



ALABAMA STATEWIDE CANCER REGISTRY

http://www.adph.org/cancer_registry/

Data Transfer Link Access to WebPlus



Web Plus Training Manual
for
Alabama Cancer Reporting Sources

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INTRODUCTION

The Web Plus Reporting Manual has been created to assist non-hospital reporting sources in reporting cancer cases to the central cancer registry, and for all users to send and receive confidential information to/from the Alabama Statewide Cancer Registry (ASCR)

NPCR requires central registries to:

- ◆ Collect incidence data on residents of Alabama,
- ◆ Have legislation mandating the reporting of cancer cases by all facilities that diagnose and/or treat cancer,
- ◆ Provide training for state personnel, hospital registry and non-hospital reporting facility staff,
- ◆ Follow a standard data set when collecting cancer cases,
- ◆ Publish an annual report within 24 months of the end of the diagnostic year, Alabama meets this requirement by providing an on-line system.
- ◆ Conduct case finding and quality assurance audits to determine the completeness and quality of all cancer cases being submitted to the registry.

In 1995, the Alabama Board of Health mandated cancer as a reportable disease in the State of Alabama. The reference date for the Alabama Statewide Cancer Registry is January 1, 1996.

There has been a shift toward outpatient diagnosis and treatment, which has caused cases not to be reported to the central registry. **This is an attempt to assist you in collecting and submitting data on those cases that are diagnosed and treated entirely in your office or clinic.** Without this data, the burden of cancer in Alabama cannot be accurately measured. The ASCR staff is available to assist with any questions and/or provide in-services to better prepare you for the process.

GENERAL INSTRUCTIONS

The following information provides some basic rules regarding cancer reporting to the state central cancer registry.

For clinics this includes:

- ◆ Cases initially diagnosed at your facility and
- ◆ Cases treated at your facility, without having any treatment performed at a hospital.

Some examples (not intended to be all inclusive):

- 1) A prostate case diagnosed on biopsy in the office and placed on hormones or “watchful waiting”. The patient does not go to the hospital for any further treatment.
- 2) A melanoma completely excised in the office that may or may not go to the hospital for wide excision. The case must be reported if the wide excision is negative. Such a case would not be picked up by the hospital.

The completed case should be submitted to the central registry monthly for ambulatory surgery centers, freestanding cancer clinics, treatment centers and physician clinics and offices.

After the information has been recorded and reviewed for completeness and accuracy, please make a list of patients at your facility. Keeping a list of patients that have been reported to the ASCR may assist you in the future to verify that the patient has been reported. This list should include:

- a. Patient Name
- b. Social security number
- c. Date of birth
- d. Date of diagnosis
- e. Primary site
- f. Date case was submitted to the ASCR

REPORTABILITY

All facilities are required to report cancer cases to the ASCR. The following requirements are listed below:

Patients diagnosed and/or treated at your facility (physician's office, freestanding clinics and ambulatory surgery centers, etc)

- a. Diagnosis might be clinical (X-rays, CT scans, clinical exam, etc)
- b. Diagnosis might be pathological (biopsy, cytology, bone marrow, etc)
- c. Treatment given inside your institution (Chemo, hormonal, immunotherapy, etc)
- d. Surgery is performed inside of your institution (TURP, TURBT, Shave, Punch or Excisional Biopsies, etc.)
- e. No treatment is given (supportive care, watchful waiting or “observation” only). This includes palliative treatment.

What information is required?

Any details related to the **diagnosis, treatment and staging of this cancer**. We need any information you have, even if the data items are unable to be completed. Providing the name of the physician or hospital in which the patient was treated, will enable us to retrieve more accurate information. This information may be found in the facility history and physical, discharge summaries, pathology reports, etc. Please include the date of death.

WEBPLUS USER GUIDELINES

Web Plus is a web-based application used to collect cancer data securely over the Internet. It is most suited for physicians' offices and other low volume reporting sources that do not have facility-based cancer registries.

Records are saved in a database at the Alabama Statewide Cancer Registry and cases entered by one facility or office is not visible to other facilities. Data entered is validated by the CDC EDITS Engine running on a web server. User display types and edit configurations are managed at the ASCR. Web Plus is hosted on a secure web server that has a digital certificate installed; the communication between the client and the server is encrypted with Secure Socket Layer (SSL) Technology.

