

IDCROWD Instructions

BACKGROUND: IDCROWD is a site customized for Rutgers Global TB Institute (GTBI) to facilitate sharing and documentation of clinical cases, particularly for TB consultants.

The site aims to organize clinical histories, laboratory, and treatment data in a format to improve the ability of consultants to view relevant information needed for accurate consultations. By organizing and documenting discussions that unfold over time, our goal is to improve communication between those requesting consults and consultants, including providing longitudinal consultation services. In particular, IDCROWD is being designed around the following common use-cases which this guide will review:

- 1) General knowledge questions (i.e. one time consultation; short case histories)
- 2) Clinical consults with extended histories and laboratories (i.e. one time consultation; long case histories)
- 3) Longitudinal consultations (i.e. Consults that unfold over time, with multiple discussions)

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

GETTING STARTED

Registration: You will be automatically registered on the IDCrowd platform by GTBI when you call for a consultation. However, you may also register independently by following these steps:

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

- 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 user name 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

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

REQUESTING A CONSULTATION

1. Initiate through phone call: You may continue to contact Rutgers GTBI for TB consultations by phone 1-800-482-3627 and e-mail mc_gtbi@njms.rutgers.edu.

a) The GTBI manager will take down relevant information about the call including basic call details. If you have not previously registered on the Rutgers.IDCrowd.org website, the GTBI manager will automatically register you with a new account. **Please note that your username will be your email address. A generic password (e.g., P@ssword123)** will be sent to your email address.

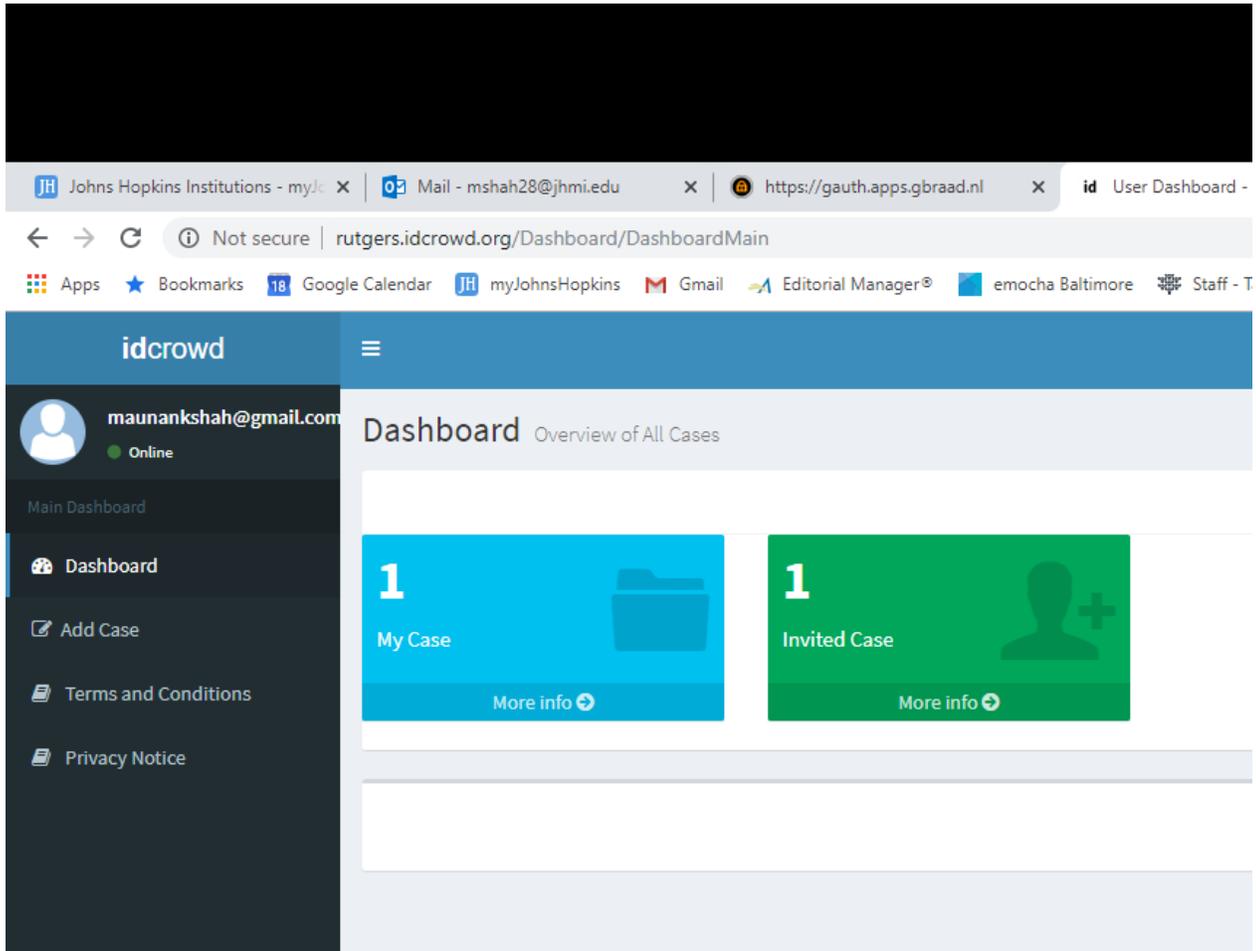
b) You will be asked to fill out additional case information online. Please look for an email from Rutgers.idcrowd.org in your inbox (please check Spam folder as well). The email will contain a link to your case. **See section on logging in and Updating the Call Profile on the next two pages.**

