

IDCROWD USER GUIDE

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SECTION 1: ABOUT IDCROWD

IDCROWD is a site customized for the regional TB Centers of Excellence (COE) to facilitate consultation from community providers, nurses, and public health practitioners. Expert TB clinicians and consultants are available through the CDC funded TB COE's, and will document and/or communicate consultation recommendations using the IDCROWD platform.

IDCROWD aims to augment TB Consultation services by:

- a) **Accommodating Consultation preferences** among community clinicians, nurses, and public health practitioners. Consultation can be requested through a phone (warmline), or electronically through the IDCrowd website available on any web browser.
- b) **Ensuring comprehensive involvement and documentation** of consultation recommendations to **everyone involved** in a consultation request. Multiple nurses, state or local officials, case-managers, clinicians can be included on a case/consultation, and alerted to recommendations and updates by email.
- c) **Facilitating communication** of consultation requests and recommendations.
 - Simplify and clarify data sharing**: The site allows the caller to review and add information (labs, documents, and other data) to ensure Consultant has needed relevant information.
 - Stimulate questions and conversation**: The site organizes discussions by threads and posts, and allows follow-up clarifying questions.
 - Organize longitudinal consultations** or new questions for a prior case

Please note that the site is not HIPAA compliant; no PHI should be shared on the website. Please report any issues, or feedback to mshah28@jhmi.edu

SECTION 2: GETTING STARTED

2a. Creating an Account:

NOTE: Callers will be automatically registered on the IDCrowd platform by the TB Consultation Manager at the Center of Excellence when someone initiates a consultation by phone call or email. The callers email address will be used to create an account, and an invitation email with instructions will be sent to the caller.

Users and Consultants may register independently for an Account by following these steps:

a)**Registration** (if you are new): Type [COE].idcrowd.org in your web browser.

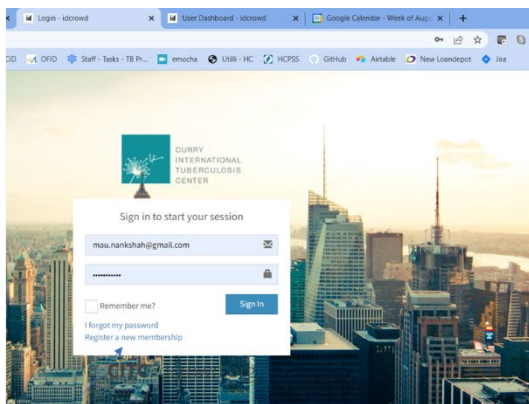
For the Northeast: Rutgers.IDcrowd.Org

For Southeast: SNTC.IDCrowd.Org

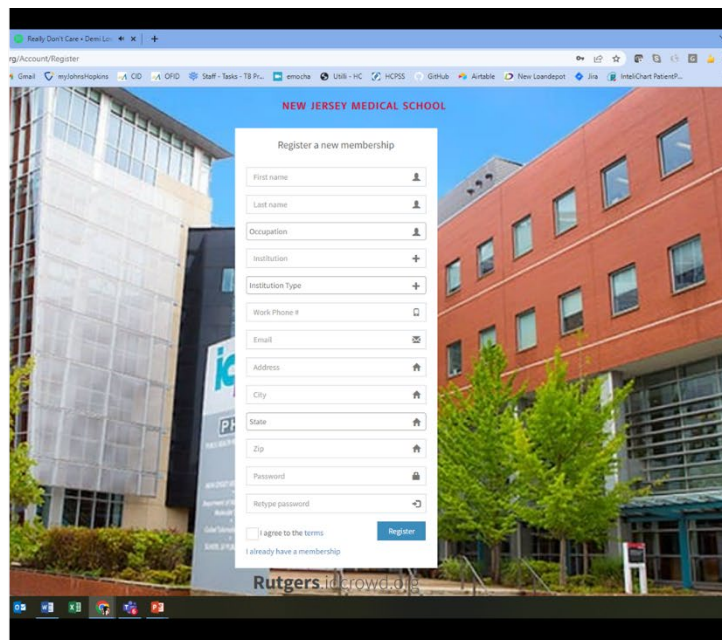
For Central US: MCCT.IDCrowd.Org

For West: CITC.IDCrowd.Org

- Click “Register a new membership”
- You will be asked to enter:
 - First and Last Name, Occupation, Institution, phone number and other information.
 - Your **email** will be your **username** moving forward, and will be where invitations and messages are sent to you
 - The **password** requires an upper, and lower case letter, number, and symbol
 - You will be asked to verify your account through a link sent to your email address



Register



b)**Logging in:** from the IDcrowd.org website, enter your username and password

c)**User Categories:** Upon first registering, you will be assigned the role of “REQUESTER/CALLER”. A site Manager (i.e., administrator) can change your role to “CONSULTANT” or “MANAGER”

2B. DASHBOARD AND MENU

Getting oriented: The dashboard and menu will have slightly different features based on your level of access to the IDCrowd site.

1.CALLERS/REQUESTORS (individuals requesting a consultation)

The screenshot shows a web browser window displaying the Rutgers IDCrowd user dashboard. The browser address bar shows 'rutgers.idcrowd.org/Dashboard/DashboardMain'. The dashboard header includes the Rutgers logo and the user's email 'maunankshah@gmail.com'. The main content area is titled 'Dashboard Overview of All Cases' and features two large colored cards: a blue card for 'My Case' with the number '5' and a folder icon, and a green card for 'Invited Case' with the number '3' and a person icon. Both cards have a 'More info' link. A dark sidebar on the left contains a menu with 'Add Case' highlighted. A text box with arrows pointing to the 'Add Case' button and the two case cards contains the following text:

Folders to organize Caller/Requestor consultations:
MY CASES: Where consultations INITIATED by a caller/requestor are stored
INVITED CASES: Where consultations initiated by others, to which a user has been invited will be found

Click on ADD CASE to create a new consultation request

2B. DASHBOARD AND MENU (continued)

2. CONSULTANTS

Add a new case: Can be Consultant's own case, or from another person

The screenshot shows the Rutgers dashboard for user mshah28@jhmi.edu. The main section is titled 'Cases Overview/Search' and displays four statistics cards: 'My Case' (1), 'Invited Case' (13), 'Follow Case' (5), and 'All Cases' (529). Each card has a 'More info' link. A search bar is located at the top right of the dashboard. The left sidebar contains navigation options: Dashboard, Add Call, Draft List, Group/Team, Resource Library, FAQ Responses, Terms and Conditions, and Privacy Notice. A search bar is also present at the bottom left of the dashboard.

Folders to organize Caller/Requestor consultations:

MY CASES: Where consultations INITIATED by the consultant are stored

INVITED CASES: Where consultations initiated by others, to which a Consultant has been invited will be found

FOLLOW CASE: Any case (invited or not) to which a Consultant has posted a response, or has chosen to 'FOLLOW'

ALL CASES: Consultants can see all cases within the COE's consultation database

Resource library: Commonly cited documents and resources. Links to these documents are included and can be pasted into recommendations

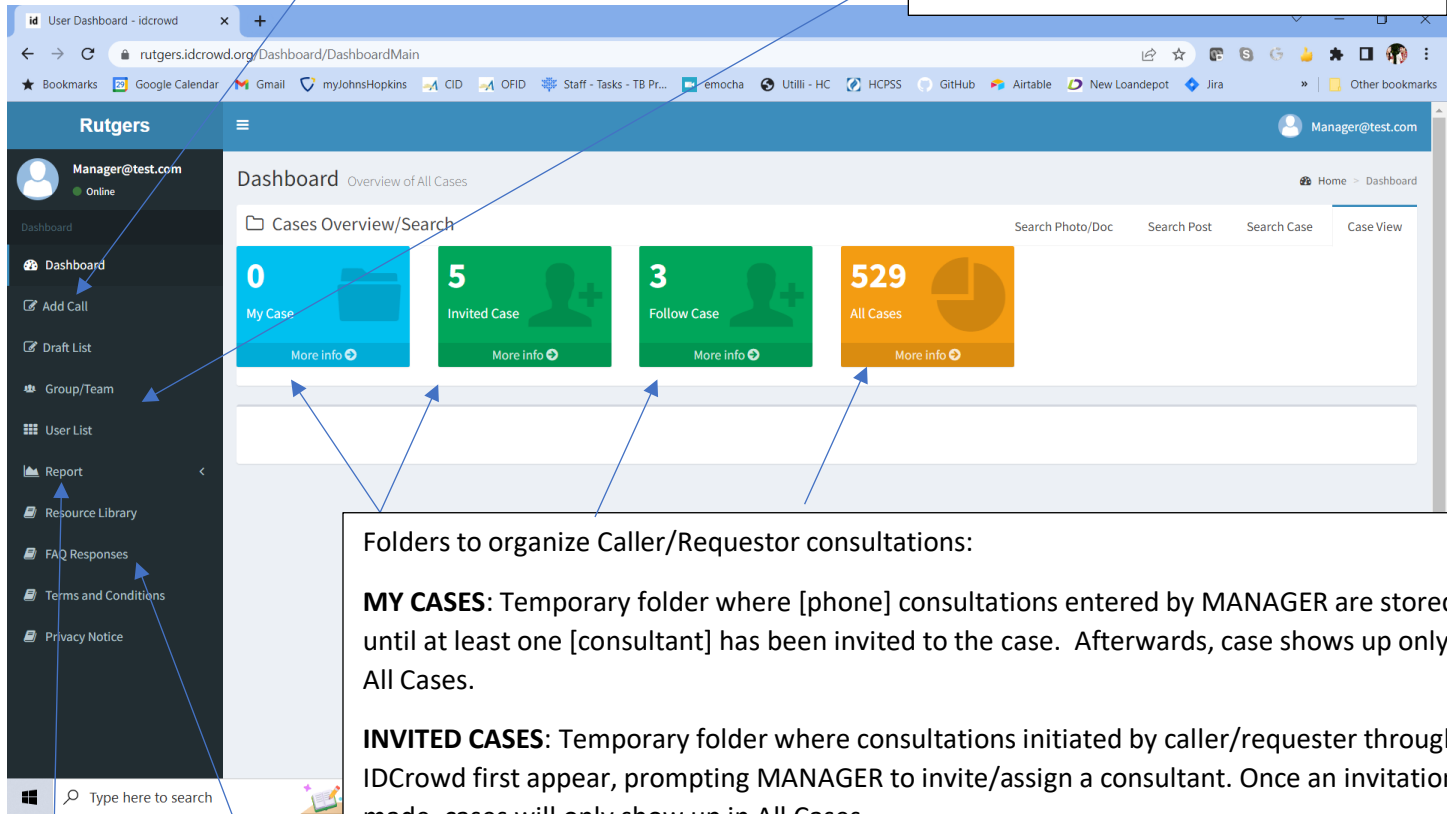
FAQ: COE's can create common questions and answers to aid consultants in providing

2B. DASHBOARD AND MENU (continued)

3. MANAGERS

Add a new case from a caller

Group: Create groups for faster invitations
User list: see all users in the system



Folders to organize Caller/Requestor consultations:

MY CASES: Temporary folder where [phone] consultations entered by MANAGER are stored until at least one [consultant] has been invited to the case. Afterwards, case shows up only in All Cases.

INVITED CASES: Temporary folder where consultations initiated by caller/requester through IDCrowd first appear, prompting MANAGER to invite/assign a consultant. Once an invitation is made, cases will only show up in All Cases

FOLLOW CASE: Any case the MANAGER has chosen to 'FOLLOW' (button in Case Narrative screen)

ALL CASES: All consultations in COE's consultation database

Resource library: Commonly cited documents and resources. Links to these documents are included and can be pasted into recommendations

FAQ: COE's can create common questions and answers to aid consultants in providing consistent recommendations

Run Reports:

1. Case Manager tools (identify cases without consultation)
2. Export Dataset
3. Standard Reports

2C. Understanding User Categories:

1.Requestors: Individuals seeking consultation from the TB COE. This group includes individuals calling the COE warmlines for consultation, as well as those initiating consultation directly through the IDCrowd portal. Requestors dashboard is simpler and only includes 'MY CASES' and 'INVITED CASES'. Requestors use IDCROWD to view consultation recommendations, initiate new consultations (if desired), add information to a consultation (e.g., lab, treatment data), post follow-up questions. Requestors do not have access to Consultant and Manager tools. Requestors cannot see all cases/consultations within IDCROWD (i.e., can only see the cases and consultations they created or have been invited to). Requestors cannot see the user lists, FAQ or Resource library.

- My Cases: Any case created or initiated by a Requestor are found here. Cases show up here both after initial phone consultation, or if Requestor adds the case through IDCROWD portal.
- Invited Cases: Additional cases that were not initiated by the Requestor, but to which an individual has been invited.

2.Consultants: Consultants have access to their own cases/consultations, as well as the entire database of consultations by a COE. Their DASHBOARD includes additional folders to enable this access. Consultants can see the Resource Library and FAQ menu. The Folders organize Consultant cases/consultations differently based on consultation work flow:

- My Cases: Any case created or initiated by a Consultant are found here.
- Invited Cases: Consultation requests assigned to a consultant are found here.
- Following Cases: Consultants may choose to tag or 'follow' additional cases of interest. Any case/consultation that a consultant responds to will automatically show up in the Following Cases. Consultants may choose to 'Follow' or 'Unfollow' from the Discussion menu associated with a case/consultation.
- All Cases: All cases in the COE's database.

