Spring 2012

MISSOURI Cancer Registry and Research Center

Newsletter

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

News, news and more news...

MCR-ARC Staff Update

MCR-ARC has made several staff changes recently, in fact, there seems to have been a "domino" effect. It may be easier to understand by reviewing the updated organization chart posted on the MCR-ARC website.

- Deb Smith has been a great Education Coordinator (EC) for MCR-ARC for more than five years; however, upon her recommendation to consider MCR-ARC's future needs, she stepped down from that position and will now perform the Audit Coordinator duties.
- Angela Martin has agreed to take on the EC duties. She will also perform duties in our "informatics unit" to assist with the software support for several Registry Plus products including Web Plus, Abstract Plus and eMaRC Plus.
- Deb Douglas has done a terrific job as Audit Coordinator for MCR-ARC for more than 10 years. Anyone who has experienced an audit with Deb can attest to the high-quality review and attention to detail in the feedback she provided. Deb was also looking for new challenges, so she will take on death clearance duties.

Wendy Sanders

- Wendy Sanders is a new employee who is working in the Data Collection and Processing Unit with Brenda Lee and Sarah Arrandale. Wendy came to MCR-ARC from Boone Hospital Center.
- Cancer Data Coordinator for QA – We hope to post this vacancy soon, so please watch our website for details.
- Alena Headd has moved from her position as System Support Analyst to Software Support Analyst for the MCR-ARC's ARRA-funded CER projects.

We are excited about these changes; however, please bear with us as we make these transitions.

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Test Your Knowledge of Case Reportability

As healthcare costs rise and reimbursements decline, healthcare systems are in the midst of massive changes. In addition, many physicians are choosing to give up their private practices to become hospital employees rather than bear the burden and expense of EHR implementation. Consequently, MCR-ARC is seeing patient care trends that have affected several registries' caseloads and may affect yours as well.

Each of the following scenarios has occurred in Missouri within the past five years and some very recently. We encourage you to review them carefully so you can be on the lookout for potential issues at your facility. No registry wants to find out ***after the fact*** it is going to be responsible for additional data collection. Being aware may allow the registrar to proactively work with hospital administrators BEFORE changes occur so that new cancer reporting sources may be incorporated as planned activities.

Scenario #1: Hospital A acquires a medical practice/clinic (medical oncology, radiation oncology, dermatology, urology, etc.) that has one or more off-site clinics located in another part of town. The physicians are now hospital employees. Some clinic patients receive all of their cancer diagnosis/treatment in the clinic and **never** set foot in the Hospital A building for cancer-directed diagnostic or treatment procedures. Hospital A owns the practice/clinic's medical records and does the billing. Are these cases reportable for Hospital A's cancer registry?

Scenario #2: Hospital B acquires a medical oncology practice whose physicians travel to Hospital C, a non-affiliated Missouri hospital, to provide cancer-directed treatment. The services are provided either in Hospital C or the Hospital C's clinic. Hospital B owns the records and does the billing. Is this case reportable for Hospital B or Hospital C?

Scenario #3: Hospital B collaborates with Hospital C to provide medical oncology services at Hospital C. Hospital C owns the medical record and does the billing. Is this case reportable for Hospital B or Hospital C?

Scenario #4: Hospital D is located in another state but acquires (owns records and does billing) several medical oncology practices located in Missouri. The patients may or may not have also been seen at the Hospital D out-of-state campus for cancer-directed diagnostic or treatment procedures. Are these cases reportable for Hospital D's cancer registry?

Scenario #5: Hospital E is owned by a national corporation but the outpatient clinics located on the same campus are not owned by the corporation. The patients may go back and forth between the hospital and the clinics for cancer diagnosis and care. The outpatient clinic physicians are not employed by Hospital E, nor does Hospital E own the medical records. Are the cases that are not diagnosed or treated in the hospital reportable for Hospital E's cancer registry?