Requirements for Web Access

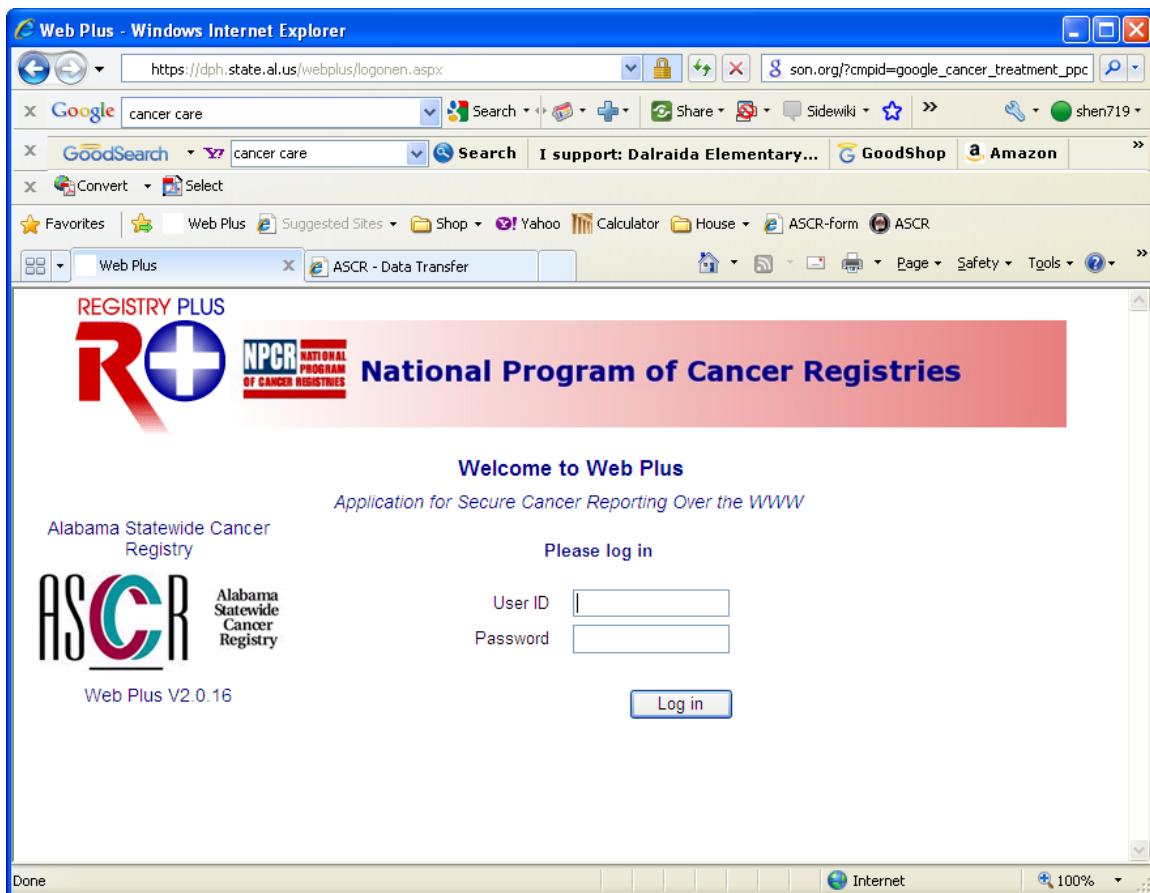
Web Plus requires Microsoft Internet Explorer version 5.0 or later or a Mozilla browser to operate the system fully. Although Web Plus works at 800 X 600 resolution, it can be best viewed at 1024 X 768 or higher resolution.

Detail Instruction for Using WebPlus to Abstract

1. Open by typing the following web address http://www.adph.org/cancer_registry/ into your Internet Browser and choose the "Data Transfer" link to [Access to Web Plus](#).
2. The direct web address to Web Plus is <https://dph.state.al.us/webplus/logonen.aspx>.



