

Connecting Patients, Caregivers, and Health Care Providers across South Carolina

Contact

About the Registry

Resources

Help Getting Started?

SC Sickle Cell Disease Registry

Healthcare Provider Training Documentation



Patient Registry Registration Process

- 1. You will be notified by the team at SC Sickle Cell Disease Registry Team that you have been registered.
- 2. A registration email will be sent to your email address with the website address, userid and password.
- 3. The first time you try to log in the system security will put you through a quick step to verify your login and you will be asked to set up your profile and change your password.
- 4. At that point you will have access to your healthcare provider portal and your registered patients.

Registration Email

Welcome to the SC Sickle Cell Disease Registry

sicklecellregistry@dhec.sc.gov
 To • George Ritacco
 We could not verify the identity of the sender. Click here to learn more.

SC Sickle Cell Disease Registry

Welcome to the SC Sickle Cell Disease Registry! Thank you for joining the research community.

When you login for the first time you will be asked to confirm your email and set up a security question. Details for logging in are:

SC Sickle Cell Registry Website Portal Address: <u>https://www7.gvtsecure.com/scdhec/index.htm</u> Username: GeorgeR@gmail.com Password: AA12\$s

We look forward to partnering with you to work to improve health outcomes for those living with SCD!

Sincerely,

The South Carolina Sickle Cell Registry Team

Once you are registered by the SC Sickle Cell Registry team – you will receive an email with information on how to access the registry.

Logging In

SC Sickle Cell Disease Registry Connecting Patients, Caregivers, and Health Care Providers across South Carolina

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SC Sickle Cell Disease Registry

SC Sickle Cell Disease Registry unites patients, caregivers, and health care providers across South Carolina to share knowledge and experience, accelerate progress and advancements in patient care and treatment.

Login at: https://www7.gvtsecure.com/scdhec



Security Check



Connecting Patients, Caregivers, and Health Care Providers across South Carolina

Once you enter your user ID and Password, you will be brought to this screen asking for <u>a</u> security code to verify your login. The system will send a code to your email (or phone). An example code message is below. Just enter in the code and click Validate to proceed.



Example text message

Your SC Sickle Cell Disease Registry validation key



Example email message

(i) We could not verify the identity of the sender. Click here to learn more.

Copy and paste the following code into the SC Sickle Cell Disease Registry to validate your registration: 121078

Profile Update Connecting Patients, Caregivers, and Health Care Providers across South Carolina My Account Log Off

Registered User Information

Email Address

george.ritacco@famcare.net

Preferred Frequency of Email Notifications

None

SC Sickle Cell

Disease Registry

○ Daily

Weekly

Monthly

Preferred Method of Security Authentication

Email

Mobile (text message)

(555) 555-5555

Please select a security question and answer. The security question will be asked if you ever forget like to reset it.

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Security Question

orite Sports Team

Security Answer

Yankees

Once you are logged in and security has been verified, you will be asked to update your profile and preference information to finish your account setup, which includes updating your password.

assword	8			
etype Password	1			
Please check the new	v password, it should h	ave at least 1 capital lett	er and 2 numbers.	

Contact



My Account

Log Off

Portal

Welcome Dwayne to the Health Care Provider Portal

Q ... type patient's last name or number

sort by Patient Name 12 Registration ID 11

► Barry Allen (000000579)	VERIFY
 Dick Grayson (000000569) 	VERIFY
▶ John Smith (00000585)	VERIFY
► Jimbo Test (00000583)	VERIFY
► Tommy Test (000000575)	VERIFY
▶ Dana Bryant (000000543)	VERIFY
► Clark Kent (00000527)	VERIFY

Your healthcare provider portal provides access to each of the patient's under your care who register.

Each patient assigned to your portal will need to be "verified" first.









My Account

Log Off

Portal

Welcome Dwayne to the Health Care Provider Portal Q ... type patient's last name or number sort by Patient Name 12 Registration ID 13 ▶ Barry Allen (000000579) VERIFY Dick Grayson (000000569) VERIFY ▶ John Smith (000000585) VERIFY ▶ Jimbo Test (00000583) VERIFY Tommy Test (000000575) VERIFY Dana Bryant (000000543) VERIFY Clark Kent (000000527) VERIFY

To "Verify" a patient, click the Verify Button.

You will need to answer the question to verify the patient is indeed being treated by you. If you are seeing the patient, click YES if not, click NO.

