Submitting Meaningful Use 2 Cancer Data

EXTERNAL User Guide

Cancer Reporting in California

Final v. 1.5 | September 15, 2016

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Meaningful Use 2 & 3 (MU2/3)

Introduction

The California Department of Public Health (CDPH) is coordinating all reporting for MU for California. For more information on the CDPH HIE Gateway, please go to http://hie.cdph.ca.gov

Requirements

To participate in MU2/3 for Cancer Reporting, Physician Offices (PO) must have successfully participated in MU1, cancer data must meet the HL7 Clinical Document Architecture (CDA) 2.0 standard, and messages must conform to the CDA implementation specifications found in the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries. In addition, the technology used by the PO to generate the HL7 CDA .XML message has to be a federally certified Edition EHR technology.

Submitting MU2/3 Cancer Data

In order to submit any MU2/3 cancer data to the California Cancer Registry (CCR), all POs must first Register at HIE Gateway.

Registration at HIE Gateway

Step 1: Create a New Account

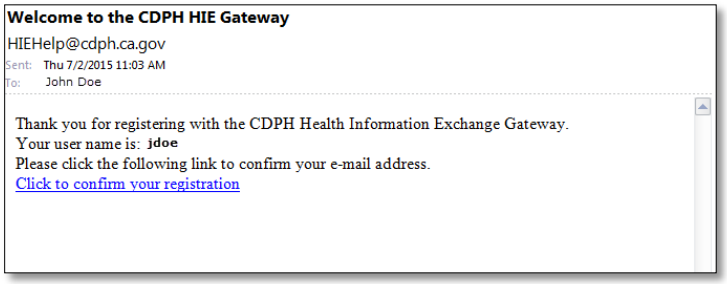
1. Open the following url in your web browser: https://hiegateway.cdph.ca.gov/Account/Register.aspx

2. Follow the on-screen directions to Create a New Account and Click Create Account.

A "Thank you" screen will appear that references the email mentioned below.

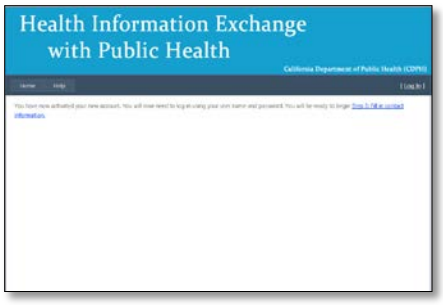
Step 2: Email Confirmation

3. You will receive an email from HIEHelp@cdph.ca.gov, similar to the image shown below, requesting confirmation of your registration.



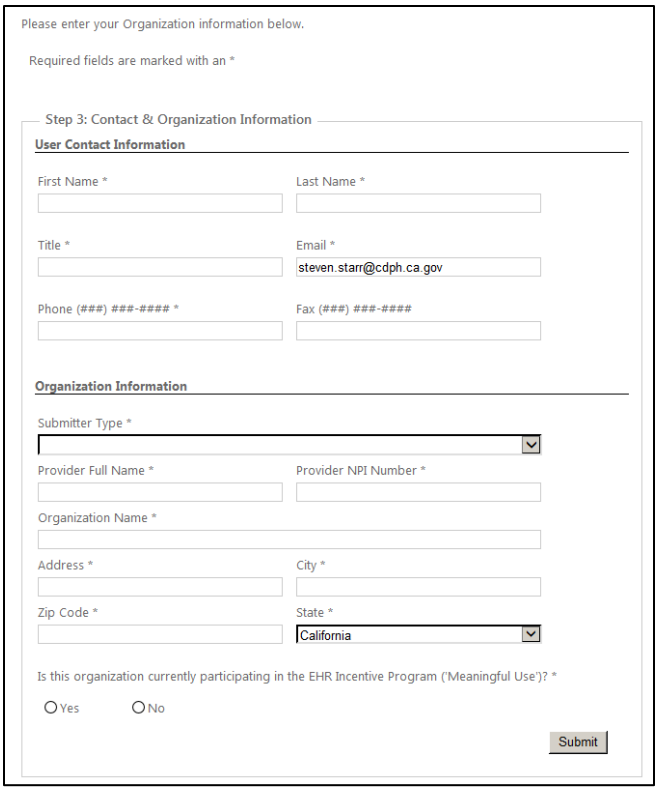
4. Click on the link in the email to confirm your registration.

