

2021 NPCR NEVADA SUCCESS STORY

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Nevada Central Cancer Registry's Legislative Accomplishments

National Program of Cancer Registries SUCCESS STORY

SUMMARY

For the last several years the Nevada Central Cancer Registry has been pushing for reinstatement of at least two full-time positions after losing four full-time positions during the 2008 recession. Additionally, the registry has also been working towards setting up a financially sustainable method to fund consistently growing operational costs.

CHALLENGE

Until recently, complete, and high-quality cancer cases were reported through hospital cancer registries because cancer cases were primarily diagnosed and treated in hospitals. With advances in medicine, patients are now often diagnosed and treated outside the hospital setting. This shift has resulted in under-reporting of cancer cases to the Nevada Central Cancer Registry (NCCR). Prior to the passage of Assembly Bill (AB)471 during the 2021 Legislative session, Nevada State law, Nevada Revised Statute (NRS) 457.230, exempted a provider of health care who diagnoses or provides treatment from reporting if the patient is directly referred or previously admitted to a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services. This language exempted providers of health care from reporting, which has resulted in unreported cancer cases or missed treatment information in the registry system. For example, if a provider refers a patient to a hospital but the patient decides to go to a treatment provider group or treatment facility, the case could be missed if the provider/treatment facility does not report the case.

Another example is if a hospital referred a patient after surgery to a provider for treatment. The provider does not report the information because the case was already reported by the hospital. The diagnosis and surgery would be reported by the hospital, but the treatment information would be missed. State Law NRS 457.250 also outlines the reporting of cancer cases, fees, and administrative penalties from a health care facility. The definition of a health care facility specified in NRS 162A.740 does not include the other facilities and providers of health care that are outlined under NRS 457.230. This existing regulatory language limited the registry's authority to improve and enforce cancer reporting. The registry informed the Office of Finance in the Office of the Governor about the impact of potential language changes for reporting improvement, as well as, adding a fee for licensure and renewal of radiation machines to support the growing registry operations.

Currently NCCR has six full-time equivalent positions (FTEs) including a program manager, database manager, biostatistician, program administrative assistant, and two certified tumor registrars (CTRs). However, at one point the registry had a total of 10 FTEs working within the registry. During the 2008 recession, the State of Nevada Health and Human Services Department instated furloughs and layoffs for employees. The NCCR unfortunately lost four FTE's which included: two full-time CTRs, to perform data collection and abstracting; one administrative assistant 3, who provided office administrative support and operation support in the form of follow back assistance, data entering, and onboarding new providers; and a quality assurance manager who participated in all

the data quality improvement and assurance projects. The registry was unable to reinstate the positions lost during the recession until this year. At the request of the Office of Finance in the Office of the Governor, NCCR provided information for a financially sustainable method to support the reinstatement of two registry positions.

SOLUTION

After much research by the entire NCCR team, including calling other US registries and inquiring how they are currently funded other than through the National Program of Cancer Registries (NPCR) or the Surveillance, Epidemiology, and End Results (SEER), the Registry also worked with workgroups and community partners affected by the policy change and decided to include an additional fee at the time of re-application of certain health facilities and medical laboratories, which would go directly to NCCR operations. This solution was possibly the most reasonable and equitable considering the additional fees are only up to 8% of total reapplication cost and it does not affect any providers directly. It is anticipated that this fee will not hinder providers from reporting cancer data to the NCCR. The fees for hospitals, medical facilities, and the medical laboratories, range from as low as \$8 to high as \$438 for some of the larger facilities in Nevada.

RESULTS

NCCR discussed the impact of existing regulation on registry operations and reporting by healthcare facilities. By mid-2021, Nevada Governor Steve Sisolak signed legislation from the 81st Legislative Session, including AB471 in support of the Nevada Central Cancer Registry.

SUSTAINING SUCCESS

Involvement by partners and the people impacted by adoption of this new regulation will be critical. The NCCR Program Manager is working with a small workgroup of both internal DHHS agency leaders and external partners to align regulations to the changes in the statutes. Communicating changes once regulations are written and adopted into law will also be key in sustaining success.

REGISTRY CONTACT INFORMATION

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[https://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_\(NCCR\)_-Home/](https://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_(NCCR)_-Home/)



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