

Clinical Case Registries (CCR)

Version 1.5



Release Notes

Documentation Revised April 2010
For Patch ROR*1.5*10

**Department of Veterans Affairs
Office of Enterprise Development
Health Data Systems – Registries**

Revision History

Date	Description	Author	Role
April, 2010	Final release for Patch ROR*1.5*10: See Table 1 for details.	Kenneth Rikard Edward Micyus Angela Saunders Linda Berry VJ McDonald	Project Manager Developer Developer Software Quality Assurance Analyst Technical Writer
July, 2009	Patch ROR*1.5*8: See User Manual for details..	Kenneth Rikard Edward Micyus Victor Carr Angela Saunders Linda Berry VJ McDonald	Project Manager Developer Developer Developer Software Quality Assurance Analyst Technical Writer
July, 2008	Patch ROR*1.5*7: See User Manual for details.	(unknown)	
May, 2008	Patch ROR*1.5*6: See User Manual for details.	(unknown)	
March, 2008	Patch ROR*1.5*5: See User Manual for details.	(unknown)	
December, 2007	Patch ROR*1.5*4: See User Manual for details.	(unknown)	
November, 2007	Patch ROR*1.5*3: See User Manual for details.	(unknown)	
October, 2007	Patch ROR*1.5*2: See User Manual for details.	(unknown)	
October 2006	Patch ROR*1.5*1: See User Manual for details.	Christine Beynon	
February 2006	Completely updated for CCR Version 1.5	Christine Long	
June 2002	Initial release of CCR Version 1.0	(unknown)	

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1.0 Introduction

The Clinical Case Registries (CCR) software application collects data on the population of veterans with certain clinical conditions, namely Hepatitis C and Human Immunodeficiency Virus (HIV) infections.

Data from the registries is used for both clinical and administrative reporting on both a local and national level. Each facility can produce local reports (information related to patients seen in their system). Reports from the national database are used to monitor clinical and administrative trends, including issues related to patient safety, quality of care, and disease evolution across the national population of patients.

The software uses pre-defined selection rules that identify patients with possible Hepatitis C and/or HIV (such as a disease related *International Statistical Classification of Diseases and Related Health Problems*, ninth edition—commonly abbreviated as “ICD-9”—code or a positive result on an antibody test) and adds them to the registry in a pending state. Pending patients are reviewed by the local registry coordinator and if the data confirm the diagnosis, the local registry coordinator confirms the patient in the registry.

A nightly background process transmits a set of predefined data via HL7 to the national CCR database at Corporate Data Center Operations (CDCO).¹ Data from both the Hepatitis C and HIV registries are aggregated in the same message. The CCR software creates a limited set of database elements to be stored locally in the VistA system, and focuses on assuring that the local listing is complete and accurate, that the desired data elements are extracted, and that data elements are appropriately transmitted to the national database.

The registries at each facility will store selected HIV and Hepatitis C data from 1985 to the present.

CCR provides these key features:

- Automates the development of a local list of patients with evidence of HIV or Hepatitis C infection.
- Automatically transmits patient data from the local registry lists to a national database.
- Provides robust reporting capabilities.

CCR also provides the following functions:

- Facilitates the tracking of patient outcomes relating to treatment.
- Identifies and tracks important trends in treatment response, adverse events, and time on therapy.

¹ CDCO is a Federal data center within the Department of Veterans Affairs (VA). As a franchise fund, or fee-for-service organization, CDCO-Austin provides cost-efficient IT enterprise solutions to support the information technology needs of customers within the Federal sector. Formerly the Austin Automation Center (AAC); formerly the Austin Information Technology Center (AITC). See <http://www.aac.va.gov/index.php>.

- Monitors quality of care using both process and patient outcome measures.

