# **Outcomes Registry Training**

### ImproveCareNow & Hive Networks Kate Harrow, Dan Jeffers, Magen Phillips



# Agenda

Торіс	Lead	Time
Hive Introduction & Background	ICN	5 min
How to get access to Outcomes	Hive	10 min
Accessing and Navigating Hive Outcomes	Hive	5 min
Live Demo Registering Patients Consenting Patients Demographics Visit Data (Modular Switch) Changes made to Biologics Activation	Hive	25 min
Next Steps in Training	Hive	5 min
Questions & Support	Hive & ICN	5 min
Learning Lab Updates	ICN	5 min

### Hive Intro & Background

- BMI recommended that we find a replacement by July 2021.
- New registry will allow for faster changes and updates, more flexible forms
- Network Transition Design team was formed in February, consists of clinicians and coordinators.
- Meet weekly to discuss needed improvements, current state and provide feedback
- Many thanks to the team!!!

### **Registry Transition Team**

- Chip Samson
- Tiawana Thompson
- Melissa Perez
- Ken Grant
- Roger Odom
- Kelly Sandberg
- Meg Barnum
- Traci Jester
- Sharon Williams

- Ryan Waduge
- Kim Shelly
- Steve Steiner
- Sharon Perry
- Alicia Tirloni
- Mallory McFarren
- Marc Tsou
- Serena Ames
- Maura Downing
- Sandy Kim
- Jamie Hicks

- Chelly Dykes
- Krista Tice
- Jennifer Firth
- Ashley Kiel
- Brendan Boyle
- Ulka Kothari
- Meryl Perlman
- Whitney Gray
- Leah Siebold
- Sapana Shah

## Access to Hive Outcomes

### Updating User Permissions in Outcomes

### • New Feature

• No need to contact the helpdesk when staff changes occur

### • Self-Support

- Allows for key contact to assign and update user access/permissions
- Only for users that have registered for the platform
- Account info
  - Existing registry access will NOT work
  - ICN Hub account required

### Key Contact/Site Admin

- Go to Outcomes and click User Administration.
- NOTE: If you are a site admin at multiple care centers, you must select the appropriate care center from the drop down in the top right corner prior to clicking on User Administration



• Only users who are in your care center will show in the list. You can filter the list by typing a name. Select a user to manage permissions.

### Key Contact/Site Admin

- To allow PHI access, check the first box. This lets the user see, add and update patients.
- The last three boxes relate to how much information a user can see within reports. More details will be added here later. It is probably best to check all for now, as this layer of granularity is new to the network.



### Live Demo

- Accessing Outcomes
- Registering a new patient
- Activation
- Visits
- Finding a patient and making an update

# Registering a New Patient in ICN Outcomes



### Accessing Outcomes from The Hub



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### **Outcomes Home Screen**



## Adding A New Patient

= 🐳			Q		8
Outcomes / My Patients				Hive Networks	$\bigtriangledown$
ADD NEW PATIENT	My Patients				
	First Name		Last Name		
	Date of Birth MM/DD/YYYY		MRN Number		
	Current Status		SEARCH	CLEAR	
	Co	nduct a query to display a	a list of matching patien	ts	



### Adding a New Patient--Patient Information

= 🐳			Q
Outcomes / My Patients / Add Patient			
	Register Participant		
	Patient MRN *		
	000111222333		
	First Name *	Last Name *	
	Magen	McTest	
	Date of Birth * Jan マ 1 マ 2000 マ (		
	Confirm Date of Birth *	_	
	Jan 🗸 1 🗸 2000 🗸 🚺		
	Gender *		
	Female		$\bigtriangledown$



### Adding a New Patient--Consent Information

#### Consent Information

Document participant's consent information? \*

Yes No
 Type of Consent \*
 E-Consent Paper Consent
 Consent Status \*
 Consented Refused Withdrawn
 Consent Decision Date \*
 Jun v 14 v 2021 v (c)



