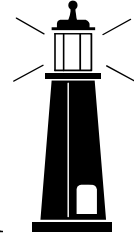


The Sentinel



The Newsletter for the Association of North Carolina Cancer Registrars

Fall 2013

President's Message

Hi everyone,

Wasn't the fall meeting wonderful? A special thank you to Carol Burke at Margaret R. Pardee Memorial Hospital for an excellent job of coordinating this year's annual educational conference. The quality of the guest speakers was terrific. Great job Carol! Also, congratulations to Melanie Rogan on receiving the Luna M. Woods award! Melanie's dedication and commitment to the organization and to the cancer registry profession made her the ideal candidate. Congratulations Melanie!

ANCCR has purchased the NAACCR webinars throughout the state. I hope many of you are able to participate in them. The host sites for the webinars are Pardee Hospital/Mission Hospital/VA Hospital /Park Ridge Health (west), Forsyth Medical Center (central), and Vidant Medical Center (east). I encourage everyone to take advantage of these webinars because these are an excellent way to earn CE hours.

Our next fall meeting will be held in New Bern, NC. CarolinaEast Medical Center has already begun planning for this meeting. I know you all will enjoy the program they are putting together. I look forward to seeing you there. Be on the look-out for more information about the meeting after the holidays.

I would like to take this opportunity to say how much I have enjoyed serving as President of ANCCR this past year. I was a bit overwhelmed at first, but with the help and encouragement of some of the board members, I realized that I could do it. I am humbled that you are allowing me to serve again as President and I look forward to working with everyone again this coming year. Please feel free to contact me with any questions or concerns. My email is amurphy@carolinaeasthealth.com and my phone number is 252-633-8790. I hope you all have a wonderful holiday season and a prosperous new year!

Take care,

Ann Murphy, CTR
President, ANCCR

ANCCR's Executive Board 2013-2014

<p>President: Ann Murphy, CMA, CTR amurphy@carolinaeasthealth.com</p> <p>Immediate Past President: Tara Lewis, CTR Tara.lewis@msj.org</p> <p>Vice President: Kisha Raynor, CTR kisha.raynor@carolinashealthcare.org</p> <p>Secretary: Carol Burke, CTR Carol.burke@pardeehospital.org</p> <p>Treasurer: Leta Vess, CTR lvess@firsthealth.org</p> <p>Ways & Means: Deirdra Greene dgreene@hprhs.com</p> <p>Grants & Vendors: Paige Tedder, CTR Paige.tedder@carolinashealthcare.org Kathleen Foote, CTR Kathleen.foote@rexhealthcare.org</p> <p>Program Coordinator: Deborah Carrethers, CTR dgcarrethers@novanthealth.org</p> <p>Bylaws: Adaline Brown, RHIT, CCS, CTR abrown@certicode.com</p>	<p>Membership: Vickie Gill, RHIA, CTR vagill@novanthealth.org</p> <p>Education: Jenean Burris, RHIT, CTR jburris@wakehealth.edu</p> <p>Educational Scholarship: Inez Inman, BS, RHIT, CTR iinman@wakehealth.edu</p> <p>Historian: Joanne Essick, CTR essijoan@armc.com</p> <p>Nominating: Blanche Sellars, CTR annie.sellars@rexhealth.com</p> <p>Publications: Inez Inman, BS, RHIT, CTR iinman@wakehealth.edu</p> <p>Web Site Coordinator & A4C Liaison: Cathy Rimmer, BA, MDiv, CTR ccrimmer@novanthealth.org</p> <p>NCRA Liaison: Melanie Rogan, CTR melanie@ers-can.com</p> <p>Central Cancer Registry Liaison: Melissa Pearson, CTR Melissa.pearson@dhhs.nc.gov</p>
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Ways & Means Report

We presented **15 ANCCR** logo flash drives to all guest speakers at the 2013 state meeting in Hendersonville. We have **9 flash** drives left to use at next year's meeting in New Bern. The Art Show raised **\$506.50** from Auction bids. The ticket sales for the \$100.00 bill fundraiser brought in **\$292.00** making our total raised this year **\$798.50**

I would like to note that we received a \$20.00 donation which I included in the ticket money from Gail Bateman who said that she appreciates the ANCCR organization and wishes she could do more.

