**Meaningful Use Stage 2: Reporting cancer cases when key data elements are missing**

Every data element in the Meaningful Use Stage 2 cancer implementation guide has undergone scrutiny by the US central cancer registry community to ensure that it is needed by the cancer registry and can reasonably be expected to be included in an ambulatory provider’s EHR. Unfortunately, state cancer registries are receiving cancer event reports from ambulatory care providers that are missing key data. Workflow, lack of training, and unclear reporting expectations may be contributing factors.

The cancer registry community recognizes that standardizing the physician reporting process is vital. It recognizes that vendors may be reluctant or unable to develop customized processes. Differences in laws/regulations, caseload, resources, priorities, and data use make it very difficult to obtain a national consensus on whether a case should be withheld by the EHR if certain data elements are missing. Certain registry systems will not allow receipt of a cancer event report if data are missing; other registry systems will accept such a cancer event report.

The Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) has no **regulatory** oversight over reporting cancer cases to state registries in the United States. State cancer registries are responsible for implementing and monitoring reporting for their state, including MU activities. CDC serves in an advisory and coordinating capacity in the MU initiatives. In this capacity, the CDC has developed recommendations that should accommodate these differing requirements. for missing data.

***CDC-NPCR recommends that the EHR cancer reporting functionality:***

* 1. *Informs* ***EHR users*** *at time of data entry that key data elements have not been entered into the EHR and recommends that users complete these data elements*
		1. *A null flavor for these elements is not an appropriate alternative to recording the data elements in the EHR. Use of null flavor should be reserved for when the information is truly not known by the provider and should therefore be a very rare occurrence[[1]](#footnote-1).*
		2. *The key data elements that, when missing, prevents a cancer event report being processed accurately are:*
* *Primary Anatomic Site (Cancer Implementation Guide (IG) does not allow this element to be missing or null))*
* *Laterality*
* *Histologic Type*
* *Behavior*
* *Date of Cancer Diagnosis*
* *Patient Name – Last*
* *Patient Name – First*
* *Patient Sex/Gender*
* *Patient Date of Birth*
* *Date Case Report Exported*
	+ 1. *The key elements list does not eliminate the need to follow the IG requirements for data completion.*
	1. *Does not send a cancer CDA report to the cancer registry if it does not pass the cancer reportability check or if the primary site of the cancer is missing.*
		1. *This reflects the requirements in the Meaningful Use Stage 2 Implementation Guide.*
	2. ***Submits the cancer CDA report to the cancer registry even though the above key data elements are missing, except primary anatomic site which must be present.***
	3. *Provides a dashboard-type alert to EHR users that identifies:*
		1. *Cases that have not been sent to the cancer registry because the primary site of the cancer was not available/missing*
		2. *Cases that have been sent to the cancer registry with key data elements missing.*
	4. *Routinely informs the* ***cancer registry*** *of the number of reports that haven’t been submitted because* ***primary site*** *is not available.*
	5. *Use the International Classification of Diseases for Oncology (ICD-O; most recent edition) or SNOMED CT’s morphologic abnormalities concept codes for the* ***histology*** *data element.*
		1. *Rationale: The Centers for Medicare & Medicaid Services (CMS) has retired ICD-9-CM as the coding system for diagnosis information on claims, replacing it with ICD-10-CM codes. We recommend that it no longer be used for Meaningful Use cancer reporting as well. The ICD-9-CM Morphology List was fully retired; ICD-10-CM contains no Morphology List.*

***CDC-NPCR further recommends that:***

* 1. *State cancer registries inform CDC-NPCR of consistently missing data so that CDC-NPCR and the registries can actively work with vendors to improve data completeness.*
	2. *State registries inform providers on the importance of, and rationale for, the data being collected.*
	3. *EHR vendors take advantage of the invitation to work individually with the CDC-NPCR and states to evaluate areas for improved EHR workflow (e.g., developing focused pick lists, using existing resources, etc.).*
1. These data elements will not be allowed to be missing (i.e., null flavor) in Meaningful Use Stage 3. [↑](#footnote-ref-1)