



CALIFORNIA MEANINGFUL USE UPDATE



Ayse Turkseven, MA, CTR

Business Analyst IV, Production Automation & Quality Control
 California Cancer Reporting and Epidemiologic Surveillance (CalCARES) Program*
 Institute for Population Health Improvement, UC Davis Health System

BACKGROUND

The California Cancer Registry (CCR) has been accepting and processing Meaningful Use (MU) records from private physician offices for 1 year.

This data is intended to:

- Improve timely reporting of cancer incidence
- Provide quality data
- Be a safe and efficient system reporting system
- Reduce health disparities

This process has utilized the time and expertise of key people in the CCR:

Project Sponsors	Administrative Support
Project Manager	Center for Disease Control (CDC)
Date Quality Manager	Vendor contact
Date Quality Lead	Reporting team member
Application Developer	Technical Writer
Marketing Lead	Date quality team member
IT support	Programming team member



OBJECTIVE

CalCARES has implemented automated logic that individually run throughout the different processing levels in Eureka:

- Facilitate and encourage private physician office reporting
- To communicate with physician offices and vendors to ensure safe and efficient transfer of data
- Provide feedback to physicians on how they can improve reporting
- Provide meaningful data for cancer researchers
- Provide meaningful reports for physicians
- Provide a means for providers to report directly to the CCR electronically

METHODOLOGY

Case Submission

Physicians register at the California Department of Public Health, Health Information Gateway and enroll in cancer data reporting. The physician office picks one of three options for submitting data via an HL7 CDA.XML file:

1. HTTPS Web Portal
2. Secure File Transfer Protocol
3. Public Health Information Network Messaging (PHINMS)

Users can begin ongoing data submission in compliance with MU2 for Cancer Reporting once they are approved for data submission to the production environment.

Ascertainment of Data Quality

The CCR Quality Control team and Cancer Research selected 24 required data items that MU test messages must possess before they are incorporated into the CCR database (see table below for additional details).

