



Monday, March 10, 2014

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Dr. Karen DeSalvo
National Coordinator for HIT

Dr. Paul Tang
Chairman, Meaningful Use Workgroup of the Health Information
Technology Policy Committee

Dear Dr. DeSalvo and Dr. Tang:

I am writing on behalf of the North American Association of Central Cancer Registries (NAACCR), an organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.

NAACCR has been following the Meaningful Use (MU) workgroup and Health IT Policy Committee's (HITPC) discussions about MU requirements with great interest and we applaud your commitment to health information technologies that promote improvements in both personal and population health outcomes. NAACCR has been actively supporting the work of central cancer registries to have processes in place to accept data from the Cancer Reporting menu item in Stage 2. NAACCR is concerned that the recommendations for the Stage 3 public health objectives may weaken the incentives to include case reporting to public health entities in emerging EHR systems.

We strongly urge HITPC to include registry case reporting in the Stage 3 objectives. NAACCR believes that MU should strengthen incentives for EHR technology to include features that help healthcare professionals comply with state public health laws that require them to notify health authorities of patients with reportable health conditions such as cancer.

NAACCR supports the workgroup's Stage 3 recommendation to include a menu item for general case reporting to public health registries. Cancer registries have been accepting electronic case reporting from Eligible Hospitals (EHs) for many years and the standards and technologies for this

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transmission are well-established and mature. The Stage 2 Cancer Reporting Eligible Provider (EP) menu item is helping extend that capability to include cancers diagnosed in clinical settings. NAACCR is concerned that, by broadening the types of registries included in the Stage 3 recommendations, arguments about the real or perceived lack of mature standards and technologies for these other registries might result in the weakening or elimination of the Stage 2 Cancer Reporting menu item. We strongly urge the HITPC to insure that this does not happen.

NAACCR also has noticed efforts to establish a common reporting mechanism for all registries. Again, NAACCR understands the need for these specifications and is supportive of this effort. However, NAACCR urges HITPC to be sure that registries have sufficient flexibility to include the specific data items that are needed to make the case reports useful for public health surveillance and maintain the continuity of long-term surveillance systems such as cancer. Requirements to use “standard c-CDA,” if interpreted literally, might not allow for inclusion of the necessary data items for the case report to be useful.

In closing, NAACCR believes that the Meaningful Use programs are critical to insure that the future EHR systems available to healthcare professionals have features included that facilitate accurate, timely and seamless case reporting to public health entities.

Thank you for your serious consideration.



Betsy A. Kohler
Executive Director, NAACCR

Cc:

James Daniel, Public Health Coordinator, ONC
George Hripcsak, Meaningful Use Workgroup Co-Chair, Columbia University
Art Davidson, Meaningful Use Workgroup Member, Denver Public Health Department
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