

Kentucky Health Information Exchange (KHIE)

Other Reportable Diseases Case Report: Asbestosis

Quick Reference Guide

June 2024

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1 Introduction

Overview

This training manual covers the unique functionalities for the Asbestosis condition in the Other Reportable Conditions eICR Form in the ePartnerViewer. The Asbestosis 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 Asbestosis 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

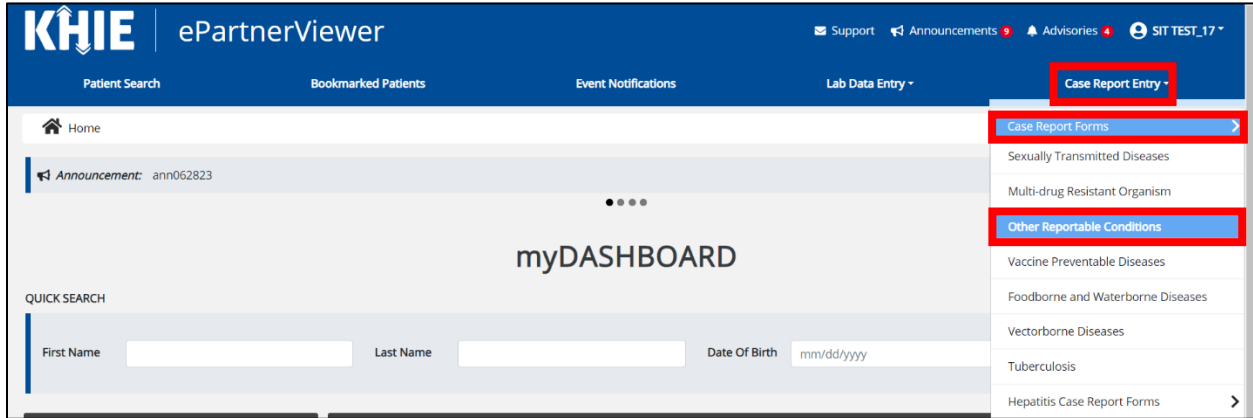
To access the ePartnerViewer, Users must meet the following specifications:

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).

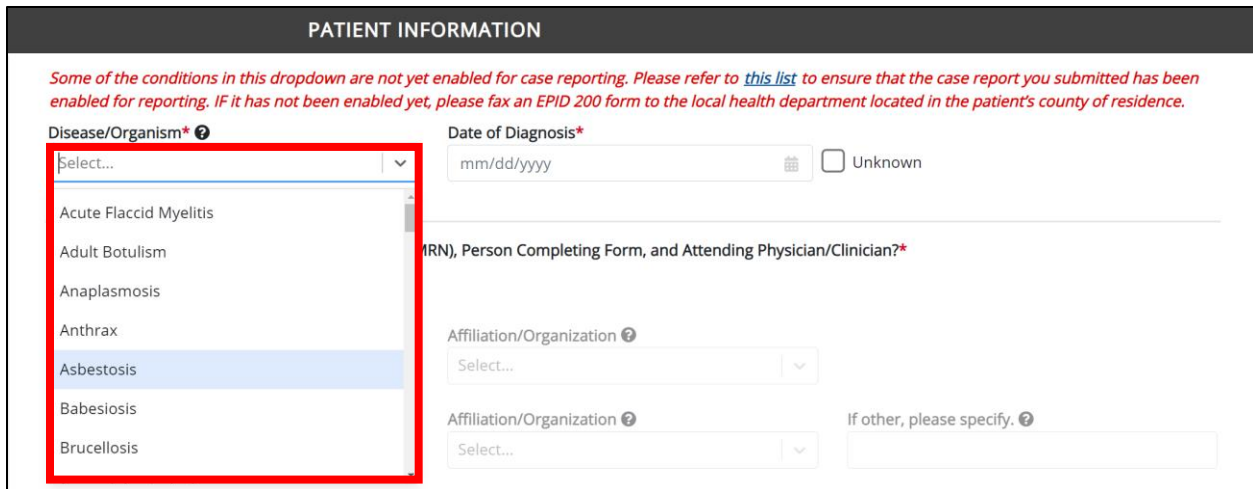
Please Note: For specific information about creating a Kentucky Online Gateway (KOG) account and how to complete MFA, please review the [ePartnerViewer Login: Kentucky Online Gateway \(KOG\) and Okta Verify Multi-Factor Authentication \(MFA\) User Guide](#).

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 Asbestosis Case Report entry, select **Asbestosis** from the *Disease/Organism* field on the **Patient Information** screen.



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

PATIENT INFORMATION

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* Asbestosis **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**
Select... Select...

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

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

Prefix
Select...

First Name* **Middle Name** **Last Name***

Suffix **Date of Birth***
Select... mm/dd/yyyy

Patient Sex* **Ethnicity*** **Race***
Select... Select... Select...