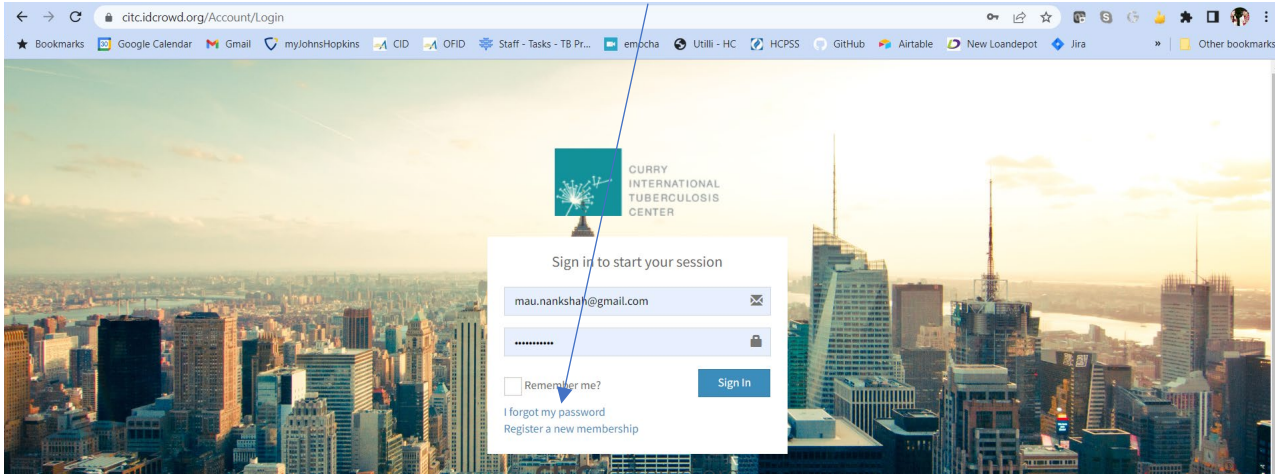
3.Managers: Managers or Administrators have the broadest access to IDCROWD features, including all cases. Adding a call/consultation as a Manager requires first collecting information about the Caller. Managers can invite consultants to cases, create Invitation Groups, view User Lists/Profiles, and Run reports. Managers have the ability to delete cases and some elements of a specific case.

- My Cases: Any case entered by the Manager that does not have an invited Consultant.
- Invited Cases: Cases created on IDCROWD by a Requestor needing a Consultant to be assigned will be shown here.
- Following Cases: Any case the Manager has chosen to flag can be 'Followed' from the Discussion menu associated with a case/consultation
- All Cases: All cases in the COE's database.

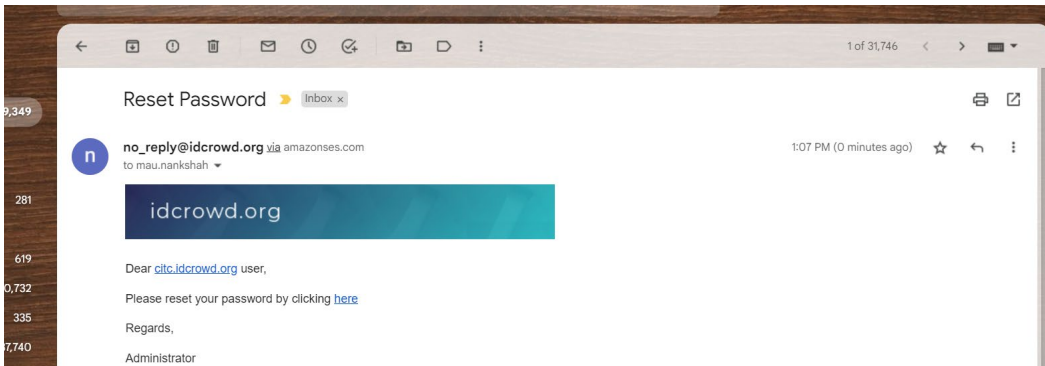
2D. Forgot Password or Changing Password

Steps:

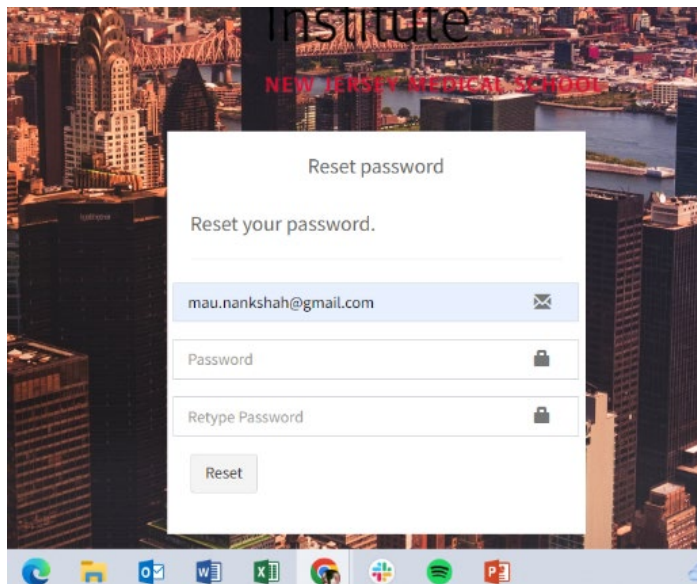
1. From the login screen, click 'I forgot my password'



2. You will be prompted to include user Username/Email. An email will be sent with a link to reset/change the password.



3. Click the link in the email and enter new password

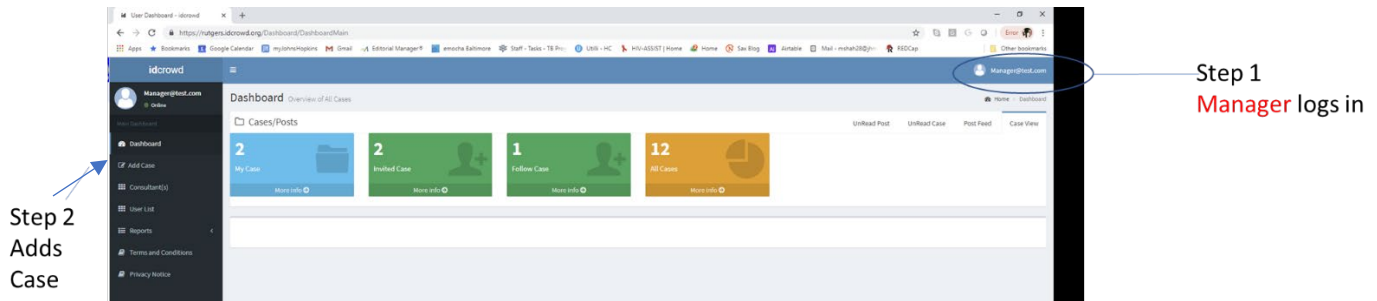


SECTION 3: Information for COE Consultation Managers

3A. CONSULTATION request made by phone call or email: An individual seeking consultation may continue to contact your regional TB Consultation by phone or email.

STEPS:

- 1)Login
- 2)Click Add Case from the menu on the left of the screen



3)Caller details: The TB Consultation manager will ask the caller for their email address, phone number, and address, and look up whether they are a registered or new caller.

- Below is the initial screen to lookup a caller by EMAIL address
- If caller is NEW to IDCrowd: If the caller has not previously registered on the IDCrowd.org website, the Consultation manager will automatically register the caller with a new account.
 - **Please note that the username will be the email address.**
 - **A generic password (e.g., P@ssword123)** will be used to login the first time.
 - **An invitation email** will be sent
 - **This process will automatically CREATE an ACCOUNT for the REQUESTER**

The screenshot shows the 'Requester Information' form. The form is titled 'Requester Information' and includes a search bar 'find caller info'. The form fields are: Email* (newcaller@gmail.com), First Name* (Neeraj), Last Name* (Bajaj), Phone Num.* (230-440-5555), Alternate Phone Num. (Alternate Phone N), Caller's Profession* (Nurse), Occupational Setting* (Academic), Facility Name/Affiliation* (University of South Carolina), Address Line 1 (999 fake st), Address Line 2 (Address Line 2), City* (Savanna), State* (South Carolina), and Zip (94234). A 'Create' button is located at the bottom left.

4) Case details: The TB Consultation manager will take down basic information about the case/consultation request and enter it into the Case Profile.

- Caller Update: The person requesting the consultation (Requestor) will receive an invitation email to access the case. The Requester can enter additional information about the case/question, including details of history, physical, labs, imaging, and share any documents.

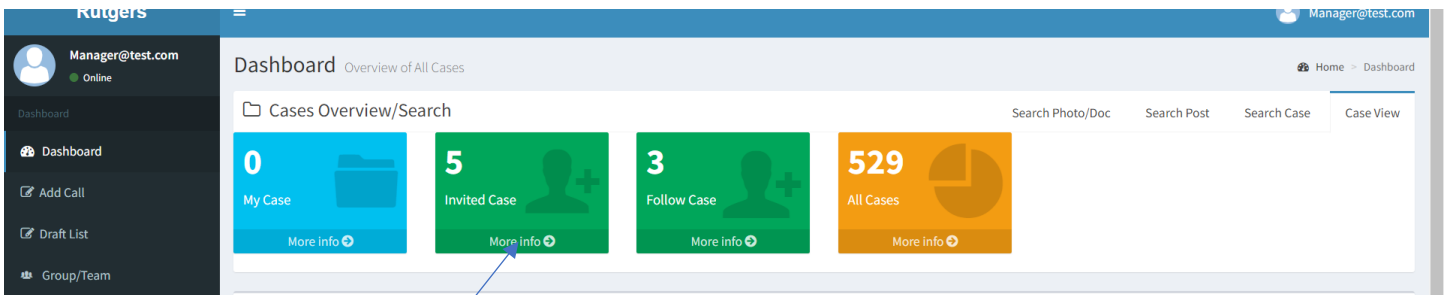
*Required fields
Additional optional fields related to consultation or case details are available.
Callers can be encouraged to fill them out to allow consultant to review

5) Invite consultants and others:

- The manager should consider inviting local/state health department consultants (based on health department preferences).
- Callers can also alert the COE Manager if they would like to include additional colleagues, clinicians, nurses in the discussion.
- Invite/assign a consultant to review the information and respond (by phone call if requested). The TB Consultant will document their recommendations in IDCrowd and callers will receive an immediate copy by email. You may also download discussions and recommendations directly from the website. See **Discussions and Consultations**

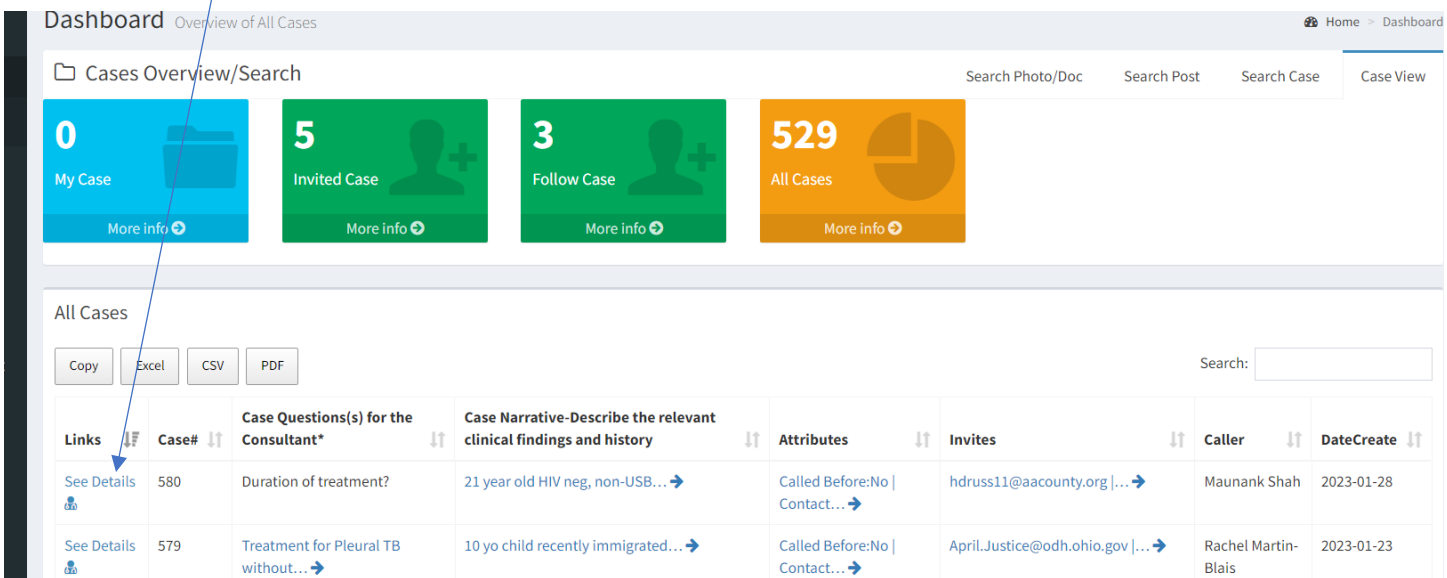
3B: INVITING additional consultants or others to an existing case: Individuals may directly initiate an e-consult through IDCrowd. The COE consultation Manager will be notified by email. All new consultation requests will show up in the MANAGER's 'Invited Case' folder.

