



Illinois Disease Surveillance System (IDSS) Provider Portal Training (July 2024)

#### **Training Agenda**

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#### Objectives

By the end of this session, participants will be more familiar with the IDSS Provider Portal. Participants will be equipped with knowledge of how to access the provider portal, navigate the portal, and enter a new provider report.

#### Agenda

Торіс	Time
Understanding IDSS	10 minutes
Accessing the IDSS Provider Portal	10 minutes
Navigating the Provider Portal	5 minutes
Manual Intake Process	35 minutes
Reviewing Disease Reports	10 minutes



### **Icon Guide**

The following icons are used throughout this training to highlight specific information.

ICON	DESCRIPTION			
	Additional information about a screenshot slide.			
	Instructions for how to complete a process.			
1	The order in which the process occurs.			





## **Understanding IDSS**

#### What is the Illinois Disease Surveillance System (IDSS)?

The Illinois Disease Surveillance System (IDSS) is a Salesforce (web-based) system built for local and state health department staff and health care providers to report and monitor communicable diseases within the state of Illinois. IDSS was designed to assist the Illinois Department of Public Health's (IDPH) and its stakeholder's ability to:





#### When will providers be able to access IDSS?

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The system will be implemented in two separate releases in 2024. Below provides a timeline for system implementation and when certain diseases will be implemented into IDSS.



Providers who report in the provider portal for multiple disease types will be accessing two systems until complete system implementation in Fall 2024. Beginning July 15, providers should use IDSS for STIs and TB, while continuing to use I-NEDSS to input all other diseases until Release 2.



#### What are some key features for providers in IDSS?

There are several IDSS key features, including user-friendly design, streamlined reporting, ability to update reports, and crossorganization visibility into lab results, relevant for providers.



Providers cannot save reports until full person, disease report, and lab results (if applicable) are input into the system. Once a preliminary provider report is saved, it is immediately accessible to LHDs.





## Accessing the IDSS Provider Portal

#### **Getting Started**

Providers will be utilizing this new Provider Portal to send disease report information to the Local Health Department. Current providers will already have their login information to log into the IDSS Provider Portal. New providers will need to request access to the IDSS Provider Portal.

#### **Current Providers**

- Providers will be uploaded to the IDSS Provider Portal as a user.\*
- Providers will automatically be able to access the system via Okta.
- Providers will be given login information.
- There will be no training environment for the Provider Portal



#### **New Providers**

- Providers will need to navigate to the IDPH portal to request access.
  - <u>https://portalhome.dph.illinois.gov</u>
- Select Register for a Portal Account.
- Complete the form and submit.
- A response will be given soon with login information.

\*Providers who have logged into I-NEDSS between December 2022 and April 2024 have been automatically uploaded as users into the new system.



### Logging In to the Provider Portal (1 of 2)

Let's review the process for logging into the IDSS Provider Portal. We'll start by navigating to the partner website and logging in using our Work email address and password.



- 1. Enter the website in a browser: <u>https://ilpartner.lllinois.gov/</u>
- 2. Enter Work email address and password.
- 3. Select your multifactor authentication (MFA) choice as a phone number. Choose to receive a code by SMS or phone call.
- 4. After completing the MFA, the Okta dashboard will appear. Select the **IDSS Provider Portal** icon.

Please make sure you are using the **latest version of Google Chrome** to access the Provider Portal to maximize system performance.



### Logging In to the Provider Portal (2 of 2)

Once logged into Okta, providers will select the **IDSS Provider Portal** icon. The Homepage will be seen by providers after the icon is selected.







## Navigating the Provider Portal

#### What will the system look like? - Provider Portal Homepage

The Homepage in the Provider Portal offers quick access for providers to enter manual reports (e.g., STIs and TB lab reports for Release 1), provide updated information to saved Preliminary reports, and view submitted Preliminary reports.





#### **Navigating the Provider Portal Homepage**

The Homepage is the first page providers will see once logged into the system. This page enables quick access to the primary disease surveillance functions that providers will use within IDSS, including Manual Intake, Preliminary Reports, and Submitted Report Logs.





