

Kentucky Health Information Exchange (KHIE)

Other Reportable Diseases Case Report: Silicosis

Quick Reference Guide

June 2024

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Document Control Information

Document Information

Document Name	Other Reportable Conditions Case Report: Silicosis Quick Reference Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	1.0
Document Status	Initial Draft
Date Released	06/17/2024

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	06/14/2024	Initial Draft	Deloitte Consulting
1.0	06/17/2024	Finalized Draft per KHIE Review	KHIE/Deloitte Consulting

Table of Contents

1 Introduction	4
Overview	4
Supported Web Browsers	4
Mobile Device Considerations	5
Accessing the ePartnerViewer	5
2 Patient Information	6
3 Laboratory Information	13
4 Applicable Symptoms	14
Medical Imaging.....	16
Diagnostic Tests.....	20
Biopsies.....	22
5 Additional Information	24
6 Technical Support	29
Toll-Free Telephone Support	29
Email Support.....	29

1 Introduction

Overview

This training manual covers the unique functionalities for the Silicosis condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Silicosis condition contains *Medical Imaging, Diagnostic Tests, and Biopsies* sections on the **Applicable Symptoms** screen and contains a unique **Additional Information** screen. All other screens for Silicosis condition follow the generic workflow for the Other Reportable Conditions Case Report. For specific information about the Other Reportable Conditions Case Report, please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#).

Users with the *Manual Case Reporter* role can submit case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Kentucky Department for Public Health (KDPH). All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

Please Note: All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

Desktop Browser Version	Mobile Browser Version
Microsoft Edge	
Version 44+	Version 40+
Google Chrome	
Version 70+	Version 70+
Mozilla Firefox	
Version 48+	Version 48+
Apple Safari	
Version 9+	iOS 11+

Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user's device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

Accessing the ePartnerViewer

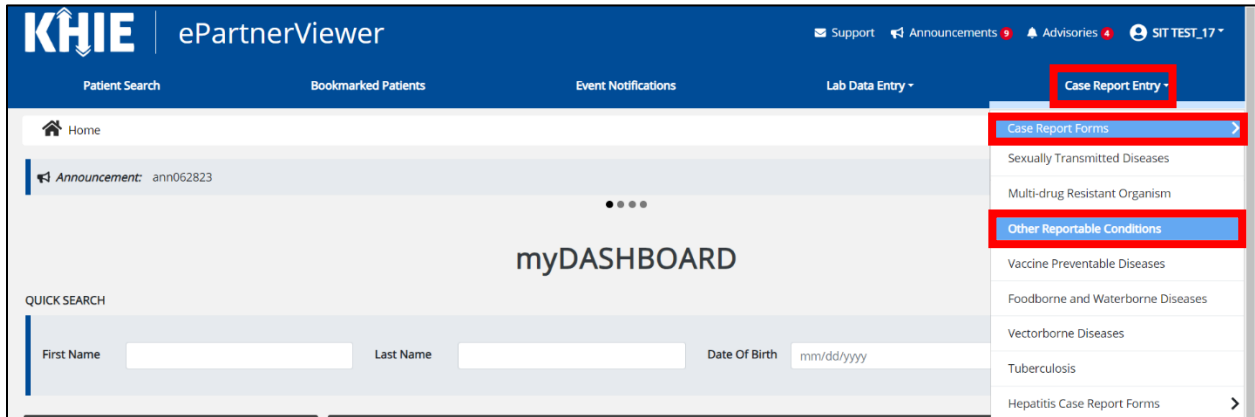
To access the ePartnerViewer, Users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

