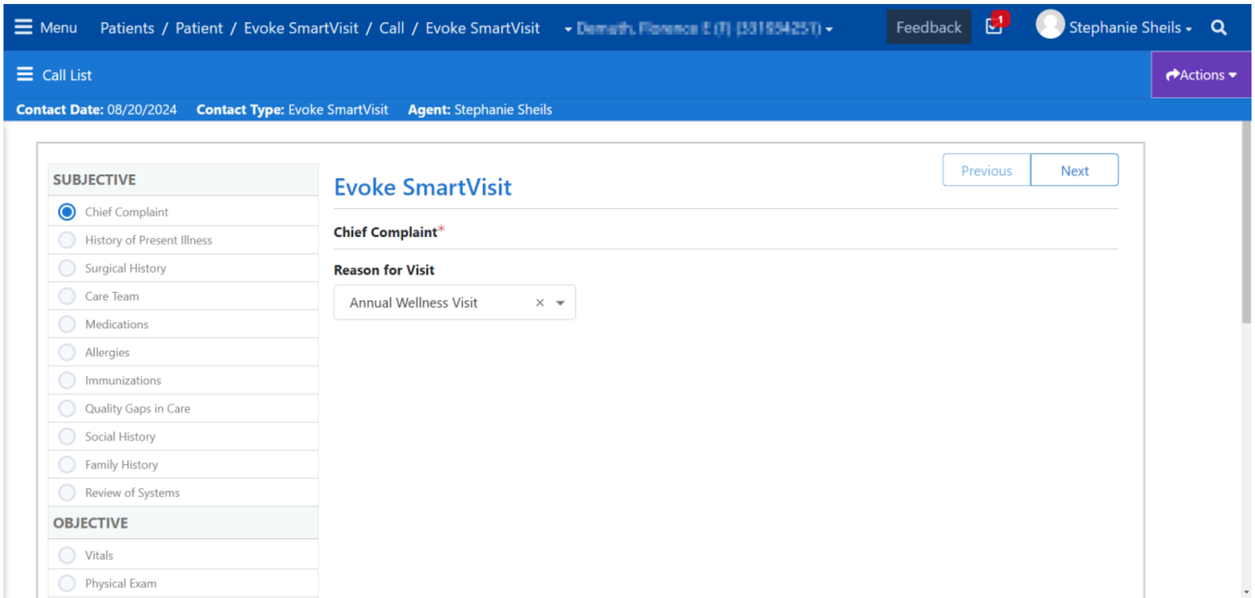


Overview of ESV module > Add New Record page.

Skip to Completing the ESV

Completing the ESV

Once you click the **Create button** from the **[Add New Record](#)** page, the **Evoke SmartVisit module** landing page will appear. The *Annual Wellness Visit* is prepopulated in the *Reason for Visit* field. There are no changes needed in this section.



The ESV assessment landing page.

SOAP note format

The ESV is structured in the **SOAP note forma**t. You are encouraged to complete the **SOAP** note starting with the HPI section. You may utilize the **Previous I Next** button in the upper-right corner of the page, or directly click on the section itself. You can revisit any section at any time.

1. ***S**ubjective*
2. ***O**bjective*
3. ***A**ssessment*
4. ***P**lan*

Note: Each category section has built-in logic that may display additional fields based on your selections. These additional fields usually prompt you to provide more information, which may or may not be required to complete the section.

Icon descriptions

Each category section is marked with an icon as you move through the ESV assessment. Selecting between sections of the ESV will mark the section with an indicative icon as seen below.

<u>All assessment sections must be marked as green to sign and complete the ESV</u>.

Icon	Icon Description
	Indicates a section is completed, and no required fields need to be addressed. Some sections do not have required fields at all. If you click the **Next** button on a non-required section without completing any fields, then the section will show as green.
	Indicates a section is pending and has required fields remaining to be addressed.
	Indicates the section is currently selected.
	Indicates a section has not yet been selected nor started.

