Introduction

The **purpose** of this **Frequently Asked Questions** (**FAQ)** document is to clarify certain aspects of the Epic: Research Clinical (Phase 1) Implementation.

Frequently Asked Questions:

ROLES:

1. **Can there be more than one SC assigned to a study in EPIC?**

   Yes, you can assign as many SC as you want to the study in EPIC to facilitate workflow and cross coverage.

2. **There is no role in EPIC for co-investigators or lead investigators, how do we give them access to the study?**

   Study team members that need access to the EPIC module, can be assigned the study coordinator access.

3. **Research assistants report to study coordinators and participate in recruitment activities. Can research assistants associate patients to a study in EPIC?**

   Yes, if they are given SC access.

General Rule:

The IRB role and EPIC research role may be different. When deciding on what EPIC research role a team member should have, determine how they function for that study.

EPIC Research Roles:

- **(PI)**-There can only be one PI associated with the study.
- **(SC)**-There may be multiple SC associated with a study. If the research personnel will be tracking patient status in EPIC, they will need SC access. PIs who do not have study coordinators will also need SC access.
- **(SC) Supervisor**- Will not be associated with specific studies, will have access to all research studies
- **Data Manager**: Are not associated with specific studies. They cannot associate patients with a study, but can run reports on any study at CHOP.

ASSOCIATING PATIENT TO A STUDY:

1. **Do I have to enter CHOP patients who are in my PENN studies?**

   If you currently enter the patient into e-TRACK for a study visit, you will also need to associate them with the study in EPIC.

   If patients are seen at CHOP, but currently have paper RRFs submitted to CTRC because the study team does not have access to CHOP systems, the study team does not have to enter subject information into EPIC. The CTRC RAC will continue to register the subject and link them to the research guarantor (i.e. study staff are PENN based-pts come to CHOP for a specific procedure).

   For patients seen only at PENN, you do not need to enter into EPIC.

   There are many possible scenarios for study relationships with PENN. If there is any question about the status, please email Navigator@email.chop.edu with specifics of your study.

2. **Do I have to enter all completed patients for studies that are no longer recruiting, but still active in IRB? Are we tracking in Epic studies where the patients' activities are currently done but the study is still live in IRB**?

   No. You will enter patients that have current study visits coming up June 29, 2015 or later. The purpose of Phase 1 is to associate **active** research participants with the study for billing and to alert clinicians.

3. **We are required to schedule appointments with billing implications in e-TRACK and they do not appear in Epic. Will that change?**

   You will continue to use e-TRACK as you do now. The appointments that will be visible in EPIC are the ones that you currently see, there will be no change. However, in order for CTFM personnel to link the patient visit to the research study, you will need to associate the patient with the study using one of four statuses: consented in screening, enrolled, enrolled on active treatment, or enrolled long-term follow-up. Once that study visit is linked, you will see an icon (lab beaker) that shows the visit is related to research.

4. **Child /Parent studies – do we need to enroll or include parent in the association to the study process? If so, how does the MRN/chart get created and by whom?**

   It will depend on the study. Your current e-TRACK process will not change. If you currently schedule the parent through e-TRACK, CTFM will assign the MRN if needed. If there is no billing or intervention, if you do not use e-TRACK, you do not need to associate the patient in EPIC.

5. **If more than one status in same day, does the status/enrollment need to be entered for each phase of the study since there is a tracking/history? How do you handle studies where patient immediately agrees to participate in study, samples or study activities are taken and study is over? Does this need to be entered in Epic? If so, what status should be assigned? Can there be a one and done feature?**

   The patient needs to be in one of the four enrolled statuses, in order for e-TRACK staff to link the research study to the patient for billing. Once the billing is complete, you could change the status to complete. At this point, there is no way to associate the patient with just one status for the study. We will ask if this function could be planned for the future.

6. **Will associating a patient visit with a study send the entire bill for that visit to the study? I have some visits in which some procedures/labs are research and others are SOC.**

   The procedures will be billed according to your billing plan. While the visit will be linked, only those charges that you indicate in e-TRACK are research will be billed to the grant. All e-TRACK functions will continue as they do now.

7. **Other than the BPA alert, do other study statuses such as interested send In basket messages?**

   In basket messages are solely a function of the BPA. We can customize which status triggers a message, i.e. for the pilot BOTH Interested and Not interested will trigger the BPA.

REPORTS:

1. **If another user edits the report criteria can notification be sent to the owner of the report alerting them that the report has been edited?**

   No, there is no way to track that the report has changed.

2. **Can EPIC notify the owner if the report is about to expire?**

   Unfortunately, there is no way to see when the report is about to expire.

3. **Is there a way to keep reports that are added to the favorites tab from expiring?**

   Not at this time.