### **Manual Intake Process**

#### **Overview: Manual Intake Process**

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Entering information for a Provider Report in the Provider Portal is completed through the **Manual Intake** function. During this process, providers will be able to enter demographic information, input lab results, and complete a questionnaire that provides disease-specific information to LHDs. Providers can begin this process by selecting the **Manual Intake** at the top of the page or at the bottom.



#### **Manual Intake Process**

From the Homepage, providers will select the Manual Intake option to start the process of entering information for a new case. Let's look at each page of the Manual Intake process.





### Manual Intake Process: Name and Demographics Overview

The first part of the Manual Intake process is where providers enter the name of the patient, demographics, address information, phone information, and the disease. Each section will be described throughout the following slides.

		Suffix	
Contraction of the second s			
*Last Name			
Demonstration			
V Demographics			
*Date of Birth		Estimated ?	
	苗	Sex 🕕	
Deceased		None	\$
Deceased None	\$	None Race	÷
Deceased None Communicates in English?	\$	None Race American Indian or Alaska Native	:
Deceased None Communicates in English? None	:	None Race American Indian or Alaska Native Asian	:
DeceasedNone Communicates in English?None Preferred Language	:	None Race American Indian or Alaska Native Asian Black or African American	:
DeceasedNone Communicates in English?None Preferred LanguageNone	:	None Race American Indian or Alaska Native Asian Black or African American	:
DeceasedNone Communicates in English?None Preferred LanguageNone Country at Birth	:	None Race American Indian or Alaska Native Asian Black or African American White	
Deceased None Communicates in English? None Preferred Language None Country at Birth None	;	None Race American Indian or Alaska Native Asian Black or African American White Native Hawaiian/Other Pacific Islander	÷
DeceasedNone Communicates in English?None Preferred LanguageNone Country at BirthNone Country of Usual Residence	:	None Race American Indian or Alaska Native Asian Black or African American White Native Hawaiian/Other Pacific Islander Ethnicity	* * *



#### Manual Intake Process: Name and Demographics (1 of 3)

The first two sections of the Manual Intake process is completing the **Name** and **Demographics** sections. Providers will need to complete the required fields and any other fields from gathered information.





### Manual Intake Process: Name and Demographics (2 of 3)

Selecting a certain option in the following fields will auto display an additional field for completion: Deceased, Sex, Country at Birth, and Race.

]	∨ Name		
	* First Name	Suffix	
	Middle Name		
	* Last Name		
Selecting the <b>Yes</b>			
option for <b>Deceased</b>	V Demographics		Selecting on option from the
will auto display the	* Date of Birth	Estimated ?	Selecting an option norm the
Deceased Date field		sex ①	Sex field will auto display the
below.	Deceased	Female	Current Gender lield below.
	Yes 🗧	Current Gender	
	Deceased Date	None *	
		Race	
	Communicates in English?	American Indian or Alaska Native	
	None 🛟	Asian	Selecting on Asian or Nativo
Selecting a non-US	Preferred Language	Black or African American	
option for <b>Country</b>	None	White	Indwallall/Other Pacific
at Birth will auto	Country at Birth	Native Hawaiian/Other Pacific Islander	
display the <b>Date of</b>	Australia	Asian Country	Country of Native
first arrival to US	Date of first arrival to US	None	Hawallan/Other Pacific
field below.	<b></b>	Native Hawaiian/Other Pacific Islander Island	Islander Island heids below.
	Country of Usual Residence	None 🗘	
	None *	Ethnicity	
	Email	None *	
	you@example.com		
	✓ Proxy Information		
	Proxy Name 🕚	Relationship to Patient	ILLINOIS DEPARTMENT OF FURILY HEATT
20			- IDPH

#### Manual Intake Process: Name and Demographics (3 of 3)

Hovering over a tooltip icon () will display clarification about a field. This icon will be seen throughout the manual intake process.