5. HIE account activation page is displayed…Click on the link provided.



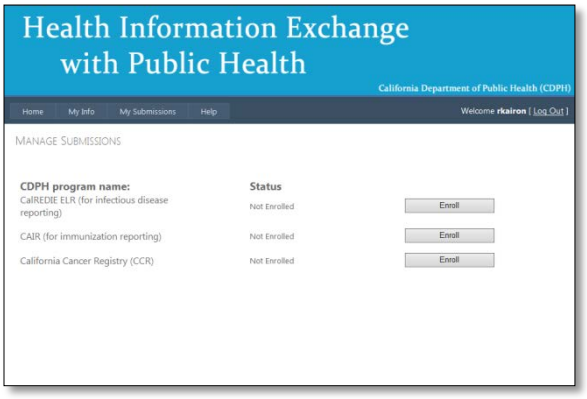
6. You will be redirected to the Log In page.

7. The Step 3 screen is then displayed as shown below:



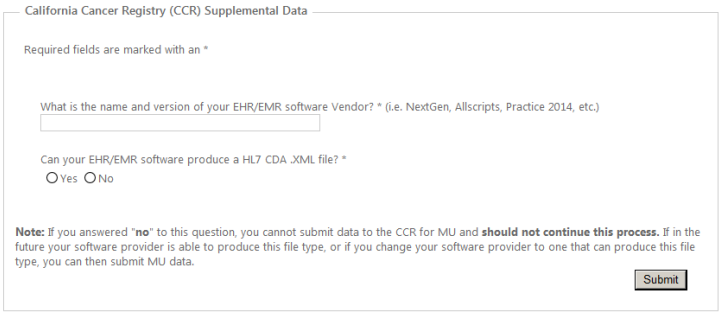
At a minimum, please complete the required fields marked with an asterisk and then Click Submit.

You are then directed to the Manage Submissions page:

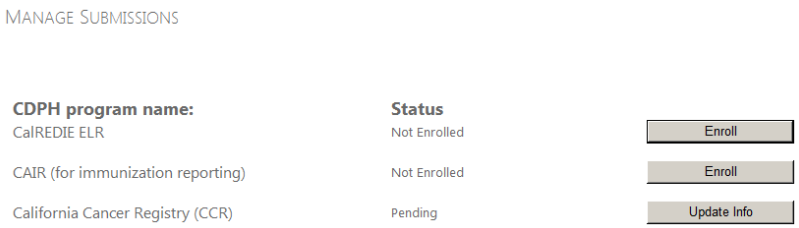


8. On the Manage Submissions screen, Click Enroll for the California Cancer Registry

   You are then directed to the CCR Supplemental Data page…answer the questions and Click Submit.



   The following screen appears:



9. Next, you will receive an email from CDPH HIE Gateway, letting you know that you have successfully enrolled with CCR and providing you directions and options for transmitting your data.

Dear Cancer Registry Submitter **"X", Site ID: 8828**

Thank you for enrolling in Meaningful Use 2 - Cancer Data Reporting with the CDPH California Cancer Registry (CCR) Program.

Now that you are Registered and Enrolled, **your next step is to pick one of three options to transmit data:**

1. Hypertext Transfer Protocol Secure **(HTTPS)**: Go to https://transfer.ccr.ca.gov/ and follow the directions provided. (This is the easiest and preferred transmission message.)
2. Secure File Transfer Protocol **(SFTP)**: Click here for instructions.
3. Public Health Information Network Messaging System **(PHINMS)**: Click here for instructions.

At this stage of the process, your MU status is Test and Validation.

If you need assistance or no longer wish to submit cancer data, please email us at MU2CCRHelp@ccr.ca.gov.

Other Resources:

- MU2 Skin Cancer Reporting Requirements

Thank you,

California Department of Public Health
HIE Gateway

Data Submission

Now that you are Registered and Enrolled with the CDPH HIE Gateway, you are ready to make the decision on how you want to submit your MU2/3 cancer data. There are three options available:

Data Transmission Options

- **Web Portal:** File Upload via Hypertext Transfer Protocol Secure (HTTPS) https://transfer.ccr.ca.gov/
- **Secure File Transfer Protocol (SFTP):** File upload via SFTP
- **Public Health Information Network Messaging System (PHINMS):** File upload via PHINMS portal

If you do not know your transport method, please ask your information technology representative or your Electronic Health Record vendor.

