The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Spring 2019

Message from the President:
Kelly A. Lowrance, RHIT, CTR

Are we there yet? I don't know about ya'll, but that is how I feel right now. All these manual changes!! Are there any more changes?? I probably should not ask that. I feel like I have gone back in time and am starting my first registry job!! I am so overwhelmed just like I was WAY back then!! I used to tell myself "I think I can, I think I can" and eventually I did!!   I find myself saying that a lot these past few months. Each day, the light seems to be getting brighter and I think I see the end of the tunnel. With my luck, once I get to the end of the tunnel there will be a bunch of new errata's waiting on me to learn!!! HA ☺ HA ☺

National Cancer Registrars Week is April 8th – 12th. With all the stress from all the manual changes and software updates, we deserve to celebrate "OUR" week!! I encourage all of you to celebrate YOU that week. Go to breakfast as a group. Or go to lunch. Maybe even go to dinner after work. Just do something to laugh and have fun!! Whatever you do, just make sure you do something and celebrate!!

In May, I will be attending the NCRA 45th Annual Educational Conference in Denver, CO. I am not going to attempt trying to take a State basket across country. Instead, ANCCR will be making a donation to the NCRA Educational fund. I am so honored to be going and representing our wonderful State. If anyone from NC is going, please let me know so I can look for you.

If you haven't heard – IT IS OFFICIAL!! NC and SC will be hosting a Regional Meeting in Concord, NC this year!! The dates are September 18th – 20th. The planning has begun. I cannot say much, but in my opinion, this meeting is going to be one of the best and funniest educational meetings ever!! Make sure you bring lots of money because the NC and SC Ways and Means are going to be having a "friendly" competition to see which State can raise the most money!! Lets support Kim and Keisha and bid, bid, bid!! The registration brochure will be going out soon so be looking for it. Did I mention this meeting will be fun???

Have a Blessed Easter and I look forward to seeing you in Denver and in Concord!!

ANCCR's Executive Board 2019

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	Kim Maloney Bobbitt, BS, CTR	kmaloney-bobbitt@novanthealth.org
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NCRA Liaison	Angela Rodriguez, CTR	arodriquez@certicoderegistry.com
NC CCR Liaison	Melissa Pearson, CTR	Melissa.pearson@dhhs.nc.gov

Upcoming Annual Educational Conferences

NC & SC Regional Meeting
September 18-20, 2019, Embassy Suites, Concord, NC

NCRA Educational Conference
2019 – May 19-22, Sheraton Denver Downtown Hotel, Denver, CO
2020 - May 31-June 3, Orlando, FL
2021 - April 14-17, Indianapolis, IN
2022 - April 6-9, Washington, DC

TREASURER REPORT
Christine Smith, CTR

Deposits	$36,855.33
To Open Account	$19,717.15
Membership dues * per email receipts in file	$1,265.00
State Meeting fee checks received	$12,025.00
State Meeting Vendor Deposits **	$2,236.00
State Meeting luncheon deposit NHRMC	$1,000.00
2019 Membership Dues dep in December	$315.00
	$36,522.15
Misc Deposit	$297.18
Total	$36,855.33
State Meeting fee refunds written per checkbook	$13,975.00
Misc Debits on Account	$389.33
Misc Expenses:	
Mileage/ Postage	$760.08
Performance Dimensions 2018 Website	$1,202.84
ANCCR President to NCRA	$2,232.61
Treasurer stamps/printing/mileage/ shipping supplies to successor	$237.93
990-N IRS Non Profit Status update Fee	$39.95
NCRA Education Foundation	$100.00
Bank Statement set up Fee	$21.00
D. Carrethers: Speaker Gift Cards	$400.00
NAACCR 2018-19 Webinar Series	$1,740.00
Total:	$6,734.41
Total Checks Cleared	$18,809.41
Total Deposits	$36,855.33
Misc Debits on Account	-$389.33
Total Checks Cleared	-$18,809.41
Total	$17,656.59
December 31 ending Balance:	$17,657.09
Difference	$0.50
State Meeting Income (including Vendor Fee)	$14,261.00
State Meeting Refunds Given	$13,975.00
	$286.00
December 31 2018	
Checking Account Ending Balance:	$17,657.09
Money Market Account Ending Balance	$21,597.50
Total	$39,254.59

MEMBERSHIP
Jenean Burris, RHIT, CTR

There are 126 ANCCR members as of 3/26/19. If you have not paid your dues yet, please send them in ASAP.