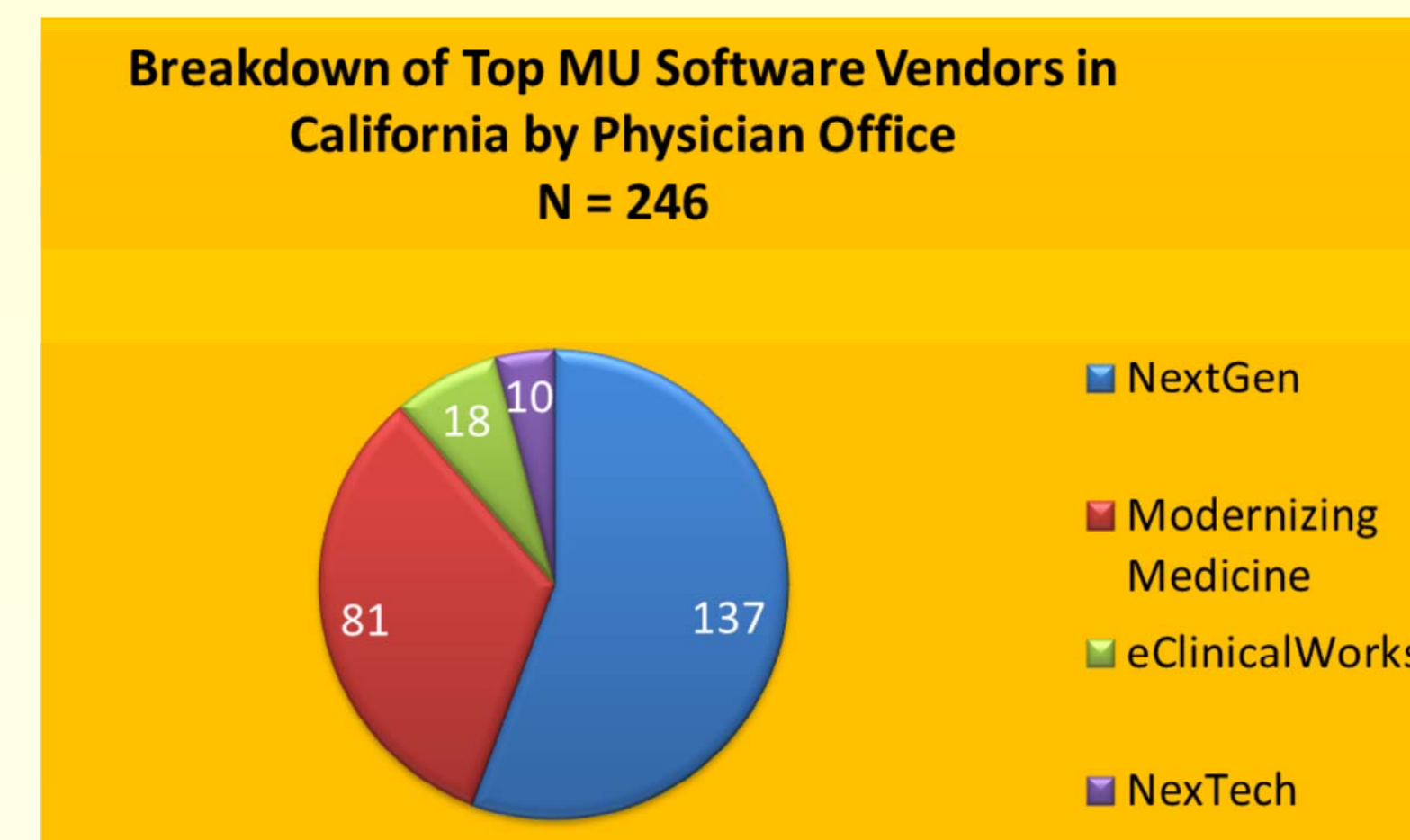
Patient First Name	Patient Street Address	Race	Physician Street Address	Primary Site
Patient Last Name	Patient City	Spanish/Hispanic Origin	Physician City	Date of Diagnosis
Date of Birth	Patient State	Physician First Name	Physician State	Histology
Gender	Patient Zip Code	Physician Last Name	Physician Zip Code	Behavior
	Medical Record Number	Author NPI - Physician ID	Physician Email	Laterality

Test messages are submitted by a physician and are processed through the CDC validator. Once 5 test messages pass CDC validation, a CTR reviews the messages and determines if they pass or fail data quality. The Project Manager is notified of the data quality review results and informs the physician if they passed or failed data quality review. Details are provided to physicians for failed test messages. If the physician passes data quality review, they are advised that they may submit to Production.