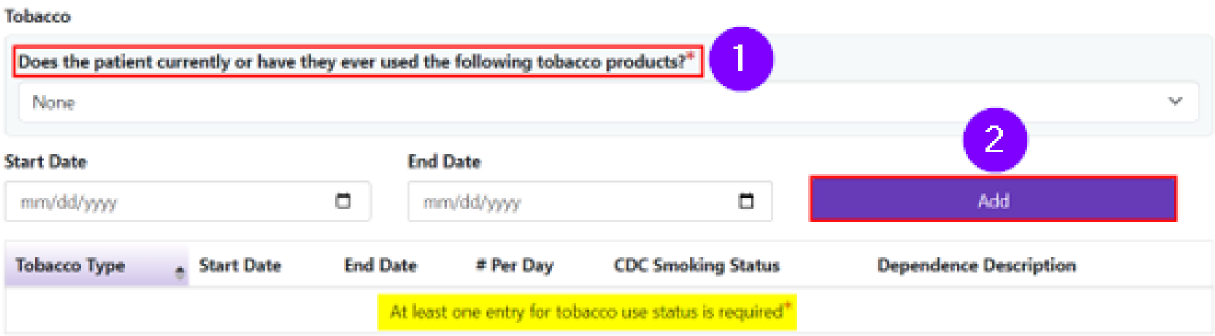
Subjective category tabs

The *Subjective* (S) category of the ESV is centered around gathering the patient's medical history.

Section Name	Section Description
Chief Complaint/ Reason for Visit	No changes are necessary in this section. **Reason for Visit** is defaulted to *Annual Wellness Visit*. You may click the dropdown to select *Other.*
History of Present Illness	This section will only reflect the HCC diagnoses previously reported. These previously reported HCC diagnoses will appear here and need to be addressed as active or resolved. **Active HCC diagnoses must also include an Assessment and Treatment Plan**. Any incorrect diagnoses may be deleted by using the trash can icon.
Surgical History	You can add a patient's surgical history information to a grid; the reason and the year of the surgery is required. You do not have to complete this section if the patient has no surgical history.
Care Team	You can add care team personnel and their specialty to this section. Care team personnel are logged in a grid sorted by the most recent dates of service. Providers who have previously reported a claim should appear.
Medications	The patient's current and past medication history can be documented here. Medications reported should display. Entries are sorted based on the medication/dose, date of last fill, and category. All medications must be reviewed and the question, *"Has the medication list been reviewed and reconciled with the patient?"* must be answered to complete this section.
Immunizations	You can add the patient's vaccination information within this section. Entries are collected into a grid and are sorted by most recent date of service. **Immunizations are currently limited to Flu, PCV13, PPSV23, COVID-19.**
Quality Gaps in Care	This section shows the patient's HEDIS information. It mirrors the information found within the Quality/HEDIS Section of the member's ScoreCard. **This section does NOT close gaps.**
Social History	You can document the patient's social history here. Alcohol, drug screening, and COPD information are documented within this section. S**ome fields trigger additional assessment questions.**
Family History	If no history exists for a particular family member, you can check the **No Relevant History** value at the top of the list. New values include **Adopted**, **Unknown**, and **N/A**.
Review of Systems	You can describe the patient's pain information here using a number scale and free text box. The Pain Assessment textbox will display grayed out as 'Not Applicable' if 'No' is selected the three pain questions. Additional information can be documented upon selection of a system.

More information about the Social History section

At least one entry for tobacco use status is required in the *Tobacco* area for *Does the patient currently or have they ever used the following tobacco products?** dropdown field. Furthermore, the **Add button must also be clicked after any selection is made**, even if the answer is *None*. Multiple entries may be added, including a diagnosis code to the assessment and plan based on the smoking status, and any entry can be removed from the grid.



Tabacco area of the Social History section.