c) The GTBI manager will automatically invite your local/state health department to also participate in the consultation and they will be able to see the case information and consultations; please alert the GTBI manager if you would like to include additional colleagues, clinicians, nurses in the discussion. You may also write a memo through the IDCrowd website (see following pages) for added instructions.

d) The GTBI manager will invite a consultant to review the information you have provided and respond (by phone call if requested). The TB Consultant will document their recommendations in IDCrowd and you will receive an immediate copy by email. You may also download discussions and recommendations directly from the website. See **Discussions and Consultations**

2. Initiate Consult through IDCrowd website:

a) **ADD Case:** 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 with the URL `rutgers.idcrowd.org/Dashboard/DashboardMain`. The browser's address bar shows "Not secure". The browser's tab bar includes "Johns Hopkins Institutions - myJ...", "Mail - mshah28@jhmi.edu", "https://gauth.apps.gbraad.nl", and "id User Dashboard -". The browser's bookmark bar includes "Apps", "Bookmarks", "Google Calendar", "myJohnsHopkins", "Gmail", "Editorial Manager", "emocha Baltimore", and "Staff - T".

The IDCrowd dashboard is displayed. The top navigation bar is blue with the "idcrowd" logo and a hamburger menu icon. The user profile is shown as "maunankshah@gmail.com" with a green "Online" status indicator. The main content area is titled "Dashboard Overview of All Cases" and features two large cards: a blue card for "My Case" with a count of "1" and a folder icon, and a green card for "Invited Case" with a count of "1" and a person icon with a plus sign. Both cards have a "More info" link with a right-pointing arrow. A dark sidebar on the left contains the following menu items: "Main Dashboard", "Dashboard" (selected), "Add Case", "Terms and Conditions", and "Privacy Notice".

Adding a New Call (add case) or Updating the Call Profile (for consults that were initiated by a phone call to GTBI)

1.If you initiated a consult through the consultation phone line, you will receive an email invitation with instructions on updating the “Call Profile”. Upon logging into IDCrowd, enter the My Cases folder and click on See Details of your case. You will have an option to enter Call Profile details from a menu on the left.

1.If you initiated a new case by clicking ADD CASE (for new cases), you will be taken to the screen depicted below.

2.Please enter call details. Fields marked with a * are required.

