

Tips, Notes, and Recommendations for Using the Cancer Client Database (CDB)		
Feature	Recommended Action/Information	Date Added/ Edited
Security/Confidentiality		
1 Confidentiality of client records in CDB	All client information in the CDB is confidential medical information and is protected to the full extent of Maryland and Federal law (HIPAA, Health Insurance Portability and Accountability Act). Follow your Health Department/Program guidelines for handling confidential medical information. Use information resources (including data, records, documentation, and database) only for intended purposes according to State policies, laws, and regulations.	3/7/2011
2 Access by you and other users and termination of access	Notify DHMH in writing to request authorization for system access. Notify DHMH in writing within one day when an employee or contract personnel with system access is terminated or will no longer require access to the system. Note: system will automatically terminate a user after a period of 60 days of inactivity. Maintain accurate and up-to-date role assignments in the system for staff so that the system access granted by user roles is appropriate for each user. Once a user has been granted access to the CDB with an assigned user role that has certain rights, the user ID, password, and access to the CDB are for that user only and are not to be shared to allow any other person to gain access. Do not share your CDB login user name/ID, password, access, or proprietary information with anyone else. If someone else needs access to the CDB, call 410-767-0791.	3/7/2011
3 Screensaver on your computer	Set screensaver with passcode to activate in 10 minutes if you make no keystroke (from Control Panel/Display). Set "On resume, password protect" so that the user will have to enter the password to gain access after 10 minutes. Protect system access by logging out of the CDB when leaving the computer for more than a brief period of time.	3/7/2011
4 Password	Never tell anyone your password. Keep your password secure and do not display it in a place where someone could easily find it. Password must contain three of the following: capital letter, lower case letter, number or special character.	3/7/2011
5 Password	Your Internet Browser may ask if you wish it to remember your password for this application. Say "NO." You should enter your password each time you enter the CDB application.	
6 Back/Forward Button on Web browser	DO NOT use the browser's Back and Forward Buttons; rather, use the Previous and Next buttons and Go To function. While the browser buttons may work in some instances, they are not designed for use with the application. Information entered in the database is not saved if the browser buttons are used so the user may lose work.	3/7/2011
7 Temporary Files	Temporary files are created that may contain sensitive information. To delete these files, follow these instructions: 1. Open your Internet Explorer Browser 2. Click on Tools from the main menu (top of the screen) 3. Click on Internet Options and then click on Advanced tab 4. Scroll down to the bottom of the list of features and put a check mark in <i>Empty Temporary Internet Files Folder when Browser is Closed (if not already checked)</i> 5. Click Apply	3/7/2011
Saving and Deleting		
1 Save/Exit Button	Save file early and often to avoid losing data! Each time you go off a page with "Next," "Previous," and "Go To," the data are automatically saved as well. Information not saved will be lost after 30 minutes of inactivity (not saving) on the same page.	3/7/2011

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2 Delete Button	You may only delete a client if core information is entered and no module has been selected in Core for a client. Once the client is enrolled in a module, you will not be able to delete a client (and this Delete button will no longer appear). Call DHMH for help in deleting a client who has been enrolled in a module.	1/19/2005
3 Delete Procedure	Once you check that a procedure is recommended on page 2 of CRC screening form, it opens a row in a procedure table to capture information about that procedure. If the procedure is not done or client eligibility changes as captured on the form, it unchecks the recommendation box. You can then go to Additional Procedure page, view, delete, or edit procedures from this page.	
4 Dual Entry	If two persons are entering data in the same client record at the same time, information about the person that was last saved will be kept and can overwrite changes not saved by the other enterer. Save your work frequently to avoid this.	3/7/2011
Operations		
1 Additional Module	To enroll client in a module that you did not enter them in originally (from the Core), go to the Client Information page and enroll them in the module from there.	3/7/2011
2 Adding Multiple Procedures	If you have to add 3 or more procedures in CDB (such as pre-screen visit, full physical and colonoscopy), you need to check that all of them were recommended on page 2 of the screening form; you will need to add extra procedures (such as surgery, hospitalization) from the Additional Procedure page (from the Go To drop down box in upper right).	11/18/2004
3 BCCP ID	BCCP ID means that the ID created <i>by the CDB system</i> using the same format that the BCCP at DHMH will use in its new database. It does <i>not</i> mean that the person is in the BCCP. This ID was created so that the two databases would have an ID in common if needed.	