Testing/Data Validation

Once enrolled, users can submit Meaningful Use files and enter the data validation phase of the process.

NOTE: The Meaningful Use test files **must contain real patient data**, and at a minimum **5 files must pass** the data validation phase in order to get approved for production submission of MU files.

If issues arise during the validation of the data, staff will communicate with you via email or telephone.

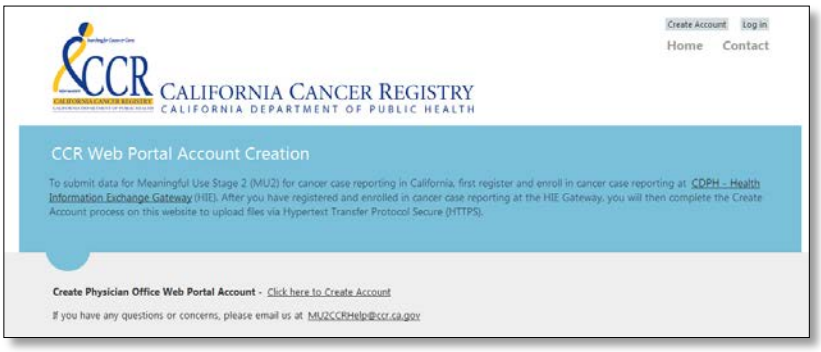
Once it is verified that your data is structurally valid, you will receive an email with instructions for *Ongoing Data Submission*.

Ongoing Data Submission

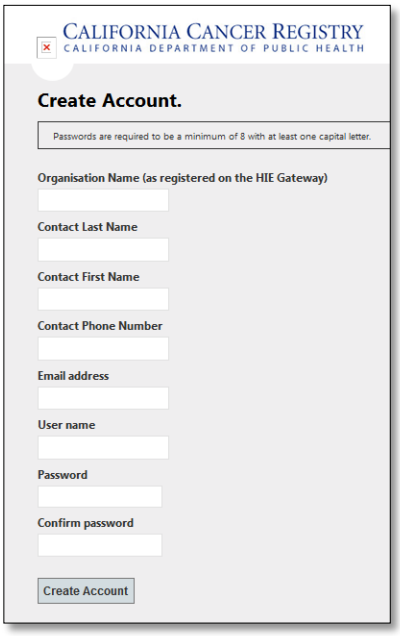
Users can begin ongoing data submission in compliance with MU2 for Cancer Reporting once approved for data submission to the production environment. For questions regarding these processes, please contact our office via email at MU2CCRHelp@ccr.ca.gov

Web Portal Instructions

1. Launch your internet browser and navigate to CCR Web Portal Account Creation web page - https://transfer.ccr.ca.gov/

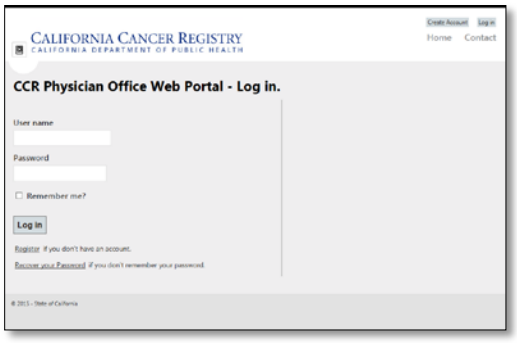


2. Register at the CCR Web Portal by Clicking the Click Here to Create Account link at the bottom of the page.
3. On the Create Account web page, fill in all the fields and then Click Create Account.



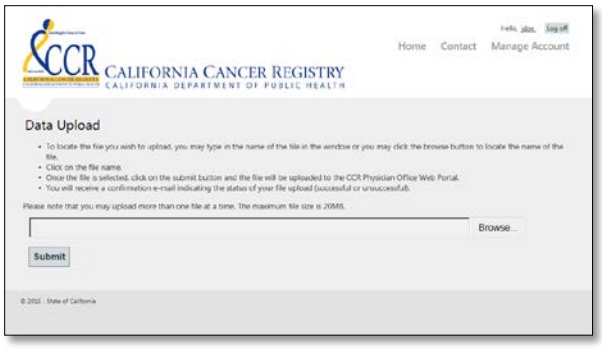
4. You will receive an email confirmation of the account creation as shown below.

