

2021 NPCR TENNESSEE SUCCESS STORY

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A Collaborative Approach to Addressing the Challenges Faced with Meaningful Use Reporting

National Program of Cancer Registries SUCCESS STORY

SUMMARY

Implementing Meaningful Use (MU; now referred to as “Promoting Interoperability”) has been a challenge for many state cancer registries. Working collaboratively with Department of Health informatics staff, as well as the TCR certified tumor registrar staff, the TCR was able to successfully process over 100,000 individual MU reports with a final preparation of 1075 abstracts. Most of these MU cases, 723 in total, were the sole case documenting the cancer for the patient.

CHALLENGE

The total numbers of MU reports received provided a significant challenge to overcome. The TCR has received over the last several years, since beginning MU reporting during the 2017 DX year, almost 2 million individual HL7-CDA files for processing, which consumes a significant fraction of our current storage capacity. Irregularities in MU report formats provided the most significant hurdle to overcome during the processing of cases, which resulted in a significant number of so-called critical errors in the data. The total error percent of incoming reports was about 30% of total reports, so critical errors accounted for about half of all errors in the data. In general, the data is also of low quality, resulting in significant increases in quality assurance activities by CTR staff.

SOLUTION

Partnering with the Tennessee Department of Health’s Office of Informatics & Analytics (OIA) provided significant assistance completing MU data exchange goals. OIA staff were instrumental during the provider onboarding stage, as well as providing support to onboarded providers during the data submission process. This would have been impossible for the TCR to complete, since the TCR has only one staff member working part-time on MU reporting goals. This partnership also allowed data submitted by onboarded providers to improve in terms of overall quality.

RESULTS

TCR staff evaluated all submitted cases for the 2018 DX year, which is the most recent year of complete data available from the TCR. SAS was used for the analysis. Briefly, abstract-level MU cases were pulled from the abstract tables in CRS Plus. These abstract-level records were merged with consolidated records pulled from the medical sum tables in CRS Plus. To determine the numbers of MU cases for which no other incoming record was received, the variable “type of reporting source” was used to perform this analysis. As previously stated, the TCR received a total of 1075 abstract-level MU cases during the 2018 DX year. Of these, essentially 307 cases had to be consolidated with an incoming hospital case (type of reporting source = “1”), which were received after the initial MU linkages to the CRS Plus database were performed. After evaluation of all cases by type of reporting source, there were a total of 723 MU cases, for which the MU case was the sole case documenting disease in the individual.

SUSTAINING SUCCESS

Given the intensive nature of MU processing, TCR staff is hoping that the CDC’s Data Modernization Initiative may help to simplify the current MU processing paradigm. Until such time, though, TCR staff intends to continue processing MU cases to improve overall data completeness. Through collaborations and general processing experience, TCR staff believes that MU cases will be able to yield at least 3% of the TCR’s total annual data submission. Currently, for the 2018 DX year, cases documented only by an MU abstract account for about 2% of the TCR’s annual data submission. This is demonstrated by the very rapid rise in the total numbers of abstract-level records produced each year beginning with cases diagnosed during the 2015 DX year, during which the TCR completed only 16 MU abstracts compared to the 1075 abstracts completed for cases diagnosed during the 2018 DX year.

REGISTRY CONTACT INFORMATION

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<https://www.tn.gov/health/health-program-areas/tcr.html>



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