Guidance for Implementing

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

The guidance below contains suggested activities for State Cancer Registries as they begin working to prepare to receive cancer data from Eligible Providers (EPs) as part of Stage 2 Meaningful Use. While individual registries may differ in their ability to implement meaningful use 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. There are several guidance documents and templates currently being developed that will assist states, eligible providers, and software vendors with implementation of cancer reporting as part of Stage 2 MU. The activities do **NOT** have to be completed in the exact order listed.

Phase 1: Assessment and Planning:

Start Date: NOW!!!
Target Completion Date: October, 2013

1. Identify and establish relationships with stakeholders involved in MU within the state to coordinate the planning and implementation of MU.
   a. Stakeholders
      i. State Medicaid
      ii. State MU/Health Information Technology (HIT) Coordinator
      iii. State MU/Health Information Exchange (HIE) Coordinator
      iv. State program (e.g. Immunization, ELR, Syndromic) MU Coordinators
      v. State Regional Extension Center (REC)
      vi. Beacon Communities
      vii. Others
   b. Convene cross agency taskforce (routine meetings)
      i. Inform stakeholders of Cancer Reporting Menu Objective
      ii. Ask for input on current and future activities to meet timeline
      iii. Etc.?
2. Develop Cancer-specific MU Webpage to State web site providing:
   a. Names/contacts of 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, shared with providers to understand how PHA will be evaluating the data sent to the registry (provide link to template)

f. Links to the following sites:
    i. the HIPAA webpage for the registry/Health Department
    ii. State's MU Webpage
    iii. CDC and/or NAACCR Website (resources on MU)
    iv. CMS-ONC Website (Federal Register official documents on MU Stage 2)

3. Develop newsletter / email for technical, administrative and provider updates – designed for both management and staff work level audiences
4. Coordinate with state Medicaid agency to include cancer registry MU activities in the State Medicaid HIT Plan. The timeline for development of the State Medicaid HIT Plan will depend on specific state requirements; Michigan HIT Plan
    a. Assess current PHA / Cancer Registry capacity and set goals for:
        i. Systems intending to be ready
        ii. Employment of ONC standards
        iii. Date of implementation
        iv. Staff capacity and anticipated future needs
5. Medicaid Advanced Planning Document (APD)
   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. Cancer 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, etc.
    c. Work with 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 state's readiness plan.
       Reference Items:
        - Medicaid HIT IAPD Template
        - Medicaid Expedited APD-Checklist
        - State of Michigan Health Information Technology (HIT) Implementation Advanced Planning Document (IAPD-U): will be distributed
6. Evaluate infrastructure and systems to receive and process MU data from Electronic Health Records (EHRs)
    a. Transport options for EPs to submit HL7 CDA documents
        i. Identify functionality needed for transport such as
            1. Bi-directional communication capability
            2. Acknowledgement sent to sender when document received
            3. Automatic logging of received document
        ii. Decide which transport mechanism(s) your PHA or Cancer Registry will use(provide link)
        iii. Install and configure transport to be used

b. Specifications for EPs to submit HL7 CDA Document to meet MU requirements
    i. Opportunity to review, identify, and communicate with CDC about any additional core data elements not included in the HL7 CDA Document specifications
    ii. Develop and/or adopt a system to track registrations by EP,
        1. invite EPs to begin on-boarding
        2. record date of receipt of EPs test document
        3. record date feedback is provided to EPs on validation and testing
        4. Record date of communications with EPs
        5. record date acknowledgement letter sent
c. Develop detailed steps for providers detailing how to accomplish on-boarding with your State.
d. Publish the document with the on-boarding steps on your website.
e. Develop detailed steps for providers on the MU on-boarding process and publish this document on your website.
f. Develop a checklist that will assist providers in successfully achieving MU reporting to your State and publish this document on your website. (provide link to template)
g. Evaluate hardware capacity (e.g., storage space), network bandwidth and systems to identify any modifications or re-engineering necessary.
h. Develop an archive/deletion plan according to State regulations for record retention.

7. Develop and/or adapt validation protocol
    a. CDA document format and data content
8. Develop an action plan that addresses changes in resources and workflow
    a. Identify and estimate number of EPs planning to meet MU requirements and estimate likely volume of increases in ongoing data reporting. Guidance documents will be provided to assist you with this task.
    b. Estimate potential workflow impact from test submission and increased ongoing reporting
        i. Begin planning for changes in workflow and workforce to meet increased reporting.
            1. Evaluate staffing to support increased reporting
    c. Implement changes in workflow and strategy
9. Develop and/or adapt templates for communication with EPs on:
    a. Provide ongoing feedback to EPs on issues identified with the CDA document
    b. Acknowledgement to EPs (by end of reporting period)
    c. Feedback to EPs on the quality of their data
10. Determine staffing roles to support implementation of Meaningful Use activities defined in Phase 2 and Phase 3 below.

Phase 2: Declaration/Registration of Intent:

Start Date: October 1, 2013
Completion Date: December 31, 2013 / On-Going

1. PHA and/or Cancer Registry shares state's tentative PH MU plans with EPs
2. PHA and/or Cancer Registry provides capacity information to CMS central repository prior to start of EHR reporting period ("Declaration")
3. PHA and/or Cancer Registry collects information from EPs who plan to attest to MU (Refer to Multiple and Individual Tip Sheet: https://mimu.michiganhealthit.org/)
4. PHA and/or Cancer Registry sends and provides registration confirmation and on-boarding information to EP (guidance will be provided)
5. PHA and/or Cancer Registry maintains a record of the registration by the EP (guidance will be provided)
6. When ready, PHA and/or Cancer Registry will invite the EP to begin on-boarding and will provide the EP with the following information:
    a. PHA's and/or Cancer Registry point(s) of contact
    b. Implementation guide
    c. Testing procedures

Phase 3: On-Boarding (invitation, testing and production) and Acknowledgement

Start Date: January 2014
Completion Date: Ongoing

1. PHA and/or Cancer Registry invites EP to begin on-boarding process
    a. Maintain record of date of invitation
2. PHA and/or Cancer Registry requests EP to send a test documents(s)
    a. Record date of request for test document
    b. Record receipt, including date, of EP's test document
    c. Validate EPs test document (structure of document)
    d. Evaluate data from test document (content of the document)
    e. Quality assurance check, for example:
        i. Are all fields filled in?
        ii. Are data good quality?
        iii. Do data make sense?

3. Upon successful validation of test document, PHA and/or Cancer Registry requests EP to begin ongoing submission of documents in a test environment (to allow for additional testing)
4. PHA and/or Cancer Registry validates on-going submission of document in test environment
5. Upon successful validation of test environment, PHA and/or Cancer Registry moves EPs to ongoing submission into production environment
6. During testing and production activities, PHA and/or Cancer Registry provides ongoing communication to providers
7. PHA and/or Cancer Registry re-evaluates system configurations and upgrade system, if needed, to handle MU workload
8. PHA and/or Cancer Registry provides written communication (which may be in electronic format) affirming that the EP achieved ongoing submission. (guidance will be provided)