

The Office of the National Coordinator for
Health Information Technology



EHR Workflow Challenges in Meaningful Use

Physician Cancer Reporting

Public Health – EHR Vendors Collaboration Initiative Webinar

February 14, 2017

<https://www.cdc.gov/ehrmmeaningfuluse/public-health-ehr-vendors-collaboration-initiative.html>



Meaningful Use

Meaningful Use

Introduction

Calendar

Connect with Others

CDC Meaningful Use ListServ

Meaningful Use Community

Public Health – EHR Vendors Collaboration Initiative

Joint Public Health Forum & CDC Nationwide

Meaningful Use (MU) Public Health (PH) Reporting Requirements Task Force

Community of Practice (CoP)

ELR Task Force

Jurisdiction Meaningful Use Websites

S & I Framework

Reportable Conditions Knowledge Management System

External Links



[CDC](#) > [Meaningful Use](#) > [Connect with Others](#) > [Meaningful Use Community](#)

Public Health – EHR Vendors Collaboration Initiative



In Focus

Special Session # 7- Zika Virus Disease Update

Coming Up! Special Session # 7: Zika Virus Disease Update for Electronic Health Record (EHR) Vendors, Health Information Technology Developers, Public Health, and Clinical Healthcare Partners on Nov 2, 2016 1:00 PM- 2:00 PM EDT

Please pre-register for the webinar by clicking the link below.

<https://attendee.gotowebinar.com/register/3504905897385264131>

Abstract

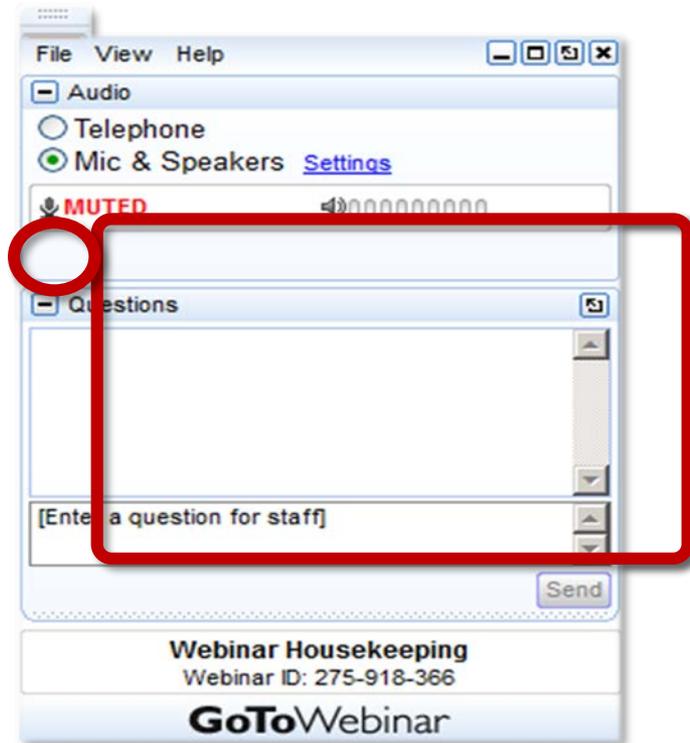
This webinar will be focused on the recommendations around Ask at Order Entry (AOE)* for pregnancy status in Zika virus (ZIKV) laboratory test orders with the possibility of a broader discussion on the capture of pregnancy status in electronic health records, per the clinical workflow and an update on the algorithm for ZIKV risk assessment in pregnant women, based on the latest Centers for Disease Control and Prevention (CDC) guidelines.

Terms explained-

* Ask at Order Entry (AOE)-Some tests, such as microbiology cultures and those that determine heavy metal ion concentration, require additional

Question and Answer Session

How to submit or ask questions for the panel members?



Submit or Ask Questions

- Submit your text question and comments using the Question Panel
- Please raise your hand to be unmuted for verbal questions.

