

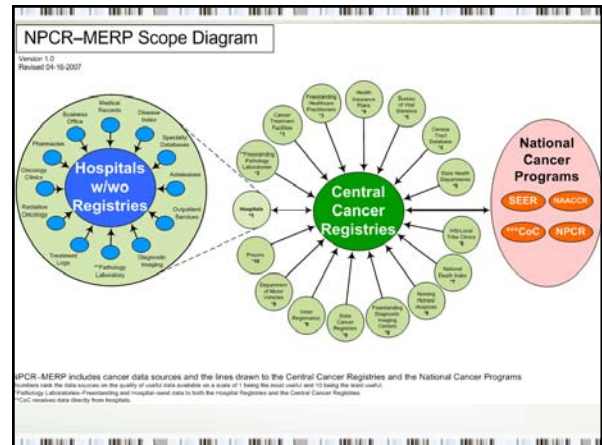
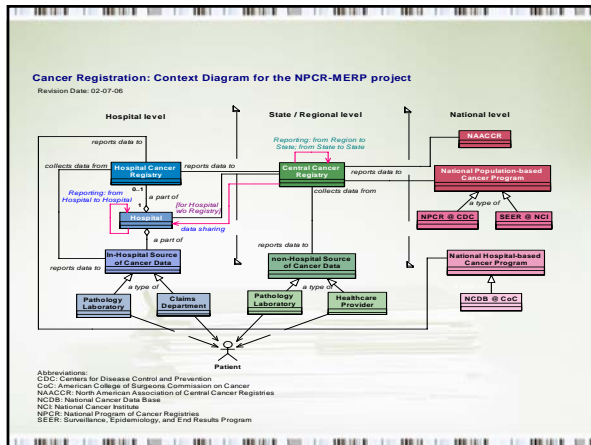
National Program of Cancer Registries: Modeling Electronic Reporting Project (NPCR-MERP)

“WHAT you **NEED** to know”
“WHAT you **WANT** to Know”

Wendy Scharber, RHIT, CTR
2007 NPCR Project Directors Meeting
Atlanta, GA
May 17, 2007

What is NPCR-MERP?

- **Collaborative project** to develop an electronic reporting model for cancer surveillance
 - recommendations, guidelines, and diagrams
- Promote the utilization of the EHR
- Increase electronic reporting and electronic processing
- Standardize electronic data exchange



Why NPCR-MERP?

- Allow cancer community to **respond to the EHR** in a proactive manner.
 - Healthcare environment is changing
 - Need to be actively involved and prepared
- **Identify priorities** to make better use of cancer surveillance **resources**
 - With level or reduced funding, electronic reporting will **allow registries to maintain and possibly gather more data items**
- Provide guidance, best practices and a series of resources for development of **standards-based systems** for cancer registration

NPCR-MERP: Tangible Expectations

- MERP will make a difference in the CCR
 - Hospital cancer registries will be able to submit data in a more timely manner
 - Non-traditional reporting sources will have a standard reporting mechanism to hospital and central cancer registries
 - Potential for additional data at minimal cost
 - Pooled talent, experience, products from central registries will:
 - Help produce standardized products
 - Use time/money resources more efficiently
 - Cancer registries can increase their participation in national E-Health initiatives for mutual benefit.

Fundamentals

- Collaborative
- Use what **already exists and expand** from that.
- Develop **“to be”** use cases not **“as is”** use cases.
- **Practical approach** to developing consensus standards
 - Produce consensus options when standards aren't possible
 - Document need for standards where missing and NCPR-MERP not the appropriate venue for leading the effort

How - part 1

- Strategic Assessment and Modeling Sessions (SAMS)
 - Hospital and Central Cancer Registry
- Objectives
 - Define registry core functions
 - Identify barriers to electronic reporting
 - Identify opportunities for immediate impact
 - Review and update diagrams

How- part 2

- Work Group conference calls
- For Each Core Function
 - Use Case
 - Supporting Diagrams
 - Background and supporting documentation
 - In some cases, pilot projects and/or software products
- Website
 - Current
 - Interactive
 - Track progress over time