OVERALL RESULTS

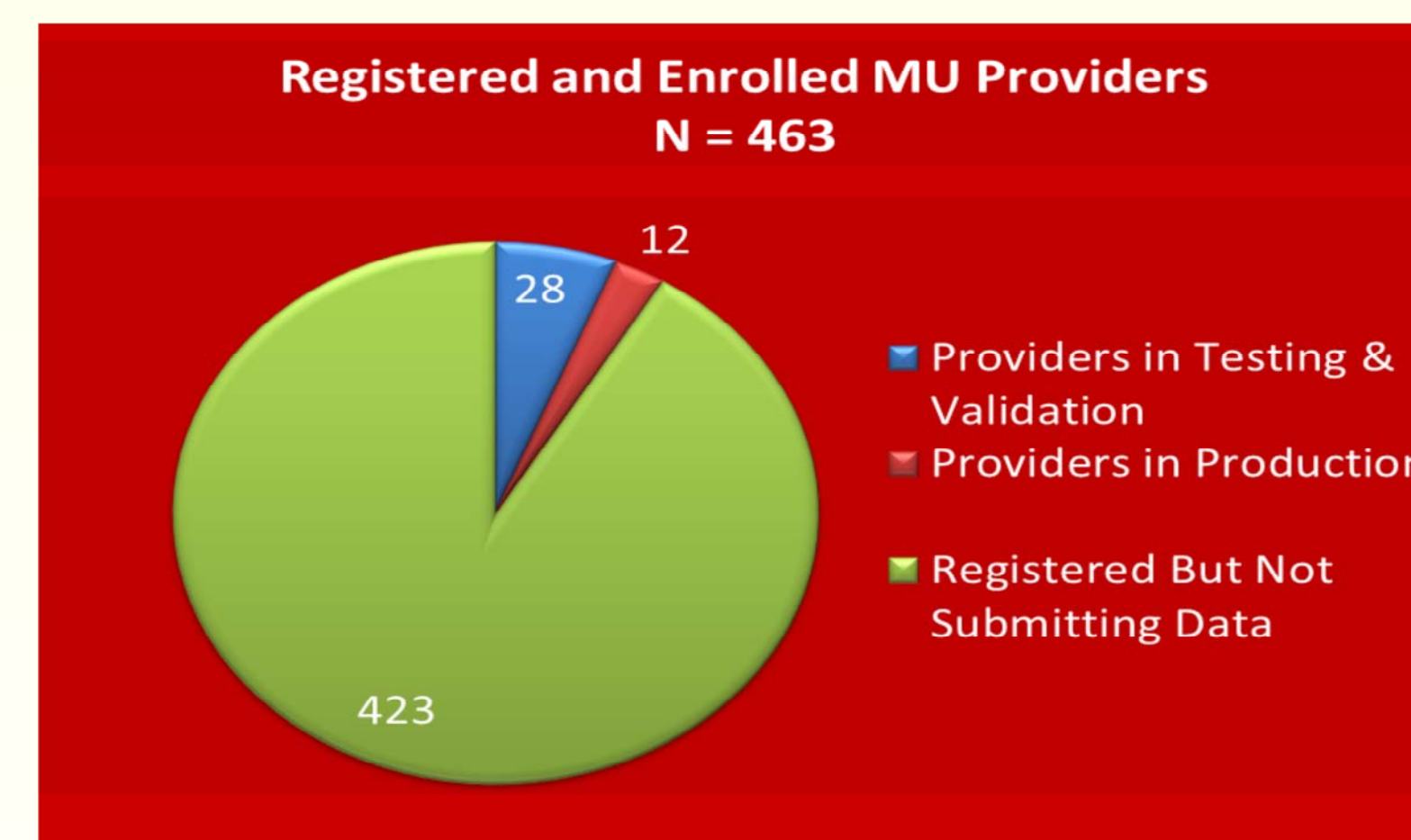
File transfer was challenging due to the following issues:

- Duplicate registration issues. Providers have been able to register multiple times on the CDPH HIE Gateway with the same organization name. Clearing up duplicates is time consuming and requires communicating with the physician offices
- Physicians use a variety of software Vendors. There are over 42 Software Vendors currently used by physician offices in California and most of them are not CDC MU certified. Also, many files are sent to the CCR that are not in the valid HL7 CDA.XML format.
- Physicians use a variety of software Vendors. There are over 42 Software Vendors currently used by physician offices in California and most of them are not CDC MU certified. Also, many files are sent to the CCR that are not in the valid HL7 CDA.XML format.
- 246 physician offices use the following top 4 Vendors:
 - ◊ NextGen (137)
 - ◊ Modernizing Medicine (81)
 - ◊ eClinical Works (18)
 - ◊ NexTech (10)
- Physicians often send in 2 duplicate reports for the same patient. The CCR must then decide which submission to use



