Physician Cancer Reporting Using the NYSDOH Health Commerce System

Topics covered
- Overview document “Physician Reporting”
- Health Commerce System (HCS) Accounts and Login
- Application “Welcome” Pages
- General features of the reporting application
- Detailed guidance for data entry:
  - Patient Information
  - Cancer Information
  - Treatment
Obtaining Assistance

Contacting the Cancer Registry

- Field representatives are available to provide assistance with using the HCS Physician Cancer Reporting application and to answer any questions you may have about the Cancer Registry or the reporting of cancer cases.

- Electronic Mail: MDreports@health.ny.gov
  or
- Telephone: dial 518-474-0971 and ask for help with physician reporting.
Resources for Physician Offices

- To obtain the physician office cancer reporting documents:
  - go to the “Cancer Data Entry - Physicians” profile page of the HCS;
  - go to the NYSDOH website (http://www.health.ny.gov/) and search for Cancer Reporting;
  - call the NYSCR at 518-474-0971.
Physician reporting

- Refer to the document *Overview of Physician Reporting - New York State Cancer Registry* for information about:
  - the New York State Cancer Registry (NYSCR)
  - public health laws that require physician reporting
  - privacy and HIPAA
  - which cancer cases are reportable
  - how to identify reportable cases
  - the NYSDOH’s secure Health Commerce System (HCS)

Which cases to report

- Each physician or practice should have a systematic approach for identifying and reporting cases diagnosed and/or treated in the private practice.
  - Contact the Registry for help with casefinding or tracking cancer case reporting.
- Generally, it is not necessary to report patients who were hospitalized as *inpatients* to receive cancer-directed treatments such as surgery or chemotherapy, unless specifically requested by the Registry.
- Because treatment information is very important, wait to submit the report until after the treatment plan is established and initiated.
  - For patients not treated at all or when there is a decision not to treat right away (watchful waiting or active surveillance), report that decision under the “First course of treatment” section of the Treatment tab page.
- Note: “Cancer-directed treatment” and “First course of treatment” are described near the end of this presentation in the Treatment section.
Obtaining HCS accounts

- Each user must have his/her own HCS account with User Id and password.
- Contact the NYSCR (518-474-0971 or MDRreports@health.ny.gov) for information about establishing HCS accounts.
Log into the HCS using your individual User Id and password. Do not share accounts. Links to assist with forgotten passwords.

Two ways to access the application:

Welcome
Search
My Applications

Important Health Events
Important Health Notifications
Newsroom Highlights...
My Applications (a closer look)

To access the on-line application for reporting cancer cases, simply click Cancer Data Entry – Physicians under My Applications.

For information about this application, a link to the Physician Manual, information about casefinding and reportability, or our contact information, click to the right of Cancer Data Entry – Physicians.

HCS Applications list

Click My Content on the menu bar across the top. Then select All Applications.

Browse by letter C and then click Cancer Reporting - Physicians - Data Entry from the list.
Welcome Pages

Three welcome pages may be encountered depending on the status of the user’s HCS account.

Welcome page (PHY101)

If your HCS account is affiliated with multiple physicians, you will encounter this Welcome page that displays a physician list. Select the physician whose patient you will be reporting and then click the Continue button.

Note that every screen has a page number that begins with PHY.
Welcome page (PHY102)
This patient list screen appears if you are a physician, your HCS account is affiliated with only one physician, or you have selected a physician on page PHY101.

Select the first line to begin a NEW case report.

LAB is a followback request originating from a laboratory report.

DCO is a followback request originating from a death certificate only case.

If a case report is started and saved, the date it was last saved will appear to the right of the DOB.

Welcome page (PHY100)
This screen appears if your HCS account is not affiliated with a NYS-licensed physician. For assistance, call 518-474-0971 or click on Contact CR to send an email.
Application Features

These user options appear in upper right of every page

Click **Home** to go back to your welcome page.

Click **NYS Cancer Statistics** to link to cancer statistics and information on the NYSDOH public website.