3. At “Data Transfer” page, click on “Access to Webplus” to get to the Webplus login window.



4. Save this website to your “Favorites” folder for easy access. To do this **click on Favorites** at the top of your Internet browser page and **click Add to Favorites...** give this web address a name you can remember (i.e. State Reporting, AL Cancer Reporting, etc.)
5. To login to Web Plus, enter _____ in the User ID field and _____ in the Password field.
* Password is case-sensitive.
6. Click **Log in**. The Web Plus home page displays your facility names, if you abstract for two or more facilities.

Upload/Download

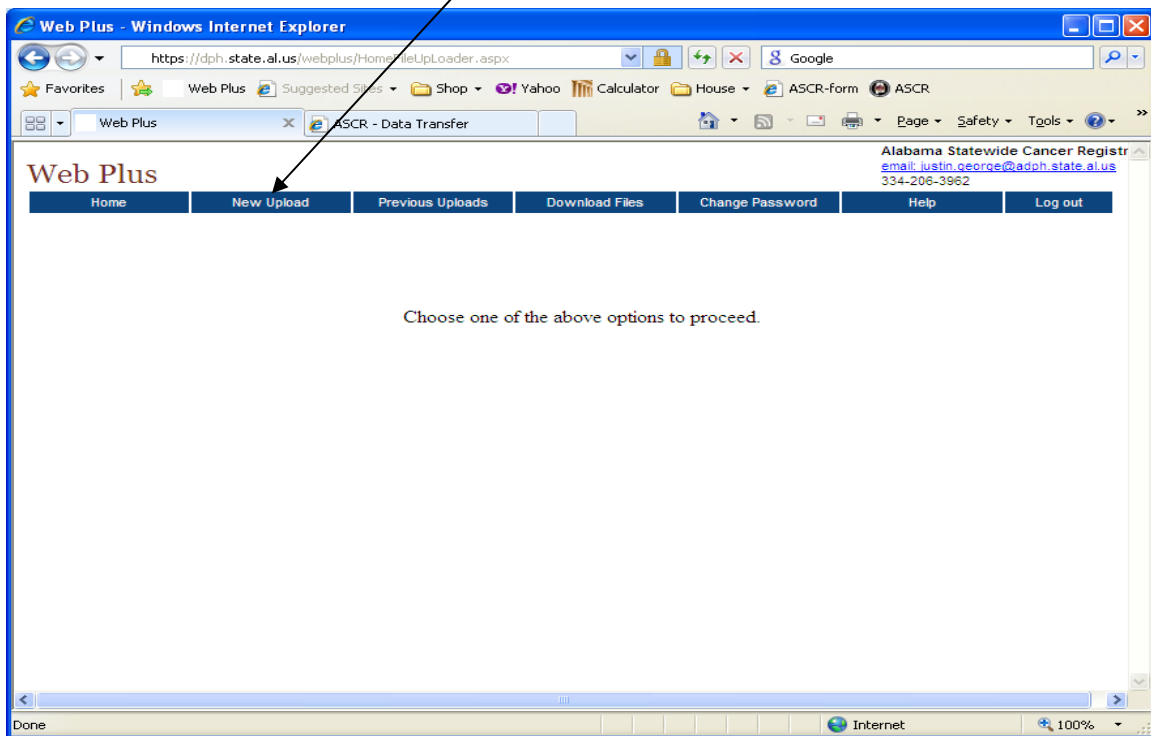
Web Plus can also be used to upload files (NAACCR format or non-NAACCR format) to ASCR – like the ASCR secure online data transfer system. You can also receive information containing confidential information from ASCR. To use this function, your role has to be set as “File Uploader”.

