Use Case Scenario Summary

Name:	Cancer Notifications
Use Case to Which Scenario Belongs:	Lab Orders-Results
Sponsor:	Michigan Department of Health and Human Services
Date:	January 27, 2017

Executive Summary

> This brief summary highlights the purpose for the use case and its value. The executive summary gives a description of the use case's importance while highlighting expected positive impact.

Cancer is the second-leading cause of death in the United States.[1] Population-based surveillance is critical to support control activities aimed at reducing cancer morbidity and mortality.

Cancer registries throughout the United States are required to collect complete and timely cancer diagnostic, treatment, and outcome data. This data comes from healthcare providers including hospitals, physician offices, treatment centers, clinics, laboratories, and other facilities.

Sending cancer notifications to a central statewide registry:

- Allows an initial evaluation of cancer incidence within various regions
- Provides a source to baseline incidence data.
- Enables an evaluation of cancer frequency by demographic characteristics such as age, race, and sex
- Generates significant value for researchers in epidemiological case control studies

Cancer notifications are also helpful in planning health education and addressing public health concerns within regions of interest.

Purpose of Use Case: The Cancer Notifications use case scenario allows for ambulatory or eligible professionals within physician offices, hospitals, clinical laboratories, and dentist offices to electronically send cancer information to the cancer registry without interrupting

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[1] "Meaningful Use of Electronic Health Records," Centers for Disease Control and Prevention, accessed April 21, 2016, http://www.cdc.gov/cancer/npcr/meaningful_use.htm

normal workflow. Ambulatory and eligible professionals within physician offices may obtain Meaningful Use credit.[2] [3]

Overview

This overview goes into more details about the use case.

As healthcare providers continue to adopt modern electronic health record (EHR) technology, they are becoming better-equipped to automatically report cancer results to a state registry. Certified EHR technology (CEHRT) helps identify reportable cancer cases and treatments for healthcare providers and facilitates electronic reporting (either automatically or upon provider verification).

It is mandatory in Michigan to report cancer notifications electronically to the state cancer registry. Under the Michigan Cancer Surveillance Program, facilities that diagnose or treat a cancer patient are required to report results to the cancer registry. All hospitals, clinical laboratories, physician offices, dentists and other healthcare providers who have knowledge of a case of cancer must report the case.

Ambulatory care and eligible professionals that send cancer data electronically meet Meaningful Use requirements for Cancer Case Reporting by communicating with a public health agency on a transactional basis.

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[2] "Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017," Federal Register, accessed January 20, 2017, https://www.federalregister.gov/documents/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications

[3] Federal Register, *2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications; Final Rule,* (Washington, D.C.: Department of Health and Human Services, 2015), accessed January 20, 2017, https://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25597.pdf

Diagram

This diagram shows the information flow for this use case scenario.
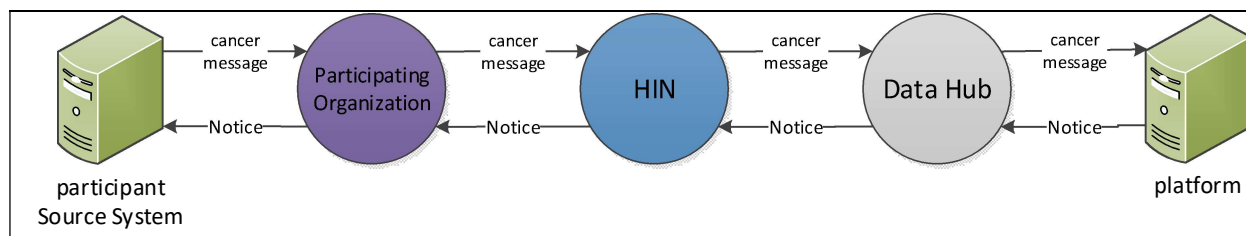
Figure 1. Path of Cancer Notifications

Regulation

This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:

☒ Yes

☐ No

☐ Unknown

Michigan Act 82 of 1984:
- ■ The Michigan Department of Health and Human Services (MDHHS) established the Michigan Cancer Surveillance Program (the cancer registry).[4]

Meaningful Use:

☒ Yes

☐ No

☐ Unknown

- ■ Public Law 111-5; Section 4104 (Meaningful Use): https://www.gpo.gov/fdsys/pkg/PLAW-111publ5/pdf/PLAW-111publ5.pdf
- ■ Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017:

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[4] "2016 Cancer Program Manual," Michigan Cancer Surveillance Program, accessed April 21, 2016, http://www.michigan.gov/documents/mdhhs/MCSP_Cancer_Program_Manual_2016_Upd160209_514005_7.pdf

https://www.federalregister.gov/documents/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications

- ONC Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for EHR Technology, 2015 Edition: https://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25597.pdf

Ambulatory care and eligible professionals that send cancer data electronically meet Meaningful Use requirements for Cancer Case Reporting by communicating with a public health agency on a transactional basis.

