November 2008

MISSOURI
Cancer Registry Newsletter

Newsletter for Registrars including Timeliness Reminders, Calendar of Events and Updates

News, news and more news...

Way to go Angela!

Angela Warner, (*pictured right*) who came to MCR in 2006 as an RHIA student, successfully passed her CTR exam in September. Many of you already know Angela from talking to her on MCR's 800 number, the Basic Registry Training held recently or working with her as she processes your hospitals data submissions. Congratulations Angela!!!

MCR Staff News

- Deb Smith is the current president of BiSTRA, (Bi-state Tumor Registrars Association)
- Angela Warner is the new secretary for MoSTRA (the Missouri State Tumor Registrars Association)
- Iris Zachary is the MoSTRA publications chair

Cupcakes for a Cause Raises $500

MCR staff raised more than $500 in October for CancerCare's children's cancer programs. Staff baked and decorated more than 20 dozen yummy cupcakes (like Cate's special poppy seed cupcakes or chocolate cupcakes with peanut butter icing!). Area merchants (Wal-Mart, HyVee and Gerbes) also contributed by donating cupcakes and other supplies to total more than 40 dozen in all for the sale. Held annually, the bake sale is sponsored nationwide by Duncan Hines. For more information go to: http://www.cupcakesforacause.org/ . (*Pictured at left, MCR staff member, Hope Morris setting up for the sale.*)

MCR Vacancy

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We're still looking for that special someone to join MCR's staff as a Central Registry Data Specialist. We are looking for some-one with a strong ICD-9/CPT coding background because we have no employees with that type of work experience. To view a detailed description as well as qualifications/requirements, please go to the following link: https://jobs.missouri.edu/vacdetails.php?vac=1012614 . Please feel free to share this information with potential applicants.

MCR Audit Analysis

Every year we talk about the importance of our hospital audits, but we may not always explain why they are so vital to our operations. Deb Douglas, MCR's audit coordinator, spends countless hours preparing hospital for audits, reviewing audit documentation, re-abstracting cases, resolving issues and re-training registrars as needed. Sue Vest included some of the following information in a recent Mini-Update. We decided to repeat some of the information and add some illustrative graphs.