5. Log into your account.



6. Once logged-in, you will be redirected to the Data Upload screen.

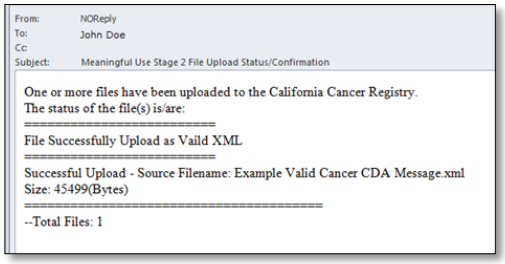
NOTE: Once on Data Upload screen, all users are asked to up load one test file (with real patient data) for validation testing. Once we can validate your first file, you will be asked to upload four additional files (data volume permitting) for us to test. After your five test files all pass CA Validation, you will be moved into Production.



NOTE: For file format follow the specification as detailed in the *Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries HL7 Clinical Document Architecture (CDA*), Release 1.1. Users should Browse for and select the file to be uploaded, and then Click the *Submit* button to complete the file upload.

If the file uploads successfully, a pop-up screen will appears. Click the OK button, and you are redirected to the Data Upload page.

7. An email confirmation is received with file upload status.



Once the first test data file has been uploaded, the PO will be contacted by CCR regarding the next steps in the process. Once approved for production, the PO can continue to use this portal for subsequent data submissions.

For assistance with your account and/or file upload please send an email to: MU2CCRHelp@ccr.ca.gov

Secure File Transmission Protocol (SFTP) Instructions

1. Request access to the Secure File Transfer Protocol (SFTP) service by sending a request to MU2CCRHelp@ccr.ca.gov - with subject of 'SFTP Access' and stating the reason for the access in the body.

2. A User ID and password will be provided by email.

3. Next, using any software that supports SFTP (for example, FileZilla; (http://filezilla-project.org/), configure your ftp connection with the information as provided below:
    a. Host use: sftp://199.47.178.90.
    b. Username and Password use the credentials support assigned to you.
    c. Port '53216'

4. Once connected you will have write access to the MU2 folder on the CCR server and may upload your data per the HL7 CDA requirements.

NOTE: Users will only have write access to the MU2 folder. No other permissions are granted.

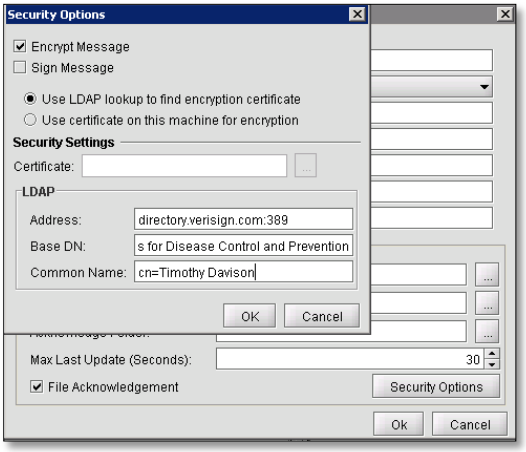
PHINMS Transmission Instructions

1. Use the Public Health Information Network Messaging System (PHINMS) Software Request Form by going to the url: http://www.cdc.gov/phin/tools/phinms/quick-steps.html, and install the application per the directions on the web page.

2. Create the root information for California, using the information supplied below:

State: California	**Protocol**: https
PartyID: 2.16.840.1.114222.4.3.2.2.3.595.1	**Authentication**: <blank>
Path: receiver/receivefile	**Service**: Cancer_MU2
Host: phinms.ccr.ca.gov	**Action**: send
Port: 443	**Encryption CN**: <blank>

Encrypt and send the payload with the following Public Key Information (PKI).



3. Once connected you will have *write* access to the MU2 folder on the CCR server and may upload your data per the HL7 CDA requirements.

