

**Interoperability Physician Reporting Workgroup**  
**North American Association of Central Cancer Registries (NAACCR)**

**Identifying State Electronic Health Record (EHR) Vendors**  
**Physician Reporting Planning Document**

**April 17, 2013**

To prepare for national implementation of physician cancer reporting via Electronic Health Records (EHRs), state cancer registries must identify EHR vendors active in their state (or other geographic location), the vendors' cancer-specific products and EHR modules, software version(s), and whether the EHR software is certified. This information is critical to determine the resources necessary for implementing new physician reporters, their ability and the methods available to transmit data securely, testing and approving data submissions, and communicating national and registry-specific cancer reporting requirements effectively.

**State EHR Vendors**

The NAACCR External Partnerships Physician Reporting workgroup considers the following methods and entities critical for identifying pertinent state EHR vendors and facilitating successful physician EHR reporting for both overall cancer reporting and Stage 2 Meaningful Use.

Links to the organizations to assist with background information or locating your state-level entities are provided wherever possible.

## Primary Methods

**Surveys.** Many state entities such as medical associations, offices of e-Health, Medicaid agencies, immunization registries, Regional Extension Centers, Health Information Exchanges (HIEs), and Regional Health Information Organizations conduct health information technology (HIT) surveys that provide helpful planning information, such as—

- The extent to which physicians are adopting both EHR and certified EHR technology.
- EHR vendors' physicians.
- Barriers and challenges for physicians adopting EHRs.
- Costs associated with adopting EHRs.
- Descriptive information about the physicians who are adopting EHRs, such as specialties and geographic distribution.

If HIT surveys are not being conducted or are not readily available, registries may consider conducting their own targeted survey.

**Contacting external partners in other ways.** External partners already engaged in physician reporting may also maintain lists of EHR vendors and their software. Meetings with these partners could help in gathering and maintaining current state-specific EHR information. For a complete list of these external partners, see the NAACCR

[\*Identification of Critical External Partnerships Physician Reporting Planning Document.\*](#)

- [State and local medical associations and societies](#)
- [Physician Office Manager Association of America](#)
- [Regional Extension Centers](#)
- [Health Information Exchanges](#) (HIEs) and Regional Health Information Organizations (RHIOs)
- [Immunization Registries](#)
- [State Medicaid Programs](#)
- [State HIT Coordinators](#)

**Registration.** State cancer registries may implement a registration or pre-registration process for new physician reporters prior to agreeing to data file testing and approval for ongoing submission. In the registration process, EHR identification can take place through a standard set of questions, such as the name of the EHR vendor, software product and version, and EHR certification number.

**Certified Health IT Product List.** The Office of the National Coordinator for Health Information Technology provides a [Certified Health IT Product List](#) for identifying certified EHR technology that eligible health care providers must use to qualify for Meaningful Use incentive payments. It should be noted that many physicians are changing their EHRs to meet this requirement. Registries should check the list periodically for newly certified EHRs.