### Adding a New Patient--Saving Information

💛 E-Consent 🛑 Paper Consent
Consent Status *
🛑 Consented 🚫 Refused 🚫 Withdrawn
Consent Decision Date *
Jun ▽ 11 ▽ 2021 ▽ ট
/erification
Have you reviewed the data entered on this form in its entirety and verified that it is accurate and complete? *
Reason for Change *
Initial Registration



### **View Patient Information**

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Outcomes / My Patients / View Patien Magen McTest	nt							VPDATE PATIENT
Forms						Stu	udies	
ICN Registration	+	Registration		Activation	+			
No Submissions		01-01-2000	SELECT	No Submissions				
Hospitalization	+	Visit		+				
No Submissions		No Submissions						

# **ICN Registration Form**

### **ICN Registration-Patient Information**

	Q
Outcomes / My Patients / View Patient	/ Update Patient
	ICN Registration
r	Jun          14           2021
	Patient date of birthJan012000
	Date of diagnosis       Jun ◆     02 ◆       Supply as much of the date as is known
	Patient's diagnosis <ul> <li>Crohn's Disease</li> <li>Ulcerative Colitis</li> <li>Indeterminate Colitis</li> </ul>
	Gender



### **ICN Registration-Patient Information**

Outcomes / My Patients / View Patient /	Update Patient
<	Date of diagnosis
	Jun     O2     O2     O2       Supply as much of the date as is known
	Patient's diagnosis
	Crohn's Disease Ulcerative Colitis Indeterminate Colitis
	Gender
	O Male 🗧 Female
	Ethnicity
	○ Hispanic ● Non-Hispanic ○ Not assessed/collected
	Race
	American Indian or Alaska Native
	Asian Black or African American
	Native Hawaiian or Other Pacific Islander
	Vhite
	Not assessed/collected
	Other:
	Check all that apply



### **ICN Registration-Parent Education**

Outcomes / My Patients / View Patient / Update Patient



#### Parent's Education

#### Mother

- O Did not graduate high school
- Graduated high school/GED
- Some college
- Graduated college
- Attended graduate school
- 🔘 Unknown
- Indicate the highest level of education completed

#### Father

- O Did not graduate high school
- Graduated high school/GED
- Some college
- Graduated college
- Attended graduate school
- O Unknown
- Indicate the highest level of education completed





### **ICN Registration-Insurance**

#### Outcomes / My Patients / View Patient / Update Patient

←

#### Health Insurance

Patient's health insurance

- O Medicaid
- Commercial
- O Both Medicaid and Commercial
- O No Insurance
- O Don't know

Previous



## ICN Registration-Height/Weight at Dx

Outcomes / My Patients / View Patient / Update Patient

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Recent height not available	Recent height from at least 6 months prior to the visit (to the nearest tenth)	Date height was measured May 🗘 12 🗘 2021 🗘 🚃			
	130.0				
	Enter in cm				
Recent weight not available	Recent weight from at least 4	Date weight was measured			
	months prior to the visit (to the nearest tenth)	May 🗘 12 🌲 2021 🖨 🧱			
	51.2				
	Enter in kg				

Previous



### **ICN Registration-Disease Classification**

Outcomes / My Patients / View Patient / Update Patient

←

#### Extent of disease: Crohn's Disease/Indeterminate Colitis Patients only

Macroscopic Lower GI disease

○ None

- Colonic only
- Ileal only
- Ileocolonic
- O Not Assessed
- On't know

Macroscopic Upper GI Disease proximal to the ligament of Treitz

Yes
No
Not Assessed

O Don't Know

Macroscopic Upper GI Disease distal to the ligament of Treitz

- Yes
   No
   Not Assessed
- O Don't Know



### **ICN Registration-Disease Classification**

Outcomes / My Patients / View Patient / Update Patient O Not Assessed <del>`</del> O Don't know Macroscopic Upper GI Disease proximal to the ligament of Treitz Yes O No O Not Assessed O Don't Know Macroscopic Upper GI Disease distal to the ligament of Treitz Yes O No Not Assessed O Don't Know What is the Crohn's disease phenotype? Inflammatory, non-penetrating, non-stricturing ○ Stricturing only O Penetrating only Both stricturing and penetrating O Don't know Perianal phenotype Yes O No O Unknown

Previous



### **ICN Registration-Disease Classification**

Outcomes / My Patients / View Patient / Update Patient

 $( \leftarrow )$ 

Have you reviewed Ves No	the data entered on this form in its entirety and verified	d that it is accurate and complete?*	
Reason for Change*			
Initial Submission			
Previous		Submit Form	
	utcomes / My Patients / View Patient	t / Update Patient	
		Thank You	
		The form was submitted successfully.	