4 Billing Information; Copy into Excel	The billing info generates a listing of procedures and payments per client. You can create your own report in Excel. To do so: 1. Login to the CDB 2. Search for the client for whom you want to create the report 3. When the profile of a client (Client Information) comes up, go to the Billing Info button on the left toward the middle of the page 4. Click on Billing Info 5. On Client Billing Screen, highlight and copy everything below Expenses 6. Open Microsoft Excel and in a new blank sheet, click on paste to paste in all of the billing information 7. If you need to sort information in Excel, please make sure you select all data on the screen. If you sort without selecting all data, it will sort just one column and give wrong information, which is sometimes hard to detect.	11/18/2004
5 Case Management Services for clients who receive Medical Assistance and documenting information in CDB	Your program should decide how it would manage clients who receive MA coverage for diagnosis and treatment. Based on that decision, you would select the appropriate response to the first question on Post Screening Evaluation, Page 1. If you decide to provide case management services, select Yes, they are eligible (and <i>funds not available</i> since you won't be paying for treatment). You would then go to the section for Eligible clients on the Post Screening Form. Then enter that the payment for Diagnosis and Treatment is CRF (paying for your case management) and MA (paying for the medical bills). Your involvement may then entail keeping track of the client to make sure they keep appointments, finding providers who will take them with MA coverage, and finding out the stage and treatment, etc. CCSC prefers this option because we would like to have the stage and treatment information on clients screened in the program.	3/7/2011

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Case Management Services for clients who receive Medical Assistance and documenting information in CDB	If you decide NOT to provide case management services, select NO; they are not eligible for services on page 1 of the Post Screening Form. Your minimum responsibility is to assure that the client has an appointment to see the next provider who will agree to accept them at the Medicaid reimbursement rate. You would then document their outcome on page 1 of the Post Screening form as an Ineligible Client.	
6 Client Address State	Type M twice ("M" "M") to pull up Maryland from the pick list; alternatively, choose from drop down/pick list.	
7 Client Address Street Type	Choose from pick list; most frequently used are at the top of the list--see remainder of list for additional choices.	
8 Client Mailing Address	Put P.O. Box information in Street Address area.	
9 Converted Data	Converted Data refers to data that was collected prior to the CDB which was eventually imported into CDB. Prior to CDB, local programs sent us records and we entered them into a DHMH database. Data from the DHMH database was converted (moved in) to the CDB. Once the CDB was delivered to local programs, the entry was/is done locally. Entry done by local programs is not converted data. How you know whether it is converted or not is by the CDB ID. IDs less than 20,000 are converted data.	
10 Cycle: Procedure in Same Cycle or New Cycle	If a client has another colonoscopy done within 3 months of the initial colonoscopy in a cycle because the first one was not adequate , then the second one should be recorded in that same cycle. If it is more than three months between the colonoscopies then open a new cycle and record the second one the new cycle. This means you will close out the first cycle with a cycle outcome of "no cancer suspected" (due to the inadequate procedure) and set a recall date for the repeat colonoscopy when ever that may be (e.g. 6 months after the first one). You will then start a new cycle when you bring the client back in for that repeat.	
