



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Penelope Slade-Sawyer
Division Director

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Dear Physician:

I am writing to introduce you to the North Carolina Central Cancer Registry (NCCCR) and the reporting process that is required of all healthcare facilities and providers who detect, diagnose, or treat cancer. Per GS 130A-209, CCR requires facilities to report complete first course of treatment data. Each year, 139 North Carolina facilities report about 70,000 diagnosed cancer cases to the CCR.

The NCCCR was established in 1986 by the North Carolina General Assembly to monitor cancer incidence and burden in North Carolina. The law that established the NCCCR requires that all health care providers report cases of cancer to the NCCCR within six months of diagnosis. I have enclosed a copy of the law for your review. It is important we work together to ensure consistent reporting of all cancer cases that take place in order to comply with state requirements and to serve the people of North Carolina. Meeting the reporting standards facilitates: evaluation of patient outcome and quality of life, provision of follow-up information, and calculation of survival rates. Timely cancer reporting also assists public health agencies in the planning and evaluations of cancer prevention and control programs to reduce the burden of cancer among North Carolinians.

The Health Information Technology for Economic and Clinical Health (HITECH) Act provides the Department of Health and Human Services (DHHS) with the authority to establish programs to improve healthcare quality, safety and efficiency through the promotion of health IT, including health records and private and secure electronic health information exchange. Under HITECH, eligible health care professionals can qualify for Medicare and Medicaid incentive payments when they adopt certified Electronic Health Record (EHR) technology and use it to achieve specified objectives.

Until recently, complete and high quality cancer cases were reported through hospital cancer registries because cancer cases were primarily diagnosed and treated in hospitals. With advances in medicine, patients are often diagnosed and treated outside the hospital setting. Therefore, it is important that the NCCCR ensures data are received from physicians to avoid under-reporting of cancer cases that are diagnosed and treated outside the hospital setting. Electronic cancer reporting from eligible providers will not only help the registry collect missed and underreported cases but also ensure complete, timely and quality production of cancer incidence data for use in cancer control and prevention activities.

Enclosed documents describe steps for each physician to start reporting cancer cases to the NCCCR. If you have any questions or need any additional information, please email NCCCRMU2@dhhs.nc.gov or call 919-715-9728.

Sincerely,
Chandrika Rao
Director, North Carolina Central Cancer Registry

www.ncdhhs.gov • www.publichealth.nc.gov • www.schs.state.nc.us

Tel 919-733-4728 • Fax 919-733-8485

Location: 222 North Dawson Street • Raleigh, NC 27603

Mailing Address: 1908 Mail Service Center • Raleigh, NC 27699-1908

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