The meeting began with Dr. Nicholas Petrelli leading a discussion of DCRAC progress on assigned tasks. The minutes from the July meeting were approved with no revisions.

**Strategy 1: Delaware Cancer Registry (DCR) Information Technology Capabilities - Web Plus and eMaRC Plus updates**
Mr. Jason Lawson reported that the Centers for Disease Control and Prevention (CDC) is working on a software security/permissions update which should be completed soon. After this update, the DCR will move forward with the eMaRC Plus upgrade. There is nothing to report as it relates to Web Plus.

**Objective 1B: Meaningful Use Cancer Reporting** Ms. Betsy Cromartie presented a table summarizing changes in Meaningful Use (MU) requirements, including the Electronic Health Record (EHR) Incentive Program/Stage 3 MU and the Medicare Access and the Children’s Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA) Quality Payment Program (Merit-Based Incentive Payment System - MIPS). The group discussed how these changes might affect provider reporting to the DCR. With EHR reporting to cancer registries becoming optional for Medicare clinicians, there will be less of an incentive for these
providers to report in this method. Ms. Lisa Henry stated that in regard to federal funding, the CDC requires state cancer registries to continue progress with Meaningful Use reporting, and the DCR plans to continue MU activities unless requirements change.

**Objective 1A: Increase electronic data submissions**

Ms. Cromartie reported that the Execution Plan has been updated as Dr. Petrelli requested to note physician offices exempt from electronic reporting due to retiring.

**Strategy 2C- All Payer Claims Database (APCD)**

Dr. James Spellman provided background on recent work on the APCD. The APCD work, including developing the legislation was taken over by the Delaware Center for Health Innovation (DCHI). Because the legislation did not have a mandate specifying which groups were to contribute to the database, many important sources have opted-out including Highmark, resulting in a much more limited database than originally planned. Dr. Spellman expressed the need to revisit this with legislators and the hospitals to try to alter this course. Dr. Petrelli proposed starting a process that he will begin at Christiana that entails developing a track record with the hospital’s Medicare, Medicaid and State employees’ patient population, and at the same time communicating with representatives at the cancer centers toward the goal of bringing in a larger patient population. It was also discussed that once there is a track record, ebrightHealth, a statewide strategic partnership between four hospital systems that was created in 2016 to improve quality of and access to health care services, could be approached to request help with getting the third party carriers involved so that the APCD data would be more comprehensive and meaningful. This topic will remain on the meeting agendas of both the Advisory Council and the DCRAC.

**Strategy 3B: Publicize availability of DCR Data**

Dr. Petrelli reported that Dr. Diana Dickson-Witmer of Helen F. Graham Cancer Center and Research Institute has agreed to write an article on dense breasts and mammography for the *Delaware Medical Journal*.

Regarding the July 2017 Cancer issue of the *Delaware Journal of Public Health*, Ms. Cromartie reported that a link to this issue has been added to the DCR webpage.

**Objective 4A: Update North American Association of Central Cancer Registries (NAACCR) and NPCR data submission results on the DCR webpage**

Ms. Cromartie reported that updated articles on annual data submission results have been posted on the DCR webpage.

Dr. Petrelli then directed the group to the Execution Plan to review progress on the remaining strategies.

**Objective 1A: Increase electronic data submissions from reporting sources**

Dr. Petrelli asked about the 4 pathology labs that are still reporting on paper. Ms. Cromartie said that the CDC is working with many pathology lab companies to bring them on board
the PHINMS electronic reporting system, including some of the labs that are reporting on paper to the DCR. Eventually most pathology labs should be reporting via PHINMS.

**Objective 1B: Meaningful Use Cancer Reporting**
Dr. Petrelli asked about the goal of 20 offices reporting through their electronic health records, and if this is out of reach. Ms. Cromartie said that this may depend on the result of changes in Meaningful Use requirements.