## View Patient--Landing Page

Outcomes / My Patients / View Patient

Magen McTest

#### UPDATE PATIENT

#### Forms

ICN RegistrationSINGLERegistrationSINGLEActivation+06-14-2021SELECT01-01-2000SELECTNo Submissions

Hospitalization	+	Visit	+
No Submissions		No Submissions	

Studies



# Activation



### Activation

Outcomes / My Patients / View Patient / Update Patient

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S*		
tivated activated		
of status change *		
↓ 14      ↓ 2021      ↓     ↓		
Verification	Next	
Have you reviewed the data entered on this form in its entirety and verified that it is accurate and complete?" <ul> <li>Yes</li> <li>No</li> </ul> Reason for Change *		
Initial Submission		
	:omes / My Patients / View Patient / Update Patient	
	tivated eactivated moved of status change * 2021 2 2021 2 2021 2 View Patient / Update Patient View Patient / Update Patient Verification Have you reviewed the data entered on this form in its entirety and verified that it is accurate and complete?* Yes No Reason for Change*	tivated activated moved of status change * 2 2021 2 22 Ver Patient / Update Patient Ver Patient / Update Patient Ver Patient / Update Patient Ver Patient / Update Patient Nex you verviewed the data entered on this form in its entirety and verified that it is accurate and complete? Ver Patient / Update Patient Reason for Change* Initial Submission

## View Patient Landing Page

utcomes / My Patients agen McTest	/ View Patient						UPDATE PATIENT
Forms						Studies	
ICN Registration		Registration		Activation	. +		
06-14-2021	SELECT	01-01-2000	SELECT	06-14-2021	SELECT		
Hospitalization	+	- Visit		+			
No Submissions		No Submissions					

# **Entering Visit Data**

### Visit Data—Type of Visit

Outcomes / My Patients / View Patient / Update Patient



● IMPROVE**CARE**NOW

### Visit Data-Assessment Information

Assessment	
Current visit entered by:	
Jim Davidson	
Primary attending gastroenterologist	
Dr. Frankenstein	\$
Secondary provider	
Select A Provider	\$



## Visit Data—Diagnosis Information

Outcomes / My Patients / View Patient / Update Patient

←

#### Diagnosis/Colectomy/Ostomy

What is the patient's current diagnosis?

● Crohn's disease ○ Ulcerative colitis ○ Indeterminate colitis

Has the patient had a colectomy?

○ Yes ○ No ○ Unknown
 If yes, and the patient's diagnosis is UC, the patient should be deactivated)

Does the patient currently have an ileostomy or a colostomy?

🔾 Yes 🔵 No 🔷 Unknown





### Visit Data—Visit Symptoms

Outcomes / My Patients / View Patient / Update Patient

#### Symptoms

In the following set of questions, describe the symptoms on the worst day in the last 7 days.

General well-being related to IBD

○ Well/Normal

🔵 Fair

Poor

O Don't know/Not assessed

Limitations in daily activities related to IBD

O None

Occasional

Frequent

On't know/Not assessed

Abdominal pain due to IBD

O None

🔘 Mild

- Moderate to severe
- On't know/Not assessed





←

### Visit Data—Stool Information

comes / My Patients / View Patient / Up	ate Patient			
	tools			
	the following set of questions, describe the stools on the	worst day in the last 7 days.		
1	tal number of stools per day		•	
	.0 Iter 0 if none	Not assessed		
	ost stools were: Pormed Partially formed Liquid			
	Don't know/Not assessed			
	umber of liquid/watery stools per day	Not assessed		
	Did the patient report bloody stools? Yes O No Don't know/Not assessed			
	f blood was present, the typical amount was: Small amount in <50% of stools Small amount in >50% of stools Large amount Not available/assessed			
	Nocturnal diarrhea Yes 🚫 No 🚫 Not available/assessed			
	Previous	Next		
		Progress		


