Meaningful Use (MU) Cancer Reporting

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North Carolina Public Health

NORTH CAROLINA SCHS STATE CENTER FOR HEALTH STATISTICS

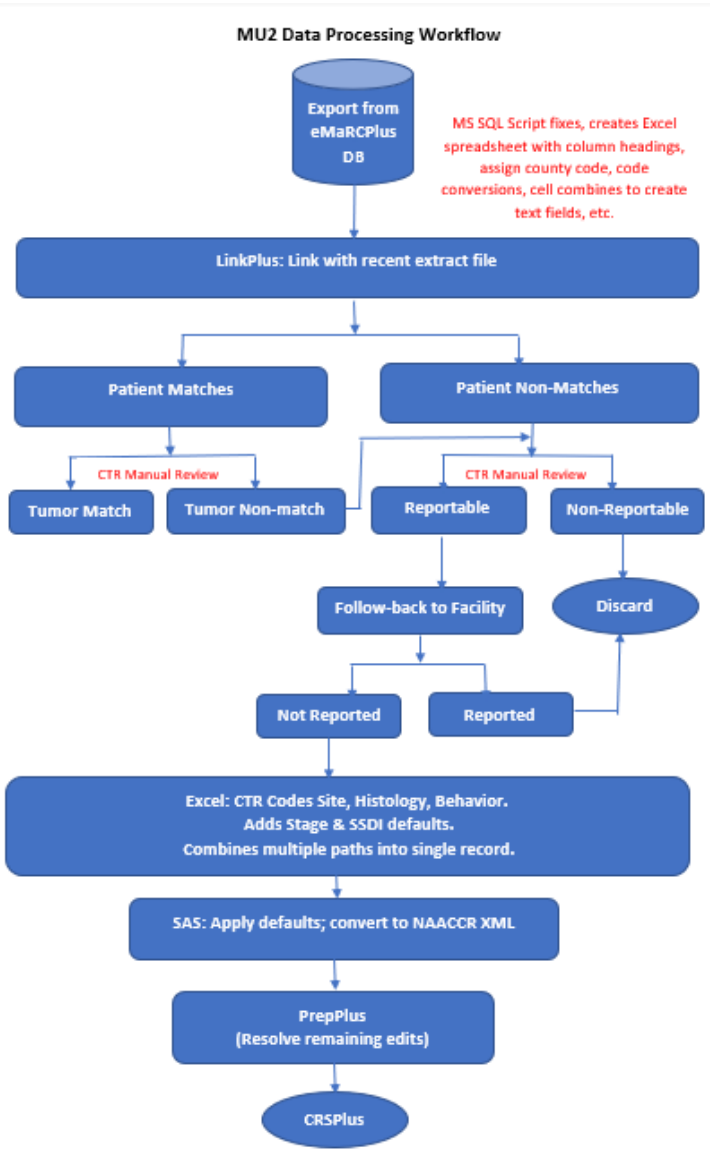
NORTH CAROLINA CENTRAL CANCER REGISTRY

Objectives

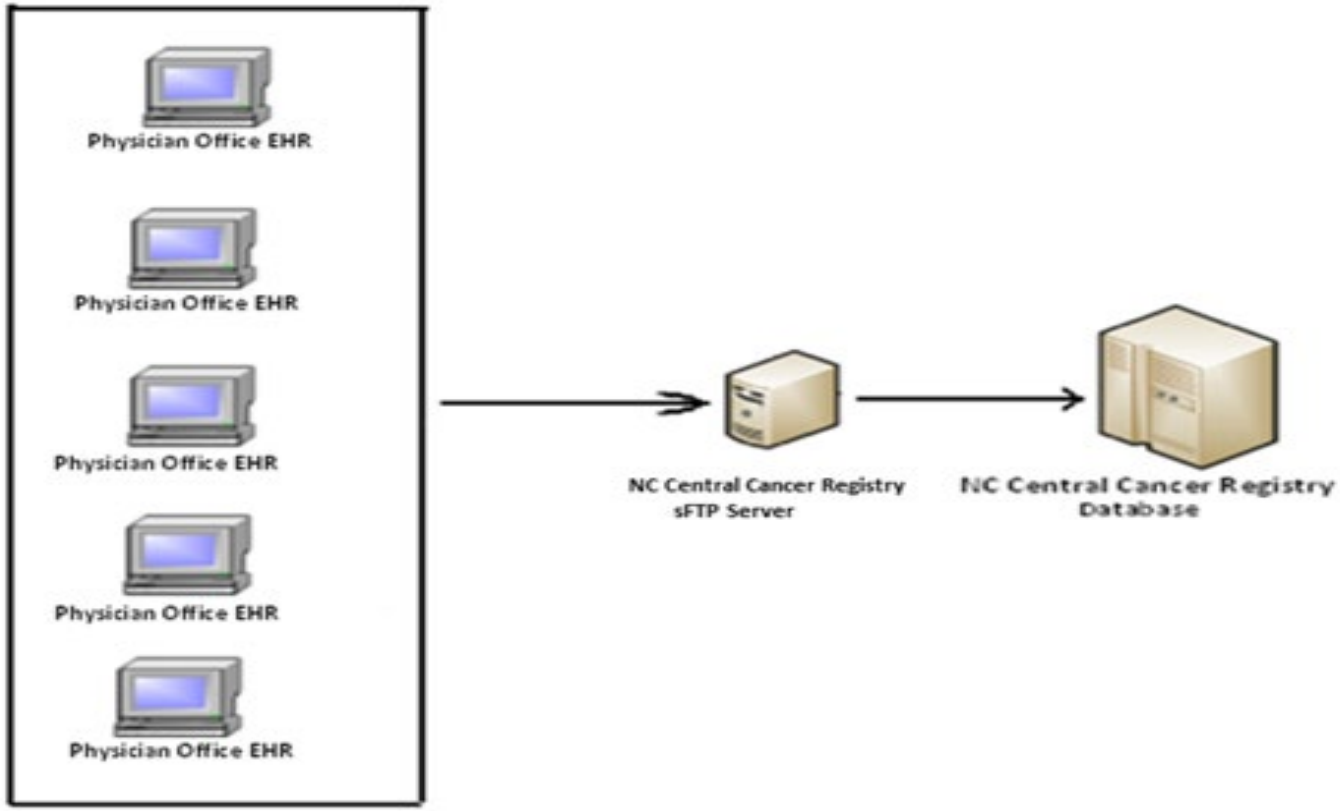
- Background
- Current status of MU onboarding.
- MU onboarding process
- Challenges

NC-CCR MU Background

- MU reporting implemented in 2014
- 2015-2018: tested and validated cancer cases from Eligible Providers
- 2019: 53 providers from 10 physician practice groups reported data solely through MU
- 2022: number of providers dropped to 40 providers from 8 practices
  - EHR vendors onboarded are no longer certified for the F5 reporting criteria
- Multi step process
  - Validate, edit, link, consolidate, and analyze MU data reported
  - Create a longitudinal record for each cancer diagnosed


MU2 Data Processing Workflow
Export from eMaRCPlus DB
MS SQL Script fixes, creates Excel spreadsheet with column headings, assign county code, code conversions, cell combines to create text fields, etc.
LinkPlus: Link with recent extract file
Patient Matches
Patient Non-Matches
CTR Manual Review
CTR Manual Review
Tumor Match
Tumor Non-match
Reportable
Non-Reportable
Follow-back to Facility
Discard
Not Reported
Reported
Excel: CTR Codes Site, Histology, Behavior.
Adds Stage & SSDI defaults.
Combines multiple paths into single record.
SAS: Apply defaults; convert to NAACCR XML
PrepPlus
(Resolve remaining edits)
CRSPlus

Transport Mechanism



Challenges

- Limited uptake from EHR vendors.
- Inconsistencies in implementations of workflows triggers.
- Lack of dedicated resources at the physician office
- Limited implementation by Eligible Providers/Clinicians.
- Interoperability with legacy data –historical compatibility issues.
- Lot of manual effort involved with data processing

Meaningful Use Contacts at NC CCR

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