* First Name		Suffix	
Middle Name		<b>Tooltip:</b> Tooltip icons provider clarification on certain fields throughout the manual	
* Last Name		intake process. Hover over it to display message.	
✓ Demographics			
* Date of Birth		Estimated.	
	苗	Sex 1	
Deceased		None	+
None	▲ ▼	Race	
Communicates in English?		American Indian or Alaska Native	*
None	▲ ▼	Asian	1
Preferred Language		Black or African American	1
None	▲ ▼	White	
Country at Birth		Native Hawaiian/Other Pacific Islander	Ŧ
None	▲ ▼	Ethnicity	
Country of Usual Residence		None	*
None	* *		
Email			
you@example.com			

**IDPH** 

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#### **Manual Intake Process: Proxy Information**

The next section is the **Proxy Information** section. This section is for entering information about a person who has permission to answer medical questions about the patient including a guardian, relative, spouse, next of kin, or partner. Only one individual can be listed in this section per patient record.

✓ Proxy Information			
Proxy Name 🕚	Relationship to Patient		
	None	There are no required fields in	*
Proxy Phone Number	Proxy Extension	this section but add as much	
Proxy Phone Number		detail as you know.	



#### **Manual Intake Process: Identification Information**

The next section is the **Identification Information** section. This section is used to verify the identity of the patient. This section is not required unless the individual has a particular identification that is listed. Only one identification can be listed in this section.





#### **Manual Intake Process: Address Information and Phone Information**

The next two sections are the **Address Information** and **Phone Information** sections. Only one address and phone number can be entered into these sections.

✓ Address Information		Communit	
Address Type	County	only applica	ble for
None	None	Chicago add	resses.
Address Line 1	Community Area	If you don't k	now this
	None	skip thi	s.
Address Line 2	Country		
	None	\$	
City			
State			
None			
ZIP Code			
Dhana Informatian		Phone Numbe should be 10 dig	e <b>r:</b> Jits
Phone information			
Phone Type	Phone Number		
None	Phone Number		

#### Manual Intake Process: Pregnancy Status

The **Pregnancy Status** section will only be available if Female or Nonbinary/X is selected in the Sex field in the Demographics section.



#### Manual Intake Process: Disease

The last section for the first page of the Manual Intake is the **Disease** section. Providers will select a disease from the dropdown. If a patient has multiple disease diagnoses, providers will need to complete the Manual Intake process twice.





#### Manual Intake Process: Lab Report

To finalize the **Disease** section of the Manual Intake Process, providers will complete information for labs, as available. If the provider has lab results to enter, select **Yes** from the **Do you have a lab result to enter for this patient?** drop-down. If there are no lab results to enter, select **No.** Selecting no will skip over the lab results section in the Manual Intake process and move onto the questionnaire.



#### Manual Intake Process: Provider Information and Lab Results

The second part of the Manual Intake process includes completing **laboratory information**, **provider information**, **and lab results**. Providers will only complete this if they answered "Yes" to the lab results questions on the first page. Each section will be described throughout the following slides.

∠ Laboratory			✓ Lab Result			
			Deeres Free Church			
* Performing Lab			Reason For Study			
Q						
						//
✓ Ordering Facility			Specimen Details			
Ordering Facility Name	Ordering Facility Address		* Specimen Collection Date		Specimen Received Date	
	Ordering Facility Address (Country/Territory)			苗		曲
	None	~	Specimen Number		Specimen Source	
Ordering Facility Phone	Contraction Excelling Addresses (General)				Select an Option	- <b>v</b>
Ordering Facility Phone	Ordering Facility Address (Street)		I sh Result			
			Test Name			
			Select an Option	*		
	Ordering Facility Address (City)	(State/Province)	Test Type		Test Method	
		None V	Select an Option	*	Select an Option	•
			* Lab Report Date			
	Ordering Facility Address (ZIM Postal Code)			Ê		
			Lab Result			
	Ordering Facility County		Select an Option	~		
	None	:	Reference Range		Comments	
						10
✓ Ordering Provider				Add and	other result	
Ordering Provider First Name	Ordering Provider Phone					
	Ordering Provider Phone		Draft	ting to the Health Departm	ent?	-
Ordering Provider Last Name						
				Back to Demographics	Save and Go to Questionnaire	



#### Manual Intake Process: Laboratory and Ordering Facility

To manually enter a lab, providers will also need to complete the **Laboratory** and **Ordering Facility** sections. Enter the name of the Performing Lab and complete other fields as well, if possible. If the lab is not located in the **Performing Lab** field, select **Other** and enter the lab's information.