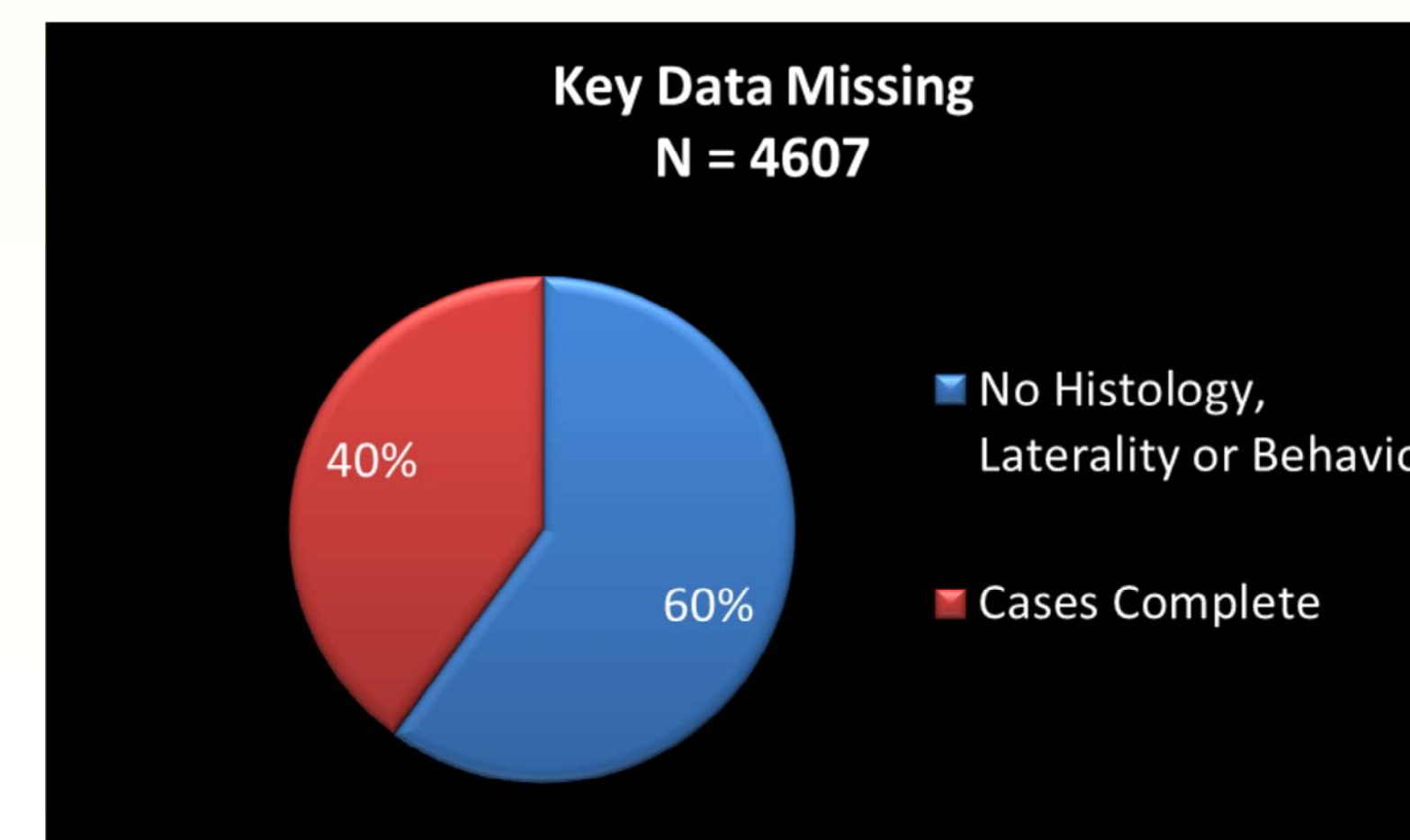
Communication was challenging

- CCR staff spent time and resources doing outreach at medical conferences
- CCR receives approximately 250-300 emails per month from providers and many physicians want same day feedback
- Some physician offices contacted a variety of State departments in error