3.If the case is complex, please include the questions in the CASE NARRATIVE field. Please note that you may paste pictures or other information into the Case Narrative Field.

CASE FORM

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*	
Case Narrative--Describe the relevant clinical findings and history	
Main Category*	(select one) ▼
Subcategories*	Select Some Options
Special Circumstances*	Select Some Options

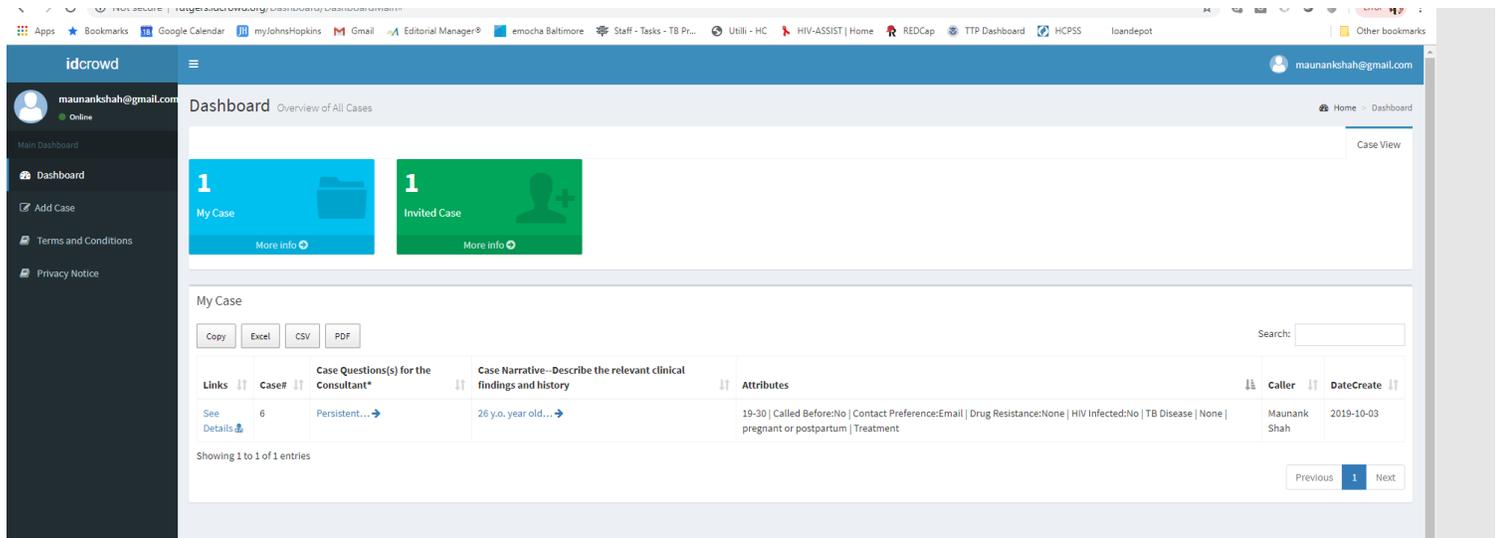
4.After you have entered a new case and/or updated the call profile, the TB Consultant will call you to discuss the case or will communicate with you electronically using IDCrowd through the Discussion feature (next page).

5.Please note that you can add photos, memos, documents, and labs (see last page of instructions).

DISCUSSIONS and CONSULTATION Reports

1. All Consultations will be documented on IDCrowd. You will receive an automated electronic copy of all discussions to your email whenever new information is posted on IDCrowd to any case you are participating in.