11 Date of Birth (DOB) Correction	If you mistakenly enter a wrong DOB on core demographic screening page 1, such as today's date, the system gives you negative number for the Age of Enrollment. Thereafter the validation will not allow you to come out of the field. One way to come out of the field (Age at Enrollment) is to change the number to a value greater than 18. Afterwards the Date of Birth should be corrected.	11/18/2004
12 Enrollment Date Adjustment	If a program wants to retrospectively count a procedure (e.g., colonoscopy, physical exam) performed prior to enrolling in the program (i.e., prior to the enrollment date), as the county is paying for it, change the enrollment and cycle start dates to the earliest date (e.g., colonoscopy date). This is also important to do because data validations do not allow the enrollment date to be after the screening date.	11/18/2004
13 Integers (Whole Numbers)	Use integers (whole numbers) when entering household income; commas and decimals are not allowed.	11/18/2004
14 Interview Date	Be aware that "Interview Date" is the "Cycle Start Date" and must be entered.	
15 Navigation to Post Screening Form	In order to 'enable' the post screening section of the CDB, in the recommendation section (e.g., page 4 of the CRC screening form), you must select the choice that refers the patient on for further evaluation to rule out cancer (e.g., for CRC, "Cancer detected/suspected, refer for further evaluation for cancer").	
16 Nurses' Notes	To print information from this page, go to Cycle Report and "Nurses Notes" are part of the report. Or, highlight and cut the text that you wish to print and paste it into a word processing document.	
17 Prohibited Characters > < # "	The database does not allow the following characters in any field: > < # " You will need to type these in words (greater than, less than, number) or use single quote marks (') if you need to use them.	
18 Provider/Practice Address	If the office address and the mailing address are the same, at least put address info in "mailing address" ; you may enter in Geographic Address also.	

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19	Provider/Practice Information	You may wish to populate as much information as possible about the providers in your jurisdiction <i>before</i> entering client data--especially those providers with whom you have contracts. Once you enter a provider, you can edit the information and link Individual providers to Practices.	11/18/2004										
20	Provider/Practice Name	The first name of the Provider is a required field and will appear on the field validation list if the information is not entered; however, often times, the first name is unknown. In this case, please disregard the note or you can type 'Unknown' in the first name field.											
21	Provider/Practice Notation	Indicate whether the Provider you are entering is an "Individual" or a "Practice" when entering Provider information.											
22	Radio Button	Once you click on a radio button you can <u>change</u> the response to another selection, but you cannot reset the field to have no selection unless there is a clear button available on the field.											
23	Recall Dates-Converted Data	For converted data, Recall (follow-up) Dates will be in the Recall Table; you can manually populate the Recall Date at the end of a screening Cycle to the same date. When adding new data, it will appear in both locations.											
24	Recall of Cancer Client	If outcome is cancer when you close the cycle, check "Recall for routine screening" in Screening Recall section if your program anticipates further surveillance screening(s); otherwise, discharge client.											
25	Recall Information: entering new or changing recall information after the cycle is closed	Go to Recall button on the Client Information page in CDB and make the revision. You cannot change the recall information on the Cycle Closure page once you have saved that page.	11/18/2004										
26	Recommendation Section: "Cancer detected" means the cancer that you were screening for	In the Recommendation section of the CDB forms and screens (CRC, prostate, skin, oral), note that the "Cancer detected/suspected" or "Cancer detected" is the cancer <i>for which the client is being screened</i> . For example, if a patient being screened for CRC is diagnosed with uterine cancer, you should select "No cancer detected, refer for other findings" (that is, no CRC was detected) on page 4 of the CRC screening form; do NOT select "Cancer detected/suspected, refer for further evaluation" because that means that the client was found to have CRC in this module.	11/18/2004										