1. Click on one of the folders (such as the Invited Case folder. For MANAGERS, this represents cases that require action (i.e., inviting the Manager to assign a consultant)

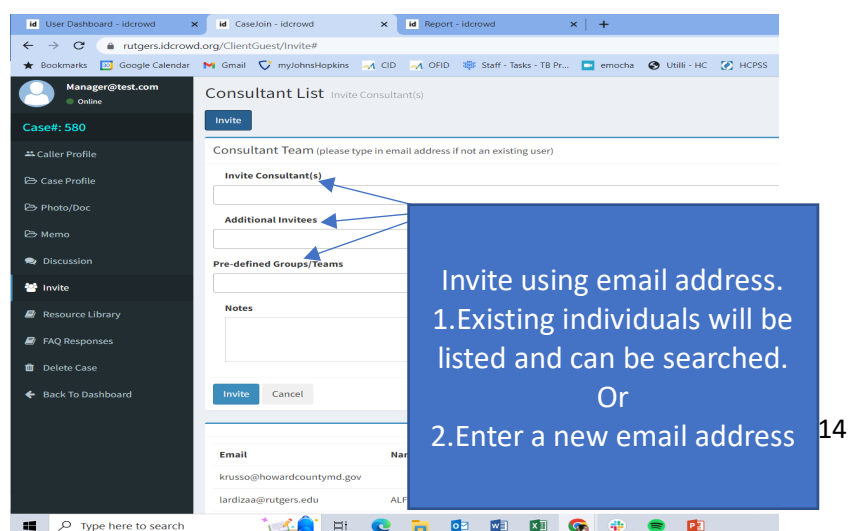
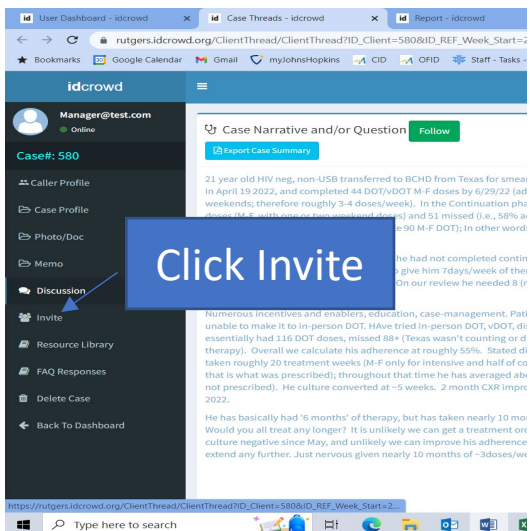


Consultations initiated by a Requestor through IDCrowd that have no consultants assigned will appear in the Green Invited Case box. These represent cases with NO CONSULTANT

2. Click on See Details for the case

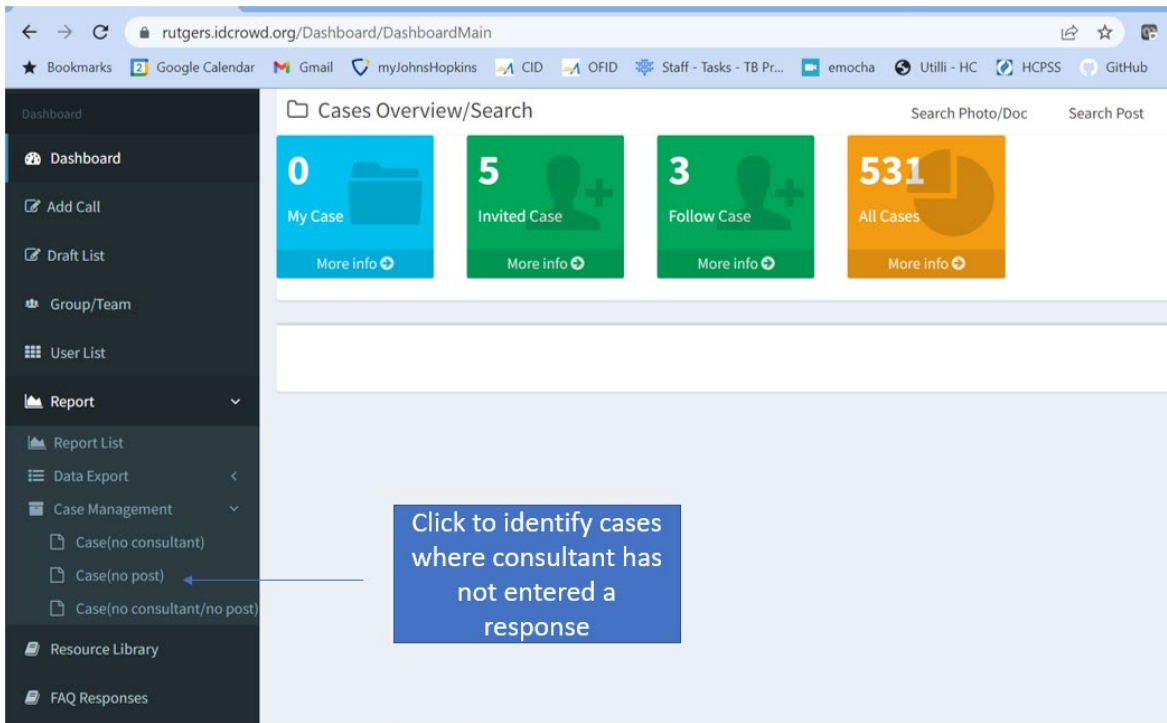


3. Click "Invite" from the menu and then enter email of individuals to invite

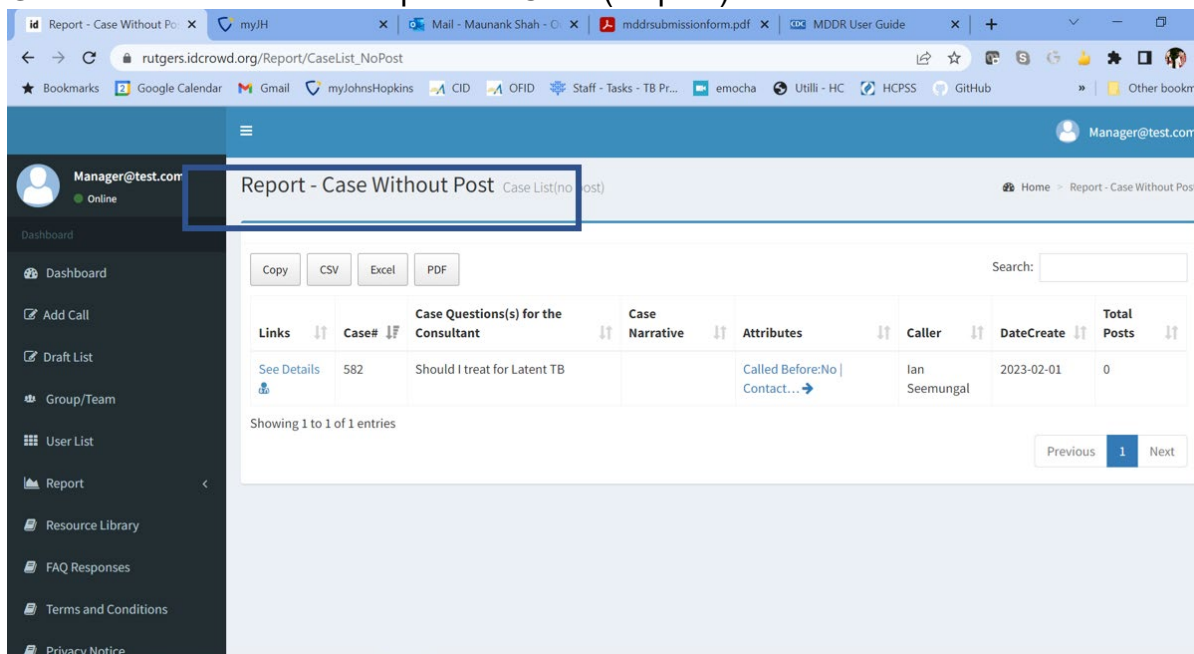


3C: Running reports: Identifying cases where consultant has not entered recommendations.

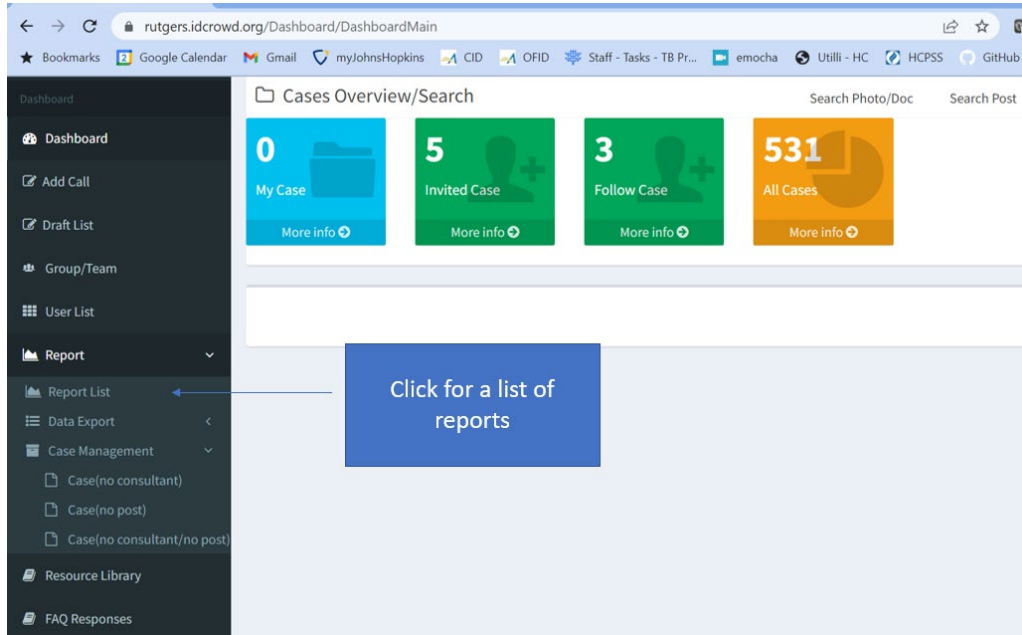
1. Go to Dashboard and click on 'Reports' on the left hand side.



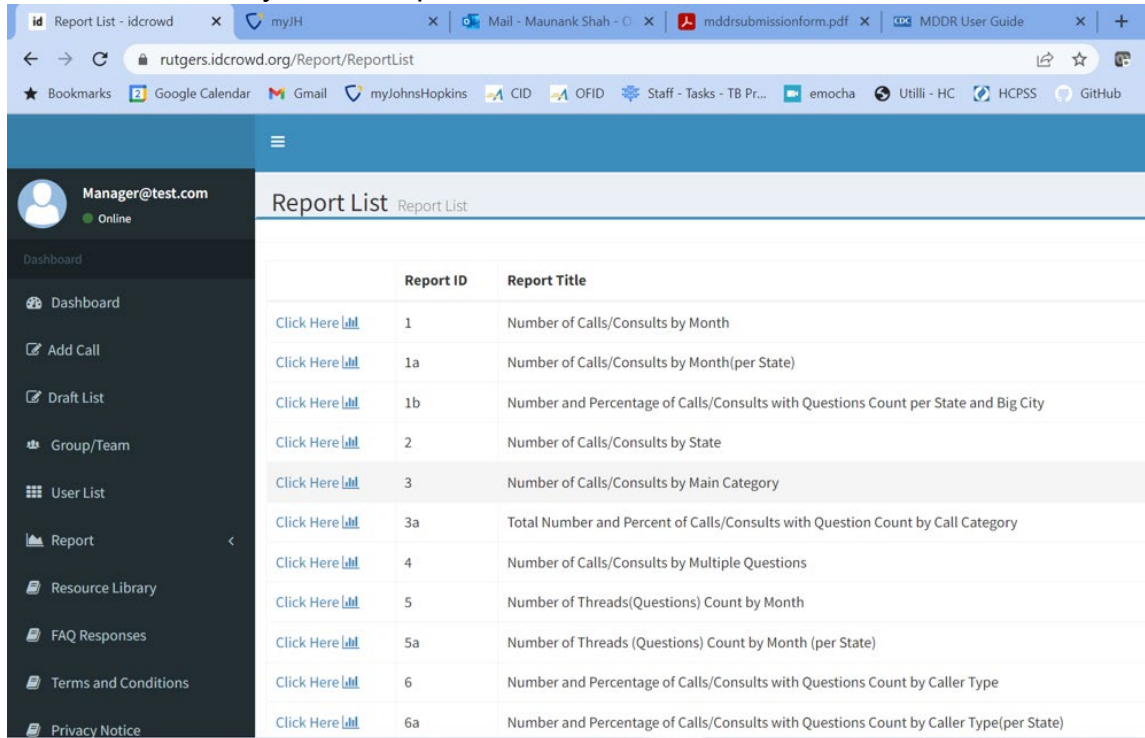
2. Go to the second to last drop down 'Case (no post)'