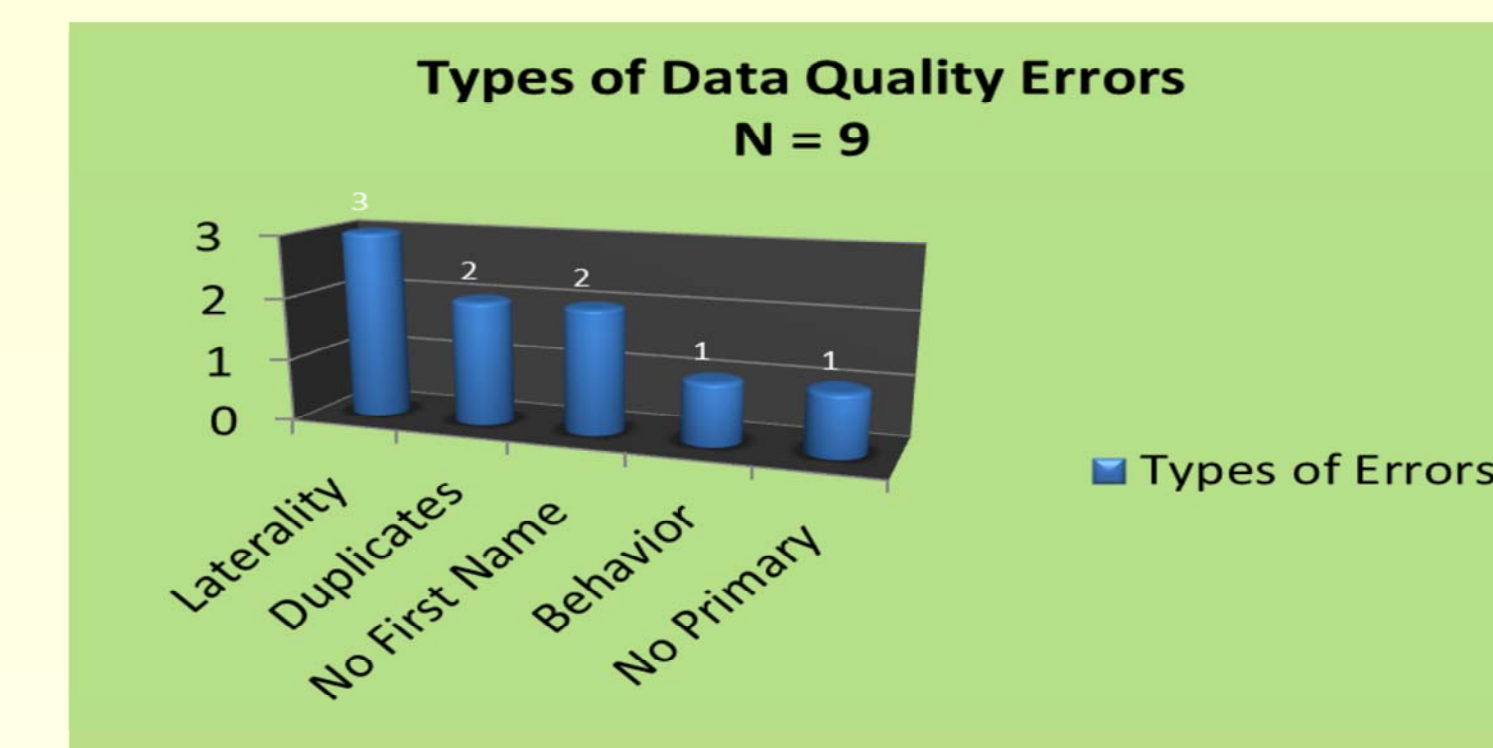