2.0 What's New with ROR*1.5*10

Patch ROR*1.5*10 introduces new functionality to version 1.5 of the Clinical Case Registries (CCR) application. ROR*1.5*10 contains the following fixes and enhancements:

Table 1 – Changes for Patch 10

#	Description	Type				
1	Adds new ICD-9 diagnosis groups to the Common Templates:	M				
	HCC		155.0 MAL NEO LIVER, PRIMARY			
	Esophageal Varices		456.0 ESOPHAG VARICES W BLEED			
			456.1 ESOPH VARICES W/O BLEED			
			456.20 BLEED ESOPH VAR OTH DIS			
456.21 ESOPH VARICE OTH DIS NOS						
2a	Adds LOINC codes to CCR:HIV Patient ID:	M				
	LOINC_NUM		SHORTNAME	LONG_COMMON_NAME		
	34591-8		HIV1 Ab Fld Ql EIA	HIV 1 Ab [Presence] in Body fluid by Immunoassay		
	34592-6		HIV1 Ab Fld Ql IB	HIV 1 Ab [Presence] in Body fluid by Immunoblot (IB)		
	43009-0		HIV1+2 IgG Ser Ql	HIV 1+2 IgG Ab [Presence] in Serum		
	43010-8		HIV1+2 Ab XXX Ql	HIV 1+2 Ab [Presence] in Unspecified specimen		
	43185-8		HIV 1 & 2 Ab Patrnr Ser IB-Imp	HIV 1 & 2 Ab band pattern [interpretation] in Serum by Immunoblot (IB)		
	43599-0		HIV1 Ab Ser IF-aCnc	HIV 1 Ab [Units/volume] in Serum by Immunofluorescence		
	44533-8		HIV1+2 Ab Ser Donr Ql	HIV 1+2 Ab [Presence] in Serum from donor		
	44607-0		HIV1 Ser EIA-Imp	HIV 1 [interpretation] in Serum by Immunoassay		
	44873-8		HIV1+2 Ab Ser Ql IB	HIV 1+2 Ab [Presence] in Serum by Immunoblot (IB)		
	49580-4		HIV1+2 Ab XXX Ql Rapid	HIV 1+2 Ab [Presence] in Unspecified specimen by Rapid test		
	49905-3		HIV1 Ab XXX Ql Rapid	HIV 1 Ab [Presence] in Unspecified specimen by Rapid test		
	5221-7		HIV1 Ab Ser Ql IB	HIV 1 Ab [Presence] in Serum by Immunoblot (IB)		
	53379-4		HIV1 Ab XXX Ql	HIV 1 Ab [Presence] in Unspecified specimen		
	54086-4		HIV1+2 IgG Bld.Dot Ql	HIV 1+2 IgG Ab [Presence] in Blood dot (filter paper)		
	2b		Adds LOINC Codes to CCR:HEPC Patient ID:	M		
			LOINC_NUM		SHORTNAME	LONG_COMMON_NAME
			47365-2		HCV Ab Ser Donr Ql EIA	Hepatitis C virus Ab [Presence] in Serum from donor by Immunoassay
47441-1		HCV Ab Ser Donr Ql	Hepatitis C virus Ab [Presence] in Serum from donor			
48576-3		HCV RNA XXX Ql bDNA	Hepatitis C virus RNA [Presence] in Unspecified specimen by Probe & signal amplification method			
51655-9	HCV RNA Fld Ql PCR	Hepatitis C virus RNA [Presence] in Body fluid by Probe & target amplification method				