More information about the Review of Systems section

All systems must be reviewed to complete this section. To save time, you can click the **Check All Normal checkbox** (1) to meet the required documentation for each system. To document abnormal findings, click into the system. Once an abnormal finding checkbox is selected or free text is added, the normal findings checkbox will be removed.

The **Pain Assessment textbox** (5) will display grayed out as 'Not Applicable' if 'No' is selected for *Are you currently experiencing pain of any kind?* (2), *Are you currently under pain management?* (3), and 0 is selected in the pain scale (4).

[Return to Subjective category tabs section]

Objective category tabs

The *Objective* (O) category of the ESV focuses on information that can be gathered during the patient visit, such as the patient's vitals, physical exam, screenings, and mental health information.

Section Name	Section Description
Vitals	Information on the patient's height, weight, blood pressure, and temperature can be documented here. This section also calculates the patient's BMI, notifying of abnormal BMI and possible diagnosis based on the BMI and presenting care plan options. Incorrect vitals entered can be removed and reentered. The height and weight are required in the first set of vitals. If documenting a second set of vitals, those fields will no longer be required.
Physical Exam	Click the **Check Normal for General Appearance, Eyes, Lungs, Heart, Skin/Integument checkbox** to meet the required documentation for each system; only the required sections will autopopulate. To document abnormal findings, click into the desired section. Once an abnormal finding checkbox is selected or free text is added, the normal findings checkbox will be removed.
Functional Status Assessment	You can add the patient's current cognitive status, mood, and impairments. Cognitive status and mood and affect are required to complete this section.
PHQ Depression	This section shows assessment questions related to screening, diagnosing, monitoring and measuring the severity of depression. If the patient is experiencing symptoms based on the first two questions (PHQ2), additional questions will appear (PHQ9). The severity rating, together with recurrence and type of depression dropdowns, will aid the provider with the proper diagnosis selection. Previously diagnosed conditions are also shown here for reference.
Diabetes	If toggle is selected to 'Yes' in the *Patient has diabetes?* question, then additional fields will appear to document the type of diabetes. A previously reported diabetes diagnosis will also display in this section.
Counseling	Allows you to document whether counseling was provided for the patient's preventative education (things like nutrition, tobacco use, etc.). Every counseling type must be marked as 'Yes' or 'No' for this section to be marked as completed.

Care of Older Adults Cognitive Impairment Assessment	Provides memory assessment questions involving activities like drawing a clock face and remembering certain words. The **Settings gear icon** located to the right of the three pre-selected words allows you to edit and choose your own.
Care of Older Adults Activities of Daily Living	Allows you to document whether the patient needs assistance with normal activities like eating, walking, shopping, and more. Every question must be marked as 'Yes' or 'No' for this section to be marked as completed.
Care of Older Adults Advanced Directive/ Living Will	You can record whether the patient has advanced directives, or a living will.

Assessment category tabs

The *Assessment* (A) category of the ESV documents the patient's diagnoses: suspected conditions, assessment & plans, and problem lists. Nuances will be clarified for certain areas below.

