Kentucky Health Information Exchange (KHIE)

Other Reportable Diseases Case Report:

Coal Workers' Pneumoconiosis

Quick Reference Guide

June 2024

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Table of Contents

1   Introduction

Overview

This training manual covers the unique functionalities for the Coal Workers' Pneumoconiosis condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Coal Workers' Pneumoconiosis 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 Coal Workers' Pneumoconiosis 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.
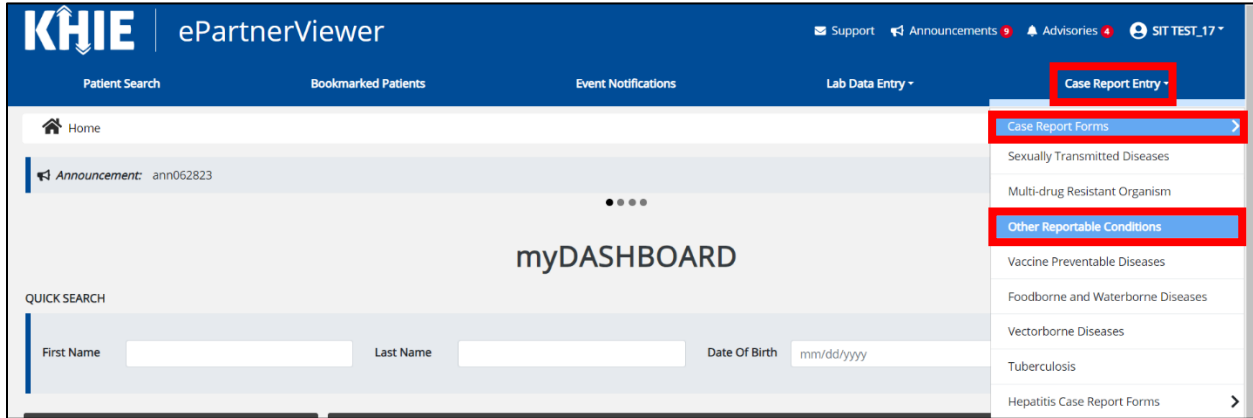
3. To start the Coal Workers' Pneumoconiosis Case Report entry, select **Coal Workers' Pneumoconiosis** from the *Disease/Organism* field on the **Patient Information** screen.
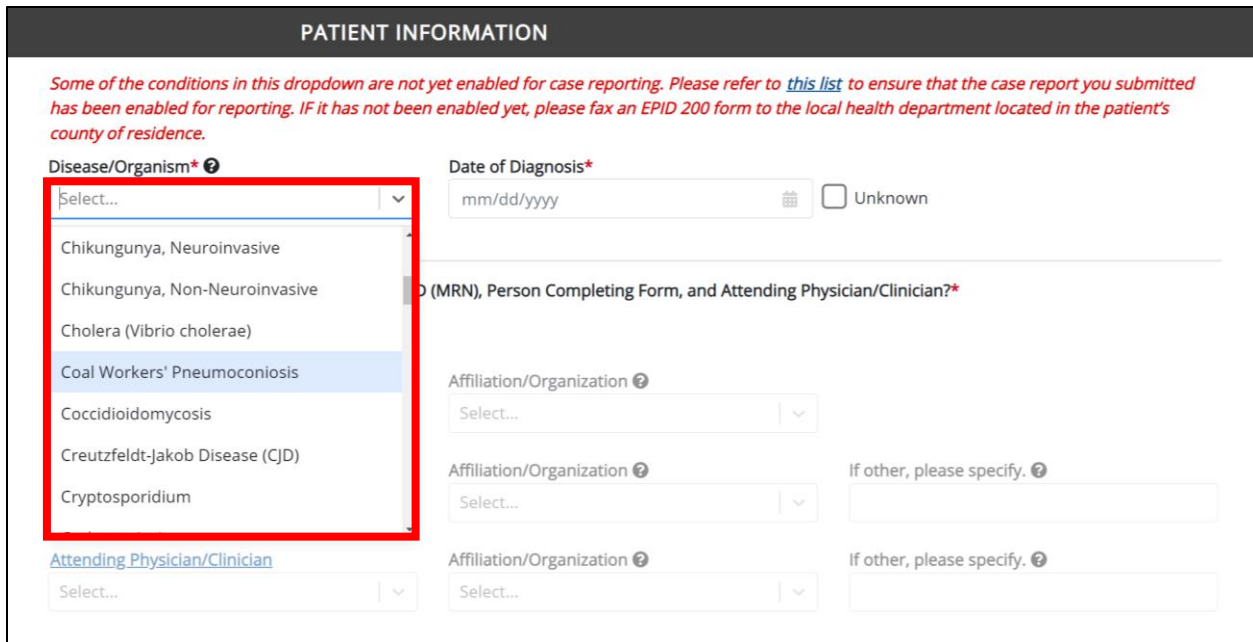
4. You must complete the mandatory fields on the **Patient Information** screen.

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

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?*

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

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

7. 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.

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

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**.

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

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.

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**.

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

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

- 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 #* ❓
Select... ⌄	☐ 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 #* ❓
Select... ⌄	☐ 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 <u>after</u> the **Patient Information** screen has been completed and saved.

Visit Type*	Encounter ID/Visit #* ❓
Emergency ✕ ⌄	☑ 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). ❓

mm/dd/yyyy 📅   ☐ 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).* ❓

mm/dd/yyyy 📅   ☐ 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*?