#	Description	Type
	51657-5 HCV Ab Fld Q1 Hepatitis C virus Ab [Presence] in Body fluid	
3	<p>Updates (by changing date selection criteria) the Microbiology data extraction code to capture missing Microbiology data. Extract now uses “completion date” and/or “date collected.”</p> <p><i>Prior to this patch, the Microbiology data extraction was pulling data based on the 'completion date' (DATE REPORT COMPLETED, #.03 in the MICROBIOLOGY sub-file #63.05 of the LAB DATA file #63) alone. It was found that many sites do not populate that field, causing microbiology data to be omitted from the nightly extract to the central registry. The extract will now pull data based on the 'date collected' (DATE/TIMESPECIMEN TAKEN, #.01) if the 'completion date' is null.</i></p>	E
4	<p>Corrects Problem List Extraction by using DATE RESOLVED versus DATE RECORDED.</p> <p><i>Previously, the Problem List Extraction was pulling data from the wrong field (DATE RECORDED, #1.09) to populate the 'date resolved' field in the extract. Data is now correctly pulled from the DATE RESOLVED field (#1.07) of the PROBLEM file (#9000011).</i></p>	F
5	<p>Adds new OBR and OBX segments to the nightly extract to pull Immunization data and Skin Test data for Registry patients (see <i>CCR Technical Manual</i>).</p> <p><i>The nightly and historical extracts have been enhanced to include OBR and OBX segments for Immunization data and Skin Test data for registry patients. Immunization data and Skin Test data will be pulled if the DATE LAST MODIFIED (#.13 in the VISIT file (#9000010) is within the extract range. For details of the data included in the segments, please refer to the <i>CCR Technical Manual</i>.</i></p>	E
6	<p>Changes nightly data extract to include patients on the Pending list.</p> <p><i>The CCR data extract (both nightly and historical) previously included data for 'confirmed' patients only. It will now include data for 'pending' patients as well. Previously, the DON'T SEND field (#11) in the ROR REGISTRY RECORD file (#798) was set to 'true' when a pending patient was added to the registry. With patch 10, the DON'T SEND field will be set to 'true' for test patients only.</i></p>	E
7	<p>Adds three new reports:</p> <ul style="list-style-type: none"> Model for End-Stage Liver Disease (MELD) Score by Range Body Mass Index (BMI) by Range Renal Function by Range <p><i>These reports can be executed from the GUI application. See the User Manual for additional report information.</i></p>	E
8	Modifies existing report headers to reflect the Other Diagnosis filter (added by ROR*1.5*8)	E
9	Adds ALL REGISTRY MEDICATIONS to the Medications Selection panel via a new [All Registry Meds] button. This is included in the Combined Meds and Labs, Patient Medication History, and Pharmacy Prescription Utilization reports.	E
10	<p>Adds new checkbox to display Pending Comments on the List of Registry Patients report.</p> <p><i>The "List of Registry Patients" report has been enhanced to include a "Pending Comments" column added to the Report Options. If this option is checked, an additional column called Pending Comments will be added as the right-most column of the report. If the Registry Status' Pending check box is not checked, the Pending Comments option will be disabled.</i></p>	E
11	<p>Replaces Direct global and FileMan reads to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) files with calls using supported Application Program Interfaces (APIs).</p> <p><i>To support encapsulation of data in the ICD-9-CM package, direct global and FileMan reads previously used in the ROR namespace were replaced with calls using supported ICD-9-CM APIs. These supported APIs retrieve Diagnosis information needed by the CCR application for the extracts and reports.</i></p>	E

#	Description	Type
12	<p>Modifies Other Diagnosis filter to allow the user to remove group header from the “selected” box when the user removes a group from the “selected” panel.</p> <p><i>If the user highlights the header and presses the delete key, the header will be deleted. In addition, if the user highlights the header and hits the left arrow, the header will be deleted. Previously, the header was not being removed from the selected box.</i></p> <p><i>Reports with the 'Other Diagnoses' filter have been modified to display the selected diagnoses in the report header. One of the three formats shown below will be displayed on the report, depending on what the user selected.</i></p> <p><i>Diagnoses: All</i></p> <p><i>Diagnoses: Include abc, def, etc.</i></p> <p><i>Diagnoses: Exclude abc, def, etc.</i></p>	M
13	Modifies the “Help About” popup to conform to VA standards, including hyperlinks to reference documents.	E
14	Modifies the online help file to make it <u>context-sensitive</u> .	E
15	Updates the GUI application to work toward adherence to the <u>Section 508</u> standards.	M
16	Reports XML code have been updated to address a bug introduced in Internet Explorer 7 that was causing page breaks to not work correctly.	F

3.0 Obtaining Software and Documentation

The CCR 1.5 software distributives and documentation files are available for downloading from the following Office of Information Field Offices (OIFO) [ANONYMOUS SOFTWARE] directories.

