

2020 NPCR PACIFIC REGIONAL CENTRAL CANCER REGISTRY SUCCESS STORY

STORY TOPIC/FOCI: Registry Operations

STORY TITLE: Case Collection Conundrum in the CNMI

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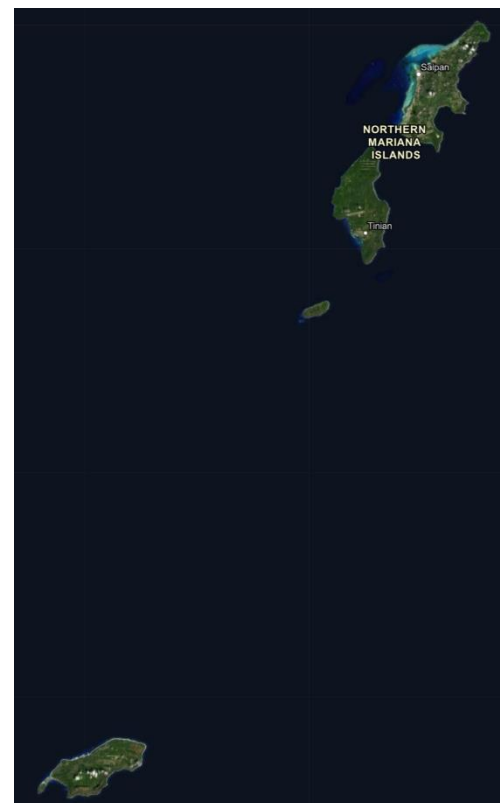
SUMMARY

Myriad challenges confound cancer registration in the Commonwealth of the Northern Mariana Islands. The newest challenge is COVID-19. To combat these challenges, the CNMI cancer registrar is actively building and utilizing local connections to assist with case finding while also partnering with local non communicable disease (NCD) programs to raise additional travel funds for extended case abstracting visits.

CHALLENGE

The Commonwealth of the Northern Marianas (CNMI) consists of 14 islands with three heavily populated, Saipan, Rota, and Tinian, with Saipan being the main island amongst all and is a U.S. Commonwealth. There are three government-operated hospitals on each island. There are also some private clinics on Saipan and a federally funded Community hospital in all three islands. Travel between the three islands is possible by a small aircraft. The Registry Program has limited funding available for the registrar to travel to both islands, which previously limited the registrar's ability to follow-up on cases since, outside of the main island of Saipan, patient data and health records are mostly kept in a paper-based format. Because of this fact, abstracting is slow, and case follow-up is even slower and challenging. It is also worth noting that these islands are relatively often struck with natural disasters (Typhoon Yutu, a Category 5 super typhoon, hit CNMI in 2018), and paper-based documents often need to be re-located to keep them safe. Such re-allocation of documents makes cancer case abstraction even more challenging and time-consuming when the registrar must hunt for missing documents/case files all over the islands.

The current COVID-19 pandemic and related travel bans (or travel limitations) also generated a uniquely challenging situation. On the one hand, our registrars are having difficulties visiting our remote islands in the Pacific to collect 'older' cases, which will significantly affect the number of cases being reported for 'Diagnosis Year' (DxYear) 2018 and 2019. Additionally, because of the travel ban, we suspect many of our cancer patients could not access screening and treatment options, which will impact our cases for DxYear 2020 and 2021



SOLUTION

To combat the limited travel funds, the registrar works with internal partners within the Commonwealth Healthcare Corporation (CHCC) to gather further travel funds to visit Rota and Tinian to collect, quantify, validate, and capture cancer cases from each island. PRCCR also re-prioritized its budget to support extended visits to these islands further.

Through this effort, the registrar can travel to and from the islands at least once or twice each year and spend extended time on each island collecting and abstracting cases. In order to make the most out of her trips, the CNMI Registrar ensures that before commencing the travel, a list of cancer patients for all islands is requested and collected through the Health and Vital Statistic Office of CHCC and a responsible staff of the respective hospitals on each island is identified to assist the registrar with manual record finding.

The Registrar has developed a good working relationship with the staff and management with the hospitals in each respective island that ensures a positive cancer data collection mechanism. For the islands of Rota and Tinian, the registrar works with the Resident Directors to request assistance with pulling medical records, scanning essential documents pertaining to the cancer diagnosis, and finding records of those patients who are no longer living.

Although our registrar has on-site assistance, case abstraction in such environments still requires a creative to “think outside the box” problem solving to ensure quality data collection.

RESULTS

As part of the larger PRCCR, the CNMI Cancer Registry can produce reliable and meaningful data, cancer data from the two ‘outer islands’ were not complete. With local travel funding re-prioritized, the registrar can spend more time finding and abstracting quality data and follow-up in person with the local public health/healthcare professionals. With more complete data, showing a more accurate picture of the Jurisdiction, can assist more informed decisions. We here at the PRCCR are hopeful that these better decisions, in the long run, will lead to a reduced cancer burden in our Jurisdictions. For comparison, the ‘outer island data’ in our 2014 dataset was 8.6% of our total CNMI cases, while with our 2017 cases, this ratio increased to 17.9%. Our expectations for the 2018 data will be a significant drop since the CNMI registrar wasn’t able to travel to any of the outer islands because of the COVID-19 travel bans.



SUSTAINING SUCCESS

The program's strength is the sustainability of internal and external partners that was established earlier to support the reporting of good quality cancer data. There are ongoing efforts to improve the health information systems in CNMI as a whole and strengthen vital statistics functioning. A possible next step is to integrate the two data systems. Simultaneously simplified Electronic Health Systems are being implemented at the CHCs on Tinian and Rota; however, the networks can't sync data between partners just yet. Since the CNMI cancer registrar is involved in these efforts and discussions, we are hopeful that case abstraction on all three of the 'main islands' will be equally streamlined and done via a digital platform. There is also a discussion on integrating data collection for other chronic diseases in CNMI using the current cancer registry as a model.

Though two visits per year are more than before, a quarterly data collection visit to Tinian and Rota is preferable. PRCCR is working on further streamlining its budget to allocate more funds for local travel and case abstraction; however, COVID-19 is a strong limiting factor in this matter.

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