## Visit Data—Extraintestinal Manidestations

Next

## **Extraintestinal Manifestations**





# Visit Data-Visit Exam Information

Outcomes / My Patients / View Patient / Update Patient

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#### Exam

#### Abdominal exam

- No tenderness, no mass
- O Mild tenderness or questionable mass without tenderness
- O Moderate to severe tenderness; involuntary guarding, definite mass
- O Don't know
- O Not assessed

#### Perirectal exam at current visit

- O Normal or asymptomatic tag, non-draining fistula without tenderness, no deep fissuring or abscess
- Mildly inflamed skin tag(s), 1 to 2 indolent fistulas with scant drainage (No tenderness, deep fissures or abscess)
- Severely inflamed skin tag(s), active fistula with drainage, tenderness, abscess, or deep fissure
- 🔵 Don't know
- Not assessed





## Visit Data—Disease Assessment

/ My Patients / View Patient / Update Patient

Disease assessment	
Physician's global assessment of current disease status: Quiescent Mild Moderate Severe Don't know/not assessed	
Extent of Disease: Crohn's disease/Indeterminate Colitis Patients Only (select one for each category):	
Macroscopic Lower GI disease          None         Colonic only         Ileal only         Ileocolonic         Not Assessed         Don't know	
Macroscopic Upper GI Disease proximal to the ligament of Treitz  Yes No No No Not Assessed Don't Know	
Macroscopic Upper GI Disease distal to the ligament of Treitz	
<ul> <li>Yes</li> <li>No</li> <li>Not Assessed</li> <li>Don't Know</li> </ul>	
Crohn's disease phenotype Inflammatory, non-penetrating, non-stricturing Stricturing only Penetrating only Both stricturing and penetrating Don't know	
Perianal phenotype <ul> <li>Yes</li> <li>No</li> <li>Unknown</li> </ul>	
Previous	Next
Progress	



# Visit Data—Nutrition and Growth Status

Nutrition and Growth Status	
Nutrition status	
Satisfactory	
O At risk	
O In failure	
Not assessed	
For patients less than 18 years old, Growth status	
Satisfactory	
🔘 At risk	
🔘 In failure	
Not assessed	
Since the last visit, has the patient been in continuous remission?	
🔾 Yes 🕒 No 🔷 Don't Know	
Since the last visit, has the patient had a serious infection?	
🔾 Yes 🕒 No 🔷 Don't Know	
Note: A serious infection is one that requires hospitalization or IV therapy	
Previous	Next
Progress	



# Visit Data—Psychosocial Risk

Outcomes	/	My Patients	/	View Patient	/	Update Patient
----------	---	-------------	---	--------------	---	----------------

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#### Psychosocial Risks

Are there psychosocial factors that are felt to significantly impact the patient's medical care?

YesNo

O Don't Know

Previous	Next	
Progress		

# Visit Data—Visit Labs

aboratory Analysis		
Blood Labs		
Blood Lab Date Jun ♀ 14 ♀ 2021 ♀ 📰		
Which blood lab values are you rep CRP 🗹 Hematocrit 🗹 ESR		
Blood Lab Results		
Hematocrit		
34.00 Enter a value 12-55		
Erythrocyte Sedimentation Rate (ESR)	ESR Outside Detectable Range O Below the detectable limit	
10.00	Above the detectable limit	
Stool Labs		
Stool Lab Date		
◆ ◆ ◆ <b>■</b>		
Which stool lab values are you re		
Stool Lab Results		
Previous		Next
	Progress	NEAL
	Progress	



