

ARIZONA

Arizona Cancer Registry, Georgia Yee

Strategies to increase case reporting: Identifying innovative methods to find missing cases

NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

SUMMARY: Developing strategies to increase case reporting is a complex process. A registry must consider multiple pathways and layers to ensure it is “getting all the cases.” The Arizona Cancer Registry (ACR) strives to meet the CDC National Program of Cancer Registries (NPCR) National 95% case completeness Data Quality Standard. The ACR is consistently challenged in meeting the new case estimates. Arizona statute mandates reporting and the regulations spell out the specifics of reporting. The ACR is housed under the Arizona Department of Health Services umbrella which licenses hospitals, laboratories and clinics, but not physicians. We work cooperatively with many of these entities as there are no penalties in the Arizona statute for non-reporting. As more and more patients with cancer are being seen in outpatient settings the registry has to work creatively and cooperatively to identify cases. Due to these constant challenges the ACR has implemented multiple ongoing methods to identify cancer cases that have so far proved successful.

CHALLENGE: The CDC NPCR 95% completeness standard has been difficult to achieve for the Arizona Cancer Registry.

SOLUTION: A multi-focal approach to identify potential cancer cases and a re-visit of “routine” activities is a must to determine if reporting gaps exist.

RESULTS: To find cancer cases the ACR undertook several unique projects; the following is a description of those projects and the outcomes.

