# ARKANSAS

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## On the Rise:
## Exploring Methods to Improve Timely Cancer Reporting

## NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

**SUMMARY:** The Arkansas Central Cancer Registry has been exploring methods to address the ongoing challenge of increasing timeliness of cancer case reporting. Most recently, in 2017, the ACCR updated its facility reporting manual; which includes the state reporting law, instructions for reporting, and NPCR standards for reporting quality data. This manual is referenced in the Rules and Regulations promulgated by the Arkansas State Board of Health. One change to the manual was that the ACCR would no longer accept paper medical record abstracts in any printable format; including facsimile records and records in a portable document format (PDF). This information was submitted to all cancer reporters and facility CEO's, along with a reporting timeliness calendar. The following paperless reporting methods were designated as acceptable:

1. NAACCR formatted files submitted via WebPlus;
2. WebPlus Online Abstracting (small facilities);
3. Pathology reports via HL-7 only; or
4. Meaningful Use (MU) public health program (ambulatory providers only).

**CHALLENGES:**

1. After the reporting criteria message was sent, the ACCR received an overwhelming response from HIM managers of cancer reporting facilities and pathology labs. While this was a positive move forward, the ACCR staff became quickly consumed with setting-up facilities to use the WebPlus application, providing training, assisting eligible facilities with MU reporting, and measuring reporting compliance.
2. Another challenge to the pathology lab reporting requirement was the development of a secondary portal to mimic processes already in place for MU for receiving HL-7 files. For example, one of the state's highest volume cancer diagnostic and treatment hospitals regularly submitted pathology reports in a PDF file through WebPlus. This issue resulted in the ACCR staff manually entering pathology reports into the database management system, CancerCORE.
3. In addition, one independent in-state pathology lab that traditionally submitted paper reports contacted the registry with concerns about costs associated with implementing an interface to comply with the new paperless reporting guidelines.

**SOLUTION:**

1. The ACCR staff set-up many facilities that were not previously compliant with the reporting law. The contact also allowed for a consistent line of communication to assist these facilities with training and follow-up reporting activities.
2. With regards to e-pathology lab reporting from the large facility, the ACCR staff met with the MU staff at the health department because this facility was reporting other Electronic Lab Reports (ELR) through a secure file transfer protocol (SFTP), which was then processed by the health department's Rhapsody system. Several conference calls were held between the hospital facility staff, MU staff, and ACCR staff to work out the details of using this alternative reporting system for transferring pathology lab data. This alternative method was successfully implemented for streaming data as well as applications for processing data from this facility.
3. The ACCR worked with the independent in-state pathology lab that was submitting unformatted paper pathology reports. Cost concerns were alleviated after several conference calls addressing the time consuming process of preparing the documents, as well as postage fees incurred by the lab for every paper case they were sending via mail. Eventually, implementing a small, one-time interface change to process these cases through e-reporting was deemed efficient and cost-effective by the lab. The same e-reporting methodology used for hospital lab reporting (see #2) was set-up for this independent lab.

**RESULTS:** The facility communication response to the e-reporting changes in the manual, and subsequent follow- up, allowed the ACCR to receive more timely data. In addition, the paperless reporting requirements in the new facility reporting manual relieved the burden of manual input of pathology reports to automation and review, which is a more efficient use of staff time.

Overall, during submission year 2013, for data year 2011, the percent of completeness was designated as 88.31% by the CDC National Program of Cancer Registries (NPCR). In 2017, for data year 2015, the percent of completeness increased to 97.41%. The ACCR had a 9.3 percentage increase in case-ascertainment between submission years 2011 and 2017. We hope these new methods continue to improve the timeliness of case-ascertainment.

**SUSTAINING SUCCESS:** With the new methods designated in the facility reporting manual, the ACCR's goal is to improve completeness of 12-month submission data from 65.10% for submission year 2017, to 90% by submission year 2022. This goal would allow the ACCR to move from a Registry of Distinction status to a Registry of Excellence status as designated by NPCR.

The purpose of meeting these goals will increase facility reporting compliance, allow for more time for quality control measures, and the availability of timely data for prevention and control efforts.