

The North American Association of Central Cancer Registries, Inc. (NAACCR) Interoperability Activities

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**Public Health Data Standards Consortium
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Outline

- **Priority and Structure**
- **Work Group Activities**
- **National Health IT Initiatives**
- **Integrating the Healthcare Enterprise**

NAACCR's Number One Priority

- Achieve syntactic and semantic interoperability of cancer registration standards with national standards.



Why?

- Increased emphasis on electronic health records (EHR)
 - ◆ 2004 State of the Union Address
 - ◆ Within 10 years complete healthcare information is available for most Americans
- Standards for electronic transmissions are being set
- We want to be at the table to ensure cancer registry needs are met

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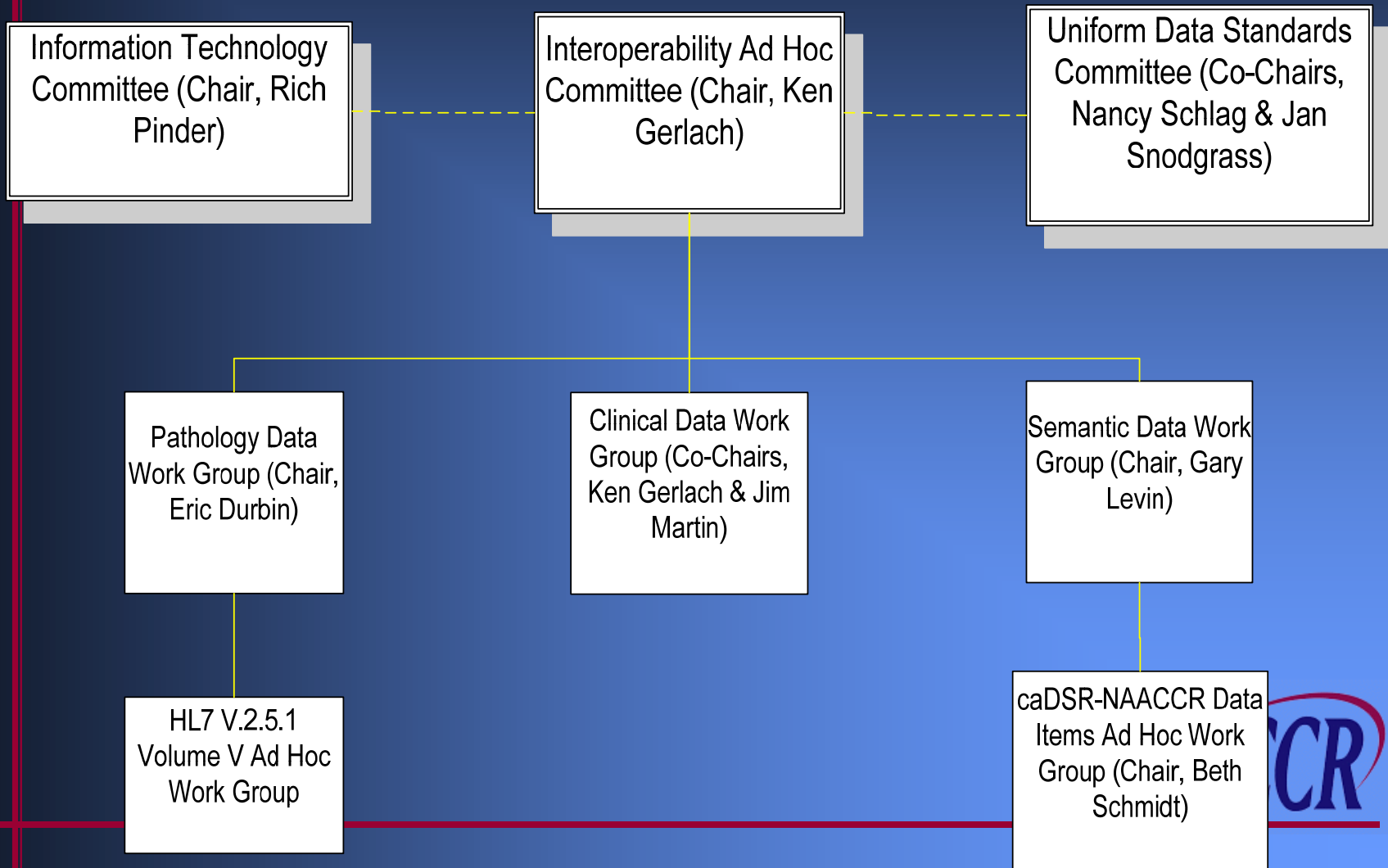
Why? (continued)