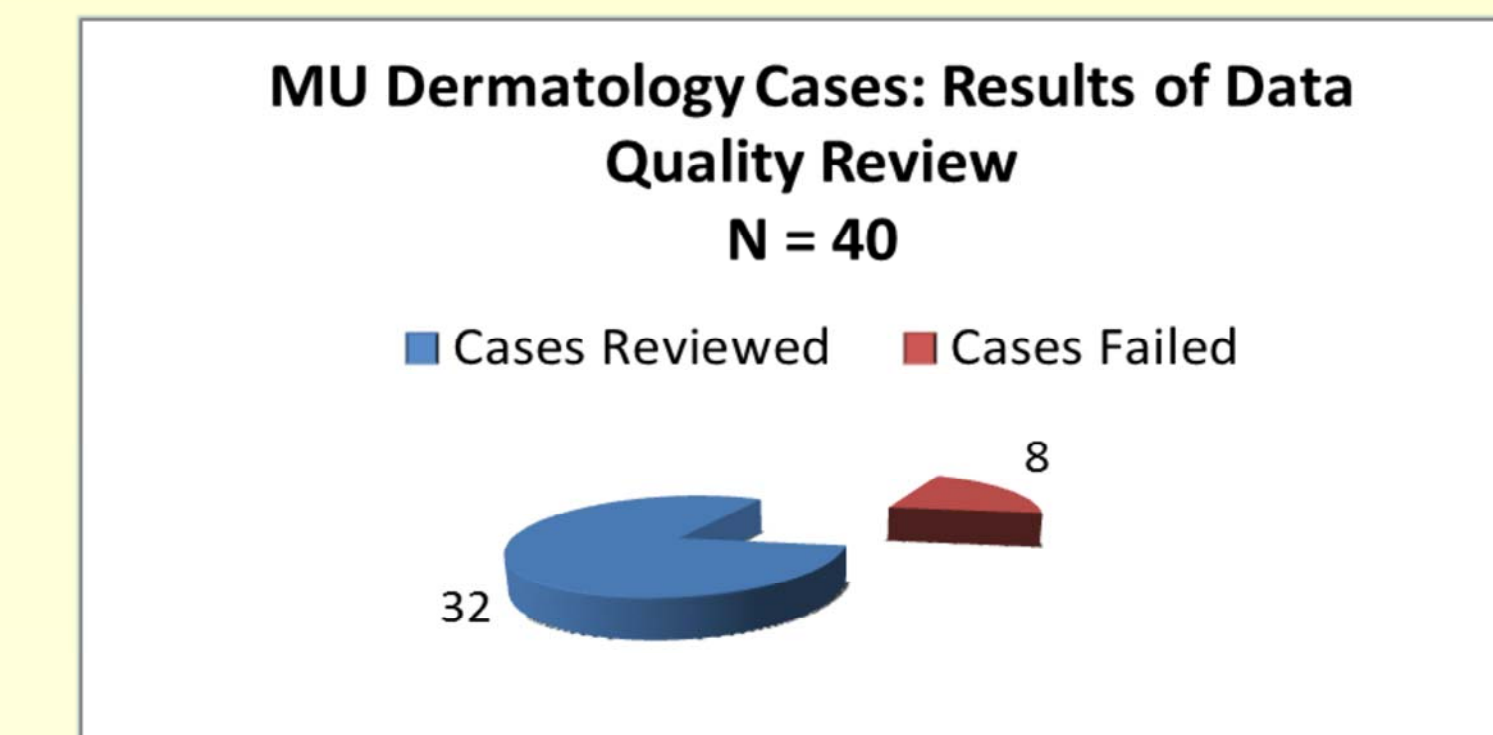
Data Quality