<ul> <li>Laboratory</li> <li>Performing Lab</li> <li>Ordering Facility</li> </ul>	Select the <b>Performing Lab</b> search field and e name the of the lab where the results came for This is a <i>required field</i> . If you cannot find the lab list, please choose "Other". The information displayed cannot be changed s this information was entered at the time of regist	nter om. in the since ration.
Ordering Facility Name	Ordering Facility Address Ordering Facility Address (Country/Territory)	
Ordering Facility Phone	None	•
Ordering Facility Phone	Ordering Facility Address (Street)	
	Ordering Facility Address (City)	Ordering Facility Address (State/Province)
	Ordering Facility Address (ZIP/Postal Code)	None
	Ordering Facility County None	;

## Manual Intake Process: Ordering Provider, Reason for Study, and Specimen Details

To continue entering lab information, providers need to complete the **Ordering Provider**, **Reason for Study**, and **Specimen Details** sections. Providers will need to complete the required field and any other fields from gathered information.

✓ Ordering Provider	
Ordering Provider First Name	Ordering Provider Phone
	Ordering Provider Phone
Ordering Provider Last Name	
✓ Lab Result	
Reason For Study	
Reason for Study	Enter the Specimen
Specimen Details	This is a <i>required field</i> .
*Specimen Collection Date	Specimen Received Date
	<b>#</b>
Specimen Number	Specimen Source
	Select an Option
• Specimen Collection Date	Specimen Received Date  Specimen Source  Select an Option



#### Manual Intake: Lab Result

Enter the date of the Lab Report in the required field, and complete other fields if possible/data is available.





#### Manual Intake Process: Preliminary Report vs. Submit to Health Department

After providers have completed all the required fields for the lab results, they can save the report as a **Preliminary Report**. The purpose of the preliminary report is to notify the Local health department (LHD) of the new case while they may still be collecting information about testing, treatment, etc. Providers can come back and add information over time when the report is in **"Preliminary Report"** status. When providers are finished with a report, then they **"Submit to Health Department"**.





#### **Manual Intake Process: Saving**

After providers have completed all the required fields for the lab results, they can save the report as a **Preliminary Report**. Providers cannot save reports until full person, disease report, and lab results (if applicable) are input into the system. Once a preliminary provider report is saved, it is immediately accessible to LHDs. Providers can return to preliminary reports and add additional information if it becomes available. Once a preliminary report is saved, they can select the **Submit & Go to Investigation Questionnaire** to move onto the questionnaire.



#### **Manual Intake Process: Questionnaire**

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After saving a preliminary report or submitting a final report, providers will have the opportunity to answer disease-specific questions for the provider report, as they are able. These pages of questions are called the "questionnaire". The example being discussed throughout the next few slides will focus on STIs. Remember that the questions will be different depending on the disease and providers should focus on entering information that's currently known and available.

Syphilis Diagnostics					The questionnaire port of the Manual Intake
<ul> <li>Syphilis Diagnostics</li> <li>Syphilis Diagnostics (0/2)</li> <li>Test Ordering Provider (0/3)</li> <li>Signs and Symptoms (0/1)</li> <li>Syphilis Manifestations (0/4)</li> <li>Comments (0/1)</li> <li>Comments (0/1)</li> </ul>		Clinic -N	cal Diagnosis Ione	•	process is a set of pag that contain disease specific questions for f report. Some question include diagnostic information, epidemiologic factor and treatment information.
	Test Ordering Provider TitleNone Phone Type your answer here	Nam Tyl	e pe your answer here		

#### Manual Intake Process: Navigating the Questionnaire

To move throughout the questionnaire, select the **chevrons**. To the left of the questions within each section will be a tracker. It will be checked and show the number of questions answered in parentheses. Remember to select **Save** within each section to saved entered information.



#### Manual Intake Process: STI Questionnaire (1 of 3)

The first section in an STI questionnaires will be **Diagnostics**. This section includes the testing ordering provider's information, signs and symptoms, and additional pertinent comments. At the end of this section, select **Save** to save the entered information.