EDUCATION REPORT
Kimberly Swing, CTR and
Karen Knight, CTR

Davidson County Community College update- We admitted a cohort in Fall 2018 that will be on track to graduate in Spring 2020. This cohort is finishing up first year courses and will enter the 2nd year of the CIM program with their class this summer. As of last check, we had 11 students who are registered in the cohort. Our next cohort will be admitted Fall 2020, with a graduation date of Spring 2022. However, a student may enroll at the college and begin taking courses at any time.

Educational Opportunities:

NCRA Center for Cancer Registry Education - http://www.cancerregistryeducation.org/
Access to high-quality educational programming to support both seasoned professionals and those new to the field, included are programs related to AJCC 8th Edition. Most are fee based.

NCRA Registry Resources - http://www.cancerregistryeducation.org/rr
A series of informational abstracts and presentations that show registrars how to use these important resources, these site-specific abstracts provide an outline to follow when determining what text to include. FREE

NCRA Case Studies - http://www.ncra-usa.org/About/Store/Store-Professional-Resources
Practice Assigning AJCC TNM Stage, two sets of answers are included, one using the 7th Edition; the second using the 8th Edition along with the rationale for the correct 8th Edition answers. Member Price: $89.00 Non-Member Price: $145.00.

SEER Educate - https://educate.fredhutch.org/LandingPage.aspx
Improve technical skills through applied testing on the latest coding guidelines and concepts. Complete practice abstracts and earn up to 20 CE credits per cycle. FREE, Casefinding and Grade exercises are now available as well. SEER is also asking registrars to complete a reliability study from March 1, 2019-April 15, 2019
https://reliability.seer.cancer.gov/user/login/?next=/ Completion of the study will require the review and coding of EOD 2018 Data Items (Primary Tumor, Regional Nodes, Mets), SS2018, Grade, SSDIs (schema specific), Regional Nodes Positive and Tumor Size. Registrars will complete 1 randomly selected set of cases (10 cases) with an option to complete as many as 4 additional sets (up to 40 additional cases). In addition to Continuing Education credits, participants in this activity will have an opportunity to view the preferred answers as given by an expert panel. You will be notified when the study results become available online.
- NCRA has approved 10 CEUs for completion of one set (10 cases). No partial credit will be given.

NCRA's Mini-Learning Shorts- Great guide for new registrars- http://www.cancerregistryeducation.org/best-practices?fbclid=IwAR1bfhzNf844uTRZKbhelHvK0G2MSBumIlQH0o4K1hYqe46BmmmxPrnIVfY and http://www.cancerregistryeducation.org/introduction-to-the-cancer-registry

http://www.ncregistrars.com/ -Archived NAACCR webinars worth 3 CE credits each

https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx AJCC Disease site Webinars, no CE credits earned, archived webinars available

https://education.naaccr.org/freewebinars - NAACCR Talks are free webinars on topics of concern to the NAACCR membership. View recordings of the live webinars for no charge.

AJCC:
View recordings of the live webinars for no charge.

7th Edition Webinars - https://cancerstaging.org/CSE/Registrar/Pages/Seventh-Edition-Webinars.aspx
8th Edition Webinars- https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx
Disease Site Webinars - https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx
AJCC Curriculum - https://cancerstaging.org/CSE/Registrar/Pages/AJCC-Curriculum.aspx
Registrar's Guide to Chapter - https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx
AJCC TNM Category Options - https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx

http://www.ncregistrars.com/

ANCCR purchased subscriptions to the NAACCR Cancer Registry & Surveillance Webinar Series.

