Success Stories

Name of the NPCR Program: Missouri Cancer Registry and Research Center (MCR-ARC)

Title of the Initiative, project or type of data use: Use of Live Meeting to conduct interactive nonedit quality review of data submitted for a multi-campus healthcare system reporting as one facility

General timeframe (year(s) or months) during which the initiative/project/data use occurred: Pilot trial conducted in 2/2013. Potentially will become ongoing if adopted as a means to streamline QA processes.

Statement of public health issue, concern or problem:

Edit programs play an important, though limited, role in assuring good quality data. Visual review of incoming abstracts is necessary to identify nonedit coding errors and other quality issues. Nonedit review coupled with timely feedback to reporters serves to improve the accuracy of data at the facility level and consequently in the MCR-ARC database. Providing timely feedback is essential for effectively addressing quality concerns. However, nonedit quality review is a relatively time-consuming process, especially for facilities with large caseloads and multiple abstractors.

Completing the review and returning feedback before the facility submits its next big data file can be challenging. Expanded workloads due to MCR staffing cuts and increasing numbers of incoming cases necessitate smarter use of MCR-ARC resources. Providing feedback on nonedit quality issues to multi-abstractor facilities/heath systems is more efficient for both CCR and the reporting facility when addressing issues common to multiple abstractors. Using a live interactive forum to facilitate the feedback process allows for quicker resolution of questions for both parties and provides the opportunity to ensure participants are clear on what is being said. Another advantage of using Live Meeting is that all participants get exactly the same information at exactly the same time which should promote reliability in abstracting of data items discussed.

In 2012, a large midwestern academic healthcare institution acquired several free-standing (medical oncology and radiation oncology) Missouri-based facilities and began reporting eligible cancer cases for Missouri residents. Other than prostate radiation cases, ~~For the most part,~~ these facilities were not reporting to MCR-ARC prior to the change in ownership and now would be submitting cases under the auspices of the parent institution beginning with those diagnosed in 2012. The caseload of this institution adds approximately 2500 abstracts per year to MCR's quality review workload.

It is the policy of MCR-ARC to request sample files containing about 25 abstracts from each abstractor new to MCR reporting, regardless of CTR status or registry experience. Several registrars, many of whom were relatively new to the registry profession, were hired by the institution to cover case reporting for their newly acquired facilities. MCR's quality review of

the initial data submission was very detailed in order to identify any areas or issues for which we could provide educational feedback which would improve the quality of abstracting in future data submission. Explaining in writing what error was found, what correction is needed, the supporting references and so forth is a much more labor-intensive than presenting the same information in person. The prospect of providing specific written feedback for a large group of new reporters from the same facility raised some questions of how this undertaking might be accomplished in a more effective and streamlined way.

In February 2013, the supervisor of the institution's cancer registry contacted MCR-ARC and invited the QA unit to participate in an upcoming quarterly staff meeting to be held on the main campus. Having used Live Meeting in the past to present informational and educational topics relevant to registrars, the idea of using it to provide a sort of "batch" feedback report seemed like a natural fit. Permission was obtained by the registry supervisor to review specific case abstracts in a group setting, not specifying the abstractor. MCR was able to reserve two 1-hour Live Meeting slots for February 12, 2013. The conference room where the institution's staff meeting was set up with a screen and projector for group viewing. One off-site registrar was able to join Live Meeting from her location; otherwise, all but one staff registrar was present for the group viewing.

The first Live Meeting session that day focused on specific quality matters found during the initial non-edit review of the incoming data file. Screen shots were made from Prep Plus display types configured to show data fields and associated text for cases containing abstracting errors. Contents of all screenshots were edited to remove patient and abstractor identifiers. No live demonstrations using Prep Plus were used for this presentation. Using this setup, text-to-code review for cases known to contain abstracting errors (coding, text documentation or both) was able to be done as a group with discussion ensuing. The second session was spent describing the QA processes in place at MCR-ARC and explaining the impact of the facility's abstracting on those processes. For example, abstractors were urged to do a thorough visual review of their abstracts to identify any non-edit errors of the types discussed in the earlier session. The presentation ended with a general question and answer time.

Evidence that the use of registry data was effective in addressing the issue, concern or problem:

Sessions were well-received and multiple abstracting questions asked by participants. Actual effectiveness will be assessed as new data files are reviewed. Several people commented that they found the day's review to be very helpful. There seemed to be a general consensus that the abstractors and the supervisor would like to hold this type of "batch" feedback review again. Several people stated that they would like to hold a similar review of problem cases that they select ahead of time.

In summary, the Live Meeting software allowed MCR staff to virtually attend a multi-campus

reporting institution staff meeting and present, to all registrars at one time, a training that was specific to problems encountered in their recent data submission. The interactive format also allowed for questions specific to the registrars needs and discussion until understanding was achieved.

Implications regarding this successful use of cancer registry data:
- Streamlined nonedit QA process
- Pilot trial may be extended to other large hospital systems, creating the need to secure increased Live Meeting time.
- If we are able to set up a review of cases that the abstractors select, this may possibly be done through a vehicle such as "GotoMeeting" rather than through Live Meeting. The facility has access to that application and would be preparing the cases to discuss.