Users will access to webplus the same way as using webplus as abstraction tool

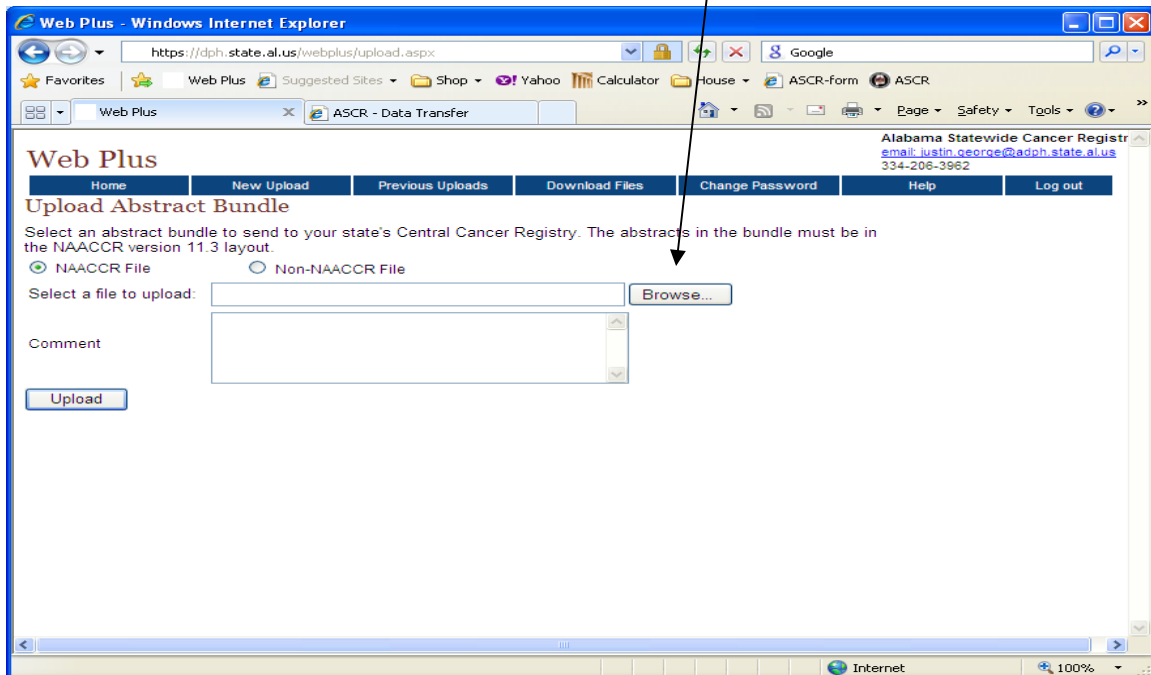
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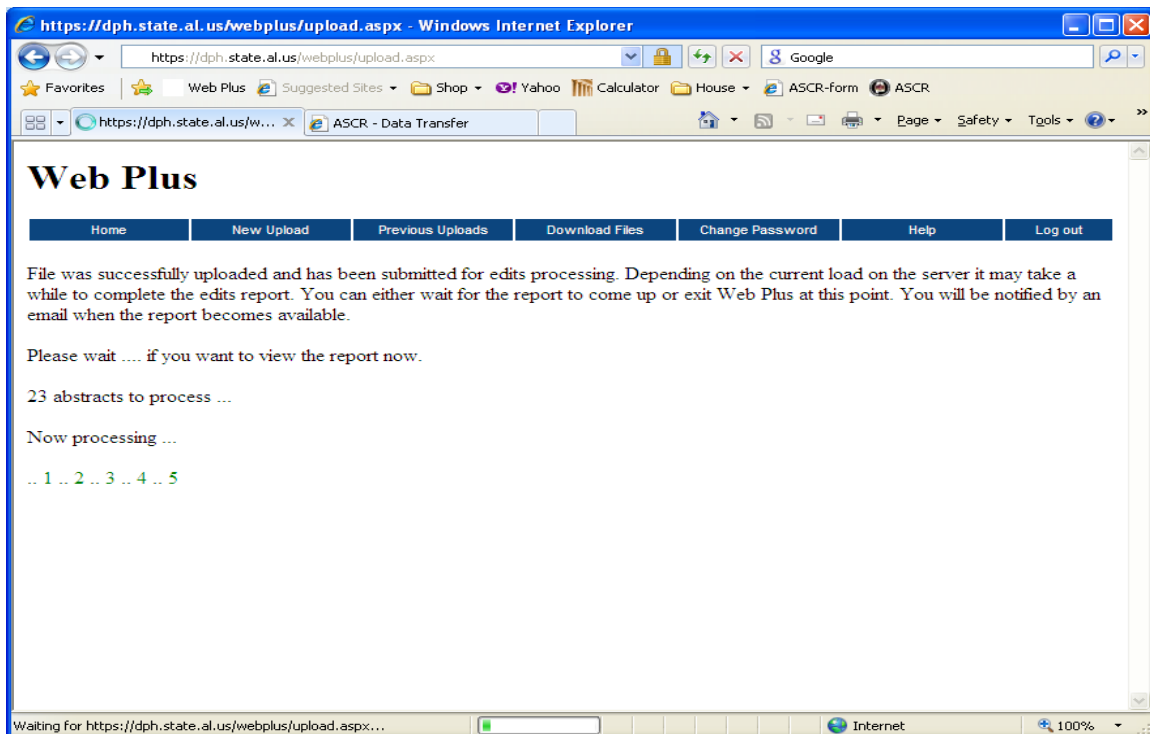
After user logs in web plus, to upload a file, click on File Upload under the facility name. In File Upload page, click “New Upload”.



