Success Stories
Name of the NPCR Program: Missouri Cancer Registry (MCR)
Title of the Initiative, project or type of data use: Initiating Monthly Training Sessions using Live Meeting
General timeframe during which the initiative/project/data use occurred: Planning: Fall 2010. Implementation: Calendar year 2011.
Statement of public health issue, concern or problem: Hospital registrars need and seek convenient and timely communication of educational information in an environment of evolving standards and technologies. Unfortunately, travel and registration funds are limited for many hospitals and non-existent for some facilities.
Evidence that the central registry was effective in addressing the issue, concern or problem: In an effort to make educational opportunities available to a wider range of our reporters, MCR initiated a dual track series of presentations using Live Meeting (LM) technology made available to central cancer registries (CCRs) through the generosity of the CDC's National Program of Cancer Registries. These monthly hour-long presentations bring pertinent topics to reporters from across the state without the added burden of travel costs. MCR staff prepare and advertise these sessions; registrants simply log on to LM from their own computers and access the audio portion of the presentation by phone. The technology allows for written as well as oral questions and participant feedback. Handouts and evaluation forms are placed on LM for download by registrants. Topics are chosen with a particular audience in mind, hence the two-track system.   **Track I**   **Live Meeting for Electronic-reporting Hospitals** is intended to provide educational resources to registrars who abstract and report to the CCR electronically. It was launched in February 2011 with an encore performance of a presentation given at the Missouri State Tumor Registrars Association annual meeting in September 2010. Before the presentation, registrars completed a quiz – without use of manuals – to see how well they could code off the top of their heads. Items were chosen for the quiz from scenarios that MCR frequently sees as problematic. As anticipated, depending on memory instead of referring to manuals was not very accurate. This was a fun way to drive home the point that codes today are so specific that they need to be looked up. The accompanying PowerPoint presentation educated participants on some frequently misunderstood abstracting points that had been highlighted in the quiz.   In March, we took advantage of another feature of Live Meeting – the ability to share a desktop to present a live demonstration. We opened Excel with a file of dummy registry data and showed, step by step, how to use Excel Pivot Tables to summarize large amounts of complex registry data in easily-understood comparative tables, charts and reports. This will be very useful as hospital administrators and departments depend more on the cancer registry database for tracking quality outcomes, market share and resource allocation.   Registrars were very enthusiastic about learning this practical skill and were given resources for online tutorials to help them hone their own Pivot Table skills. We even had a nationally known trainer attend to learn about this topic!

Future topics for this track include: use of the expanded Class of Case codes, improving text documentation, assigning sequence numbers, demos of the MP/H rules and hematopoietic databases with tricky cases, an inside look at the death clearance process and changes to MCR's required fields and abstracting manual. The possibilities are endless!

Track II
Live Meeting for Specialized Reporters is intended to provide educational sessions tailored to the needs of low-volume hospitals, Abstract Plus users and various non-hospital facilities. The first LM session was provided in January to aid low-volume facilities by reviewing common problems that arise during case finding. The LM venue allowed more than one person at each facility to attend and it provided opportunities for questions and answers and great discussion. Future sessions will include death clearance, low-volume audits and sessions on reporting cases via Web Plus for physician offices and other freestanding cancer treatment facilities. MCR staff will also provide instruction on Abstract Plus version 3 to familiarize users with the new layout and required reporting fields.

Implications regarding this successful effort by the central cancer registry:

There have been a few bugs to work out of the system:
- IT security at some hospitals did not allow their participants to see an Internet video clip that we showed; and
- One hospital's system blocked electronic transmission we had built into a PDF evaluation form.

However, these challenges are being resolved and we learn more with every presentation. Overall, the feedback has been very positive. Attendance has increased with each presentation.

Implications and strengths include:
- The monthly format is an excellent way to provide regular enrichment and support to reporting facility staff -- our external customers.
- This frequency allows us to be more timely and responsive with our education efforts. We no longer have to "save" topics for the annual meeting of state registrars.
- Attendees may suggest topics for presentations that will meet their needs.
- Facilities with limited educational travel budgets have a new venue for training for their staff.

While we are not yet offering CEs for these presentations, we plan to explore that option in the future. We also hope to be able to post recorded sessions to our website so that others may view them.