- 60% of cases that passed the CDC validator lacked Histology, Laterality and Behavior



- 40 dermatology cases were reviewed for data quality. 32 cases (or 80%) passed CTR review
- Data items counted as errors include:

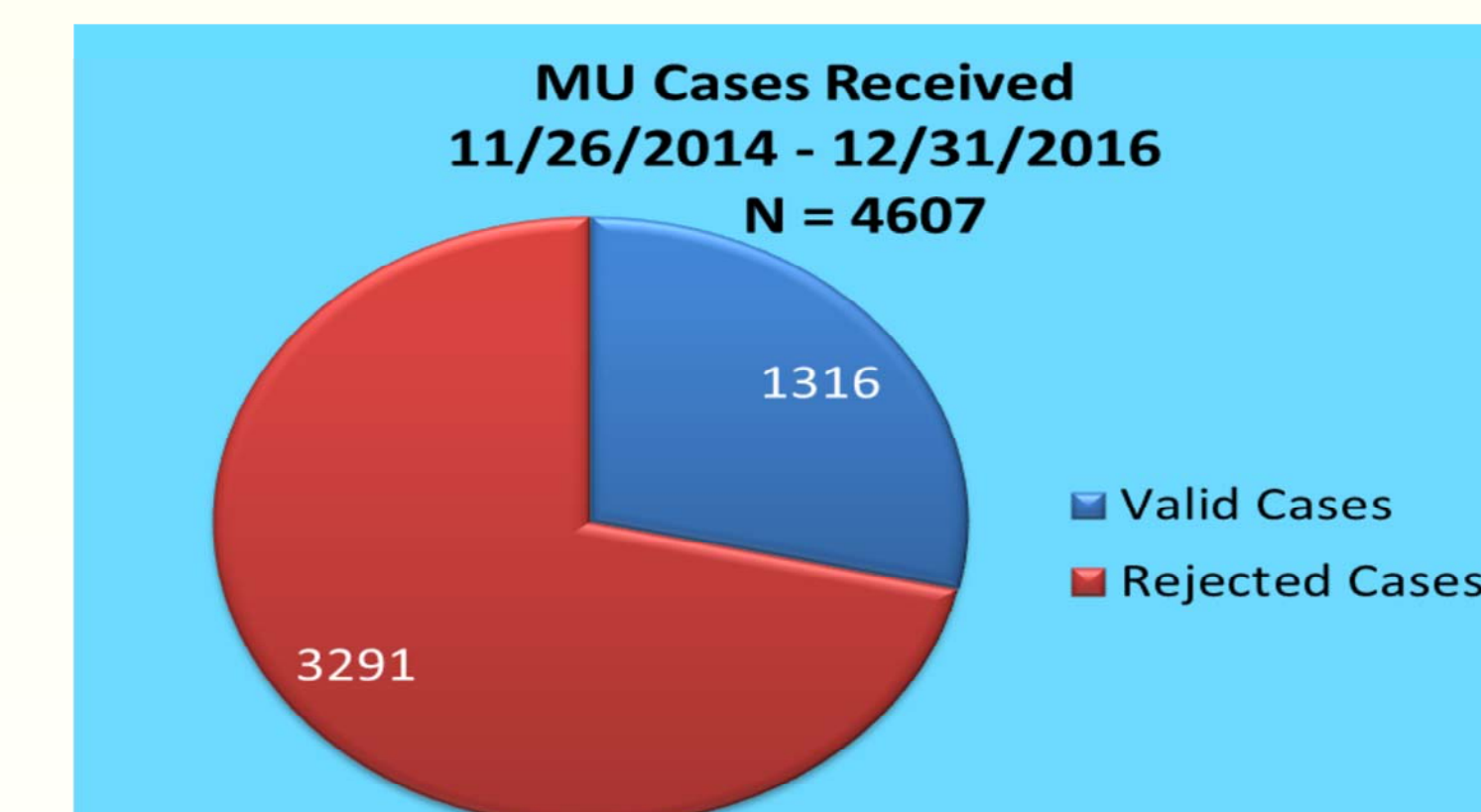
- ◊ Duplicate cases
- ◊ No patient first name
- ◊ Primary site not documented
- ◊ Behavior not documented
- ◊ Laterality not documented



CONCLUSION

Although the CCR met with numerous challenges in obtaining cancer information through Meaningful Use incentives, the process has become streamlined with process improvement recommendations identified. Physicians are interested in reporting their cases to the California Cancer Registry. Approximately 4,607 files have been sent to the CCR since 2014. Although many of the cases had errors due to incorrect file format, the CCR is working to resolve future format issues by reaching out to software vendors. At present, MU cases are not included in the Cancer Registry database but reside on their own server.

- Future efforts will be directed towards incorporating MU cases into the CCR database. Additionally, as existing issues are resolved, the eventual plan is to provide an opportunity for registered physicians to opt to report their cases solely through a MU case report option.



- To increase participation in MU and improve the accuracy of MU data, the following recommendations are under consideration:
 - ◊ Create a marketing plan for better communication
 - ◊ Request that MU software Vendors provide programming specifications for mapping text to codes that have been developed for the CCR Web Portal
 - ◊ Contact the Vendor for cases failing data quality review to determine if there is a default setting which could be adjusted. If the Vendor confirms that the software is functioning properly, than follow-up with the provider to eliminate future issues
 - ◊ Continue to review data quality
 - ◊ Provide value to physicians through the use of California Cancer Registry reports

*The CalCARES Program partners with the California Department of Public Health (CDPH) to manage the operations of the state mandated California Cancer Registry program