Meaningful Use and Electronic Laboratory Reporting, Syndromic Surveillance, and the Specialized Registry

Presented by Sita Smith

Syndromic Surveillance

- The MDPH Syndromic Surveillance Program accepts emergency department (ED) encounter data from eligible hospitals.
- Participating hospital data are sent to the National Syndromic Surveillance Platform (NSSP) via the Mass HIway.
- 29 hospitals have achieved ongoing submission.
- 55% of ED visits statewide are captured in NSSP so far, representing approximately 4,500 visits per day.

Electronic Laboratory Reporting (ELR)

- MDPH accepts ELR data from eligible hospitals (EH) and commercial laboratories.
- Laboratory reports are sent daily to the Bureau of Infectious Disease Health Information Portal, and collected in the Commonwealth's web-based disease surveillance and case management system (MAVEN).

Electronic Laboratory Reporting (ELR) 2014

Number of clinical laboratories transmitting ELR	72
Commercial laboratories transmitting ELR	5
Hospitals sending paper reports	2
ELR reports	~ 5,500,000

Specialized Registry

Among the menu items for achieving compliance with Meaningful Use Stage 2 requirements is the attestation of the eligible hospital or eligible professional that they have “the capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice”. BID (MDPH) has implemented electronic infectious disease case report data into a specialized registry.

Specialized Registry

- MDPH accepts specific case report data from selected eligible providers (EP)
- Via the BID Health Information Portal into MAVEN
- Selected algorithms to identify reportable cases
  - limited to STDs, acute hepatitides and active TB at this time

Specialized Registry

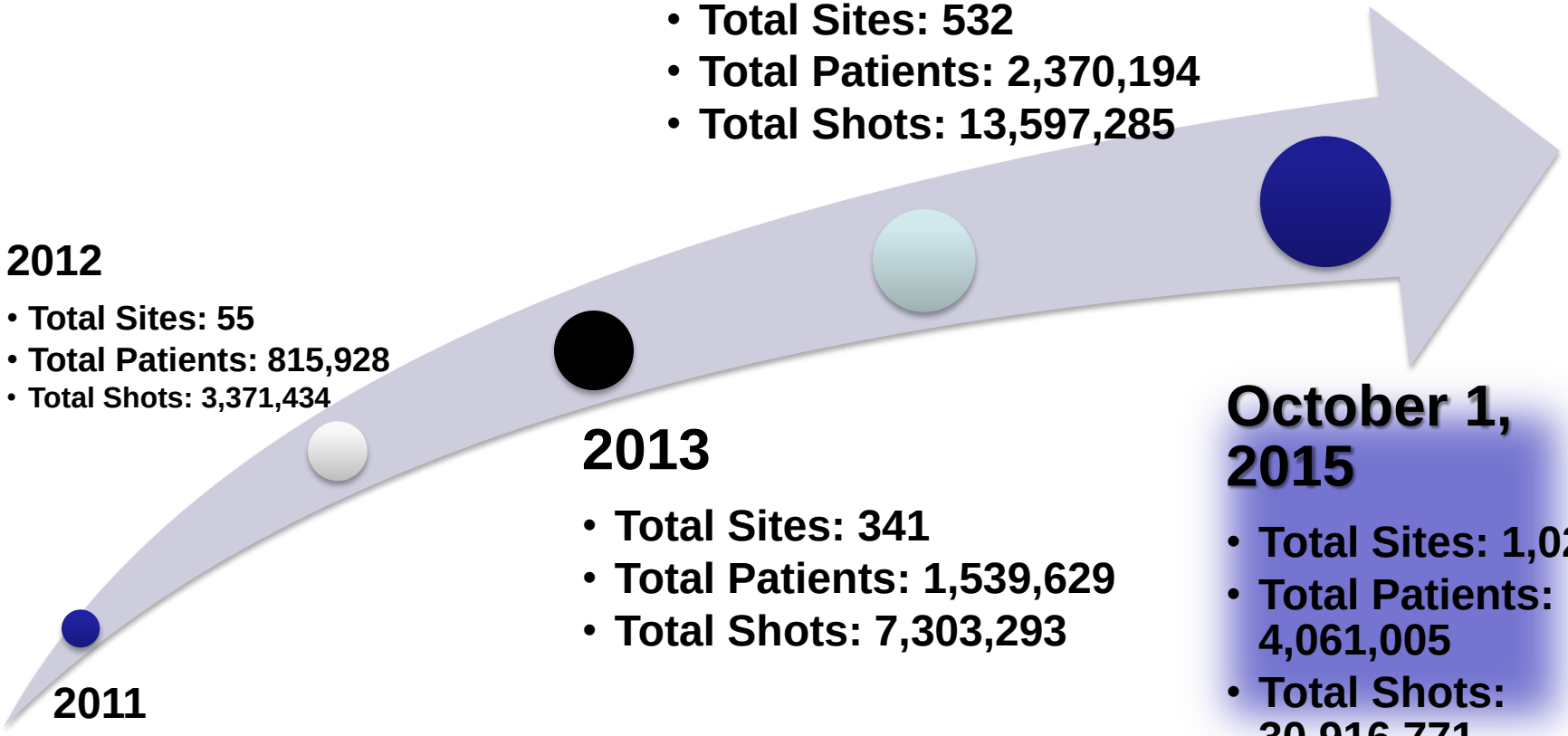
- Format is HL7 xml
- On-boarding is highly resource intensive – MDPH set a minimum threshold for participation
  - working only with very large groups at this time
- If total of reports derived from case detection algorithms is > 1000 in a 12-month period, then contact BID
  - If < 1000, submit a snapshot of MDPH MU web page as evidence for exclusion.

