



ENT CLINICAL DATA REGISTRY

HARNESSING THE POWER OF DATA FOR



RESEARCH
& CLINICAL
STUDIES



PATIENT
OUTCOMES



QUALITY



PUBLIC
REPORTING



PRODUCT
SURVEILLANCE



CONTINUING
CERTIFICATION

Introduction of the Reg-ent Registry Patient-Report Outcomes Module (PROM) Age-Related Hearing Loss

Agenda

- **Welcome and Opening Remarks**
- **Panelist Introductions**
- **Patient Reported Outcome Surveys Overview**
- **Demonstration**
- **Questions**

Panelist Introductions

- **Amy Grace, RN**
 - *FIGmd, Client Account Manager* Moderator
- **Cathlin Bowman, MBA**
 - *Director, Reg-ent Registry*
- **Nui Dhepyasuwan, MEd**
 - *Director, Quality and Performance Measurement*
- **Julia K. Trigger, MS**
 - *Program Manager, Reg-ent Registry*

Overview: Patient Reported Outcome Surveys

- Opportunity to involve your patients in their care and assess outcomes from the patient's vantage point
- Data from this tool will enhance future survey tool and specialty measure development
- Clinicians and administrators may access both this and future survey instruments easily from the Reg-ent dashboard
- Aligning to MIPS Value Pathways and future otolaryngology-specific Improvement Activities
- Age-Related Hearing Loss focuses on shared decision making
- The first of a suite of survey tools to be made available in the Reg-ent registry

Reg-ent Registry PROM Survey Tool

Reg-ent Dashboard Slides

Patient Reported Outcome Module Demonstration

Version 1.0

November 20, 2020

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Environment

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Patient Reported Outcome Module (PROM)



Practice

Web Demo practice

ID	MEASURE	DOMAIN	PERFORMANCE	OUTCOME	CROSS-CUTTING	
AAO8	Otitis Media with Effusion (OME): Antihistamines or Decongestants – Avoidance of Inappropriate Use 	Effective Clinical Care	 81.91% (Registry Average: 98.14%)	NO	NO	  
AAO11	Otitis Media with Effusion (OME): Avoidance of Topical Intranasal Corticosteroids 	Effective Clinical Care	 90.48% (Registry Average: 98.99%)	NO	NO	  
AAO12	Topical Ear Drop Monotherapy for Children with Uncomplicated Acute Tympanostomy Tube Otorrhea 	Effective Clinical Care	 29.23% (Registry Average: 27.20%)	NO	NO	  
AAO13	Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan for Bell's Palsy 	Efficiency/Cost Reduction	 89.80% (Registry Average: 12.75%)	NO	NO	  

1. Sign in to your Reg-ent dashboard.
2. Choose 2020 Dashboard in the upper right-hand corner.

Pegasus Quality Performance Dashboard



Regent ENT CLINICAL DATA REGISTRY

TOUR | ?

Quality Performance Dashboard

Practice: 6 - Web Demo practice

AAOHNS 2020 | 01-01-2020 | 11-20-2020 | CHANGE

Updated on : Nov 16th, 2020 09:49 | Data available till : Oct 9th, 2020

PRACTICE | CLINICIANS (31) | LOCATIONS (3)

ALL | Favorites | EXPORT ALL

FAVORITE	ID	MEASURE		ACHIEVED PERFORMANCE	DC		
	AAO 12	Tympanostomy Tubes: Topical Ear Drop Monotherapy Acute Otorrhea		<div style="text-align: center;">37.7%</div> <hr/>	0 %	0 %	EXPORT
	AAO 13	Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomograp...		<div style="text-align: center;">27.11%</div> <hr/>	0 %	0 %	EXPORT

Choose the “Pro” icon on the left panel.

