Michigan Cancer Surveillance Program

Supplemental Guidance for the Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, HL7 Clinical Document Architecture (CDA)

MCSP MICHIGAN CANCER SURVEILLANCE PROGRAM

MDHHS Michigan Department of Health & Human Services

Preface

This supplement describes Michigan's testing and validation process and elaborates on the transport mechanism to be used once the provider's CDAs have passed testing and validation. Michigan specific reportable condition data elements, and their respective conformance optionalities, are explained in the context of the CDA templates utilized.

For questions regarding the Michigan Cancer Surveillance Program and physician reporting requirements please contact:

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1.0 Introduction

The Michigan Cancer Surveillance Program (MCSP) is supporting eligible clinicians (providers) in meeting the objectives of Promoting Interoperability: capability to identify and report cancer cases to a public health central registry. Michigan's cancer registry will be accepting cancer case information in accordance with the implementation guide referenced in the Office of the National Coordinator's for Health Information Technology (ONC) 2014 Standards and Certification Criteria final rule, Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries, Release 1, August 2012. The implementation guide was jointly developed by the Centers for Disease Control and Prevention (CDC) and the North American Association of Central Cancer Registries (NAACCR). Michigan's cancer registry will also be accepting, and preferring, case information in accordance with the 2015 Edition implementation guide: HL7 CDA ® Release 2 Implementation Guide: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1, DSTU Release 1.1 – US Realm. The Implementation Guides contain specifications for the transmission of cancer case information from ONC certified electronic health record technology (CEHRT) to a public health central cancer registry. The guides define the trigger event and business rules for CEHRT to identify reportable cancer cases, while defining cancer case data elements and specifications for creating a valid Health Level 7 Clinical Document Architecture, Release 2 (HL7 CDA R2) cancer event report. Users of the guides must be familiar with the details of HL7 CDA R2. The guide is intended for use in ambulatory care setting implementations. ***The guides are not intended for hospital or pathology laboratories implementations.***

The Implementation Guides do not include specific statutory reporting requirements for each state or the transport mechanism for submitting cancer case information to the public health authority's jurisdiction. The Centers for Medicare and Medicaid Services (CMS) permits public health authorities to dictate the transport mechanism in their jurisdictions. This supplemental guide describes Michigan's testing and validation process and elaborates on the transport mechanism to be used once the provider's CDAs have passed testing and validation. Michigan specific reportable condition data elements, and their respective conformance optionalities, are explained in the context of the CDA templates utilized. Lastly, there is an additional document outlining Michigan specific details regarding the CDA encapsulation specifications, which will include transport and routing mechanisms.

2.0 Testing and Validation

To ensure the structure and content of the CDA meets the quality assurance requirements of the MCSP, all provider organizations must complete a testing and validation process before the cancer CDAs are approved for production into Michigan's cancer registry. CEHRT vendors may begin the testing validation process on behalf of providers. Vendors and provider organizations interested in beginning the testing and validation process should contact MCSP technical assistance: MCSP.Help@altarum.org.

Providers who have registered their intent to initiate ongoing submission within 60 days of their reporting period and who have demonstrated their organization's ability to begin testing and validation with MCSP, will meet the requirements of active engagement as long as the provider responds to requests for action from MCSP. If the provider fails to respond to requests for action within 30 days on two separate occasions, the provider may not meet the definition of active engagement.

3.0 Data Elements and Conformance Optionalities Required to Meet Michigan Cancer Reporting Requirements

In Michigan, Act 82 of 1984 requires the Michigan Department of Health and Human Services (MDHHS) to operate a cancer registry. Under this law and the associated administrative rules, cancer cases are reportable to MDHHS by physicians, dentists, clinics, hospitals and laboratories that diagnose or treat patients with reportable conditions. The existing Michigan cancer registry receives these reports and incorporates the information into a statewide registry. **All in situ and malignant conditions are reportable, with the exception of basal and squamous cell skin cancers in non-genital skin. Benign tumors of the brain and central nervous system are also reportable.**

The table below lists the conformance optionalities needed for the data elements to meet the Michigan reporting requirements. Further information on the provider mandated reporting requirements can be found at: http://www.michigan.gov/mdch/0,4612,7-132-2945_5221-16586--,00.html.

The Michigan Department of Health and Human Services, Michigan's public health authority, requires public health reporting for meaningful use to be transported through the Michigan Health Information Network Shared Services (MiHIN). MiHIN is the state's designated entity to coordinate health information exchange. Providers must select a MiHIN qualified organization or sub-state health information exchange (HIE) to handle the transmission of the cancer CDA through the MiHIN and to the state cancer registry. CEHRT vendors must coordinate the transmission of the cancer CDA with the MiHIN qualified organization.

Altarum is a Qualified Organization for connecting. Further information on MiHIN qualified organizations can be found at http://mihin.org/exchanges/.