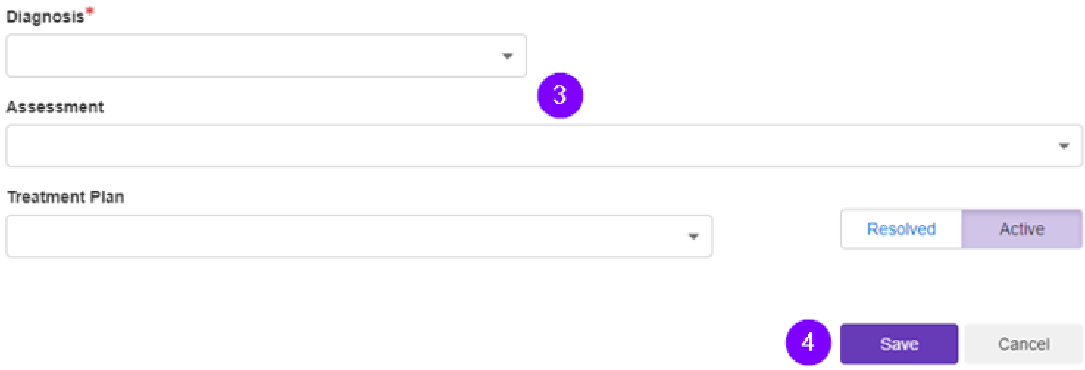
Section Name	Section Description
Suspected Conditions	The patient's suspected conditions are automatically generated using prior diagnoses and health information.
Assessment & Plan	This section allows you to document additional diagnoses to the ESV. These diagnoses will also appear in the patient's problem list section. Please note that this section will only reflect HCC diagnoses documented in the HPI section as active, as well as diagnoses captured in previous sections. Any previously reported HCC diagnoses that still need to be documented as active or resolved will also appear in this section.
Problem List	The problem list is automatically updated whenever a diagnosis is addressed in the note. A diagnosis marked as 'Resolved' will show a previously reported date but will not display a 'Last Reported Date.'

Skip to the ESV-related reports
Skip to the Frequently Asked Questions

More information about the Suspected Conditions section

You can click the **+Add to A/P button** (1) to open a **Diagnosis modal** (3) to add/save (4) the suspected condition to the *Assessment & Plan* section of the ESV, or you can click the **Reviewed button** (2) to indicate that the suspected condition has been reviewed, but not added to the *Assessment & Plan* section.

The +Add to A/P or Reviewed options in the Suspected Conditions section.



The Diagnosis modal in Suspected Conditions section to add/save to the A&P section.

Skip to Finalizing the ESV
Skip to the ESV-related reports
Skip to the Frequently Asked Questions

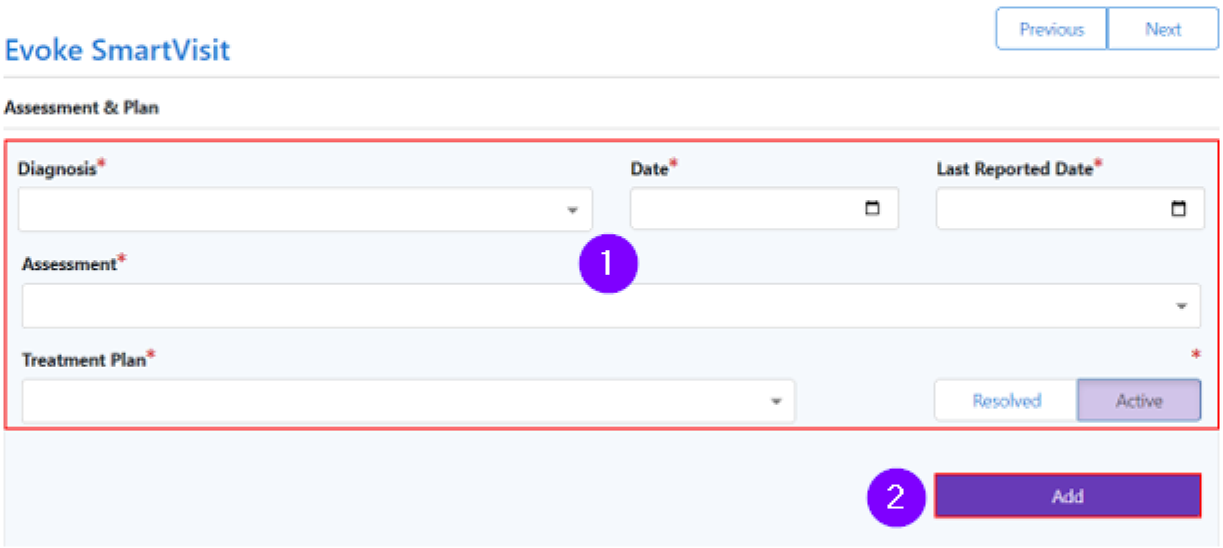
More information about the Assessment & Plan section

In the *Assessment & Plan section* (A&P), all previously reported HCC diagnoses will appear with a red line around them until they are updated with an A&P, or are **resolved** and/or **deleted** within the A&P or the HPI (*History of Present Illness*) section.