http://www.mass.gov/eohhs/gov/departments/dph/programs/id/isis/meaningful-use-and-public-health-objectives.html

Meaningful Use & MIIS

Presented by Tricia Charles

MIIS Update



2011

- Total Sites: 9
- Total Patients: 3,902
- Total Shots: 69,505

2012

- Total Sites: 55
- Total Patients: 815,928
- Total Shots: 3,371,434

2013

- Total Sites: 341
- Total Patients: 1,539,629
- Total Shots: 7,303,293

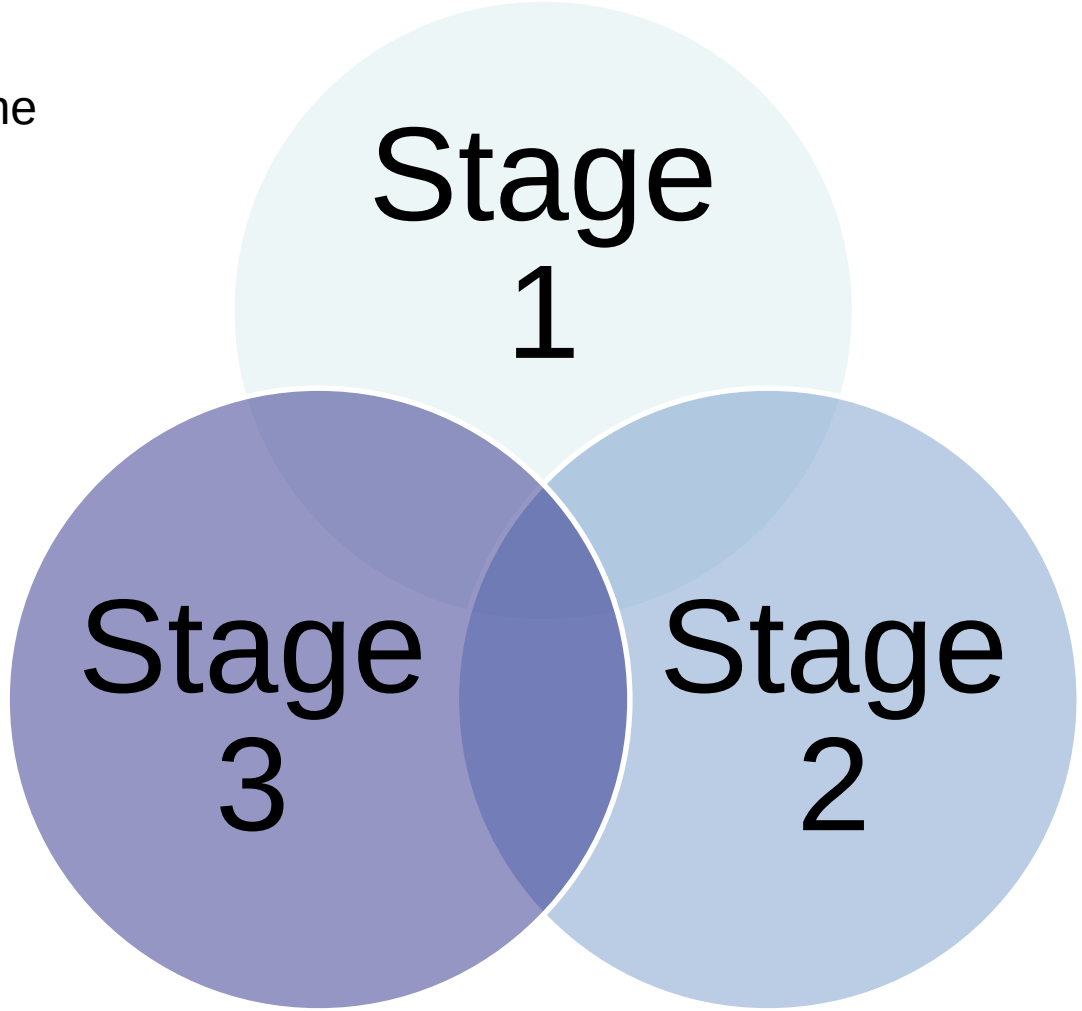
2014

- Total Sites: 532
- Total Patients: 2,370,194
- Total Shots: 13,597,285

October 1, 2015

- Total Sites: 1,022
- Total Patients: 4,061,005
- Total Shots: 30,916,771

All stages will use the same requirements.



How to Demonstrate "Active Engagement"

Option 1

(Completed Registration to Submit Data):

- The EP, eligible hospital or CAH registered to submit data with the PHA where the information is being submitted;
- Registration was completed within 60 days after the start of the EHR reporting period.
- The EP, eligible hospital, or CAH is awaiting an invitation from the PHA to begin testing and validation.
- This option allows providers to meet the measure when the PHA has limited resources to initiate the testing and validation process.
- Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Option 2

(Testing and Validation):

- The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data.
- Providers must respond to requests from the PHA within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Option 3

(Production):

- The EP, eligible hospital, has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA.

Prior Actions Count!

- ✓ If a provider has registered intent for the full year and has still met all the requirements for MU, they do not need to update their registration of intent to a 90 day reporting period.

- ✓ Any prior action taken to meet the non-consolidated public health reporting objectives of meaningful use Stages 1 and 2 would count toward meeting the “active engagement” requirement of this objective.

Getting Started…

In order to “register intent” you must first register for access to the MIIS.