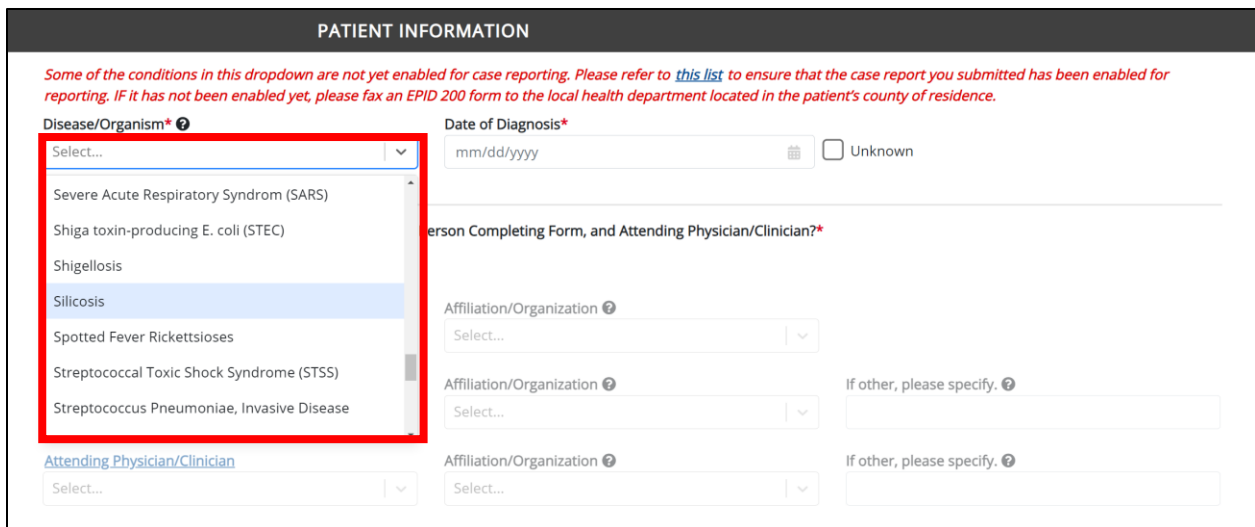
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

2 Patient Information

1. To enter Other Reportable Conditions case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Other Reportable Conditions** from the dropdown menu.



3. To start the Silicosis Case Report entry, select **Silicosis** from the *Disease/Organism* field on the **Patient Information** screen.



4. You must complete the mandatory fields on the **Patient Information** screen.

Patient Information

Laboratory Information
Applicable Symptoms
Additional Information
Hospitalization, ICU, & Death Information
Vaccination History
Treatment Information
Additional Comments
Review & Submit

Some of the conditions in this dropdown are not yet enabled for case reporting. Please refer to [this list](#) to ensure that the case report you submitted has been enabled for reporting. If it has not been enabled yet, please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism*
Silicosis

Date of Diagnosis*
mm/dd/yyyy

Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)
Affiliation/Organization

Person Completing Form
Affiliation/Organization If other, please specify:

Attending Physician/Clinician
Affiliation/Organization If other, please specify:

Prefix

First Name* Middle Name Last Name*

Suffix Date of Birth*

Patient Sex* Ethnicity* Race*

5. Enter the **Date of Diagnosis**. If the date of diagnosis is unknown, click the **Unknown** checkbox.

Disease/Organism*
Silicosis

Date of Diagnosis*
mm/dd/yyyy

Unknown

6. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN) Affiliation/Organization

Person Completing Form Affiliation/Organization If other, please specify:

Attending Physician/Clinician Affiliation/Organization If other, please specify:

- Click **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? *

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	
Person Completing Form* <input type="text" value="Select..."/>	Affiliation/Organization ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* <input type="text" value="Select..."/>	Affiliation/Organization ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>

- Click **No** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? *

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	
Person Completing Form* <input type="text" value="Select..."/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* <input type="text" value="Select..."/>	Affiliation/Organization* ? <input type="text" value="Select..."/>	If other, please specify: ? <input type="text"/>

- Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

Patient ID (MRN)* ? <input type="text"/>	Affiliation/Organization* ? <input type="text" value="Select..."/>
--	--

- 8. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

The screenshot shows a form with several fields. The 'Affiliation/Organization' dropdown menu is open, displaying a list of hospital and clinic names. A red rectangular box highlights the entire dropdown menu. To the left of the dropdown are fields for 'Patient ID (MRN)*' (containing 'EB19039283'), 'Person Completing Form*', 'Attending Physician/Clinician*', and 'Prefix'. To the right of the dropdown are two 'If other, please specify:' text input fields.