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

Disease/Organism* Asbestosis **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**
Select... Select...

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

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

- 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 'Patient ID (MRN)*' field contains 'EB19039283'. The 'Affiliation/Organization*' dropdown menu is open, showing a list of options: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Knight Hospital. The dropdown menu is highlighted with a red border. To the right of the dropdown, there are two 'If other, please specify:' 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. The first row has a 'Person Completing Form*' dropdown menu open, showing options: Jane Doe (jane@mailinator.com) and Mr. Marty Craine, Sr (marty@email.com). The dropdown menu is highlighted with a red border. To the right of the dropdown, there are two 'If other, please specify:' fields.

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

The screenshot shows a form with several fields. The 'Person Completing Form*' dropdown menu is open, showing the name 'Mr. Arthur Vandelay, II (arthur@email.com)'. The 'Affiliation/Organization*' dropdown menu is also open, showing a list of options: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, and Justin Hospital. The dropdown menu is highlighted with a red border. To the right of the dropdown, there are two 'If other, please specify:' fields.

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.

A screenshot of a patient information form. 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.**

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

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

A screenshot of a patient information form. The 'Visit Type*' dropdown is highlighted in red and is open, showing a list of options: Ambulatory, Emergency, Field, Home Health, Inpatient Acute, Inpatient Encounter, and Inpatient Non-Acute. The 'Encounter ID/Visit #*' text box is highlighted in red and is empty. There is a 'Generate' button next to it.

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

A screenshot of a patient information form. The 'Visit Type*' dropdown is highlighted in red and contains the text 'Ambulatory'. The 'Encounter ID/Visit #*' text box is highlighted in red and is empty. There is a 'Generate' button next to it.

- 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?*

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?*

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?*

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*

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?*

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?*

If yes, please specify.* ?

Medical Imaging

The Asbestosis 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?*

Date of X-ray

Unknown

Was a CT performed?*

Date of CT

Unknown

Was any other chest imaging performed?*

Date of Chest Imaging

Unknown

If yes, please specify.

0/200 Characters

Were any findings consistent with Asbestosis?

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

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 Asbestosis?* field

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 Asbestosis?*

Select...

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

Select...

If other, please specify.

0/200 Characters

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

Medical Imaging

Was an X-ray performed?*

Yes No Unknown

Date of X-ray*

mm/dd/yyyy Unknown

Was a CT performed?*

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?*

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?*

Date of Chest Imaging

mm/dd/yyyy 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*

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?*

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 Asbestosis?*

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

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

Diagnostic Tests

The Asbestosis 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 Asbestosis?* 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 Asbestosis?*

Were any findings consistent with Asbestosis?*

Select... that apply. ?

No (Normal pulmonary function testing)

Yes

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

Were any findings consistent with Asbestosis?*

Yes

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

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

Obstructive pattern of disease x Other x

If other, please specify.*

0/200 Characters

Biopsies

The Asbestosis 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 field 'Was a lung or pleural biopsy performed?*' is highlighted with a red box. It contains three buttons: 'Yes', 'No', and 'Unknown'. Below this field are other form elements: 'Date of Biopsy' with a date input field and an 'Unknown' checkbox; a dropdown menu for 'Were any findings consistent with Asbestosis?'; a text area for specifying findings; and another dropdown menu for 'If yes, please specify the finding(s) consistent with Asbestosis. Please select all that apply.'; and a text area for 'If other, please specify.' with a character count of 0/200.

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 Asbestosis?* field

This screenshot shows the 'Biopsies' form with the 'Yes' button selected for the first field. The 'Date of Biopsy*' field and the 'Were any findings consistent with Asbestosis?*' 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...'. Other form elements are visible below, including a text area for findings and another dropdown menu for specifying findings, along with a text area for other specifications and a 0/200 character count.

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

This is a close-up of the 'Date of Biopsy*' field. The input field containing 'mm/dd/yyyy' and the 'Unknown' checkbox are highlighted with a red box. The 'Yes' button from the previous field is also visible and selected.

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

Were any findings consistent with Asbestosis?*

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 Asbestosis. Please select all that apply.*

Were any findings consistent with Asbestosis?*

Yes

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

Select...
Asbestos bodies
Asbestos fiber
Fibrosis/scarring
Malignancy
Pleural plaque
Other

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

Asbestos bodies 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... | v

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...

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...

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...

- Asbestos mining or milling
- Asbestos product manufacturing (insulation, roofing, building materials, soundproofing, fireproofing)
- Asbestos removal
- Automotive repair shops (especially those that involve repair of brakes, clutches)
- Cement manufacturing
- Construction/demolition companies
- Firefighter

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.*

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

Asbestos mining or milling x Other x

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

0/200 Characters

15. 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

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

Does the patient require supplemental oxygen?

Yes, only at night

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.

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