Click **Contact CR** to bring up a convenient form to send an email to staff at the Registry.

Click **Help – Physician Manual** to open a detailed manual for Physician offices.

User’s name appears in welcome line
Continue & Save and Exit buttons

You may click **Save and Exit** at any time until the case report is submitted to the Registry. The started case will appear in the patient selection list (PHY102) for completion at a later time.

After clicking **Continue**, a check for missing required fields or errors will be performed. If none are detected, the next tab page opens.

Navigating the application

Each case report has 3 or 4 forms (tab pages) to complete. Followback Status appears for followback cases only.

To move forward: Click **Continue** to move from one form to the next. You can move forward only if a page is complete and error free.

When returning to a saved report, you must pass through each page from the beginning.

To go back: Click the desired tab on the top to return to previously completed pages.

Do not use the back button on your browser to go back to a previous page!

If you use the browser back button, you may lose data you entered or receive an error message.
Completing data fields

Fields are convenient drop-down selection lists or simple text entry.

Date fields are entered as month, day, year using the tab key to move from each box.

Place cursor over Help icon to display information about the field.

Required data fields & error messages

While not all fields are required, all requested information is important; therefore, please fill in each case report as completely as possible.

Required fields must be completed before continuing to the next tab page.

Error messages will alert you if required fields are not filled in or if other problems are detected. You will not be able to continue to the next tab until all errors are resolved.
Data Entry Tabs (Pages)

Data entry tabs (or pages)

- Followback Status (for followback cases only)
- Patient Information
- Cancer Information
  - Melanoma
  - Prostate cancer
  - Leukemia
  - Lymphoma
  - Hematopoietic – other
  - Other types of cancer
- Treatment
Followback Status Tab (PHY 201)

Followback Status
The Followback Status tab appears only for specific patients for whom the Cancer Registry is requesting follow-up information.

Click Continue to move to the Patient Information tab and begin the case report. (The first radio button is automatically selected.)

If you cannot complete a case report (e.g., it is not your patient), select the appropriate response and click Continue to submit your reason for not providing a case report.
Providing referral information

If you are NOT completing a case report, use this box to enter physician referral information.

If you are completing a case report and have information about other treating physicians or facilities, use the comment box located at the bottom of the Treatment tab (PHY 501).

Patient Information Tab (PHY301)
Patient Information

The Patient Information page is used to collect important demographic information. Refer to the patient’s medical record/chart and fill out all fields as completely as possible.

The patient’s type of cancer must be selected to proceed to the appropriate Cancer Information tab. Select the “Other type of cancer” for malignancies not specified in the list.
Cancer Information Tabs (PHY401)

Cancer Information

- Six different Cancer Information tab pages are available – the page displayed depends on the type of cancer selected on the Patient Information tab.
  - Melanoma
  - Prostate cancer
  - Leukemia
  - Lymphoma
  - Hematopoietic – other
  - Other types of cancer
- Some fields are not applicable for all cancer types; therefore, the field numbers on this page may not be sequential.
Cancer Information

- The information collected includes:
  - pathology report text
  - location of the primary tumor (site) and cell type (histology)
  - date and method of diagnosis
  - size of tumor and staging information
- Use all pertinent information in the medical record/chart to select the most specific term from the drop-downs lists.
- Sources of information for diagnosis and staging include:
  - pathology and bone marrow reports
  - history and physical exam
  - operative reports
  - lab tests, tumor markers
  - X-rays, MRIs, ultrasounds, other imaging tests

Cancer Information

- Diagnosis date: date of first diagnosis of this cancer by a medical practitioner.
  - It may be a clinical diagnosis that has not been histologically (pathologically) confirmed.
  - After a biopsy confirms the diagnosis, the date still remains the date of first clinical diagnosis.
- Helpful information to include in the pathology text field:
  - Primary site of neoplasm; cell type and grade; behavior of tumor (in situ, invasive, microinvasive); Gleason score or grade for prostate; location within organ; depth of invasion; involvement of surgical margins and serosal surface of organ; names of structures and organs affected
  - For guidance, use the help buttons located next to fields.
Cancer Information Tab

Melanoma (PHY401-MEL)

Cancer Information - Melanoma

- All malignant cancers, except basal cell and squamous cell of skin of non-mucoepidermoid sites, are reportable.