- Dashboard
- PRO
- MIPS
- Reports
- Tools
- Help

Dashboard

Accessing the Surveys

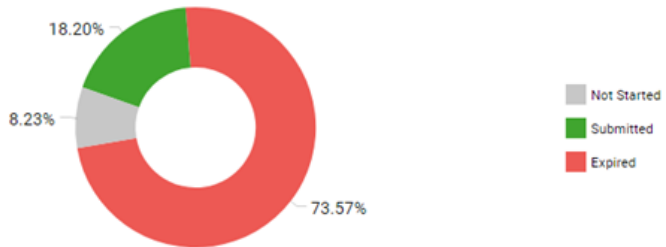
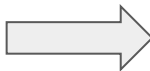


PATIENT BROWSER

Select Year * 2020 | Select Practice * 6 Web Demo practice | Select Clinician * All Clinicians | Select Survey * Hearing Loss

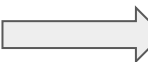
PRO Phase wise Statistics

Data Summary



Survey Stats

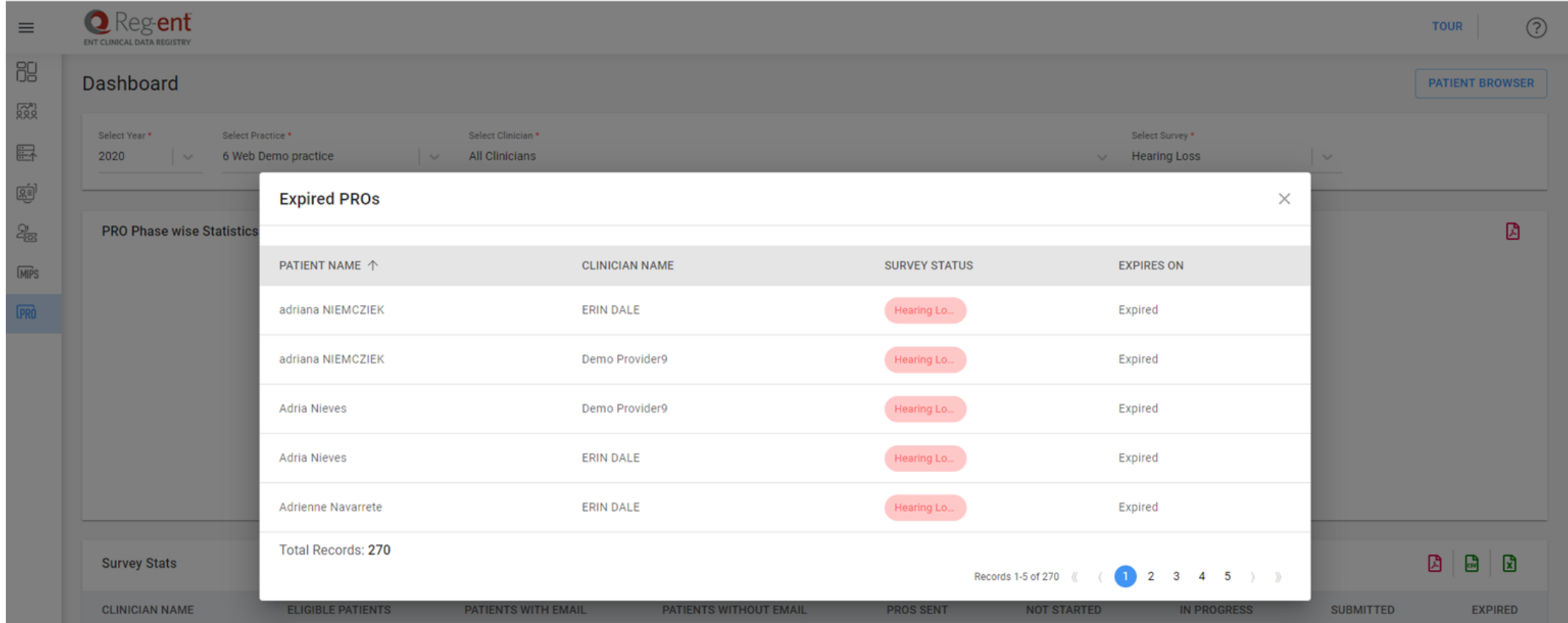
Data Summary Report Download Options



CLINICIAN NAME	ELIGIBLE PATIENTS	PATIENTS WITH EMAIL	PATIENTS WITHOUT EMAIL	PROS SENT	NOT STARTED	IN PROGRESS	SUBMITTED	EXPIRED
ERIN DALE	175	175	0	175	3	0	28	144
Demo Provider9	226	207	19	200	30	0	45	151

Total Records: 2

Pie Chart Drill Down



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Dashboard

Select Year * 2020 | Select Practice * 6 Web Demo practice | Select Clinician * All Clinicians | Select Survey * Hearing Loss