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this use case scenario.

Costs

This use case includes the following cost components:

- Development of certified EHRs to identify message content and send standard message types
- Participant development and implementation to onboard for this use case
- Implementation and integration for healthcare providers (physicians, clinical laboratories, hospitals, dentists, others)
- Development, testing, and onboarding costs for the HIN, Data Hub, and state registry

Revenue

There are no fees or revenue associated with this use case.

"Revenue" for this use case will primarily consist of cost savings from process efficiencies. Overall, it is anticipated there will be cost savings equivalent to time saved for healthcare providers by not communicating cancer notifications manually to local health authorities.

Additional potential cost savings include:

- Reducing time spent manually identifying and reporting required information to the state cancer registry
- Assisting eligible professionals in receiving Medicare and Medicaid incentive funds through successful, accurate ongoing submission of cancer data to the cancer registry using certified EHR technology
- Complying with regulatory reporting fulfills Meaningful Use requirements

Implementation Challenges

This section describes the challenges that may be faced to implement this use case scenario.

Participation in the Cancer Notifications use case scenario may require organizations to implement new software. Facilities with 50 or more annual cases are strongly encouraged to send electronic data generated by abstracting software. These facilities are no longer permitted to send cases on paper-based cancer abstract report forms.

As of 2016, the Michigan Cancer Surveillance Program (MCSP) requires all facilities sending electronic cancer data to use "Web Plus" as their web-based application when reporting to the cancer registry. When this Cancer Notification use case is in full production, the Web Plus method for sending notifications will be phased out.

Facilities sending cancer cases electronically must send their data in the North American Association of Central Cancer Registries (NAACCR) format version stipulated by the state central registry.[5] For this use case ambulatory care and eligible professionals must send data according to the standard stated in the ONC Certification Final Rule laid out here: https://www.federalregister.gov/documents/2016/10/19/2016-24908/onc-health-it-certification-program-enhanced-oversight-and-accountability

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this use case.

This use case scenario utilizes a slightly modified implementation of the CDC's National Program of Cancer Registries Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries (available at the following link: http://www.cdc.gov/cancer/npcr/meaningful_use.htm). This pertains to Meaningful Use Stage 2 and helps enhance the registry to receive reporting from EHRs.

The Michigan Cancer Surveillance Program Supplemental Guidance for the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, HL7 Clinical Document Architecture (CDA) is available at the following link: https://michiganhealthit.org/wp-content/uploads/MCSP_CDA_Supplement.pdf

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[5] "Michigan Cancer Surveillance Program," Michigan Department of Health and Human Services, accessed June 28, 2015, http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5221-16586--,00.html.

For laboratories to send cancer notifications, this use case will utilize a modified implementation of the NAACCR Pathology Laboratory Electronic Reporting Implementation Guidelines, available at the following link:
http://www.naaccr.org/StandardsandRegistryOperations/VolumeV.aspx

Support Information

This section provides known information on this support for this use case scenario.

Support can come from multiple levels (Governor, Federal or State Legislature, Michigan HIT Commission, Michigan State Departments, CMS/ONC/CDC, MiHIN Board, Participating Organizations, payer community, interest groups [e.g. MSMS, MHA], or citizen support).

Political Support:
☐ Governor
☐ Michigan Legislature
☒ Health Information Technology Commission
☒ Michigan Department of Health and Human Services or other State of Michigan department
☐ CMS/ONC
☐ CDC
☒ MiHIN Board

Concerns/Oppositions:
None have been identified at present.

Sponsor(s) of Use Case

This section lists the sponsor(s) of the use case.

■ Michigan Department of Health and Human Services

Metrics of Use Case

The key metrics for this use case include:

- Number of organizations participating in this use case scenario
- Percentage of organizations and facilities sending cancer notifications via this use case scenario, as compared to all organizations sending notifications to the cancer registry
- Number of messages received from organizations for this use case scenario
- Percentage of overall cancer notifications via this use case scenario, as compared to all notifications received by the cancer registry

Other Information

Electronic data submissions are required on a monthly basis and are to be received by the cancer registry on or before the first working day of each month. All reportable cases must be sent to the cancer registry within 180 days from the initial diagnosis.

The cancer registry annually releases a statistical report, Cancer Incidence and Mortality. This report is available on the web at MDHHS - Cancer Statistics: (http://www.michigan.gov/mdch/0,4612,7-132-2944_5323---,00.html).