- For skin cancers other than melanoma, select either “Other types of cancer” or “Lymphoma” on the Patient Information tab.
  - Examples: Merkel cell carcinoma (select “Other type of cancer”); Mycosis fungoides (select “Lymphoma”)

- Each primary lesion should be reported in a separate case report.
Cancer Information - Melanoma

Top Section

Include pathology report information such as cell type/differentiation, size of tumor, depth of invasion, Clark level of invasion, ulceration, margin involvement, type of biopsy, procedural history of this lesion.

Required fields are indicated with an asterisk (*).

When using drop-down lists, select the most specific term that describes the cancer case.

Bottom Section

Use all pertinent information from the medical record to complete “Stage of Disease at Diagnosis” section.

Use the help buttons for short descriptions of how to complete each item.
Cancer Information Tab

Prostate (PHY401-PRO)

Include pathology report information such as date and type of biopsy, cell type/differentiation, grade, Gleason pattern, Gleason score, size, and location of tumor.

Required fields are indicated with an asterisk (*).

Gleason Pattern, Gleason Score, and PSA are unique to this module and provide important information.

Use the help buttons for short descriptions of how to complete each item.
For each parameter (T, N, M, TNM Stage), select the TNM value that is stated in the patient's medical record or, if no TNM staging is found, leave blank.
Hematopoietic malignancies

- Three separate Cancer Information tabs are available
  - Leukemia (PHY401-LEU)
  - Lymphoma (PHY401-LYM)
  - Hematopoietic – Other (PHY401-HEM)
  - Examples:
    - Multiple Myeloma (plasma cell myeloma, smoldering myeloma)
    - Myeloproliferative disease
      - Polycythemia vera
      - Refractory conditions (refractory anemia, refractory neutropenia, refractory thrombocytopenia)
      - Essential thrombocytopenia
    - Myelodysplastic syndrome (pre-leukemia, smoldering leukemia)
    - Waldenstrom macroglobulinemia, Heavy chain disease

Hematopoietic malignancies – determining when to report

- Use the NYSCR Guide to Determine Reportability for Physician Medical Practices.
  - Reportable conditions are listed in ICD-10-CM code order.
- Use the most specific diagnosis from pathology reports and bone marrow reports.
- Report if there is a physician statement (clinical diagnosis) of a hematopoietic or lymphoid neoplasm.
- Report when the physician has started cancer-directed treatment (or made a decision not to treat).
**Hematopoietic malignancies – Transformations**

- Frequently, hematologic malignancies are diagnosed in the chronic phase and then, later on, there is a transformation to another diagnosed condition
  - Example 1: Polycythemia vera may transform to acute myeloid leukemia or myelodysplastic syndrome.
  - Example 2: Chronic Lymphocytic Leukemia (CLL) may transform to diffuse large B-cell lymphoma or Hodgkin lymphoma
- If a neoplasm is originally diagnosed in the chronic phase and 21 or more days later, diagnosed in the blast or acute phase, report both of these as separate cases.
- If both chronic and acute phases are diagnosed within 21 days, call the Cancer Registry for guidance about whether to report as one or separate neoplasms.

**Hematopoietic malignancies – Cell Line (field # 33)**

- Field # 33 for leukemia, lymphoma, and hematopoietic-other modules
- Describes the cell line of the lymphoid neoplasms
- Use statements from the medical record to determine (pathology report, history and physical, consultation, final diagnosis, face sheet)
- Select “Not applicable” for myeloproliferative neoplasms, myelodysplastic syndromes, histiocytic / dendritic cell neoplasms
Hematopoietic malignancies – Cell Line (field # 33)