Scenario #6: Hospital F's pathology lab contracts with physicians to provide "reference lab" services. The physicians are not employed by the hospital. The physicians send tissue samples to Hospital F's pathology lab for procedures performed in their offices. The patient is never seen at Hospital F. There is no hospital medical record. Are these cases reportable for Hospital F's cancer registry?

Answers: 1 – yes ; 2 – Hospital B; 3 – Hospital C; 4 – yes; 5 – no; 6 – no - the pathology lab is responsible for reporting these and in some cases asks the registry to assist them.

Simply put – If your hospital/system owns the medical records and is responsible for the billing, **it does not matter WHERE** the diagnosis and treatment occur – these are your registry's cases!

Abstracting Tip

If the patient has a bladder ca insitu with no other prior history of bladder cancer, it is a new primary.

If the patient has an invasive bladder cancer, any recurrence after that is NOT a new primary unless it is pure squamous, small cell, etc. Please stop at Rule 6 for bladder!

Death Clearance Process Begins Soon

Work is underway to begin processing death certificates for patients who died in 2010. Deb Douglas will be coordinating this year's efforts. Watch for e-mail alerts as we get closer to our starting date.

Website Appearance to Change

It is hard to believe we began working on our website ten years ago! With the assistance and hard work of a graduate student it took us two years to get it up and running and by the spring of 2004 we went live. While we've made some changes through the years, we recently felt the need to give the site a new look and to update the software. Shari El-Shoubasi has worked countless hours and we are pleased with the results. If all goes well, the new website should be ready to go live by the mid-May. We always welcome feedback and suggestions that will improve the website.

May Live Meeting Topics

Live Meeting topics for May include **Death Clearance** on May 8th – this will be an overview of the Death Clearance process and what your responsibility is as a reporting facility. This will be open to all hospitals, not just low volume. The topic scheduled for May 9th is **What's New in 2012**? This is an assortment of information on subjects that are new or changing for 2012 cases. Topics will include the required data items for 2012, how to code scope of regional lymph nodes surgery, the changes to the multiple primary and histology rules and the hematopoietic data base as well as the latest news from NCRA. We are always looking for suggestions on topics for training. Please submit suggestions/requests to Angela Martin, Education Coordinator at martinac@health.missouri.edu.

Abstracting Tip

Date of First Contact *records the date the patient first had contact with the facility, as either an inpatient or outpatient for diagnosis, and/or first-course treatment of a reportable tumor. The date may be the date of an outpatient visit for a biopsy, x-ray, or laboratory test. For cases diagnosed elsewhere it may be the date the patient started treatment at your facility. Use this rule of thumb to access your data: Date of First Contact should be equal to or greater than Date of Diagnosis.*

NAACCR Implementation Update

Watch for details in Nancy Rold's May Update about the next version of the NAACCR layout and the new edit set.

Great Text

The following example of excellent text shows coding that explains:

- *who* the patient is,
- *why* he is at your facility,
- *why* was this not an analytic case (1st contact was 6/2011), and
- *why* there was no First Course of Therapy.

"86 W/M W ONGOING HX OF PROSTATE CA WITH REFRACTORY UTI & URINARY RETENTION. HERE FOR ANTIBIOTICS AND TURP. HE HAS BEEN ON HOSPICE BUT IT IS NOW REVOKED SO HE CAN BE ADMITTED FOR SURGERY. THE EARLIEST DOCUMENTATION OF THIS CANCER IS 4/2011 AT Urology Center X. I AM GOING TO ASSUME THIS IS THE DX DATE SINCE THE STATE HAS NOTHING ON THIS PATIENT AND ALL DOCUMENTS GOING BACK TO 2009 SHOW URINAY RETENTION BUT NOT PROSTATE CA."