I've sent thank you letters to people for their contributions for the art show if I missed you let me know. I would like to give Jane Brown a special thank you for her hard work of bringing in the most items.

I'm open to any and all suggestions for next year's meeting dgreene@hprhs.com drop me an email so we can brain-storm.

Thanks, Deirdra

**ANCCR TREASURER REPORT
1/1/2013 through 10/5/2013**

Annual Meeting Sept 2013

INCOME

Fall Meeting Registration	8,875.00
Exhibitor Fee	3,140.00
Ways and Means Income	698.50
TOTAL INCOME	12,713.50

EXPENSES

Fall Meeting Costs	
Awards	684.13
CE Hrs For Fall Meeting	75.00
Entertainment	250.00
Hotel Occupancy and Meals	4,433.16
Mileage	450.91
Supplies	736.63
TOTAL Fall Meeting Costs	6,629.83
OVERALL TOTAL	6,083.67

ANCCR

INCOME

Bank Interest	83.13
Dividend Earned	107.05
Fall Meeting	12,713.50
Interest Income	0.11
Membership Dues	1,390.00
TOTAL INCOME	14,293.79

EXPENSES

Bank Charge	0.58
NCRA Conference Fee	1,972.55
Webinar	4,095.00
NCRA Education Foundation Donation	100.00
Secu Foundation Donation	9.00
Fall Meeting Costs	6,629.83
Fed Tax	4.06
TOTAL EXPENSES	12,811.02
OVERALL TOTAL	1,482.77

NET WORTH – as of 10/5/2013

ASSETS

ANCCR Checking	12,914.43
Money Market	30,491.46
Shares Account	59.81
TOTAL ASSETS	43,465.70
LIABILITIES	0.00
OVERALL TOTAL	43,465.70

Leta Vess
ANCCR Treasurer

WEB SITE AND A4C REPORT

Web Site:

The web site has been updated with the changes to the ANCCR Board members.

NAACCR webinar Archives – I have permission to post the archived NAACCR webinars on the ANCCR web site under the “Members Only” Section.

I will be working on getting the first one from 2013-2014 series loaded.

A4C

The next meeting will be November 1st in Raleigh.

I am co-chairing the Early Detection Sub-Committee.

Cathy Rimmer

EDUCATION REPORT

There are 6 students enrolled in the Cancer Information Management program at Davidson County Community College, for the Fall Semester 2013. These students will potentially need to complete their required 160 hours of on-site instruction before graduation in May 2014. There are students located in Mars Hill, Thomasville, Fayetteville, and the eastern part of the state.

Jenean Montgomery Burris

REPORT FROM THE NC CENTRAL CANCER REGISTRY (Summary of the presentation given at ANCCR Fall Meeting)

- NC CCR will be hosting the 2015 NAACCR meeting in Charlotte.
- NC CCR is currently working on the annual data submission to NPCR and NAACCR which is due at the end of November.

Physician Office Reporting:

Physician Office Reporting will be a primary focus of many of our activities over the next few years. The next 5 years will be a period of great change in how cases are reported. This change will have the biggest impact on non-CoC reporting facilities and physician offices. During the next 5 years, NPCR expects all central cancer registries to increase requirements for electronic reporting and take advantage of the requirements physician offices have to meet with Meaningful Use and the Health Information Initiative.

By 2017, NPCR REQUIRES all Central Cancer Registries to have:

- All hospitals (100%) reporting electronically
 - All CoC hospitals already report to the NC CCR electronically but this requirement now includes non-CoC hospitals as well.
 - Over the next year or so, this transition to 100% electronic reporting will take place. Field Services will no longer abstract cases for small hospitals either by mail-in, fax, or site visits. Even the very small facilities will have to report

electronically. NC CCR staff will be working very closely with these facilities during this transition.