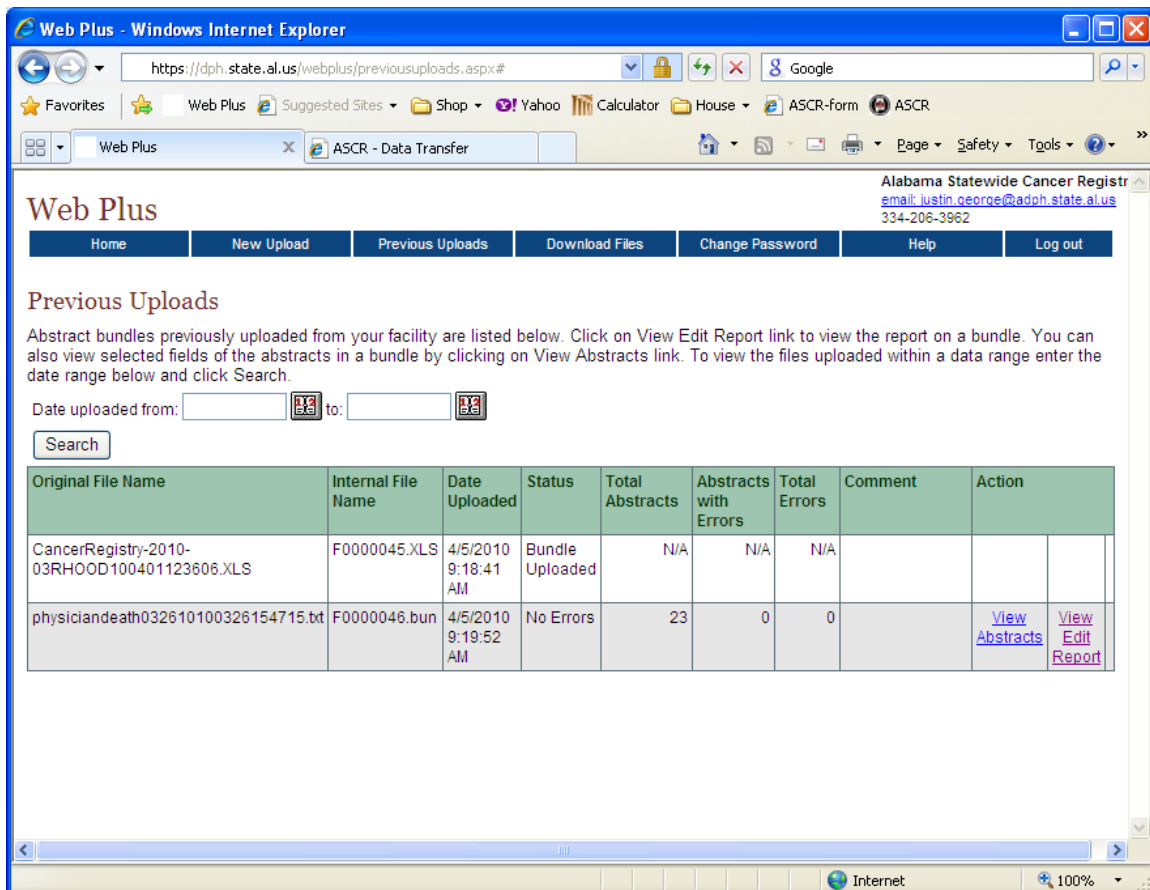
Choose NAACCR File if it's a NAACCR format data file. Otherwise, choose Non-NAACCR File. Then select the file by clicking on “Browse”.