Please Note: If **Yes** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each. The *Affiliation/Organization* field is enabled only for the Patient ID (MRN).

- 9. From the dropdown menu, select the name of the **Person Completing Form**.

The screenshot shows a form with two rows of data. The first row has 'Person Completing Form*' dropdown open with a red box around it, showing 'Jane Doe (jane@mailinator.com)'. The second row has 'Person Completing Form*' dropdown showing 'Mr. Marty Craine, Sr (marty@email.com)'. To the right of each dropdown is an 'Affiliation/Organization' dropdown and an 'If other, please specify:' text input field.

- 10. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.

The screenshot shows a form with several fields. The 'Affiliation/Organization' dropdown menu is open, displaying a list of hospital and clinic names. A red rectangular box highlights the entire dropdown menu. To the left of the dropdown are fields for 'Person Completing Form*' (containing 'Mr. Arthur Vandelay, II (arthur@email.com)'), 'Attending Physician/Clinician*', 'Prefix', 'First Name*', and 'Suffix'. To the right of the dropdown are two 'If other, please specify:' text input fields and a 'Last Name*' field. Below the dropdown is a 'Date of Birth*' field.

Please Note: The *Affiliation/Organization* field that applies to the Person Completing Form is enabled only if you selected **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

11. Select the **Attending Physician/Clinician** from the dropdown menu.

12. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.

Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

13. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.

14. Enter the patient's **First Name** and **Last Name**.

15. If available, enter the patient's **Middle Name**.

16. Enter the patient's **Date of Birth**.

17. Select the **Patient Sex** from the dropdown menu.

18. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.

The screenshot shows a form with several fields. The 'Patient Sex*' dropdown is highlighted in red. The 'Ethnicity*' dropdown is also highlighted in red and contains the text 'Not Hispanic or Latino'. The 'Race*' dropdown is highlighted in red and is open, showing a list of options: American Indian or Alaska Native, Asian, Asked but Unknown, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and Unknown.

19. Enter the patient's **Street Address, City, State, Zip Code,** and **County.**

20. Enter the patient's **Phone Number.**

21. If available, enter the patient's **Email Address.**

The screenshot shows a form with several fields. The 'Address 1*' text box is highlighted in red. The 'Address 2' text box, with the placeholder 'Unit, Suite, Building, etc.', is highlighted in red. The 'City*' text box is highlighted in red. The 'State*' dropdown is highlighted in red and contains 'Select...'. The 'Zip Code*' text box is highlighted in red. The 'County*' dropdown is highlighted in red and contains 'Select...'. The 'Phone*' text box, with the placeholder '(XXX) XXX-XXXX', is highlighted in red. The 'Email' text box, with the placeholder 'name@domain.com', is highlighted in red.

22. Select the **type of patient visit** from the *Visit Type* dropdown menu.

The screenshot shows a form with a 'Visit Type*' dropdown highlighted in red. The dropdown is open, showing a list of options: Ambulatory, Emergency, Field, Home Health, Inpatient Acute, Inpatient Encounter, and Inpatient Non-Acute. There is also an 'Unknown' checkbox. To the right of the dropdown is the 'Encounter ID/Visit #' field with a 'Generate' checkbox.

• The *Encounter ID/Visit #* field allows Users to enter a **unique 20-digit Encounter ID/Visit #**.

The screenshot shows a form with the 'Visit Type*' dropdown set to 'Ambulatory'. The 'Encounter ID/Visit #' field is highlighted in red and is empty. There is a 'Generate' checkbox to the right of the field.

- The **Encounter ID/Visit #** hyperlink allows Users to view the *Patient Case History* which includes the historical case report details and Encounter IDs (when available) that were previously submitted for the patient. The *Patient Case History* search is based on the **Patient First Name, Last Name,** and **Patient ID (MRN)** entered.