The NC CCR will also be expanding the types of physician offices that must report. Dermatologists and urologists began reporting several years ago. This will be expanded to GI, and medical and radiation oncology offices. By 2017, the NC CCR will need to have at least:

- 75% of the urologists, dermatologists, and gastroenterologists reporting
- 70% of the medical oncologists, radiation oncologists, and hematologists reporting
- At least 80% of these non-hospital facilities that are reporting to the NCCCR must be reporting electronically.

A data entry screen designed specifically for urology and dermatology offices is available for direct data entry through Eureka. Physician office staff must enter and code demographics, all of the dates, site, histology, grade, etc. (everything except stage and specific treatment codes). Physician office staff provides text for the stage and treatment and the CCR staff complete the abstract based on the text after it is submitted.

HOUSE BILL 399:

To support central cancer registries with electronic reporting, states are revising their reporting laws - just as CCR's had the law to support requiring that facilities and physician offices report to begin with. In NC, the NC House Bill #399 has been signed by the Governor and became effective October 1, 2013. The changes to the bill are underlined below.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013
HOUSE BILL 399
Committee Substitute Favorable 4/3/13
Committee Substitute #2 Favorable 4/24/13
Fourth Edition Engrossed 4/30/13
Senate Health Care Committee Substitute Adopted 5/29/13
Senate Judiciary II Committee Substitute Adopted 7/1/13

Short Title: Amend Laws Pertaining to DHHS.-AB (Public)

Sponsors:

Referred to:

March 21, 2013

A BILL TO BE ENTITLED

AN ACT To make CHANGES requested by the department of health and human services TO LAWS PERTAINING TO CHILD ABUSE, NEGLECT, AND DEPENDENCY; MEDICAID; AND PUBLIC HEALTH.

The General Assembly of North Carolina enacts:

SECTION 9. G.S. 130A-209(a) reads as rewritten:

"§ 130A-209. Incidence reporting of cancer; charge for collection if failure to report.

(a) ~~All~~ By no later than October 1, 2014, all health care facilities and health care providers that detect, diagnose, or treat cancer or benign brain or central nervous system tumors shall submit by electronic transmission a report to the central cancer registry each diagnosis of cancer or benign brain or central nervous system tumors in any person who is screened, diagnosed, or treated by the facility or provider. The electronic transmission of these reports shall be in a format prescribed by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Program of Cancer Registries. The reports shall be made within

six months ~~of~~ after diagnosis. Diagnostic, demographic and other information as prescribed by the rules of the Commission shall be included in the report."

PART IV. EFFECTIVE DATE

SECTION 10. This act becomes effective October 1, 2013.

Meaningful Use and What it Means for Central Cancer Registries:

Meaningful Use is an incentive program for eligible professionals. One of the MU criteria is to report cases to Public Health. MU cancer reporting is an option for eligible professionals only, which means hospitals, and physicians who are hospital based, are not eligible for incentives.

The NC CCR is taking advantage of the MU criteria by developing a process to receive these electronic cancer reports directly from physician offices through an application developed by CDC called eMARC. eMARC can convert these reports to the NAACCR format. However, these reports will only contain a portion of the required data set and the complete abstract will need to be completed by staff at the CCR.

The NC CCR has started mailing packets of information to ALL clinics to make them aware of their possible eligibility and to encourage them to take advantage of the incentives by choosing to select the electronic cancer reporting option in their EHR. For clinics that do not have an EHR implemented, or have software that is not certified for MU electronic reporting, it is not too late for them to consider getting the certified EHR by using the incentives.

MU is NOT the only way to report cancer cases to meet the state law. But, they are still responsible for reporting the cases to CCR. Further, the CCR will soon require that all physician office cases be reported electronically. Even if a physician's office has an agreement with a cancer registry to report their cases, eligible physicians may still receive the MU incentives by selecting electronic cancer reporting from one of the menu options in their certified EHR software.

A website will be up and running soon with information related to MU electronic cancer reporting to the NC CCR. The CCR is also working with UNC to set up a Portal where the eligible providers can register their intent to report electronically. The Portal is expected to be up and running by Jan 1, 2014.

