

# MICHIGAN

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## Michigan Takes Steps to Improve Timeliness and Completeness and Accuracy of Submission of Data

### NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

**SUMMARY:** The Michigan Cancer Surveillance Program (MCSP) began tabulating cancer incidence reports on January 1, 1985. By the end of 2017, the Michigan central cancer registry contains 2.2 million reports with 1.7 million cancer cases. On an annual basis the registry receives 140,000 case reports and case updates, with over 62,000 new cases per year. The Michigan registry also requires the reporting of CIN III and carcinoma in situ of the uterine cervix and has continuously collected these data since becoming a state-wide registry in 1985.

State-wide surveillance data is used to monitor trends overtime and evaluate cancer incidence within regions of particular interest, and as a source of baseline incidence data. Surveillance data is used to guide planning and evaluation of cancer control programs through collaboration with health agencies, tribes and organizations, territorial health agencies, and other stakeholders to decrease cancer incidence, morbidity, and mortality by identifying populations at risk who have increased cancer risk due to health disparities. The associated results of the surveillance data are dependent upon the timeliness, completeness and accuracy of the data submitted to MCSP. All reportable conditions as defined by Michigan Compiled Laws and Administrative Rules on Cancer Reporting are to be submitted within 180 days of the date of diagnosis; however, Michigan laws and administrative rules does not include penalties for non-compliance of submission of data. Data is often reported after the mandated timeframe. As late submission of data impacts the registries ability to collect and process timely, complete and accurate data, especially if follow-back is need for missed case reports or to resolve discrepancies, review of the submission of data of data in 2016 was of concern.

**CHALLENGE:** Given the changes in the level of reporting requirements overtime, hospital registrars are often charged to do more with fewer resources. Facility staffing changes can also impact surveillance data, especially in facilities without trained staff (Certified Tumor Registrars, CTRs) or facilities in transition. Based upon review of data in 2016, a total of 111 Acknowledgement Letters were mailed out to facilities in May of 2017, to communicate reporting requirements, as mandated by Michigan Compiled Laws § 333.2619. Two attachments were included with the letter, Attachment A: Acknowledgement Form, and Attachment B: Michigan Compiled Laws and Administrative Rules on Cancer Reporting. The registrar (main contact) and his/her direct report or applicable administrative staff were asked to review the attachments and sign and return the form.

#### RESULTS:

- 03/15/17: 111 Facility Acknowledgement Letters mailed
- 06/15/17: 6.57% signed Acknowledgment forms
- TIMELINESS:
- As of 8/16/16: 24-month data - 15.2%
- 12-month data – 8.9%
- As of 8/1/17: 24-month data – 57.4%
- 12-month data – 42.6%
- As of 8/1/18: 24-month data – 84.4%
- 12-month data – 26.6%

**SUSTAINING SUCCESS:** This was the registries first attempt in communicating through an Acknowledgement Letter, with request of signed Acknowledgement Form. For facilities without trained staff and/or in transition, the Acknowledgement Letter provided a means to communicate reporting requirements as mandated by MI laws and administrative rules to address compliance issues. For other facilities, it enabled the facility to adjust shifting of registry responsibilities for abstracting and/or hire additional staff. This method of communication was received well by the facilities and has improved the timeliness of submission of data for 24-month and 12-month data by August. Going forward, the method of communication will be conducted on annual basis.

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