2. DASHBOARD when you log in:



The screenshot shows the IDCrowd dashboard for user maunankshah@gmail.com. The dashboard has a dark sidebar with navigation options: Home Dashboard, Dashboard, Add Case, Terms and Conditions, and Privacy Notice. The main content area is titled 'Dashboard Overview of All Cases' and features two large cards: 'My Case' (1) and 'Invited Case' (1), both with 'More info' links. Below these is a 'My Case' section with export buttons (Copy, Excel, CSV, PDF) and a search bar. A table displays case details:

Links	Case#	Case Questions(s) for the Consultant*	Case Narrative--Describe the relevant clinical findings and history	Attributes	Caller	Date Create
See Details	6	Persistent...→	26 y.o. year old...→	19-30 Called Before:No Contact Preference:Email Drug Resistance:None HIV Infected:No TB Disease None pregnant or postpartum Treatment	Maunank Shah	2019-10-03

Showing 1 to 1 of 1 entries. Navigation: Previous 1 Next

3. **Select case:** Cases are divided into your calls and calls/cases to which you have been invited. **Click More Info** from the 'MY CASES' folder or the 'INVITED CASES' folder.

4. A snapshot of all calls will show up. Click "See Details" on a case of interest

5. You will initially be taken to the Discussion screen (from the menu on the left).

Notice that the **Case Narrative** will be always present at the top of the screen. You may edit the Case narrative to offer more details by clicking the text box.

6. **Threads/Posts:** All discussions and consultations are organized and time-stamped in the bottom half of the screen. New 'Threads' (i.e. discussion topics) can be created. 'Posts' can be entered and read related to a given thread by clicking **Add/Read Post**

a) **Email copy:** All individuals that have been invited to a case will receive an email copy instantly upon submission of a post/thread or any update of the case-details

b) **Export/Print:** You may export/print by clicking on the Export Case or Export Thread blue button (see next page)

c) **Ongoing Discussions:** 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**.

Not secure | rutgers.idcrowd.org/ClientThread/ClientThreadID_Client=6&ID_REF_Week_Start=90

idcrowd maunankshah@gmail.com

maunankshah@gmail.com Online

Case#: 6

Caller Profile

Case Profile

Photo/Doc

Memo

Discussion

Lab/Treatment Calendar

Lab/Treatment Data

Back To Dashboard

Case Narrative and/or Question

Export Case

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?

Hide Case Information

Thread List Create Thread

Search:

	Created	Created By	Thread Title	Thread Detail	Week	Last Post	Post Count
Add/Read Post	2019-10-03	Maunank Shah	XRAVS	January: Top normal... →	Week1 (Case Created)	2019-10-04	6
Add/Read Post	2019-10-08	ALFRED LARDIZABAL	Woman with pulmonar... →	The patient has bee... →	Week2	2019-11-17	7
Add/Read Post	2019-11-14	Maunank Shah	New imaging and Dru... →	The patient comp... →	Week7	2019-11-14	1
Add/Read Post	2019-11-14	Maunank Shah	New imaging and Dru... →	The patient comp... →	Week7	2019-11-14	1
Add/Read Post	2019-11-14	Maunank Shah	New imaging and Dru... →	The patient comp... →	Week7	2019-11-14	1

Showing 1 to 5 of 5 entries

Previous 1 Next

Sample of Export Thread (will save all posts and dialogue as a pdf)

#4 10/3/2019 6:55 PM Maunank Shah

September: 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.

No other changes.

Biapical scarring, left greater than right.

Right lower lobe granuloma.

No pneumothorax.