**Objective 1C: Explore linkage with DHIN**
This objective remains postponed.

**Strategy 2, Objective 2A: Improve quality of data using the Rapid Quality Reporting System (RQRS)**
Dr. Petrelli asked if this Objective should be removed from the Execution Plan, as the RQRS is now mandatory. Dr. Spellman reported that it is possible to query the Commission on Cancer, and cited a project in Pennsylvania in which hospital-level reports were posted on a website. Dr. Petrelli proposed asking hospitals in Delaware to report on some of the standards that they are doing well on to help educate the public. Mr. John Shevock clarified that it is the Cancer Program Practice Profile Reports (CP3R) rather than RQRS reports that should be presented. Ms. Julie Abel asked whether Dr. Petrelli wanted the same reports for each hospital. Dr. Petrelli responded that for the first time around, it would be best to present different measures. The group discussed the timeframe, and that there is always a time lag in these reports, but the committee could ask hospitals for the reports from the most current 3 year period. Dr. Petrelli asked Dr. Spellman and other DCRAC members to talk with their Cancer Committee Chairs and recommend putting some of their cancer center’s reports on the DCR website. He added that if there is interest from the hospitals, we could write an article on the CP3R data using real data from the hospitals.

**Objective 2B: Monitor completeness of DCR’s first course of treatment data**
Ms. Cromartie reported that this measure will be updated on the Execution Plan in the spring of 2018 when the DCR receives the NPCR reports from the November 2017 submission including 2015 diagnosis year data.

**Objective 2D: Track DCR’s progress on meeting NPCR’s standards**
Ms. Cromartie stated that DPH submitted annual progress and 5-year progress reports to the CDC in September. The DCRAC has been involved in much of the DCR’s progress over the years with the accomplishments on Execution Plan strategies.

**Objective 3A: Provide help to data users**
Dr. Petrelli stated that the number of hits on the DCR data access guidelines on the DCR webpage increased from 206 hits as of May 2017 to 315 as of October 2017.

**Objective 3B: Publicize availability of data**
Dr. Petrelli reported that the DCRAC has produced 3 articles in the *DE Journal of Public Health* and 1 email on the DCR’s data as of July 2017, which exceeds our annual goal.
**Strategy 4: Develop Routes of Efficient Communication**
The number of overall hits on the DCR website increased from 2083 in 2010 to 3078 in 2016. There were 1914 hits as of October 2017; Dr. Petrelli said he may need to send more emails to direct physicians to the DCR webpage.

**Strategy 5: Maintain NPCR Funding**
Ms. Cromartie referred to the list of research projects using DCR data appended to the Execution Plan. There have been 40 projects so far in 2017. Ensuring use of data for public health and surveillance research purposes is one of the DCRAC objectives related to maintaining CDC funding.

Dr. Petrelli advised the group that Dr. Gerard Gallucci has resigned from the committee. He asked if holding the DCRAC meetings quarterly after the Advisory Council meeting works for members, and members concurred that this schedule works well. Ms. Henry stated that another Certified Tumor Registrar staff member has been added to the DCR team in order to help handle the increasing requests.

The DCRAC meeting was then concluded.

**Action Items:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
<th>Timeframe for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Update on Dr. Dickson-Witmer’s article on mammography and dense breasts</td>
<td>Dr. Petrelli</td>
<td>January DCRAC Meeting</td>
</tr>
<tr>
<td>2. Discuss posting CP3R reports with hospital cancer committee chairs</td>
<td>Dr. Spellman, DCRAC members</td>
<td>January DCRAC Meeting</td>
</tr>
<tr>
<td>3. Send DCR webpage information out through email to cancer researchers and other stakeholders</td>
<td>Dr. Petrelli</td>
<td>January DCRAC Meeting</td>
</tr>
</tbody>
</table>

**Sharing Time**
There was no sharing time.

**Public Comment**
There was no public comment.

**Adjournment**
The meeting was adjourned at 10:40 a.m.
Attachments

Meeting documentation is available on the DCC website (www.healthydelaware.org) or by contacting Betsy Cromartie (Betsy.Cromartie@state.de.us or 302-744-1058).

Future Meeting(s)

Next Meeting(s):
The Outlook at the Duncan Center, 5th Floor
500 West Loockerman Street
Dover, DE  19901
Monday, January 8, 2018, 10:00 am – 11:30 am

The Outlook at the Duncan Center, 5th Floor
500 West Loockerman Street
Dover, DE  19901
Monday, April 9, 2018, 10:00 am – 11:30 am

The Outlook at the Duncan Center, 5th Floor
500 West Loockerman Street
Dover, DE  19901
Monday, July 9, 2018, 10:00 am – 11:30 am

The Outlook at the Duncan Center, 5th Floor
500 West Loockerman Street
Dover, DE  19901
Monday, October 8, 2018, 10:00 am – 11:30 am