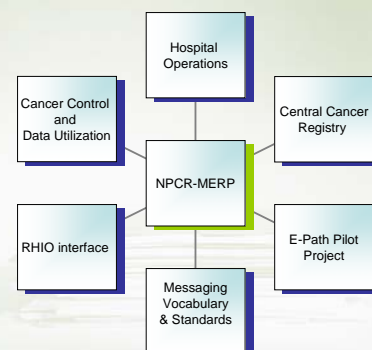
Outcome

- Inclusive Blueprint that allows resources to be allocated based on consensus priorities
 - Consensus standards for reporting developed by all stakeholders
 - Transparent
 - Available to any agency or stakeholder to improve their process or product
- Higher quality data
- More complete data

How- part 3

- PROOF of Blueprint
- Pilot projects
- Implementation projects
- Focused software applications
 - Extending MapperPlus and text mining resources;
 - generalizing small software functions used by a registry and making it available to all registries.
 - Identify existing software used by other agency programs (PHIN-MS, ChoiceMaker)
- Additional evaluation and revision of the Model

WHO is NPCR-MERP?



Results to Date -NPCR-MERP general

- RESTRUCTURED MERP Website

Status: Phase I - Complete
Background
Current Activities
Work Group Activities
•Use Cases
•Models/Diagrams
•Supporting Materials
Future Plans - What's Next

Results to Date -NPCR-MERP general

- RESTRUCTURED MERP Website

Status: Phase II - In Progress
Real-Time Updating of website
What's New Section
Dynamic Models
•Interactive
•Dynamic
•Drill down capabilities
Inter-connected to easily find area of interest.

Results to Date - ePath Pilot Project

Standard HL7 Message

Status: Complete
Creation of an HL7 message using NAACCR Volume V & NAACCR E-Path Transmission Guidelines
Implementation of PHIN-MS as transmission standard between laboratory and central registry
Transmission of test message from LabCorp to Central Registry

Software Tool to process HL7 pathology reports MapperPlus

Status: Complete
Retrieve HL7 message and load into ACCESS database
Highlight relevant search terms, including highlighting of negated terms

Highlights of task- ePath Pilot Project

NAACCR documentation provided information needed

Ambiguities and concerns were related to the NAACCR WG workgroup added explanations and/or made modifications

PHIN-MS is a viable option for transmission

Improvements in documentation would be helpful, including list of resources needed and implementation path options
Unexpected costs based on hardware and software currently available to the registry.

Future Plans - ePath Pilot Project

Expand Project

Status: Begun
Quest Diagnostics
Mayo Medical Laboratories

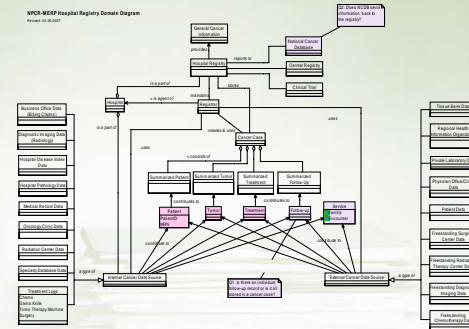
Select and evaluate two freely available text mining

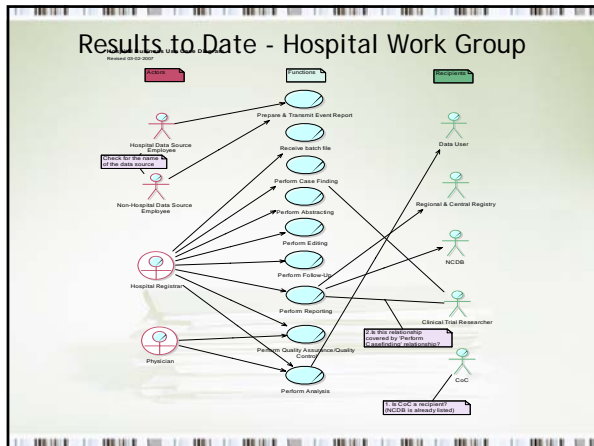
Status: Begun
expand and enhance selection of healthcare reports that are relevant for cancer.

Expand functionality of HL7-MapperPlus

Status: Begun
include processing of pathology reports received by the registry.