Each webinar is three hours (3 CE's) and will be presented on the first Thursday of each month. After the LIVE version, a link to the webinar will be available to ANCCR members on the ANCCR website, as soon as it is available each month. The sessions are 9:00 am – 12:00 pm.

Host sites:

- Wake Forest Baptist Medical Center, Winston-Salem, NC
  Contact: Jenean Burris: jburris@wakehealth.edu
- Carolinas Medical Center, Charlotte, NC
  Contact: Paige Tedder paige.tedder@carolinashealthcare.org
- UNC Rex Hospital, Raleigh, NC
  Contact: Kathleen Foote Kathleen.foote@unchealth.unc.edu
- Vidant Medical Center, Greenville, NC
  Contact: Merrill Bright Merrill.bright@vidanthealth.com

NAACCR webinar schedule:

4/4/19   Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms
5/2/19   Collecting Cancer Data: Neuroendocrine Tumors
6/6/19   Collecting Cancer Data: Ovary
7/11/19 Hospital Cancer Registry Operations – Topic TBD
8/1/19   Solid Tumor Rules
9/5/19   Coding Pitfalls

Coding, Staging and Abstracting Resources:

*Online version of IDC-O-3 http://codes.iarc.fr/codegroup/2 ICD-O-3 2018 new coding guidelines found at- https://www.naaccr.org/implementation-guidelines/#ICDO3
*SEER Summary Stage 2018 https://seer.cancer.gov/tools/ssm/2018-Summary-Stage-Manual.pdf
*SEER 2018 updated case finding list can be found at- https://seer.cancer.gov/tools/casefinding/
*SEER RX- https://seer.cancer.gov/seertools/seerrx/
*SEER*RSA- SEER Registrar Staging Assistant website can be used to code EOD, Summary stage, SSDI's and TMN data- https://staging.seer.cancer.gov/
*Ask a SEER Registrar- https://seer.cancer.gov/registrars/contact.html
*CAncer Forum- http://cancerbulletin.facs.org/forums/help
*Hematopoietic and Lymphoid Neoplasm Database- https://seer.cancer.gov/seertools/hemelymph/
*Solid Tumor Rules- https://seer.cancer.gov/tools/solidtumor/
*NAACCR- Site specific data items (SSDI/GRADE)- https://apps.naaccr.org/ssdi/list/
*NAACCR- Recording of Grade webinar and New Radiation Coding Rules webinar- https://www.naaccr.org/2018-implementation/#Education
*STORE-https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx
*AJCC- Errata for 8th edition AJCC is available at https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx - includes many corrections!
*Informational Abstracts   http://www.cancerregistryeducation.org/rr
*NCI Cancer Types- http://cancerbulletin.facs.org/forums/help
* RQRS User Guide-https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/rqrs_userguide.ashx

SOMETHING NEW TO REVIEW

New NCDB study released:
http://www.annsurgoncol.org/journals/abstract.html?v=0&j=10434&i=0&a=7213_10.1245_s10434-019-07213-1&do

Study finds upsurge in 'active surveillance' for low-risk prostate cancer :
https://www.mdlinx.com/oncology/top-medical-news/article/2019/02/12/7557098

Immunotherapy may be better than chemotherapy for Merkel cell carcinoma:
https://www.news-medical.net/news/20190211/Immunotherapy-may-be-better-than-chemotherapy-for-Merkel-cell-carcinoma.aspx

NC Advisory Committee on Cancer Coordination and Control (A4C) Report
Kathy Foote, CTR

Care and Treatment Subcommittee Meeting   10/26/18

Highlights from the meeting:
Training/Events:

- Catawba County Training scheduled for 10/26/18 was cancelled due to lack of physician registration. Discussion on need to engage Academy of Family Physicians to ensure event/program offers PCPs appropriate CMEs.

Future Training/Events:

- Discussion on future training opportunities, topics, and presenters, specifically in Tier I counties.
- NC Demographics/Disease Rates Map updated showing 2018 Tier I counties (low resource counties), African American population (25%) and cancer mortality rates.

