Meaningful Use and Electronic Physician Reporting

Electronic Data Exchange Language in the Funding Opportunity Announcement (FOA)

Develop and implement a plan to enhance timely reporting via the expansion of electronic reporting by one or more means (e.g., Meaningful Use and ePath [electronic pathology] reporting), and through data exchanges (including interstate data exchange).

Pros and Cons of Physician Reporting from Electronic Health Record Systems (EHRs) and Meaningful Use (MU)

Benefits:

- Provides the potential to identify cancer cases and treatment that may have been missed through hospital and pathology reporting
- Increases the completeness, timeliness and accuracy of cancer surveillance data
- Provides a more secure means of reporting private information
- Enables ambulatory providers to meet public health jurisdictional and Meaningful Use reporting requirements through use of a single standardized specification
- Facilitates the implementation of an automated electronic process for the identification and reporting of cancer cases, treatment, and outcomes using ambulatory healthcare provider EHR systems to create a cancer event report and submit it to public health central cancer registries
- In the long term, reduces the resources required by ambulatory healthcare providers and public health central cancer registries to meet the objectives of cancer surveillance

Barriers:

- Difficult and time consuming to implement
- Many different EHR systems
- Additional cancer case data needs to be processed
- Limited skillset available within the registry

How CDC addresses these barriers:

- NPCR IDSAT provides two software applications: CDA Validation Plus to validate the MU reports and eMaRC Plus to process the reports and generate NAACCR abstracts
- NPCR IDSAT works closely with central cancer registries to provide technical assistance for reviewing and validating MU documents
- NPCR IDSAT works closely with central cancer registries and EHR vendors to address issues identified and make recommendations to vendors to fix them
- Workgroups and vendor calls for CCRs:
    - NAACCR Physician Reporting Workgroup meets via conference call the first Monday of each month from 3:00-4:30pm (EST).
    - CDC-NPCR Meaningful Use Workgroup meets via conference call the 2nd Wednesday of each month from 3:00-4:00 (EST).
    - Monthly calls with 6 different EHR vendors—contact Lindsay Ryan (viu3@cdc.gov) for details

How CCRs can implement with limited resources

Everything in Meaningful Use and Physician Reporting does not need to be implemented immediately. The NPCR Program Standards for 2017 through 2022 identify the goals for physician reporting that annually increase the reporting to the central cancer registry as required by state law to meet the standard of having all physicians reporting by the end of

the five-year project period. In addition, to monitor compliance with these standards, funded NPCR registries should use consistent methods to count and report improvements in physician reporting.

Specific suggestions for limited implementation:

- Focus on onboarding high priority providers, such as dermatology, urology, gastroenterology, hematology, medical and radiation oncology, independent surgery, and other providers you know are not reporting through other means.
- Onboard one provider at a time, or whatever workload you can handle.
- Match physician reports with central registry database to identify which reports will provide new information (e.g., missed cases, missed treatment).
- Only export reports from eMaRC Plus that are likely to be: 1) cases that will not be otherwise reported at all, and 2) abstracts that can be consolidated with others in your central database to augment information, such as treatment. eMaRC Plus has export features to help with this, such as filtering which abstracts to export based on histology, primary site, provider, etc.
- Do not focus all your time and effort on forming complete and high quality abstracts from these physician reports.

Software Tools to Support Physician Reporting

- NPCR's Web Plus software should be used for physician reporting when possible. Web Plus can create custom data collection displays specific to the physician specialty.

  If physicians or practices have EHRs and can report in the format specified for Meaningful Use in either the *Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries August 2012*, or the *HL7 CDA® Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1, DSTU Release 1.1—US Realm*, they can transmit these reports using the secure transport mechanism selected by the CCR, such as Web Plus, Public Health Information Network Messaging System (PHIN MS), Direct, NwHIN Connect, or secure FTP (sFTP).
- Use NPCR's eMaRC Plus software for receiving and processing physician reports transmitted from physician EHRs in one of the HL7 Clinical Document Architecture (CDA) formats.
- Use NPCR's CDA Validation Plus software for testing and validation of physician reports transmitted from physician EHRs in one of the CDA formats.
- Use NPCR's Abstract Plus software for physician reporting if the physician office does not have Internet access.
- Develop operations procedure manuals to guide physician reporting. https://www.cdc.gov/cancer/dcpc/pdf/dp17-1701-npcr-physician-reporting-guidance.pdf

See NPCR's Web site for information on all Registry Plus™ software products including Web Plus, Abstract Plus, eMaRC Plus, and physician training in Cyber Cancer Registry. https://www.cdc.gov/cancer/npcr/tools/registryplus/index.htm

For all assistance with Registry Plus software products, please contact the Help Desk at CancerInformatics@cdc.gov.