Review the MIIS legislation

Review Clinical and Technical requirements

ContactMIIS Resource Center: www.contactmiis.info

ContactMIIS Resource Center

Home | Registration | Meaningful Use | EHR Integration | Clinical Integration | Training Center | Support | RSS

Welcome to the MIIS Resource Center

The Massachusetts Department of Public Health (MDPH) Immunization Program is committed to promoting the health of Massachusetts' citizens by reducing the burden of vaccine preventable diseases that affect residents of the Commonwealth. As part of this effort, the MDPH Immunization Program has launched the Massachusetts Immunization Information System (MIIS), a web-based immunization registry and vaccine management system. The MIIS is in the process of being rolled-out to healthcare providers statewide, and once fully implemented, will be the official source of immunization information for Massachusetts. The goal of the MIIS is to consolidate patient immunization information to create secure, accurate and easily accessible immunization records to health care providers across the Commonwealth, who can then share them with patients and families. The MIIS also helps ensure vaccines administered in Massachusetts are based on the latest immunization recommendations.

The ContactMIIS Resource Center is a platform designed to share the most current information, materials and resources related to the roll-out of the MIIS with healthcare providers, families and individuals.

The MIIS is designed to serve the needs of electronic health record (EHR) users through electronic data exchange and can also support the needs of non-EHR users through direct data entry. Please see the MIIS Provider Flyer (PDF) | (RTF) for an overview of MIIS features and more information about utilizing the MIIS.

MIIS Regulations and Compliance Schedule *NEW!*

The Regulations (PDF) governing the MIIS have been approved by the Massachusetts Public Health Council and were effective as of January 2, 2015. Section 222.400 of the regulations states that all health care providers licensed in the Commonwealth who administer immunizations in Massachusetts to any person, whether or not that person is a resident of the Commonwealth, shall be in compliance

Accessing the MIIS

You can login to the MIIS through the Virtual Gateway

New Registration

For New Provider Site or User Registration, Click Here to register.

ContactMIIS - Login

Email:

Password:

Login | Clear

Forgot Password

Forgot Password, Click Here.

ABOUT SSL CERTIFICATES

Providers must still follow applicable state or local laws for reporting to a PHA.

EHR Integration

- HL7 2.5.1 message creation, testing and transport to MIIS

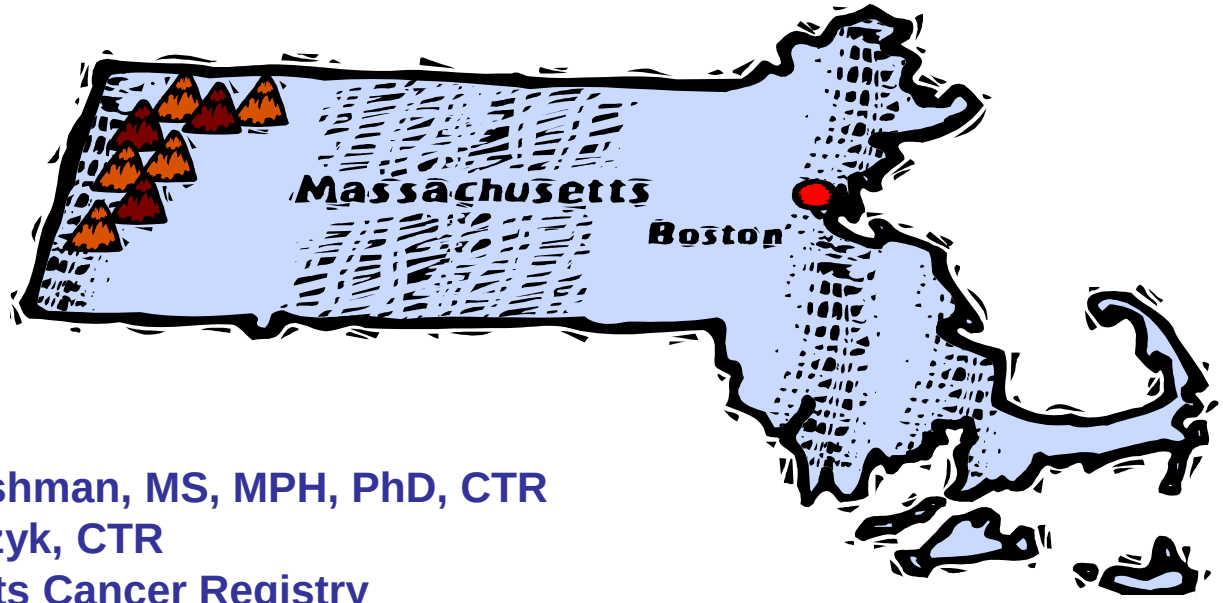
Clinical Integration

- Identify Clinical Champion(s) for coordination
- Complete Registration – site and identified user(s)
- Develop plan for informing patients & changing data sharing
- Train users

