Meaningful Use Stage 2 Cancer Reporting – Progress

at

NC Central Cancer Registry
Overview

- MU2 Onboarding Process
- NC-DPH Registration Portal
- Transport Mechanism
- Testing and Validation
- Successes
- Challenges
- Lessons Learned
- Ongoing Steps
MU Onboarding Process

Eligibility
- Only for ambulatory providers.
- Only for those providers that diagnose and/or treat cancer

Registration
- Register with NC-CCR
- Testing is prioritized by the EP facility’s reporting period and in the order with which registrations are received.

Test & Validation
- EP Data to be received securely transport using SFTP.
- Data has to be in HL7 CDA format.
- Once received, data will be first pilot tested and validated using validation tool developed by CDC

Submission Confirmation
- Once ongoing submission is achieved. A Go-live date will be coordinated by NC-CCR

Go-live
NC- DPH has developed a single registration system to allow EP(Eligible Providers) and EH(Eligible Hospitals) to register their intent to submit data for all of the public health objectives.

This portal also serves as a dashboard to track each facility through the on-boarding process for each programs (namely CCR and ELR).
Welcome to NC DPH Meaningful Use Site for Registration of Intent

Summary of Registration Process:

Step 1: Create an NCID user name and password using the NCID New User Registration Page. Please follow the instructions on the NCID New User Registration Page to activate your NCID username and password. If you already have an NCID username and password (this is the same username and password used to login to NCMIPS), please go to step 2.

Step 2: Use the login button to the right to enter your NCID user name and password to gain access to the registration site.

Step 3: Use the registration site to identify the providers (Hospitals and Eligible Professionals) you will be registering by entering their NPIs and confirming the provided information.

Step 4: Use the registration site to register the providers (Hospitals and Eligible Professionals) you have identified to participate in public health programs. You will receive a confirmation email for all completed registrations. The User Guide provides an overview of the registration process and the information needed for each public health program area.

The NC DPH Registration of Intent Site has been tested using Internet Explorer 11.0+ and Mozilla Firefox 25.0+ and may not work properly with other browsers. JavaScript must also be enabled in your browser for the site to function properly.

For questions about these public health program areas, please refer to the contact information below.
## NCCCR: Tracking Overview

### Change the Status for One or More Providers Listed in the Table Below

<table>
<thead>
<tr>
<th>Provider</th>
<th>Organization</th>
<th>MU General Info</th>
<th>Specialty</th>
<th># Cancer Cases / Year</th>
<th>EHR Vendor</th>
<th>Transport Method</th>
<th>Priority</th>
<th>Current Status</th>
<th>Days Since Status Change</th>
<th>Comments</th>
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<tbody>
<tr>
<td>NCCCR, MD</td>
<td>GASTROENTEROLOGIST (MEDICINE CIRCLE)</td>
<td>Stage 2 begin date: 01/01/2015 Stage 2 End date: 12/31/2015</td>
<td>Gastroenterology</td>
<td>More than 100</td>
<td>Epic Systems Corporation</td>
<td>Direct</td>
<td>Not Yet Assigned</td>
<td>Registration Complete</td>
<td>20</td>
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<td>GASTROENTEROLOGIST</td>
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<td>Internal Medicine</td>
<td>1-25</td>
<td>Vitera Healthcare Solutions, LLC</td>
<td>I don't know</td>
<td>Not Yet Assigned</td>
<td>Provider Does Not Meet Participation Criteria: Non-Certified EHR</td>
<td>52</td>
<td>03/23/2015, Nezar Salahuddin. BHR is not CMS certified to report cancer.</td>
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<td>NCCCR, MD</td>
<td>MEDICAL CENTER LLC</td>
<td>Stage 2 begin date: 10/01/2014 Stage 2 End date: 12/31/2016</td>
<td>Nephrology</td>
<td>0</td>
<td>McKesson</td>
<td>I don't know</td>
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<tr>
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<td>Hematology &amp; Oncology</td>
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<td>Epic Systems Corporation</td>
<td>Direct</td>
<td>Not Yet Assigned</td>
<td>Registration Complete</td>
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<td>Direct</td>
<td>Not Yet Assigned</td>
<td>Registration Complete</td>
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<td></td>
</tr>
</tbody>
</table>
DOE, JOHN  
NPI: 1234567890  
PINEHURST, NC, 28374  
DATE: 04-27-2015  

Registration of intent to submit electronic cancer data from the physician office according to NC General Statutes and Administration Code using certified EHR technology has been completed.