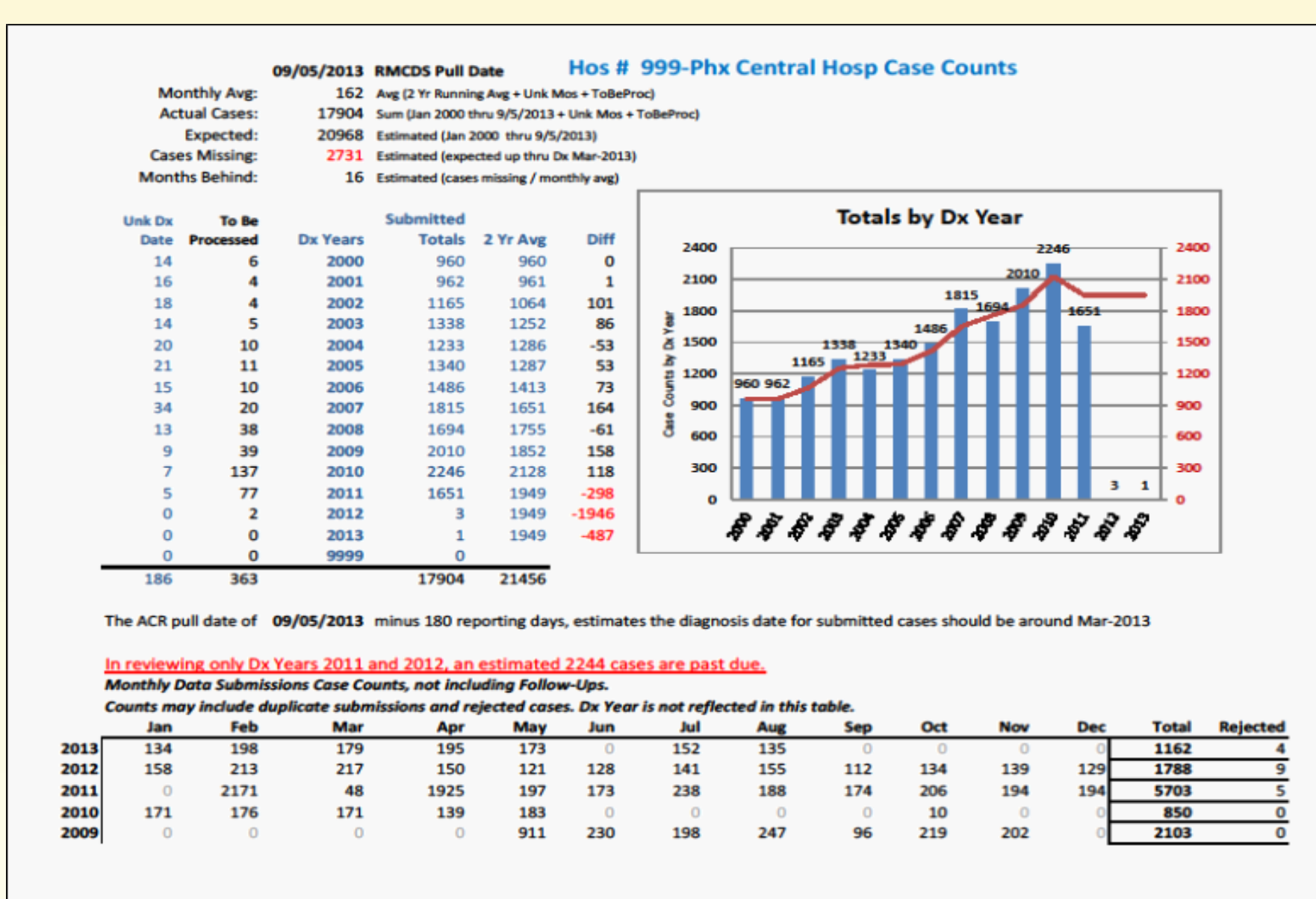
Project: Hospital Casefinding

The ACR requested hospital cancer registries resubmit data files to identify potentially unreported cases. This request could be used as a hospital-based audit which also satisfies a component of the quality assurance NPCR program standard. This was a fairly easy method of finding unreported cases. In addition, this led to identifying issues in how some hospitals process submissions to a central registry.

Outcome: For 2016, this project thus far has identified 342 new cancers that had not been previously submitted.

Project: Hospital-specific Reports

The ACR embarked this past year on a different hospital cancer registry training strategy. In addition to the usual site-specific training, we focused on Arizona specific procedures and sharing specific hospital-based reports. We provided hospital registries summary reports on their data submissions.



Outcome: This information led hospital cancer registries to review and verify they had submitted all their cases.

Project: Pathology Labs

This project focused on melanoma cases identified through pathology laboratory review. This project was useful for two purposes: 1) Identify potentially missed cases, and 2) Provide information to the Arizona Melanoma Task Force on the completeness of melanoma reporting. (The Arizona Melanoma Task Force serves as our advisory committee and helps guide the registry in increasing melanoma reporting.)

Outcome: For 2016, from three pathology laboratories we identified 1,897 total cancer cases. Of these, 1,152 were already reported and 745 had been identified as a potential new case. After follow-back of the 745 cases the registry identified 517 as truly potential new cases. Of the 517 potential new cases, 79% were melanoma and 21% were breast cases.

Project: Melanoma Newsletter

The Arizona Melanoma Task Force (AMTF) has continued to assist the registry in increasing melanoma reporting. The registry publishes a newsletter yearly that contains physician names and the number of cases reported. Physicians often call to verify when the publication will be released; others call and verify number of cases or ask general questions about reporting. In addition, dermatologists have shown an interest in the publication of other clinical information. These strategies continue to engage physicians. In some situations the physicians identified issues in how they were identifying and reporting cases.

Outcome: The AMTF requested physicians start reporting all their cases from 2011 diagnosis year and forward. From 2011 to 2015 diagnosis year the registry has seen an increase of 61% of melanoma cases reported.

Project: Tracking Physician Reporting

The ACR implemented new methods to track physician reporting of melanoma cases by setting deficiency thresholds. This process allowed the registry to identify physicians/clinics that showed a decrease (at least a 35%) in reporting compared to previous years. Follow-back to 20 physicians/clinics was performed.

Outcome: From the follow-back the ACR identified 170 cases for the 2017 diagnosis year.

Project: Physician Data Linkage Pilot

The ACR requested an electronic file from a physician that specializes in breast surgery. This project was an opportunity to potentially identify breast cases. A match was performed against our database.

Outcome: Through this linkage we identified approximately 130 new breast cases that were diagnosed in 2016. The ACR will continue to work with this physician as well as other breast surgeons to assist in cancer reporting.

Project: Electronic Reporting Validation

The scope of the project was to determine if the electronic files submitted from the clinics' software vendor could be used to identify all their cancer cases and then determine if the information is enough to create a usable case report. The registry performed comparisons between the electronic file submitted and the hard copy case reports the clinic provided.

Outcome: Preliminary information demonstrates discrepancies between the electronic files and the hard copy case reports submitted by the clinic. Out of the 99 cases submitted in the electronic file for 3 years of data, 50 were identified as potential new cases.

SUSTAINING SUCCESS: The ACR will be able to build upon these implemented projects. These activities are being incorporated into the timeline of registry operations calendar. The goal is to achieve the 95% completeness standard on a consistent basis that will be measured annually.