Security Suggestions

Have you enabled the auto-lock features (with or without password protection) for your smart phone, tablet or laptop? Even if you do not use these mobile devices for work these features are highly recommended by security experts. A recent study showed 81% of survey respondents said they used personal devices for work, however, more than half failed to take even the most basic steps to secure their devices and data. http://gcn.com/Articles/2012/04/09/BYOD-devices-not-secured-study-finds.aspx?Page=1

In recognition of the growing problem of smart-phone and tablet thefts, the Federal Communications Commission (FCC) has launched a voluntary program, **PROTECT Initiative**, to create a shared database of devices' identifying serial numbers. When a theft is reported, the carrier will access the database and block the device from being used again. http://gcn.com/articles/2012/04/11/fcc-protect-smart-phone-tablet-thefts.aspx?s=gcndaily_120412

A big thank you to those of you who joined us for lunch during NCR Week!

ICD-10 Compliance Date Postponed, Unique Patient Identifier Proposed

The Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS) recently announced the ICD-10 compliance date has been postponed until October 1, 2014. The proposed rule also includes provisions for a unique standardized patient health identifier, which will enable providers to process bills more simply, reduce transaction errors and may improve the quality of care. Tied into that is the possibility of eliminating the use of social security number in health care. As you can imagine, this has been a topic of considerable debate for several years.

Healthcare Costs

Any idea which cancer hospital stays are the most expensive? According to **Cancer Hospitalizations for Adults, 2009**, the most expensive cancer hospital stays, in terms of mean cost per stay, were for leukemia ($40,200 per stay), multiple myeloma ($28,700 per stay), and non-Hodgkin lymphoma ($24,900 per stay). And not surprisingly, data indicate "secondary malignancies, cancer of bronchus and lung, and cancer of the colon accounted for over one-third of the total cost of hospital stays principally for cancer." For this and much more information from the AHRQ's Healthcare Cost and Utilization Project (HCUP) go to http://www.hcup-us.ahrq.gov/overview.jsp .

United Healthcare Maintains Cancer Registry

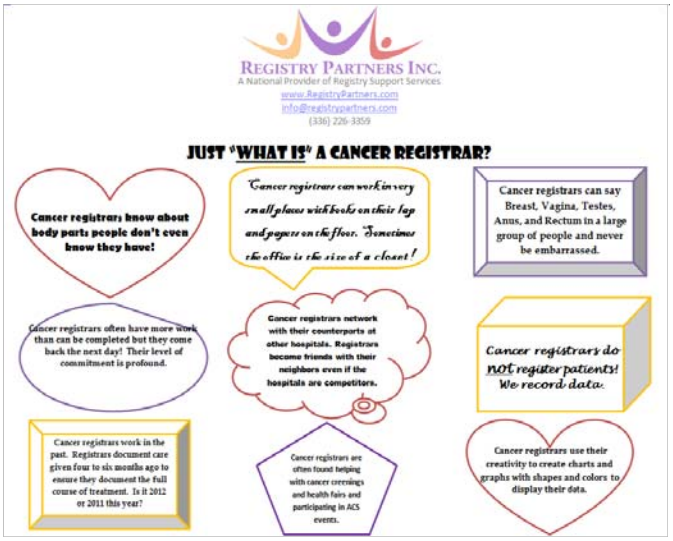
When a hospital registrar inadvertently received patient follow-up forms from United Healthcare (UHC), we learned this company has been collecting clinical data for breast, colorectal and lung cancer since 2007 and in 2011 the registry expanded to include prostate cancer data. According to the UHC website, the information will be used to study the quality of oncology care by comparing an individual's treatments with NCCN treatment guidelines. Reports are shared with participating oncologists. For more details or to access one of the aggregated national reports, go to https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=2bbc51cf68304110VgnVCM2000008040dc0a____.