PRO Phase wise Statistics



PATIENT NAME ↑	CLINICIAN NAME	SURVEY STATUS	EXPIRES ON
adriana NIEMCZIEK	ERIN DALE	Hearing Lo...	Expired
adriana NIEMCZIEK	Demo Provider9	Hearing Lo...	Expired
Adria Nieves	Demo Provider9	Hearing Lo...	Expired
Adria Nieves	ERIN DALE	Hearing Lo...	Expired
Adrienne Navarrete	ERIN DALE	Hearing Lo...	Expired

Total Records: 270

Records 1-5 of 270

CLINICIAN NAME | ELIGIBLE PATIENTS | PATIENTS WITH EMAIL | PATIENTS WITHOUT EMAIL | PROS SENT | NOT STARTED | IN PROGRESS | SUBMITTED | EXPIRED

Choose any color on the chart to access patient information.

TOUR 

< Patient Browser

Select Year *

Select Practice *

Select Clinician *

2020

6 Web Demo practice

All Clinicians

ASSIGN PRO

PRO TRACKER

Consent Management

MANAGE CONSENT

+ ASSIGN BULK PRO

Search by Patient Name or MRN

Search for Patients Here

Select Cohort

Hearing Loss

Select Survey






Hearing Loss

Emails

Patients with Email

Patients without Email

Note: Please search using "First Name" and/or "Last Name" or "MRN".

<input type="checkbox"/>	PATIENT NAME ↑	MRN	CLINICIAN NAME	EMAIL	DIAGNOSIS	VISIT DATE	CONSENT STATUS	ACTIONS
<input type="checkbox"/>	Deborah Noerrlinger		Demo Provider9	qaeruser9@yopmail.com		05/09/2020	Accepted 	+ ASSIGN PRO
<input type="checkbox"/>	Hong Niemi		Demo Provider9	qaeruser46@yopmail.com		05/09/2020	Accepted 	+ ASSIGN PRO
<input type="checkbox"/>	Russell Piper	8601988721	Demo Provider9	abcd@yopmail.com	Bilateral Pr...	10/31/2020	Accepted 	+ ASSIGN PRO
<input type="checkbox"/>	Sarah Niggeler	3995788741	Demo Provider9	qaeruser41@yopmail.com		05/09/2020	Accepted 	+ ASSIGN PRO
<input type="checkbox"/>	Sara Nigam	3995788749	Demo Provider9	qaeruser49@yopmail.com		05/09/2020	Accepted 	+ ASSIGN PRO

Assign PROM (Bulk)

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TOUR ?

Patient Browser

Select Year * 2020 | Select Practice * 6 Web Demo practice | Select Clinician * All Clinicians

ASSIGN PRO | PRO TRACKER

Consent Management

Select Cohort: Hearing Loss | Select Survey: Hearing Loss

MANAGE CONSENT | + ASSIGN BULK PRO

Search by Patient Name or MRN

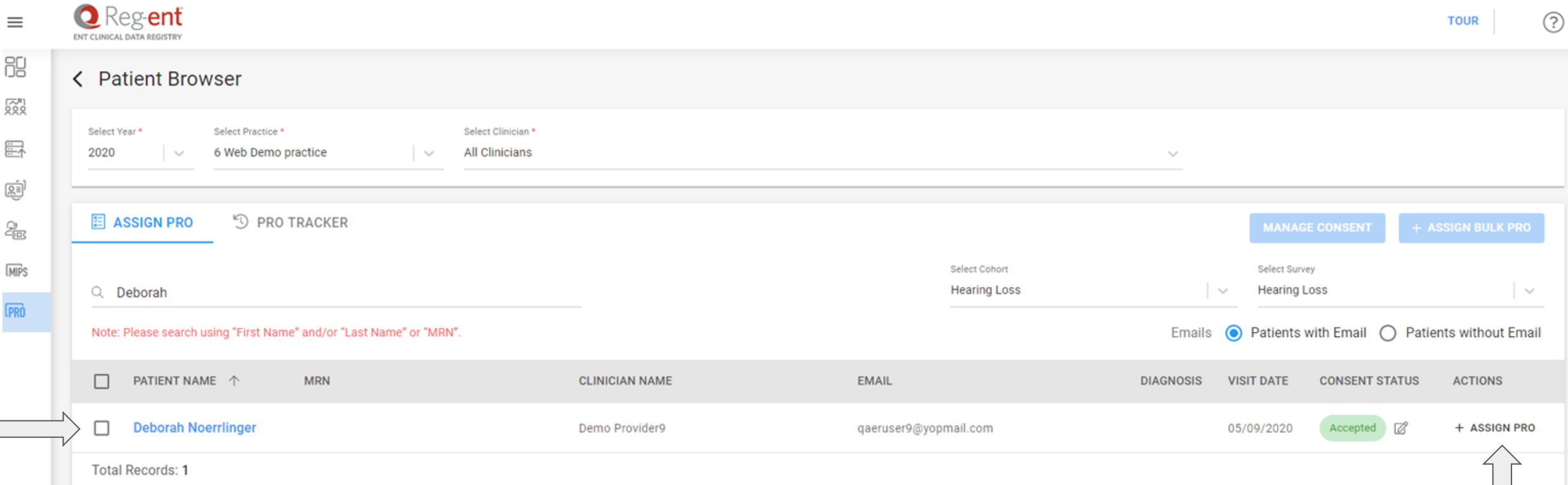
Note: Please search using "First Name" and/or "Last Name" or "MRN".

