

VERMONT

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Improving Social Security Number Reporting

NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

SUMMARY: Twenty percent of reporting hospitals discontinued reporting Social Security Number (SSN) in 2017. We leveraged our longstanding relationships with hospital personnel to improve the process and correct the data.

CHALLENGE: SSN is an important variable for de-duplicating the cancer registry and linking it to other datasets, such as the state mortality file. Accurate SSN reporting ensures that the correct demographic information, such as vital status, and precise tumor information, such as laterality, are attributed to each patient.

In 2017, some registrars advised us that SSN would no longer be available, and they began filling the data item with code 9 to indicate “unknown.” Out of 14 reporting facilities, three stopped reporting social security numbers. This represented 18% of the hospital data received by VCR.

One registrar explained that she omitted SSN because she did not want the information to be leaked. For the other two hospitals, either SSN was unavailable to cancer registry personnel, or only the last four digits were available.

SOLUTION: The keys to resolving this data quality issue were understanding the State statute, communicating effectively with our hospital partners, and supporting hospitals in improving their own abstracting processes.

In all cases, reporting SSN resumed after discussing the Vermont Cancer Registry Law confidentiality provision with registrars and their Directors of Health Information Management (HIM). In the case of facilities with restricted permissions to SSN, administrators and IT personnel granted access to the information once they were aware of the reason for granting permission to see and report this information.

To close our project, we corrected the missing and incomplete data in our registry. We identified all records affected by this systemic problem of incomplete or missing SSNs. All three hospitals were sent lists of names for which they provided accurate SSNs. VCR personnel updated records that had previously been reported with the missing data.

RESULTS: Public health impacts of this process improvement project include improved accuracy of:

- Counts of individuals diagnosed with cancer, which are used to compute incidence;
- Demographic information, which is used to identify geographic disparities;
- Tumor information, which is used for comprehensive cancer control evaluation; and
- Vital status, which is used to compute cancer survival.

SUSTAINING SUCCESS: We will continue collaborating with Directors of HIM and hospital administrators regarding their legal obligation to report SSN to the VCR. The next process to improve will be receiving SSNs from physicians. The dermatology offices either never reported or have discontinued reporting SSN. Historically, this has been a lower priority because physician reporting accounts for only 5% of the entire VCR caseload. We are committed to improving data quality and fitness for use.

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