2019 NPCR OREGON SUCCESS STORY

Oregon Cancer Registry: Linda Shan

Using Quality Improvement Measures to Increase Non-Hospital Cancer Reporting in Oregon

NATIONAL PROGRAM OF CANCER REGISTRIES
SUCCESS STORY

SUMMARY: The Oregon State Cancer Registry (OSCaR) is pursuing opportunities to increase electronic cancer reporting by non-hospital facilities. A communication plan was developed and implemented to provide facilities with reporting options and technical assistance to cut down on paper reporting, increase cancer reporting from non-hospital facilities overall, and make it easier for these facilities to report.

CHALLENGE: For the more than 20 years of operation, getting non-hospital facilities to report has been a challenge for the Oregon State Cancer Registry (OSCaR). Simply notifying facilities of their legal obligation to report does not address how to get these facilities to report. Over the years the default option has been the submission of paper case reports.

The issue is compounded by the fact that diagnosis and treatment of cancer has significantly shifted to outpatient facilities in recent years. This has led to a growing number of non-hospital cancer cases not being reported to the central registry. Without this data, the burden of cancer in Oregon cannot be accurately measured. This trend has also led to a growing number of paper cases being reported which creates a whole new set of issues getting that information entered into the cancer database.

Accordingly, Oregon, like many other states, is looking to increase the electronic reporting of non-hospital cancer cases. Looking to the future of our organization and understanding the shift underway to electronic health records (EHRs), we realize that we need to be a part of that shift and offer electronic options to non-hospital reporters for reporting their cancer cases. The intended result is to cut down on paper reporting, increase cancer reporting from non-hospital facilities, and make it easier for non-hospital facilities to report.

Additionally, we determined that over time many new non-hospital facilities are not even aware of their legal cancer reporting obligations to OSCaR. A communication plan was needed to map out options for these facilities to report their cancer cases to OSCaR.

SOLUTION: Using Quality Improvement (QI) measures, OSCaR staff assessed and compared the quantity of cancer data coming in from non-hospital reporters. We determined that Ambulatory Surgery Centers (ASCs) and Cancer Treatment Centers (CTCs) were not reporting. We collaborated with the State of Oregon Health Licensing Office to identify licensed ASCs. We also conducted internet research to identify CTCs. We then created a spreadsheet and further analyzed and cross-referenced business entities to identify which were part of larger health systems, and whether they currently submitted to OSCaR by paper or if they were non-reporters.

Next, we assessed how we could improve the structure and process of our current data collection system to get the desired outcomes of increasing non-hospital reporting from facilities and getting them to report cases electronically. We interviewed other state central registries to learn how they conduct their non-hospital reporting. We also looked at our own current cancer database software program to better understand the extent of its capabilities.

After considering the choices available to us, we determined that the best solution was to move forward with Abstract Plus cancer reporting software. We contacted the Cancer Informatics teams with the Registry Plus suite and began customizing Abstract Plus to fit the reporting needs of Oregon and subsequently meet our federal reporting obligations. We also began attending the Registry Plus User Group meetings to learn how other states were using the software.

Finally, we piloted the software with a group of our current non-hospital cancer reporters to gather feedback on how to further improve the process. The end goal has been to create a customized version of Abstract Plus that meets OSCaR's needs and has a simple layout and format that works well for reporting facility.

RESULTS: OSCaR staff have worked for over a year with the Registry Plus team to custom build Abstract Plus to meet reporting incidence guidelines. Since Abstract Plus was a new reporting software for OSCaR, a team was formed to validate and build a reporting template. We tested the generic build of Abstract Plus comparing it to NPCR data

requirements and anticipating ASCs reporting needs. During the customization process, we remained vigilant to the barriers that our pilot sites expressed exist for ASCs and CTCs, which include high staff turnover, a lack of understanding of medical terminology, a lack of cancer disease knowledge, and limited time.

Since we received limited information from non-hospital reporters and given the barriers identified, staff decided to pursue a more incidence-only approach to cancer reporting. The goal was to not overwhelm reporters with unrequired fields while ensuring all pertinent information is submitted.

We identified three clinics of various sizes to participate in testing. We conducted an onboarding session with the three clinics individually and provided technical assistance to get them set up to report using Abstract Plus. The trial period lasted one month. Regular feedback was provided to the facilities on their cancer cases during this time. The trial period gave OSCaR the opportunity to develop a training manual, create a Frequently Asked Questions document, and develop a web-based PowerPoint presentation used an easily accessible online training tool. In addition, we identified barriers that existed for locating Abstract Plus on a shared network drive. Multiple users were not able to access the same file making it difficult to track and reconcile records between users.

After the trial period, the three clinics took a brief survey to assess how the trial period went for them. The feedback was used by the Abstract Plus team to make the final build. We also worked with our internal Information Technology (IT) department and the Abstract Plus team to successfully locate Abstract Plus on a shared network.

In the spring of 2019, ASCs and CTCs were notified that according to Oregon State law, if they diagnosis or treat cancer, they are legally obligated to report the cancer cases to OSCaR. We then created a listserv for Oregon called the Abstract Plus Users Group (APUG). The listserv will be used to communicate with and provide updates to these non-hospital facilities.

In the summer of 2019, we created a GoToWebinar training to start onboarding facilities to use Abstract Plus. We also made one last attempt to communicate with identified ASCs and CTCs emailing clinic managers and owners of the facilities. This communication was a copy of an introductory letter outlining their legal obligations to report cancer cases. It also provided them with training date options to sign up for onboarding technical assistance webinars designed to introduce them to Abstract Plus and inform them what cancers are reportable to OSCaR.

On August 1, 2019, we officially rolled out Abstract Plus as an incidence-based cancer reporting tool for ASCs and CTCs. As of mid-September, we have held four GoToWebinar trainings and onboarded 12 facilities. Two additional GoToWebinar trainings are scheduled in October and December 2019.
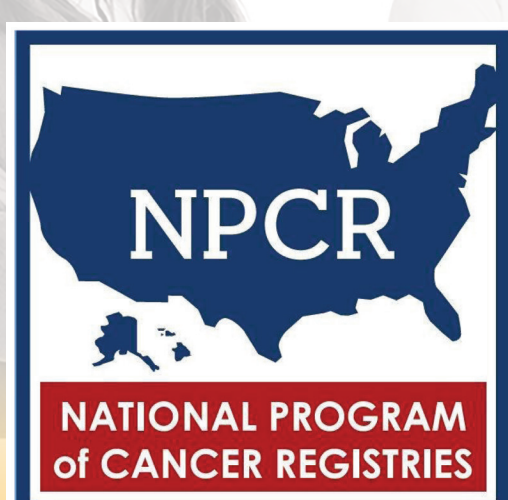
SUSTAINING SUCCESS: OSCaR staff are conducting an evaluation on how best to support onboarded facilities. We are also working to identify who best to communicate with and how most appropriately to notify facilities about their legal obligations to report.

Additional onboarding trainings and a refresher training are scheduled for the remainder of 2019. Annually, we plan to evaluate the successes and challenges of the process including measuring how many clinics have signed up for Abstract Plus and how many are reporting electronically. We will also assess the quality of cases coming in and provide feedback on an ongoing basis.

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https://www.oregon.gov/oha/PH/DiseasesConditions/ChronicDisease/Cancer/oscar/Pages/index.aspx

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