MedMorph Consolidated Use Case

July 2nd

**Agenda:**

* Logistics and Recap from Last Week
* Working Session: Cancer – User Stories, Flows, and Diagrams
* Next Steps

**User Story 1**

* *from Norton, Jenna NIH/NIDDK [C] to everyone: Is there a concern some cases might be missed if people chose not to be treated?*
  + Wendy – can we go through the user story first and see if maybe the surgery covers it? Or if not maybe a different category type
  + The end of the user story includes the timing period option when a report will be sent after a certain period of time that could show that no treatment was given.
    - *from Norton, Jenna NIH/NIDDK [C] to everyone: Yes, I think that answers my question. Thanks.*
* *from Nigar Salahuddin to everyone: What about in cases of prostate cancer where 'watchful waiting' is also considered treatment*
  + Serban: Staging procedure might trigger the notification but you might use an array of procedures you can cover cases of watchful waiting – at the registry if you get too many reports it takes a lot of time to consolidate the information – maybe just each type of treatment but there needs to be an array of triggers including more than just treatment
  + Wendy – good point – I think we loosely tried to capture in surgery but maybe “cancer directed procedure” or “watchful waiting” (and not surgery). We need to know how that is captured in the EHR – will have to look into to see if there’s a way to code/capture watchful waiting.
  + Mike- I think this captures- active surveillance, refusal of treatment – we need to encompass all of those scenarios (you hope treatment and diagnosis is the trigger but there are a select few that are missed because they choose not to do anything) we do document a data and a date needs to be documented in the record for first course of treatment
* Wendy – one of the things of the RA and the KA is that we can have a nimbler process that changes over time as the KA is managing, the triggers
  + Mike F – you are correct
* Wendy – that is not to say we want to capture it up front
* Becky – do we want to update the time period now knowing it can be changed
  + Wendy – yes it can be changed and could be configured state by state in theory
  + Mike F– yes there is that variability
  + Becky – that would be in the provisioning
    - Mike F – yes
* Wendy – do we need to talk about timing
  + Becky – maybe we say in timing to be determined by the cancer registry?
  + Wendy – are we saying time period is flexible and the starting point (e.g. date of diagnosis) and time from start date is flexible or is it both
    - Becky – I think it could be either – thoughts
      * Wendy – lets leave it broadly TBD
* Wendy – to the group does this address the issue of multiple reports
  + Mike – I think so as long as you identify the initial “whatever it is” it does address this – I cannot think of a scenario otherwise
* Becky – should we include refusal for treatment –
  + Wendy – that could be the same as watch and wait but we could add refusal for treatment, and I think we should call it something other than “category of treatment” maybe “category of trigger”
  + Serban – yes you want to evaluate each situation but practically this might be difficult to get all of them or all the reasons why it wasn’t administered – might be easier to use ICD 10 or CPT codes – it is usually a text for why treatment wasn’t administered – yes it is important but practically not sure how it can be done
    - Wendy – we will do some research to see if there is a way it is captured in a coded way – there might be some encounter codes that might cover it – there are other places where it could get captured and EHRs may capture it in a different way – we may use other codes but not in scope of this – j
  + Serban – just because we cannot capture – the focus should be on collecting information when treatment was not administered but it should not be a deterrent to use a model as most will receive treatment and procedures
  + Maria – one of the reasons why you don’t have a treatment of procedure – for purpose of reporting clinical quality measures to CMS – a lot of EHR vendors built in a way to enter text (not sure it is codified) you can enter a reason why a treatment wasn’t given but I am not sure how it works. Also need to include “lost to follow-up” as a possibility in any of this.
    - Wendy – yes capturing reason for treatment or no treatment
* *from Michael Castera to everyone: Almost should be along the lines of treatment decision instead of category of treatment*
  + Wendy – maybe say in addition to instead of we want to capture this in the actual occurrence just not the treatment plan – so this might be an additional concept of “treatment decision”
    - *Michael Castera to everyone: I agree, that is a better recommendation.*
* Wendy – we will work with this offline to flesh this out and bring it back to the group
  + Becky – good
* Becky – would BSA be able to apply logic before it gets the data? – Mike this is for you
  + Mike F – it can get notified and make some queries and do some evaluations but needs to go back to the EHR to get additional resources for the report
    - Becky – similar to the other workflows on the other use cases.
    - ACTION: Update the workflows to include the criteria check step that is present on other use cases. Also, we need to add step to flow regarding query to gather resources for report.
      * Mike F– yes similar
* Wendy -with the repeat depending on what category triggers the notification what data elements are sent in the report could be different – ideally we don’t want to send everything – that is a question for the group – maybe new treatment information demographics cancer diagnosis
  + Mike F – I think we are planning along those lines and form report based on type of trigger and logic thereafter
    - Wendy – yes – content of report will be different based on trigger type
    - Mike – yes this is what we are thinking and what Dragon is modeling
      * ACTION: Update the flows to make it clear that reports will be trigger-specific
  + Mike – trigger dependent and bundle them up appropriately -we might pull same, but report could be packaged differently based on what data has been changed
  + Craig – is it practical to have the BSA to know that it has already sent a bundle for the treatment type – I get the need for it or is this really practical – is a bundle sent a previous trigger kept – some sort of bundle was already received and processed
    - Mike F – received and processed on registry end?
      * Craig – yes whoever the recipient is
    - Mike F – we were not planning to go back to the EHR – we are planning to keep a database tracking report sent for a particular patient outside of the EHR or the recipient

**Alternate Flow**

* Wendy – the “every report” is specific to the MU cancer reporting requirements and for states that might still want it this way

**Data requirements**

* Wendy- we are putting in code systems and value sets that we use for CCDA reporting – we typically don’t include proprietary data sets – where NAACCR has their own value set that are NAACCR specific – but we will map them as we try to use national standards – we don’t want the EHRs to do mapping of the data on their side – this is our current plan

**Policy Considerations and Non-Technical Considerations**

* Asking the group to look at these and share with us what these might be – might need to put together non-domain considerations as well as cancer specific