EHR Workflow Challenges in Meaningful Use Physician Cancer Reporting



PH-EHR Vendors Collaboration Initiative

February 14, 2017

Wendy Blumenthal, MPH

Cancer Surveillance Branch

Division of Cancer Prevention and Control
Centers for Disease Control and Prevention (CDC)

Meaningful Use Cancer Reporting to Public Health Cancer Registries—Status

Eligible Professionals (EPs) were able to begin cancer reporting in Stage on January 1, 2014

At least 26 states are receiving EHR data from EPs for MU

39 EHR vendors (135 total products) are currently certified for the 2014 Certification cancer reporting standard

39 EHR vendors (135 total products) are currently certified for the 2014 Certification cancer reporting standard

2 EHR vendors (2 total products) are currently certified for the 2015 Certification cancer reporting standard

Context of Meaningful Use Cancer Reporting to Public Health Cancer Registries



The standard/routine method of reporting cancer to Public Health Cancer Registries is via **trained cancer registrars** submitting a **fully standardized, complete, specific and error-free** abstract of information: demographics, cancer diagnosis details, treatment, and relevant clinical information

- Collecting cancer information is the hospital cancer registrar's primary task



Meaningful Use Cancer Reporting to Public Health Cancer Registries by physicians is layered on top of the physicians' routine workflow and entry of information into their EHR.

- Reporting to cancer cases to the central cancer registry is a secondary task for physicians



The difference in timing, completeness, specificity between the two methods has led to challenges.

Key Known Challenges



Onboarding and validation

- Resources
- Time consuming
- Understanding validation results



Registration

- Not having cancer-certified EHR technology
- Providers don't dx or tx cancer
- Eligible Hospitals want to register



Workflow/ user data entry

- Incomplete data
- Data quality
- Non-reportable cancers



Working with EHR vendors

- Hard to identify the right person
- Lack of response

How is CDC Addressing Challenges?

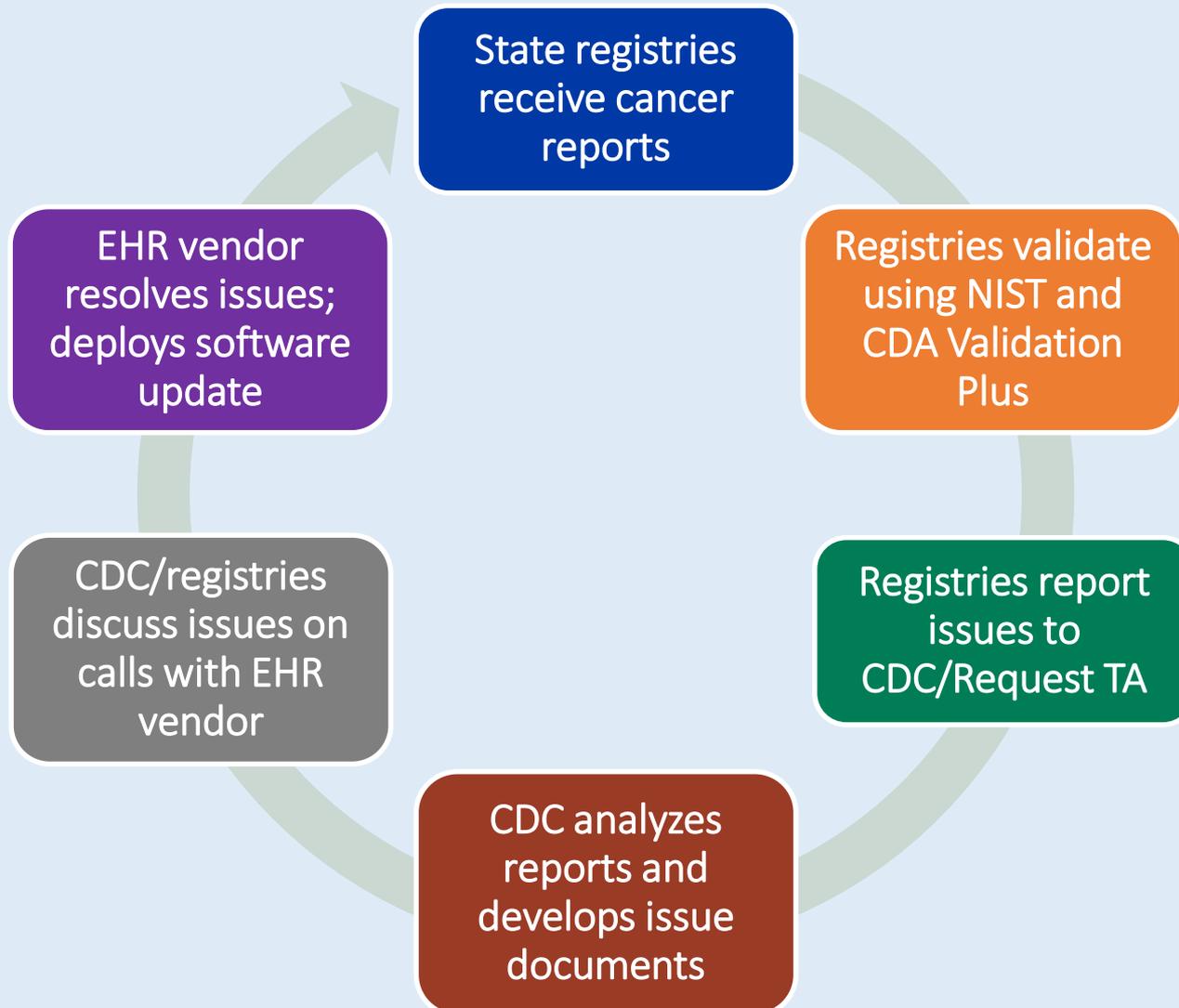
Coordinated Communications with EHR Vendors