A resolved diagnosis will still display in the A&P as 'RESOLVED,' however, a deleted diagnosis will be completely removed without historical record.

To **add** a diagnosis,

1. Complete the **required fields*** located at the top of the section,
2. Search for the diagnosis by name or ICD-10 code,
3. Click the **Add** button,
    a. Diagnosis with A&P will display in list below in alpha-numeric descending order.



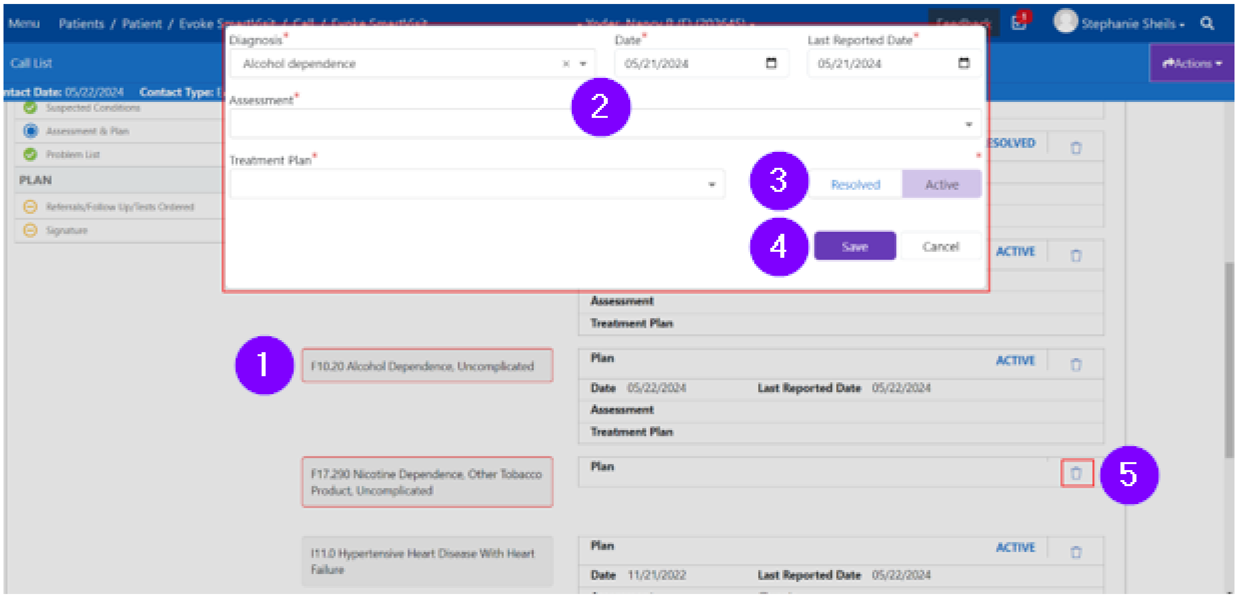
[Continue to next page for how to update or delete a diagnosis.]

To **update** a diagnosis (or change to resolved or active),

1. Click the **diagnosis** (1) to open the **Diagnosis modal** (2),
    a. Complete/Update required fields* as needed,
    b. Select ‘Resolved’ or ‘Active’ from the **Resolved | Active toggle** (3),
2. Click **Save** (4) or Cancel.

To **delete** a diagnosis,

1. Click the **trash can icon** (5) to the far right of the diagnosis,
2. Click **OK** to confirm deletion.



Overview of a selected diagnosis in the A&P section.

[Skip to Finalizing the ESV]
[Skip to the ESV-related reports]
[Skip to the Frequently Asked Questions]

Plan category sections

The *Plan* (P) category is the last area within the ESV and involves recommending further care for the patient. Here, referrals and follow-ups can be added prior to signing and completing the ESV.