Patient's Name Barry Allen D08: 1/26/2006 Patient's Sickle Cell Disease Status O Yes, I provide treatment and care for this patient and they have a Sickle Cell Disease diagnosis. O No, I do not provide care for this patient.	X	e Verify Patient	
Patient's Name Barry Allen D08: 1/26/2006 Patient's Sickle Cell Disease Status O Yes, I provide treatment and care for this patient and they have a Sickle Cell Disease diagnosis. O No, I do not provide care for this patient.	ient Information		
Patient's Name Barry Allen DDB: 1/2B/2006 Patient's Sickle Cell Disease Status O Yes, I provide treatment and care for this patient and they have a Sickle Cell Disease diagnosis. O No, I do not provide care for this patient.			
Barry Allen DOB: 1/26/2006 Patient's Sickle Cell Disease Status O Yes, I provide treatment and care for this patient and they have a Sickle Cell Disease diagnosis. O No, I do not provide care for this patient.	Patient's Name		
Patient's Sickle Cell Disease Status O Yes, I provide treatment and care for this patient and they have a Sickle Cell Disease diagnosis. O No, I do not provide care for this patient.	Barry Allen DOB: 1/26/2006		
 Yes, I provide treatment and care for this patient and they have a Sickle Cell Disease diagnosis. No, I do not provide care for this patient. 	Patient's Sickle Cell Disease Statu		
Disease diagnosis. O No, I do not provide care for this patient.	○ Yes, I provide treatment and c	re for this patient and they have a Sickle Cell	
O No, I do not provide care for this patient.	Disease diagnosis.		
	○ No, I do not provide care for t	iis patient.	

SAVE





Clicking on the arrow (>) will open up access to the patient's files. Here you can see if they've completed each of the surveys assigned to them. If a form has not been completed in full – you will see the % completed. Clicking OPEN will open up that record for a closer look. The information on the form is read only. SC Sickle Cell **Disease Registry**

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Account Preferences Log Off

History of the Registry

In the 2015-2016 SC General Assembly, the Sickle Cell Disease Study Committee was authorized. This committee was charged with examining existing services and resources available to children and adults living with sickle cell disease (SCD). Findings from the study committee included the need for greater public awareness about SCD, the need for more and better education about SCD processes, and the need for more funding for SCD programs to improve access to health care in both urban and rural areas of the state. One of the recommendations of the study committee included the need to develop a Sickle Cell State Plan. From this recommendation, the South Carolina Sickle Cell Disease Advocacy Team was brought together in 2017 to develop and implement the South Carolina Sickle Cell Disease State Plan in A Call to Action.

Although the SC Sickle Cell Disease State Plan addressed public awareness and education, health care provider education, access to health care, and funding, there are still gaps in the management of SCD in South Carolina due to lack of providers, lack of education for providers, need for public awareness, and limitations to accessing appropriate care, especially in hospital emergency departments.

In an effort to improve care coordination efforts between the patient, caregivers, and health care providers, the SC General Assembly passed "Rena Grant Sickle Cell Disease Voluntary Patient Registry Act" in the 2021-2022 legislative assembly which directs SC Department of Health and Environmental Control to establish and maintain a sickle cell disease voluntary patient registry.

The South Carolina Sickle Cell Disease Registry will facilitate the collection of data about incidence and the nature of SCD in the state which can be used to educate

Other Resources/Web Pages:

About the Registry – This page includes background information on the origination of the SC Sickle Cell **Disease Registry.**



Other Resources/Web Pages:

 <u>Resources</u> – This page contains links to community based organizations, national organizations, and sickle cell centers who provides service and treatment to individuals living with sickle cell disease.



Other Resources/Web Pages:

 Contact – This is the <u>Contact</u> page to reach the SC Sickle Cell Disease Registry Team.



Security Ouestion

Other Resources/Web Pages:

 This is the <u>Account Preferences</u> page. You can come to this page at any time to update your contact information, security validation information, or your password.

SC Sickle Cell	Connecting Patients	s, Caregivers, and	Health Care Pr	oviders across Sou	th Carolina
Disease Registry	About the Registry	Resources	Contact	My Account	Log Off
Registere	d User Information				
Email /	Address				
dav	vid.rhyne@gvt.me				
Prefer	ed Frequency of Email Notifications				
No	ne				
\odot Dai	ly				
⊖ We	ekly				
⊖ Mo	nthly				
Prefer	red Method of Security Authenticati	on			
Em	ail				
0 Mc	obile (text message)				
	(555) 555-5555				
Please ever fo	select a security question and answe rget your password and would like to	er. The security questi o reset it.	ion will be asked if	you	

Security Ouestion

<u>To Log Off or leave the system</u> – please choose Log Off to sign out of your session.

It's important to remember to click on LOG OFF vs. just closing your browser window to exit.