FAQs

Meaningful Use 2 Cancer Case Reporting

What is Meaningful Use?	Meaningful use is a set of standards defined by the Centers for Medicare and Medicaid Services (CMS) Incentive programs that govern the use of electronic health records that allow eligible providers and hospitals to earn incentive payments by meeting specific criteria. The goal of meaningful use is to promote the spread of electronic health records to improve health care in the United States. Legislation: The American Recovery Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health Act (HITECH) in the stimulus law were signed on February 17, 2009, by President Obama and provide $19.2 billion in Health Information Technology (HIT) spending. ARRA HITECH legislation provides that eligible professionals and hospitals who demonstrate “meaningful use” of certified electronic health record technology are eligible for incentive payments. The adoption of EHR and HIT in high priority areas such as electronic prescribing, interoperable electronic health records and quality measure reporting can improve patient safety and the quality of healthcare.
What are the benefits of Electronic Health Records (EHR)?	Complete and accurate information: With electronic health records, providers have the information they need to provide the best possible care. Providers will know about their patients and their health history before they walk into the examination room. Better access to information: Electronic health records facilitate greater access to the information providers need to diagnose health problems earlier and improve the health outcomes of their patients. Electronic health records also allow information to be shared more easily among doctors’ offices, hospitals and across health systems, leading to better coordination of care. Patient empowerment: Electronic health records will help empower patients to take a more active role in their health and in the health of their families. Patients can receive electronic copies of their medical records and share their health information securely over the Internet with their families.

How does EHR benefit the cancer registries?

Population-based public health central cancer registries across the United States and most of Canada are mandated to collect complete and timely cancer diagnostic, treatment and outcome data from hospitals, physicians' offices, treatment centers, clinics, laboratories and other sources. Recent shifts in cancer treatment away from hospital settings and towards ambulatory (non-hospital) healthcare settings are increasing the importance of ambulatory healthcare providers' data for cancer surveillance. As ambulatory healthcare providers adopt modern EHR systems, the opportunity to automate cancer registry reporting from ambulatory healthcare provider settings is also increasing and becoming more feasible.

Here are some of the benefits of EHR:

- Improved accuracy and completeness of cancer surveillance data impact all areas of public health interventions.
- Data also provide baseline measures and performance measures for cancer-related interventions designed to reduce cancer incidence or improve early detection.
- Identification of disparities among various population subgroups, in stage at diagnosis or in treatment received, can inform interventions to reduce the cancer morbidity and mortality on disadvantaged populations.

What are the specifications for electronic reporting from ambulatory healthcare providers' EHR systems to public health central cancer registries?

The standard used in electronic reporting from ambulatory healthcare providers' office to central cancer registry is Health Level Seven (HL7) Clinical Document Architecture (CDA). This document is designed to guide EHR vendors and public health central cancer registries in the implementation of standardized electronic reporting.

An implementation guide for ambulatory healthcare provider was developed through a collaborative effort of the Centers for Disease Control and Prevention (CDC), National Cancer Institute (NCI) Surveillance, Epidemiology, and End–Results (SEER) Program, public health central cancer registries, EHR vendors, and the North American

	North American Association of Central Cancer Registries (NAACCR). The implementation guide can be found in the following link: www.cdc.gov/phin/library/guides/Implementation_Guide_for_Ambulatory_Healthcare_Provider_Reporting_to_Central_Cancer_Registries_August_2012.pdf
Will registries need to develop a local specification for the Health Level Seven (HL7) Clinical Document Architecture (CDA) physician reporting document?	State cancer registries do not need to develop local specifications. They should use the standard adopted by the Office of the National Coordinator for Health Information Technology (ONC), the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries [PDF-1.9MB], for eligible professionals (EPs) to report cancer data. If your state has requirements that are not included in this standard, please work with CDC to standardize these elements. Please be aware that EHR vendors will not be required to include these additional data elements. CDC will work with state cancer registries to identify any additional data elements that were not included for MU Stage 2. CDC plans to update the national specification to include consistent data elements in the MU Stage 3 standard.
Is a timing element described in the cancer reporting process as to when data exchange will occur?	The Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries (commonly called the Cancer Implementation Guide) requires a report to be sent every time the EHR identifies an encounter with cancer as the first-listed diagnosis.
What's the difference between a "software vendor", and the "software name and version"?	An example of a software vendor: Microsoft • An example of software name and version: Windows 7, or Internet Explorer 8.0
What are the goals of the meaningful use?	• Improve quality, safety, efficiency and reduce health disparities • Engage patients and families in their health care • Improve care coordination • Improve population and public health • Maintain privacy and security

Where can I find more information on meaningful use?

