

Increasing patient participation & documentation in the PR COIN multicenter learning and improvement network

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INTRODUCTION

The **Pediatric Rheumatology Care and Outcomes Improvement Network (PR-COIN)** works to improve outcomes and provide safe, effective, efficient, timely, patient centered, and equitable care for all children with rheumatic conditions. Our goals are to increase remission and clinical inactive disease rates among children with juvenile idiopathic arthritis (JIA), improve quality of life including optimal physical function and pain, and support families in managing their child's condition.

PR-COIN is a collaborative community where patients, parents, clinicians, and researchers work together to improve the health and care of children and youth with rheumatic conditions. By sharing data, knowledge, and resources, PR-COIN members benefit from better prepared teams, improved outcomes for patients, increased divisional and institutional visibility, increased patient engagement, and enhanced research opportunities.

SMART AIM

Increase the percentage of patients with JIA followed by our clinic who are participating in the PR-COIN registry from our baseline 15% to 100% by June of 2021.

METHODS

- The intervention began in May 2020 at Children's of Alabama's pediatric rheumatology clinic.
- Eligible patients with JIA were identified using a previously developed diagnosis query from the electronic health record that included all patients with an ICD-10 code for JIA.
- We started by focusing on the patient population one week at a time. By entering data weekly, this broke the population down into smaller groups for consistent data entry without overwhelming our system.
- In June 2020 we updated our EHR note to include a "JIA yes or no" structured box. We then used this to pull our population each week.

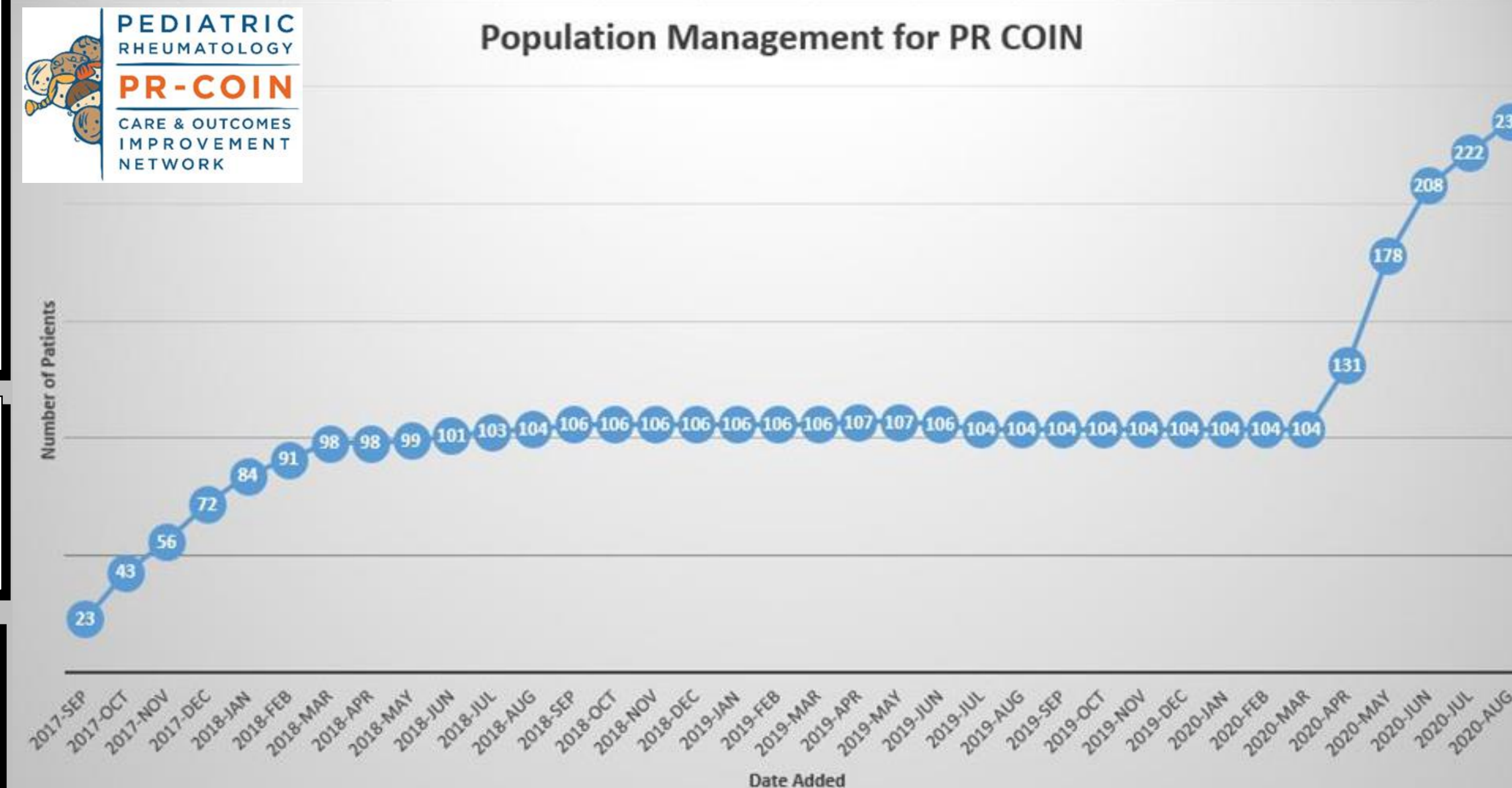


Figure 1: Number of patients with data recorded in the PR-COIN registry over time, from September 2017 – August 2020

RESULTS

- Our baseline performance for documenting patients with JIA was only 110 out of 712 patients with JIA followed at our center.
- Before the intervention, the last patient enrolled was in 2018, with no data entered from August of 2019 to May of 2020. Data was very inconsistent as there were multiple missed visits on those already participating in the registry.
- As shown in Figure 1, through our interventions to date, we have increased documentation in the registry by 112%.

CONCLUSION

- Through our interventions, we have increased data entry in the PR-COIN registry by 112% to include 234 patients and all consecutive visits since May.
- Capturing our total JIA population will allow us to have consistent data for research, quality improvement, and population management. It will help us to be able to improve care at patients' visits by utilizing tools such as pre-visit planning.

NEXT STEPS

- Finish developing the process for automatic data transfer from the local electronic health record into the PR-COIN registry.
- We will continue to use the weekly reports from our electronic health record to identify patients for research consent to improve the utility of the PR-COIN registry for network-wide projects outside of quality improvement.
- Utilize registry tools, including pre-visit planning and population management reports, to identify opportunities to improve care and outcomes for our local patients with JIA.

REFERENCES

1. Pediatric Rheumatology Care & Outcomes Improvement Network (2020). www.prcoin.org
2. Harris JG, Bingham CA, Morgan EM. Improving care delivery and outcomes in pediatric rheumatic diseases. *Curr Opin Rheumatol.* 2016 Mar;28(2):110-6.