Visit Type* **Encounter ID/Visit #** Generate

- The **Generate** checkbox triggers the system to generate a **unique 20-digit Encounter ID/Visit #** if the Encounter ID/Visit # is unknown.

Visit Type* **Encounter ID/Visit #** Generate

- Upon clicking the **Generate** checkbox, the *Encounter ID/Visit #* field will be grayed out and disabled. The *Encounter ID/Visit #* field will display the system-generated Encounter ID/Visit # only after the **Patient Information** screen has been completed and saved.

Visit Type* **Encounter ID/Visit #** Generate

23. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

Is the patient currently pregnant?
 Yes No Unknown
If yes, please enter the due date (EDC). Unknown

Please Note: The *Is the patient currently pregnant?* field is enabled and required only when the *Patient Sex* field is marked as **Female**.

- If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled. Enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the **Unknown** checkbox.

Is the patient currently pregnant?*
 Yes No Unknown
If yes, please enter the due date (EDC).* Unknown

Please Note: If **No** or **Unknown** is selected for the *Is the patient currently pregnant?* field, the subsequent field is disabled: *If yes, please enter the due date (EDC).*

24. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Laboratory Information** screen.

Is the patient currently pregnant?*

Yes No Unknown

If yes, please enter the due date (EDC).* ?

06/28/2024 Unknown

Save Next

3 Laboratory Information

1. On the **Laboratory Information** screen, the following message displays at the top: **NOTE:** *No additional information is required on this screen. Please click the "Next" button to proceed.*
2. Click **Next** to proceed to the **Applicable Information** screen.

LABORATORY INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU, & Death Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

NOTE: No additional information is required on this screen. Please click the "Next" button to proceed.

Save Previous Next

4 Applicable Symptoms

1. On the **Applicable Symptoms** screen, select the appropriate answer for the conditional question at the top: *Were symptoms present during the course of illness?*

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Were symptoms present during the course of illness?*

Onset Date Unknown

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU, & Death Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Were symptoms present during the course of illness?*

Onset Date* Unknown

If symptomatic, which of the following did the patient experience during illness?

Fever*

If yes, please enter the highest temperature.

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter the number of days with diarrhea.

Please Note: If **No** is selected for the conditional question, all subsequent symptom fields are disabled and marked with **No**. If **Unknown** is selected for the conditional question, all subsequent symptom fields are disabled and marked as **Unknown**.

3. Enter the **Onset Date** for the symptoms.

 - If the onset date is unknown, click the **Unknown** checkbox.

Onset Date* Unknown

May 2024

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

...ing did the patient experience during illness?

...emperature.

...eriod)*

- 4. To report whether the patient had a fever during the illness, select the **appropriate answer** for the field: *Fever*.

If symptomatic, which of the following did the patient experience during illness?

Fever*

If yes, please enter the highest temperature. ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature.*

Fever*

If yes, please enter the highest temperature.* ?

- 5. To report the patient had diarrhea during the illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period)*.

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter the number of days with diarrhea. ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **number of days with diarrhea** in the subsequent textbox: *If yes, please enter the number of days with diarrhea.*

Diarrhea (>3 loose stools/24hr period)*

If yes, please enter the number of days with diarrhea.* ?

- 6. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

Chest tightness*

Cough*

Hemoptysis*

Shortness of breath*

- 7. To report additional symptoms not listed on the screen, select the **appropriate answer** for the field: *Did the patient have any other symptoms?*

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify. ?

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's other symptoms** in the subsequent textbox: *If yes, please specify.*

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify.* ?

Other symptoms

Medical Imaging

The Silicosis Case Report captures medical imaging details for the patient.

- 8. Select the **appropriate answer** for the conditional question: *Was an X-ray performed?*

Medical Imaging

Was an X-ray performed?*

Yes No Unknown

Date of X-ray ?

mm/dd/yyyy Unknown

Was a CT performed?*

Yes No Unknown

Date of CT

mm/dd/yyyy Unknown

Was any other chest imaging performed?*

Yes No Unknown

Date of Chest Imaging

mm/dd/yyyy Unknown

If yes, please specify.