"Go-Live" with the MIIS

- Conduct data quality checks
- Implement workflows for informing patients and changing data sharing
- Receive ongoing support from the MIIS user support team

Massachusetts Cancer Registry



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Office of Data Management and Outcomes Assessment, MDPH
Meaningful Use Reporting
Waltham, MA
November 17, 2015

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Brief Overview of MCR

MCR Background

1980: MCR established by state law

1982: began hospital case reporting

1992: *in situ* cases added

1994: federal funding (CDC/NPCR)

1995: treatment added

1997: death clearance

1998: outpatient reporting

2004: benign/borderline brain/CNS tumors

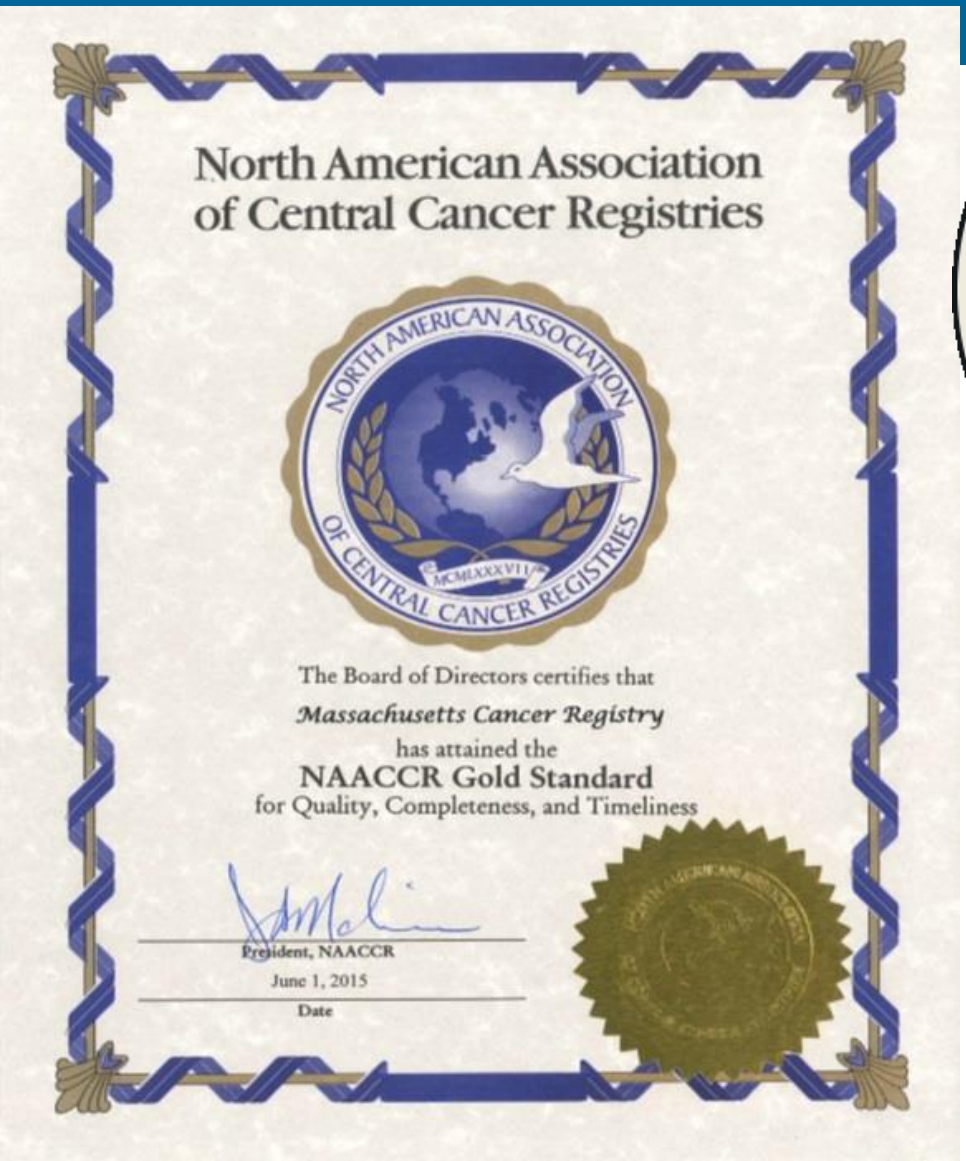
2014: MU Stage 2 cancer reporting for EPs