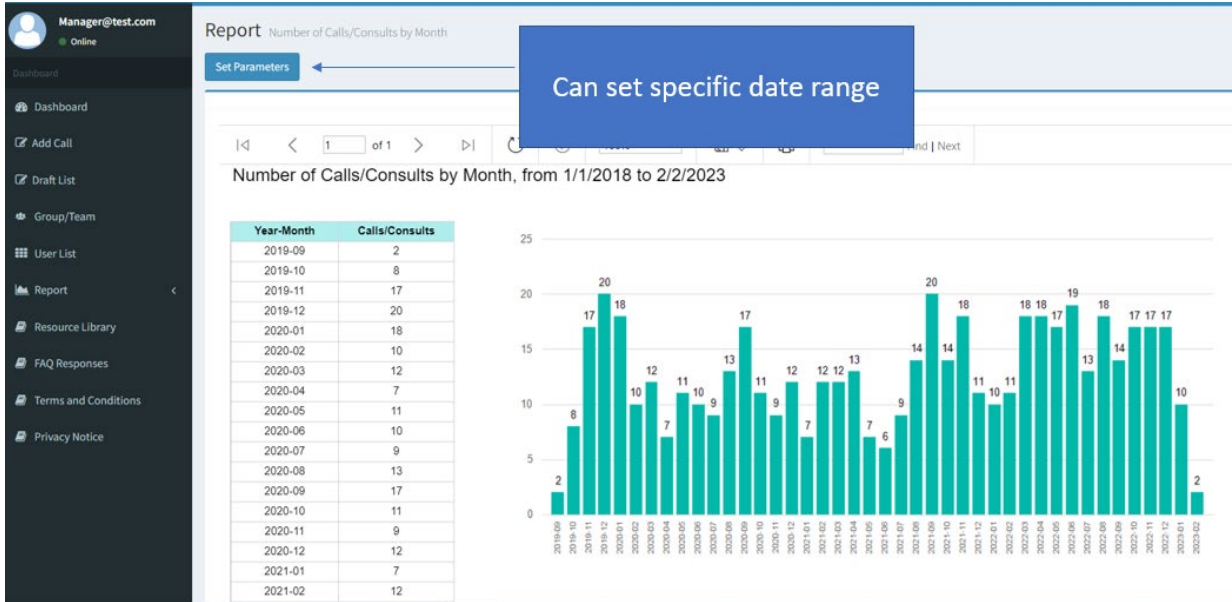
3. You may also generate several different pre-populated reports in 'Report List'



4. You can select any of the Report Titles to view data.

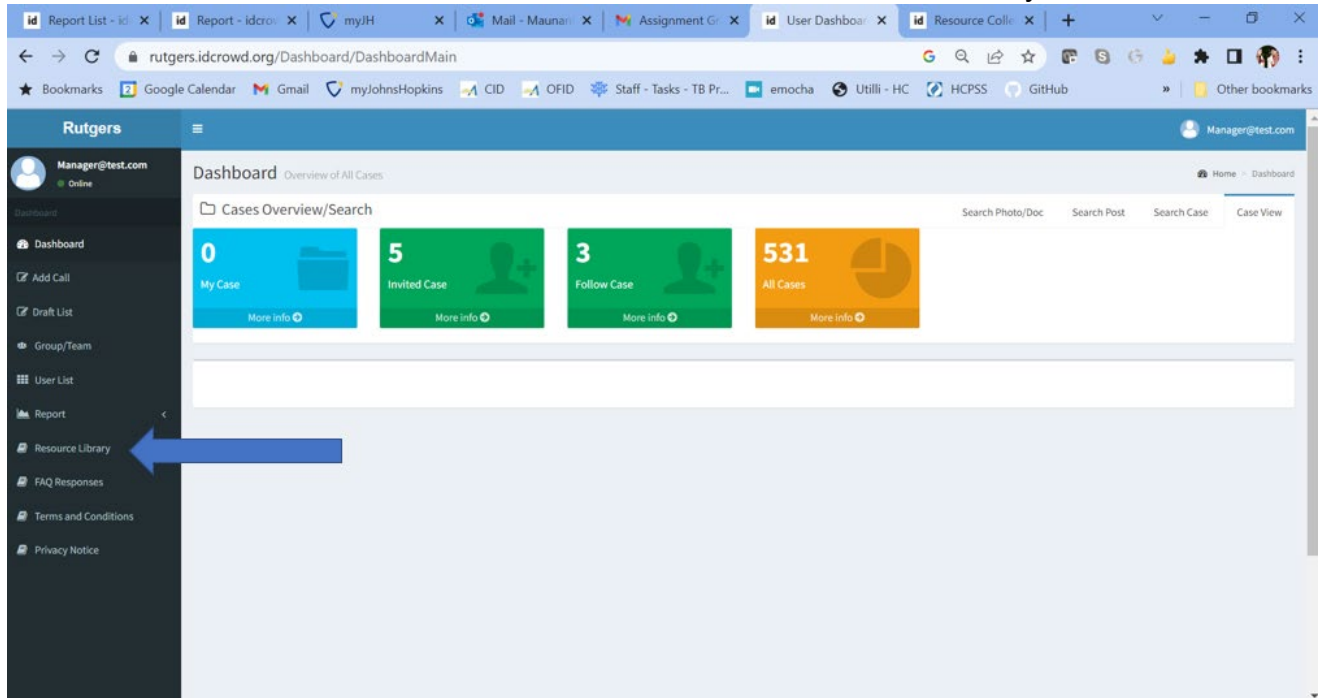


5. Once you click into a Report title, you can select 'Set Parameters' to view data within a specific date range.

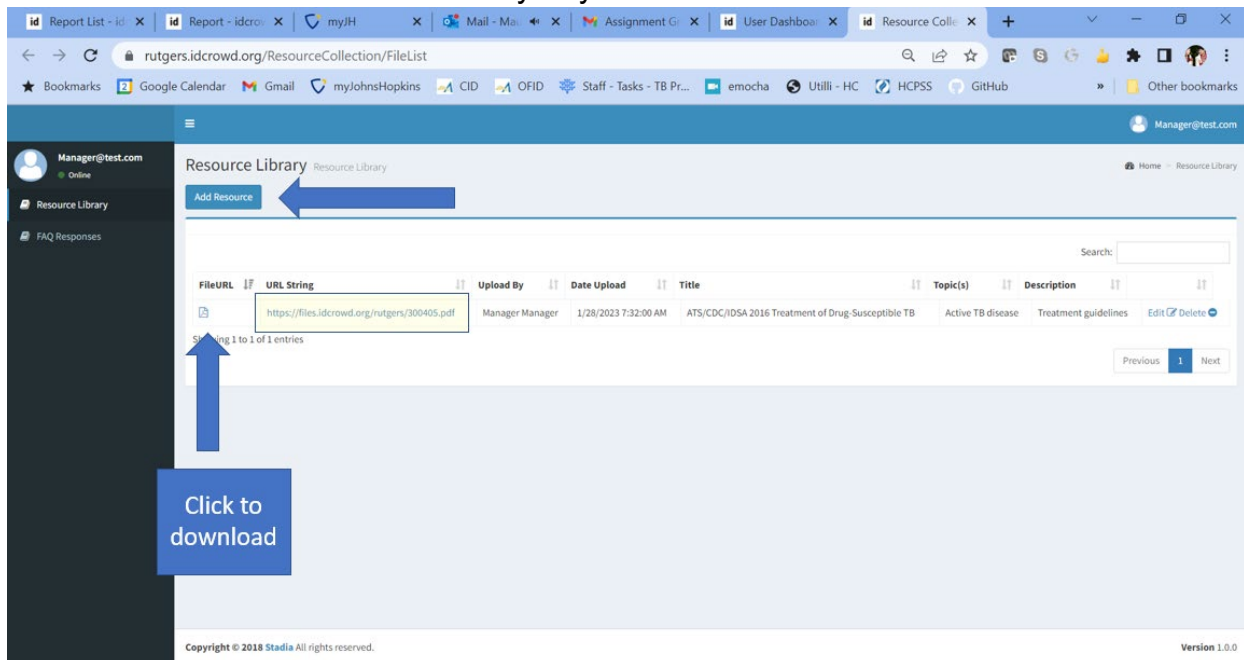


3D. Adding Resources to Resources Library

1. Go to the left hand sidebar on the Dashboard and click 'Resource Library'



2. You can add a resource to the library or you can download it



3. If you would like to add a resource you can 'Add Resource' and upload the file, title of document, and add tags that can enable searching.

The screenshot shows the 'Add Resource' form in the Resource Library. The form has the following fields and components:

- Select File:** A 'Choose File' button and the text 'No file chosen'. An annotation 'Upload file' points to this area.
- Title:** A text input field. An annotation 'Provide a title/label' points to this field.
- Topic(s):** A dropdown menu with a list of categories: 'Active TB disease', 'Drug Resistance', 'Guidelines', 'Latent TB infection', 'Pediatric TB', and 'Pharmacology/Drug Information'. An annotation 'Document categories to allow searching' points to this dropdown.
- Notes:** A text area for additional information.
- Buttons:** 'Upload' and 'Cancel' buttons.

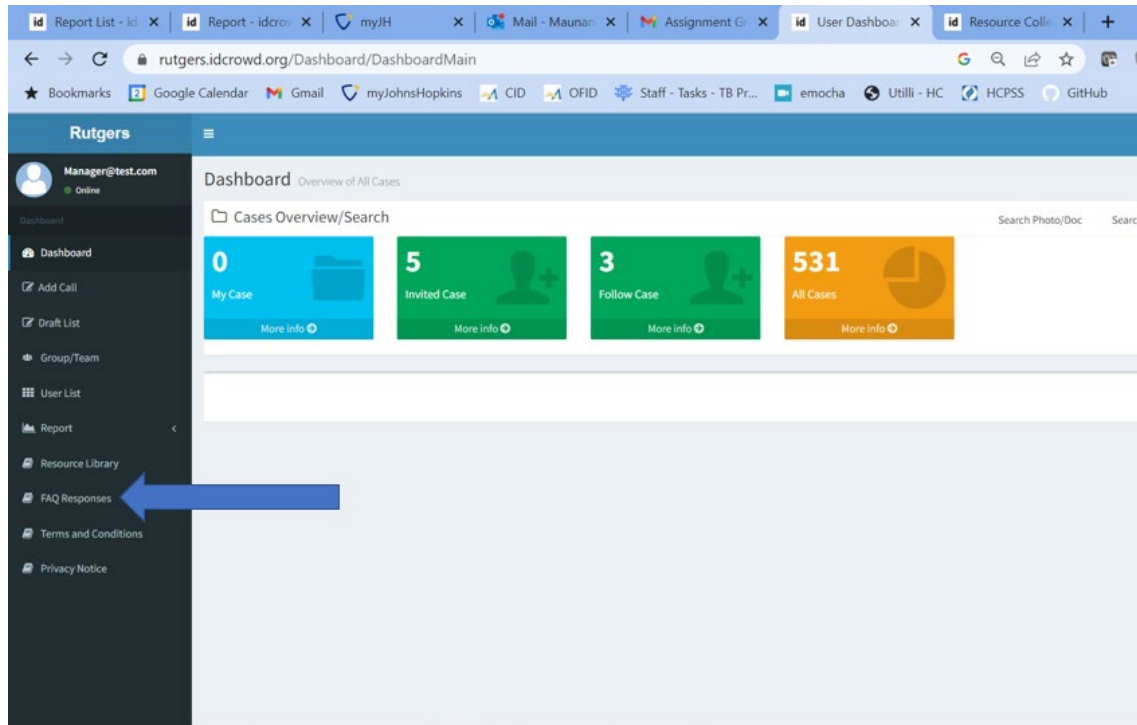
Below the form is a table with the following data:

FileURL	URL String	Upload By	Date Upload	Title	Topic(s)	Description	
	https://files.idcrowd.org/rutgers/300405.pdf	Manager Manager	1/28/2023 7:32:00 AM	ATS/CDC/IDSA 2016 Treatment of Drug-Susceptible TB	Active TB disease	Treatment guidelines	Edit Delete

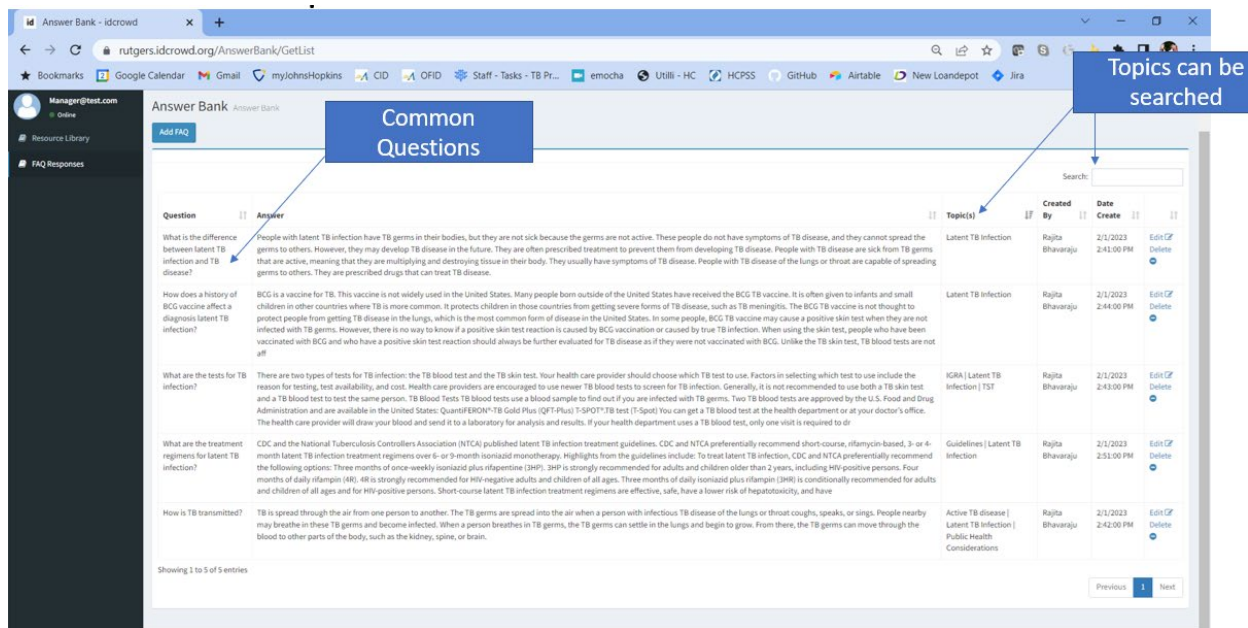
Showing 1 to 1 of 1 entries

3E. Answer Template FAQ

1. Go to left hand side bar and click 'FAQ Responses'



2. On the left hand side you can view common questions that are asked and on the right side can view what kind of topics can be searched.



