

# 2020 NPCR ALABAMA STATEWIDE CANCER REGISTRY SUCCESS STORY

STORY TOPIC: Collaborative Partnerships

STORY CATEGORY: Registry Operations

STORY TITLE: Using the Data Quality Evaluation (DQE) Training to Improve 12-Month Data Completeness and Submission

STORY AUTHOR: Aretha Bracy

## SUMMARY

The Alabama Department of Public Health's (ADPH) Alabama Statewide Cancer Registry (ASCR) strives to meet the National Program of Cancer Registries (NPCR) data quality standards to ensure timeliness, quality, and completeness of data. Alabama's self-reporting hospitals are monitored monthly for timely submissions and data completeness and follows the Commission on Cancer (CoC) and ASCR requirements. Alabama's small hospitals are monitored monthly or quarterly depending on the facility size and preference for case finding submission. Most of all cancer reporting for Alabama comes from in-state inpatient hospital facilities.

## CHALLENGE

There are approximately 50 small and/or rural hospitals in Alabama, and these usually do not have dedicated staff for cancer reporting. Obtaining information from rural and smaller hospitals is an ever-increasing challenge and nearly impossible for hospital staff to be trained and stay current on changes in cancer reporting. Services provided by facilities have changed, facility staff has downsized, and smaller facilities are closing, which have presented a challenge in maintaining timeliness and completeness for some facilities. The completeness percentage for the 12-month data submission for the Advanced National Data Quality Standards depends almost solely on in-state patient hospital reporting. The 12-month data submission does not include death clearance, practically no out-of-state cases, limited pathology follow back, limited physician reporting no Medicaid claims data or Veterans Affairs (VA) hospital data. Consolidation is largely incomplete for 12-month data at the time of submission, but ASCR typically submits 24-month data with zero cases in pending. The number of cases submitted to the ASCR in time for the 12-month data submission from in-state facilities has steadily declined in recent years.

## SOLUTION

The ASCR applied and received one-time funding from CDC/NPCR in support of Data Quality Evaluation (DQE) activities and offered a free training to Alabama cancer reporting hospitals, the largest contributing factor (75%-80%) for reporting cancer cases to the ASCR. The DQE training, intended primarily for Certified Tumor Registrars (CTRs) and reporting sources who abstract cases that impact the 12-month data submission, addressed the challenges of 12-month data completeness and submission according to NPCR Program Standards. CDC and ASCR staff presentations focused on quality control efforts, best practices, historical data submissions, challenges, barriers, and solutions to achieve 90 percent data completeness. To maximize the training's effectiveness, participants were provided the opportunity to discuss at length the NPCR's Program Standards, appropriate mechanisms for implementation to assure high quality and complete cancer reporting, and a review of NPCR standards for call for data submission. Further discussions with CTRs identified

strengths, weaknesses, opportunities, and threats that contribute to meeting program standards. Workgroup participants reported consistent themes when describing barriers and challenges, suggestions for solutions, lessons learned, and best practices for 12-month data completeness and submission.

## RESULTS

The CTRs provided positive feedback and described the training as “very informative, a productive meeting, great discussions, and grateful for this opportunity.” Many participants expressed a critical need for similar meetings to share best practices, network opportunities, and the importance of an annual review of ASCR requirements. Hospitals that were compliant and following the ASCR requirements provided valuable input and guidance and reminded other self-reporting CTRs of the distinction between the Commission on Cancer (CoC) and the ASCR requirements. The ASCR staff worked with several hospitals who were non-compliant at the time of the training, and currently those cancer registries are now in compliance status.

CTRs identified staffing, training, delays, 2018 changes, and case finding as some of the barriers and challenges that prevent rapid reporting to meet NPCR Program Standards. Some suggestions and solutions to overcome barriers included recruiting volunteers and interns, creating business integrated systems agreements, a time management study, and ASCR providing spring trainings. CTRs expressed the importance of prioritizing, documenting, cross-training and networking as lessons learned, what worked well, and best practices to achieve data completeness and submission.

## SUSTAINING SUCCESS

The DQE training provided an opportunity for the self-reporting and small hospital CTRs to connect and discuss a systematic way of reporting cancer cases to ASCR, network with other CTRs, and utilize the ASCR staff, an available resource to ensure their cancer registry’s compliance. The success of this training emphasizes the necessity for ASCR to continue a similar format via WebEx and invite CDC staff to facilitate an annual training on 12-month data completeness and submission. This annual training would also positively impact the required NPCR DQE Audit conducted at least every five years to assess data quality. CTRs can access 12-month data completeness and submission and additional training through the ADPH Learning Content Management System (LCMS) already in place.

## REGISTRY CONTACT INFORMATION

Aretha Bracy, Director, Alabama Statewide Cancer Registry

Phone: 334-206-7035

Email: [aretha.bracy@adph.state.al.us](mailto:aretha.bracy@adph.state.al.us)

Website: [www.alabamapublichealth.gov/ascr](http://www.alabamapublichealth.gov/ascr)