

Maryland Cancer Registry Guidelines for Reporting Based on Type of Health Care System

Effective for Cases with Date of Diagnosis Beginning January 1, 2017

The landscape of quality cancer care is changing rapidly. With all the mergers, networks, arrangements, and acquisitions by various types of reporting facilities, guidelines are needed to better monitor state cancer reporting by facilities to the Maryland Cancer Registry (MCR) and provide structure for ensuring completeness in reporting.

Basic considerations play a role in determining the facility that is responsible for reporting cases with an initial diagnosis and initial treatment of malignant cancer or benign brain and central nervous system tumors as required by law. Characteristics under consideration include:

- Ownership or administrative control
- Staffing (e.g., physicians on staff or operating “in agreement”)
- Shared electronic medical record (EMR) systems

It is the responsibility of each reporting facility to ensure timely and complete reporting to the MCR as required by law. This is accomplished through direct reporting by the facility or by another entity under formal agreements that are made for reporting on behalf of the facility. **Each facility must report ALL cases for any additional facilities diagnosing and/or treating cancer cases for which they have a formal (i.e., written) agreement to report, regardless of whether the patient originated in-network or out-of-network.** These guidelines cover the usual scenario where the reporting facility is the main reporter and provide guidance on coding selected data items by type of reporting facility. See Diagram 1 on the next page for a generalized flow of reporting by the various types of reporting facilities described in this document.

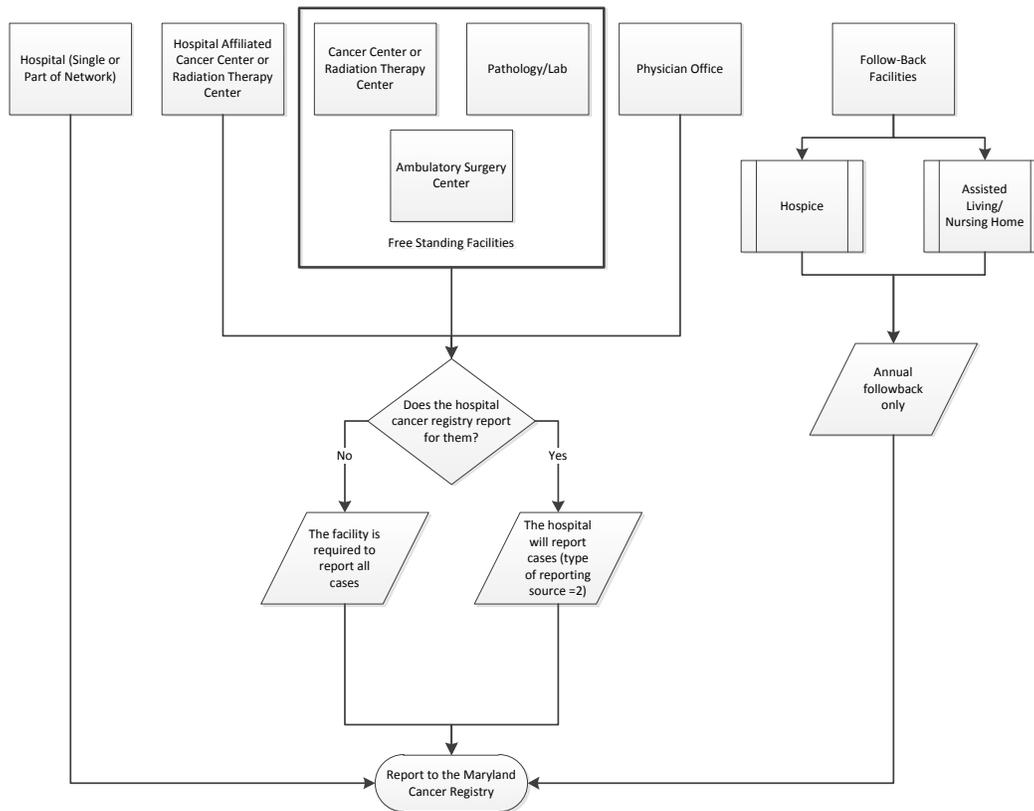
Relevant Data Items

The MCR assigns a 10-digit ID to each facility; this ID is used for selected data items. There are three data items related to facility identification that need to be taken under consideration when abstracting cases from facilities, including when agreements exist for reporting for other facilities.