# Visit Data—Non-Biologic Medications

# Non-biologic Medications Is the patient currently taking any non-biologic prescription medications for IBD? Yes No Don't Know Aminosalicylates Is the patient taking any oral aminosalicylates? Yes No On't Know Rectal Therapy Is the patient taking any rectal therapy? Yes No On't Know



# Visit Data—Non-Biologic Meds Cont.

Corticosteroids	
Is the patient taking any corticosteroids? Yes No Don't Know	
Prednisone	Prednisone dose (mg/day)
	20.00
Budesonide	
Methylprednisolone	

# Visit Data- Non-Biologic Meds Cont.

Immunomodulators	
Is the patient taking any immunomodulators Yes No Don't Know	
6MP	
6MP dosing range should be between 12.5 and 300. Please revie	2W.
Azathioprine	
Allopurinol	
✓ Methotrexate	Methotexate dose (mg/wk)
	25
Methotrexate route Subcutaneous PO IM ODon't Know	
Folic Acid	
Tofacitinib	



# Visit Data- Non-Biologic Meds Cont.



### Antibiotics for IBD

Is the patient taking any antibiotics for IBD?

🔾 Yes 🔵 No 🔷 Don't Know

# Visit Data—Non-Biologic Meds Cont.

Is the patient currently taking the following?	
An enteral caloric intake supplement? Ves No ODon't Know	
Enteral nutrition as primary therapy? Ves ONO Don't Know	
Other prescription meds for IBD (per site discretion)? Yes ONO ODON't Know	
Additional Medication Name 1	
Vitamin D	
Medication 1 Dose/Unit/Interval	
400 IU/QD	
Additional Medication Name 2	
Medication 2 Dose/Unit/Interval	
Previous	Next

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# Visit Data—TPMT Results

ТРМТ
Has TPMT been measured? Yes O No
TPMT Genotype <ul> <li>Normal</li> <li>Heterozygous</li> <li>Homozygous Recessive</li> <li>Not Done</li> </ul>
TPMT Genotype Date May
May 31 2021
Previous
 Progress

# Visit Data—Endoscopy Infromation





# Visit Data Verification and Submission

Have you reviewed the data entered on this form in its entirety and verified that it is accurate and complete?*     Yes	Verification
Initial Submission	Yes
Previous Submit Form	Reason for Change *
	Initial Submission
Progress	Previous Submit Form
	Progress
	Outcomes / My Patients / View Patient / Update Patient
Outcomes / My Patients / View Patient / Update Patient	E