Emails Patients with Email Patients without Email

<input checked="" type="checkbox"/>	PATIENT NAME ↑	MRN	CLINICIAN NAME	EMAIL	DIAGNOSIS	VISIT DATE	CONSENT STATUS	ACTIONS
<input checked="" type="checkbox"/>	Deborah Noerrlinger		Demo Provider9	qaeruser9@yopmail.com		05/09/2020	Accepted	+ ASSIGN PRO
<input checked="" type="checkbox"/>	Hong Niemi		Demo Provider9	qaeruser46@yopmail.com		05/09/2020	Accepted	+ ASSIGN PRO
<input checked="" type="checkbox"/>	Russell Piper	8601988721	Demo Provider9	abcd@yopmail.com	Bilateral Pr...	10/31/2020	Accepted	+ ASSIGN PRO
<input checked="" type="checkbox"/>	Sarah Niggeler	3995788741	Demo Provider9	qaeruser41@yopmail.com		05/09/2020	Accepted	+ ASSIGN PRO
<input checked="" type="checkbox"/>	Sara Nigam	3995788749	Demo Provider9	qaeruser49@yopmail.com		05/09/2020	Accepted	+ ASSIGN PRO

PROM may be assigned individually or in bulk.

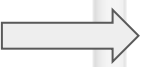
Assign PROM (Individually)



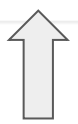
The screenshot shows the 'Patient Browser' interface in the Reg-ent system. At the top, there are filters for 'Select Year' (2020), 'Select Practice' (6 Web Demo practice), and 'Select Clinician' (All Clinicians). Below these are tabs for 'ASSIGN PRO' and 'PRO TRACKER'. A search bar contains the name 'Deborah'. To the right, there are dropdowns for 'Select Cohort' (Hearing Loss) and 'Select Survey' (Hearing Loss). Below the search bar is a note: 'Note: Please search using "First Name" and/or "Last Name" or "MRN".' There are radio buttons for 'Patients with Email' (selected) and 'Patients without Email'. A table below shows one patient record:

<input type="checkbox"/>	PATIENT NAME ↑	MRN	CLINICIAN NAME	EMAIL	DIAGNOSIS	VISIT DATE	CONSENT STATUS	ACTIONS
<input type="checkbox"/>	Deborah Noerrlinger		Demo Provider9	qaeruser9@yopmail.com		05/09/2020	Accepted	+ ASSIGN PRO

At the bottom left, it says 'Total Records: 1'. On the right side, there are buttons for 'MANAGE CONSENT' and '+ ASSIGN BULK PRO'.



Click the Check Box to Select Patient



Click Here to Send the Survey to the Patient's Email

PROM may be assigned individually or in bulk.



< Patient Browser

Select Year * 2020 | Select Practice * 6 Web Demo practice | Select Clinician * All Clinicians

ASSIGN PRO **PRO TRACKER**

← Current Page

Patient Process Information



Search by Patient Name or MRN

Note: Please search using "First Name" and/or "Last Name" or "MRN".