CDC/NPCR Audit: The on-site portion of the CDC/NPCR audit of MCR is complete. We are currently in the reconciliation phase with the 9 hospitals that participated. Just a reminder that this is an audit of MCR, not the hospitals. A preliminary report should be available in January and will be shared with all hospitals.
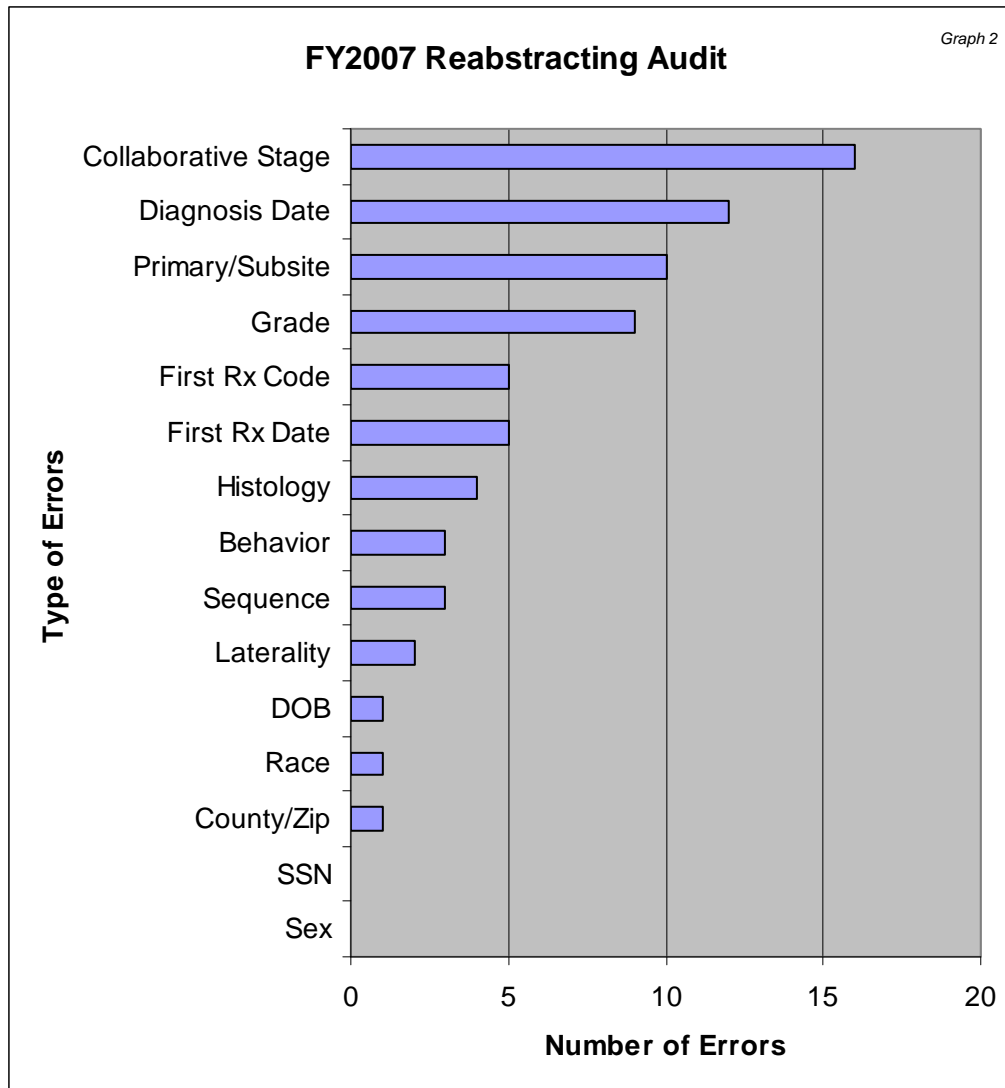
FY2007 MCR Audits: Seven casefinding audits were performed on data at electronic reporting hospitals and 28 performed for low volume facilities. Overall results show case completeness was substandard for the reporting period with 454 missed cases resulting in a completeness rate of 84%, however, casefinding was excellent at most large electronic reporting facilities. Low-volume facilities accounted for the overall majority of missed cases (360).

Overall accuracy was very good at 96% and within the acceptable accuracy rate of 95-100%. Only one of seven audited facilities did not meet the standard. As to be expected, the larger hospitals with resident CTRs had higher accuracy rates. Graphs 1-4 , (pages 2 - 4), visually illustrate some of the results.

Graph 1

Low-Volume Completeness Percentage
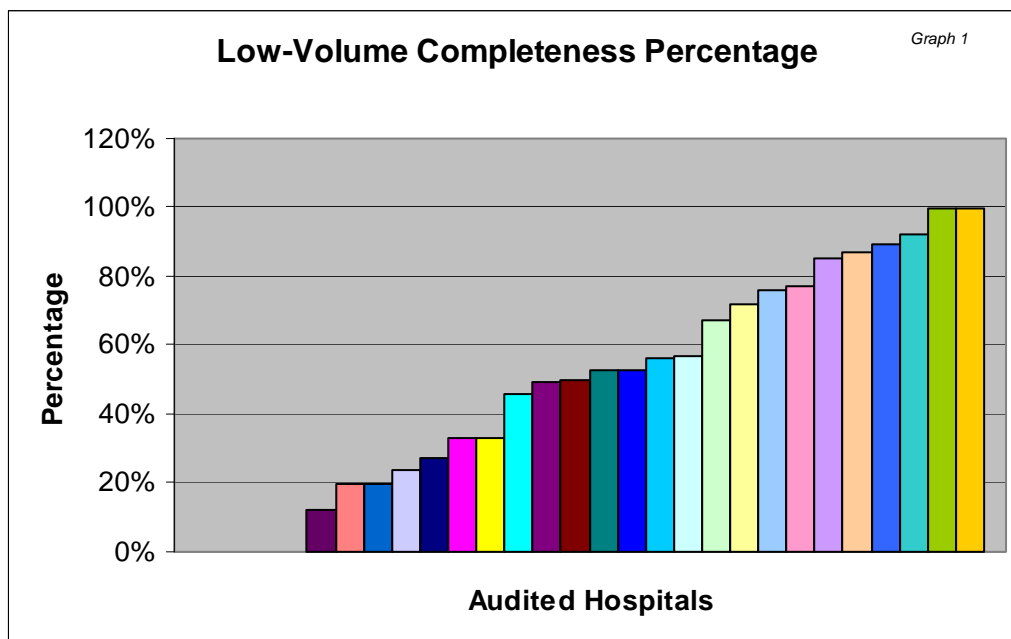
Graph 1:

