Steps to Ensure a Successful CoC Survey-
Registry Data Reporting (Article 4 of 4)

Cancer Registry Data Reporting

Your hospital's cancer registry data has a wide range of use within your organization for quality care studies and direct patient care planning, within your state for public health initiatives and at the national level through National Cancer Data Base (NCDB) and other research organizations involved in cancer patient care and survival. Your registry data can have a significant impact on current patient care, quality care assessments, public health initiatives and investigations into effective treatments for all types of cancer. Registry data is used in planning updates to patient care guidelines and in the development of AJCC Staging changes.

• **Within your hospital:** Your registry data should be used by your Cancer Committee to plan your screening programs, plan for early detection and education programs for your community and in planning what community outreach services are needed. Use of registry data beyond these routine planning events includes, but is not limited to, administrative use to determine fiscal planning for new services, programs and equipment for your facility; clinical assessment of quality care delivered to your patients; case volume for potential new research studies; and marketing target and plans for your facility. Studies of quality improvements can begin with registry data and should be used routinely in defining performance improvement measures within your facility.

Participation in CoC's Rapid Quality Reporting System (RQRS) brings a new perspective on registry data use within your organization. RQRS enables accredited cancer programs to report data on patients concurrently, provide hospitals notification of treatment expectations, and show a hospital its year-to-date concordance rate relative to: 1) the state, 2) other similar hospitals, and 3) hospitals at the national level. RQRS was developed to assist cancer programs in promoting evidenced-based cancer care in order to support the scope of care coordination required for breast and colorectal cancer patients at the local level. This information is available through a web-based alert system. Participation in RQRS is voluntary and free to CoC Cancer Programs; however a registration process is required. For more information go to: http://www.facs.org/cancer/ncdb/rqrs.html. (Copy and paste into Browser.)

The most recent Cancer Quality Improvement Program (CQIP) reports from the Commission on Cancer are excellent examples of ways your registry data can be used within your organization. This new PowerPoint presentation contains information on:

- Cancer Program Volume,
- In/Out Migration patterns,
- Quality Measure Reports of your program,
- Volume of Selected Complex Cancer Operations,
- 30-Day Mortality after Selected Cancer Operations, Unadjusted Survival Reports by Stage, along with additional
- Site specific reports for Breast, Colon, Non-Small Cell Lung Cancer and Prostate cancers seen at your facility.

Each of these reports is based upon your registry data submitted to NCDB for 2009 – 2011. These reports can be utilized by your Liaison Physician to meet their reporting requirement for Standard 4.3. Your hospital administrators will also find many of these reports very useful to them. Be sure to log into DataLinks for your CQIP report.

• **State Cancer Reporting:** Data reported to your state cancer registry is used for cancer control activities aimed at reducing cancer morbidity and mortality and in planning public health initiatives throughout the state. In areas where high numbers of late stage cancers are reported, state initiatives for outreach and education may be needed. It is also used for incidence reporting of the numbers of new cancer cases identified throughout the state, in an effort to identify any potential 'hot spots' (high or unusual numbers of certain types of cancers) in a specific geographic region that might be related to environmental influences or other man-made caustic impacts on the state's population. States are also beginning to determining "Meaningful Use" guidelines for state funding and Medicaid payments.

• **NCDB:** Annual submission of data to NCDB is required of all CoC-accredited hospitals. NCDB data is used by CoC in planning of "Special Studies" to assess treatment trends and compliance with established treatment guidelines through the CP^{3}R initiatives that are part of the National Quality Forum (NQF). NCDB also provides data to researchers through participant use files. The NCDB Participant Use Data File (PUF) is a Health Insurance Portability and Accountability Act (HIPAA) compliant data file containing cases submitted to the Commission on Cancer's NCDB. The PUF contains de-identified patient level data that do not identify hospitals, healthcare providers, or patients as agreed to in the Business Associate Agreement that each CoC-accredited program has signed with the American College of Surgeons. The PUFs are designed to provide investigators associated with CoC-accredited cancer programs with a data resource they can use to review and advance the quality of care delivered to cancer patients through analyses of cases reported to the NCDB. NCDB PUFs are only available through an application process by investigators associated with CoC-accredited cancer programs.

Many studies using your data thru NCDB have been published on a vast array of subjects. For a list of those studies check the NCDB website: http://www.facs.org/cancer/ncdb/biblclin.html

• **The Centers for Medicare & Medicaid Services:** CMS has contracted with the American College of Surgeons to plan and implement the reporting of cancer care measures to CMS on behalf of the 11 PPS-exempt cancer hospitals (PCH) through its Rapid Quality Reporting System (RQRS)*. The requirement for public reporting by the PCHs is defined in Section 3005 of the Patient Protection and Affordable Care Act (ACA), and must begin effective Fiscal Year 2014. CMS has identified the following three National Quality Forum endorsed quality of cancer care measures** that will be reported on the Hospital Compare*** website:

- Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.
- Tamoxifen *or* third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.
- Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

The 11 PPS-exempt cancer hospitals (PCH) will serve in an advisory role to the Centers for Medicare & Medicaid Services to help identify operational opportunities and challenges that arise from participating in the quality reporting program for cancer-specific care measures. This is one of the first steps toward Public Disclosure of cancer data. Future initiatives by other healthcare providers is expected which will open the door for "Pay For Performance" in Cancer Care.

In summary, your hospital cancer registry data reaches far beyond your own facility. This data is used in planning and developing new initiatives within your organization, your state and nationally. Your hospital cancer registry data is used in research that leads to development of new protocols for cancer care. Data collection accuracy and completeness is essential within your registry since your data contributes to:

1) Future initiatives in cancer data collection

2) Analysis of cancer patient care trends

3) The investigation of a cure for this disease

Sign-up for additional informative newsletters at www.ProRegistryServices.com

(Copy and paste the URL into your Browser window.)

*   (http://www.facs.org/cancer/ncdb/rqrs.html)

**   (http://www.facs.org/cancer/qualitymeasures.html)

*** (http://www.medicare.gov/hospitalcompare/search.html)