		Syphilis Diagnostics	Syphilis Treatments	Interview - Demographics	Interview - Behavioral	Interview - Testing & Couns	Interview - Treatments
Syphilis Chlamydia	Diagnostics <ul> <li>Syphilis Diagnostics</li> <li>Test Ordering Provider</li> <li>Signs and Symptoms</li> <li>Syphilis Manifestations</li> <li>Comments</li> <li>STI Diagnostics</li> <li>Test Ordering Provider</li> </ul>	Iniis Diagnostics  Syphilis Diagnostics  Syphilis Diagnostics (0/2)  Test Ordering Facility (0/2)  Test Ordering Provider (0/3)  Comments (0/1)  Signs and Symptoms (0/0)  Syphilis Manifestations (0/4)  Syphilis Staging (0/4)	) Syphilis D Syphilis Diagn Site of Infect None Test Ordering Facility Type your a	iagnostics ostics ion/Complications Facility	Clinica -No If not Type	al Diagnosis me Found in Search, Enter Facility e your answer here	· · · · · · · · · · · · · · · · · · ·
Gonorrnea	<ul> <li>Test Ordering Provider</li> <li>Comments</li> </ul>	<ul> <li>Syphilis Staging (0/1)</li> </ul>	Test Ordering Title None Phone	Provider	Name Type	e your answer here Select <b>Save</b> to save entered information.	

#### Manual Intake Process: STI Questionnaire (2 of 3)

The second section in an STI questionnaire will be **Treatments**. This section includes a link to the CDC treatment, treatments reported by the provider, and who treated the individual. At the end of this section, select **Save** to save the entered information.

		[	Syphilis Diagnostics Syphilis Treatments Interview - Demographics Interview - Behavioral Interview - Testing & Couns Interview - Treatments					
			Syphilis Treatme					
			∽ Syphi atments	Syphilis Treatments				
	Treatments		Link to CDC Treatment (0/0)	Link to CDC Treatment				
Syphilis	<ul><li>Link to CDC Treatment</li><li>Treatment Reported by Doctor</li></ul>		Treatment Reported by Doctor (0/9)     Treating Provider (0/3)	https://www.cdc.gov/std/treatment/default.htm Treatment Reported by Doctor				
	<ul> <li>Treating Provider</li> <li>Other Treatment Information</li> </ul>		Other Treatment Information (0/1)	Treatment 1*	Start Date	Specify Other Treatment		
Chlamydia Gonorrhea	<ul> <li>Other Treatment Mormation</li> <li>Link to CDC Treatment</li> <li>Treatment Reported by Doctor</li> <li>STI Expedited Partner Therapy (EPT)</li> <li>Treating Provider</li> <li>Other Treatment Information</li> </ul>			Treatment 2None Treatment 3None Treating Provider Title	MM//DD/YYYY       Start Date       MM//DD/YYYY       Start Date       MM//DD/YYYY       MM//DD/YYYY	Type your answer here         Specify Other Treatment         Specify Other Treatment         Type your answer here         Phone		
37				Save	Select S save e inform	Save to ntered ation.		

#### Manual Intake Process: STI Questionnaire (3 of 3)

The other sections of the questionnaire are optional and may be completed if providers have the information. These sections include patient demographic information, patient sexual history, and more. When entering information in these sections, select **Save** at the end of the sections to save the entered information. If no other information is needed to be entered, select **Complete Data Entry** at the bottom of any of the sections to complete the questionnaire.

Syphilis Diagnostics Syphilis	Treatments Interview - Demographics	Interview - Behavio	oral Interview - Testing & Couns Interview - Treatments				
Interview - Demographics							
✓ Interview - Demographics	Interview - Demographics						
Demographic Information (0/10)	Demographic Information						
<ul> <li>Other Demographics (0/1)</li> </ul>	Add the Demographic Information such as Name, Contact Information, and address in the Person Page.						
<ul> <li>Pregnancy (0/7)</li> </ul>	Living with		Residence Type				
<ul> <li>Reporting Information (0/5)</li> </ul>	Type your answer here		None				
<ul> <li>Interview Information (0/15)</li> </ul>	Time at Address		Time at Address				
	None	•	Type your answer here				
	Time at State		Time at State				
	None	•	Type your answer here				
	Time in County		Time in County				
	None	•	Type your answer here				



#### **Manual Intake Process**

Once the manual intake process is complete, the Disease Report will be in either the **Preliminary Reports** or **Submitted Report Log** sections. Preliminary Reports can be edited anytime but are immediately accessible to local health departments when all mandatory person, disease, and lab information is completed. When final reports are submitted, information will be routed to the appropriate jurisdiction and the local health department will be notified in IDSS.

