

NC Public Health Registries

What is an electronic registry in healthcare?

The use of Certified Electronic Health Record Technology (CEHRT) allows for the aggregation of data that can be shared via Health Information Exchange. A registry is a collection of this data, for example, lists of patients that meet a certain criterion. A Disease/Immunization registry has been defined by the Agency of Health Research and Quality (AHRQ) as "a tool for tracking the clinical care and outcomes of a defined patient population." Registries can be as simple as an internal list of patients with a specific diagnosis code such as diabetes, or as complex as a public health resource that contains data from many different sources, such as the NC Immunization Registry.

Why are registries important?

"Disease/immunization registries can help you **improve quality** by:

- Supporting patient compliance by flagging missed appointments and/or overdue immunizations
- Identifying and managing panels of patients
- Using filters to identify patients most in need of intervention
- Developing clinician reports
- Managing patient follow up
- Generating care-planning tools for individual patients.

All these features foster **enhanced care coordination, better health care, and improved patient outcomes.**" (Source: <https://www.healthit.gov/faq/what-diseaseimmunization-registry>)

Additionally, participating in a Public Health registry may:

- Provide valuable population health statistics to local, state, and federal government entities
- Provide functionality that reduces the need for dual entry into separate systems
- Support meeting requirements of value-based programs like QPP MIPs (See <https://qpp.cms.gov/> for program specifics).

NC Public Health Registries

What public health disease/immunization registries are available in North Carolina?

North Carolina has several registry resources that aggregate data from many different healthcare organizations to provide valuable public health information. These include:

NC Registry	Type
Diabetes	Public Health Registry
Cancer	Electronic Case Reporting
Controlled Substance Reporting System(CSRS)	Prescription Drug Monitoring Program
COVID19 Vaccine Management System	Immunization Registry
Electronic Case Reporting(eCR)	Electronic Case Reporting
Immunization	Immunization Registry

What registries do I need for the CMS Quality Payment Program (QPP) Merit Based Incentive Program (MIPS)?

The QPP MIPS program includes several different types of Public Health and Clinical Registries that are either required or optional ([See the 2023 MIPS Promoting Interoperability User Guide \(auto download\) for more information](#)). These include the Immunization Registry, Electronic Case Reporting, Clinical Data Registry, Public Health Registry, and Syndromic Surveillance. It is important to remember that for each registry there may be different requirements or exclusions. This information is for program year 2023:

Registry	NC Resource	Measure	Requirements	Exclusions
Immunization Registry	DPH NCIR	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<ul style="list-style-type: none"> • Yes/No • Required 	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician: <ol style="list-style-type: none"> 1. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period. OR 2. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.

NC Public Health Registries

Electronic Case Reporting	DPH NC eCR	The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	<ul style="list-style-type: none"> • Yes/No • Required 	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician; <ol style="list-style-type: none"> 1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period. OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.
Clinical Data Registry		The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	<ul style="list-style-type: none"> • Yes/No • Not required 	<ul style="list-style-type: none"> • No Exclusions
Registry	NC HealthConnex Diabetes Registry	The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	<ul style="list-style-type: none"> • Yes/No • Not required • Bonus points possible 	<ul style="list-style-type: none"> • No Exclusions
Syndromic Surveillance	N/A	The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	<ul style="list-style-type: none"> • Not required • Not available for Eligible Clinicians in NC 	<ul style="list-style-type: none"> • No Exclusions
Query of Prescription Drug Monitoring Program	NC CSRS	For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.	<ul style="list-style-type: none"> • Yes/No • Required 	<ul style="list-style-type: none"> • Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the PDMP measure if the MIPS eligible clinician; • 1. Is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period.

NC Public Health Registries

				<p><i>Continued from previous page</i></p> <ul style="list-style-type: none"> • 2. Writes fewer than 100 permissible prescriptions during the performance period. • 3. Querying a PDMP would impose excessive workflow or cost burden prior to the start of the performance period they select in CY 2023.
--	--	--	--	--

Most of these measures have several different levels of participation or, “Active Engagement” with each registry. They serve as the optimal guide for incorporating these registries into your practice’s operations. The [specification sheet](#) for each measure identifies Active Engagement as:

Active engagement – The MIPS eligible clinician is in the process of moving towards the start of the "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency (PHA) or clinical data registry (CDR).

Active engagement may be demonstrated in one of the following ways:

Revised Options for 2023:

Active engagement – The MIPS eligible clinician is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency (PHA) or clinical data registry (CDR).

Active engagement may be demonstrated in one of the following ways:

- **Option 1** – Pre-Production and Validation: The MIPS eligible clinician must first register to submit data with the PHA or, where applicable, the clinical data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.
- **Option 2** – Validated Data Production: The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.
- Production data - Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

How do I sign up for an NC AHEC coach to assist me?

Visit the [NC AHEC Practice Support webpage](#) and fill out an application or email practicesupport@ncahec.net and request assistance.

NC Public Health Registries

What registries are available in North Carolina?

North Carolina has several registries that aggregate data from many different healthcare providers to provide valuable public health information. The following list is current as of July 2022.