SECTION 4: INFORMATION FOR CONSULTANTS

4A: Dashboard-Responding to a consultation request

Steps:

1.EMAIL NOTIFICATION: Consultant will receive an email notification that they have been invited/assigned a Consult request. The email will include the Consult/Case number, Caller information, Call Profile information, the Question/Narrative, and a link to IDCrowd.

The screenshot shows an email from no_reply@idcrowd.org to Maunank Shah. The email content includes:

- Case number:** 580
- Caller Information:** Maunank Shah, maunankshah@gmail.com, 4432870401
- Case Profile:** Called Before:No | Contact Preference:Email | Age Group:18-30 | HIV Infected:No | Drug Resistance:None | Main Category:TB Disease | None:None | Pharmacology:Pharmacology | Special Circumstances:None | Public Health Significance:None
- Case Narrative:** At that point, 5+ months had elapsed and he had not completed continuation phase (roughly ingesting 3 doses per week). BCHD started therapy Nov, and planned to give him 7days/week of therapy (in-person and vDOT), and extend him somewhat given overall poor adherence. On our review he needed 8 (not 3) weeks of therapy to complete 6 month course (i.e., 56 more doses). Numerous incentives and enablers, education, case-management. Patient feels well, works long hours, and forgets or unable to make it to in-person DOT. Have tried in-person DOT, vDOT, discussed treatment order. Since July 1 he has essentially had 116 DOT doses, missed 88+ (Texas wasn't counting or dispensing weekends, so that is more days without therapy). Overall we calculate his adherence at roughly 55%. Stated differently, since July 1 2022 (last 7 months) he has taken roughly 20 treatment weeks (M-F only for intensive and half of continuation phase, but we are giving him 'credit' as that is what was prescribed); throughout that time he has averaged about 3-4 doses ingested per week and 3-4 missed (or not prescribed). He culture converted at ~5 weeks. 2 month CXR improved: 6 mo CXR essentially clear/normal as of Sept 2022.
- Case Question(s):** Duration of treatment?
- Link to IDCrowd:** <https://rutgers.idcrowd.org>

2.Login and view INVITED Cases:

Select Case

The screenshot shows the IDCrowd dashboard with the following data:

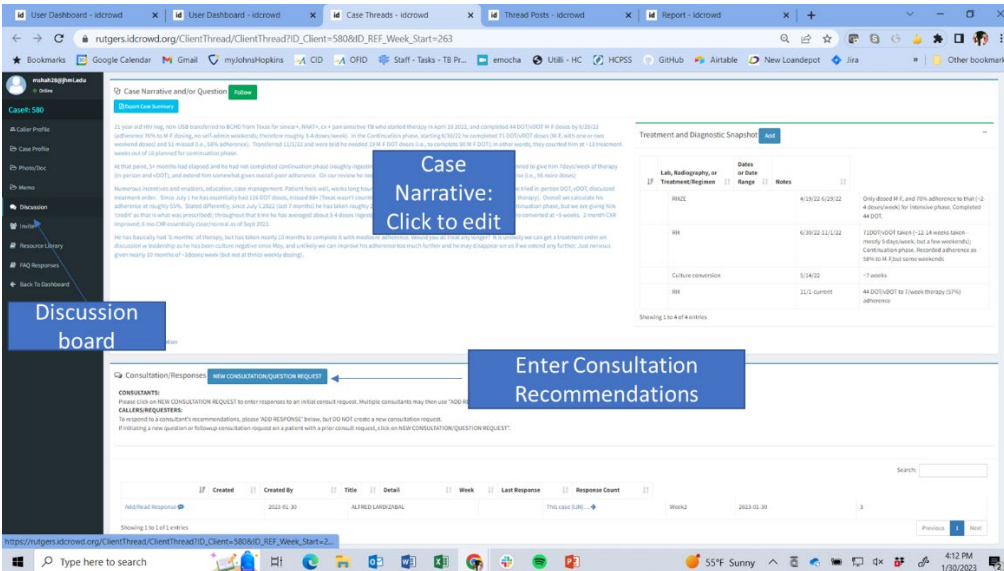
- My Case:** 0
- Invited Case:** 5
- Follow Case:** 3
- All Cases:** 529

The 'All Cases' table is as follows:

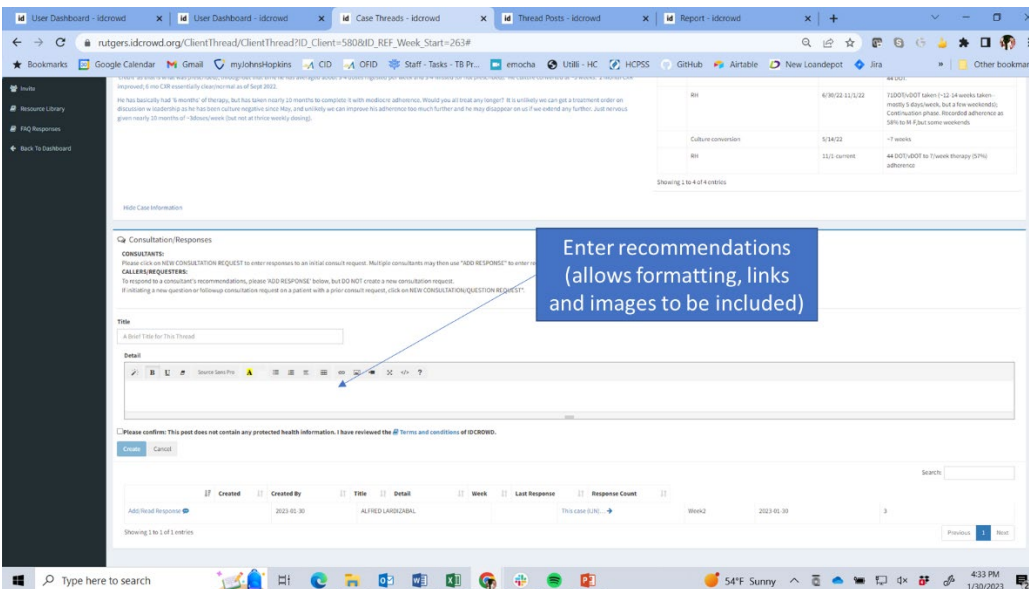
Links	Case#	Case Questions(s) for the Consultant*	Case Narrative-Describe the relevant clinical findings and history	Attributes	Invites
See Details	580	Duration of treatment?	21 year old HIV neg, non-USB...	Called Before:No Contact...	hdru11@aacounty.org ...
See Details	579	Treatment for Pleural TB without...	10 yo child recently immigrated...	Called Before:No Contact...	April.Justice@edh.ohio.gov ...
See Details	578	pyrazinamide duration	55 y/o F with pulm TB- started on...	Called Before:No Contact...	Davin.Hatsengate@health.ny.gov ...
See Details	577	Alternative treatment - adverse drug...	55 year old male with history of...	Called Before:No Contact...	adwoa.sam@vdh.virginia.gov ...

3. Discussion Board: Below you will find components of the discussion board. The Case Narrative will be central allowing easy visualization of case components. Note, additional information may be present in the CASE PROFILE (available from the menu on the left)

4. Click on NEW CONSULTATION/QUESTION REQUEST (see below)

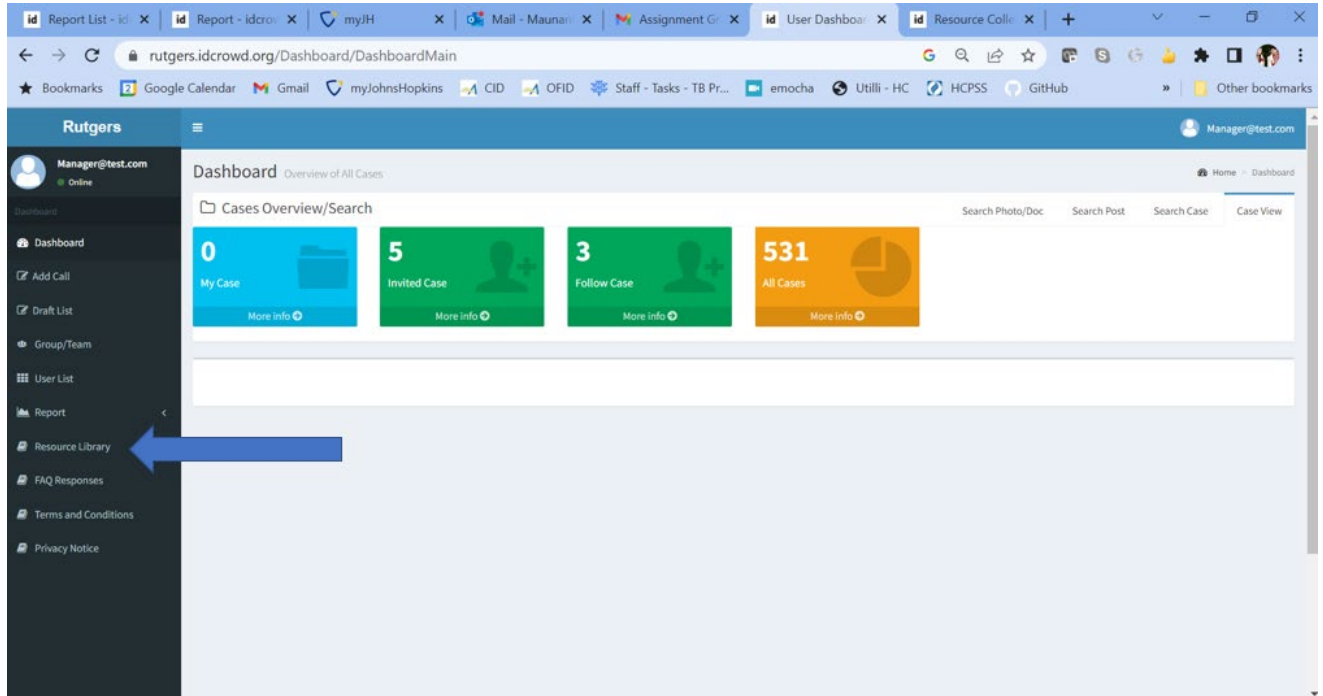


5. Enter Consultation Recommendations: Caller/Requestor will be notified by email (along with anyone else that has been invited to the case)