A4C Information (distributed via email)

- NC Tobacco Prevention and Control Branch – articles
    - Nice infographic to share with adult influencers.
      https://www.tobaccofreekids.org/assets/content/what_we_do/industrywatch/e-cigarettes/2018_04_juul_infographic.pdf

    - Juul, e-cigarette popular among teens, being investigated by FDA.
      https://secure-web.cisco.com/1uwvWBE5yQoc6gP6t3_CJsBnlTrCGZLTzXSTvVOoj_SW-s6SvODe1fs7y3fSofwmiImZhp8DucBFFsLfcxeC-gmhLexXtycJUhFZTBbWf3TeuG1V97I3R5ElwOLxUaYCI9DaWIT-xcEq4r06_ab_eeQp7XMNKX4VDHWfI7f_B9cAouMitx6KlZVaLVDFHJLXJnFomVR2iFO5KguMG9lauCX-kRCPoc2SLl2TVY2D76JcsXH-Cni9edd4XSlapVWqCS5D73Hz71tkM9q8c0jV5A00NmIrQyJROpmM29RMf7b8Suq_lYsdLHimapj5Fpz7gZnzqu-794lkN1EdQNb778gNBs2sAI5f8NotP8nHf6UcXuhmnJ0DhoWxiicOaglgLiWuL2gjVsigyFF9CC8lvLQ/https%3A%2F%2Ftobacco21.org%2Fjuul-e-cigarette-popular-among-teens-being-investigated-by-fda%2F

    - We killed the cigarette. What we got in return is mango-flavored nicotine in 'party mode.'
      https://www.washingtonpost.com/lifestyle/style/we-killed-the-cigarette-what-we-got-in-return-is-mango-flavored-nicotine-in-party-mode/2018/08/08/bf4db3a8-8b8a-11e8-8aea-86e88ae760d8_story.html?utm_term=.9ed6b97cd4a5&noredirect=on

    - US health officials flag increasing popularity of flavored e-cigarettes as concern in new CDC study.
      https://www.cnbc.com/2018/08/23/us-health-officials-flag-popularity-of-flavored-e-cigarettes-as-worry.html

The next scheduled A4C meeting is Friday, March 1, 2019.

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR

Staffing Changes:
Please join us in welcoming Farrah Scodius, CTR to our QC Specialist team!

Submission to NPCR and NAACCR:
In December, the CCR submitted 62,733 new cases for 2016 and 58,224 new cases for 2017.
Our Death Certificate Only cases were 553 (0.88%)! The requirement is to be less than 3%.
The file had no edit errors, no duplicates and very low rates of missing race, gender & county.

SUBMISSION OF 2018 CASES

COMMUNICATE CLOSELY WITH YOUR VENDOR TO MAKE SURE YOUR SOFTWARE HAS
BOTH THE 2018 NC REQUIREMENTS AND EDIT METAFILE
<u>BEFORE</u>
COMPLETING AND SUBMITTING 2018 CASES.

PLEASE MAKE EVERY EFFORT TO COMPLETE AND SUBMIT ALL 2017 AND EARLIER

Statewide Thyroid Casefinding Audit – "Most" of the Results are In!
I would like to thank everyone for essentially dropping whatever they were doing to complete the state-wide casefinding audit of thyroid cancer. Due to the investigational studies that are getting ready to take place, we need to be certain that we have made every effort possible to ensure that every case of thyroid cancer is in our database. This is a critical step in the investigation process so that the number of cases in Iredell County compared to number of cases in other counties are both complete and accurate. Usually, detailed casefinding audits are only conducted in the area of concern. It is also hopeful that the findings of this statewide audit can be used in future cancer cluster investigations to validate the completeness of CCR data.

To accomplish this, we asked every hospital in NC to conduct a very specific casefinding audit of thyroid cases for the years of 2016 and 2017. This included reviewing a disease index specifically for thyroid (ICD-10-CM codes: C73, D09.3, D34, Z85.850) and reviewing all thyroid-related pathology reports for all visit types. This meant reviewing encounters that you may not normally include in your casefinding process, such as radiology only cases, consult only cases, path report only cases, etc. For this study, it was important that all cases be identified and reported.

