

Try and Try Again: Early Experience with Meaningful Use Registration and Reporting in Utah



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INTRODUCTION

The Utah Cancer Registry (UCR) promotes public health in Utah by maintaining cancer data. Providing this data makes the monitoring of trends in incidence and mortality, as well as the evaluation of prevention and control measures, possible. High quality surveillance data is vital for understanding progress in cancer control.

The Centers for Medicare and Medicaid Services (CMS) Electronic Health Record Incentive Program, also known as Meaningful Use (MU), encourages health care providers to use electronic medical records and to electronically report to public health entities. UCR declared readiness to receive MU cancer reports from eligible providers in 2015.

We describe UCR's experience assisting providers with the MU process for cancer reporting. The steps of the process include: 1. providers register their intent, 2. providers submit additional information regarding readiness to onboard, 3. UCR invites them to onboard, 4. UCR and providers work together on testing and validation of submissions, and 5. providers submit production data.

Providers register their intent to submit cancer data on the Utah Department of Health (UDOH) website, which notifies UCR of the registration.

UCR then adds the registration to a tracking database, maintains communication until the provider group either becomes inactive or reaches production, and tracks all contacts with the providers during the onboarding process.

UCR undertakes on-going monitoring and develops descriptive statistics regarding the process.

METHODS

We tracked contacts from each provider group starting with registering intent. We noted the date that the provider group completed each step of the process and calculated days to complete. Provider groups were categorized according to the number of providers.

ACKNOWLEDGEMENT: Research was supported by the Utah Cancer Registry, which is funded by Contract No. HHSN2612013000171 from the National Cancer Institute's SEER Program with additional support from the Utah Department of Health, the University of Utah, and Huntsman Cancer Institute.

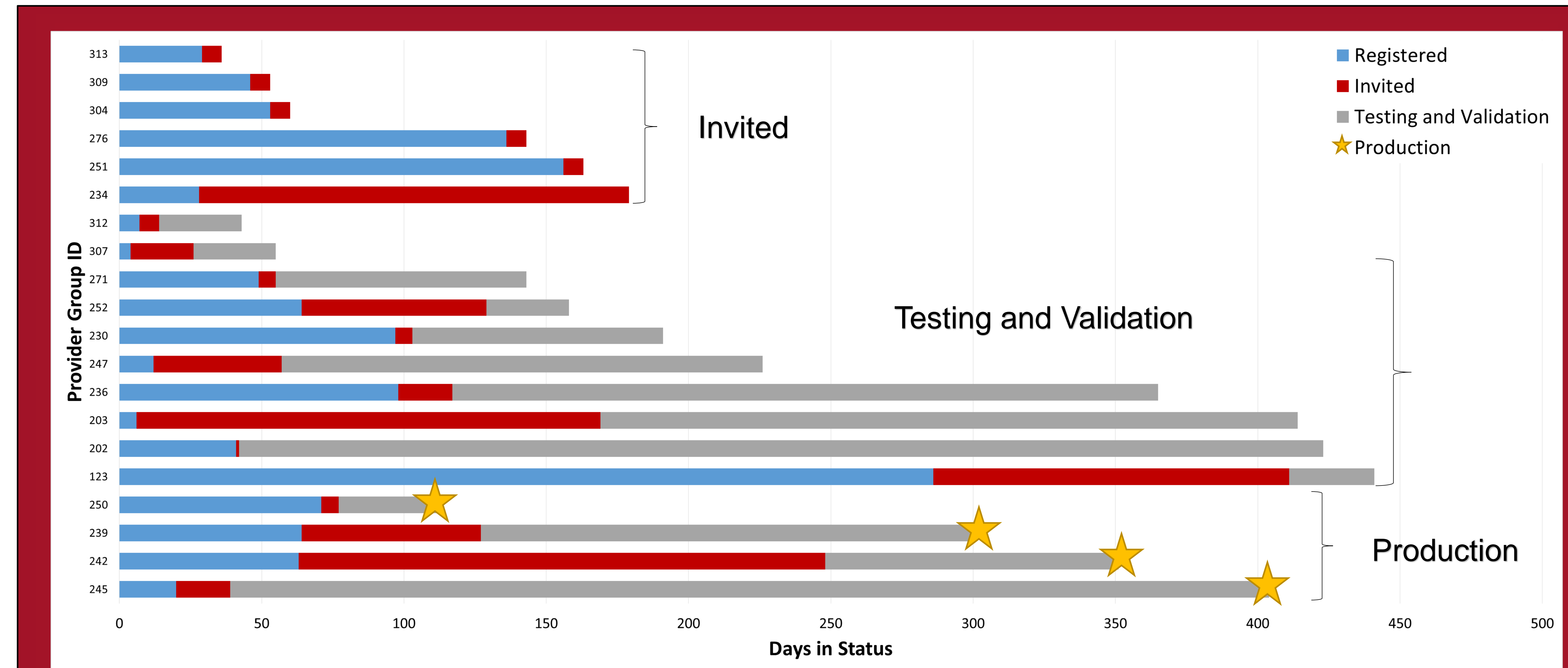


Figure 1: Providers Groups Registering Intent to Report to UCR under MU and Invited to Onboard: Days in Status for Each Step of MU Onboarding Process

Current Status of Provider Groups Registering Intent to Submit Cancer Data to UCR for Meaningful Use by Number of Providers

	Large*	Medium*	Small*	Total
Total	4	30	47	81
Invited				
UCR Waiting for Provider Group Action	1	4	1	6
Testing				
UCR Waiting for Valid Test File	1	2	3	6
UCR Waiting for Real Data to Validate	0	1	3	4
Production				
UCR Receiving Regular Data from Provider Group	0	1	3	4
Registered				
UCR Waiting for Provider Group Action	1	3	2	6
Provider Group Not Prioritized [†]	0	9	16	25
Inactive				
Provider Group EHR Not Certified [†]	0	5	1	6
Provider Group Stopped Responding to UCR	1	3	11	15
Provider Group Decided not to Attest to Cancer Registry Reporting	0	2	7	9

* Provider Group size is determined by the number of providers; Large > 50, Medium 2 - 49, Small = 1

[†] EHR not listed on the Office of the National Coordinator for Health IT site as certified for cancer registry reporting

Table 1

RESULTS

- 81 provider groups have registered intent to report to UCR.
 - 4 hospitals or groups (> 50 individual providers),
 - 30 medium groups (2 - 50)
 - 47 sole provider clinics.
- These provider groups have 29 different electronic health record (EHR) vendors.
- Moving from registration to providing data is a multistep process (Table 1).
- Obstacles to completing the process of submitting data include
 - Non-certified EHR
 - Failure to Respond
 - Decided not to Attest
- 8 provider groups have successfully submitted a Health Level 7 Clinical Document Architecture (HL7-CDA) file that has passed National Institute of Standards and Technology validation
- 4 provider groups are currently in production, i.e. submitting real patient data.
- It has taken a median 325 days for the 4 provider groups to reach production status. (Figure 1)

DISCUSSION

- Providers in Utah are interested in participating in cancer reporting through MU.
- Many EHR vendors were not prepared for MU cancer reporting, which was originally announced for MU Stage 3 but CMS moved cancer reporting to Stage 2.
- Providing a test file resulting in successful validation is a significant hurdle and source of delay for participation.
- The majority of provider groups that became inactive stopped responding to requests from UCR so it is unclear if their EHR was not certified or if they decided not to attest to cancer registry reporting
- UCR is working to identify other barriers to successful testing and validation processes.



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