Multiple National Organizations

- CDC's NPCR
- NCI's Surveillance, Epidemiology, and End Results (SEER) Program
- Commission on Cancer of the American College of Surgeons (CoC/ACoS)
- North American Association of Central Cancer Registries (NAACCR)
- National Cancer Registrars Association (NCRA)
- American Cancer Society (ACS)

Additional Information

- **National format for non-MU reporting:** NAACCR Data Standards and Data Dictionary, Version 15.0
- **NAACCR Certification; NPCR Data Evaluations**
- **Number of annual admissions:** 62,000
- **Number of annual consolidated incidence cases:** 42,000
- **Number of cases 1982+:** 1.1 million



North American Association of Central Cancer Registries

NORTH AMERICAN ASSOCIATION OF CENTRAL CANCER REGISTRIES
MCMLXXXVII

The Board of Directors certifies that

Massachusetts Cancer Registry

has attained the

NAACCR Gold Standard

for Quality, Completeness, and Timeliness

President, NAACCR

June 1, 2015

Date

Meaningful Use & Cancer Reporting

Rockin' Down the HIway: MCR & MU

Eligible Providers (EPs)

Get on boarded onto HIE

HL7 CDA Message

Acknowledgements

SMIME/SOAP/LAND/WEBMAIL

Massachusetts Health Information Exchange (HIE)

HIE Processing

Secure Transmission

Massachusetts DPH-MCR Location

Perform validations using Validation Plus

Convert to NAACCR format using eMaRC Plus

MCR Database

Massachusetts Cancer Registry (MCR)

MU2 and Cancer Reporting

- **applies to Eligible Professionals**
  (Hospitals have reported for over 30 years.)
  CDC wants at least 90% of physician-to-cancer registry reporting to be electronic.
- **became part of MU Stage 2 as of 2014**
  not originally part of Stage 1

Original Stage 2 Rules (2014-2015)

EPs choose **3 of 6** Menu Objectives for which they have CERHT; 3 choices that make sense for their practice

- syndromic surveillance, progress notes, imaging results, family history, cancer cases, specialized registry
- Notes/imaging/history are simpler functions and you just have to reach a certain percentage of encounters. The other choices involve ongoing reporting to DPH.

  Therefore mainly dermatologists needed to choose cancer reporting for 2014-2015 MU2 attestation (have cancer patients but not enough X-rays/scans ordered).

Modified MU Rules (2015-2017)

- new Final Rule published in Federal Register Oct. 16, 2015

  "Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017"

- provides rules for EPs in Stage 1, 2 & 3 for 2015-2018
- EPs should all be in Stage 3 for 2018 and some may begin Stage 3 in 2017.
- The simpler functions have been achieved by so many EPs already, they are now dropped. The bar is raised.
- important CMS FAQ # 12985 explains relation of original rules to Modified Rules for attestation

https://questions.cms.gov/faq.php?id=5005&faqId=12985

- explains use of Alternate Exclusions
- "We do not intend to... penalize providers for their inability to meet measures that were not required under the previous stages of MU.
- Nor did we intend to require... new activities during 2015, which may not be feasible after publication of the final rule, to successfully demonstrate MU in 2015."