- Select “T-cell” if identified as T-cell, T-cell phenotype, T-precursor, pre-T, gamma-delta T, or null cell and T-cell
- Select “B-cell” if identified as B-cell, B-cell phenotype, B-precursor, pre-B, or null cell and B-cell
- Select “Null cell” if described as null cell, non-T non-B, or common cell
- Select “NK (natural killer)” cell if NK cell, natural killer cell, nasal NK/T-cell lymphoma, or null-cell and NK cell
- Select “Not applicable; unknown, not in chart” if there is no statement describing cell type, if described as combined T and B cell or combined B and NK cell

Cancer Information - Leukemia

Source of Diagnostic Confirmation refers to the most definitive method used to diagnose the patient. For example, if a flow cytometry test and a bone marrow biopsy were used to make the diagnosis, select “Immunophenotype/genetics + Pos histology.”
Cancer Information - Lymphoma

Use the patient’s medical record to locate information about the lymphoma, such as:

- where the tumor is located (Primary Site) and which side of the body (Laterality)
- the type of cancer cells (Histology and Cell Line)
- how the cancer was diagnosed (Diagnostic Confirmation)
- the stage at diagnosis (Tumor Extension)

Cancer Information – Other Hematopoietic
(Use this module for hematopoietic malignancies other than leukemia or lymphoma)

Testing for JAK2 Mutation is primarily for myeloproliferative diseases such as polycythemia vera, essential thrombocytopenia, and myelofibrosis. Use the best selection from the list to describe the result or select not applicable if the test is not used for the diagnosis (e.g., multiple myeloma).

The primary site for almost all of these cases is the bone marrow; however, some do originate in the blood (e.g., Waldenstrom macroglobulinemia) or other sites.

Also, for most malignancies in this module, select “Not a paired site” for Laterality.
Cancer Information Tab

Other Types (PHY401-OTH)

Use all pertinent information in the medical record to select, from the drop-down lists, the most specific description of the location of the cancer's origin (primary site), side of the body (laterality), the type of cells (histology), the invasiveness (behavior), cell differentiation (grade), and the method used to diagnose the case (diagnostic confirmation).

Hover over to get more information about each field.
Cancer Information – Other types

Bottom Section

This section collects information about how far the cancer has spread from its point of origin. Report tumor size in millimeters (mms) located in the pathology report and, if not available, in an imaging test report. For TNM fields, select the values as they are stated in the patient’s medical record.

Stage of Disease at Diagnosis

40. Size of Tumor(mm) °
47. Stage at Diagnosis °

Clinical TNM Stage of Disease:

48. T: Please Select °N Please Select °M

Pathologic TNM Stage of Disease:

49. T: Please Select °N Please Select °M

TNM Stage: Please Select °

Please Select °

Continue ° Save and Exit °
Treatment Information

- Any information about cancer-directed treatment should be reported.
- Cancer-directed treatment includes medical interventions and procedures to destroy, modify, control, or remove cancer tissue.
- Methods of treatment include:
  - Surgery
  - Radiation therapy
  - Chemotherapy
  - Hormonal therapy
  - Biological (immunotherapy, biological response modifier therapy)
  - Other (for some hematopoietic malignancies)

Treatment Information: First Course of Treatment

- First course of treatment includes all methods of treatment documented in the treatment plan and administered to the patient before disease progression.
- Also considered first course of treatment are:
  - Active surveillance
  - Watchful waiting
  - Decision not to treat
- Enter the date treatment first began or the date a decision not to treat was made.
Treatment (Top Section)

Summary Treatment Status indicates whether treatment was given, not given, or a decision for active surveillance or watchful waiting was made. (This is a required field.)

Select the Type of Biopsy used to diagnose and stage the cancer.

Provide information about surgery of primary site, lymph node surgery, and surgery of sites other than the primary site.

Treatment (Bottom Section)

Enter the start date for each treatment method given to a patient.

For radiation therapy, enter the type given. If no radiation was given, select “None” and select the reason for no radiation in field #61.

For treatment other than radiation, select the appropriate response: therapy given or specific reason therapy not given.
Contacting the Cancer Registry

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  or
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