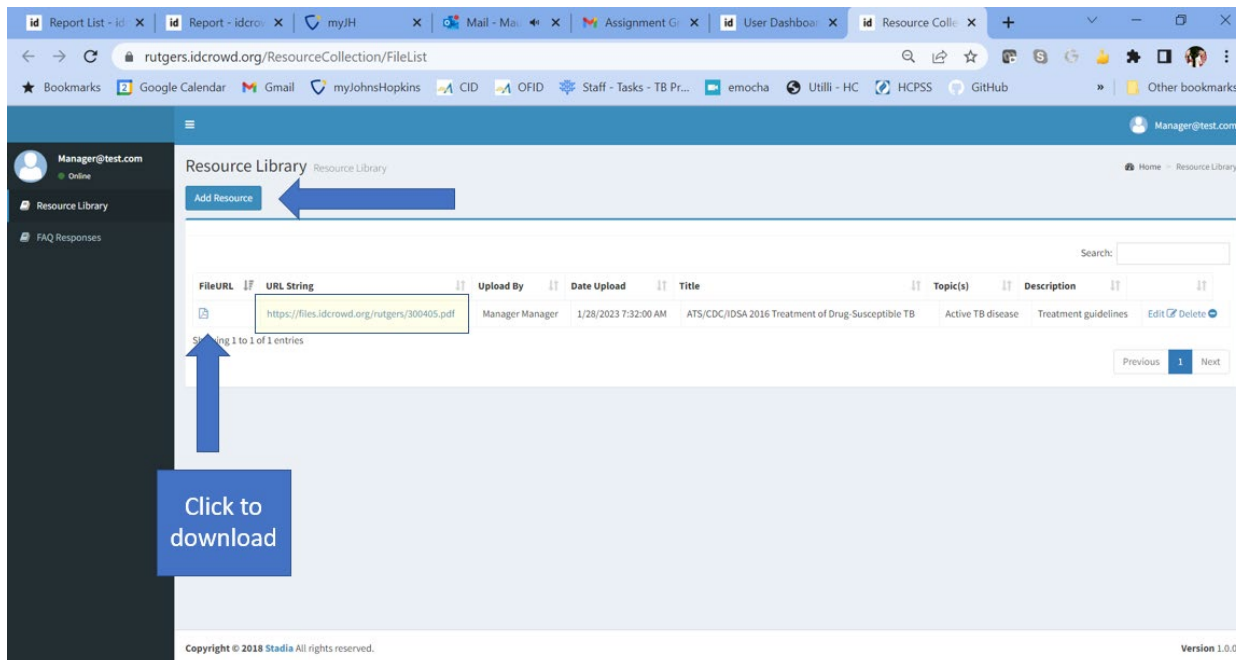


4b.Using Resource Library

1.Go to the left hand sidebar on the Dashboard and click 'Resource Library'

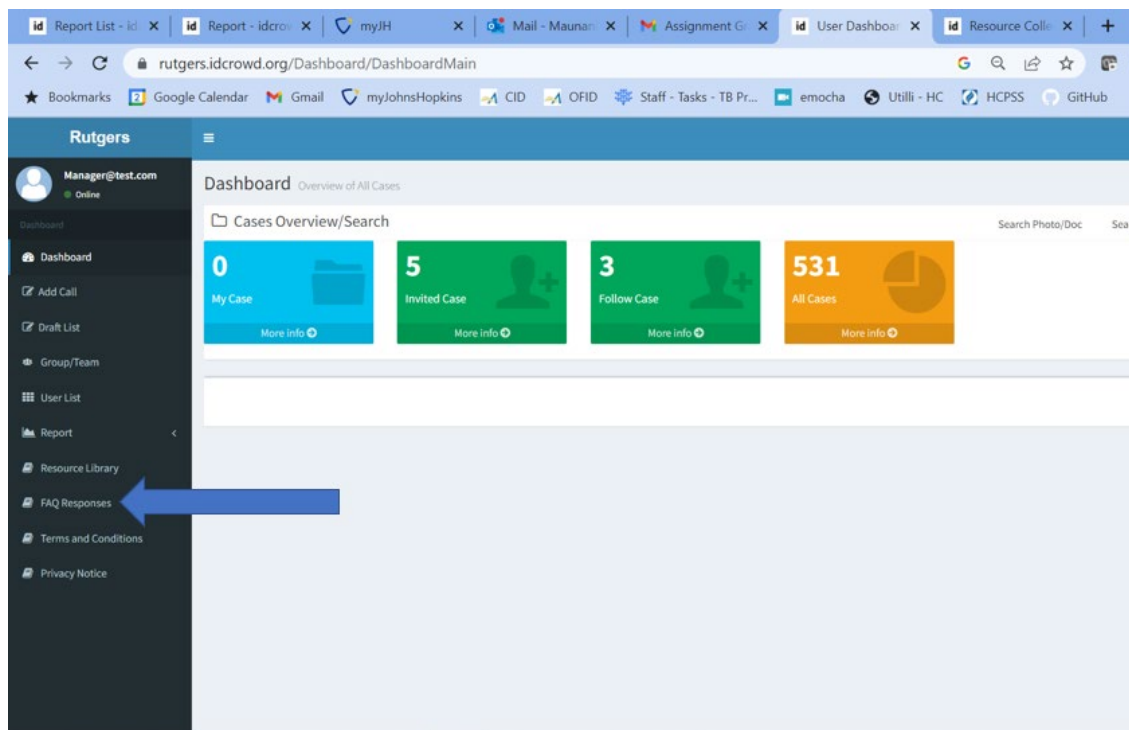


2.To download the document, click the file icon (blue vertical arrow below). This can then be uploaded into the PHOTO/DOC section of the Case. Alternatively, highlight the link to the file (see yellow highlight below) and this can be pasted into a Discussion/Post.

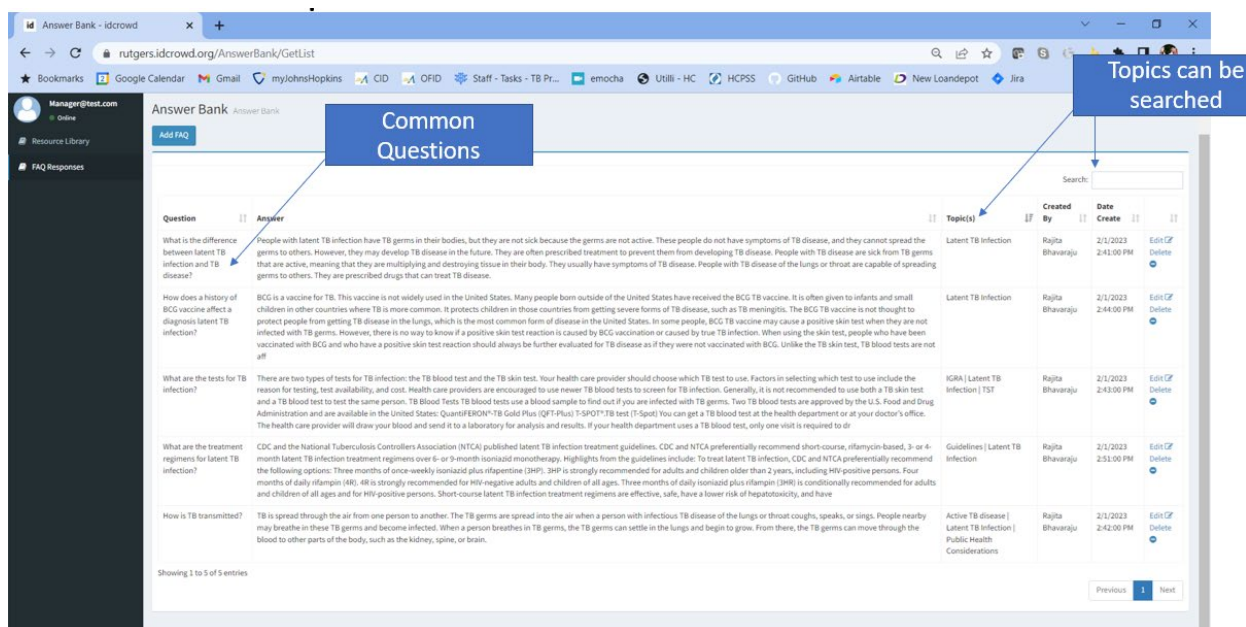


4C Answer Template FAQ

1. Go to left hand side bar and click 'FAQ Responses'



2. On the left hand side you can view common questions that are asked and on the right side can view what kind of topics can be searched. Consultants can copy the text of the Answer template and paste into their Post/Discussion.



**SECTION 5: INFORMATION FOR
CALLERS/REQUESTERS**

5A. PHONE or EMAIL consultation request:

CONSULTATION request made by phone call (see next section on how to initiate a consult directly through IDCROWD): An individual seeking consultation may continue to contact your regional TB Consultation by phone or email. When calling the TB COE to initiate a consultation, an administrator will ask the caller for several pieces of information which will be entered on the caller's behalf into the IDCROWD portal. The caller will then be able to access and update consultation details, and receive recommendations through the system.

Consultation details: The TB Consultation manager will ask the caller for their email address, phone number, and address, and look up whether they are a registered or new caller.

- If caller is NEW to IDCrowd: If the caller has not previously registered on the IDCrowd.org website, the Consultation manager will automatically register the caller with a new account.
 - **Please note that the username will be the email address.**
 - **A generic password (e.g., P@ssword123)** will be used to login the first time.
 - **An invitation email** will be sent
 - **This process will automatically CREATE an ACCOUNT for the REQUESTER**

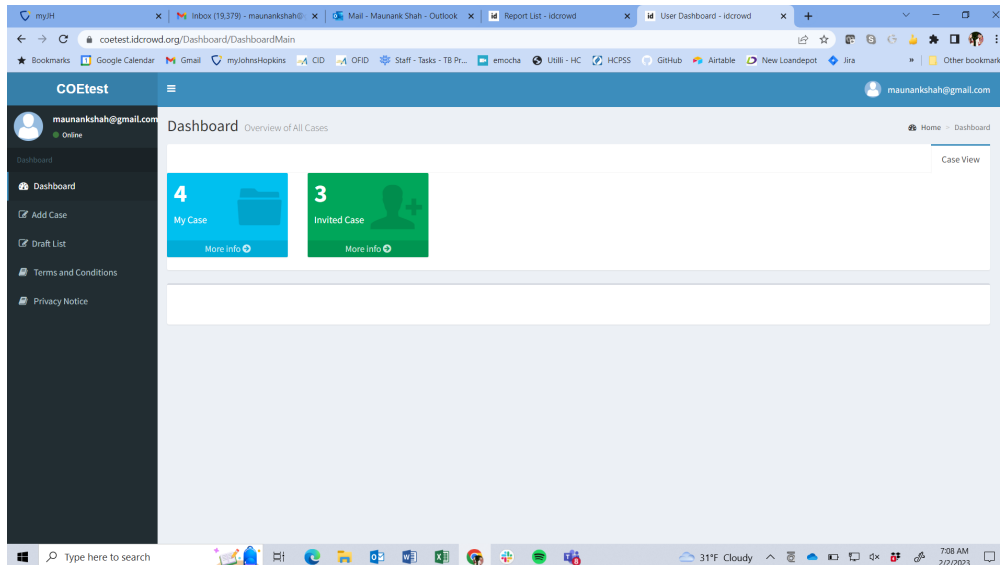
Initial Case details: The TB Consultation manager will take down basic information about the case/consultation request and enter it into the Case Profile.

Caller Updates using IDCrowd: The person requesting the consultation (Requestor/Caller) will receive an invitation email to access the case. The Requester can enter additional information about the case/question, including details of history, physical, labs, imaging, and share any documents.

STEPS:

1.Login: Upon logging in, the caller will be taken to their consultation dashboard.

- **MY CASES:** Consultations that the caller has initiated will be in the MY CASES folder
- **INVITED CASES:** Consultations to which a caller has been invited to participate will be found in the INVITED CASES folder
- Click **MORE INFO** on the folder icon to expand the list of consultations



2. Select Consultation/Case: Click on **SEE DETAILS** for the case of interest

Dashboard Overview of All Cases

4 My Case [More info](#)

3 Invited Case [More info](#)

My Case

Copy Excel CSV PDF Search:

Links	Case#	Case Questions(s) for the Consultant*	Case Narrative-Describe the relevant clinical findings and history	Attributes	Invites	Caller	DateCreate
See Details	422	Drug rechallenge for DRESS	This is a case from another... →	Called Before:No Contact... →	bpfdublin@gmail.com(?) ... →	Maunank Shah	2022-04-29
See Details	108	Would you consider BPAL as a 6 month... →		Called Before:No Contact... →	lardzaa@rutgers.edu	Maunank Shah	2020-04-06
See Details	95	Immunomodulatory strategy in TB... →		Called Before:No Contact... →	careed@dhs.lacounty.gov(?) ... →	Maunank Shah	2020-03-04
See Details	6	Persistent effusion post RHZE treatment	26 y.o. year old female who... →	Called Before:No Contact... →	mshah28@jhmi.edu	Maunank Shah	2019-10-03

Showing 1 to 4 of 4 entries

Previous 1 Next

3. Discussion board: Upon opening the case/consultation, you will initially see the Discussion Board. You may click on the Case Narrative or Add data to the Treatment/Diagnostic table

Case Narrative and/or Question

22 year old M reg. non-USB transferred to BCM from Texas for smear+, NAAT+, co-trimoxazole TB who started therapy in April 23, 2022, and completed 44 DOT/VOOT M-F doses by 6/29/22 (adherence 78% to M-F dosing, no self admin weekends, therefore roughly 3-4 doses/week). In the continuation phase, starting 6/30/22 he completed 11 DOT/VOOT doses (M-F, with one or two weekend doses) and 15 missed (i.e., 30% adherence). Transferred to 11/1/22 where he needed 10 M-F DOT doses (i.e., 30% adherence) in other words, they occurred from at ~13 treatment weeks out of 36 planned for continuation phase.