IMPROVECARENOW<sup>™</sup>

# View Patient—Landing Page



## Biologic Structure Change – One Source of Truth

ICN2 Regist		Welcome, Christy Lewis (Logout) Improve Care Now: ICN Demo Training (Change) Home Registry - Reporting - Analysis - Feedbac					
ImproveCareNow Net	vork	Home Registry - Reporting - Analysis - Feedbac					
<b>S</b>	Full Screen Change Participant	Last Updated : 01/15/20	Infliximab				
CN Degistry	View Mode		🗹 Remicade				
ICN ID: 200 Birth 01/13/2010 Date: (11 yr)	Gender: Male						
Registration Visit Activation	Hospitalization		Date of first Remica induction dose	ade	Remicade induction dose	Remicade induction unit	
Choose Visit : 01/15/2016	Add Visit			÷ 🔳		○ mg ○ mg/kg	
Visit Information		🖋 Save 🏦 🏠	÷ ÷	·			
Assessment	Biologic regimen following today's visit, starting with next dose		Date of first Remic	ade	Remicade maintenance dose	Remicade maintenance unit	Interval
<ul> <li>Diagnosis/Colectomy/Ostom</li> <li>Symptoms</li> </ul>	Since the last visit, was an induction dose given for any biologic? (select on	e) 🖸	maintenance dose			O mg	
Stools	Yes		¢ ¢	÷ 📰		🔘 mg/kg	
Extraintestinal	O No						
Manifestations	O Don't Know		Remicade change o	ptions			
	Deselect		Continue				
<ul> <li>Disease Assessment</li> <li>Nutritional and Growth</li> </ul>	Date of first induction dose		Dots Adjustment				
Status	02/02/2021 🗷 🔊						
Psychosocial Risk	Which biologic was initiated at this induction dose? (select one) 🔊		Remicade Dose adj	ustment	Remicade new dose	Remicade new dose unit	Remicade new interval
🕑 Lab			date	astinone	Remiedae new dose	O mg	
Medications	<ul> <li>Remicade (Infliximab)</li> <li>Remsima (Infliximab)</li> </ul>		\$\$	÷ 📷		o mg/kg	
<ul> <li>Prior Medications</li> <li>Medications</li> </ul>	O Inflectra (Infliximab)		The date the order w	as changed			
Aminosalicylates	O Renflexis/Flixabi (Infliximab)		e, the provider				
Rectal Therapy	O Ixifi (Infliximab)						
Corticosteroids	Cimzia (Certolizumab)     Humira (Adalimumab)						
Immunomodulators	O Cyltezo (Adalimumab)		1. Create	one sou	rce of truth		
Immune Suppressant	O Imraldi (Adalimumab)		• (	urront [	Registry - biologic is	colocted for induct	ion and than usor
Antibiotics for IBD	Amjevita/Solymbic (Adalimumab)     Turahri (Notelizumab)				• • •		
Enteral Nutrition     Biologics	<ul> <li>Tysabri (Natalizumab)</li> <li>Simponi (Golimumab)</li> </ul>		S	crolls do	own to biologic to in	put dose/interval (	user could enter data
D TPMT	O Stelera (Ustekinumab)		а	σainst t	wo different biologi	rs)	
■ 6MP/AZA	O Entyvio (Vedolizumab)			-	-	•	
D Therapy	Deselect		• N	iew buil	d – all content relev	ant to a specific bio	Diogic is under that
Infliximab	Infliximab		h	eading.			
Endoscopy/Imaging	Remicade Dose (mg) 150 Treatment Period Mainter	nance 🗸 🔊 Dosing Interval (wks) 8					
	□Remsima 🔊						

# Biologic Updates (cont.)

Infliximab			
Z Remicade			
Date of first Remicade induction dose	Remicade induction dose	Remicade induction unit Mg Mg/kg	
Date of first Remicade maintenance dose	Remicade maintenance dose	Remicade maintenance unit O mg O mg/kg	Interval
Remicade change options Continue Dotş Adjustment End			
Remicade Dose adjustment date the date the order was changed by the provider	Remicade new dose	Remicade new dose unit mg mg/kg	Remicade new interval

2. Addition of UOM fields - option to select mg or mg/kg for infusions, improve data quality.Validations will be added to support correct entry based on UOM.

3. Want data to carry forwardPlan: Data in boxed area will populate with data

- Data is confirmed by selecting "Continue"
- Data is updated by selecting "Dose Adjustment"
- Or biologic is ended by selecting "End"

4. Capture of Dose Adjustment content to enable insight to reactive TDM

- Today a dose adjustment can be inferred when new dose and/or frequency or interval is entered - Checkbox and fields more clearly capture this (this is existing content captured in a new way)
- B. Addition of date field enables insight to reactive TDM (this is new content)

## **Biologic Scenario 1:**

How do we document **no change** to a biosimilar?

- 1. Review medication dose & interval
- 2. If no changes, select Continue

Infliximab Remicade					
Jan 🗘 11 🗘					
2021 🗘 🏧					
Date of first Remicade maintenance dose	Remicade maintenance dose	Remicade maintenance unit	Interval		
May \$ 19 \$	7.00	⊖ mg	4		
2021 🛊 🚃		🔵 mg/kg			
Remicade change options*					
Continue Obse Adjustment End Remsima					
options* Continue Dose Adjustment End Remsima Date of first Remsima induction dose	Remsima induction dose	Remsima induction dose unit			
options* ● Continue ● Dose Adjustment ● End ■ Remsima Date of first Remsima	Remsima induction dose				
options* Continue Dose Adjustment End Remsima Date of first Remsima induction dose	Remsima induction dose	unit O mg	Remsima maintenance interval		
options* Continue Dose Adjustment End Remsima Date of first Remsima induction dose Date of first Remsima Date of first Remsima	Remsima maintenance	unit O mg O mg/kg Remsima maintenance	Remsima maintenance interval		

## **Biologic Scenario 2:**

How do we document a transition to a biosimilar?