Contact for MU questions: Mimi Sheerin, miyuki.sheerin@dhhs.nc.gov, 919-715-0097

Modifications to the CCR Reporting Timelines and Requirements:

There are numerous and significant changes being required, such as MU and electronic reporting, that will force the work of the CCR to be carried out differently. In order to meet these requirements, the NC CCR is undergoing an intensive evaluation of our processes.

One area identified as needing improvement is the bottleneck that occurs around submission time (September - November of each year) with trying to finalize 70,000 records for submission. The NC CCR utilizes several methods to identify missing cases such as reviewing and abstracting reports from path labs, death certificates, physician offices and the RCA database. Plus, CCR staff are working with facilities with low case counts and completing case consolidations so that each tumor is only reported once in our final data.

The NC CCR is working on a timeline that will allow some of these processes to begin earlier in the year. To do this, it is important to receive cases on a more frequent basis than quarterly. This is particularly a problem where the last quarter's data may contain the majority of the cases for a facility. When this is multiplied by several facilities, the result is a lot of cases that must be reconciled at the last minute.

For several years now, large facilities have been asked to report monthly, but the definition of “large” has been vague and loosely monitored. This has now been defined more specifically. The reporting requirement is now two-fold: 1) the frequency the facility must report and 2) the completeness with which the facility reports.

Effective January 1, 2014: Facilities that accession 500 or more cases each year are required to upload at least monthly.

- Facilities with less than 500 cases each year are still required to upload quarterly but can upload more frequently if desired.
- All facilities, regardless of upload schedule, must still meet the quarterly call for data requirements.
 - What we want to avoid is a facility that accessions, for example, 2000 cases a year submits a file every month but that file only contains 100 cases. In October, the facility is still 1000 case behind or trying to submit a large portion of their cases.
- The Request for Extension is still based on the quarterly Call for Data requirement.
 - Regardless of the upload frequency, if the entire quarter’s worth of data has not been reported by that quarterly call for data deadline then a request for extension must be submitted.
 - For example, the next call for data deadline is January 1st. All eligible cases seen at the facility in the 2nd quarter of 2013 are due by January 1st. If the facility is not able to meet that deadline, then a request for extension must be submitted.

Most facilities are already meeting this requirement. Perhaps the facility will need to make sure a file is sent each and every month, such as setting aside the first Friday of each month. We have received positive feedback from facilities that switched from quarterly to monthly reporting. For example, it was easier to remember to report, how to use the portal, and remember passwords because it was being done more frequently. Also, file sizes are smaller making it easier clear edits, make sure cases were complete, etc.

Exception: The exception is for cases on hold because specifics on the treatment or an answer from a physician are needed before the case can be completed. Incomplete cases are always part of the reporting process so it is understandable that there will be cases from that quarter coming in a little later. But, it should not be the majority of cases.

EDITS:

In addition to receiving files more frequently, the CCR also wants to improve the number of files being sent edit error free. Several years ago, the CCR began rejecting files that had more than 10% edit errors. The number of cases being submitted without edit errors has improved tremendously. In fact, many facilities consistently submit files with 0 edit errors. Thank you very much!

Effective January 1, 2014: All files submitted to the NC CCR must be edit error free. Files with edit errors must be corrected and resubmitted. The entire file (not just the case with the edit error) must be resubmitted after all edit errors are corrected. Again, many facilities are already meeting this requirement. We have received positive feedback from facilities because the discussion regarding errors that led to an edit can be a very useful learning tool in understanding certain rules and coding instructions. If you have questions about why a case is receiving an edit, your CCR representative will be glad to work through these with you.

While a case must pass edits before it can be marked complete at the time of abstracting, edits should also be ran on the batch of cases being submitted. This can be accomplished using the Genedits program if this cannot be done within your cancer registry software. The edit metafile is a complex program. The edits may need to be ran several times to make sure ALL edits are

cleared. For example, some of the bigger level data has to be corrected before the more detailed edits can be applied. The steps used to create an error free submission file for the NCDB can also be used to create an error free submission file for the CCR. Make sure that you create a final file for submission AFTER you have run the NC CCR required edits and corrected all errors.

