

Guidance for Implementing

Public Health Agency (PHA)/State Cancer Registry Meaningful Use (MU)

The following guidance contains suggested activities for state cancer registries as they begin preparing to receive cancer data from Eligible Professionals (EPs) as part of Stage 2 Meaningful Use (MU). While individual registries may differ in their ability to implement MU reporting in accordance with the suggested timeline, this document includes a collection of activities for communicating with stakeholders and establishing the processes for cancer reporting from physician electronic health record (EHR) systems. Several guidance documents and templates are being developed to help states, eligible providers, and software vendors implement cancer reporting as part of Stage 2 MU. The activities do **not** have to be completed in the order listed.

Phase 1: Assessment and Planning

Start Date: Immediately

Target Completion Date: October 1, 2013

- I. Identify and establish relationships with stakeholders involved in MU within the state to coordinate the planning and implementation of MU.
 - A. Identify stakeholders.
 1. State Medicaid.
 2. State MU/Health Information Technology (HIT) coordinator.
 3. State MU/Health Information Exchange (HIE) coordinator.
 4. State program (immunization, Electronic Laboratory Reporting (ELR), syndromic) MU coordinators.
 5. State Regional Extension Center (REC).
 6. Beacon Communities.
 7. Others.
 - B. Convene a cross-agency task force that meets regularly.
 1. Inform stakeholders of the cancer reporting menu objective.
 2. Ask for input on current and future activities to meet the timeline.

- II. Develop a cancer-specific MU Web page on the cancer registry Web site that provides—
 - A. Names and contact information for key individuals.
 - B. MU fact sheet.
 - C. Information on how to report to your state.
 - D. Condensed specification document.
 - E. Information on developing a data quality assurance testing guide for providers. A [template guide](#) is available.
 - F. Links to the following sites:
 - 1. The HIPAA Web page for the registry or health department.
 - 2. State’s MU Web page.
 - 3. CDC and NAACCR Web sites (resources on MU).
 - a) [Meaningful Use of Electronic Records](#)
 - b) [NAACCR](#)
 - 4. Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) Web sites (*Federal Register* official documents on MU Stage 2).
 - a) [CMS Meaningful Use](#)
 - b) [ONC Meaningful Use Stage 2](#)
- III. Develop a newsletter or e-mail message for technical, administrative, and provider updates, designed for both management and staff audiences.
- IV. Coordinate with the state Medicaid agency to include cancer registry MU activities in the state Medicaid HIT plan. See the [Michigan HIT Plan](#) as an example. You should check with your state Medicaid agency as soon as possible to find out the plan timeline. Assess Public Health Agency (PHA)/cancer registry capacity and set goals for—
 - A. Systems intending to be ready.
 - B. Employment of ONC standards.
 - C. Date of implementation.
 - D. Staff capacity and anticipated future needs.

- V. Complete the Medicaid Advanced Planning Document (APD). The APD process governs the procedure by which states obtain approval for federal financial participation for costs of acquiring automated data processing equipment and services.
- A. The cancer registry should collaborate with Medicaid to write the APD.
- B. Work with state public health MU programs (immunizations, ELR, syndromic) to determine—
- Test submission policies and protocols.
 - Communication planning.
 - Direction of test submissions to separate programs or to a single portal.
- C. Work with the state Medicaid program to identify any additional state requirements above those set by the Centers for Medicare and Medicaid Services (CMS). If relevant to public health, include in the state’s readiness plan. Reference the following items:
- [Medicaid HIT IAPD Template](#)
 - [Medicaid Expedited APD-Checklist](#)
 - State of Michigan HIT Implementation Advanced Planning Document (IAPD). An excerpt of this document is available on request. Please contact MeaningfulUse@cdc.gov to receive a copy.
- VI. Evaluate the infrastructure and systems to receive and process MU data from EHRs.
- A. Document transport options for EPs to submit Health Level Seven (HL7) Clinical Document Architecture (CDA) documents.
1. Identify functionality needed for transport such as—
 - a) Bidirectional communication capability.
 - b) Acknowledgement sent to sender when document received.
 - c) Automatic logging of received document.
 - 1) Decide which transport mechanism(s) your PHA or cancer registry will use. See [Transport Options](#) and [Stage 2 Mu PH Reporting Requirements Task Force](#) for transport method information.
 - 2) Install and configure transport to be used.