The North Carolina Division of Public Health appreciates your efforts to institute cancer reporting capability using certified EHR technology, and we look forward to continued collaboration to implement EHR reporting in accordance with the Central Cancer Registry prescribed reporting guidelines.

Please visit our website at: http://www.schs.state.nc.us/units/ccr/reporting.htm# to download all necessary documents for your review. Please respond to us within 30 days of receiving this email to setup a discussion with us.

Please retain this notification for your records.

Thank you,  
MU Stage-2 Team  
NCCCRMU2@DHHS.NC.GOV
Initial planning discussion

“Invitation to On Board” email is sent following the initial planning discussion with the EP office and their EHR vendor.
BROSAN, PIERCE
NPI: 12345670
CHAPEL HILL, NC, 27517
DATE: 05-06-2015

Thank you for your interest in participating in Meaningful Use Stage-2 Electronic Cancer Reporting program. Based on the initial discussion, you are now invited for initial testing process for electronic cancer reporting to the Central Cancer Registry. Please contact MU Stage-2 team to discuss the configuration set-up to send test messages for validation.

** Please respond within 30 days of receiving this email. **

Please retain this notification for your records.

Thank you,

MU Stage-@ Team
NCCRMU2@DHHS.NC.GOV
Transport Options available with NC-CCR

Secure FTP file upload
Direct data transmission to secure FTP site at NC CCR
Registered EP’s based on EHR vendors.
Data quality issues

- Files completely misaligned with the IG.
- Missing historical data not interoperable with current EHR.
- Missing key data items- including cancer dx, histology, behavior, laterality etc., reason for visit. Progress Notes- free text.
- Coding Inconsistencies.
Successes

- 1246 providers with 26 EHR vendors have enrolled thus far.
- Established a MU tracking system - dashboard that gives a quick look of how many EP’s registered and reporting period, contact person etc.
- Established connectivity and currently testing messages from three EHR vendors.
- Perform QA checks, Independent Verification and Validation at every step.
Challenges

- Getting the buy-in from all the stakeholders-physician offices, EHR vendors.
- Personnel Turnover- vendor’s side /EP.
- Varying vendor capabilities for data exchange.
- Lack of attention to the data items/details in the implementation guide.- Data Quality Issues
- Physician offices struggle to integrate technology into the workflow.
- Communication gaps between the EP offices and EHR vendors.
- Registrations from hospital ambulatory providers.
Navigating through the Meaningful Use Journey

Potential Physician Reporting Workflow

Physician Office → Secure FTP Server

- Download HL7 CDA files

  Validation in CDA Validation PLUS

  - Not Valid → Work with EHR to modify the file
  - Valid

  eMaRC DB

  Import event report in eMaRC PLUS

  Export results in NAACCR

  Parse the results into Pre-Processing system

  Classify/Link

  Match?

  Yes → Data consolidation in Eureka
  No → Send to Casefinding

Where data sits and waits for 6 months in Casefinding system, until the cancer registry receives data from the hospital for the final consolidation.
Lessons Learned

- Know the key individuals in the EP office and at EHR vendor side.
- Discuss workflows and the level of effort with the vendor and EP office early on.
- Understand the vendor’s SDLC.
- Optimization is an ongoing process.
- Oversight, Monitoring and Feedback are critical.
- One step at a time.
Ongoing plans

- Continue to extend the MU outreach effort using platforms such as American Cancer Society, NCHICA and AHEC to educate appropriate audiences.
- Continue to recruit providers and EHR vendors for pilot testing.
- Assist EPs with portal registration issues.
- Prioritize EPs based on the volume of cases and their EHR’s readiness.
- Review and validate CDA messages sent via sFTP for pilot testing using CDA Validation Plus tool.
- Set up bi-monthly calls with EHR vendors and EP offices to review failed test cases.
- Integration of Physician reporting and registry database.
Meaningful Use Contacts- NCCCR

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Sumana Nagaraj-
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References


www.cdc.gov/cancer/npcr/meaningful_use.htm

www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589971163.
Thank You