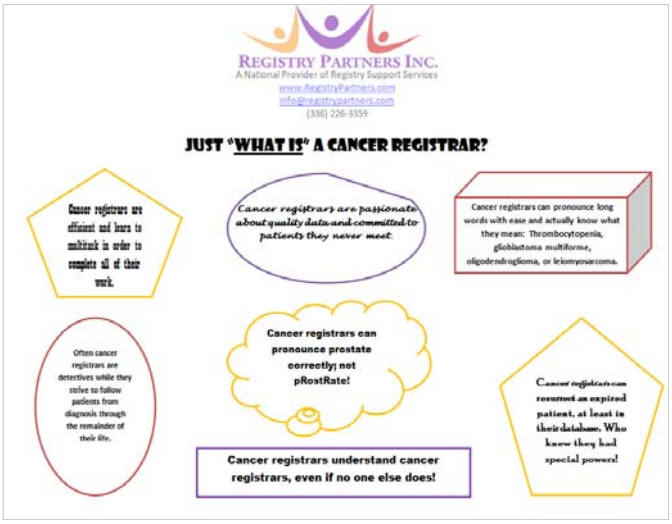
National Breast Cancer Registry Seeks New Members

Breast cancer survivors have a great opportunity to share details about their social, emotional and physical needs through the Cancer Support Community's Breast Cancer M.A.P. (**M**ind **A**ffects the **P**hysical) Project. Based on survey responses from the 3,000 survivors who signed up during the first year, researchers learned that:

- 87% of respondents rated at least one of the social, emotional or physical issues as a moderate to very severe problem;
- 53% of respondents arrive at an initial treatment decision during their first appointment with a specialist following a diagnosis, yet only 15 percent of respondents receive informational materials before this critical consultation; and
- 48% were not fully satisfied with the questions they asked during the initial visit with a breast cancer specialist.

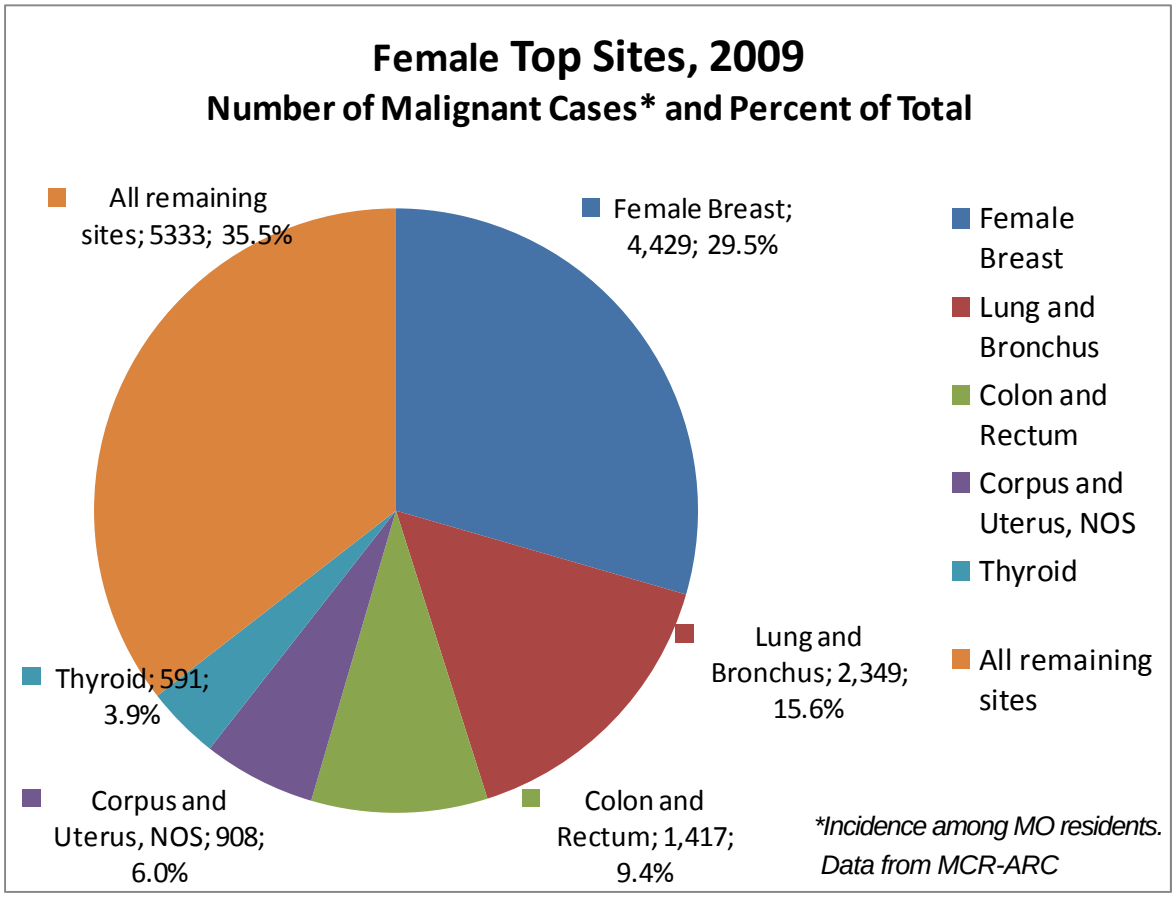
Based on these results, new survey questions have been added, including topics such as improving doctor-patient communication, quality of life, cost of care, diversity, etc. The goal is to increase the number of participants to 6,000. The project also provides support resources, breast cancer news, etc. To obtain a copy of the first *Annual Index: October 2011* or to learn more about the project go to: https://csc.breastcancerregistry.org/.