- Monthly or bi-monthly calls with registries and individual 6 EHR vendors
- Monthly Collaboration call with state cancer registries and EHR vendors (recently changed to states only)
- Ad hoc communications with additional EHR vendors as needed
- Work collaboratively to identify solutions to specific EHR issues identified

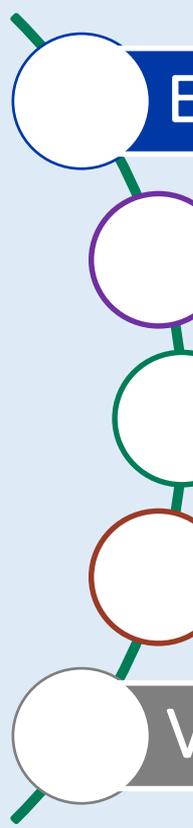
Technical Assistance

- Review and analysis of cancer CDA reports
- Detailed feedback on CDA reports to send to provider and/or EHR vendor
- Training on CDA, eMaRC Plus, and CDA Validation Plus
- Respond to MU questions; coordinate responses with ONC, CDC, and EHR Public Health Task Force

CDC-Vendor-Registry Communication Process



Successes—Vendor Fixes



Eliminated NIST validation failures

Removal of sections not in cancer specification

Corrected invalid Code System OIDs

Corrected invalid values

Various other programming bugs fixed

Current Workflow Challenges

Key Data Missing

- Key cancer data elements (histology, behavior, laterality) missing for majority of reports transmitted

Defaults

- Defaults set by vendor in CDA when data left blank by EHR users

EHR Black Box

- Registries don't know workflow of each EHR; difficult to help providers struggling to enter cancer data

Report Triggers

- Trigger for cancer reportability not fully automated or workflow is confusing; requires some user intervention

Usability/Training

- Many issues identified determined to be user training issues/ "incorrect" use of EHR

Key Data Missing

Issue

- Key cancer data elements (histology, behavior, laterality) missing for majority of reports transmitted
- EHR users are not entering key clinical cancer data

Reasons Identified

- Picklists (e.g., for histology) are too long
- Physicians don't understand cancer surveillance and the vital importance of completing the data
- Users don't understand workflow

Possible Solutions

- Provide EHRs with shorter, tailored picklists
- EHRs develop picklist filters (e.g., hierarchy for histology)
- Use other data elements to filter (e.g., problems)
- EHRs improved training materials for users
- Develop cancer workflow guidance for all EHRs
- INPUT NEEDED