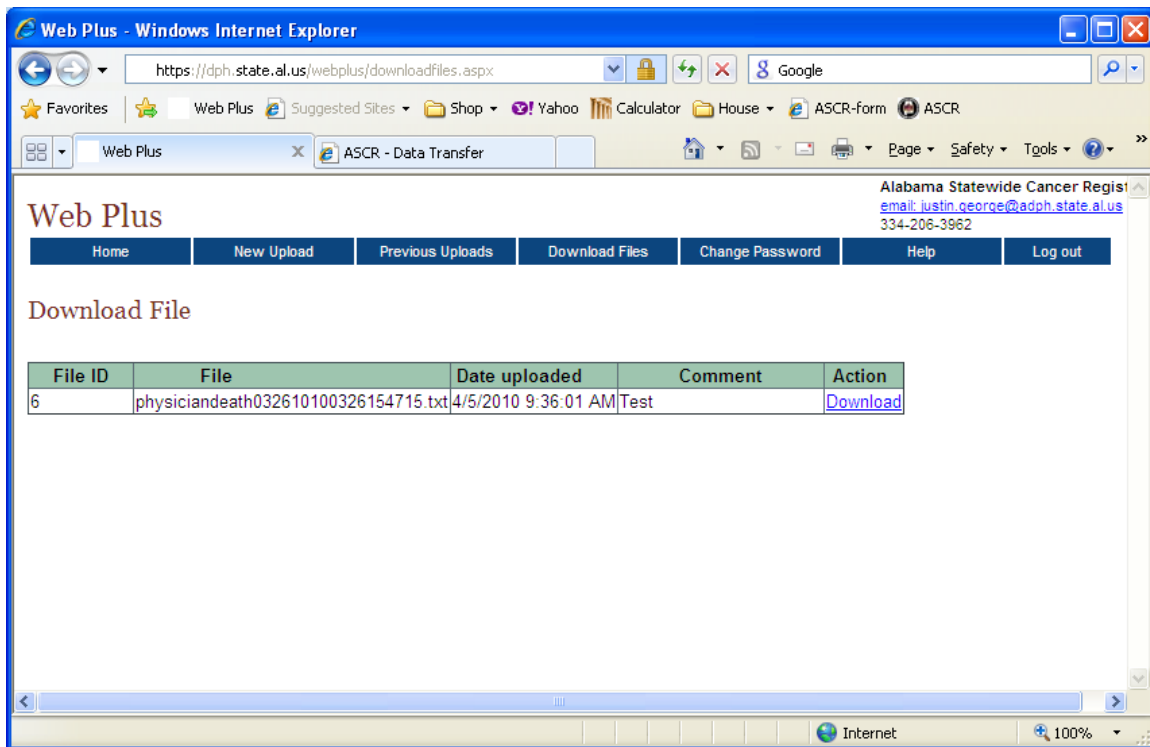
You will see processing report in next page.



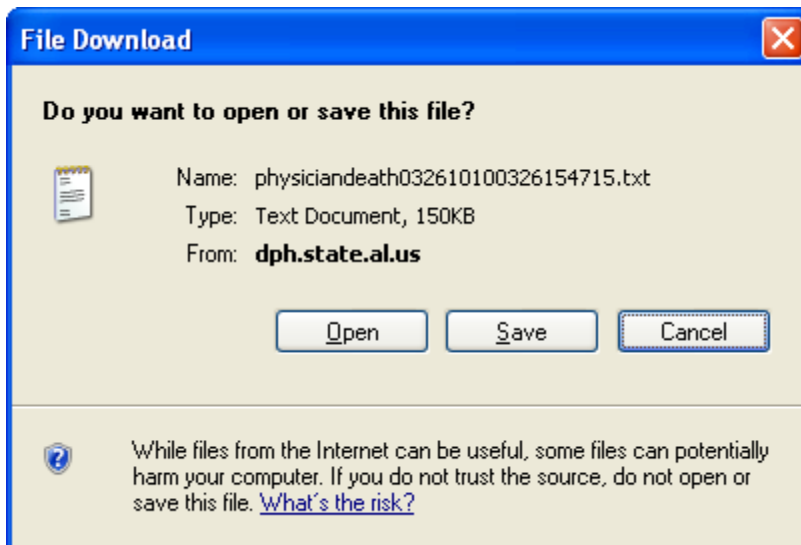
You can click on **Previous Uploads** to view the files you just sent or sent in the past.