Table 2 – Software and Documentation Sources

OIFO	FTP Address	Directory
Albany	ftp.fo-albany.med.va.gov	ANONYMOUS . SOFTWARE
Hines	ftp.fo-hines.med.va.gov	ANONYMOUS . SOFTWARE
Salt Lake City	ftp.fo-slc.med.va.gov	ANONYMOUS . SOFTWARE

Table 3 – Files Included in Distribution

File Name	Contents	Retrieval Format
ROR1_5P10GUI.ZIP	Zipped GUI distributive	BINARY
ROR1_5P10DOC1.ZIP	<p>Zipped DOC distributive, which includes both .PDF and .DOC formats:</p> <ul style="list-style-type: none"> ▶ User Manual (ROR1_5_10UM) 	BINARY

File Name	Contents	Retrieval Format
ROR1_5P10DOC2.ZIP	<ul style="list-style-type: none"> ▶ Installation and Implementation Guide (ROR1_5_10IG) ▶ Technical Manual / Security Guide (ROR1_5_10TM) ▶ Release Notes (ROR1_5_10RN) 	BINARY

Patch ROR*1.5*10 is available in the National Patch Module on FORUM as a PackMan message.

4.0 VistA Documentation on the Intranet

Documentation for this product, including all of the software manuals, is available in the VistA Document Library (VDL). The Clinical Case Registries documentation may be found at <http://www.va.gov/vdl/application.asp?appid=126>.

For additional information about the CCR, access the CCR Home Page at the following address: <http://VistA.med.va.gov/ClinicalSpecialties/CCR/>.

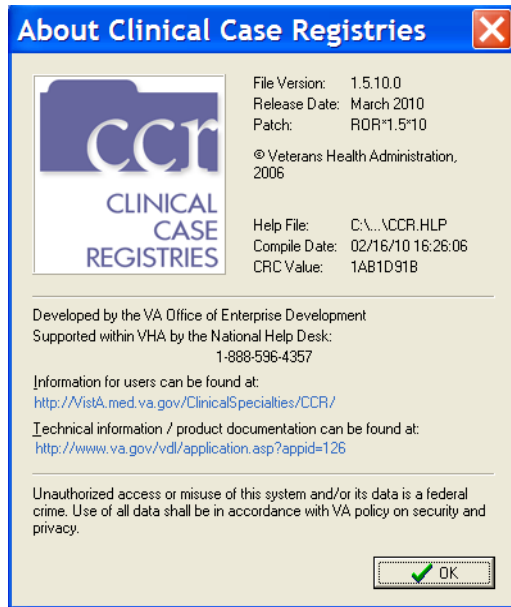
Training links and information are also available at <http://vaww.VistAu.med.va.gov/VistAu/CCR/>.

5.0 Specific Instructions

(See the *CCR Installation and Implementation Guide* for installation instructions.)

6.0 Matching GUI Version to Patch

WARNING If the **GUI** and **VistA** software versions do not match, users may encounter problems with the application. For example, if the site has installed Patch ROR*1.5*10, users' **GUI** installations should also be at Patch level 10. Users can determine the **GUI** version by using the **Help | About CCR** menu option.



This menu option displays the About Clinical Case Registries pane. It shows basic information about the current file version including the release date, patch number, where the Clinical Case Registries software was developed and the software compile date. Click **[OK]** or press the **< Esc >** key to close the pane.

For CCR 1.5.10, this window was modified to meet current VA GUI Standards and Conventions requirements.

Figure 1 – Help | About pane