- Office of the National Coordinator for Health Information Technology (ONC) o www.healthit.gov/policy-researchers-implementers/meaningful-use
- Centers for Disease Control – Meaningful use of Electronic Health Record http://www.cdc.gov/cancer/npcr/meaningful_use.htm
- Center for Medicare and Medicaid Service (CMS) www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage
- Healthcare Information and Management Systems - www.himss.org/ASP/topics_meaningfuluse.asp

What is a cancer registry?

A cancer registry is a system for collecting, storing, and studying data on persons with cancer. Cancer registries are needed to measure the burden of cancer in our communities, to help identify the causes of cancers, and to find cures for these diseases.

California has a comprehensive cancer registry that covers the entire state. It is considered one of the best cancer registries in the world. State law requires that every cancer diagnosed in California be reported to the California Department of Public Health (CDPH) which manages the California Cancer Registry (CCR).

How does the California Cancer Registry (CCR) get information on cancer cases?

The law requires doctors, hospitals, and other facilities that diagnose and treat cancer patients to report information on cancer cases to the CCR. The CCR and regional registries work with local reporting facilities to ensure that information on cancer cases is complete and accurate.

The CCR collates all the data, performs additional quality control, and analyzes the data on a statewide basis. At each step of the process, strict procedures are in place to protect patient confidentiality.

What data does the CCR collect?

All data collected by the CCR are obtained directly from cancer patients' medical records and include demographic, diagnostic, and treatment information on individual cancer cases.

- Demographic data include: patient's name, address at time of diagnosis, sex, race, and age at diagnosis.
- Diagnostic data include: type of cancer (such as breast cancer) and stage of disease at time of diagnosis.
- Treatment data include: whether the patient had surgery, radiation, or chemotherapy as the first course of treatment.

The CCR does not interview patients.

What are the data used for?

CCR data are used to:

- Monitor the number of new cancer cases and cancer deaths over time;
- Examine disparities in cancer risk, treatment and survival;
- Examine treatment choices and other predictors of survival;
- Measure the success of cancer screening programs;
- Respond to public concerns and questions about cancer; and
- Conduct research to find the causes and cures of cancer.

Researchers have used CCR data to:

- Analyze geographic, racial/ethnic, and occupational differences in cancer risk;
- Evaluate the quality of medical care received by cancer patients; and
- Examine patient survival with respect to cancer type, extent of the disease, demographic characteristics, and other important factors.

What does the CCR do?	The mission of the CCR is to serve the public by collecting statewide data, conducting surveillance and research into the causes, controls, and cures of cancer and communicating results to the public. The CCR monitors the occurrence of cancer among Californians, both incidence (new diagnoses) and mortality (deaths). The CCR, which is operated by the CDPH and ten regional cancer registries, is an essential tool for the prevention and control of cancer in California. By law (Health and Safety Code, Section 103885), all new cancer cases diagnosed in California residents since January of 1988 have been reported to the CCR, with strict guidelines to maintain patient confidentiality.
Is the information kept confidential?	Absolutely, the CCR was established in 1985 to serve as a key resource in the state for research into the causes and cures of cancer. It has a productive record of using CCR data for research and program evaluation to improve the spectrum of cancer control in California, including prevention, diagnosis, treatment and quality of life. CCR has very stringent policies and procedures to ensure that cancer data reported are maintained with the highest degree of confidentiality and privacy. Cancer researchers must go through a rigorous process to access any CCR data. The CCR will only release patient contact information to qualified researchers under tightly controlled circumstances where the research has first been approved by the California State Committee for the Protection of Human Subjects (CPHS) Institutional Review Board. Research proposals are evaluated by CPHS to ensure patients' rights are protected and the research justified. Additionally, a federally approved Institutional Review Board (IRB) at the researcher's institution must also approve the research proposal. This IRB will also ensure that patient rights are monitored and protected.
Have any more questions?	Please email us to MU2CCRHELP@ccr.ca.gov