0/200 Characters

Were any findings consistent with Silicosis?

Select... | v

If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply. ?

Select... | v

If other, please specify.

0/200 Characters

Please Note: If **No** or **Unknown** is selected for the conditional question, all subsequent medical imaging fields are disabled.

9. If **Yes** is selected for the *Did the patient have an X-ray?* field, the following fields are enabled:
- *Date of X-ray* field
 - *Were any findings consistent with Silicosis?* field

10. Enter the **Date of X-ray** in the subsequent enabled field. If the date of X-ray is unknown, click the **Unknown** checkbox.

11. Select the **appropriate answer** for the field: *Was a CT performed?*

Was a CT performed?*

Date of CT

Unknown

12. If **Yes** is selected, enter the **Date of CT** in the subsequent field. If the date of CT is unknown, click the **Unknown** checkbox.

Was a CT performed?*

Date of CT*

Unknown

13. Select the **appropriate answer** for the conditional question: *Was any other chest imaging performed?*

Was any other chest imaging performed?*

Date of Chest Imaging

Unknown

14. If **Yes** is selected for the *Was any other chest imaging performed* field, the following fields are enabled:

- *Date of Chest Imaging* field
- *If yes, please specify.* field

Was any other chest imaging performed?*

Date of Chest Imaging*

Unknown

If yes, please specify.*

0/200 Characters

- 15. Enter the **Date of Chest Imaging** in the subsequent field. If the date of chest imaging is unknown, click the **Unknown** checkbox.
- 16. Enter the **details of other chest imaging** in the textbox for the subsequent field: *If yes, please specify.*

Was any other chest imaging performed?*

Date of Chest Imaging*

mm/dd/yyyy Unknown

If yes, please specify.*

0/200 Characters

- 17. Select the **appropriate answer** from the dropdown for the field: *Were any findings consistent with Silicosis?*

Were any findings consistent with Silicosis?*

Select...

No (No findings consistent with Silicosis)

Yes

- 18. If **Yes** is selected, select the **finding(s) consistent with Silicosis** from the dropdown menu for the field: *If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.*

Were any findings consistent with Silicosis?*

Yes

If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.*

Select...

At least one opacity or nodule >= 10mm

Atelectasis

Calcified lymph nodes

Cystic air spaces (honeycombing)

Diffuse fibrosis

Hilar and/or mediastinal lymphadenopathy

Nodular fibrosis

- 19. If **Other** is selected, enter the **details of other findings consistent with Silicosis** in the textbox for the field: *If other, please specify.*

If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.*

Atelectasis x Other x

If other, please specify.*

0/200 Characters

Diagnostic Tests

The Silicosis Case Report captures diagnostic test details for the patient.

20. Select the **appropriate answer** for the field: *Was pulmonary function testing performed?*

21. If **Yes** is selected for the *Was pulmonary function testing performed?* field, the following fields are enabled:

- *Date of Pulmonary Function Testing* field
- *Were any findings consistent with Silicosis?* field

22. Enter the **Date of Pulmonary Function Testing** in the subsequent enabled field. If the date of pulmonary function testing is unknown, click the **Unknown** checkbox.

23. Select the **appropriate answer** from the dropdown for the field: *Were any findings consistent with Silicosis?*

Were any findings consistent with Silicosis?*

Select...

- No (Normal pulmonary function testing)
- Yes

24. If **Yes** is selected, select the **finding(s) consistent with Silicosis** from the dropdown menu for the field: *If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.*

If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.* ?

Select...

- Obstructive pattern of disease
- Reduced DLCO
- Restrictive pattern of disease
- Other
- Biopsies

25. If **Other** is selected, enter the **details of other findings consistent with Silicosis** in the textbox for the field: *If other, please specify.*

If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.* ?

