

Alaska Cancer Registry (ACR) Meaningful Use

ACR, located at the Alaska Department of Health and Social Services, Division of Public Health, Health Analytics and Vital Records Section (HAVRS), collects information about cancer cases diagnosed and/or treated in Alaska as mandated by AK Administrative Code (7 AAC 27.011). All healthcare providers are required to report to ACR. Historically, cancer cases have been primarily reported by hospitals and pathology labs. Now, patients are often diagnosed with cancer, and receive treatment by providers in outpatient settings.

The **Meaningful Use--Stage 2** cancer case reporting objective provides a mechanism for these providers to electronically report their cancer cases to the state's central cancer registry. The Alaska State Department of Health and Social Services, Division of Public Health supports submission of cancer data from eligible professionals (EPs) under meaningful use. Providers who choose cancer reporting as their public health option must complete the registration and onboarding process, and demonstrate ongoing submission.

The Alaska Department of Health and Social Services, Division of Public Health maintains a [statewide cancer registry](#) with data submitted by providers and other health care facilities across the state. We anticipate that the expansion of cancer reporting through meaningful use will improve the ability of local, state, and national public health agencies to monitor and improve the health of Alaskans.

Information for Eligible Professionals

The Alaska Cancer Registry (ACR) accepts electronic submission of cancer data from eligible providers and facilities. Providers interested in pursuing the cancer registry meaningful use objective may work through the registration and onboarding process below.

ACR is prioritizing electronic submission of cancer registry data from eligible providers that diagnose and/or treat cancer.

Diagnosis or Direct Treatment of Cancer

The state cancer reporting objective is intended for providers who **diagnose and/or directly treat** cancer. A diagnosing physician is one who definitively diagnoses cancer. If physician A refers a patient to physician B for further work-up and confirmation, ACR would not consider physician A as the diagnosing physician. ACR considers a physician who directly treats cancer as one who performs/administers treatment modalities (i.e., surgery, radiation, chemotherapy, immunotherapy, 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.

Step 1: Registration & Onboarding

If you are interested in signing up to report cancer cases to the Alaska Cancer Registry as one of your optional selections for Stage 2 of Meaningful Use, you will need to do the following:

- 1) Make sure your EHR software is ONC certified: <https://chpl.healthit.gov/#/search>. If it is not, start communications with your software vendor to become certified.
- 2) Visit the Alaska Dept. of Health and Social Services' website on Meaningful Use: <http://dhss.alaska.gov/HIT/Meaningfuluse/Pages/Default.aspx>. In particular read the document on Cancer Reporting under the heading, "Onboarding Process for Public Health Measures" toward the bottom of the page.
- 3) On the above website under the heading "Public Health Measure Reporting Process", subheading "Stage 2 and later stages", there is a link to the MS Word document entitled "Registration of Intent". This form needs to be filled out completely and returned as directed.
- 4) Providers are then placed into one of two queues: onboarding or awaiting onboarding process.

Step 2: Pretesting

- 1) Review the Cancer Registry implementation guide. Use of HL7 CDA Release 2.0 is required.
[Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries \(PDF\)](#): This guide serves as a reference for ambulatory healthcare providers. The National Program of Cancer Registries, Surveillance, Epidemiology and End Results, and the North American Association for Central Cancer Registries have developed this guide for transmission of cancer patient information from ambulatory healthcare providers to the central cancer registry.
- 2) Use your certified EHR system to create a set of test messages according to the specifications in the implementation guide.
- 3) Pretest messages using the [NIST Cancer Registry validation tool](#). Read the [Quick Start Guide \(PowerPoint\)](#) for guidance in using this tool. The tool validates CDA messages created by Certified Electronic Health Record Technology (CEHRT) against the basic structure defined by the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries. Upon submission to public health, your message's **structure and content** will be validated against the standard.

Note: Pretesting of messages using the NIST Cancer Registry Reporting Validation Tool is recommended, not required. Pretesting DOES NOT suffice as testing for meaningful use. You must complete the step “Connectivity and Testing” to receive credit for testing with public health.

Step 3: Connectivity and Testing

Connectivity

Direct Secure Messaging (DSM) with healtheConnect Alaska (formerly the Alaska eHealth Network) through the state Health Information Exchange (HIE) is the preferred method of transport for ongoing submission of meaningful use messages. However, providers may alternately use Web Plus secure FTP upload supplied at no charge by ACR through the Centers for Disease Control and Prevention.

For information on DSM, please visit healtheConnect Alaska’s website:

<http://inpriva.com/inpriva/index.php/ak-dsm-ss2/>

For information on Web Plus, please contact David O’Brien, at david.obrien@alaska.gov.

Testing

Submit your error-free test messages to ACR using the approved transport mechanism. These test messages must be generated from your EHR; public health does not accept “sample” messages generated by vendors for provider use. Successfully submitted messages automatically place providers in the queue where they will be invited by ACR to move to ongoing submission once their messages pass validation.

Step 4: Validation

You must participate in validation activities as required by the agency. Once you have established a data feed to ACR, the department will communicate errors to the data provider so they can be addressed. All errors or missing values must be corrected before a provider can move to ongoing submission in the Production step.

Step 5: Production

Once an eligible provider has completed the validation step of the onboarding process, they will receive an acknowledgement of their success and be placed into production status.

Eligible professionals will be required to participate in periodic quality assurance checks to ensure accuracy of reporting. ACR staff will contact data providers to schedule these activities.

For More Information

Please contact David O'Brien, Cancer Registry Data Analyst, at david.obrien@alaska.gov. ACR can provide information specific to cancer reporting but cannot provide information or advice about the Centers for Medicare and Medicaid's MU2 attestation process.