- 1. For original drug select end
- For new bio-similar enter date of first maintenance dose, dose amount, UOM and interval

(See Example on Right Original – Remicade, New - Remisma)



## **Biologic Scenario 3:**

How to document biologic if we **don't know the induction date for a patient that transfers into our care**?

If recently started: (<6 months)

- Include any details you do know for induction
- Most important to provide induction Month and Year, if known
  - This will enable new start therapeutic drug monitoring

If has been on biologic for some time:

- Provide induction Month and Year, if known
  - This will enable Yr1 and/or annual drug monitoring
- Capture current maintenance dosing

Infliximab			
Z Remicade			
Date of first Remicade induction dose	Remicade induction dose	Remicade induction unit mg mg/kg	
Date of first Remicade maintenance dose	Remicade maintenance dose	Remicade maintenance unit O mg O mg/kg	Interval
Remicade Dose adjustment date the date the order was changed by the provider	Remicade new dose	Remicade new dose unit mg mg/kg	Remicade new interval



- Data migration/testing ongoing right now
- Completion of configuration and final release- June
- Data entry access activated- June 28-30
- Report roll out- beginning in July
- Key contact guidance re: user permissions

# Got Questions? We have Answers.

info@improvecarenow.org	helpdesk@improvecarenow.org
General ICN Questions	Hub Access
QI Reports (Narrative Reports, 90-Day Goals, Annual Aims) Community Conferences Pathway to Mastery & Learning Labs Maintenance of Certification	Outcomes Registry <ul> <li>General Questions</li> <li>Access</li> <li>Known Issues</li> <li>Data &amp; Reports</li> <li>Exceptions</li> <li>Patients Lists</li> </ul>
Regulatory Questions	Hub New Registry (Outcomes) Group
	icnhub.org/index.php/groups/155
legal@improvecarenow.org	Outcomes Registry Enhancement Suggestions
Legal Questions	Outcomes Registry Questions







All information located on the <u>ICN LOCC Webpage</u>

# ICN FALL 2021 LIVE ONLINE COMMUNITY CONFERENCE



# Stronger Together: Cultivating Our Shared Future

# September 30 & October 1

- Registration coming soon!
- There will be a small registration fee for select community members to attend the LOCC:
  - Patient, Parent/guardian, families: No Charge
  - ICN QI Team Members (Nurses, Dietitians, Coordinators, Social Workers, etc.): \$100
  - ICN Physicians, Physician Assistants, and Advanced Practice Clinicians: \$250

# **Call for Proposals**

- Be a part of the Fall 2021 ImproveCareNow Live Online Community Conference faculty!
- Any member of the ImproveCareNow community who plans to attend the Fall Community Conference, and can commit to meeting all deadlines for presentation material submission, is encouraged to submit a proposal.
- Review the full Call for Proposals <u>here</u>.
- Proposals are due to <u>info@improvecarenow.org</u> by July 16.



# Provider Input for PAC Projects!

- The PAC is preparing to launch a project on diversity, equity, and inclusion. We are asking the full ICN community to take <u>this survey</u> so the PAC can curate this project to the community's needs/wants (providers especially encouraged to respond!).
- PAC Podcast: The Patient Advisory Council (PAC) is seeking provider input on an upcoming <u>imPACt Podcast</u> episode about IBD-Associated Arthritis. Any GI and/or rheumatology docs interested and able to provide their expertise, please reach out to <u>PAC@improvecarenow.org.</u>

# **Contact Management System**

The Contact Management System (CMS) on the Portal is closed as of Friday, June 11. Make sure your entire team, including new team members, have registered for the Hub, which will replace the CMS. If you have any issues or questions, please contact info@improvecarenow.org.