Reduced DLCO x Other x

If other, please specify.*

0/200 Characters

Biopsies

The Silicosis Case Report captures biopsy details for the patient.

26. Select the **appropriate answer** for the field: *Was a lung or pleural biopsy performed?*

The screenshot shows the 'Biopsies' section of a form. The question 'Was a lung or pleural biopsy performed?*' is highlighted with a red box. Below it are three radio button options: 'Yes', 'No', and 'Unknown'. The 'Date of Biopsy' field is visible below, with a date input field and an 'Unknown' checkbox. Further down are dropdown menus for 'Were any findings consistent with Silicosis?' and 'If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.', followed by a text area for 'If other, please specify.' and a character count of '0/200 Characters'.

27. If **Yes** is selected for the *Was a lung or pleural biopsy performed?* field, the following fields are enabled:

- *Date of Biopsy* field
- *Were any findings consistent with Silicosis?* field

This screenshot shows the 'Biopsies' form with the 'Yes' radio button selected for the question 'Was a lung or pleural biopsy performed?*. The 'Date of Biopsy*' field and the 'Were any findings consistent with Silicosis?*' dropdown menu are highlighted with a red box. The 'Date of Biopsy' field includes a date input and an 'Unknown' checkbox. The dropdown menu is currently set to 'Select...'. Below it are the same dropdown for specifying findings and a text area for other findings, with a character count of '0/200 Characters'.

28. Enter the **Date of Biopsy** in the subsequent enabled field. If the date of biopsy is unknown, click the **Unknown** checkbox.

This screenshot shows the 'Biopsies' form with 'Yes' selected for the biopsy question. The 'Date of Biopsy*' field is highlighted with a red box. It contains a date input field and an 'Unknown' checkbox. The rest of the form, including the dropdown menus and text area, is not highlighted.

29. Select the **appropriate answer** from the dropdown for the field: *Were any findings consistent with Silicosis?*

Were any findings consistent with Silicosis?*

Select...
No (Normal lung tissue)
Yes

30. If **Yes** is selected, select the **appropriate answer(s)** from the dropdown menu for the field: *If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.*

Were any findings consistent with Silicosis?*

Yes

If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.*

Select...
Fibrosis/scarring
Malignancy
Pleural plaque
Silicotic nodule
Other

Save Previous Next

31. If **Other** is selected, enter the **details of other findings consistent with Silicosis** in the textbox for the field: *If other, please specify.*

32. Once complete, click **Next** to proceed to the **Additional Information** screen.

If yes, please specify the finding(s) consistent with Silicosis. Please select all that apply.*

Malignancy x Other x

If other, please specify.*

0/200 Characters

Save Previous Next

5 Additional Information

1. On the **Additional Information** screen, select the **appropriate answer** for the conditional question at the top: *Does any of the following apply to the patient?*

ADDITIONAL INFORMATION

Does any of the following apply to the patient?*

Yes No Unknown

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled. You must complete the required fields on the screen.

ADDITIONAL INFORMATION

Does any of the following apply to the patient?*

Yes No Unknown

Does the patient have a history of smoking cigarettes?*

Yes No Unknown

If yes, please specify the number of pack years.

Does the patient have a history of smoking marijuana?*

Yes No Unknown

Does the patient have a history of using e-cigarettes or vape devices?*

Yes No Unknown

Has the patient been diagnosed with any of the following? Please select all that apply.

Select... | v

If other, please specify.

3. Select the **appropriate answer** for the field: *Does the patient have a history of smoking cigarettes?*

Does the patient have a history of smoking cigarettes?*

Yes No Unknown

If yes, please specify the number of pack years.

4. If **Yes** is selected and if known, enter the **number of pack years** in the textbox for the subsequent field: *If yes, please specify the number of pack years.*

Does the patient have a history of smoking cigarettes?*

Yes No Unknown

If yes, please specify the number of pack years.

