

# **National Program of Cancer Registries – Advancing E-Cancer Reporting and Registry Operations Project (NPCR-AERRO): Discharge Data Project**

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Division of Cancer Prevention and Control



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**BACKGROUND**

## Why Discharge Data?

- ❑ **Hospital discharge data and claims data are rich sources of information.**
- ❑ **Hospital Discharge Data could provide Cancer Registries with enhanced information for:**
  - Cancer Surveillance Reporting
  - Congressional Reporting Requirements
- ❑ **Coordination at national level could harmonize reporting requirements to public health agencies.**

## **Hospital Case Reporting**

- ❑ **Currently most hospital registries use a patient listing from the medical record disease index (MRDI) to find reported cases of cancer.**
- ❑ **The UHDDS (Uniform Hospital Discharge Data Set) was developed by the National Center for Health Statistics (NCHS) National Committee on Vital & Health Statistics (NCVHS).**
  - Consists of a minimum set of patient-specific data elements
  - Published by DHHS in the July 1985 Federal Register
  - Updated by NCVHS in the Core Health Data Elements Report in 1996

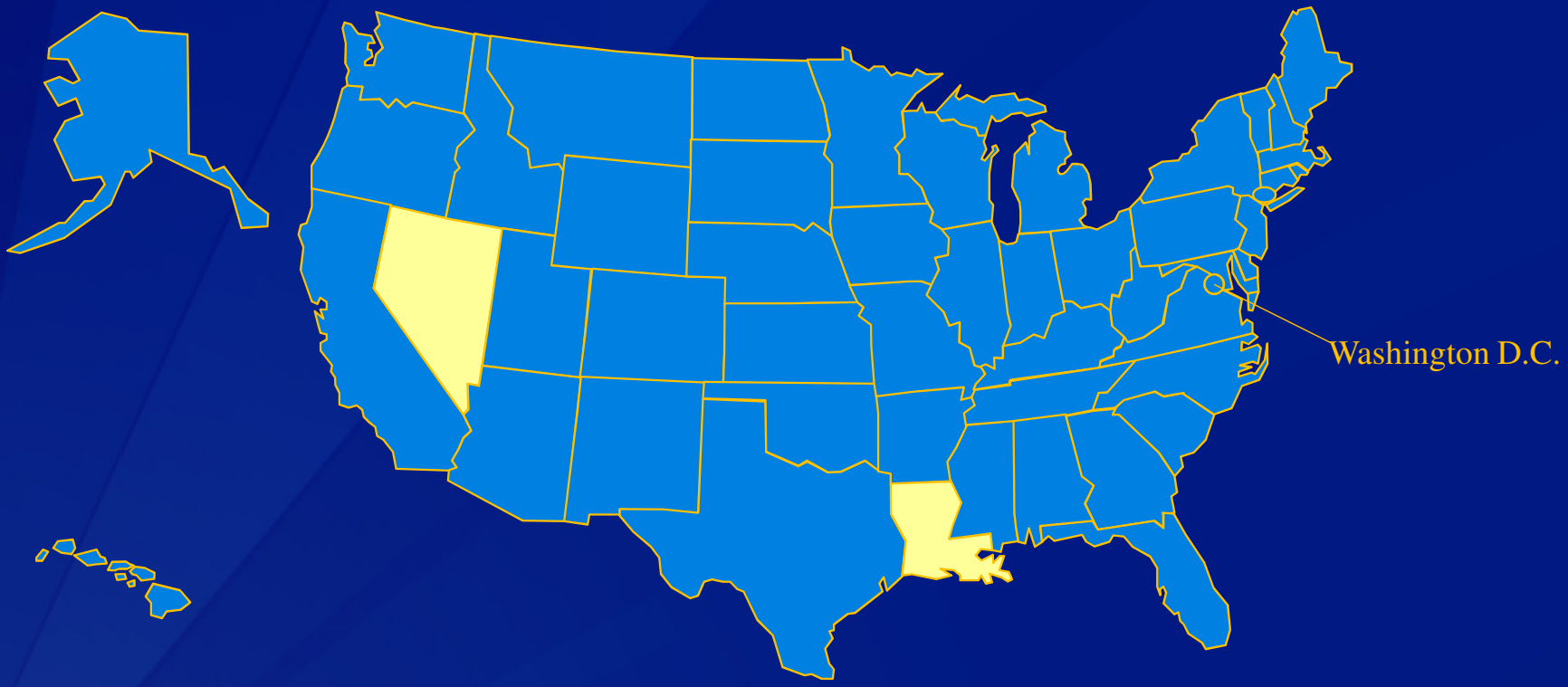
## **National Requirements for Data Collection and Claims Submission**