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

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.

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*
>
> | Yes | No | Unknown |
>
> 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*
>
> | **Yes** | No | Unknown |
>
> 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)*
>
> | Yes | No | Unknown |
>
> 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)*
>
> | **Yes** | No | Unknown |
>
> 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:

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

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

Medical Imaging

The Coal Workers' Pneumoconiosis Case Report captures medical imaging details for the patient.

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

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 Coal Workers' Pneumoconiosis?* 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?*
> | Yes | No | Unknown |
>
> Date of CT
> mm/dd/yyyy 🗓 ☐ 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?*
> | **Yes** | No | Unknown |
>
> Date of CT*
> mm/dd/yyyy 🗓 ☐ Unknown

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

> Was any other chest imaging performed?*
> | Yes | No | Unknown |
>
> Date of Chest Imaging
> mm/dd/yyyy 🗓 ☐ Unknown
>
> If yes, please specify.
>
> 0/200 Characters

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?*
> | **Yes** | No | Unknown |
>
> Date of Chest Imaging*
> mm/dd/yyyy 🗓 ☐ 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?*

| Yes | No | Unknown |

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 Coal Workers' Pneumoconiosis?*

Were any findings consistent with Coal Workers' Pneumoconiosis?*

Select... ⌄

No (No findings consistent with Coal Workers' Pneumoconiosis)

Yes

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

Were any findings consistent with Coal Workers' Pneumoconiosis?*

Yes ✕ ⌄

If yes, please specify the finding(s) consistent with Coal Workers' Pneumoconiosis. 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 Coal Workers' Pneumoconiosis** in the textbox for the field: *If other, please specify.*

If yes, please specify the finding(s) consistent with Coal Workers' Pneumoconiosis. Please select all that apply.* ❓

Atelectasis ✕ Pleural effusion ✕ Other ✕   ✕ ⌄

If other, please specify.*

0/200 Characters

Diagnostic Tests

The Coal Workers' Pneumoconiosis 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 Coal Workers' Pneumoconiosis?* 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 Coal Workers' Pneumoconiosis?*

> Were any findings consistent with Coal Workers' Pneumoconiosis?*
>
> Select... ∨
>
> No (Normal pulmonary function testing)   sis. Please select all that apply. ?
>
> Yes

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

> Were any findings consistent with Coal Workers' Pneumoconiosis?*
>
> Yes   x ∨
>
> If yes, please specify the finding(s) consistent with Coal Workers' Pneumoconiosis. 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 Coal Workers' Pneumoconiosis** in the textbox for the field: *If other, please specify.*

> If yes, please specify the finding(s) consistent with Coal Workers' Pneumoconiosis. Please select all that apply.* ?
>
> Other x   Reduced DLCO x   x ∨
>
> If other, please specify.*
>
> [   ]
>
> 0/200 Characters

Biopsies

The Coal Workers' Pneumoconiosis Case Report captures biopsy details for the patient.

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

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 Coal Workers' Pneumoconiosis?* field

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

29. Select the **appropriate answer** from the dropdown for the field: *Were any findings consistent with Coal Workers' Pneumoconiosis?*

Were any findings consistent with Coal Workers' Pneumoconiosis?*

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 Coal Workers' Pneumoconiosis. Please select all that apply.*

If yes, please specify the finding(s) consistent with Coal Workers' Pneumoconiosis. Please select all that apply.*

Select...

Coal macules

Fibrosis/scarring

Malignancy

Other

31. If *Other* is selected, enter the **details of other findings consistent with Coal Workers' Pneumoconiosis** 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 Coal Workers' Pneumoconiosis. Please select all that apply.*

Coal macules ✕   Other ✕

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?*

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.

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

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?*
| Yes | No | Unknown |

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?*
| Yes | No | Unknown |

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...

- Asbestosis
- Berylliosis
- Chemotherapy-associated lung injury
- Chronic Hepatitis C
- Chronic obstructive pulmonary disease
- 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.

Lung cancer ✕   Other ✕

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?*

10. 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 |

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 |

Did the exposure take place in a coal mine?

| Yes | No | Unknown |

If yes, please specify exposure information.

Select...

If other, please specify.

Please specify the patient's role in the mine.

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

- *Did the exposure take place in a coal mine?* field

- *Please specify the patient's role in the mine.* field

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

13. Select the **appropriate answer** for the conditional question: *Did the exposure take place in a coal mine?*

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

- *If yes, please specify the exposure information.* field

- Please specify the patient's role in the mine. field

15. If known, select the **appropriate answer** for the field: *If yes, please specify exposure information.*

16. If **Other** is selected, enter the **patient's other exposure information** in the textbox for the field: *If other, please specify.*

17. If known, enter **details about the patient's role in the mine** in the textbox for the field: *Please specify the patient's role in the mine.*

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

Does the patient require supplemental oxygen?

Select...

No

Yes, all the time

Yes, only at night

Yes, with exertion and at night

Yes, with exertion only

19. Select the **appropriate answer** from the dropdown menu for the field: *Please specify the diagnosis specification.*

Please specify the diagnosis specification.

Select...

Complicated coal workers' pneumoconiosis

Simple coal workers' pneumoconiosis

Unspecified

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

Please specify the diagnosis specification.*

Simple coal workers' pneumoconiosis

Save   Previous   Next

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.