To view or download the file sent from ASCR, click on “Download File”.



When you click on “Download”, you will see the prompt to open or save the file.



CONFIDENTIALITY AND HIPAA

The ASCR has policies and procedures that address patient confidentiality. It is also stated in the state law Section 22-13-33. Confidentiality in the “Rules and Regulations”, states that the clinical records of individual patients submitted to the ASCR shall be confidential and shall not be public records open to inspection. Only state personnel authorized by the State Health Officer and other individuals authorized by the State Health Officer or designee shall have access to the records.

Based on HIPAA privacy regulations, the ASCR is a “public health authority authorized by law to collect and receive such information for the purpose of preventing and controlling disease, injury and disability, including ... reporting of disease ... and the conduct of public health surveillance...” [C.F.R. 164.512 (b)(1)(i)(2001)] This makes it possible for any facility that is eligible to report cancer to the central registry (i.e. hospital, hospice, etc) without obtaining an individual informed consent.

For more information, see “Frequently Asked Questions and Answers about the HIPAA Regarding Cancer Reporting.”

RESOURCES/ADDITIONAL FORMS

ASCR Staff Resources

For more information regarding scheduling an in-service:

CONTACT:

| | | |
|---------------------------------------|--------------|--------------|
| Program Director | | |
| <u>Xuejun Shen</u> , Ph. D, MS | 334-206-5557 | 334-206-3823 |
| North Region/Completeness Coordinator | | |
| <u>Diane Hadley</u> , BS, CTR | 256-775-8970 | 256-734-1840 |
| South Region/QA Coordinator | | |
| <u>Mark Jackson</u> , CTR | 251-433-7809 | 251-432-3238 |
| Central Region Coordinator | | |
| <u>Shri Walker</u> , , BS, CTR | 334-206-7035 | 334-206-3823 |
| Death Clearance/Research Coordinator | | |
| <u>Tara Freeman</u> , MSM, RHIA, CHDA | 334-206-7072 | 334-206-7073 |
| Non-hospital Reporting Coordinator | | |
| <u>Teisha Robertson</u> | 334-206-7068 | 334-206-3823 |
| Case Finding Auditor (North Region) | | |
| <u>Bobbie Bailey</u> | 205-554-4516 | 205-556-2701 |
| Case Finding Auditor (South Region) | | |
| <u>Shirley Williams</u> | 334-206-7072 | 334-206-3823 |

For more information regarding:

- ◆ Studies or reports
- ◆ Special data requests
- ◆ General administrative issues

CONTACT:

Xuejun Shen, Ph. D. MS
ASCR Program Director
334-206-5557
334-206-3823 fax
Xuejun.shen@adph.state.al.us

To access the cancer registry's website, go to:

http://www.adph.org/cancer_registry/

FREQUENTLY ASKED QUESTIONS AND ANSWERS REGARDING CANCER REPORTING

1. When does Health Insurance Portability and Accountability Act (HIPAA) become effective?

President Bush approved the regulations on April 12, 2001.

The official effective date of the regulations was April 14, 2001. Covered entities, including hospital and physicians, have two (2) years to comply (by April 14, 2003), except for small health plans which have until April 14, 2004 to comply.

2. What is a ‘Public Health Authority’ under HIPAA?

Under HIPAA, a ‘Public Health Authority’ refers to “an agency or authority of the United States, a State or territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors of persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.” “...Such agencies are authorized by law to collect or receive such information for the purposes of preventing or controlling disease injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions.” *Central cancer registries and hospital cancer registries if required to report cancer cases are considered public health authorities because state laws mandate their duties.*

3. What is a ‘Covered Entity’ under HIPAA?

A ‘Covered Entity’ is a health care plan, a healthcare clearinghouse, or a health care provider who transmits any health information in electronic form for financial and administrative transactions. A ‘health care provider’ is “a provider of medical or health services, and any other person who furnishes, bills or is paid for health care in the normal course of business.”