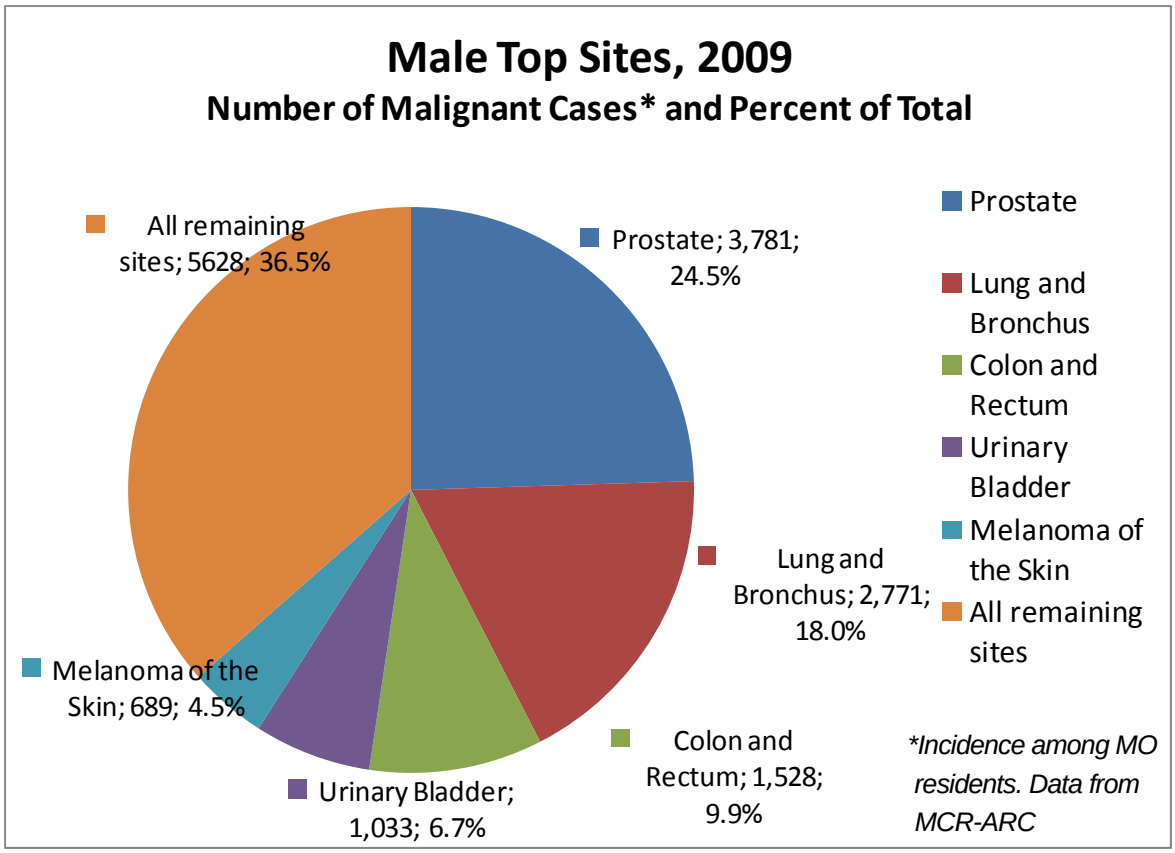




Many of you have probably already seen this — however, in honor of National Cancer Registrar's week, thought we'd share again.

As we've obtained permission from Registry Partners, Inc. to share/distribute, for anyone interested in obtaining a copy of the full-sized Word document, please contact Nancy Cole colen@health.missouri.edu or Shari El Shoubasi, elshoubasis@health.missouri.edu.


Female Top Sites, 2009
Number of Malignant Cases* and Percent of Total
All remaining sites; 5333; 35.5%
Female Breast; 4,429; 29.5%
Lung and Bronchus; 2,349; 15.6%
Colon and Rectum; 1,417; 9.4%
Corpus and Uterus, NOS; 908; 6.0%
Thyroid; 591; 3.9%
Female Breast
Lung and Bronchus
Colon and Rectum
Corpus and Uterus, NOS
Thyroid
All remaining sites
*Incidence among MO residents. Data from MCR-ARC


Male Top Sites, 2009
Number of Malignant Cases* and Percent of Total
All remaining sites; 5628; 36.5%
Prostate; 3,781; 24.5%
Lung and Bronchus; 2,771; 18.0%
Colon and Rectum; 1,528; 9.9%
Urinary Bladder; 1,033; 6.7%
Melanoma of the Skin; 689; 4.5%
Prostate
Lung and Bronchus
Colon and Rectum
Urinary Bladder
Melanoma of the Skin
All remaining sites
*Incidence among MO residents. Data from MCR-ARC

2011 – 2012 Quarterly Calendar

April

April 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before September 2011