At that point, 5+ months had elapsed and he had not completed continuation phase (roughly requires 30 person x DOT), and several times given overall poor adherence. On our review he had numerous inpatient and outpatient, education, case management. Patient feels well, works long hours, treatment order. Since July 3 he has essentially had 118 DOT doses, missed 18 (15% adherence) and 15 missed (13% adherence). Since July 1 2022 (case 7 months) he has taken roughly 118 DOT doses, missed 18 (15% adherence) and 15 missed (13% adherence). It is noted that he was previously throughout that time he has averaged about 3-4 doses/week. Improved 6-8 case adherence (observed and self-report).

He has basically had 7 months of therapy, but has taken nearly 120 months to complete it with roughly 100% adherence. We can give him a treatment order on discussion in leadership as he has been culture negative since May, and unlikely we can improve his adherence too much further and he may disappear on us if we extend any further. Just 'renew' given nearly 12 months of 'dosey' weeks (but not at 100% weekly dosing).

Case Narrative: Click to edit

Treatment and Diagnostic Snapshot

Lab, Radiography, or Treatment Regimen	Dates or Rate Range	Notes
RHZE	4/23/22-6/29/22	Only about M-F, and 78% adherence to that (~3-4 doses/week) for intensive phase. Completed 44 DOT.
RH	6/30/22-11/1/22	11 DOT/VOOT taken (~12-14 weeks taken, mostly 3 doses/week, but a few weekends). Continuation phase. Recorded adherence as 58% to M-F but some weekends
Culture conversion	5/14/22	~7 weeks
RH	11/1-current	44 DOT/VOOT to 7 week therapy (57% adherence)

Showing 1 to 4 of 4 entries

Optional: Callers may choose to include a drug-o-gram Or other data in a free text tabular format

CONSULTANTS: Please click on NEW CONSULTATION REQUEST to enter responses to an initial consult request. Multiple consultants may then use "ADD RESPONSE" to enter recommendations for an existing consultation question.

CALLER REQUESTS: To respond to a consultant's recommendations, please "ADD RESPONSE" below, but DO NOT create a new consultation request. If entering a new question or followup consultation request on a patient with a prior consult request, click on NEW CONSULTATION REQUEST.

Created	Created By	Title	Detail	Week	Last Response	Response Count	
ADD Response	2023-01-30	ALFRED LARDZABAL		THIS CASE (2M)	W042	2023-01-30	3

Showing 1 to 1 of 1 entries

4. Add to the CALL PROFILE (this section includes data used by the Center of Excellence to categorize consultation requests)

Case Narrative and/or Question Unfollow

[Export Case Summary](#)

26 y.o. year old female who emigrated four years ago from El Salvador, with a history of exposure to two individuals with active TB. In January 2019, she was noted to have a cough during an ED visit for her infant and referred for evaluation. She was found to have smear-negative, GeneXpert positive (rifampin-sensitive) Mycobacterium tuberculosis. Cultures confirmed pan-sensitivity. She started RHZE and tolerated with no issues. She completed 56 intensive phase doses, with DOT. She completed 126 (18weeks) continuation phase with RH, with DOT. She culture converted in less than 30 days. Monthly sputum cultures have all been negative, including sputa at 6 mo that have finalized as negative. She clinically improved, but her 6 month CXR showed a LLL infiltrate and effusion. Her treatment was extended given radiographic persistence and to confirm 6 month cultures were negative (which they were). She is now finishing her 8th month of therapy. She is currently 10 weeks pregnant. Her repeat CXR last week shows, "Left lower lung mass like structure with associated left pleural effusion consistent with known history of TB is minimally decreased in size compared to prior". Discussion with pulm and radiology suggested the LLL mass may be rounded atelectasis, but they expressed concern about the evolution of the effusion; they did not feel it was consistent with scarring/fibrosis. Patient is uninsured/undocumented and unclear if we can obtain ultrasound or CT to better evaluate. Would you: a) Stop therapy and monitor clinically/radiographically b) Consider tapping the effusion?

Treatment and Diagnostic Snapshot Add

Consultation/Responses NEW CONSULTATION/QUESTION REQUEST

CONSULTANTS:
Please click on NEW CONSULTATION REQUEST to enter responses to an initial consult request. Multiple consultants may then use "ADD RESPONSE" to enter recommendations for an existing consultation question.

CALLERS/REQUESTERS:
To respond to a consultant's recommendations, please 'ADD RESPONSE' below, but DO NOT create a new consultation request. If initiating a new question or followup consultation request on a patient with a prior consult request, click on NEW CONSULTATION/QUESTION REQUEST".

CALL PROFILE VIEW

Age Group* 18-30

HIV Infected* No

Drug Resistance* None

Case Questions(s) for the Consultant* Persistent effusion post RHZE treatment

Case Narrative-Describe the relevant clinical findings and history

26 y.o. year old female who emigrated four years ago from El Salvador, with a history of exposure to two individuals with active TB. In January 2019, she was noted to have a cough during an ED visit for her infant and referred for evaluation. She was found to have smear-negative, GeneXpert positive (rifampin-sensitive) Mycobacterium tuberculosis. Cultures confirmed pan-sensitivity. She started RHZE and tolerated with no issues. She completed 56 intensive phase doses, with DOT. She completed 126 (18weeks) continuation phase with RH, with DOT. She culture converted in less than 30 days. Monthly sputum cultures have all been negative, including sputa at 6 mo that have finalized as negative. She clinically improved, but her 6 month CXR showed a LLL infiltrate and effusion. Her treatment was extended given radiographic persistence and to confirm 6 month cultures were negative (which they were). She is now finishing her 8th month of therapy. She is currently 10 weeks pregnant. Her repeat CXR last week shows, "Left lower lung mass like structure with associated left pleural effusion consistent with known history of TB is minimally decreased in size compared to prior". Discussion with pulm and radiology suggested the LLL mass may be rounded atelectasis, but they expressed concern about the evolution of the effusion; they did not feel it was consistent with scarring/fibrosis. Patient is uninsured/undocumented and unclear if we can obtain ultrasound or CT to better evaluate. Would you: a) Stop therapy and monitor clinically/radiographically b) Consider tapping the effusion?

Main Category* TB Disease

Subcategories* Treatment

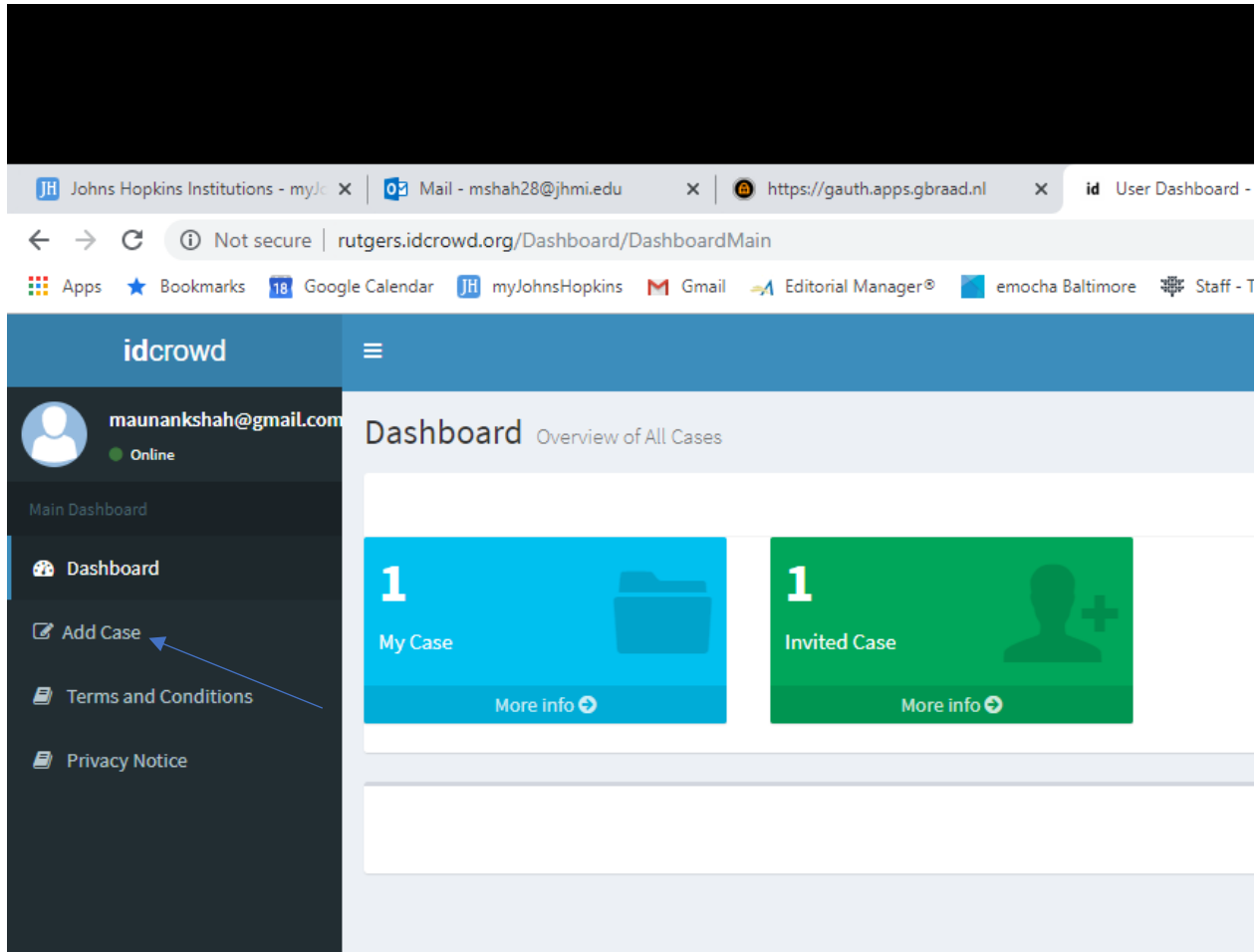
Adverse Effects* Select Some Options

Special Circumstances* pregnant or postpartum

5B. E-CONSULTATION:

Many individuals choose to directly initiate a Consult request directly through IDCrowd website. This method offers the benefit of allowing the requesting individual to enter case details and narratives directly, including providing other documentation (images, labs).

a) ADD Case(i.e., initiate a consultation request): Upon logging in you will see a dashboard. To create a new case, click Add Case from the menu on the left



The screenshot shows a web browser window displaying the IDCrowd user dashboard. The browser's address bar shows the URL `rutgers.idcrowd.org/Dashboard/DashboardMain`. The dashboard header includes the IDCrowd logo and a user profile for `maunankshah@gmail.com` with an "Online" status. A left-hand navigation menu lists "Main Dashboard", "Dashboard", "Add Case", "Terms and Conditions", and "Privacy Notice". A blue arrow points to the "Add Case" option. The main content area, titled "Dashboard Overview of All Cases", features two prominent cards: a blue "My Case" card with a folder icon and a green "Invited Case" card with a person icon and a plus sign. Both cards display the number "1" and include a "More info" link with a right-pointing arrow.

Add Required Consultation Details: This section is known as the **CASE PROFILE**.

The individual requesting the consultation enters some required data including the question and narrative.

- The individual requesting consultation can indicate whether they would like a phone call to discuss the case or if all consultation recommendations/communication should be electronic
- There will be opportunities to add labs and other treatment details through the 'Treatment/Diagnostic Snapshot table'
- Please include a brief "Question" which will show up on the dashboard
- Please provide a complete Case/Consult narrative, including all relevant history. This information will show up on the DISCUSSION board for the Consultants to see easily and provide recommendations.