## Ensure your site has access to the ICN Hub!

- All sites will need accounts for the ICN Hub (<u>https://icnhub.org</u>) to access the new registry!
  - Test your access now using your institution's network
  - If you haven't already, register yourself and ask your team to register using the code BETTERTOGETHER to join the collaborative platform and future home of the new registry
- If the site is inaccessible, we encourage you to proactively reach out to your Information Technology (IT) department and ask that the website and/or email domain be whitelisted within your network.
  - Whitelisted means that the domain has been identified as an approved site for users to access within the network

# More Registry Training Opportunities

At least one member from each ICN Center MUST attend at least one training session

- Population Management: Thursday 6/17 at 12pm ET
- Adherence: Friday 6/25 at 11 am ET
- Pre-Visit Planning: Monday 6/28 at 12pm ET
- Clinical Standardization/Population Care: Tuesday 6/29 at 12pm ET

## IRB – Update ICN Protocol as needed at your center

Centers should have received information on May **19 from ICNIRBteam@improvecarenow.org** about a newly approved IRB protocol for ICN. Please take any necessary steps at your center to update the protocol accordingly to ensure you maintain compliance. Reach out to the ICN IRB Team if you have any questions.

# ICN CIRCLE Sign-ups

- Make sure to ask five patients or families to sign up for CIRCLE this week to help us reach our 12,000 goal!
- Use <u>the toolkit</u> to learn more about best practices to get folks signed up!



#### **CIRCLE Sign-up Toolkit**

Patients and their families live with IBD for 8,760 hours a year. The time spent in clinic is only a small fraction of that. They have questions and need resources, tools, and connections to improve their quality of life. On the flip side, they also have ideas, experiences, and information that, if given the opportunity to share, could help improve someone else's quality of life. In this day and age, we know patients and families find and share much of their information online and ImproveCareNow can offer trusted resources and opportunities to share.

ImproveCareNow has answers to the questions patients and families ask, clinician-reviewed resources developed by patients and families, and opportunities to context to other patients and families across the country. CIRCLE elevewister offers a consistent way to learn about those things and a doorway to preater connection if they choose.

Our Ask: Please review the CIRCLE Sign-up interventions listed below and determine which one(s) you and your team have the capacity to implement at your center.

1. Introduce CIRCLE during patient visits: We know this is the most effective method for getting sign ups! During an office visit, clinic visit, or telehealth visit, encourage patients and parents to sign up to join our CIRCLE verbally (see Appendix A for sample scripts and additional details)

- A. Use an infographic with QR code to guide the discussions and access the sign-up site
- B. Use a tablet or computer to guide the discussion and access the sign-up site
- C. Use a sign-up card to collect a patient's or parent's information to sign them up after the visit

2. Include CIRCLE Sign-up Link in after-visit summaries: Work with your clinical team to incorporate the CIRCLE sign-up link in after-visit summary communications, for both in-office and telehealth visits (see Appendix B for details)

3. Connect with patients and parents through email communications: Send an email about ICN and CIRCLE
sign-up to all patients and parents in your center's contact list (see Appendix C for sample email language)

4. Post the ICN "Join Our CIRCLE" fiver in the office waiting room or clinic: Print the "Join Our CIRCLE" and/or
 "Find Your Community" fiver to hang it in your office waiting room or other clinic location (see Appendix D for details)

# June Narrative Reports are due by July 4th

## Submit here: <a href="https://is.gd/ICN\_Narrative\_Report">https://is.gd/ICN\_Narrative\_Report</a>

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ICN Narrative Report						
All teams are encouraged to complete this report as a key feature of participating in ImproveCareNow. We value your ongoing support to share infromation and drive improvement in our community.						
Month: * must provide value	Please select the preceding month.					
Center: * must provide value						
Learning Lab(s): * must provide value Foundations Population Management	Multidisciplinary Pre-Visit Planning Adherence					
If unsure which Learning Lab(s) your center is in, please review the Learning Lab Center List by	Research Improvement Trailblazers					