ImproveCareNow Telehealth Guidance

In response to COVID-19, telehealth has been adopted by many clinicians within the ImproveCareNow community to safely meet the ongoing medical needs of their patients. The following guidance has been developed to assist all providers/centers when entering outpatient visits, including telephone and video visits, into the ICN Registry.

Physical Exam

For visits conducted over the phone or video, please mark “Not Assessed” on abdominal exam and perirectal disease at current exam.

Nutritional and Growth Status

Depending on your clinic policy, it still may be possible to assess a patient’s nutritional status using weights obtained from a home scale and growth status using heights from recent infusion or other office encounters. It will be up to the providers discretion on the timeframe in which a height/weight from a recent infusion or office visit can be used. If nutritional status and growth is unable to be determined via the telehealth visit, please mark “Not Assessed”.
With the next release of the registry anticipated by June 2020, ICN will be adding telephone and video clinic visit types to the registry. Communications will be sent out once the updates have been made, which will then allow centers to go back and enter data retrospectively. **We encourage you to maintain a list of patients with visits done via telephone or video, so you are able to update the visit type when this data field is available.**

**Patient Registry and Research Consent**

If a center is relying on their local IRB, the center must use the institutional guidelines for consenting when the individual/participant/legal guardian is not physically present.

For centers relying on the CCHMC IRB, there is an option to use the standard operating procedures for consenting when the individual/participant/legal guardian is not physically present. Signed and dated copies may be emailed back via scanner, fax, or PDF photo. A note-to-file has been approved by the CCHMC IRB that details the process for mailing the signed consent form back to the center should the participant not have a printer/fax machine or the ability to email a PDF photo.

Below is a list of centers that are relying on the CCHMC IRB. **If a center is not on the below list, the center is relying on their local IRB and should follow their institution’s policy.** If you need further assistance, please reach out to ICN IRB at ICNIRBteam@improvecarenow.org

Akron Children’s Hospital
American Family Children’s Hospital
Ann & Robert H. Lurie Children’s Hospital of Chicago
Arkansas Children’s Hospital
Baptist Children’s Hospital
Bon Secours St. Mary’s Children’s Hospital
Boys Town National Research Hospital
Bronson Children’s Hospital
Cardinal Glennon Children’s Medical Center, St. Louis University
Carilion Children’s
Children’s Hospital and Medical Center, Omaha
UCSF Benioff Children’s Hospital Oakland
Children’s Healthcare of Atlanta at Egleston / Emory University
Children’s Healthcare of Atlanta at Scottish Rite-GI Care for Kids
Children’s Hospital of Pittsburgh of UPMC
Children’s Hospital at Erlanger
Children’s Hospital Colorado
Children’s Hospital of The King’s Daughters
CHOC Children’s Hospital of Orange County
Children’s Hospital of Wisconsin
Children’s Mercy Hospital
Children’s National Health System
Children’s of Alabama
Cincinnati Children’s Hospital Medical Center
Children’s Hospital at Dartmouth
Dayton Children’s Hospital
Duke Children’s Hospital and Health Center
Joseph M. Sanzari Children’s Hospital at Hackensack Meridian Health
Kentucky Children’s Hospital
Monroe Carrell Jr. Children’s Hospital at Vanderbilt

Nationwide Children’s Hospital
Nemours Children’s Health System - Jacksonville
Nemours Children’s Health System - Orlando
Nemours Children’s Health System - Wilmington
New Hampshire Hospital for Children (NHHC)
New York-Presbyterian Phyllis and David Komansky Children’s Hospital at Weill Cornell Medical Center
Nicklaus Children’s Hospital
NYU Winthrop Children’s Medical Center
NYU Langone Medical Center Hassenfeld Children’s Hospital Health System
OHSU Doernbecher Children’s Hospital
Pediatric Gastroenterology & Nutrition Associates
Pediatric Specialist of Virginia
Prisma Health – Midlands
Rady Children’s Hospital -San Diego
Rainbow Babies and Children’s Hospital
Randall Children’s Hospital
Riley Hospital for Children
Seattle Children’s Hospital
St. Christopher’s Hospital for Children
Stanford Children’s Health
UC Davis Children’s Hospital
UMC Batson Children’s Hospital*
University of Michigan - C.S. Mott Children’s Hospital
University of Minnesota
University of North Carolina at Chapel Hill
University of Virginia Children’s Hospital
WVU Medicine Children’s

*IRB approval still in process
E-Consenting is available through the ICN Registry. The following documents **must be** sent with your request for E-Consent to be turned on.

**If you rely on Cincinnati Children’s Central IRB**, please email info@improvecarenow.org the following:

- A PDF copy of your consent form, along with any guidelines if consent varies for pediatric and adult patients
  - **IMPORTANT**: Please make sure consents are good through **June 30, 2021** to ensure you will be in compliance for the next fiscal year.
- Your PI's name, email & phone number
- Email address that the confirmation message will come from – the process itself includes sending patients an email to confirm the consent, most centers have a shared email address for their department that they use.

**If you rely on your local IRB**, please **check first** with your protocol to make sure you are allowed to E-Consent. If yes, email info@improvecarenow.org the information listed above.

Please refer to the [ICN E-Consent User Manual](#) for more information.

**Additional Consenting Resources**

- [ICN Community-Wide Webinar: Verbal Consenting Recording](#)
- [Care Center Resources – Telehealth Guidance](#)
- If you have any questions, please reach out to:
  - ICNIRBteam@improvecarenow.org with any IRB questions.
  - Helpdesk@improvecarenow.org to set your site up for e-consent.
  - Info@improvecarenow.org with any general ICN questions.

*(See next page for ImproveCareNow Telehealth FAQs)*
ICN Registry

➢ When entering a telehealth visit into the registry, is it okay to report “not assessed” in the objective section?

   Yes, any data elements which cannot be ascertained from the telehealth visit should be indicated as “not assessed.”

➢ How will the registry delineate the type of clinic visit?

   Once live in the registry, the visit type can be designated as telephone, telehealth or in person. Please track telephone or telehealth visits separately so you are able to add this designation to the visit after the update. The Assessment options will be presented as follows:
   - In-person (1)
   - Telehealth (video and audio) (2)
   - Phone (audio only) (3)

➢ Is a first face-to-face visit still required?

   This will be institution dependent in terms of what patients can have a telehealth visit. For Registry purposes all visits can be entered.

➢ Would you want to continue this after the pandemic ends?

   The ability to enter telehealth visits into the registry will continue to be available. Please defer to your organizational guidance for next steps.

➢ My EMR system does not allow access to embed ICN EPIC SmartForms for telehealth visits. How do I best manage this?

   When automatic downloads are not available, data may have to be manually entered into the ICN Registry. You can also work with your institution to have the EPIC SmartForms available in the telemedicine encounter.

➢ How does the ICN data transfer when using telemedicine and the ICN form is not included in the EMR telemedicine note?

   When automatic downloads are not available, data may have to be manually entered into the ICN Registry. You can also work with your institution to have the EPIC SmartForms available in the telemedicine encounter.

➢ Will electronic data transfer (EDT) continue if EPIC SmartForms are filled out?

   Yes, EDT will continue once an EPIC SmartForms is completed either by automatic download or manual entry. If your system is not allowing for the electronic transfer, please reach out to your IT department for further guidance before reaching out to ICN.

Consent

➢ Does the consent limit where the patient actually is located?

   If the patient does not live in the state where the provider/hospital is located, centers should refer to their institutional guidance for treating patients via telehealth outside of the state.

For guidance on center specific EMR capabilities/adaptations, use of interpreters, and billing practices please refer to your organizational policies and procedures.