GCCR Register

Private Physicians, Hospitals, and HIPAA
From the NAACCR website (http://www.naaccr.org)

The following question has been posed to GCCR several times. The North American Association of Central Cancer Registries (NAACCR) provided a comprehensive answer:

Q. Will private practice physicians and hospitals be permitted to continue to provide follow-up and treatment information to hospital cancer registries without patient authorization?

A. Yes. Although private practice physicians and hospitals are health providers, and thus covered under the provisions of the HIPAA privacy regulations, they may continue to provide cancer patient follow-up and treatment information to the hospital cancer registries without patient authorization when both the physician and the hospital has or had a relationship with the patient.

Under the HIPAA Final Privacy Rule, private practice physicians and hospitals may disclose confidential patient information to hospitals for the purpose of treatment, payment and **health care operations** (quality assessment/ improvement is considered a health care operation). A business associate agreement is not required between a hospital and physician for such purposes.

Section 164.506(c)(4), states in relevant part, that

"A Covered Entity may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the protected health information being requested, the protected health information pertains to such relationship, and the disclosure is:

(i) For a purpose listed in paragraph (1) or (2) of the definition of health care operations Section 164.501 of the Privacy Rule defines health care operations and Paragraph (1) of the definition provides, in relevant part:

(1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, **population-based activities related to improving health** or reducing health care costs, protocol development, case management and case coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment.

Paragraph (2) of the definition provides, in relevant part:

(2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities.

Thus, as hospital cancer registries collect treatment and follow-up data in compliance with state law and for the purpose of "population-based activities related to improving health" this is a permitted disclosure without requirement of patient authorization. It may also be noted that many hospital cancer registries collect this information for "conducting quality assessment and improvement activities", for "reviewing the competence or qualifications of health care professionals", for "conducting training programs" and for "accreditation, certification, licensing, or credentialing activities". All of these are specifically permitted in paragraphs (1) and (2) above.

Note that Section 164.506(c)(4) specifically provides for the ability of one covered entity to provide an individual's PHI to another covered entity, if the receiving covered entity "has or had" a relationship with the individual. This specific reference to the past tense is important since it means that a covered entity's ability to obtain information about a patient need not be "cut-off" if the patient no longer has a direct relationship with the covered entity.

While exchange of treatment and follow-up information is permitted without patient authorization under the provisions described above, an accounting of disclosure must still be maintained.

Benign Brain Tumor Reporting
Excerpt from The NAACCR Narrative, Winter 2003 Edition

Legislation was passed this year to add benign brain tumors to the 2004 reporting requirements in NPCR states. New operational guidelines and training will be developed and provided during 2003. SEER and the COC have also agreed to implement benign brain tumor reporting in 2004.

The [NAACCR] Registry Operations Committee Benign Brain Tumor Subcommittee is addressing issues specific to this additional reporting requirement, including multiple primary rules, benign-to-malignant transformation of brain tumors, sequencing and grading of these conditions.

All standards setting organizations are represented on this group along with the Central Brain Tumor Registry of the United States (CBTRUS). Working with the [NAACCR] Uniform Data Standards Committee, this group will develop guidelines for these and related operational issues.

Training materials will be developed by NAACCR in conjunction with NPCR and benign brain tumor experts. The aim is to have these materials available at the annual conferences of NAACCR and NCRA.

Training materials will be developed in various media and distributed widely so that they have the potential to reach all registry personnel.

FAQ's

Q: Patient has a biopsy at a doctor's office and the facility's pathology department reads the specimen which confirms that there is a diagnosis of a reportable cancer, but the patient is never an inpatient or an outpatient at the facility? Is this case reportable to GCCR and if so, what is the Class of Case?

A: Georgia requires these cases to be reported but in the past, facilities have had a difficult time knowing how to assign Class of Case. This situation has been rectified by the addition of Class of Case code 7 in the Commission on Cancer FORDS manual. Class of Case code 7 = "Pathology Report". Patient does not enter the reporting facility at any time during diagnosis or treatment. This category excludes cases diagnosed at autopsy.

Q: When should my facility begin submitting data to GCCR in NAACCR 10 format?

A: At this point in time, GCCR plans to be ready to receive data in the NAACCR 10 format beginning July 1, 2003. Do not submit cases diagnosed 2003 and later using software in the NAACCR 9 format, they will be rejected. Electronic reporters should make every effort to abstract all cases diagnosed 2002 and earlier prior to upgrading software to NAACCR 10 format.

Q: What should my facility do if we do not have the software upgrade to NAACCR 10 format?