- 1. Registry ID:** The 10-digit ID assigned by the MCR of the cancer registry transmitting the information to the MCR (the sender of data).
- 2. Reporting Facility (Facility ID):** The 10-digit MCR ID for the facility where the information regarding the case submission was obtained (the main source of data where the case received care). The only way the state cancer registry can monitor completeness of reporting is if the MCR can identify the facility where the case originated. This data item may be auto-filled by software used.
- 3. Type of Reporting Source:** The code that represents the source documents used to abstract the majority of information on the tumor being reported. This is not necessarily the source of the original case finding. For example, if a case is identified through a pathology laboratory report review and all source documents used to abstract the case are from the physician’s office, code this item 4-Physician’s office/private medical practitioner (LMD). This data item may be auto-filled by software.

Refer to the North American Association of Central Cancer Registries, Inc. (NAACCR) data dictionary for further definitions and codes at: <http://www.naacr.org/Applications/ContentReader/Default.aspx?c=10>

Diagram 1. Flow Diagram of Reporting by Type of Reporting Source



Types of Health Care System

See Table 1 for examples and descriptions of the types of health care systems and Table 2 for guidance on coding.

Single or Non-Networked Facilities

Single or non-networked facilities are under the administrative control of one entity (e.g. there is a single hospital, staff are employees of the hospital, and one EMR is used). Another example is a single, private physician practice or an independent pathology laboratory under one ownership. It is the responsibility of the facility to ensure timely and complete reporting to the MCR. A staff member should be identified as the primary reporter and adequately report cases from the single entity. In this situation, the Reporting Facility ID and the Registry ID are the same.

Multiple Networked/Merged Facilities

Networked/merged facilities are under the administrative control of one entity, for example, a hospital system that has multiple hospitals under its corporate umbrella, with staff as part of the system. The EMR is usually the same for each facility. It is the responsibility of the facilities to insure timely and complete reporting to the

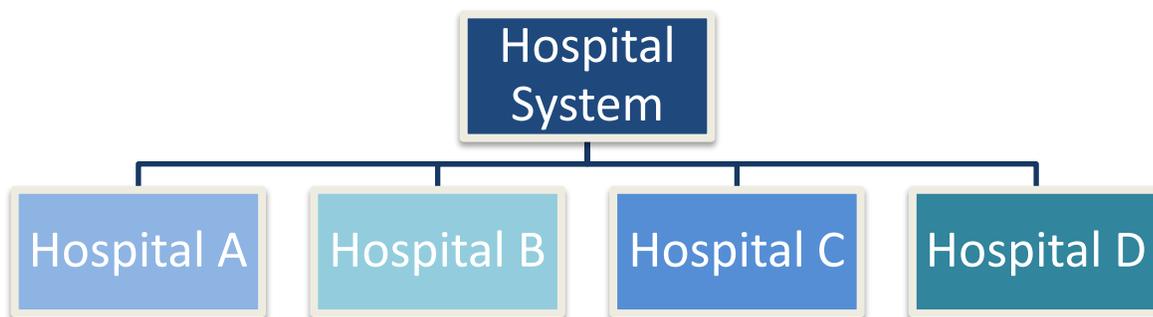
MCR. A staff member should be identified as the primary reporter and adequately report cases from all facilities in the network. See Diagram 2 for a depiction of networked facilities.

Hospitals: It is understood from the American College of Surgeons (ACoS) that networked or merged facilities such as hospitals that are accredited should report their cases with **separate facility ID numbers** and not use the networked ID assigned by the ACoS. In this situation, each facility reports independently/individually; the Reporting Facility ID and the Registry ID are the same for each independent facility, unless one hospital reports for an affiliated hospital. In this case, the hospital who reports (sender) should provide the Reporting Facility ID of the affiliated hospital (data source) for abstracts originating from the affiliate and the Registry ID of the reporting hospital.

