Electronic Reporting for Dermatology Physician Practices
March 2014

North Carolina Central Cancer Registry

State Center for Health Statistics
Division of Public Health
Department of Health and Human Services
1908 Mail Service Center
Raleigh, NC 27699-1908
http://www.schs.state.nc.us/units/scr/
Welcome

- Welcome to the North Carolina Central Cancer Registry (NCCCR) training for the new on-line application created specifically for the dermatology practices in North Carolina.
- The intention of this training is to provide a thorough overview of its purpose and the reporting requirements and procedures.
- We hope this will be a useful tool to help you learn how to report cancer cases for your office quickly and easily.
The process will be simpler than it looks!

Print a copy of the “Training Module with Speaker Notes” file (see link on the training webpage)

See the training manual for the specific parts and sections of the manual.

We will follow the manual outline to help explain the various steps and details that are important to using the new reporting system.
Part I: Introduction
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- **Section I.1: Background and the Physician Reporting Program**
  - **North Carolina Central Cancer Registry (NCCCR) responsibilities**
    - Collect, process, analyze data on all cancer cases diagnosed among North Carolina residents.
    - Primarily a cancer surveillance activity, monitoring the incidence of cancer among the various populations of the state.
  - **All Health Care Providers responsibilities**
    - Required by law to report cases to the NCCCR
    - Data traditionally reported by hospitals in the past
    - New technological advancements now enable physician/clinic offices to diagnosis and treat without hospital involvement, thus, necessitating data reporting by these offices.
  - **Sources of Data**
    - Reporting from hospitals and physician/clinic offices
    - Death certificates and pathology laboratory reports help identify cases that are missed in the routine reporting.
    - Duplicate reports are consolidated in a data editing process.
Part I: Introduction

- Section I.1: Background and the Physician Reporting Program - continued
  
  o **Purpose of this effort**
    
    - To alleviate under-reporting or a delay in reporting which can adversely affect incidence rates and research from incomplete data collection.
  
  o **Why was this program created?**
    
    - To assist physician/clinic offices in complying with the public health law.
    
    - To help those given the reporting responsibility
      
      o Acknowledged those assigned may have various levels of experience (medical experience, computer experience and time availability)
    
    - To provide a secure, on-line, user friendly application specifically for physician dermatology offices to report eligible cases.
Part I: Introduction

- Section I.1: Background and the Physician Reporting Program - continued
  - Why was this program created? - continued
    - To provide tools to assist in identifying cases and determining what to report.
    - To provide an on-line application and assistance from designated representatives
    - Contact information may be found at the end of the document
  - Training document intended for physician/clinic office staff with responsibilities of reporting cancer cases to the NCCCR
Part I: Introduction

- **Section I.2: Authority**
  - **NCCCR is a unit of**
    - North Carolina State Center for Health Statistics (SCHS) within the
    - North Carolina Department of Health and Human Services (DHHS)
  - **State Statutes**
    - Established by N.C. State Statute Chapter 130A – Article 7
    - Administrative rules are codified as North Carolina Administrative Code Title 10A – Chapter 47 Subchapter B
  - **State Law**
    - NCCCR was founded by law as a state wide, population-based cancer registry in 1945
      - General Assembly Statute Article 7, Chronic Disease, Part 1, Cancer, 130A – 105 to 130a – 215
      - Mission to “compile, tabulate and preserve statistical, clinical and other reports and records relating to the incidence, treatment and cure of cancer.”
Part I: Introduction

• Section I.2: Authority - continued
  o Legislation enacted by General Assembly in pursuant years
    • Clarifying roles and activities with regard to not only the NCCCR but to its responsibilities to federal government legislation (such as HIPAA), state legislation, health care facility and health care provider responsibilities.
  o Additional Legislation examples
    • 1990 – detailed legislation enacted to build upon authority given in 1945 and pursuant amendments.
    • Identified and clarified responsibilities of the NCCCR
    • Provided more detailed information on:
      o Reporting structure
      o Definitions
      o Confidentiality
      o Reporting of cancer
      o Cooperation of the NCCCR with health facilities
      o Release of NCCCR date for research and assistance
      o Consultation for public health work
      o Failure by health care facilities/providers to report
Part I: Introduction

• Section I.2: Authority – continued
  o HIPAA (the Health Information Portability and Accountability Act)
    • Does not change or affect the mandate for reporting cancer in North Carolina
    • NCCCR is considered a Public Health authority and disclosure of protected health information to the NCCCR is permitted by HIPAA without patient signed consent.
      o HIPAA federal regulations citation: 45 CFR 164.52
    • Entire legislative documents may be viewed by going to the following Web site links:
      o http://www.schs.state.nc.us/units/ccr/article_7.htm
      o http://reports.oah.state.nc.us/ncac.asp
      o http://www.naaccr.org/Research/HIPAA.aspx
Part I: Introduction

- Section I.3: Reporting Deadlines
  - The Six-month Guideline
    - Every case of cancer or other reportable condition coming under the care of the reporting physician’s office are reportable as soon as possible but **not longer than six months after the date of initial diagnosis**.
    - Wait to enter report until after the treatment plan is established and initiated.
      - Why? Because the reporting of treatment information is very important data
      - What to do with a case where the patient refuses treatment, are not treated for any reason, or there is a decision not to treat (watchful waiting or active surveillance)?
        - Record that decision specifically in the treatment text area
  - Minimum Reporting Deadlines:

<table>
<thead>
<tr>
<th>Cases first seen in the office:</th>
<th>Must be entered by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First quarter (Jan, Feb, Mar)</td>
<td>Oct. 1st</td>
</tr>
<tr>
<td>Second quarter (Apr, May, Jun)</td>
<td>Jan. 1st</td>
</tr>
<tr>
<td>Third quarter (Jul, Aug, Sep)</td>
<td>April 1st</td>
</tr>
<tr>
<td>Fourth quarter (Oct, Nov, Dec)</td>
<td>July 1st</td>
</tr>
</tbody>
</table>
Thank you!
Part I: Introduction