Results to Date - Hospital Work Group





Results to Date - Hospital Work Group

Use Case status

Function/Use Case	Status:
Case finding and Passive Follow-up	Final Draft
Abstracting	2 nd Draft
Editing	<...>
Follow-up	Brainstorming
Reporting	<...>
QA/QC/	<...>
Analysis	<...>

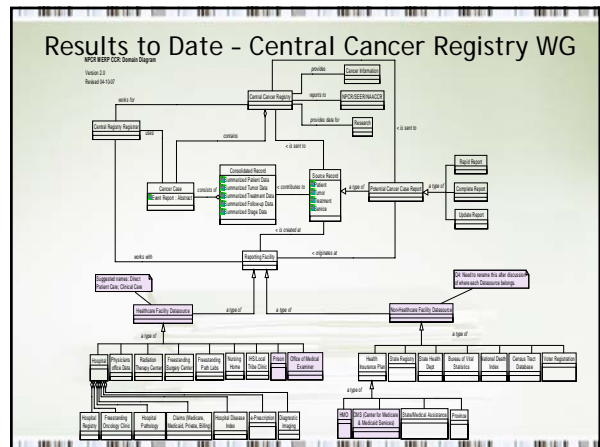
- ### Highlights of Tasks - Hospital Work Group
- Excellent **buy-in** from all stakeholders
 - **Availability of EHR** essential to implementing "ideal" use cases.
 - Some "ideal" practices are **already in place** in some registries or in their software.
 - Many **new ideas that can be implemented quickly and accurately**

Results to Date - Central Cancer Registry WG

Changed the MERP Project Definition as it relates to **central cancer registries**:

"Develop a blueprint for electronic reporting, automated transmission and automated processing of cancer data."

- ### Background - Central Cancer Registry WG
- NPCR-MERP: Central Cancer Registry Strategic Assessment and Modeling Session
Requirements Findings
 Atlanta, GA, October 25-27, 2006
- Comprehensive analysis developed at SAMS on
 - barriers
 - challenges
 - enhancements



Results to Date - Central Cancer Registry WG

Use Case status

Function/Use Case	Status:
Prepare & Transmit Event Report	Evaluate Hosp WG Use Case
Receive Batch File	Final
Validate Event Report	Draft
Match Patient & Tumor	<...>
Perform Consolidation	<...>
Perform Audits/QC/QA	<...>
Perform External Linkage to Improve Data	<...>
Conduct Death Clearance	Defer
Conduct Follow-up	<...>
Perform Interstate Data Exchange	<...>
Respond to Calls for Data	<...>
Provide Data for Use By Others	<...>
Conduct Linkage for Research	<...>
Perform Analysis	<...>
Perform Rapid Case Ascertainment	<...>

Highlights of Tasks - Central Cancer Registry WG

- Excellent **buy-in** from all stakeholders
- Use **existing** diagrams and models as **baseline for development**
- Some "ideal" practices are **already in place** in some registries.
 - Review and enhancement by WG

NPCR-MERP - Messaging, Vocabulary & Standards Activities

- **Collaborative** effort between
 - NPCR-MERP
 - NCI-EVS (Enterprise Vocabulary Service)
 - NCI-SEER
 - CDC-PHIN
- Harmonize vocabularies across the two agencies
- Expand scope to larger cancer community
- Long-term effort that extends beyond MERP

NPCR-MERP -- RHIO/HIE Activities

- Disease surveillance infrastructure is being re-evaluated at a national level
- NPCR-MERP is developing opportunities to merge the developing HIE/RHIO infrastructure with national cancer program objectives.
- Active collaboration with Indian Health Information Exchange (IHIE) and the Riegenstrief Institute

NPCR-MERP -- RHIO/HIE Activities

- Inform the NPCR-MERP Team about organizational and data structures of HIEs
- Inform the HIE community about national cancer surveillance activity including technical infrastructure, data needs, and key stakeholders
- Define an effective strategy to merge the objectives of cancer surveillance with the developing HIE infrastructure
- Design high-level use case summaries of cancer surveillance activity within an HIE
- Identify the clinical and public health cancer data needs HIEs can address
- Identify the technical and operational interfaces between HIEs and the cancer registry surveillance infrastructure

NPCR-MERP -- Cancer Control and Data Utilization

- Examine the scientific data infrastructure that supports cancer registry operations.
 - Examine the short- and long-term data needs of cancer surveillance data users
 - Identify how cancer surveillance data is used to inform health and administrative decision making
 - Classify current and potential users of cancer registry data
 - Identify efficient patterns of usage that can modeled as best practices
 - Maximize the electronic infrastructures of Electronic Health Records and Patient Health Records in the collection and distribution of cancer-related statistical data
 - Define knowledge products that can be enhanced by electronic cancer data exchange

NPCR-MERP

Thank you....

Questions?