NC Diabetes Registry	
Type	Public Health Registry
Steward(s)	NC Health Information Exchange Authority and the NC Division of Public Health
Description	The N.C. Diabetes Registry is a tool for tracking the clinical care and outcomes of the patient population in North Carolina diagnosed with or presenting signs or symptoms of diabetes.
How to Connect	Full participants in NC HealthConnex are eligible to participate in the registry by completing and signing the N.C. Diabetes Registry Form.
NC HealthConnex Integration	Available
Resources	NC Diabetes Registry Registration Form
MIPS	Public Health Registry Reporting- Bonus Measure Spec Sheet

Central Cancer Registry (CCR)	
Type	Electronic Case Reporting
Steward(s)	NC Division of Public Health
Description	A cancer registry collects and combines detailed information about cancer patients and the initial treatments they receive and analyze the data collected.
How to Connect	WebPlus is a Web-based application that was developed and provided by CDC NPCR to connect to the CCR.
NC HealthConnex Integration	No
Resources	<ul style="list-style-type: none"> • How Cancer Registries Work • NC SCHS: CCR Reporting Requirements
MIPS	N/A

Controlled Substances Reporting System (CSRS)	
Type	Prescription Drug Monitoring Program
Steward(s)	NC DHHS NC Controlled Substance Reporting System
Description	The NC Controlled Substances Reporting System (CSRS) collects information on dispensed controlled substance prescriptions and makes this information available to prescribers and dispensers. The system is used as a clinical tool to improve patient care and safety while avoiding potential drug interactions and identifying individuals that may need referral to substance use disorder services. In addition, prescribers can audit their personal controlled substances prescribing history.

NC Public Health Registries

How to Connect	Integrating controlled substance reporting data within an EHR or PMS provides a streamlined clinical workflow for providers. The integration eliminates the need for providers to leave their workflow to access their CSRS web portal to request a patient’s controlled substance prescription history. The North Carolina Department of Health and Human Services, Division of Mental Health Developmental Disabilities and Substance Abuse Services, is partnering with Appriss Health, the software vendor for the Controlled Substances Reporting System (CSRS). To learn more, see NC Controlled Substances Report System Integration Resources .
NC HealthConnex Integration	Available
Resources	CSRS Mandatory Use and Technical Assistance
MIPS	Query of the Prescription Drug Monitoring Program (PDMP) – Bonus Measure Spec Sheet

COVID 19 Vaccine Management System	
Type	Immunization Registry
Steward(s)	NC DHHS COVID19 Response (https://covid19.ncdhhs.gov/vaccines/info-health-care-providers/covid-19-vaccine-management-system-cvms) and NC HIEA
Description	CVMS is a secure, cloud-based system that enables vaccine management and data sharing across recipients, care providers, hospitals, agencies, and local, state, and federal governments on one common platform. NCDHHS and the NC HIEA are partnering to leverage the existing infrastructure in place at your organization and the NC HealthConnex Health Information Exchange (HIE) to submit vaccine records to the COVID-19 Vaccine Management System (CVMS). This solution will utilize flat-file extracts of demographics and vaccine administration data to populate CVMS. It will eliminate the need for registration of patients in CVMS and reduce the need for manual re-entry into CVMS of vaccine data entered in the pharmacy management systems (PMS).
How to Connect	<ul style="list-style-type: none"> To enroll in CVMS Automation, please reach out to the connectivity team at hiesupport@sas.com CVMS Onboarding Roadmap
NC HealthConnex Integration	Available
Resources	COVID-19 Vaccine Management System (CVMS)
MIPS	N/A

NC Public Health Registries

Electronic Case Reporting (eCR)	
Type	Electronic Case Reporting
Steward(s)	North Carolina's Division of Public Health (NC DPH)
Description	North Carolina's Division of Public Health (NC DPH) is in the early stages of onboarding facilities for electronic case reporting (eCR), the automated, real-time generation and transmission of case reports between electronic health records (EHRs) and public health agencies. The eCR technology seamlessly and securely moves eCR data from EHRs in healthcare facilities to local and state public health agencies. As of January 2022, electronic case reports are required by the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability Program (PIP) for eligible hospitals, critical access hospitals (CAH), and eligible clinicians participating in the Merit-based Incentive Payment System (MIPS).
How to Connect	Providers can register intent for the Electronic Case Reporting registry by following the instructions in the NCDPH Promoting Interoperability Program Registration of Intent User Guide .
NC HealthConnex Integration	No
Resources	EHR Implementers - Readiness and Implementation Checklist
MIPS	Electronic Case Reporting Spec Sheet

NC Immunization Registry	
Type	Immunization Registry
Steward(s)	NC Immunization Branch
Description	The North Carolina Immunization Registry (NCIR) is a secure, web-based clinical tool which is the official source for North Carolina immunization information. The NCIR takes the place of outdated handwritten charting of immunizations administered in the state. Immunization providers may access all recorded immunizations administered in North Carolina, regardless of where the immunizations were given.
How to Connect	Providers can register intent for the Immunization registry by following the instructions in the NCDPH Promoting Interoperability Program Registration of Intent User Guide . After registration, the NCIR will follow up with the provider to confirm technical readiness and begin the connection and testing with the providers EHR; HIE integration is possible if the practice has a bi-directional connection with NC HealthConnex. This is indicated by the practice when filling out the technical readiness survey.
NC HealthConnex Integration	Available
Resources	NC Immunization Branch – NCIR Promoting Interoperability
MIPS	Immunization Registry Reporting Spec Sheet