- Over 20 years of experience
- Standards Volumes I and II
- Historical data

Interoperability Ad Hoc Committee Work Groups

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Interoperability Ad Hoc Committee Structure



Semantic Data WG

- Goal: Achieve semantic interoperability of cancer registry data items with national standards
- Activities : date format, National Provider Identifiers, Race, caDSR

Dates – Data Items

- Old

- ◆ Format - MMDDYYYY

- ◆ Extra information: e.g. '88888888'

- New

- ◆ Format – YYYYMMDD

- ◆ Flag fields

caDSR-NAACCR Data Items Ad Hoc Work Group

- Purpose – quality control NAACCR Data Items in caDSR (cancer Data Standards Repository)
- caBIG™
 - ◆ cancer Biomedical Informatics Grid™
 - ◆ Information network - cancer community - to share data and knowledge



Pathology Data Work Group

- Goal: Develop messaging standards to facilitate the transmission of electronic pathology reports from anatomical pathology laboratories to cancer registries
- Activities:
 - ◆ Developed implementation guide for HL7 version 2.3.1
 - ◆ Messaging Workbench (MWB)
 - ◆ Upgrade of implementation guide to HL7 Version 2.5.1

Clinical Data Work Group

- Goal: Explore alternate mechanisms or messages to transmit and receive (within and outside the cancer registry community) the cancer abstract (Volume II) to ensure consistency with national standards-related organizations
- Activities:
 - ◆ HL7 Clinical Document Architecture (CDA)
 - ◆ Pilot project: hospital to central
 - ◆ Protocol
 - ◆ Transformation tools
 - ◆ Implementation Diagram
 - ◆ Time Line
 - ◆ Implementation Guide

National Health Information Technology (HIT) Initiatives

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Tsunami of Acronyms



National HIT Initiatives

- **Avalanche of information; multiple organizations**
- **Where to put our energy / efforts**
- **Takes time**
- **We're on a learning curve**

National HIT Initiatives

- CAP PERC (College of American Pathologist Pathology Electronic Reporting Committee)
- HITSP (Healthcare Information Technology Standards Panel)
- HL7 (Health Level Seven)
- IHE (Integrating the Healthcare Enterprise)
- PHDSC (Public Health Data Standards Consortium)



Integrating the Healthcare Enterprise (IHE)

- Cancer Registry Pathology Reporting Content Profile
- IHE Patient Care Coordination (PCC) Domain
- IHE Anatomic Pathology (AP) Domain

IHE – Cancer Registry Pathology Reporting Content Profile

- **Developed from:**
 - ◆ **NAACCR Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, Version 2.1**
 - ◆ **NAACCR Electronic Pathology Reporting Guidelines**



IHE – Cancer Registry Pathology Reporting Content Profile

- PCC Domain
 - ◆ Initial proposal
 - ◆ Comment period
 - ◆ Move to AP Domain

IHE – Cancer Registry Pathology Reporting Content Profile

- AP Domain:
 - ◆ Based in Europe
 - ◆ In-person meeting in Portugal, October 2008
 - ◆ Pathology Integration Profile
 - ◆ Accepted cancer registry profile
 - ◆ 2009-2010 implementation cycle

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IHE – Cancer Registry Pathology Reporting Content Profile

- AP Domain - Differences between two profiles
 - ◆ AP profile is restricted to data exchange within a single institution
 - ◆ Cancer Registry profile allows data exchange between multiple entities within or outside of an institution

IHE – Cancer Registry Pathology Reporting Content Profile

- **AP Domain - Differences between two profiles**
 - ◆ **AP profile is HL7 version 2.5.1**
 - ◆ **Cancer Registry profile is HL7 version 2.3.1**
 - ◆ **Data element requirements**

Thank you!

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