PATIENT NAME ↑	MRN	CLINICIAN NAME	EMAIL	LATEST SURVEY	NOT STARTED	IN PROGRESS	COMPLETED	EXPIRED
adriana NIEMCZIEK	3995788754	Demo Provider9	qaeruser54@yopmail.com	Hearing Lo...	0	0	0	1
adriana NIEMCZIEK	3515788754	ERIN DALE	testeruser54@yopmail.com	Hearing Lo...	0	0	0	1
Adria Nieves		Demo Provider9	qaeruser43@yopmail.com	Hearing Lo...	1	0	0	1
Adria Nieves	3515788743	ERIN DALE	testeruser43@yopmail.com	Hearing Lo...	0	0	0	1
Adrienne Navarrete	3995788878	Demo Provider9	qaeruser178@yopmail.com	Hearing Lo...	0	0	1	0

Reg-ent
ENT CLINICAL DATA REGISTRY

TOUR ?

< Patient Browser

Select Year * 2020 | Select Practice * 6 Web Demo practice | Select Clinician * All Clinicians

ASSIGN PRO | PRO TRACKER

deb

Note: Please search using "First Name" and/or "Last Name" or "MRN".

PATIENT NAME ↑	MRN	CLINICIAN NAME	EMAIL	LATEST SURVEY	NOT STARTED	IN PROGRESS	COMPLETED	EXPIRED
Deborah Noerrlinger		Demo Provider9	qaeruser9@yopmail.com	Hearing Lo...	1	0	1	0
Deborah Noerrlinger	3515788709	ERIN DALE	testeruser9@yopmail.com	Hearing Lo...	0	0	1	0
Debra Nielsen	3515788757	ERIN DALE	testeruser57@yopmail.com	Hearing Lo...	0	0	0	1

1. Grey indicates in process.
2. Green indicates completed.
3. Red indicates expired.

Reg-ent Registry
Age-Related Hearing Loss
Screen Guide

Your physician has shared a new survey for you to complete!

From: hns.patientfeedback@bot.figmd.com

Date: 2020-09-11 12:58

Encoding: worldwide (utf-8) ▼



Your physician has shared a new survey for you to complete!

Dear Linda Nissly ,

Your physician invites you to provide feedback on your experience during your recent medical visit. The information collected will be used to better understand your unique medical history, healthcare needs and to develop effective treatment strategies. The survey will take approximately 3-5 minutes to complete.

For confidentiality and security purposes, we ask that you complete a 2-step verification process prior to accessing and completing your survey. On the Niva patient portal, you will need to:

1. Create a NIVA account by registering your email address and creating a password.
2. Select and fill out security questions relevant to you.

To access your survey, click on the link below and sign in to Niva, your patient portal: [Patient Portal](#)

We look forward to receiving your feedback.

If you have any questions or concerns, please reach out to us at support.niva@figmd.com



Enter email address
and create a
password.

Welcome to **Niva!**





Welcome to Niva!

- Your password must have:
- ✓ Minimum 8 characters
 - ✓ At least 1 uppercase letter
 - ✓ At least 1 lowercase letter
 - ✓ At least 1 numerical digit
 - ✓ At least 1 special character of the following: @\$%^&*()_.

Make sure your password meet these security requirements.



[← Back To Register](#)

Please set 2 security questions with answers. These questions will be asked when you reset the password.

What is your mother's maiden name ?

Abc123

What was the name of your first school ?

Defg123



✓ Registration successful! Please Login to continue. ✕



[LOGIN](#)

[SIGNUP](#)

Welcome

Email Address

qaeruser47@yopmail.com

Password



[Forgot Password?](#)

Login


[About Us](#)


[Privacy Policy](#)

[Terms & Conditions](#)

[Help](#)

My Profile



 Email Address
qaeruser47@yopmail.com

Profile Settings Security Settings Claim Your Identity

* The identity can be claimed or declined only once

Please claim your identity in relation to Linda Nissly

By clicking accept, you agree to participate in the survey.

By clicking decline, you are declining to participate in the survey.

My Profile



✓ Email Address
qaeruser47@yopmail.com

Profile Settings Security Settings Claim Your Identity

* The identity can be claimed or declined only once

Please claim your identity in relation to Linda Nissly

Accept Decline

To decline,
click here.

Accept to proceed
with the survey.