Section Name	Section Description
Referrals/ Follow Up/ Tests Ordered	Allows you to document that the patient has been, or will be, referred to a specialist. You can also document whether any follow-up appointments or additional tests were scheduled with the patient. **Documentation in this section does not send an order.**
Signature	The signature is the final part of the ESV. This section serves as the final sign-off that the information herein is accurate and will lock the note. The signature can only be done once every section is marked as completed with a green checkmark. A red disclaimer will display Not all forms are valid if there is an incomplete section within the ESV. You should revisit all pending sections until each section is fully completed with the green checkmark.

Finalizing the ESV

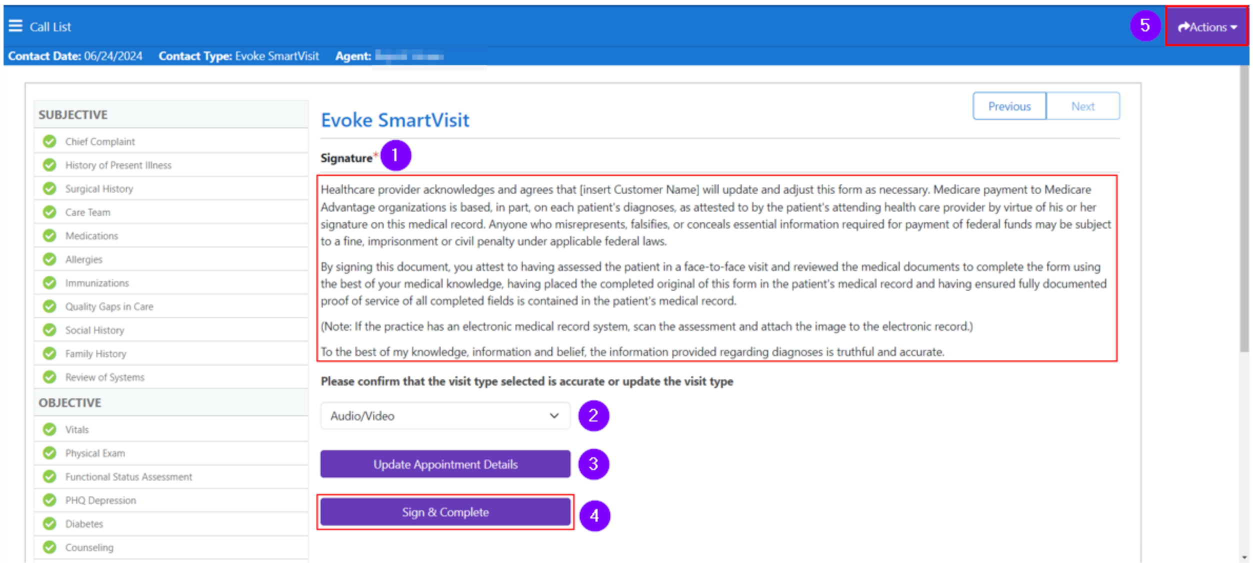
How to sign and lock

The *Signature* section is the final section of the ESV, and it requires that all previous sections have been completed with a green checkmark. You are encouraged to confirm that all information gathered in each section during the assessment is accurate before signing and locking the note.

Note: To sign and lock a note, you must have the assigned user role that grants this authority.

To sign and lock,

1. Read the *Signature* acknowledgement (1),
2. Confirm the visit type in the dropdown (2),
3. Click **Update Appointment Details** button (3) to update details, if needed,
4. Click the **Sign & Complete** button to open the **Signature modal**:
    a. Type in your name and credentials to serve as an electronic signature in modal,
    b. Click the **Sign & Complete** button, or Cancel.
    c. Review confirmation message: ‘Form signed and completed.’
5. Click **Actions** button (5) to [export](#) or [return to Call Preview page](#).



Overview of the Signature page.