Table 3-1: Cancer Data Elements Cross Reference

NAACCR Item #	Data Element	IHE 2014 Optionality	HL7 2015 Optionality	MI Mandated Reporting Optionality	Template ID	Notes or Relative CDA xPath
	Facility OID* (Location where event took place)	**Not present**	**SHOULD** **CONF:1169-33913**	**SHALL**	Header	ClinicalDocument/componentOf/encompassingEncounter/location/healthCareFacility/id/@root ***Instructions for obtaining organizational and facility OIDs can be found in Appendix A below.** **Note:** @root should not be equal to '2.16.840.1.113883.4.6' (NPI OID).

NAACCR Item #	Data Element	IHE 2014 Optionality	HL7 2015 Optionality	MI Mandated Reporting Optionality	Template ID	Notes or Relative CDA xPath
108	Date of Death	**Not present**	**SHOULD** **CONF:1169-33183** **CONF:1169-33184**	**SHALL**	Header	ClinicalDocument/recordTarget/patientRole/patient/sdtc:deceasedInd **and** ClinicalDocument/recordTarget/patientRole/patient/sdtc:deceasedTime
630	Primary Payer at DX	**SHOULD**	**SHALL** **CONF:1098-8903**	**SHALL**	Coverage Entry	…/code/@*
1220	RX Date--Chemo (YYYYMMDD)	**SHOULD**	**SHALL** **See HL7 2015 IG Page 471**	**SHALL**	Medications	…/ effectiveTime
1230	RX Date--Hormone (YYYYMMDD)	**SHOULD**	**SHALL** **See HL7 2015 IG Page 471**	**SHALL**	Medications	…/ effectiveTime
1240	RX Date--BRM (YYYYMMDD)	**SHOULD**	**SHALL** **See HL7 2015 IG Page 471**	**SHALL**	Medications	…/ effectiveTime
880	TNM Path T	**Not present**	**SHALL** **CONF:1169-34176**	**SHALL**	TNM Pathological Stage Observation	…[code[@code='21899-0']]/value/@*
890	TNM Path N	**Not present**	**SHALL** **CONF:1169-34179**	**SHALL**	TNM Pathological Stage Observation	…[code[@code='21900-6']]/value/@*
900	TNM Path M	**Not present**	**SHALL** **CONF:1169-34182**	**SHALL**	TNM Pathological Stage Observation	…[code[@code='21901-4']]/value/@*
910	TNM Path Stage Group	**Not present**	**SHALL**	**SHALL**	TNM Pathological Stage Observation	…[code[@code='21902-2']]/value/@*
920	TNM Path Descriptor	**Not present**	**SHALL**	**SHALL**	TNM Pathological Stage Observation	…[code[@code='21903-0']]/value/@*

Figure 3-1: Tracking Example

```
<componentOf>
  <encompassingEncounter>
     <id extension="9937012" root="2.16.840.1.113883.19" />
     <code codeSystem="" codeSystemName="" code="" displayName="" />
     <effectiveTime>
       <low value="20090227130000+0500" />
       <high value="20090227130000+0500" />
     </effectiveTime>
     <location>
       <healthCareFacility>
         <id root="2.16.540.1.113883.19.2" /> <!-- Facility OID -->
         <id root="2.16.840.1.113883.4.6"
             extension="12345" /> <!-- Facility NPI -->
       </healthCareFacility>
     </location>
  </encompassingEncounter>
</componentOf>
```

List of Acronyms

Acronym	Acronym Definition
AJCC	American Joint Committee on Cancer
CEHRT	Certified Electronic Health Record Technology
CDC	Centers for Disease Control and Prevention
CDA	Clinical Document Architecture
CMS	Centers for Medicare and Medicaid Services
HL7	Health Level Seven
LOINC	Logical Observation Identifiers Names and Codes
MCSP	Michigan Cancer Surveillance Program
MDHHS	Michigan Department of Health and Human Services
MiHIN	Michigan Health Information Network Shared Services
MSSS	Michigan Syndromic Surveillance Syndrome
NAACCR	North American Association of Central Cancer Registries
PHIN	Public Health Information Network
OID	Object Identifier
ONC	Office of the National Coordinator for Health Information Technology
R2	Release Two
TNM	Tumor, Nodes, and Metastases
VADS	Vocabulary Access and Distribution System

Appendix A: Creating an Object Identifier (OID)

The Michigan Cancer Surveillance Program (MCSP) requires the use of Facility OIDs in the HL7 CDA messages.

There are two OID levels: the Organizational OID, and the Facility OID. These are also referred to as the "root OID" and "sub-organization OID," respectively. The Organizational OID represents the parent organization or sender of the message. The Facility OID corresponds to the facility location where the patient was treated. For example, if a patient is seen at Lansing Central Hospital, which is part of the Lansing Hospital System, and has a unified EHR, there would be an Organizational OID for the Lansing Hospital System and a Facility OID for Lansing Central Hospital.