We asked 76 health systems, hospitals and clinics/treatment centers to participate in this statewide audit. 55 have completed the audit. I am pleased to share that only 49 cases that had not been reported by any facility have been identified so far. If you identified some missed cases, hopefully, you were able to evaluate your casefinding process to prevent cases from missed in the future. If you have not completed your audit, please send those results to your CCR staff representative ASAP.

It is times like this that make me proud to be a cancer registrar in NC. I have said many times that we cannot provide assurance to those who use our data without the work that you do. The role of the reporting facility is to provide complete and accurate data to the CCR. In turn, the role of the CCR is to respond to public concerns by providing all that we have available to public health officials. These public health officials can then try to determine why various cancers are occurring and develop intervention programs to reduce the cancer burden. It is not the cancer registry's role to determine what should be a public concern or to actively work in the communities to determine the need for and implement intervention efforts. We respond actively to requests to provide data and facts to those that are responsible for these programs so that they may set priorities for their community!

The CCR has worked tirelessly over the past year responding urgently to the multitude of requests for information about the incidence of thyroid cancer in NC, particularly in Iredell county. The CCR Director, Chandrika Rao, attended numerous in person meetings with families, public health officials and elected officials - all in the effort to help this community have a better understanding of the incidence of thyroid cancer. The CCR identified that the incidence was slightly above average. Some counties are above average and some are below. This is what creates an "average". But, the incidence was on the higher end of above average, along with 2 other counties on the coast of NC. The CCR worked with the state epidemiologist and the state health director, who were also made aware of this public concern, and were brought in to assist this community in trying to find answers.

The CCR is limited in the level of detail collected for demographics (especially with residence and work history that can change frequently over time). That is frustrating to families who want answers. They want to know WHY. Without this level of detail, it is hard to define which residents should be included. Do you include only those that were living in the county at the time of diagnosis; or anyone who has ever lived in the county at some point in their life; or do you include everyone who has ever just driven through the county? The CCR has different rules for residency than the media and the public! But hopefully, with the data we were able to provide, the public health officials involved in this effort can justify and receive additional research funds to extend this into an epidemiological study that is outside of the scope of what the CCR can provide.

If there has ever been an example of the important role of cancer registries in the cancer control effort, this one is it! This thyroid cluster investigation is coming on the heels of the ocular melanoma cluster investigation which also received a lot of media attention. As I said in my last article, be diligent in your casefinding and reporting efforts. Every case DOES count!

Ruth Maranda, LPN, CTR
NC CCR Education and Training Coordinator

Below are articles on a few different topics gathered over the past few months. The overload of information seems to have slowed down a bit. Hopefully, it is because everyone is working hard on resolving all of those final glitches! The NAACCR Webinars are one of the most useful resources for the latest information. Making every effort to attend these webinars is highly recommended!

NCDB: The Corner STORE Data Item Clarification - Lymphovascular Invasion
The following was in the October 18, 2018 issue of The Brief. If you missed it, take a few moments to review these important updates regarding how to code Lymphovascular Invasion. The link to this and other updates can be found at: https://www.facs.org/quality-programs/cancer/news.

Lymphovascular (NAACCR Data Item # 1182) indicates the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist.

Review the primary site, histology and Schema ID for this record, and then follow the coding instructions in STORE. Assign codes for Lymphovascular Invasion, NAACCR Data Item # 1182, based on the absence or presence of lymphovascular invasion as described in the medical record from the checklist or synoptic report, pathology report or a physician's statement, in that order.

This data item is required for all CoC-accredited programs. Use code 8 when not applicable for benign/borderline brain and CNS tumors, and when the Schema IDs match those listed in section 2.e. on page 155 of STORE. For programs not accredited by the CoC, code 8 may be used when the Schema IDs match those listed in section 2.d. on page 154 of STORE.

Two minor template and formatting errors have been noted and will be updated in the next version of STORE. Please note that 1) the allowable values for Lymphovascular Invasion, NAACCR Data Item # 1182, include 0-4, 8-9, as specified in the Coding Instructions table found on page 156, and 2) Section 2.a. on page 153 should read "Use code 0 when the pathology report indicates that there is no

lymphovascular invasion. This includes cases of purely in situ carcinoma, which biologically have no access to lymphatic or vascular channels below the basement membrane."

NCDB: The Corner STORE Data Item Clarification – Cancer Status
The following was in the March 7, 2019 issue of The Brief. The link to this and other updates can be found at: https://www.facs.org/quality-programs/cancer/news/corner-store-030719

Cancer Status records the presence or absence of clinical evidence of the patient's malignant or non-malignant tumor as of the date of last cancer status. Cancer Status is based on information from the patient's physician or other official source such as a death certificate. Cancer Status should be changed only if new information is received from the patient's physician or other official source. If information is obtained from the patient, a family member, or other non-physician then Cancer Status is **not** updated. Cancer Status changes if the patient has a recurrence or relapse. If a patient has multiple primaries, each primary could have a different Cancer Status.

To facilitate research on cancer recurrence, two new follow-up data items have been added for 2018 that allow for recording of the last date on which the patient's cancer status has been updated. Unlike the Date of Last Contact or Death, which is a patient-specific data item, these new data items are tumor-specific to better document tumor recurrence/no evidence of disease (NED).

Date of Last Cancer Status: Date of last cancer status update from an official source. Do not update if the last cancer status was not from an official source. This field is updated along with the updates to the Cancer Status data item.
Date of Last Cancer Status Flag: Used to explain why Date of Last Cancer is blank.

Coding Examples and Rationale:

Example	Cancer Status	Date of First Recurrence/Flag	Date of Last Cancer Status
Never disease free	2 (evidence of this cancer)	BLANK / 11 Patient was never disease free. Patient did not have a date of recurrence <u>after</u> disease-free period. Note: Code 11 presently combines disease free after treatment <u>and</u> never disease free.	Record date of the last note stating the patient status (not disease free). *In cases when the only information is a diagnosis, use the date of diagnosis.*
Patient receiving treatment	2 (evidence of this cancer)	BLANK / 10 All that is known is that the patient has current evidence of disease and is currently undergoing treatment. It is unknown if the patient ever had a disease-free interval or ever had a first recurrence.	Record date of last note stating patient has disease and is currently undergoing treatment.
Disease free	1 (no evidence of this cancer)	BLANK / 11 Patient is disease free. Patient did not have a date of recurrence <u>after</u> disease-free period. Note: Code 11 presently combines disease free after treatment <u>and</u> never disease free.	Record date of the last note stating the patient is disease free.
Not disease-free after recurrence	2 (evidence of this cancer)	Valid Date / BLANK -- or – BLANK / 12 Patient had a recurrence <u>after</u> disease-free period. If date of recurrence is known, enter the date of recurrence. Flag = blank. If the date is unknown, leave date field blank. Flag = 12.	Record date of last note stating patient has disease.

Now Available on SEER*Educate
- 2018 SSDI Coding Exercises
- 2018 Solid Tumor Rule Coding Exercises
- 2018 Grade Coding Exercises

Did you hear that the Grade field had triplets in 2018? Are you ready for it?

Practice cases are available from the Training Menu in the Practical Application section. These coding exercises contain a realistic case scenario designed to test the application of the coding guidelines. The answer rationale provides a detailed explanation on how to use the coding guidelines to arrive at the preferred answer.

Need Category A CEs? NCRA awarded Category A CEs credits for completing the coding exercises. The number of CEs varies based on the coding exercise.

Log in or sign up at **SEER*Educate** today by visiting https://educate.fhcrc.org/ and **Learn by Doing!**

Working from Home and Keeping Your Data and Equipment Safe
Ruth Maranda, LPN, CTR
NC CCR Education and Training Coordinator

One of the least thought about, but most important, part of our work is keeping our data safe and secure. Many of us work from home and probably give little thought about our computer after work. It will be there tomorrow, ready for us, no worries. Below are a few tips to help protect the work that you do.

System and Application Updates are NOT optional: Many of our information technology and security departments perform unnoticed functions in the background at the facility, but what about your home office? Is your computer included in these routine software updates, including virus protection software? Or, is this something that you need to initiate? Is the information secure? Keep your computer software up-to-date and check with your Security and IT department for updates.

Back. It. Up! What is your backup routine? What drivers are backed up on the server and how often? Backups are often overlooked until you are searching for something and it is not there. Or worst case, your computer crashes and all that work gone. Unexpected circumstances like a power surge, corrupted computer operating system patch, or a spilled cup of coffee/water can permanently end the life of your computer. Develop a backup routine that covers all data loss scenarios and Stick. To. It!

House Disasters: Fire, flooding, and weather disasters need to be a consideration in the home environment. Do you have a fire extinguisher and a functioning smoke detector in your office? A common fire hazard is cord clutter. Use cord containing devices that are made to organize the clutter in a safe manner. Does your homeowner's insurance cover your home office? Read your policy and then speak with your agent. Often, we assume the homeowner's insurance is enough to cover a home office, but that is not always the case. Ask your employer if their policy covers your home office. Do they provide the computer or do you?

Home Security: Our worst nightmare (related to data security) is probably that our house/car is broken into and the computer is stolen – meaning that PHI has now been breached and can virtually be anywhere in the world by now. In the employer building environment, we have pass codes/cards to enter the building and are warned not to let someone walk in behind you. What is the security of your home office? When working at home, your home/car security is your first defense.

- If you have a home/car security unit, use it – always.
- Do you have a lock on the office door?
- Do you keep the door locked when you are not in the office?
- Do you have storage/cabinet drawers that are locked?
- Lock your doors and windows - always.

Use STRONG passwords:

- Use strong passwords that are at least 8 character long, contain numbers, upper & lowercase letters, symbols, and doesn't contain a complete word or a real word.
- Don't use the same password at work that you do for your personal accounts.
- Protect password lists as you would data. Don't leave them on a sticky note underneath the keyboard.
- Change your password often.
- Do not allow the computer to save your password.
- Make it a requirement that you have to sign in every time.
- Use different password for each process so if one layer of security is breeched the next level is not.
- Use reasonable session time-outs.
- Limit program/file access to only the areas absolutely needed to complete your assignment.
- Remember to lock your keyboard if stepping away from your computer for any length of time. This is easily done using the Alt-Control-Delete keystroke and selecting Lock Workstation.

The WWW: We all use the internet to sign into the server at work. Is the internet you use secure? Invest in antivirus software. It is a pain, but you should change the password on your router several time a year. Have a dedicated internet line for your work computer. How many times do we unthinkingly give our password to a visitor that wants to connect to our internet to use their phone? Most devices store the password so the next time they visit it will connect. Suggestion: Set up one of the two lines as a "guest" line with its own password. Use encryption for emails and limit what is faxed and to whom you are faxing. Ask your IT about encryption for emails.

When working from a home office with PHI, employees should be required to follow and maintain the standards of HIPAA, HITECH and the Final Rule at all times. HIPAA (Health Insurance Portability and Accountability Act) clearly outlines release of information guidelines, and what can and cannot be released without authorization from the patient. HITECH (Health Information Technology for Economic and Clinical Health) notification requirements were built similar to many state data breach laws relating to personally identifiable financial information. The HITECH Compliance Act requires that patients be notified of any unsecured breach. If a breach impacts 500 patients or more then HHS must also be notified. In this instance, local media will need to be notified as well. Lastly, the State Privacy Officer will need to be notified. All breached patients will need to receive a first class mailing that addresses personally what happened and what steps are being taken to resolve the breach, with the entity sometimes paying for the breached patients to have free access to their credit reports. YIKES!

There are many more points that could have been made. Many, I am sure you thought of while reading this article. There are millions of articles on the web that you can research for more tips. The take "home" message is: Think about the security of the data and equipment in your home office. Take action to protect yourself and the data. Should the unthinkable happen, you will have protected yourself, and your employer's data and equipment, to the best of your ability.

Source: NC State Center Intranet; Section 1; and Registry Partners, January 2019