Available actions from the ESV

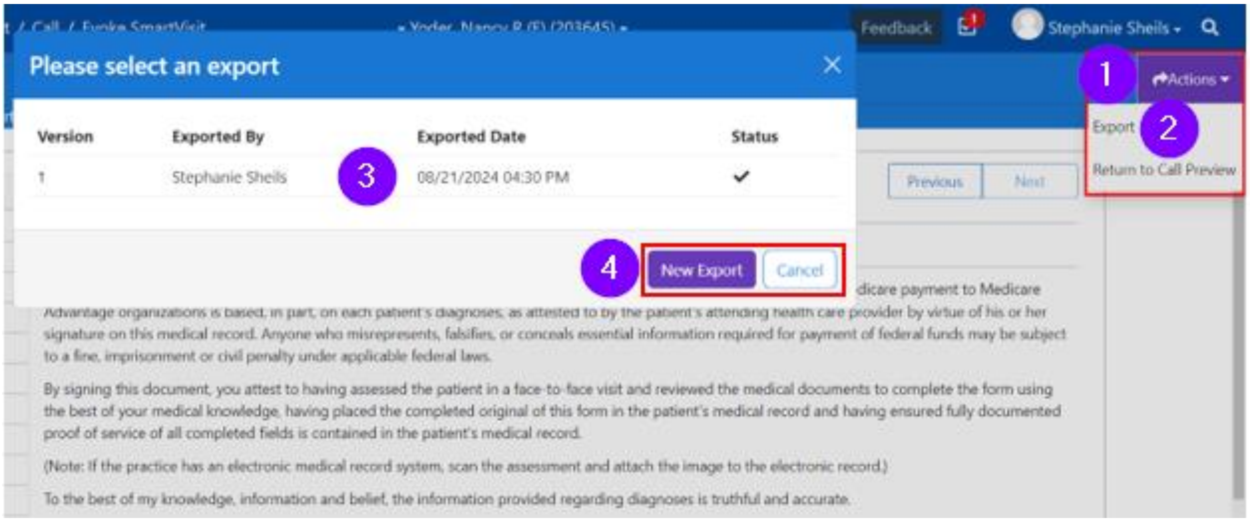
How to export

Once the ESV has been completed, the ESV can be exported, printed, and scanned into the current EMR.

To **export** the ESV,

1. Ensure desired **ESV** is open,
2. Click the **Actions** button dropdown (1),
3. Select the **Export** option (2),
4. From the modal, you can either:
    a. Click the export listed (3) to trigger an automatic download, or
    b. Click the **New Export** button (4) if the modal is blank or the ESV you would like to export is not yet listed,
        i. The **New Export** button will begin a .pdf download of the assessment. The conversion to .pdf may take a few moments, but when its ready, it will automatically download. From there, you can save the .pdf file to print and scan, or
    c. Click the **Cancel** button to cancel export action (4).

Note: Any addendums created in the Call Preview page will be displayed at the bottom of the PDF to ensure comprehensive documentation.



The Actions button > Export option.

How to return to Call Preview page

You can return to the **Call Preview page** of a completed ESV via the **Actions** button.