Tracking Submission Files:

The screenshot displays a web interface for file uploads. At the top, there are tabs for 'UPLOAD' and 'MODERATE (0)'. Below this, there are search and filter options. The main content area shows a file upload confirmation for '20131001_Healthy Hospital_23 cases'. The file size is 1435K, and it was uploaded on Tue 03/20/2012 at 11:15. Below the file details, there is a forum section with a 'Moderate' button and a table of forum threads. The table has columns for 'Forums', 'Threads', 'Posts', and 'Last Post'. There is one thread listed under the 'General' forum. At the bottom, there is a section for 'Files with issues to be resolved'.

After a file has been uploaded, be sure to look in your upload folder to make sure it is there and the file size is not 0. If more than 1 file is being submitted, the entire upload process must be done for each file. Make sure you can see all files you intended to upload in your portal folder.

There are some known issues that may prevent a file from uploading successfully. For example, the portal may time out if the file size is too large. Large files will need to be zipped first to prevent the system from timing out. If the file uploaded successfully, you should be able to see that file when you check your portal folder. If you don't see it, then you need to upload it again! If you are not sure, your CCR staff representative will be glad to check on the file for you.

Also, if you create a submission file from your database, and are not able to upload right away, create a reminder until you can verify that the file has been uploaded successfully and is in the portal. For example, you may create the file and then get called away to another project and the file never gets uploaded!



We are always striving to increase case completeness and maintain high quality! We cannot meet these goals without your help. We greatly appreciate all of these efforts in meeting the reporting requirements – whether it is better text or better casefinding. We have just begun this extensive evaluation of our processes to meet the changes in our requirements and the submission of files (frequency and edits) was one of the first areas identified as an improvement area. If you have any questions about your facility's reporting requirements, please contact your CCR representative. Thank you!

NC Central Cancer Registry/Melissa Pearson

MEMBERSHIP

Dues for 2013-2014 need to be paid by December 1, 2013. You can get the membership renewal form from the ANCCR website: www.ncregistrars.com.

Vickie Gill, RHIA, CTR

Bylaws Report

ANCCR Current By Laws:

Section 4. Election.

1. Elections shall be by ballot at the annual meeting. The Nominating Committee shall be responsible for the preparation of the ballots.
2. Candidate information will be included in the ANCCR newsletter to be distributed thirty (30) days prior to the annual meeting.
3. Election shall be by a plurality of the votes cast by the active and associate members. In case of a tie, the election shall be decided by lot.
4. Absentee ballots may be requested from the Nominating Committee Chair by voting members in good standing at least thirty (30) days prior to the annual meeting and must be returned at least ten (10) days before the annual meeting to the Nominating Committee Chair or the ballot will not be counted.
5. The Nominating Committee Chair and two (2) members of the Nominating Committee shall count ballots.
6. Elected officers shall assume office following their installation.

PROPOSED CHANGE to reflect change in voting procedure.

1. Elections shall be by ballot. The Nominating Committee shall be responsible for the preparation of the ballots and distribution of ballots at least 60 days prior to the Annual Meeting.
2. Election shall be by a plurality of the votes cast by the active and associate members. In case of a tie, the election shall be decided by lot.
3. The Nominating Committee Chair and two (2) members of the Nominating Committee shall count ballots.
4. Elected officers shall assume office following their installation.

To be voted on at next year's annual meeting.

Adaline Brown

EDUCATIONAL SCHOLARSHIP

ANCCR Essay

Throughout history the relationship of mentors and mentees has played a vital role in shaping lives. If you examine fictional or nonfictional relationships, you are sure to find great examples of the power of an outstanding mentor. Be it Albus Dumbledore and Harry Potter, Mr. Miyagi and Daniel LaRusso or Socrates and Plato, the mentor and mentee relationship is an essential part of society. These relationships help foster positive growth and produce valuable members of society.