Alternate Exclusions for 2015 Attestation: Cancer Reporting

- If in Stage 1 you may now choose cancer reporting, but you don't have to – it was not originally part of Stage 1 so you can use an Alternate Exclusion.
- If in Stage 2 and you were planning to attest for 2015 without reporting cancer, you don't have to suddenly report -- still able to attest by using Alternate Exclusions.

Reporting Time Periods

- original rule for 2015 Stage 2 attestation: entire year
- Modified Rule: entire year 2015 **or any 90-day period**; entire year 2016; entire year 2017
- allows EPs who could not report cancer for all of 2015 to choose just the final quarter
    - more flexibility for EPs who could not register for the full year by March 1, 2015

Certified EHR Technology: Cancer Reporting

Many EHR systems meet the requirements of a "Complete EHR" based on 2014 certification criteria, but still are not certified for reporting cancer cases.

- Most EPs did not have to choose cancer reporting for MU2 under the original rules so this was a lower priority for some software vendors.
- The required data fields are detailed.
- Original rules required 2014 ONC certification criteria 170.314(f)(5) [=data capture] & 170.314(f)(6) [=data transmission]

CEHRT for Cancer Reporting

- Modified Rules: will be 2015 criteria 170.315(f)(4) [called just “transmission to cancer registries” but the software has to be able to “create a file with the necessary cancer case information in accordance with the IG.”]
- technical IG: “Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, HL7 CDA”
  - **http://www.cdc.gov/cancer/npcr/meaningful_use.htm**
  - Original version of IG applies 2014-2016 and can still be used in 2017. Updated v1.1 is optional for 2017 and becomes required for 2018 (Stage 3).

Modified Rules: Cancer Reporting

Objective 10 Public Health & Clinical Data Registry Reporting

- more flexible choices; reporting to many kinds of registry now possible (under different Measures in the Objective)
- registries other than Immunization and Syndromic Surveillance are now grouped as Specialized Registries; public health registry Measure 4 combined with clinical registry Measure 5
- EPs choose 2 registries pertinent to their data; Alternate Exclusions and 'regular' Exclusions apply as necessary

Modified Rules: Impact on Cancer Reporting

- With simpler options retired from MU, EPs will need to report more types of data to Public Health.
- Not just for dermatologists anymore: Any EP who diagnoses or treats cancer will be more likely to choose cancer registry reporting for attestation 2016-2017.
- CEHRT: With greater customer demand, more EHR vendors will invest in producing software that can support cancer reporting.

Steps for Reporting to MCR

1. Register by 60th day of the reporting period.
   - for 2015 attestation (EPs who can't claim Exclusion, Alternate Exclusion, or who just want/need to report): by Tuesday Dec. 1st
   - for 2016 attestation: by Monday Feb. 29th
   - contact susan.gershman@state.ma.us or mary.mroszczyk@state.ma.us
   - receive registration form, return it to us, receive Acknowledgement of your intent to report to us
   - Just register once – it should cover any future reporting. Registering does not "commit" you to reporting – but it's in place by the deadline if you end up needing to report.

Steps for Reporting to MCR

2. Make sure you have CEHRT for cancer reporting.
   - You can't demonstrate to CMS that you can use your EHR to report cancer cases if it can't report cancer cases.
   - You can register without CEHRT before a reporting period begins and then obtain it by the start of the reporting period – but a clarification from CDC says that you must "own the CEHRT" when your reporting period starts.
   - You can have two 30-day chances to send test data after we invite you to begin. Without CEHRT, you are unlikely to be able to respond within 60 days (so you likely fail the measure).
   - Therefore we don't invite you to report until you're really ready. If you don't have CEHRT, we're waiting for you to get it.

