Meaningful Use Stage 3: Potential impact on central cancer registries (CCRs)

Presentation for NAACCR
18 June 2015

Jeannette Jackson-Thompson, MSPH, PhD
Missouri Cancer Registry and Research Center (MCR-ARC)
University of Missouri School of Medicine,
Dept. of Health Management & Informatics
MCR data collection activities are supported in part by a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services (DHSS) (# U58/DP003924-03) and a Surveillance Contract between DHSS and the University of Missouri (MU).

Meaningful Use Stage 2 – Cancer Reporting activities were funded as part of American Recovery and Reinvestment Act (ARRA) Comparative Effectiveness Research activities through the CDC via a contract between ICF Macro and MU (12/10 – 9/13)
Assess how Meaningful Use (MU) Stage 3 could impact MU Stage 2 – Cancer Reporting

Explore factors that may influence or determine whether a clinic/physician office (C/PO) will continue with MU – Cancer Reporting past Stage 2
Many rural clinics and physician offices (C/POs) under-report or do not report their cancer cases.

The MU incentive program opened the door to increase cancer reporting for these locations.

MCR-ARC received funding to implement EHR from C/POs into the central cancer registry (CCR).
The expectation was that MU Stage 2 would lead to greatly increased reporting by C/Pos.

But:

- Some vendors were slow to develop a cancer reporting module
- Other vendors decided not to develop a cancer reporting module
In addition:

- Delays were experienced in on-boarding C/POs wanting to attest to MU.
- Changes in public health reporting were proposed for MU Stage 3.

We were left with a question: How would these factors impact cancer reporting?
Methods

- We participated in a variety of national work groups, task forces
  - Stage 2 and Stage 3
  - NAACCR and non-NAACCR

- We anticipated working w/ certified MU Stage 2 EHR vendors to analyze changes to cancer reporting coming from Stage 3 requirements
  - Not exactly!
We:

- Assessed impact on the CCR of additional data storage needed for Stage 2 and Stage 3 EHR data.
- Estimated staffing needs and storage costs.
- Explored other options and alternatives.
Participation in workgroups (WG), task forces (TF) & advisory groups (AG) - NAACCR

- EHR Reporting & NAACCR Vol. II Harmonization TF
- Physician Reporting WG
- Health IT Advisory Board
- Edits Impact WG
- Discharge Data Best Practices TF
- Research Application Review TF
- Uniform Data Standards WG
Participation in workgroups (WG), task forces (TF) & advisory groups (AG) - Other

- Sprint to Stage 3 WG
- National Quality Registry Network (NQRN)
- Health Information Management & Systems Society (HIMSS)
  - National meetings/newsletters
  - Gateway Chapter HIE Forum
Work w/ vendors; MCR-ARC is contractor to MO DHSS

- Designated agent – mandated reporters submit data directly to us

- DHSS decision:
  - C/POs participating in pilot can submit data from EHRs directly
  - C/POs not attesting to MU can also
  - C/POs attesting to MU Stage 2 cannot
    - All Stage 2 ready except cancer
Assessment of impact of additional data:

- **Strategic planning needed**
  - Staff
  - Work flow: what will be processed & when
- **Storage costs will increase**
  - Currently have 3 virtual & 1 physical server – will need more
Assessment of impact (cont’d)

- Staffing needs will increase
  - IT – For SP # 3, created Software Support Analyst (SSA) position
    - Position became vacant
    - Planned to fill at lower level
    - Filled as SSA
  - QA
    - Will need 1 or more CTRs
  - Senior Statistician
    - Statistics GRA needed
Results (cont’d)

- Explore other options
  - Additional linkages
    - Hospital discharge data
    - Medicaid
    - Medicare
    - All-payer claims database (MO doesn’t have yet)
  - Survey progress of
    - Other CCRs
    - Other states’ HIEs
Grateful to have received funding for Special Project # 3

- Hoped to capture unreported cases, comorbidities
- Learned so much, led to more involvement w/ CDC, NAACCR, other organizations
- MU Stage 2 unlikely to bring “big data” to CCR
Too early to evaluate impact of MU Stage 3
  - Public comment ended, final rules yet to be published
  - Might bring in more specialty physicians
  - Concerns

Other solutions
  - XML
  - Additional linkages
Questions?

Contact info:

Jeannette Jackson-Thompson, MSPH, PhD
Chair, MU Informatics Committee
Director, Missouri Cancer Registry and Research Center
Research Associate Professor, Health Management & Informatics, MU School of Medicine
Core Faculty, MU Informatics Institute

JacksonThompsonJ@health.Missouri.edu
401 Clark Hall, Columbia, MO 65211
573-882-7775

http://mcr.umh.edu