Defaults

Issue

- Some EHRs enter default values in the CDA when EHR users leave data elements blank in the patient record

Cancer Registry Response

- Important to receive information as it was actually recorded in the EHR to
 - preserve the integrity of the data
 - enable better monitoring of data quality
 - identify training opportunities

Possible Solutions

- EHRs should not set defaults for missing data
- When the elements are not recorded in the EHR, use null flavor. BUT, null flavor should be used sparingly
- For elements that can't be null, needs to be set as must enter by EHR
- EHRs should include selections in picklists for users to positively assert that information is unknown
- INPUT NEEDED

EHR Black Box

Issue

- Registries don't know workflow of each EHR

Why is this a problem?

- Registries often contacted by providers with EHR workflow questions
- Difficult to help provider who struggle to enter cancer data
- Pathology reports not accessible to EHR users to get relevant cancer data easily

Possible Solutions

- EHRs develop instruction documents specifically for Cancer Registries that describes where the cancer diagnosis data fields are in the EHR or the optimal workflow process
- EHR include pathology report where it is more accessible to EHR users
- Include pathology report in CDA document
- INPUT NEEDED

Report Triggers

Issue

- Trigger for cancer reportability not fully automated or workflow is confusing
- Requires some user intervention

Why is this a problem?

- Registries don't have the resources to work with each individual provider to address

Possible Solutions

- 2015 Certification IG has improved trigger details
- Develop cancer workflow guidance for all EHRs
- INPUT NEEDED

Usability/Training

Issue

- Many issues identified are determined to be user training issues/“incorrect” use of EHR

Why is this a problem?

- Registries don't have the resources to work with each individual provider to address training issues
- Varied levels of user support from EHRs
- User support not always quick or easy to obtain

Possible Solutions

- EHRs develop instruction documents specifically for Cancer Registries that describes where the cancer diagnosis data fields are in the EHR or the optimal workflow process
- INPUT NEEDED

Communications Challenges

Meet one on one with each vendor and 6-10 state cancer registries once or twice a month

Resolutions to issues are very individualized

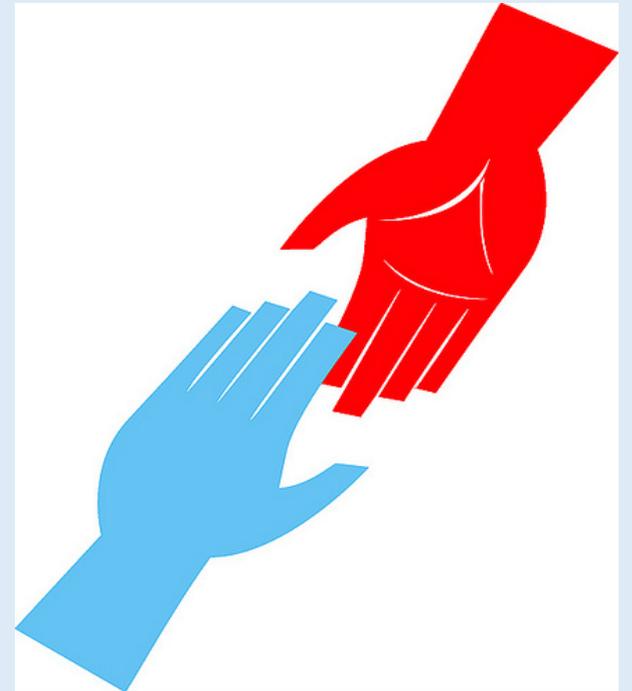
Time consuming, resource intensive

Not all vendors agree to meet

We currently have no method for contacting all certified vendors to distribute information

As more EHR vendors certify, and more EPs report cancer, it will be harder to support this model

**WE NEED
YOUR HELP**



Acknowledgments

- Lindsay Ryan
- Wendy Scharber
- Multiple State Cancer Registries
- Multiple EHR Vendors



Thank you!

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