

## FAQ – Meaningful Use Town Hall Meeting, April 18, 2013

1. Will eMaRC Plus be able to export the file back out to a CDA format?
  - 1.1 We can add this as a function. The CDA is stored in a memo blob and can be written back out.
2. When multiple reports for the same patient come in, will the reports be merged together?
  - 2.1 Yes, the reports will be merged together for the same patient on the same cancer from the same facility. We are still determining when it will occur in the process. Documentation and a flow diagram of the process are in development and will be shared soon.
3. If there are PDFs of lab reports attached to the CDA, then can they be included in eMaRC Plus?
  - 3.1 Not at this time, but could be a future enhancement. The Cancer Implementation Guide for Meaningful Use Stage 2 reporting does not specifically request that PDFs be included in the CDA. There is a question about whether physicians can re-release a pathology report that they didn't produce. The CDA document could be used to identify cases that are missing relevant pathology reports.
4. In the eMaRC Plus abstract display, what does the "\*" beside "Phobic Disorders" mean in the co-morbidities box?
  - 4.1 It appears to be just a labeling issue that needs to be corrected.
5. It appears that reportable cancers have been included in the list of possible co-morbidities. EDITS indicates that no cancer code can be mapped to co-morbidity.
  - 5.1 There is a list of codes that should not be mapped to co-morbidities. This list of codes will be referenced by eMaRC Plus to exclude mapping these codes as possible co-morbidities.
6. When there is updated information on multiple reports, will the reports be merged?
  - 6.1 Yes, the eMaRC Plus Development Team is looking at this issue.
7. Will there be constraints put on the provider so that things won't be submitted, such as sensitive items like substance abuse and psychiatric information? Is it the provider's responsibility?
  - 7.1 We feel this is the responsibility of the physicians and their EHR Vendor to filter out protected information. We will explore the ability to build in a feature within eMaRC Plus to filter out sensitive data. As part of the onboarding process, state cancer registries should notify providers that there could be a potential problem with sensitive data being transmitted that should not be received by state cancer registries.
8. Are there plans to implement a process that will protect the state cancer registry from receiving unauthorized data?
  - 8.1 The HIPAA rules are pretty comprehensive on data use for research, etc. We will need to monitor the information that states receive and modify eMaRC Plus, as needed, to filter and delete unwanted and/or unauthorized information.
9. Grade appears to be missing from the CDA document that was demonstrated. Will grade be included in the file?
  - 9.1 No. Grade was not included in the cancer reporting implementation guide as part of Meaningful Use Stage 2 because it comes from the pathology report and we don't anticipate physicians reporting this information. The cancer reporting implementation guide was reviewed and updated by the NAACCR Physician Reporting Workgroup before the guide was published as part of the Meaningful Use Stage 2 Final Rule. We can revisit the decision about including information on grade in Meaningful Use Stage 3.

It is important for state cancer registries to remember that we are interacting with vendors that are being certified based on the cancer reporting implementation guide that was published as part of Meaningful Use Stage 2. We should not request additional data that is not required as part of this standard. We do not want to lose Meaningful Use as our driver to

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obtain the data for Public Health, so we as a community should work together to coordinate what additional information is being requested from the eligible professionals.

If the state cancer registry indicates that they can't accept the cancer data because they need additional information that's not defined in the cancer reporting implementation guide in CDA, then eligible professionals will be exempt from the menu item and will have met their obligation for Meaningful Use Stage 2. State cancer registries will receive no data after that.

- 10.** How will co-morbidities be selected if there are more than 10?
  - 10.1** This issue will be discussed further by the mapping workgroup and will need to be handled in the mapping table. Taking the first 10 co-morbidities reported may not be appropriate. We will need to make sure that we don't create a bias. NAACCR Volume II has a list of codes that are acceptable in the co-morbidity fields.
- 11.** How will the mapping of multiple races be handled within eMaRC Plus?
  - 11.1** This will need to be reviewed and criteria developed to map multiple races based on a hierarchy.
- 12.** Will eMaRC Plus be able to map TNM codes to collaborative stage (CS)?
  - 12.1** Physicians are not required to code CS. eMaRC Plus could potentially map to SEER Summary Stage but this mapping table will need to be developed.
- 13.** What will the impact on PrepPlus and CRS Plus be?
  - 13.1** Reports for the same patient on the same cancer from the same facility will be consolidated within eMaRC Plus before the reports are imported into the Central Cancer Registry (CCR) system. These reports would be treated as a new data reporter within your CCR system. We are currently working on directives within CRS Plus to improve automation. In the Physician Reporting Module of eMaRC Plus, the patient abstract will be auto-populated with relevant data included in the CDA and with default values for missing information. This will eliminate the need for CCRs to manipulate the data to be able to pass the required EDITS.