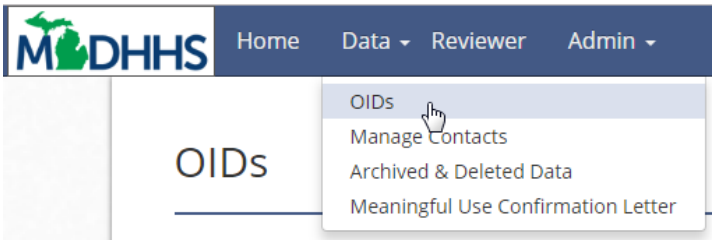
For single-facility practices where the location of patient treatment is also the sender of the message, the facility/sub-organizational OID may be very similar to the organizational OID, but is typically appended with a ".1" to distinguish it. If the organization were to expand to a second facility, the new entity would receive a ".2" extension to its Facility OID.

Some organizations may already have an Organizational OID registered with national organizations (IANA, HL7). If so, registrants should continue to use that OID. If not, Michigan's Health System Testing Repository (HSTR) can generate an Organizational OID.

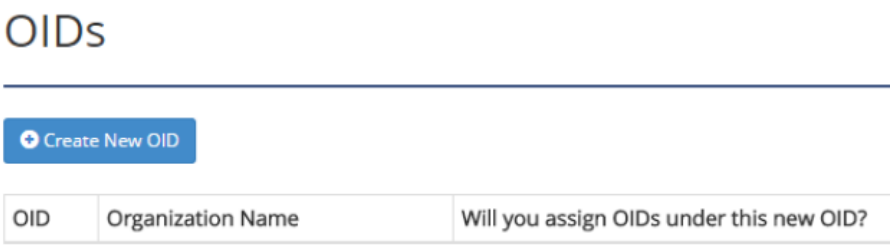
To manage OIDs, please contact Questions & Support with any questions if the steps below are unclear.

To create an OID within HSTR:

1) Login or Register for an account on HSTR
2) Select Data > **OIDs** in the main navigation



3) The OIDs page will appear and any previously created OIDs will be displayed. To create a new OID, select the **Create New OID** icon.



4) Certain attributes from your account will appear automatically, such as your Organization Name, Phone Number, E-Mail, and State. Other attributes are required to be added such as Address, City, and Zip Code.

Assigning OIDs for your Sub-Organizations

If you are submitting public health data to Michigan from multiple sites (i.e. – event or service locations), each site will need its own Facility OID number, which should be an extension or branch of your organization's root OID (e.g. – 888.888.8.88) plus some numbering scheme you define (e.g. – 888.888.8.88.**1**; 888.888.8.88.**2**; etc.).

Since no other organization shares your root OID, you simply need to make sure the numbers you add create a unique OID for each sub-organization within your root organization.

The assignments and branching numbers you use are up to you, but please **do not use leading zeros** (e.g. - .01, .002, .0003) as they may not process properly in public health systems. Instead, please ensure that your branches start with a number between 1 and 9. For example:

- **Correct**: 9.99.999.9.99999.9.999.1000
- **Incorrect**: 9.99.999.9.99999.9.999.0001

Please keep track of your branch OID assignments – you will need to define and use them when onboarding with some of Michigan's public health systems.

Important: if your organization sends CDAs automatically, updates to Facility OIDs must also be communicated to: MCSP.Help@altarum.org

Document Revision History

Date	Version	Description
11-20-2013	1.0	Initial version published.
3-14-2014	1.1	Added xPath details to the Michigan data elements, value sets and CDA example.
7-24-2014	1.2	Updated Cancer CDA Submission and Transport section.
11-5-2014	1.3	1. Updated Cancer CDA Submission and Transport section. 2. Added T, N, M value sets and updated the example.
2-11-2015	1.4	Updated Cancer CDA Submission and Transport Section.
8-27-2015	1.5	Updated to replace MDHHS logo with MDHHS logo. Updated '@root' for Receiving Facility and Receiving Application in Table 3-1. Added Routing example code in Figure 3-1. Updated 'xpath' for Date of Death and SEER Summary 2000 in Table 4-1.
2-8-2016	1.6	Updated to redefine transport item requirements. Removed recipient system transport items from guide. Added Appendix A (OID creation guide). Moved Version history to end of document. Updated table of contents.
3-17-2016	1.7	1. New template OID for 'TNM Pathological Stage Observation'. 2. Removed items from 'Table 3-1: Cancer Data Elements Cross Reference' that do not go in a CDA and which will be derived using data in the CDA. 3. Updated the value sets. 4. Updated examples.
11-29-2018	1.8	Updated to included HL7 2015 edition support, clarify optionalities for IHE 2014 edition support, and remove TNM sections, and updated HSTR guidance as screenshots.