- ❑ **NUBC (National Uniform Billing Committee) is guided by the UHDDS and the more recent NCVHS update.**
- ❑ **NUBC maintains:**
  - The paper claim for inpatient discharges (currently UB-04) , and
  - With ASC X12, the data set for electronic inpatient transactions , expressed in the 8371 (as mandated by HIPAA).
- ❑ **States are required to collect hospital discharge information into a central location.**
- ❑ **Medicare and most third-party payors REQUIRE the use of the X12 8371 for inpatient and outpatient billing.**

## **Current Status of State Reporting Systems**

- ❑ **State hospital discharge reporting systems include data from:**
  - Inpatient Facilities
  - Ambulatory Surgery
  - Emergency Rooms
- ❑ **Currently, 48 states require standard reporting of hospital discharge data to their public health department or designee organization.**
- ❑ **There are 12-15 states that have implemented a state-wide claims data reporting system.**

# States Requiring Standard Reporting of Hospital Discharge Data to Public Health



 States Requiring Standard Reporting of Hospital Discharge Data to Public Health

 States Not Requiring Standard Reporting of Hospital Discharge Data to Public Health

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# **PURPOSE AND GOALS**



## **Project Goal**

**The goal of the project is to develop a common standard for reporting hospital discharge and claims data that will meet data needs for both the state reporting systems and the state central cancer registries.**

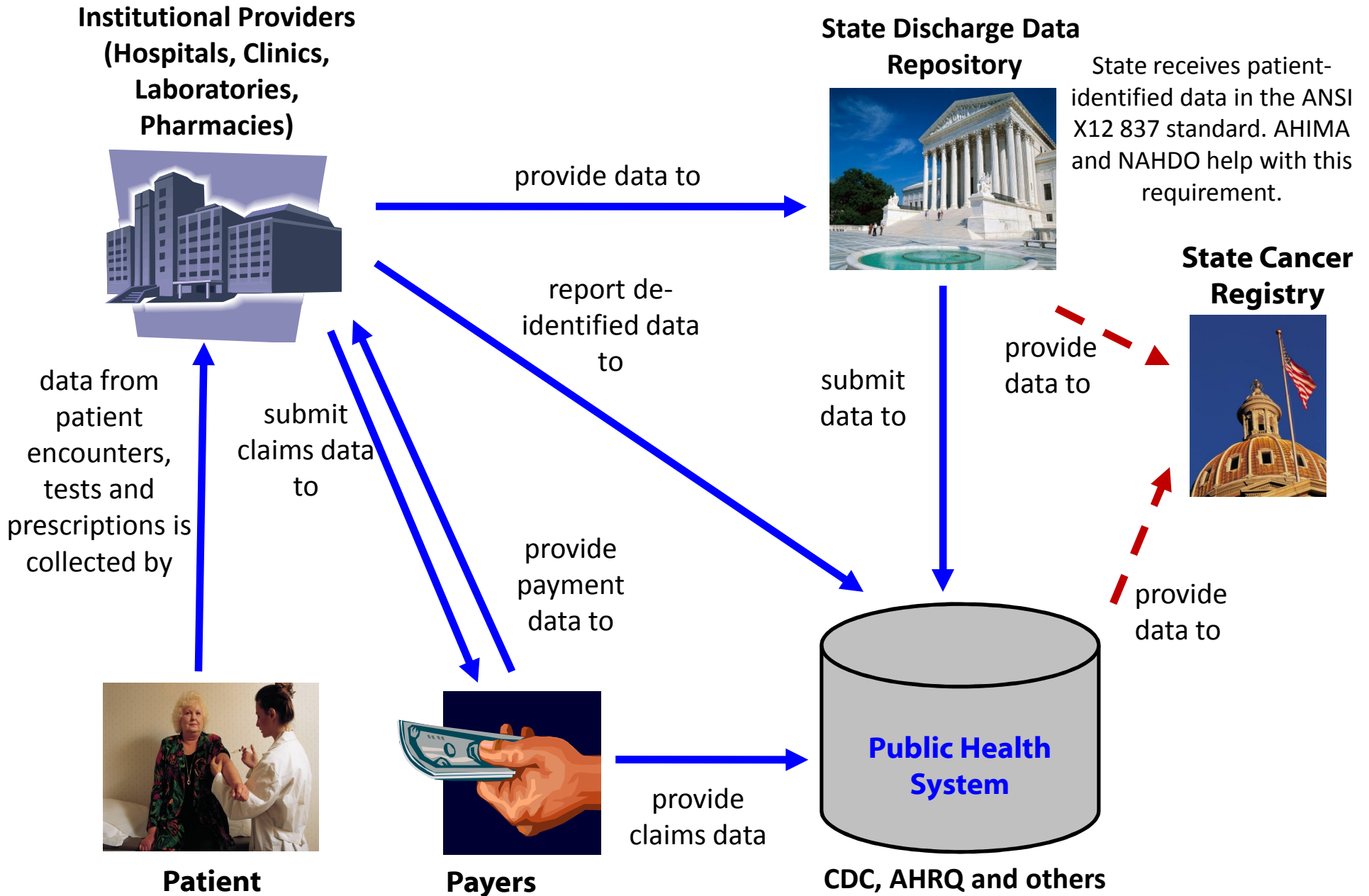
**Seek to coordinate our efforts with:**

