

Meaningful Use (MU) Working Group

September 7, 2022

Attendees – IMS/NCI

Linda Coyle (IMS)
David Angelaszek (IMS)
Marina Matatova (NCI)

Attendees – Registries

Georgia
Iowa
Massachusetts
Minnesota
New Jersey
New York
Seattle
Utah
Texas

1. A crosswalk from the LOINC codes used in MU data for race and ethnicity codes has been loaded into SEER*DMS (<https://www.naaccr.org/crosswalks-interopability/>)

- David mentioned that conversion tables from the LOINC race and ethnicity codes to NAACCR codes are available in the CDC_NAACCR_RACE_MAPPING and CDC_NAACCR_ETHNICITY_MAPPING in SEER*DMS.
- David displayed a screenshot of the EHR tab that now includes Race and Ethnicity data from the patient set and MU data. MU "Race 1" code is set in accordance with NAACCR standards
- **Action:** IMS will provide a data search that all registries can use that provides listings of patient sets with unknown race and have MU reports with more specific race data.
- **Action:** IMS to create a tech support issue for registries to comment on their current process for updating race codes in SEER*DMS and whether a KOU rule for race utilizing MU data would be beneficial.

2. Improvements were made for setting facilities in the MU (EHR) AFL algorithm

- Discussed that this improvement is currently in internal testing and should be released in the next week or so.
- The NPI for the physician's facility is matched against the NPIs in the FACILITY table. If a match is found then that facility is used for creating new AFLs or associating the MU report with an existing AFL.
- If no facility is found with the same NPI then the import facility is used.
- Updates made to a facility's NPI will trigger updates to be made to AFLs associated with MU reports matching that NPI.

- **Action:** Inform registries that this is complete in tech support squish.

3. Future of MU data - do you expect the number of facilities/physicians sending MU data to expand in your state?

- No registries reported MU was expected to expand in the future.
- GA, NJ, IA, UT -> MU reporting facilities are contracting. Several facilities sending MU data have been switched over to reporting data using more standard methods.
- UT/IA -> watching MedMorph development as a future option in place of MU.
- UT -> some practices are switching to CCDA. They find it has good demographics and text but not much for diagnosis data. It is not currently supported in SEER*DMS and is seen as an option between MU and MedMorph.
- NY - no plans to support MU data in the future.
- SE - state registry has MU but they were never able to get MU data from them. State registry lost their expert on MU data and recently stated that MU does not meet their standards for cancer reporting.
- All registries in attendance agreed MU is moving into maintenance mode and no further workgroup meetings are needed.

4. Move to a disease index work group.

- Disease index was proposed as it is an existing data stream that registries have received for years but many registries don't process this data in SEER*DMS.
- Several registries expressed interest in a new group to discuss the utilization of this data.
- Carrie Bateman in UT is currently on the Discharge and Claims Data Task force - a NAACCR work group. It currently has a small number of members. This group is focused mainly on best practices for the data. A new workgroup should align with the NAACCR work group to make sure we don't duplicate efforts.
- **Action:** IMS/NCI to touch base with Brent on developing the new workgroup.