Non-hospitals: In the situation of a non-ACoS, non-hospital system with multiple locations under one corporate system or network, such as multi-practice physician offices or laboratories, then the system may report collectively for each facility under its control. However, the system should indicate the Reporting Facility ID of the individual office and the Registry ID of the reporting facility, so incoming abstracts can reflect the location of the reporting source (data source) from the sender when they are different.

Please note that a facility may have two types of systems in operation, such as a hospital that is part of a networked system that also has one or more affiliated reporting facilities (e.g., the networked hospital has an affiliated radiation therapy center (RTC)).

Diagram 2: Networked Facilities (e.g., multi-hospital system)



Facility Affiliated with Hospital (Cancer Centers, Radiation Therapy Centers, Other Treatment Centers, and Pathology Laboratories)

Larger university hospitals or cancer programs may have multiple treatment centers within their administrative control. Any treatment center caring for cancer patients should identify a primary contact/reporter to insure timely and complete submissions to the MCR. If the hospital has a cancer program, the cancer registry may report those cases for the affiliated centers/entities using the 10-digit Reporting Facility ID for the hospital. If the hospital reports for a facility that is not affiliated with the hospital, and the facility has no facility ID, the MCR will assign a Reporting Facility ID to adequately monitor reporting from that entity. The hospital-based

cancer registry should use the assigned ID of the facility as the Reporting Facility ID and use the ID of the hospital for the Registry ID to report those cases when the cases are not patients of the hospital. See Diagram 3 for a depiction of facilities affiliated with a hospital.

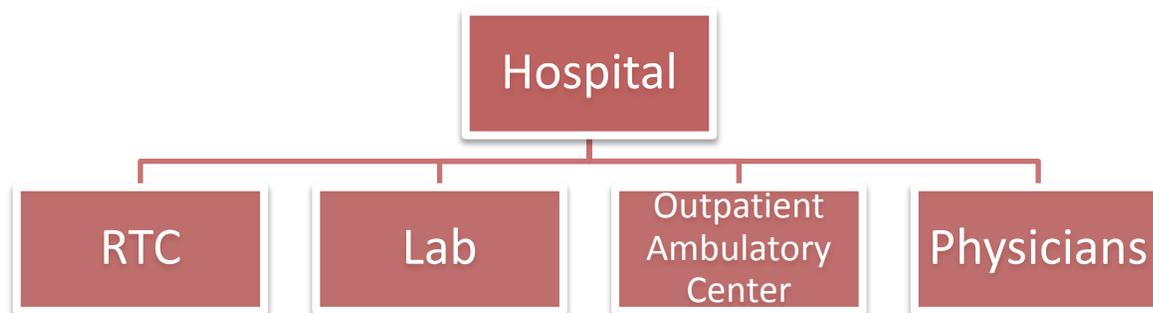
Example: A Proton Treatment Center (a radiation center) provides treatment within a university hospital system and the physicians are on staff at the University; the hospital cancer registry should report those cases to the MCR based on whether the case is a patient of the hospital. The following two scenarios would apply depending on if the case is a hospital patient or not:

Scenario A: Case is a patient of the hospital. Enter the Reporting Facility ID for the hospital, Registry ID for the hospital, and Type of Reporting Source as 1.

Scenario B: Case is referred to the treatment center by an outside physician but is not part of or enrolled in the hospital. Enter the Reporting Facility ID for the treatment center, Registry ID for the hospital, and Type of Reporting Source as 2.

Hospitals may fall under different types of systems. See Tables 1 and 2 for further examples and guidance on coding.