27	Treatment Only clients	Refer to CDB Guidance, December 2004: How to Enter Treatment Only Clients in CDB.	12/9/2004										
28	Documenting "Cycle Outcome" and "Final Disposition" for clients who are ineligible for CRF work-up, treatment, or case management (e.g. insured, over income limit) and have FOBT positive or have risk or symptoms	<p>An FOBT positive client who is ineligible for more procedures or case management within the program (Post Screening Form Page 1), or an FOBT negative client who is ineligible but has CRC increased risk or symptoms, who does not get a colonoscopy (or further testing) in the program:</p> <ol style="list-style-type: none"> 1. Document his/her outcome on page 1 of the Post Screening form by recording the findings under "Final Disposition of ineligible clients who contacted an HCP." 2. Write in the Comments box below the "Final Disposition of ineligible clients who contacted an HCP" whether the diagnosis is based on <i>verbal report</i> from the client or on a <i>verbal or written report by the provider</i>. 3. Select the appropriate Cycle Outcome for these Ineligible Clients: <table border="1"> <tr> <td>Situation</td> <td></td> </tr> <tr> <td>[Cycle Outcome]</td> <td></td> </tr> <tr> <td>You do not know the results of further diagnostic workup, or the client did not go to the doctor for further workup</td> <td>[Abnormal, cancer status unknown]</td> </tr> <tr> <td>You get a <i>verbal report from the client or verbal or written documentation from a provider</i> of "Cancer" based on the results of colonoscopy, sig, surgery, etc.</td> <td>[Cancer]</td> </tr> <tr> <td>You get a <i>verbal report from the client</i> of "no cancer" based on the results of colonoscopy, sig, surgery, etc.</td> <td>[No cancer suspected]</td> </tr> </table>	Situation		[Cycle Outcome]		You do not know the results of further diagnostic workup, or the client did not go to the doctor for further workup	[Abnormal, cancer status unknown]	You get a <i>verbal report from the client or verbal or written documentation from a provider</i> of "Cancer" based on the results of colonoscopy, sig, surgery, etc.	[Cancer]	You get a <i>verbal report from the client</i> of "no cancer" based on the results of colonoscopy, sig, surgery, etc.	[No cancer suspected]	1/19/2005
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29 Initiating another Cycle: Procedure in Same Cycle or New Cycle?	<p>For two or more FOBTs ("Six month rule"):</p> <p>If an FOBT kit is not returned within 6 months of distribution then close the cycle as "No screening" Then, if that old FOBT kit is returned after 6 months, you may reopen that cycle and enter the results in that cycle; or</p> <p>If you distribute a new FOBT kit to that client after the 6 months and after you closed the cycle, open a new cycle for the new FOBT screening and record the results.</p> <p>If two FOBT kits are given out during a 6 month period (e.g., the client picked up the kits at two health fairs), put the information on both of the kits in the same cycle (put in the second FOBT as an Additional Procedure in that cycle).</p> <p>For colonoscopy and other CRC procedures ("Three month rule"):</p> <p>If a client has a second procedure done for CRC screening that is three months or more after the initial screening procedure, enter the first procedure in a cycle, close that cycle with the correct Cycle Outcome. Open a new cycle and enter the next procedure(s) in that new cycle. For example: Cycle 1--December 15, 2003: Inadequate colonoscopy; no findings. Repeat in three months. Cycle closure: No Cancer Suspected Cycle 2—March 22, 2004: Colonoscopy; two small adenomas in ascending colon. Repeat colonoscopy in 3 years. Cycle closure: No Cancer Detected</p>	1/19/2005
30 Entering Additional Procedures for "eligible" clients	For clients who on Page 1 of the Post Screening Form are "eligible for additional CRF work-up, treatment or case management services?" (either "Yes, Funds available" or "Yes, No Funds available"): Enter the procedure(s) that influence the Cycle Outcome and Final Diagnosis in Additional Procedures (e.g. surgery with pathology showing cancer) <i>whether or not</i> your program pays for the procedure(s). You may also enter other procedures in Additional Procedures (e.g., office visits, chemotherapy, radiation therapy) if you wish to.	1/19/2005
31 Documenting "Client Notified of ...Results"	In the CDB, you should document the ways in which you actually reached the client to notify him/her of results. You may have tried numerous ways and these can be documented in the Comments section or Nurse's Notes, but for this question, enter how the client was actually reached for notification. List Notified as "No" if the client was never reached for notification of results.	1/19/2005