Mentoring is a golden opportunity for both the mentor and the mentee. It allows both individuals to grow professionally. For a person who has never taught anyone, being a mentor allows them to venture into new territory. It allows the individual to learn more about himself and what he is capable of. It opens a new door, with endless possibilities. The mentee undoubtedly benefits from mentoring. It affords them the opportunity to acquire critical knowledge from a senior official in their field and become more efficient. In addition to knowledge shared and gained through mentoring, they are an essential link to resources for professional growth. As professionals, we all should seek opportunities for continuous growth. These opportunities allow us to remain current in our field and update our knowledge. Great mentors lead their mentees to opportunities for continuous growth in their fields such as webinars, conferences or new education material.

The experience and knowledge that mentors possess is priceless. With the right mentor a person can go on to achieve great things in life. As a past employee of the Boys and Girls Club of America (BGCA), I know the importance of mentoring to others. While working at the BGCA, I witnessed first hand the impact mentoring can have on a person's life. There I was able to shape young minds and to guide potential leaders of America. Working at the club benefited me, as well as the children. Through my work with the children, I was able to shape their minds, which was overwhelming at times, yet amazing. I learned that in order to be a good mentor, you have to be patient, kind and understanding. I learned new levels of patience and discipline that I employ in my current position.

Working in the Moore Regional Hospital Cancer Registry has allowed me to experience the mentor and mentee relationship from a different point of view. While being here I've had the pleasure of being mentored by some amazing individuals. These individuals are always willing to share their knowledge of the field with me. My mentors represent a very diverse group of people, who have ranged in age, race, background, education and experience. Their diversity shows that there is no set standard for being a mentor. The lessons I have learned here stretch far beyond the cancer registry. I argue that mentoring is not only a golden opportunity for professional growth, but it is also an opportunity for personal growth. Mentoring offers a person the opportunity to discover more about himself. It is a golden opportunity for self reflection and development.

By Desiree Montgomery

Did You Know

ANCCR members who are currently involved in NCRA:

Melanie Rogan – Nominating Committee, GPEC Committee (and past President, NCRA)

Inez Inman – GPEC Committee (and past President, NCRA)

Cathy Rimmer – AJCC Liaison (and past NAACCR Liaison)

Melissa Pearson – Abstracting Workshop

Carol Burke – SIG Leader

News – Facts – Gossip – Articles – Updates

Send information to: *The Sentinel* Editor

Inez Inman, Cancer Registry, WF Baptist Medical Center

iinman@wakehealth.edu 336-713-6828

Deadline for the next issue of *The Sentinel* is January 15, 2014.

ANCCR has Facebook Group

ANCCR has a Facebook group. If you are already on Facebook, you can search for it as:

Association of North Carolina Cancer Registrars.

It is an open group – so anyone can join.

This is a great place to post photos of meetings!

You can “Like” ANCCR on Facebook by clicking the Facebook button on the ANCCR Home Page.

HOSPITAL PROFILE

CarolinaEast Medical Center is a 350 bed acute care medical center. The Cancer Registry was created in 1990 and has a present reference year of 2000.

CarolinaEast Medical Center is a Community Hospital Comprehensive Cancer Program with having the last ACoS CoC survey in August 2012. The Cancer Registry uses the ERS software and reports over 800 cases a year.

Employees in the registry include:

Ann Murphy, CMA, CTR

Supervisor

Hire date: 11/94 HI S and 8/08 Cancer Registry

2001-CTR

Married-husband Andy, one daughter-Andrea 9 years old, 2 cats-Oscar 18 years old and Freckle 4 years old, 1 dog-Maggie 1 year old and all are spoiled rotten.

Doris Jones, CMA, CTR

Cancer Registrar

Hire date: 6/07

2011-CTR

Worked at CMC for 24 years-10 on medical floor and 8 in OPSV/Endo Unit

Attended Rutgers University-major in Public Health Administration

One son-25 years old

Originally from New Jersey, moved to NC in 1987.

PICTURES FROM THE 2013 FALL MEETING – FLAT ROCK, NC

2013-2014 ANCCR Officers



Lou Woods Award goes to Melanie Rogan



Line dancers!



1...2...3...4 AND TURN!



AND THIS IS THE WAY THAT YOU DO IT!



At the Social