My Profile



✓ Email Address
qaeruser47@yopmail.com

Profile Settings Security Settings **Claim Your Identity**

* The identity can be claimed or declined only once

Please claim your identity in relation to Linda Nissly

Accept

Decline

Claim your Identity

What is Linda Nissly's relationship to you?

Select

Self

Spouse

Father

Mother


Son


Daughter

Other

Select what applies to you.

My Profile



 Email Address
qaeruser47@yopmail.com

Profile Settings Security Settings **Claim Your Identity**

* The identity can be claimed or declined only once

Please claim your identity in relation to Linda Nissly

Accept **Decline**

Claim your Identity

What is Linda Nissly's relationship to you?

CANCEL **YES**

Questionnaire

Not Started (1)

In Progress (0)

Submitted (0)

Expired (0)

Feedback Survey

 Linda Nissly (self)

 Practice: Web Demo practice

 Clinician: Demo Provider9

 Launch On 09/11/2020

Expires in 43 days

START

← Feedback Survey

MRN : 3995788747


 Clinician Name : Demo Provide...

 Visit Date : 05/11/2020

 Launch On : 09/11/2020

0% completed

0/8

 Patient Name : Linda Nissly (...)

 Practice Name :

Expires in 43 days

Web Demo practice

Questionnaire

✓ **Feedback Survey** ^
Expiration Date : 10/23/2020

● Section 1

● Section 2

Feedback Survey

Section 1 / 2

SAVE

NEXT

Section 1

Use the following scale to rate the statements on your treatment for hearing loss at your last visit.






I am satisfied that I am adequately informed about the issues important to my treatment decision.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

The decision I made regarding my hearing loss was the best decision possible for me personally.





- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

← Feedback Survey

MRN : 3995788747  Clinician Name : Demo Provide...  Visit Date : 05/11/2020  Launch On : 09/11/2020
 Patient Name : Linda Nissly (...)
 Practice Name : Web Demo practice Expires in 43 days

0% completed 0/8

Questionnaire

-  **Feedback Survey**
Expiration Date : 10/23/2020 
-  Section 1
-  Section 2

Feedback Survey

Section 1 / 2 [SAVE](#) [NEXT](#)

Section 1

Use the following scale to rate the statements on your treatment for hearing loss at your last visit.

I am satisfied that I am adequately informed about the issues important to my treatment decision.


- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree


The decision I made regarding my hearing loss was the best decision possible for me personally.


- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

← Feedback Survey

MRN : 3995788747


 Clinician Name : Demo Provide...


 Visit Date: 05/11/2020

 Launch On : 09/11/2020

75% completed

6/8

 Patient Name : Linda Nissly (...)

 Practice Name :

Expires in 43 days

Web Demo practice

Questionnaire

Feedback Survey

Section 2 / 2

PREVIOUS

SAVE

SUBMIT

✓ Feedback Survey

Expiration Date : 10/23/2020

● Section 1

● Section 2

Confirmation

Are you sure you want to submit Feedback Survey Form ?

Note: Any changes made to the form will be validated first before submitting. Once the form is validated and submitted, you will not be able to make any changes to the form.

CANCEL

CONTINUE

Coping strategies (learning or receiving training on how to listen with my hearing loss)

Hearing aids or a personal amplifier

Cochlear implant

PREVIOUS

SUBMIT

Questionnaire

Not Started (0)

In Progress (0)

Submitted (1)

Expired (0)



No questionnaire has been assigned to you yet. Questionnaires will be displayed once assigned by your provider.

End of Survey

Questionnaire

Not Started (0)

In Progress (0)

Submitted (1)

Expired (0)

Feedback Survey

👤 Linda Nissly (self)

🏢 Practice: Web Demo practice

👤 Clinician: Demo Provider9

📅 Submitted at 09/11/2020

[VIEW](#)

Follow-up and Resources

Contact Us

- Attendees will receive a copy of this presentation along with the PROM and Niva user guides.
- Questions for the Reg-ent registry team, contact reg-ent@entnet.org.
- Questions for your Client Account Support team member, contact aaohnscams@figmd.com.
- Academic institutions with questions regarding the PROM, contact cbowman@entnet.org.

Website

- <https://www.entnet.org/reg-ent-patient-reported-outcomes>
- <https://www.reg-ent.org>
- <https://www.entnet.org/content/quality-measures>