Diagram 3: Facilities Affiliated with Hospitals (e.g., radiation treatment center (RTC) associated with hospital)



Joint/Dual Partnerships

Some health care facilities enter into agreements of co-ownership and are jointly or dually operated. An example is a treatment center that is on the premises of the larger cancer program (host facility), but operated and staffed by physicians from two different facilities with one of the facilities that does not have privileges at the host (non-host) facility. Another example is a regional cancer treatment center sponsored by two large hospital facilities. It is the responsibility of that treatment center to assure that cases are reported to the MCR and identifies the mechanism of reporting. Generally, a single reporter, the hospital that has the overarching responsibility with billing, administration, and EHR use, is responsible for reporting for the center regardless if they are the host or non-host facility. A formal (written) agreement between the host facility and the other facility should be utilized for reporting compliance. Options for reporting arrangements may include:

Option 1: Single reporter where the treatment center reports directly to the MCR via methods including Web Plus, Meaningful Use, or HL7. Enter the same Reporting Facility ID and Registry ID for the treatment center and Type of Reporting Source as 2.

Option 2: Single reporter where one of the facilities (e.g., host hospital) reports for both facilities, for example, an arrangement may be made where the host facility reports all cases seen at the facility. Enter the Reporting Facility ID for the treatment center, Registry ID for the host hospital, and Type of Reporting Source as 2.

Option 3: Multiple reporters where both facilities report cases as agreed upon, reporting arrangements are dependent on the case relationship to each facility. The following three scenarios would apply:

Scenario A: When the case is a patient of the host hospital, the host facility reports the case. Enter the Reporting Facility ID and Registry ID for the host hospital, and Type of Reporting Source as 1.

Scenario B: When the case is a patient of the non-host hospital, the non-host hospital reports the case. Enter the Reporting Facility ID for the non-host hospital, Registry ID for the non-host hospital, and Type of Reporting Source as 1.

Scenario C: When the case is referred to the facility by an outside physician but is not a patient of either hospital, the host and non-host hospital should make the decision as to whom will report and either the host or non-host hospital reports per the agreement between the two facilities. Enter the Reporting Facility ID for the treatment center, Registry ID for the hospital per agreement, and Type of Reporting Source as 2.

Federal Facilities

Federal facilities such as the Veterans Administration (VA), military bases, National Institutes of Health, and the Walter Reed National Naval Hospital may report to the MCR if there is a signed agreement; otherwise, they follow federal reporting policies.

Facility Identified by Follow-Back

Follow-back facilities such as hospice or assisted-living/nursing home, report their cases during the annual lab-only or death clearance follow-back and do not report on a monthly or quarterly basis. These facilities are added into Issue Tracker, but are not set up for routine reporting. Issue Tracker is the MCR database that is used to record each interaction with MCR Reporters and to store demographic information about MCR reporting facilities.

Guidance on Entry of Relevant Data Items

In order to track the appropriate reporting facility that represents the source of the data (sender--where the data is coming from) as well as the facility who is sending the data on behalf of the reporting facility (source), it is important to understand the reporting arrangements based on the type of health care system. This will allow reporters to appropriately track the information in the MCR data system. See Table 2 for the recommendations for coding the data items Reporting Facility, Registry ID, and Type of Reporting Source. The table defines the appropriate use of the data items according to each type of health care system and provides some examples.

Table 1: Facility Characteristics by Type of Health Care System

Characteristic	Type of Health Care System					
	<i>Single/Non-networked Facility</i>	<i>Networked/Merged System</i>	<i>Facility affiliated with Hospital</i>	<i>Joint/Dual Partnership</i>	<i>Federal Facility</i>	<i>Facility Identified by Follow-back</i>
<i>Examples/Description</i>	<ul style="list-style-type: none"> - A community hospital with no ties to other health care system - Private doctor's office - Free-standing facility with no affiliations, such as an independent pathology laboratory. 	<ul style="list-style-type: none"> - Multiple hospitals under one corporate system - Free-standing radiation therapy center under one network system - Physician practices with multiple locations 	<ul style="list-style-type: none"> - Pathology laboratory under a larger university system - Cancer program associated with a large hospital or university - University treatment center that is operated under a hospital corporation 	<ul style="list-style-type: none"> - Regional treatment center with two hospitals as equal partners 	<ul style="list-style-type: none"> - VA hospital - Walter Reed National Naval Hospital - Military base hospital 	<ul style="list-style-type: none"> - Nursing home or hospice that does not usually report
Ownership/Admin. Control	One facility owns/controls	One system owns/controls multiple facilities; facilities fall under the "umbrella" of the system	One facility owns/controls one or more facilities	More than one facility owns/controls	Federal government	One facility owns/controls
Staffing	Staff are from one facility	Staff come under one system	Staff come under one system	Staff are from two facilities	Staff are Federal government employees/contractors	Staff are from one facility
EMR	One EMR	Same EMR system at separate locations	Same EMR system at separate locations	May have separate EMR systems at one location	Federal government	May or may not have a single EMR

