

2022 NPCR OHIO SUCCESS STORY

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Ohio's Modified Record Pilot Program to Implement M Record Reporting from Ohio Hospital Registries for Improved Data Timeliness

National Program of Cancer Registries SUCCESS STORY

SUMMARY

The Childhood Cancer Survivorship, Treatment, Access and Research (STAR) Project is aimed to implement rapid case ascertainment (RCA) at central cancer registries for pediatric and young adult cancers. As a part of the STAR project, Ohio completed a pilot program for modified record reporting to determine if hospital registries could report an initial cancer abstract with the main demographic and diagnostic information within 30 days of diagnosis, then, submit an updated cancer abstract with the completed treatment and staging information once the information is available.

CHALLENGE

The goal of the STAR project is to implement rapid case ascertainment (RCA) at central cancer registries to obtain initial diagnostic information within 30 days of diagnosis for pediatric and young adult cancers. One approach for RCA is to receive hospital laboratory data at the central registry. However, in Ohio, we face several challenges when processing laboratory data, such as software delays, staff workload, reporting volume and case finding and abstracting. Additionally, the information from laboratory data is limited and not all pediatric and young adult cancers are identified with laboratory reports. Because of these challenges, we have concerns about receiving hospital lab data to meet a 30-day reporting timeline. While we are still pursuing this reporting method, we wanted to determine the feasibility of receiving hospital registry data within 30-days of diagnosis, specifically for pediatric and young adult cancers.

Currently, hospital registry data is requested to be reported to the state within 6-months of diagnosis. However, this timeline is oftentimes delayed due to operational challenges at the hospital registry such as backlogs, staffing, volume, etc. or cancer treatment timelines. It is common for hospital registries to hold their data until the patient has completed first course treatment. Despite the delays to reporting though, hospital cancer registrars provide knowledge and expertise for cancer data case finding and abstracting that is essential to the quality and completeness of the central cancer registry data. In Ohio, we do not want to compromise the quality and the completeness of the data for timeliness. If we could find a way for hospital registry data to be reported sooner, within a 30-day timeline for pediatric and young adult cancers, while also having the opportunity to collect additional treatment and staging information from the hospital registry later, we could strike a balance between quality, completeness, and timeliness.

SOLUTION

As a part of the STAR project, Ohio wanted to find a way to collect hospital registry data on a faster timeline. The approach we considered to meet this goal was Modified Record Reporting or M record reporting. Modified records are full NAACCR XML abstracts but are generated when an abstract has been updated after initial transmission to the state. M records are intended to update the central registry system when the hospital makes changes in their system. However, this reporting method could also allow the central registry to receive partially completed abstracts. With this reporting method, we would be able to receive data sooner even if treatment is pending. The hospital registries would report new cases in the standard NAACCR XML format as record type A abstracts, and as updates are made to the abstract for treatment and staging, the hospital registry would send an updated case in the NAACCR XML format as record type M abstracts.

To test this process, OCISS conducted a Modified Record Pilot Program with three Ohio hospitals that report a large percentage of pediatric and young adult cancers to OCISS. We coordinated with the hospital registries and their software vendors to understand the functionality on the hospital end. OCISS also worked with our own software vendor, the Registry Plus team at the National Program of Cancer Registries (NPCR), to understand how to process M records on our end. We also discussed M record reporting with other state central cancer registries who already do this work.

Once the pilot hospitals had their software set up for M record reporting, they transmitted M records to OCISS over the course of 6 months. After receiving several batches of M records and reviewing the process on both the hospital and central registry end, we met with the pilot hospitals and the OCISS advisory committee to discuss changing our reporting requirements. Due to our experience with the pilot, OCISS is now requiring M record reporting from all Ohio hospitals with their own registry software. With all hospitals set up with this functionality we will be able to reach out to the hospitals about reporting partial abstracts for pediatric and young adult cancers.

RESULTS

Over the course of 6 months, three pilot hospitals reported multiple files of M records to OCISS. On our end, we received and reviewed more than 1,000 M records during the pilot. Upon initial import into our main registry database, 100% of the M records required manual review. However, after changing settings in our registry software for patient linkage and consolidation, we were able to reduce the number of M records that required manual review to about 30%. After the pilot, we updated our reporting requirements to include modified record reporting from all Ohio Hospitals with their own software; about 110 hospitals. We have since received over 4,000 M records. We have identified about 10 hospitals, including 6 dedicated pediatric hospitals, that report the largest percentage of pediatric and young adult cancers in the state of Ohio. These hospitals have M record functionality turned on in their software and now have the possibility to submit partial abstracts.

SUSTAINING SUCCESS

OCISS is now requiring M record reporting from all Ohio hospitals with their own registry software. The pilot allowed us to create clear instructions and requirements for M record reporting in Ohio. We will continue to collect M records from Ohio reporting hospitals, and in conjunction with the STAR team, evaluate M record reporting on our overall reporting timelines. We will also approach the top reporting hospitals for pediatric and young adult cancers to discuss the feasibility of submitting partial abstracts for this group of patients within 30-days of diagnosis.

REGISTRY CONTACT INFORMATION

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[Ohio Cancer Incidence Surveillance System Website](#)



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