Monthly or Quarterly Hospital Reporting Deadline (300-500)
For cases diagnosed on or before Jul/Aug/Sept 2011

April 18 - 21
NCRA 38th Annual Educational Conference - Washington DC

April 23 - 24
Fundamentals of Abstracting - MCR-ARC, Columbia MO

May

May 3
NAACCR Webinar - Collecting Cancer Data: Melanoma of the Skin

May 8
Live Meeting - Death Clearance Followback
Presenter: TBD

May 9
Live Meeting - What's New in 2012
Presenters: Nancy Rold and Angela Martin

May 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before October 2011

June

June 2 - 8
NAACCR 2012 Annual Conference
Building Bridges for Cancer Surveillance: 25 Years of Progress

June 7
NAACCR Webinar - Using and Interpreting Data Quality Indicators

June 15
Monthly Hospital Reporting Deadline (>500)
For cases diagnosed on or before November 2011

Awareness Months

April – Cancer Control

May — Melanoma/Skin Cancer Detection and Prevention

June 1 — National Cancer Survivors Day

The Missouri Cancer Registry and Research Center (MCR-ARC), under the direction of Dr. Jeannette Jackson-Thompson, collects and maintains a population-based database of all Missourians diagnosed with cancer. As registry data plays a vital role in the fight against cancer, we would like to say thanks to all Missouri facilities that report cancer cases.

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