

Appendix 1. Pre-Clinic Huddle Template

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Pre-Clinic Huddle

Please complete the survey below.

Thank you!

Date _____

Clinic (AM/PM)

- AM
- PM

Attending

- L
- B
- B
- K
- W
- S
- G
- W
- M
- Chang

Fellow

- C
- B
- N
- Li
- P
- R
- C

Did a huddle occur?

- Yes
- No

If no, explain _____

NPV

	Yes	No	Not Asked
Has the physician prescreened their NPVs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do any NPVs screen into a potential diagnosis of any JIA, ERA, SI, JDM, or IBD arthritis/enthesitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Follow Up

	Yes	No	Not Asked
Did the RRC identify which follow up patients need to be seen for research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there any follow up patients who may newly meet diagnostic criteria for any JIA, ERA, SI, JDM, or IBD arthritis/enthesitis that have not yet started a DMARD or biologic OR a pelvic MRI is being ordered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there any patients with a history of IBD or potential new IBD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there any patients potentially starting methotrexate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROMOTE follow up: biologic added/MTX stopped?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there any active pJIA, PsA, ERA, SI, or IBD patients? Only one active joint required.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does the patient have any of the following?

- New-onset IBD (within the past 45 days)
- Active IBD
- Active arthritis
- New-onset ERA (within the past 45 days)
- Existing ERA with new-onset IBD

RA Initials

Comments

 ((Required Patient Identifiers or Other Important Information))