

Success Stories**Name of the NPCR Program:** Missouri Cancer Registry (MCR)**Title of the Initiative, project or type of data use:** Death Clearance Database**General timeframe (year(s) or months) during which the initiative/project/data use occurred:**

Ongoing process initiated in February 2010

Statement of public health issue, concern or problem:

All central cancer registries (CCRs) funded by CDC's National Program of Cancer Registries (NPCR) are required to do death clearance (DC) and follow-back. Death clearance presents many challenges to CCRs. While some registries are able to delegate the entire process to one person, this has not been an option for MCR. With several individuals each doing a piece of the process, tracking the efforts and results was cumbersome and inefficient for MCR. Over the years, MCR had tried a variety of mechanisms, including using Excel spreadsheets and simple Access databases, but had not found a single mechanism capable of tracking all of the pieces of the process.

Evidence that the registry's efforts were effective in addressing the issue, concern or problem:

At the 2009 Program Director's meeting, the Tennessee Cancer Registry (TCR) demonstrated its DC Access database and offered to share it with other states. MCR staff tested the database in early 2010. Because MCR's DC process is a bit different than the TCR's, an MCR staff member began customizing it for our use. By the time the 2010 DC process started, the database was ready to go.

Because so much thought and effort had gone into programming Tennessee's database, MCR staff were able to modify the program to meet MCR's need and greatly improve our DC processes. For example, the production of follow-back "letters" was greatly streamlined compared to past processes. We could select more than one cause of death code to appear on the letters. All of the work was performed in one database, rather than in scattered spreadsheets. It was easier to produce follow-up letters to "second" contacts. The reports module allowed increased post-process analysis.

MCR staff made several enhancements to the original program. These include:

- In order to improve interoperability with Web Plus, a search by name function was added. This allows us to more efficiently track all hospital DC follow-back without needing to link the death certificate number to cases in Web Plus.
- To reduce paper use and storage, a process was designed to re-direct the letters to print to an electronic format (pdf).
- The Reports function was modified to include all facility types reporting as well as some statistical data that can be used for status reports.

Implications regarding this successful use of a cancer registry project:

Overall, the use of a DC database system which can be continuously improved and customized has been a great benefit to MCR. It has streamlined processes, resulting in greater efficiency, with accurate electronic tracking and status reports to mark progress throughout the process. It has reduced staff frustration and improved morale. A reduction in death clearance only (DCO) cases can be attributed in part to the DC database.