- B. Document specifications for EPs to submit HL7 CDA document to meet MU requirements.
 - 1. Review, identify, and communicate with CDC about any additional core data elements not included in the HL7 CDA document specifications.
 - 2. Develop or adopt a system to track registrations by EP.
 - a) Invite EPs to begin on-boarding.
 - b) Record the date when each EP's test document was received.
 - c) Record the date when feedback was provided to each EP on validation and testing.
 - d) Record the date of communications with EPs.
 - e) Record the date when the acknowledgement letter was sent to each EP.
 - C. Develop detailed steps for providers and explain how to begin and complete on-boarding with your state and publish this document on your Web site.
 - D. Develop a checklist that will help providers achieve MU reporting to your state and publish this document on your Web site.
 - E. Evaluate hardware capacity (storage space), network bandwidth, and systems to identify any modifications or re-engineering necessary.
 - F. Develop an archive and deletion plan according to state regulations for record retention.
- VII. Develop or adapt a validation protocol for CDA document format and data content.
- VIII. Develop a plan that addresses changes in resources and workflow.
- A. Identify and estimate the number of EPs who plan to meet MU requirements and estimate the likely increase in ongoing data reporting volume. Guidance documents will be provided to help with this task.
 - B. Estimate the potential workflow impact from test submission and increased ongoing reporting. Begin planning for changes in workflow and workforce to meet increased reporting, and evaluate staffing to support increased reporting.
 - C. Implement changes in workflow and strategy.

- IX. Develop or adapt templates for communication with EPs—
 - A. Provide ongoing feedback to EPs on issues identified with the CDA document.
 - B. Acknowledgement to EPs by the end of the reporting period.
 - C. Provide feedback to EPs on the quality of their data.

- X. Determine staff roles to support implementation of MU activities defined in phases 2 and 3.

Phase 2: Declaration/Registration of Intent

Start Date: October 1, 2013

Completion Date: December 31, 2013/Ongoing

- I. The PHA or cancer registry shares the state's tentative PH MU plans with EPs.
- II. The PHA or cancer registry provides capacity information to the CMS central repository prior to start of EHR reporting period (Declaration).
- III. The PHA or cancer registry collects information from EPs who plan to attest to MU. For an example, refer to the Multiple and Individual Tip Sheets on the [Michigan Public Health and Meaningful Use Testing Registration](#) Web site.
- IV. The PHA or cancer registry sends and provides registration confirmation and on-boarding information to the EP. MU Public Health Task Force is developing guidance for states on this process.
- V. The PHA or cancer registry maintains a record of registration by the EP. MU Public Health Task Force is developing guidance for states on this process.
- VI. When ready, the PHA or cancer registry invites the EP to begin on-boarding and provide the EP with the following information—
 - A. The point of contact for the PHA or cancer registry.
 - B. Implementation guide.
 - C. Testing procedures.

Phase 3: On-Boarding (Invitation, Testing, and Production) and Acknowledgement

Start Date: January 1, 2014

Completion Date: Ongoing

- I. The PHA or cancer registry invites the EP to begin the on-boarding process and maintain a record of the date of invitation.
- II. The PHA or cancer registry asks the EP to send a test document.
 - A. Record the date when the test document was requested.
 - B. Record the date when the test document was received.
 - C. Validate the structure of the test document.
 - D. Evaluate data (content) from test document.
 - E. Check the quality, for example—
 1. Are all fields filled in?
 2. Are the data good quality?
 3. Do the data make sense?
- III. Upon successful validation of test document, the PHA or cancer registry asks the EP to begin ongoing submission of documents in a test environment.
- IV. The PHA or cancer registry validates the documents in the test environment.
- V. Upon successful validation in the test environment, the PHA or cancer registry allows the EP to submit documents in the production environment.
- VI. During testing and production activities, the PHA or cancer registry communicates with EPs.
- VII. The PHA or cancer registry re-evaluates system configurations, and upgrades the system if needed to handle the MU workload.
- VIII. The PHA or cancer registry provides written notice (which may be in electronic format) affirming that the EP achieved ongoing submission. The MU Public Health Task Force is developing guidance for states on this process.