CANCER REGISTRY – PROMOTING INTEROPERABILITY (formerly Meaningful Use) ON-BOARDING

To initiate on-boarding, send a message to shrimeaningfuluse@uiowa.edu or use the Iowa Cancer Registry Contact Us page at https://shri.public-health.uiowa.edu/contact-us/. On-boarding with the State Health Registry of Iowa/Iowa Cancer Registry begins with testing. In the message, please provide the following information:

1. A contact that will be responsible for uploading the CDA messages during the testing phase of on-boarding.
2. A contact that will be responsible for uploading the CDA messages when the testing phase is over and production reporting begins. These can be different contacts.

TESTING:

Reports are made through a web-based FTP server and testing will consist of the following steps:

- An invitation is e-mailed, in the form of a link, to one (1) contact who is responsible for uploading test CDAs
- The link is good for 5 days. This is not a deadline. If 5 days pass and testing is ongoing, new invitations will continue to be sent until testing is complete. For purposes of MU reporting, this is considered Active Engagement Option 2 – Testing and Validation.
- A password is sent to the contact in a separate email.
- Files are submitted by the test contact to the SFTP server
- Message is received by the Iowa Cancer Registry
- Test files are submitted to the CDC's validator to make sure that the message meets general validation.
- Files will be manually reviewed by the Cancer Registry to ensure file accuracy.
- An email is sent to the contact identifying any issues found in the uploaded files, and potentially guidance on how to fix them.

This process repeats until 6-10 clean files are received. It's OK to re-generate and re-send the same half-dozen CDAs: this process is testing output quality, not collecting data. Once testing is completed, we move into the production phase and data collection begins.

DATA:

The Cancer Registry collects reportable cancers only, as defined at the federal level and affirmed in the Cancer CDA implementation guide. Iowa has no different or additional requirements. Coding systems allowed are those specified in the implementation guide, though anything that can be sent in ICD-O-3 (the cancer subset of ICD-10 and the coding system the Iowa Cancer Registry uses in-house) will be

immediately useful to the Cancer Registry.

Required Data Elements:

- Patient first and last name
- Patient birth date
- Patient's current address
- Patient sex
- Clinic NPI
- Physician NPI – for a physician we can contact for follow-up on the patient
- Primary Site
- Date of Diagnosis/Procedure/Event

Fields that we don't currently require, but which we would like whenever they're available:

- Patient middle name/initial
- Patient Social Security Number
- Patient Race
- Patient Ethnicity
- Laterality
- Behavior
- Histologic Type
- TNM staging
- Treatment
- Patient status (alive/dead)
- Resident of Iowa (yes/no)

Note that some of those are listed as required in the implementation guide. This is due to the fact that the list of fields was taken from what is required for cancer abstracts, which are only assembled after 6-12 months of information about the incident has been received (i.e., all the lab reports have long since come back, a course of treatment has been established, etc.). Experience demonstrates that the real-time nature of Cancer CDAs means that this quantity or quality of information cannot be reasonably expected, so we waive those requirements.

As a rule, the Cancer Registry will never turn down data, so anything beyond the above that reporters are willing and able to provide is, of course, welcome.