5. Select the **appropriate answer** for the field: *Does the patient have a history of smoking marijuana?*

Does the patient have a history of smoking marijuana?*

6. Select the **appropriate answer** for the field: *Does the patient have a history of using e-cigarettes or vape devices?*

Does the patient have a history of using e-cigarettes or vape devices?*

7. If known, select the **patient's diagnosed condition(s)** from the dropdown menu for the field: *Has the patient been diagnosed with any of the following? Please select all that apply.*

Has the patient been diagnosed with any of the following? Please select all that apply.

Select...

- Berylliosis
- Chemotherapy-associated lung injury
- Chronic Hepatitis C
- Chronic obstructive pulmonary disease
- Coal-workers' pneumoconiosis
- Colon cancer
- Congestive heart failure

8. If **Other** is selected, enter the **patient's other diagnosed condition(s)** in the textbox for the field: *If other, please specify.*

Has the patient been diagnosed with any of the following? Please select all that apply.

Berylliosis x Other x

If other, please specify.*

0/200 Characters

9. The following question displays on the **Additional Information** screen: *Does the patient have a history of exposure to any of the following?* Select the **appropriate answers** for the following fields to indicate the patient’s history of exposure:

- *History of exposure to beryllium*
- *History of exposure to silica dust*
- *History of exposure to coal dust*
- *History of exposure to asbestos*

Does the patient have a history of exposure to any of the following?

History of exposure to beryllium*		
Yes	No	Unknown
History of exposure to silica dust*		
Yes	No	Unknown
History of exposure to coal dust*		
Yes	No	Unknown
History of exposure to asbestos*		
Yes	No	Unknown

10. Select the **appropriate answer** for the conditional question: *Was this an occupational exposure?*

Was this an occupational exposure?*

Yes	No	Unknown
-----	----	---------

Did the patient file or receive payment for a worker's compensation claim for this illness?

Yes	No	Unknown
-----	----	---------

If yes, please specify the industry that the patient has worked in. Please select all that apply.

Select...

If other, please specify the industry the patient worked in.

0/200 Characters

11. If **Yes** is selected for the *Was this an occupational exposure?* field, the following fields are enabled:

- *Did the patient file or receive payment for a worker's compensation claim for this illness?* field
- *If yes, please specify the industry that the patient has worked in. Please select all that apply.* field

Was this an occupational exposure?*

Did the patient file or receive payment for a worker's compensation claim for this illness?*

If yes, please specify the industry that the patient has worked in. Please select all that apply.

Select... | v

If other, please specify the industry the patient worked in.

0/200 Characters

12. Select the **appropriate answer** for the field: *Did the patient file or receive payment for a worker's compensation claim for this illness?*

Was this an occupational exposure?*

Did the patient file or receive payment for a worker's compensation claim for this illness?*

If yes, please specify the industry that the patient has worked in. Please select all that apply.

Select... | v

If other, please specify the industry the patient worked in.

0/200 Characters

13. If known, select the **industry or industries in which the patient has worked** from the dropdown menu for the optional field: *If yes, please specify the industry that the patient has worked in. Please select all that apply.*

If yes, please specify the industry that the patient has worked in. Please select all that apply.

Select... | v

- Abrasive blasting
- Concrete manufacturing
- Construction
- Countertop/other artificial stone manufacturing
- Denim jean manufacturing
- Dentistry
- Foundries

- 14. If **Other** is selected, enter the **other industry in which the patient has worked** in the textbox for the field: *If other, please specify the industry the patient has worked in.*

- 15. Select the **appropriate answer** from the dropdown menu for the field: *Does the patient require supplemental oxygen?*

- 16. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.

Please Note: From this point forward, the workflow screens are the same as Other Reportable Conditions Case Reports. Please review the [Direct Data Entry for Case Reports: Other Reportable Conditions User Guide](#) for more information.

6 Technical Support

Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (800) 633-6283.

Email Support

To submit questions or request support regarding the ePartnerViewer, please email KHIESupport@ky.gov.

Please Note: To seek assistance or log issues, you can use the **Support Tab** located in the blue navigation bar at the top of the screen in the ePartnerViewer.