PHH OF PUBLIC HEALTH	Home	Manual Intake	Preliminary Reports	Submitted Report Log						
Disease DR-13	Report 132000	)					Enter Inv	estigation Details	Submit to Health De	epartment
Person Name Jasmine Pringles Lab Report	s Patie	Disease Gonorrhea nt Lab Re	Jurisdiction IDPH sults	Message Source Provider Portal Report			\$	Report sta seen in th	tus can be e <b>Disease</b>	ן
✓ Information Disease Gonorrhea	tion				/	Disease Report Status 0 Draft		Report Si	atus field.	J
✓ Ordering Ordering Facility	g Facilit <sub>y Name</sub>	y Informatior	1		~	Ordering Facility Address				
Ordering Facilit	y Phone									
✓ Ordering	g Provid	der Informatio	on							
Ordering Provid Ordering Provid	ler Name ler Last Nai	me			1	Ordering Provider Phone				/
					. mart					



#### **Manual Intake Process: Submitting**

If providers have no additional information to enter for demographic, lab, or disease report information, they can select submit the information to the local health department by selecting **Submit to Health** Department option. Once an option is selected, they can select the **Submit & Go to Investigation Questionnaire** to move onto the questionnaire.





### **Reviewing Provider Reports**

#### **Overview: Reviewing Provider Reports**

Within the Provider Portal, users can view preliminary or submitted provider reports. These reports may contain lab, results, patient information, and questionnaire answers. The **Preliminary Reports page** contains reports that have been saved as preliminary reports and contain all mandatory person, provider report, and lab result (if applicable) information. **Preliminary reports are accessible to LHDs, but providers can return to preliminary reports and add additional information if it becomes available**. The **Submitted Report Log** contains final reports that have been submitted to the local health department.





#### **Preliminary Reports**

The **Preliminary Reports** page displays all reports saved as **Draft**; this includes reports entered by both the provider and other providers within their organization. Preliminary reports include all mandatory person, provider report, and lab result (if applicable) information. Preliminary reports are immediately accessible to LHDs once all mandatory information has been completed, but providers can return to preliminary reports and add additional information if it becomes available.



#### **Preliminary Reports: Enter Investigation Details**

To edit information, select the **Edit** icon next to any of the fields to make updates. In this example, users can change the ordering facility information. To edit the questionnaire, select the **Enter Investigation Details** button.



#### **Preliminary Reports: Submitting**

Once providers have entered all the necessary information for the report and are ready to send the final information to the local health department, select the **Submit to Health Department** button. After the process is completed, the **Disease Report Status** field will update to **Submitted to Health Department**.





### **Submitted Report Log**

The **Submitted Report Log** page displays all finalized disease reports submitted to the local health department. This includes provider reports entered by both the current user and other providers within their organization.







# Wrap Up

#### How will this impact my work?

For next steps, providers should confirm access to the IDSS system. Beginning July 15, providers will begin manually reporting STI and TB in the IDSS provider portal and STI and TB ELRs will begin to automatically load into the system.

Provider Access	Providers who have logged into I-NEDSS between December 2022 and April 2024 have received communications from <u>dph.idss@illinois.gov</u> and have been automatically uploaded as users into the new system. <b>Providers who</b> have not received an email will need to request access by emailing DPH.IDSS@illinois.gov.
Automatic Receipt of Hospital ELRs	Beginning July 15, as part of Release 1, <b>ELRs sent by hospitals</b> for chlamydia, gonorrhea, syphilis, congenital syphilis, Mpox, and tuberculosis will <b>automatically be received</b> into the new IDSS for local health departments to process.
Provider Reporting in IDSS	Beginning July 15, providers who <b>manually report</b> chlamydia, gonorrhea, syphilis, congenital syphilis, Mpox, and tuberculosis in the provider portal will do so in the <b>new IDSS provider portal</b> .
Continuing Use of IDSS	After <b>Release 2</b> , provider reports related to <b>all diseases and conditions will</b> be submitted through <b>the new IDSS provider portal</b> .



