**A note to Central Cancer Registries regarding the attached guidance document**

The attached is intended to be a template for state cancer registries to use to prepare a guidance document for Eligible Providers (EPs) about the Meaningful Use (MU) Stage 2 cancer reporting objective. Additional recipients of this guidance document may be other stakeholders such as Regional Extension Centers (RECs), Health Information Exchanges (HIEs), EHR vendors, and hospitals, all of whom may provide support, training, and other assistance to EPs.

The document is written generically; the cancer registry and state names will need to be inserted within the various brackets and the cover sheet will need to be removed. Individual states may modify this to meet their needs, using this document as is, or using selected sentences/topics of this document. For example, states should review and modify the “Testing and On-Boarding Prioritization” section as needed to reflect state-specific prioritization processes. And states may decide not to include information about transport methods or move the information to a separate document.

This document was prepared by the NAACCR Physician Reporting Workgroup. Please contact Lindsay Ryan (viu3@cdc.gov) with questions.

**Guidance for Eligible Professionals Participating in the Meaningful Use Stage 2 Cancer Reporting Objective**

**About the [Cancer Registry Name]**

The [Cancer Registry Name] collects information about cancer cases diagnosed and/or treated in [State] as mandated by [State] Public Health Law. Historically, cancer cases have been reported by hospitals. Increasingly, patients diagnosed with cancer are being treated by ambulatory care providers in the outpatient setting. The Meaningful Use Stage 2 (MU2) cancer case reporting objective provides a mechanism for these providers to electronically report their cancer cases. Public health cancer registry surveillance data are used for describing the occurrence of cancer in a given population, assessing cancer mortality and patient survival, development of comprehensive cancer control programs, healthcare planning and interventions, and research.

**Diagnosis or Direct Treatment of Cancer**

The cancer case reporting objective is intended only for Eligible Professionals (EPs) who diagnose and/or directly treat cancer. The cancer case reporting objective is not a menu option for Eligible Hospitals. EPs must diagnose or treat cancer in order to select the cancer reporting objective. A **diagnosing physician** is one who definitively diagnoses cancer. If physician A refers a patient to physician B for further work-up and confirmation, the [Cancer Registry Name] would not consider physician A as the diagnosing physician. The [Cancer Registry Name] considers a **physician who directly treats cancer** as one who performs/administers treatment modalities (i.e., surgery, radiation, chemotherapy, immunotherapy, and hormonal therapy) directed at the cancer. Additionally, a treating physician could be one who decides (with the patient) that there will be no treatment given/received. Physicians who do not diagnose or directly treat cancer should select other menu objectives and may claim an exclusion for the cancer reporting objective.

**Cancer Case Report Creation and Transmission**

To submit cancer cases for MU2, your EHR must have the technology that has been certified by an Office of the National Coordinator for Health Information Technology (ONC) - Authorized Testing and Certification Body to create and transmit case reports in accordance with the [*Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries (August 2012)*](http://www.cdc.gov/ehrmeaningfuluse/cancer.html). To determine if your software is certified for the cancer reporting ((*§170.314(f)(5) Cancer Case Information and §170.314(f)(6) Transmission to Cancer Registries)*, visit the [Certified Health IT Product List](http://oncchpl.force.com/ehrcert/CHPLHome) (http://oncchpl.force.com/ehrcert/CHPLHome). Clicking on the “2014 Edition” button will open a page which provides various search options. Click on the “Criteria Met” search button, scroll down and check the boxes in front of (f)(5) Cancer Case Information” and (f)(6) Transmission to Cancer Registries), and then click the “Search Matching Products” button. A list of all ONC Certified products for Cancer Reporting will be displayed.

The state requires [method of transport(s)] to be used for submitting the cancer reports to the central cancer registry. [State provides link if applicable to other transport information/instructions if they exist. If an HIE is involved for transport (for some or all EPs), provide relevant info/links here]. Please consult with your EHR vendor for assistance with transport if needed.

**What type of information is included in a cancer case report to the [Cancer Registry Name]?**

The information usually collected for cancer registry reporting is quite extensive. Information collected for a cancer case report includes but is not limited to the data elements in the table below. **Ideally, all this information about your cancer patient will be collected or contained in your Electronic Health Record (EHR) to create and transmit a cancer case report.** The cancer case information is captured as part of provider workflow processes and submitted as part of the cancer case report. Although the data elements in the table below are necessary for a complete cancer case report, [Cancer Registry Name] expects report submission even for cases where some data elements are not available. The cancer registry will work with EPs during the onboarding process to identify data availability, key data elements, and other issues.

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| **Data Element** | **Importance to Public Health Cancer Surveillance** |
| **Patient Information*** Last Name, First Name, Middle Initial
* Date of Birth
* Address, City, State, Zip Code
* Address History
* Social Security Number
* Sex/Gender
* Race, Ethnicity
* Occupation, Industry
 | Detailed patient information is necessary for consolidation of multiple case reports received from multiple sources for the same person over time. Much is also needed to produce information about cancer incidence and mortality by age, gender, race, ethnicity, geographic region. These data elements are generally collected and maintained in EHRs as part of workflow processes and are used for patient identification for sharing data through health information exchanges.  |
| **Provider/Organization Information*** Physician and Organization Name, NPI, Address, Phone #, Specialty
* Provider referred from/to
* Patient’s Medical Record #
 | Information about physicians that participate in the care of the patient, at any time from diagnosis through treatment, allows registries to obtain more complete cancer reports. |
| **Cancer/Tumor Information*** Primary Site
* Histology
* Diagnosis Date
* Behavior
* Laterality
* Method of Diagnostic Confirmation
* Clinical TNM Stage
 | Detailed tumor information is necessary for consolidation of multiple case reports from multiple sources for the same tumor received over time. Much of this information is very specific and related to the cancer at the time of diagnosis, and is generally found within a pathology report. |
| **Treatment Information*** Procedures
* Medications, Medications Administered
 | Collection of information related to cancer-directed treatment is necessary for assessing cancer treatments and outcomes and access to care. This information is captured as part of the practice workflow processes and submitted as part of the cancer case report. |

Testing and On-Boarding Prioritization

Among those Eligible Professionals (EPs) who register the intent to submit cancer data, the [Cancer Registry Name] will necessarily prioritize for testing and on-boarding based on criteria including, but not limited to, provider specialty. Specialties such as dermatology, urology, hematology, medical oncology, and gastroenterology, where cancer diagnosis and/or treatment frequently occur in the outpatient setting, are among those that will be given high priority for testing and on-boarding. Other EPs will be placed in a queue to await invitation from the cancer registry. EPs who have an existing organizational relationship with a hospital, radiation treatment center, or ambulatory surgery center that already reports to the [Cancer Registry Name] will be given lower priority and their MU reporting is not intended to replace already existing facility reporting. **The established cancer reporting is expected to continue uninterrupted**, whether or not the EP registered for MU2 or participated in the on-boarding process. [Cancer Registry should replace this paragraph with whatever priority decisions are relevant to their needs].

Questions

For questions about the [Cancer Registry Name] or cancer reporting, please email [insert email address]. The [Cancer Registry Name] can provide information specific to cancer reporting but cannot provide information or advice about the Centers for Medicare & Medicaid Services’s (CMS) MU2 attestation process. For questions about the registration process, please contact [Insert contact information]. For more information about the CMS MU program, please see [CMS EHR Incentive Programs](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html) at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>.