- ❑ AHIMA – American Health Information Management Association**
- ❑ NAHDO – National Association of Health Data Organizations**
- ❑ NAACCR – North American Association of Central Cancer Registries**

## **Implementation of Standards Across Systems**

- By using the UB as the base standard, state reporting systems of discharge and claims data have become aligned with the national billing requirements defined by HIPAA.**
- NAACCR can leverage this standardization to implement a solution that will work across the United States.**
- With the January 1, 2012 implementation, important medical and/or quality measures that have nationwide applicability may be proposed for inclusion in the UHDDS.**

# Flow of Events for Discharge\Claims



## Purpose and Goals

- ❑ **Once the state reporting standards have been enhanced to meet the cancer registry needs, all state cancer registries can begin receiving standardized hospital discharge and claims data on a routine basis.**
  - NAHDO is an active member on the NUBC and will be able to present recommendations from this project to NUBC for their consideration.
- ❑ **Harmonization of these reporting requirements will minimize the reporting burden placed on hospitals and payors to meet multiple data needs.**

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# **PROJECT ACTIVITIES**

## **Project Activities**

- ❑ **Working with a contract with a NAHDO Consultant, NPCR-AERRO will work with AHIMA and other identified stakeholders to align the NAACCR standards with the state reporting systems standards.**
- ❑ **NPCR-AERRO will form a small workgroup including staff from NAHDO, AHIMA, state cancer registries to brainstorm possible solutions resulting in improved data collection and use.**
  - Draft standards for data elements, data formats, data transmission mechanisms
  - Develop use cases and models

## **Project Activities (cont.)**

- ❑ **NPCR-AERRO and NAHDO will establish a relationship with other organizations doing similar harmonization work, such as HITSP (Health Information Technology Standards Panel).**
- ❑ **NPCR-AERRO and NAHDO will work to develop a gap analysis document to organize the potential data elements for harmonization and reporting from state reporting systems to the state central cancer registries.**
- ❑ **NPCR-AERRO and NAHDO will present compiled recommendations on any harmonization issues for discussion and consideration by NAACCR.**

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**COLLABORATION WITH NAACCR**



## Collaboration with NAACCR

- ❑ **The NPCR-AERRO and NAHDO WG will collaborate with NAACCR to have the larger registry community review and comment on materials developed.**
  - Data Elements and Formats
  - Data Transmission Methods
  - Data Models and Use Cases
- ❑ **After collaboration with NAACCR, NPCR-AERRO and NAHDO will:**
  - Provide a link between this project and the national standards development organizations (e.g. ANSI, NUBC)

## **Collaboration with NAACCR**

- ❑ **NPCR-AERRO, NAHDO and NAACCR will present a final recommendation to implement standardized reporting of data from state reporting systems to state central cancer registries, based on the response from ANSI and NUBC to the national standards organizations.**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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