Low Volume Facilities accounted for 360 missed cases. Two LVFs had 100% case completeness, four were non-compliant with 0% case completeness and the remainder had submitted cases but additional cases were identified upon review. The majority of missed cases found at LVFs were newly diagnosed pathological cases diagnosed with a biopsy or at surgery, and cases in which chemotherapy was received. Other types of missed cases were those diagnosed on imaging or clinically diagnosed. Reconcilia-tion included review of reporting guidelines and ICD-9-CM casefinding list as well as discussion of the use of Medical Record Dis-ease Index.

FY2007 Reabstracting Audit

Graph 2

Type of Errors (vertical axis):
- Collaborative Stage
- Diagnosis Date
- Primary/Subsite
- Grade
- First Rx Code
- First Rx Date
- Histology
- Behavior
- Sequence
- Laterality
- DOB
- Race
- County/Zip
- SSN
- Sex

Number of Errors (horizontal axis: 0, 5, 10, 15, 20)
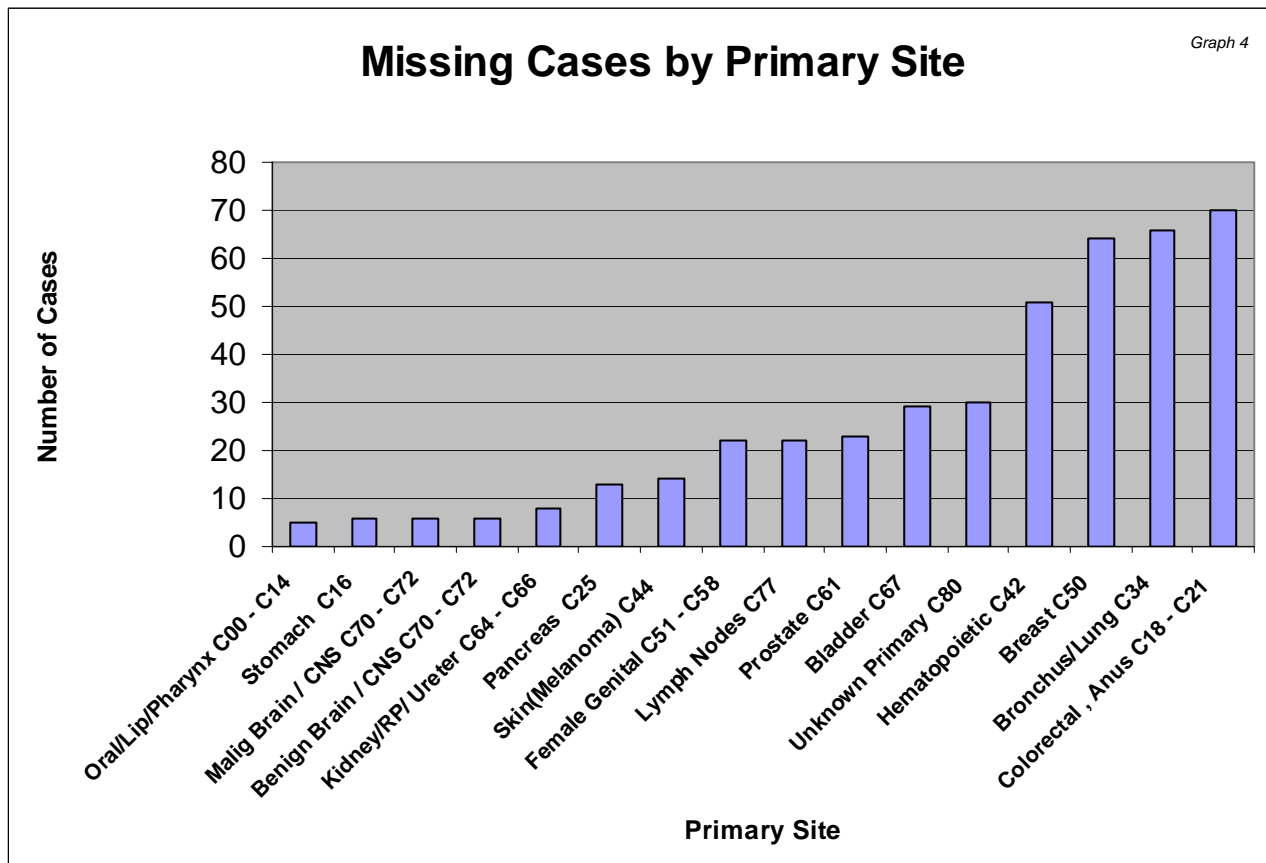
Graph 2:

Method: Ten percent of annual caseload for the audited year, maximum of twenty cases, were selected for review from the top five sites plus benign brain, hemato-poetic disease and unknown primary site. Fifteen data items were re-coded from the hospital record, 2004 and 2005 cases. Following the re-code, original hospital abstract was reviewed and coding accuracy of abstractor was evaluated.

Action: Individual resolution conferences with registrars were held to discuss site specific discrepant data. Coding instructions and guidelines were reinforced. Registrars were referred to MCR website for abstracting resources and links to other organizations with training resources.

Electronic Completeness Percentage

Graph 3

Percentage (vertical axis: 0%, 20%, 40%, 60%, 80%, 100%, 120%)

Audited Hospitals (horizontal axis)
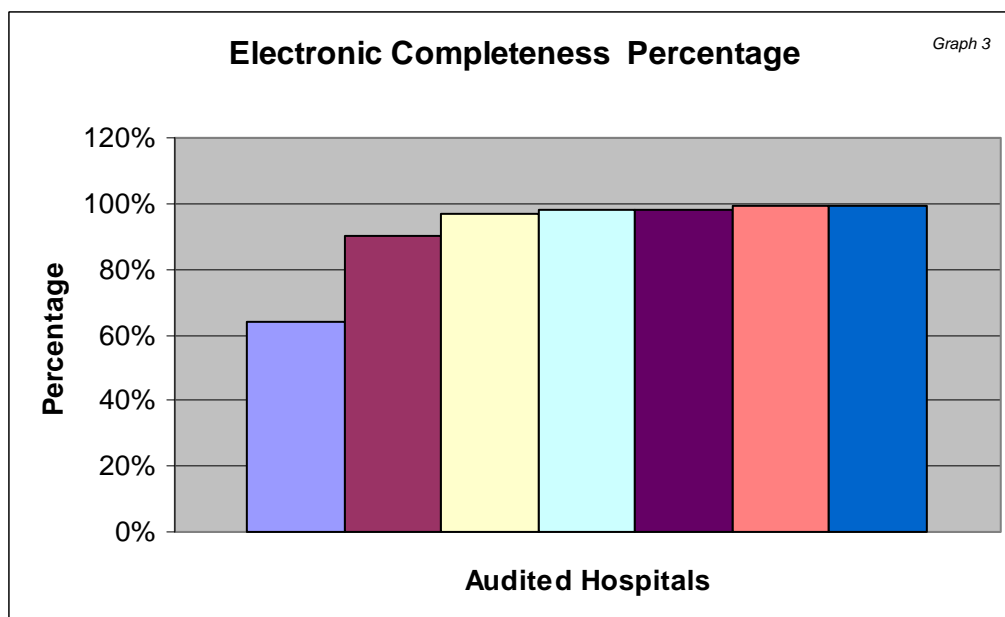
Graph 3:

Casefinding audits at 7 electronic hospitals were conducted using 2005 data. Pathology reports and Medical Record Disease Index (MRDI) were reviewed and question-able reportable cases reconciled with hospital registrar. Of the seven electronic reporting hospitals audited, 94 cases were missed but five hospitals met the reporting standards and the two substan-dard hospitals had the majority of missed cases within that category.

Missing Cases by Primary Site

Graph 4

Number of Cases vs Primary Site bar chart. Y-axis: Number of Cases (0 to 80). X-axis categories: Oral/Lip/Pharynx C00 - C14; Stomach C16; Malig Brain / CNS C70 - C72; Benign Brain / CNS C70 - C72; Kidney/RP/Ureter C64 - C66; Pancreas C25; Skin(Melanoma) C44; Female Genital C51 - C58; Lymph Nodes C77; Prostate C61; Bladder C67; Unknown Primary C80; Hematopoietic C42; Breast C50; Bronchus/Lung C34; Colorectal , Anus C18 - C21.

Graph 4:

This graph illustrates sites with 5 or more missing cases. Colorectal/Anus (C18-C21); Bronchus/Lung (C34); Breast (C50); Hematopoietic (C42) and Unknown Primary (C80.9) were the top five sites with missing cases. Some of the missing cases were for years prior to 2005. Most Colorectal/anus and breast primaries were either diagnosed with biopsy/definitive surgery or were receiving chemotherapy at the reporting facility. Lung primaries were diagnosed by biopsy or imaging.

Timeliness Reminder

All cases diagnosed through

April 2008 should be

reported to MCR

by **November 15, 2008**

ICD-10 Upgrades Costly - OUCH

A recent study found the cost of implementing new ICD-10 code sets will be much higher than anticipated. According to an article in Government Health IT, "the study, by Nachimson Advisors, found that a 10-physician office would spend more than $285,000 to upgrade its systems to comply with the new rule. A large national laboratory company estimates its costs at $40 million, the Nachimson Advisors report said." In addition, they estimated costs for a typical three-physician medical practice at more than $83,000 and for a 100-physician practice it would be more than $2.7 million. All of the experts agreed that further delays will simply cause the expense to rise.

Call for Data

NAACCR and NPCR are coordinating their Call for Data submissions this year. Central registries have 2 options. Registries that opt to submit data in **Tier I** will submit data in two phases: 1) All cases beginning with your NPCR reference year through December 31, 2006 are to be submitted in Phase I (November – December 1, 2008); 2) All cases diagnosed January 2007 through December 2007 are to be submitted in Phase II (January 2009). Registries that opt to submit data in **Tier II** will submit all cases beginning with your NPCR reference year through December 31, 2007 in January 2009.

MCR will be doing Option 1. That means we will submit the required cases for 1996-2007 to NAACCR and NPCR on or before December 1, 2008. This is the data that is used to determine our certification level (Gold or Silver). At the end of January, we will submit the 2007 cases. This is the submission where we need to have 90% of the 2007 cases. In past years, we have been able to submit additional cases from other years in the January NPCR Call for Data. This year, we can only submit 2007 cases. This is another reason it was so important for us to receive your cases in a timely manner that would allow for submission in January.

In preparation for the submissions, MCR QA staff is cleaning the data using specific edit reports, including the Gen Edits, inter-record edits and the duplicate protocol. These reports allow review of possible data discrepancies that may not be identified during the routine importing and loading of cases. This is also a time when we review and confirm conflicting gender information (see separate QA article about this topic). QA staff spends at least 4-6 weeks preparing the data for each submission.