A: If your facility is not able to submit data due to not having received the software upgrade to the NAACCR 10 format, mail or fax a letter to the Georgia Center for Cancer Statistics (GCCS) so stating.

Mark Your Calendars…

NAACCR 2003 Annual Meeting
Harmony and Diversity in Cancer Registration and Surveillance: Meeting Community Health Needs
June 10-12, 2003
Honolulu, Hawaii

Cancer Registry Training

Principles and Practice of Cancer Registration, Surveillance, and Control
August 18-22, 2003

Advanced Cancer Registry Training Program
July 9-11, 2003

Cancer Case Abstracting, Staging, and Coding
August 25-29, 2003

Complete details are available at http://cancer.sph.emory.edu. Financial assistance is available. Contact your regional coordinator.

Georgia Comprehensive Cancer Registry
Georgia Department of Human Resources
2 Peachtree St NW 14th Floor
Atlanta, GA 30303-3142

Star Reporters

Due to the NAACCR 10 upgrade, the GCCR will delay announcement of star reporters based on the current criteria: Facilities must submit at least ninety percent of their expected cases for the preceding quarter within six months of diagnosis and with less than a two percent error rate.

Welcome Wagon

We extend a hearty welcome to Miriam Whaley at the Medical College of Georgia in Augusta. Miriam is new to us, but not new to cancer registry. Prior to working at MCG, she worked at Palmetto Health in Columbia, SC, for 2 years, as a Cancer Data Analyst.

Although she hails from Thomson, Ga., Miriam is currently residing in Augusta. She states, "My number one hobby and my passion is competitive Irish Step Dancing." I found this very interesting, but not too surprising as Miriam looks as Irish as she sounds.

In addition to dance, Miriam likes community service, traveling, reading, crafts/artwork and working outdoors. Her favorite foods are pasta and Mexican cuisine. I asked about pets and she said, "I don't have any pets, but I do have lots of plants!"

We are happy to have Miriam as part of our team.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

Blue Ribbon Award

Anita Weeks began her tumor registry career, in March of 1998, at Satilla Regional Medical Center. Satilla Regional was also selected, in March of 1998, as a pilot facility for GCCR's Abs Plus program in which 174 cases were collected. In May of 2000, Anita resigned her position as tumor registrar to seek other opportunities.

Seeing the importance of cancer reporting and a need for a tumor registrar, Satilla rehired Anita in January 2002. Since that time, Anita underwent a 2000 casefinding audit which revealed 143 cancer cases that were unaccounted for.

Anita worked diligently in collecting and abstracting these cases in a timely manner. During the audit, she assisted me to the utmost in every way and continues to do so.

In September 2002, Anita became a Certified Tumor Registrar. She remains current in cancer reporting and training opportunities. She actively conducts weekly tumor conferences and is working with some of Satilla's physicians in attaining a fully approved Commission on Cancer program.

Susan Roberson, RHIA, CTR
Southeast Regional Coordinator
Savannah

Special Bulletins

New GCCR Policy and Procedure Manuals were distributed at the GCCR Spring Training. Policies in this manual are effective immediately.

NAACCR 10 Format: GCCR will follow the NAACCR 2003 Implementation Work Group Guidelines and Recommendations (http://www.naaccr.org/Standards/files/NAACCR2003ImplementationGuidelines1-15-2003.pdf). For information specific to Georgia, see the new GCCR Policy and Procedure Manual.

Web-based cancer registration and surveillance training is available on SEER's website at http://www.training.seer.cancer.gov. This website now contains a new module called "Prostate Cancer". It also contains a module on Collaborative Staging (which goes into effect Jan 1, 2004). Other modules include: "Diagnostic Tests", "Staging a Cancer Case", "Breast Cancer", and many more.

HIPAA Regulation information and updates may be found on the following websites: NAACCR at www.naaccr.org; US Department of Health and Human Services at www.hhs.gov; and ACoS at www.facs.org/dept/cancer/coc/. Please keep yourself updated on the latest HIPAA regulations.

Don't Forget…

Monthly data submissions are due to the GCCR by the end of the month. Any data received after the last day of the month will be considered late and will not be counted toward that month's submission.
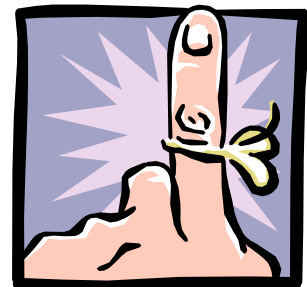
Thank You Note from the Georgia Comprehensive Cancer Registry

GCCR thanks the following hospitals for submitting cancer data at least two months out of three (February, March, and April 2003).