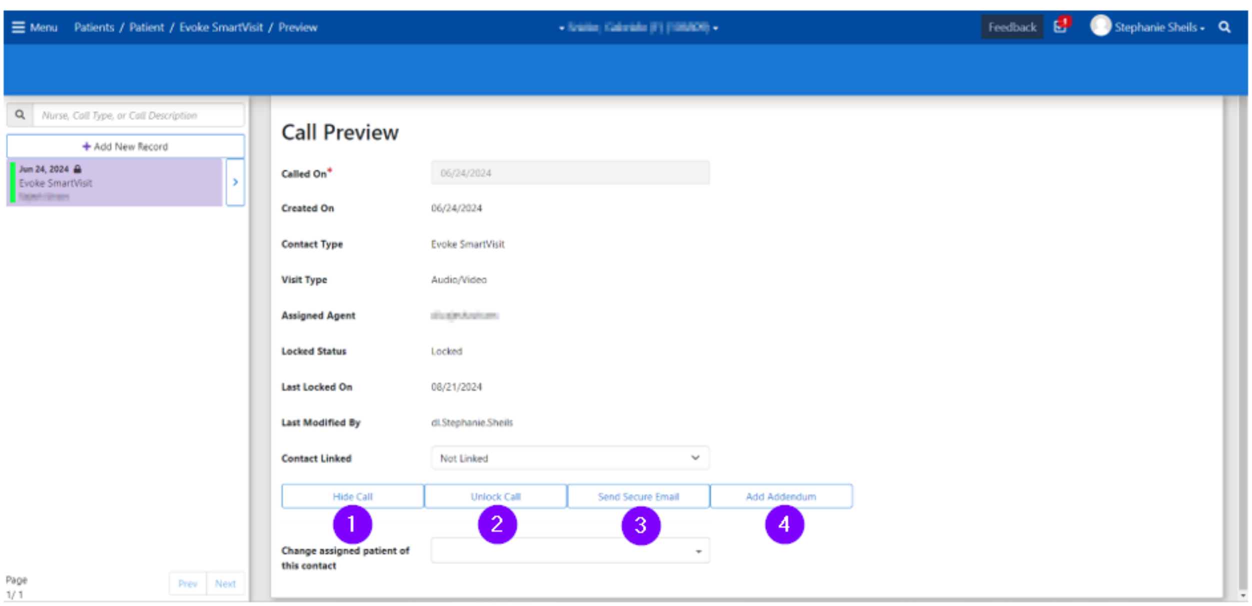
From the completed ESV,

1. Click the **Actions** button dropdown,
2. Select the **Return to Call Preview** option,
3. Review information on the **Call Preview** page.

Call Preview page capabilities (hide, unlock, send, or add addendum)

To perform the following actions, click the corresponding button from the **Call Preview page**:

1. Click the **Hide Call** button (1) to delete the ESV from the patient's documentation,
2. Click the **Unlock Call** button (2) to unlock the ESV and make changes,
3. Click the **Send Secure Email** (3) to send the ESV to another Evoke360 user,
4. Click the **Add Addendum** button (4) to add a note to the ESV,
    a. **Note**: Any addendums created in the Call Preview page will be displayed at the bottom of the PDF export to ensure comprehensive documentation.



Overview of the Call Preview page.

[Return to the Top]
[Skip to Frequently Asked Questions]

Utilizing ESV-related reports

Incomplete ESV/CPF Report

The **Incomplete ESV/CPF report** displays unlocked Evoke SmartVisit records for easy access via internal links. You must have the *ESV Tracker* user role to access this report.

Filters include Locations, User, and Service Periods.

Columns include Location Name/ID, Created By, Member Name/Subscriber ID, and Date of Service.

Hyperlinks include:

- **Member Name/Subscriber column** hyperlink, which automatically opens a new tab on the member's *Evoke SmartVisit > Call Preview* page.
- **Date of Service column** hyperlink, which automatically opens a new tab on the member's *Evoke SmartVisit* assessment.

Patient Documentation History

The **Patient Documentation History report** displays the history of patient documentation completed by a given user or group of users.

Filters include Contact Date, Created Date, Users, Role Groups, and ACP Call Types.

Columns include Contact Date, Member Name, Member ID, DOB, Contact Type, Contact Created By, Locked (Yes/No), Patient Touch (Yes/No).

Hyperlinks include:

- **Contact Date column** hyperlink, which automatically opens a new tab on the member's *Evoke SmartVisit > Call Preview* page.
- **Member ID column** hyperlink, which automatically opens a new tab on the member's *Evoke SmartVisit > New/Add New Record* page.

Frequently Asked Questions

Please refer to DataLink's **Help Center** for **Evoke SmartVisit FAQs**.

Return to the Top