#5 10/3/2019 6:55 PM Maunank Shah



#6 10/4/2019 1:35 PM Anee Patrawalla

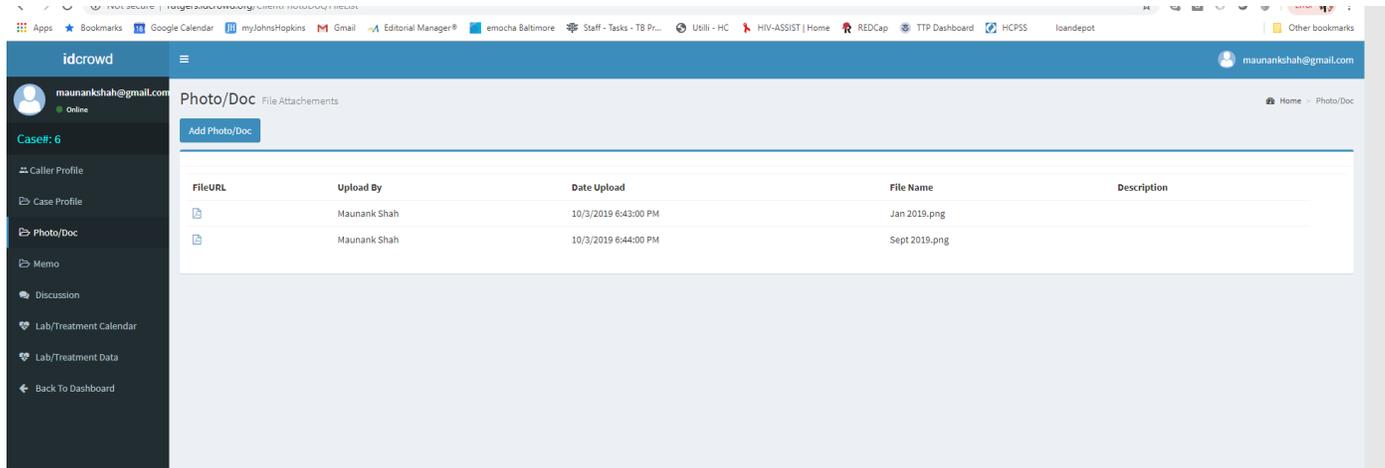
Agree that the 1st CXR had a loculated small pleural effusion that now appears larger with blunting of the left CP angle. The rounded density seems too large for rounded atelectasis, it may be loculated effusion as well. I would try to image w/ US further and tap if an adequate pocket of fluid can be identified, but this would not be an easy tap without US guidance. If that rounded area is loculated fluid in the fissure, a lateral CXR may help. Perhaps drugs are not penetrating the effusion well? I would continue medications for now.

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 on the preceding page.

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).



The screenshot shows the IDCrowd web interface. The user is logged in as 'maunankshah@gmail.com'. The main content area is titled 'Photo/Doc' and 'File Attachments'. There is a button labeled 'Add Photo/Doc'. Below this is a table with the following data:

FileURL	Upload By	Date Upload	File Name	Description
	Maunank Shah	10/3/2019 6:43:00 PM	Jan 2019.png	
	Maunank Shah	10/3/2019 6:44:00 PM	Sept 2019.png	

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 tabs (from the menu on the left). Specific labs can be entered into the relevant dates. This can be done from a tabular view or a calendar view (select from menu on the left).

See next page for one example. A daily calendar view is also available to document medications and labs. Discussions that have taken place will also be visible in a date-based format from these views.

- Photo/Doc
- Memo
- Discussion
- Lab/Treatment Calendar
- Lab/Treatment Data
- Back To Dashboard

Hide Case Information

[Click Here to Add Lab/Medication](#)

Add Lab/Treatment

You can select the item from the list or just key in the name of the item.

Lab Name

Treatment Name

[Add](#) [Cancel](#)

Event/Lab/Treatment Information

	Week1 (Case Created) 9/29/2019	Week2 10/6/2019	Week3 10/13/2019	Week4 10/20/2019	Week5 10/27/2019	Week6 11/3/2019	Week7 11/10/2019	Week8 11/17/2019	Week9 11/24/2019	Week10 12/1/2019	Week11 12/8/2019	Week12 12/15/2019	Week13 12/22/2019	Week14 12/29/2019	Week15 1/5/2020	Week16 1/12/2020	Week17 1/19/2020	Week18 1/26/2020	Week19 2/2/2020
Discussion or Questions	T 1 P 6	T 1 P 7					T 3 P 3												
Temp/Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xray imaging	Left lower lung mass like structure with associated left pleural effusion consistent with known history of TB is minimally decreased in	<input type="checkbox"/>																	