Steps for Reporting to MCR

3. Get onboard the state's HIE Mass HIway, establish connectivity to route data to the MCR.

- MCR will provide a contact person for the HIway.
- Even if you're already on the HIway for other purposes (like Immunization reporting), you need your account to be updated to reach the MCR data route.
- Again, we don't invite you to begin submitting until you're on the HIway because of the 60-day response rule.

Steps for Reporting to MCR

4. Begin Onboarding with the MCR: testing / validation
   - Notify us when you have CEHRT and are connected to us through the HIway: You're ready to submit.
   - Receive Invitation to submit test data. (EHR vendor may have special documentation/training available to support cancer reporting using their software.)
   - 30 days to respond; 2nd invitation and additional 30 days if you can't
   - We have 30 days to provide validation feedback on your test data.

Steps for Reporting to MCR

Continue Onboarding with the MCR: testing / production data

- 30 days to send another test if necessary...
- During this phase, CDC can work with EHR vendor and state to get software functioning correctly (valid message format); vendors and states work with users to get the data captured correctly (valid content).
- When test data validate adequately, receive Invitation to begin submission of production data. Then continue reporting....
  - Validation continues into production: 30 days to respond to any new problems found

Goal for End of Reporting Period

Modified Rules focus on achieving the regular submission of production (real) data. Testing is only a prelude to production – a chance to work out problems before production data start flowing in large quantities.

Reach Active Engagement with us (new term but essentially unchanged from original rules):

- be in production
- be testing/responding to validation feedback
- be awaiting our Invitation to begin testing (you're ready to report but we're so busy there's a queue ahead of you; or you're waiting for the HIway connection to be finalized)

Remember – CMS determines if you've reached Active Engagement, grants Exclusions, decides what measures and objectives you've met or failed. The state does not determine any of this.

Provision of Accessible Cancer Information

- **MCR website** http://www.mass.gov/dph/mcr
- **EPHT (Massachusetts Environmental Public Health Tracking Program)** http://matracking.ehs.state.ma.us
- **state and county-level data also available in national databases**

Questions on MU and Public Health Reporting

We do our best to try and help support MU cancer reporting, but MU is very complex and we are not experts on all the rules that physicians must follow.

Get the most reliable answers from experts at CDC, with access to their contacts at the software vendor companies, ONC and CMS:

meaningfuluse@cdc.gov

We acknowledge the Centers for Disease Control and Prevention for its support of the staff under cooperative agreement 5 U58 DP000821-04 awarded to the Massachusetts Cancer Registry at the Massachusetts Department of Public Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

MassLeague ESP Experience

MeHI Regional Meeting

November 17, 2015

Massachusetts League
of Community Health Centers

MLCHC Overview

- Established in 1972, the Massachusetts League of Community Health Centers is the state's Primary Care Association and serves 49 community health centers with more than 285 total access sites and nearly 935,000 people.
- Azara DRVS reporting platform – centralized data warehouse for EHR reporting
- 28 Community Health Center subscribers
- 350,000 active patients
- 6 EMR platforms

Relevant CHC Facts

- CHCs all independent with separate IT and leadership structures
- CHCs primarily in medically underserved areas
- CHCs have strong focus on community needs and commitment to improving public health and population management
- Natural partnership with MA DPH
- MDPHNet ONC Challenge Grant opportunity to join ESP

ESP Process

- Centers have registered to participate
- Mapping of lab data within Data Warehouse
- Mapping labs to ESP
- Validate EMR documentation process
- Case Validation
- Monitor reporting through ESP reporting

ESP Benefits

- Reduce staff time needed to report
- More complete, accurate and timely case reporting
- Improved analysis of prevalence
- Meaningful Use credit for Public Health reporting to public health registry
- Developing support for targeted care coordination shared between MA DPH and CHCs