Hospitals Reported Three Months Out of Three		
Athens Regional Medical Center	Grady General Hospital	Piedmont Hospital
Augusta State Medical Prison	Grady Health System	Polk Medical Center
Bacon County Health Services	Gwinnett Health System	Putnam General Hospital
Berrien County Hospital	Habersham County Medical Ctr	Rabun County Memorial Hospital
Brooks County Hospital	Hamilton Medical Center	Redmond Regional Medical Ctr
Calhoun Memorial Hospital	Hart County Hospital	Rockdale Hospital
Candler County Hospital	Henry Medical Center	Satilla Regional Medical Center
Candler Health System	Houston Medical Center	Screven County Hospital
Central State Hospital Med Surg	Hutcheson Medical Center	SE Georgia Health Sys – B'wick
Charlton Memorial Hospital	Irwin County Hospital	SE Georgia Health Sys – Camden
Chatuge Regional Hospital	Jefferson County Hospital	Smith Northview Hospital
Chestatee Regional Hospital	Jenkins County Hospital	South Georgia Medical Center
Children's Healthcare of Atl at Egleston	John D. Archbold Memorial Hosp	Southwest Hospital & Medical Ctr
Children's Healthcare of Atl at Scottish Rite	Liberty Regional Medical Center	St Francis Hospital
Clinch Memorial Hospital	Louis Smith Memorial Hospital	St Joseph's Hospital – Atlanta
Cobb Memorial Hospital	Macon Northside Hospital	St Joseph's Hospital – Augusta
Coliseum Health System	McDuffie Regional Medical Center	St Joseph's Candler Health Sys
Colquitt Regional Medical Center	Meadows Regional Medical Ctr	St Mary's Healthcare System
Crisp Regional Hospital	Medical Center of Central Georgia	Stephens County Hospital
DeKalb Medical Center	Medical College of Georgia	Sumter Regional Hospital
Doctor's Hospital Augusta	Memorial Health Univ Med Ctr	SW Georgia Regional Med Ctr
Doctor's Hospital Columbus	Memorial Hospital and Manor	Sylvan Grove Hospital
Dodge County Hospital	Memorial Hospital of Adel	Tanner Health System
Donalsonville Hospital	Miller County Hospital	The Medical Center
Dorminy Medical Center	Mitchell County Hospital	Tift General Hospital
Early Memorial Hospital	Monroe County Hospital	Union General Hospital
Effingham County Hospital	Morgan Memorial Hospital	University Hospital
Elbert Memorial Hospital	Mountainside Medical Center	Upson Regional Medical Center
Emanuel Medical Center	Murray Medical Center	VA Medical Center – Atlanta
Emory Cartersville Medical Center	NE Georgia Medical Center	VA Medical Center – Augusta
Emory Crawford W Long Hospital	Newnan Hospital – East	VA Medical Center – Dublin
Emory Eastside Medical Center	Newnan Hospital – West	Walton Medical Center
Emory Northlake Reg Med Ctr	Newton General Hospital	Washington County Reg Med Ctr
Emory University Hospital	North Fulton Regional Hospital	Wayne Memorial Hospital
Evans Memorial Hospital	Northside Hospital Cancer Center	Wellstar Health System
Fairview Park Hospital	Oconee Regional Medical Center	West Georgia Health System
Flint River Community Hospital	Palmyra Medical Center	Wheeler County Hospital
Floyd Medical Center	Peach Regional Medical Center	Wildwood Lifestyle Center & Hosp
Georgia Baptist Meriwether Hosp	Phoebe Putney Memorial Hospital	Wills Memorial Hospital
Gordon Hospital	Phoebe Worth Medical Center	
Hospitals Reported Two Months Out of Three		
Appling Health Care System	Fannin Regional Hospital	Southern Regional Medical Center
Atlanta Medical Center	Fayette Community Hospital	Spalding Regional Hospital
Barrow Medical Center	Jeff Davis Hospital	Stewart Webster Hospital
Bleckley Memorial Hospital	Kindred Hospital	Taylor Regional Hospital
Burke County Hospital	Northside Hospital – Cherokee	Telfair Regional Medical Center
Coffee Regional Medical Center	Northside Hospital – Forsyth	Wesley Woods Geriatric Hospital
East Georgia Regional Med Ctr	Perry Hospital	
Emory Dunwoody Medical Center	South Fulton Medical Center	