4. What if a patient does not want follow-up information to be collected?

State-mandated cancer reporting typically does not require patient informed consent nor can individuals elect to be removed from reporting. In a state, which allows the collection of follow-up cancer data for public health purposes, it can be collected regardless of consent from a patient.

5. Will private practice physicians be permitted to continue to provide follow-up information to hospital cancer registries without patient consent

Yes. Although private practice physicians are health providers, and thus covered under the provisions of the HIPAA privacy regulations, there are several reasons why they can continue to provide follow-up information to hospital cancer registries without patient consent. First, the hospital cancer registry is likely to be viewed as public health authority because it is an entity acting under a grant of authority from or contract with a State, tribal, or local public health agency to provide for public health surveillance.

The HIPAA regulations specify that covered entities may use or disclose protected health information without the written consent or authorization of the

individual...under specific circumstances. These include disclosures for public health activities and purposes to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease or conduct public health surveillance.

As public health authorities, hospital cancer registries are exempt from the HIPAA regulations and may continue to seek public health data from providers the same as before the HIPAA regulations were finalized. DHHS did not attempt to interfere with state and local public health matters such as cancer surveillance through the implementation of these regulations.

Second, even if some hospital cancer registries are not public health authorities (because they are not associated with a state or local public health agency to work on public health matters), physicians may still have to provide follow-up information. HIPAA regulation Sec. 164-512(a) specifically states that: a covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

Thus, where a hospital cancer registry is required by state or local law to collect cancer data, physicians must follow the follow-up requirements of the registry to the exclusions of HIPAA privacy protections.

Finally, the consent requirement for disclosures under the HIPAA regulations does not limit the types of disclosures allowed. Provided a patient consents to the use or disclosure of his or her health data to a hospital cancer registry as part of the broader consent language, regularly sharing data between physicians and hospital cancer registries is permissible. In future cases, patient consents may specifically reference the sharing of data with all hospital cancer registries. For existing cases, written patient consent may also suffice for the purpose of authorizing these exchanges.

6. How does HIPAA impact the data collection of non-reportable/benign diseases (i.e. benign brain, CIN III, Co-morbid conditions)?

HIPAA does not obstruct any state law that supports or mandates the reporting of such cases.

7. Are private practice physicians still required to report new cancer cases?

Yes, in compliance with state reporting regulations. The central cancer registry has a reportable list that identifies which cancers are reportable, and all reportable cancers should be reported, as required by state law.

8. Is there specific legal documentation that supports the requirement to release cancer patient information to any agency?

Individual state laws and regulations document cancer reporting requirements. Central registries should be able to provide copies of their state's law(s) and regulations(s) upon request.

9. What, if any, are the consequences of not cooperating with state cancer registry requests for new cancer case information?

HIPAA does not obstruct any state law that supports or mandates the reporting of diseases or injury for public health purposes. Penalties for failing to comply with state reporting are specified in the state law and often consist of significant fines.

10. Doesn't HIPAA nullify the state law for reporting cancer cases to Central Cancer Registry?

No. Public health reporting under the authority of state law is specifically exempted from HIPAA rules.

11. Once HIPAA is in place, will pathology labs be able to continue to send new cancer case information to the state cancer registry?

Yes. Public health reporting under the authority of state law is specifically exempted from HIPAA rules.

12. Since HIPAA, is federal, will it override the state laws?

No. HIPAA does not obstruct any state law that supports or mandates the reporting of diseases or injury for public health purposes.

13. If the government-authorized public health entity is not located in the same state as the covered entity, is it still ok under HIPAA to provide the data?

Yes. In fact, the definition of a 'public health entity' was broadened in the section "Uses and Disclosures for Public Health Activities", which states specifically "...We broaden the scope of allowable disclosures ...by allowing covered entities to disclose protected health information not only to U.S. public health authorities but also, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority."