THE HEALTH
INFORMATION SOURCE

Quality Assessment of Cancer Registry Data Through the Lens of Old and New Eyes

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CAROLINAS CANCER
REGISTRARS CONFERENCE

General Overview

Disclaimer

1. Change and Innovation
2. Old Eyes
3. New Eyes
4. QA for Single vs Multiple Staffed Registries
5. Close the Loop

DISCLAIMER

Quality Assessment of Cancer Registry Data

This presentation will be about the data – what registrars collect, code and record in the cancer registry database. Some of the tools that will be discussed are most often used to assess quality of patient care but we will be using these tools to help assess quality of data.

I am not an EXPERT – I am a registrar.

ciox

SECTION 1

1

Change and Innovation

SECTION 1

Change

Cancer Registry is changing

Cancer Registry has changed multiple times before

Cancer Registry will continue to change

Processes and operations must change in order to meet the goals and outcomes of our work

SECTION 1

Innovation is not

Using the same Power Point Slide, 2X in a row!

Doing the same old thing the same old way

Always BIG

Always successful or instantaneous

SECTION 1

Innovation is

Intentional yet creative

Calm or swirly

BIG or MEDIUM or small or even minuscule

Successful and yet may still need massaging

Cooperative . . . Go with the flow

Scary and exciting

Step 1

Initially ER and PR were recorded only in text as registrars had no field for these items

Step 2

This information progressed into Collaborative Stage.

Step 3

From Collaborative Stage, they became an entity in Site Specific Factors. These data fields could be used for more than stage and could be extrapolated for studies. Unfortunately, the format was unusable for researchers.

Step 4

The next step was SSDI - Site Specific Disease Items. SSDI format stabilizes the fields that these data are recorded into and provides the data in a format researchers can use.

Step 5

In SSDI, these data were put into multiple fields, in multiple forms – percent positive/range, summary and Allred Score

Step 6

As these data are collected and used, a determination of their usefulness will be made and further changes or innovations may be made – if warranted.

SECTION 2

2

What is in Place and Controlled by Outside Forces – OLD EYES

Commission on Cancer Review of Cancer Registry Data

- Standard 1.6 – Cancer Registry Quality Control Plan - Minimum 10% of cases review, physician review
- Standard 1.6 – Evaluation of “9” and “99”
- Standard 5.6 – Accuracy of Data – Call for Data cases must meet 100% compliance
- RQRS – Completeness of case
- CP3R – Potential to identify trended “holes” in abstraction
- The FUTURE: Standard 6.1 and RCRS!

State / Central Registry Edit Sets

- NPCR
- SEER
- State Specific

Software data base edit sets / validation sets

- Geared to meet the above edits sets
- Required to complete a case

Facility Edit Sets

SECTION 3

3

Targeted Quality Assessment - NEW EYES

National Quality Issues

- Resection of Brain Tumors
- Class of Case – physician with admitting privileges
- Grade Coding (before the 2018 changes)

Regional Quality Issues

- Network with your peers
- State meeting information a/o central registry issues
- Keep your ears open

SECTION 3

New Data Items

- There is no scarcity
- Do a random review
- Do a sampling review

Internal Reviews – specific to your facility

- Data specific
- New services
- Individual registrar based

Solitary Registrar Review

Identify your trended issues

- COC Tools
- State/Central Registry
- Completion validation edits
- Run genEdits on a selected dataset

Facility Network

- Cooperative agreement within network

Outside Sources

- Cooperative agreement with unaffiliated facility
- Independent Consultant
- Cancer Registry Services

Multiple Registrar Review

Manager Driven

PEER Driven

Facility Network

- Cooperative agreement within network

Outside Sources

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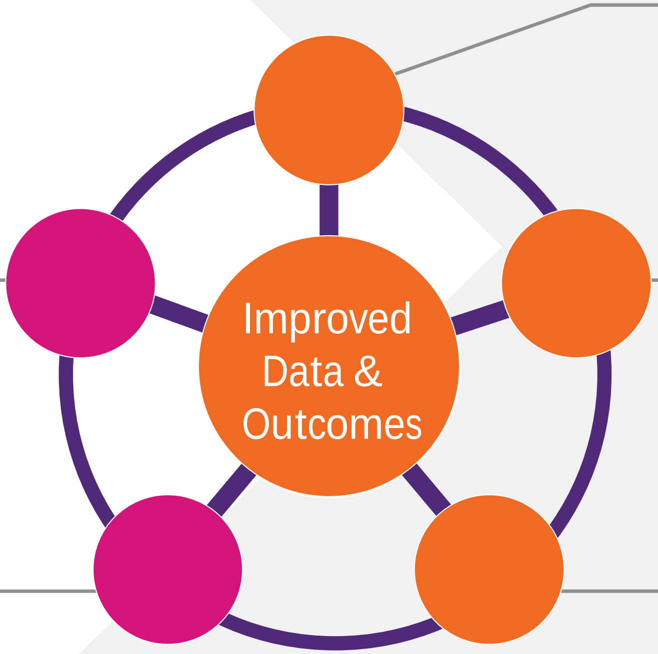
Closing the Loop

SECTION 5

Closing the Loop



Data Collection and Entry

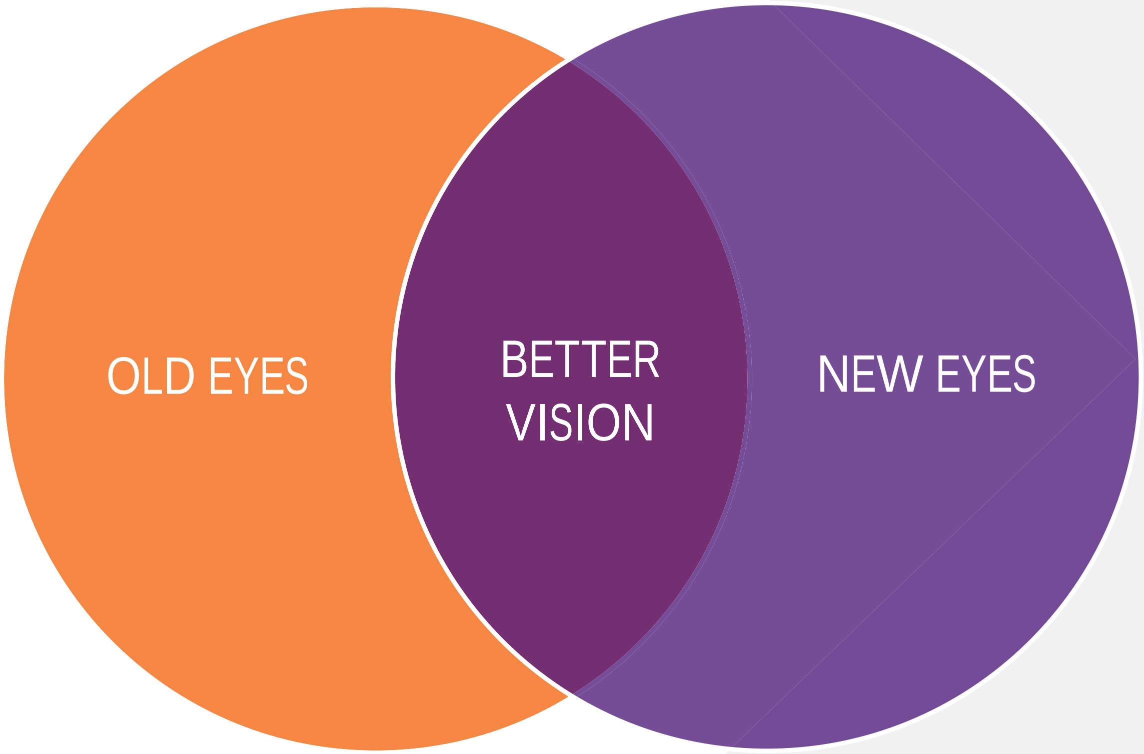
Audit

Identify Trends in Data Integrity

Targeted Education on Trended Errors

Repeat Audit

CONCLUSION



OLD EYES

BETTER VISION

NEW EYES

OLD EYES

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NEW EYES

=

BETTER VISION

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BETTER DATA & OUTCOMES

Questions?

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Thank you