The 1996-2007 data is ready for the December 1st submission. We have started loading and cleaning the remaining 2007 cases. If you have not submitted all of your 2007 cases, PLEASE DO SO IMMEDIATELY. We reached the 90% at 12 months goal last year and hope to do so again this year.

Mark MCR website as 'Favorite'

A Boy Named Sue?

As I have been working on gender/name edits, I begin to see the importance of text in abstracts, even the smallest thing that could give me any sort of clue about the gender of a patient. For example, say I am looking at a colon case and the patient's name is Shirley. Shirley is married and the sex code is coded as 1 for male. Well, what should I do? Is Shirley a male with a female name or is Shirley a female? The first thing that I do is look through the abstract for clues. I will look for a maiden name or a spouse's name. Then I look in the abstract text fields for words that can give a clue as to gender (he, she, her, his etc). I also look for lab tests that are specific to gender (PSA, etc). Even things like "this is a 30 Y/O BF' or 'this pt is male' works. I will even search the Internet! If this is to no avail then I make a call to the facility, if time allows. All of this to say, hey, if it is questionable to you when you come across it, it will probably be the same for us! Give us a hint, pass a clue! I know I would be grateful and so would you -- especially if you don't have to deal with a phone call (or calls) from MCR staff!   *Angela Martin, BS, CTR*

Social Security offers Fast Track Applications for people with Cancer

Processing of disability claims for certain applicants could be performed in as little as an average of six to eight days. The Social Security Administration is offering this fast track process for 50 impairments – 25 rare diseases and 25 cancers. For a complete list of conditions go to

www.socialsecurity.gov/compassionateallowances.

November

December

January

2008 Quarterly Calendar

November 15
Monthly/Quarterly Hospital Reporting Deadline (>500)
For cases diagnosed on or before April 2008

November 21
BiSTRA Meeting—St. Anthony's

December 1
NAACCR/NPCR 2009 Consolidated Call for Data (1996-2006 cases)

December 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before May 2008

January 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before June 2008

Monthly or Quarterly Hospital Reporting Deadline (300-500)
For cases diagnosed on or before Apr/May/June 2008

January 20
KCATRA Meeting—St. Luke's Hospital

January 31
NPCR 2009 Call for Data (2007 cases)

Awareness Months

November– Lung Cancer
Awareness

Use Correct MCR Address to Maintain Secure Data Submissions

Just a reminder that our physical mailing address has changed. We still occasionally receive information that is incorrectly addressed. In order to protect and properly handle all packages, particularly those containing confidential patient information we encourage you to use Federal Express, UPS, Airborne Express or any other type of courier service. The MCR street address below must be used for courier packages:

Missouri Cancer Registry
University of Missouri
401 Clark Hall
Columbia, MO 65211

You may wish to contact the addressee at MCR so that she/he knows they are expecting a package. Be sure to track the package to ensure that it has reached its destination. You may also want to explore the e-mail tracking and notification features that the courier of choice offers.

Our PO Box is still the same. If using the US Postal Service, which may include Express mail, Priority mail, and Certified mail, you must use the MCR PO Box address below:

Missouri Cancer Registry
PO BOX 718
Columbia, MO 65205

Happy Thanksgiving

From all of us...

to all of you!!

Contact Us

Missouri Cancer Registry
PO Box 718
Columbia, MO 65205-07981

Main office: 573-882-7775
Hospital reporting: 1-800-392-2829
Non-hospital reporting: 1-866-240-8809
Fax: 573-884-9655
Website: http://mcr.umh.edu

MCR Administration

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  Administration, Project Manager

- **Nancy Cole, BS, CTR**
  Administration, Assistant Project Manager

- **Mary Jane King, BS**
  Admin., Surveillance, Special Projects & Data Utilization Mgr.