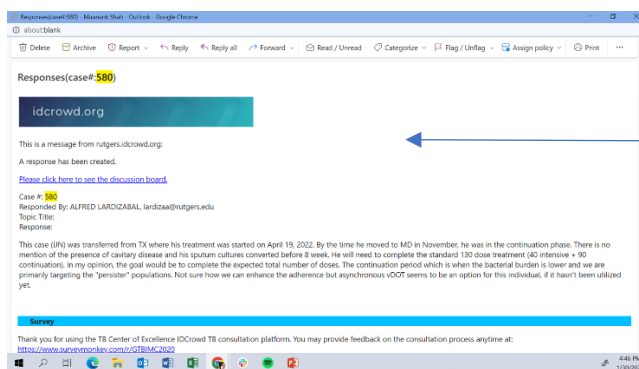
The screenshot shows a web browser window with the 'Case Profile' form. The browser tabs include Gmail, myJohnsHopkins, CID, OFID, Staff - Tasks - TB Pr..., emocha, Utiliti - HC, HCPSS, GitHub, Airtable, New Loandepot, Jira, and Other bookmark. The form fields are as follows:

- Have you or another provider called about this patient before? (select one)
- What is your preferred method of contact?* (select one)
- Age Group* (select one)
- HIV Infected* (select one)
- Drug Resistance* (select one)
- Case Questions(s) for the Consultant* (text area)
- Case Narrative-Describe the relevant clinical findings and history (rich text editor with toolbar)
- Main Category* (select one)
- Subcategories* (Select Some Options)
- Adverse Effects* (Select Some Options)

*Required fields
Additional optional fields related to consultation or case details are available.
Callers can be encouraged to fill them out to allow consultant to review

5C. Receiving Consultation Recommendations:

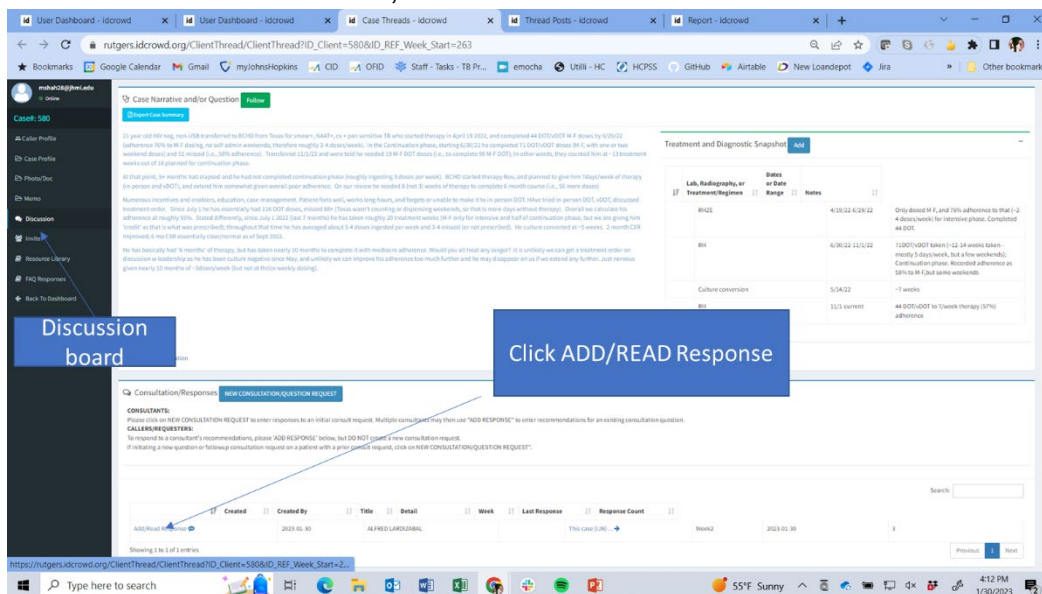
1. After a consultant has entered recommendations, the requester will be notified by email. The email will include the text of consultation recommendations and a link to the IDCrowd discussion board



Snapshot of email

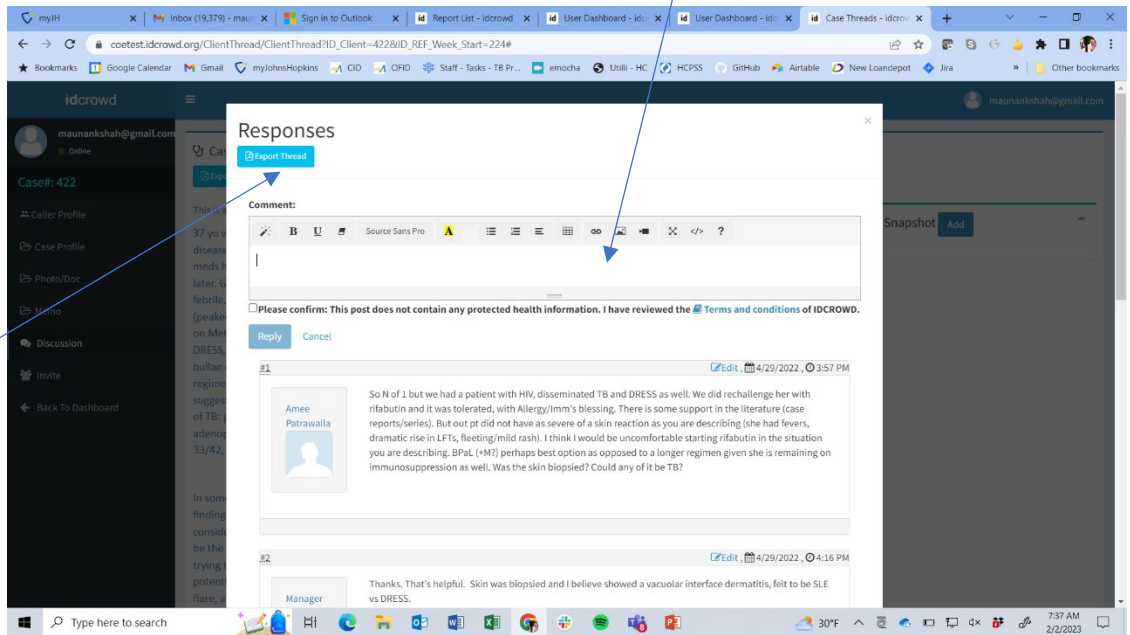
2. Log in to IDCrowd and open case. This will take you directly to the Discussion board.

From the Discussion board, click **ADD/READ RESPONSE**

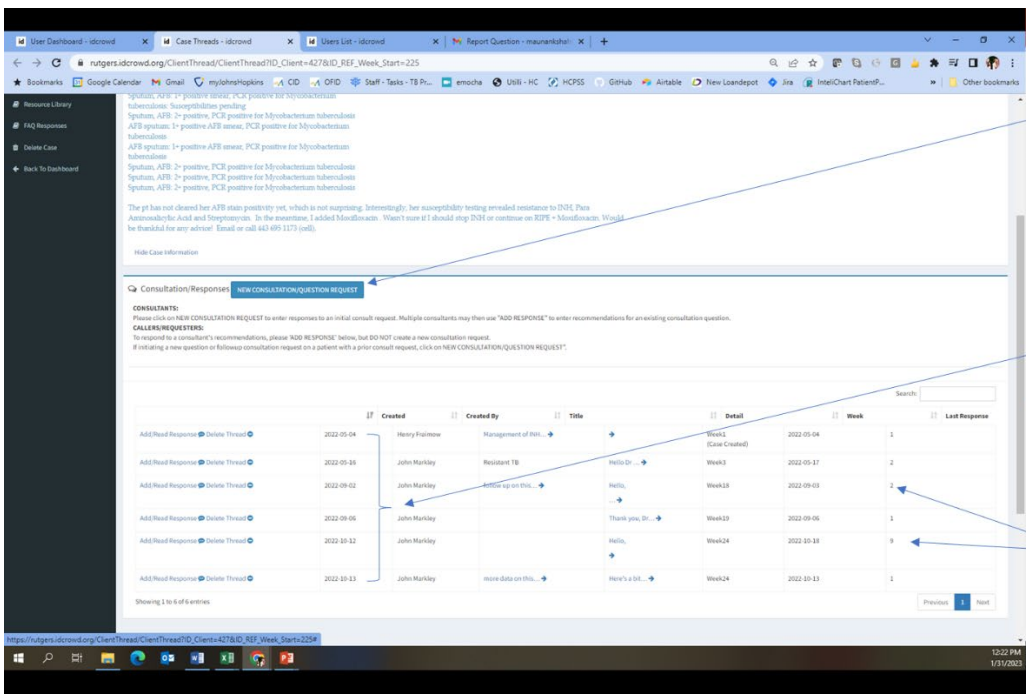


3. Individuals receiving consultation have the opportunity to add responses to the Consultant recommendations, or engage in ongoing discussion. These will be grouped in the same 'thread'

4. Print: To print the consultation recommendations, first download into PDF format using the EXPORT THREAD blue button seen on the screen above.



5D.NEW questions: The IDCrowd platform allows ongoing discussions between the caller, consultant, and all others invited to the case. This allows rapid dissemination of shared information, and longitudinal conversation. IF a New QUESTION arises related to a prior consult/case, click the 'New Consultation/Question Request'. This will alert the Consultant by email. The Consultant will provide a response to the new questions, which will show up within the discussion board.



New questions or consult requests related to a prior call

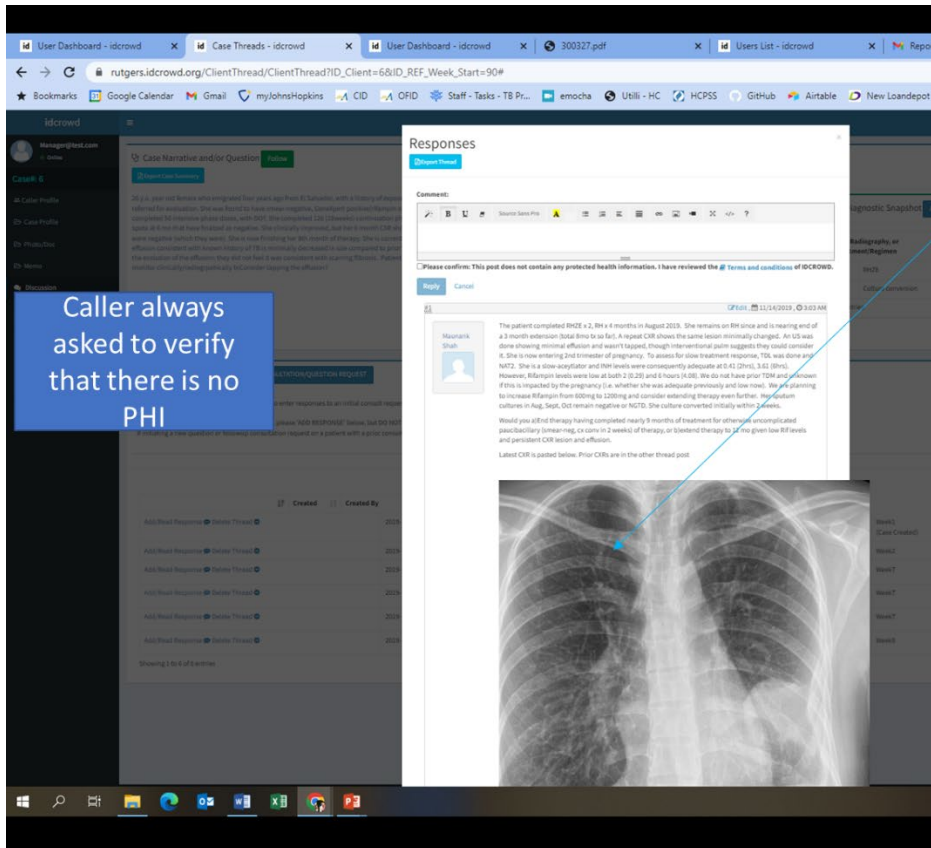
Example: Caller had multiple distinct/new questions over a 6 month period

Each question had multiple responses and back and forth

5E. ADDING OTHER CASE DETAILS

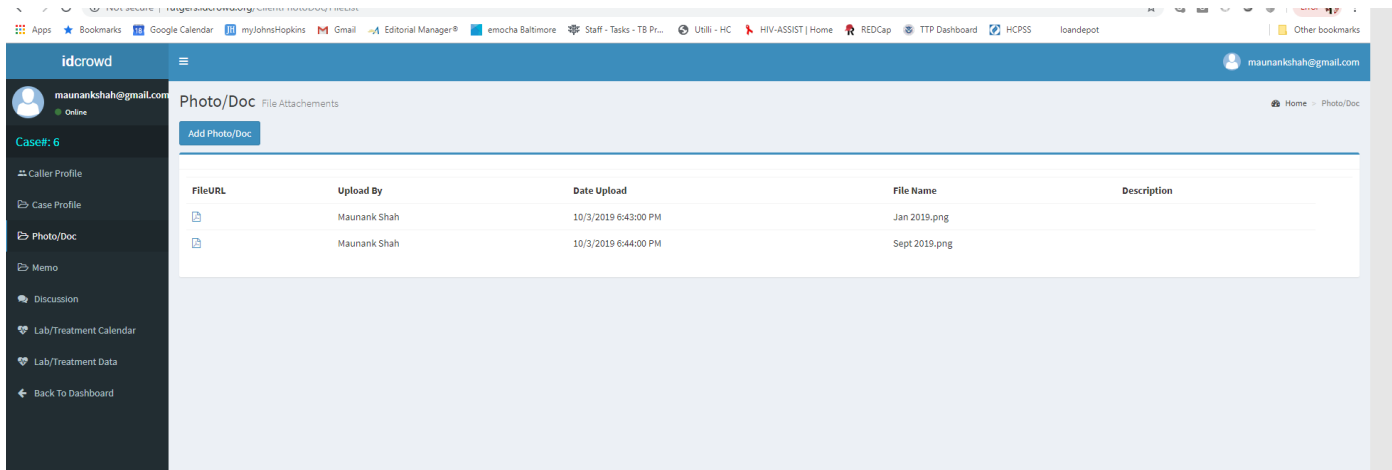
The IDCrowd platform allows entry of additional data including uploading of photos (i.e. xrays), documents, antibiograms, and lab data.

1. Adding **pictures/documents** within a **post**. From the Add/Read post function described above, a formatted text box will be available. You can directly insert pictures into this text box by clicking the picture icon, or you may copy/paste from a picture, pdf, etc. into the text box. An example of this functionality to include a CXR image is below.



Xray posted into post by caller

2. Adding Pictures/Documents to the Case: Click on **Photo/Doc** from the menu on the left as shown below. You may upload any file (standard image formats are accepted along with PDFs).



3. Memos: if there are any special instructions you would like to communicate to the GTBI staff (such as additional individuals to invite to the case), please click MEMO from the menu on the left.

4. **Labs/Treatment data:** To facilitate longitudinal consultation, the Consultant may request that you add Labs/Treatment information into the Lab/Treatment Snapshot area next to the case narrative.