Table 2: Guidance on Relevant Data Items by Type of Health Care System

Characteristic	Type of Health Care System					
	<i>Single/Non-networked Facility</i>	<i>Networked/Merged System</i>	<i>Facility affiliated with Hospital</i>	<i>Joint/Dual Partnerships</i>	<i>Federal Facility</i>	<i>Facility Identified by Follow-back</i>
Reporting Facility (major data source)	<p>Enter facility ID assigned by MCR <i>(Example: ID 0000012345 for hospital A).</i></p> <p>It is the responsibility of the facility to designate their reporter.</p>	<p>Use facility ID assigned by MCR to the specific hospital. Do not use the corporate level (network) facility ID if available <i>(Example: ID 0000034567 for hospital B vs. using the network ID)</i></p> <p>It is the responsibility of the facility to designate their reporter.</p>	<p>Enter facility ID assigned by MCR for the facility where the data is coming from <i>(Example: ID 9999901234 for RTC A assoc. w/ hospital B).</i></p> <p>It is the responsibility of the facility to designate their reporter.</p>	<p>Enter facility ID assigned by MCR for the facility where the data is coming from when separate reporting by facility <i>(Example: ID 9999902345 for RTC B assoc. w/ hospitals A and B) unless a formal agreement exists for one cancer registry to pick up all cases.</i></p> <p>It is the responsibility of the facility to designate their reporter. If a formal agreement exists, the Cancer Registrar should report ALL cases seen for care at the separate facilities.</p>	<p>Use facility ID assigned by MCR Note: Federal facilities report with a signed agreement <i>(Example: ID 0000056789 for hospital C)</i></p> <p>If reporting, it is the responsibility of the facility to designate their reporter.</p>	<p>Use facility ID assigned by MCR Reporting Facility type <i>(Example: ID 888880123 for nursing home A)</i></p>

Characteristic	Type of Health Care System					
	<i>Single/Non-networked Facility</i>	<i>Networked/Merged System</i>	<i>Facility affiliated with Hospital</i>	<i>Joint/Dual Partnerships</i>	<i>Federal Facility</i>	<i>Facility Identified by Follow-back</i>
Registry ID (sender)	Enter same facility ID as Reporting Facility <i>(Example: ID 0000012345 for hospital A)</i>	Enter same facility ID as Reporting Facility when the reporter is the same as the data source <i>(Example: ID 0000012345 for hospital A)</i> ; otherwise, the Registry ID and Reporting Facility will be different (Hospital A reports for Hospital B)	Enter different facility ID as Reporting Facility <i>(Example: ID 0000034567 for hospital B)</i>	Enter different facility ID assigned by MCR based on the facility sending the data <i>(Example: ID 0000012345 for hospital A OR ID 0000034567 for hospital B)</i>	Enter same facility ID as Reporting Facility <i>(Example: ID 0000056789 for hospital C)</i>	Use facility ID assigned by MCR to reflect MCR <i>(Example: ID 0000002100 for MCR)</i>
Type of Reporting Source	Code according to Reporting Facility <i>(Example: hospital A=1)</i>	Code according to Reporting Facility <i>(Example: hospital A=1)</i>	Code according to Reporting Facility <i>(Example: RTC A=2)</i>	Code according to Reporting Facility <i>(Example: RTC B=2)</i>	Code according to Reporting Facility <i>(Example: hospital C=1)</i>	Code according to Reporting Facility <i>(Example: nursing home A =5)</i>