Success Story

Name of the NPCR Program: Missouri Cancer Registry and Research Center (MCR-ARC)

Title of the Initiative, project or type of data use: Use of a fax server to decrease costs and increase data security

General timeframe (year(s) or months) during which the initiative/project/data use occurred: 2011 - 2012 and ongoing

Statement of public health issue, concern or problem: All NPCR-funded central cancer registries (CCRs) strive to have complete, timely and accurate cancer incidence data. These data are needed for multiple purposes, including public health surveillance, trend analysis, measuring disparities, reducing the burden of cancer and research. How to meet quality standards while maintaining data security and containing costs is a challenge that CCRs face.

Evidence that the use of registry data was effective in addressing the issue, concern or problem:

Death clearance and follow-back is a process CCRs use to ensure the completeness of cancer incidence data. In an effort to reduce expenses, MCR-ARC discontinued sending follow-back (including death clearance) through the US Postal Service in 2009 and switched to sending and receiving follow-back information via a secure fax machine. While this change reduced postage and paper costs, it was very labor intensive. We had to scan documents and send documents to hundreds of physicians/facilities. Staff had to stand at a fax machine and enter one fax number at a time. Entering fax numbers manually raised security concerns due to the possibility of errors in entering fax numbers.

To lower security concerns and improve workflow and efficiency by reducing the need for scanning, MCR-ARC staff wanted to discontinue use of a physical fax machine for both incoming and outgoing documents. In 2010, we attempted to use fax software (for a PC) and after several frustrating failed attempts (possibly due to the volume of outgoing faxes) requested that we be allowed to purchase our own fax server. The request was denied due to University of Missouri (MU) policies; however, we subsequently learned the University would be purchasing a secure fax server that could be utilized by many departments, including MCR-ARC. We also learned that the fax server would allow the use of multiple fax numbers; incoming faxes automatically could be placed in folders based on the type of information (long-term care facility (LTCF) reports, death clearance follow-back, physician reports, etc.) and the fax number to which it was sent. By early 2011, the MU IT department was ready for beta testers and we began implementation discussions.

Our original concept was to have four different fax numbers; however, after much testing with MU IT and internally, we chose to start with two numbers: MCR-ARC's main fax number and a separate fax number for death clearance follow-back and LTCF reporting. As with

implementation of many cancer registry processes, this one has had its share of challenges. For example, the volume and variety of users (internal and external) for MCR-ARC is significantly different when compared to a reporting facility's medical records department.   Setting up folders for routing faxes was and is a challenge because this has changed our workflow for several processes. An employee must check incoming folders and route documents to subfolders (working folders) based on the type of document. Incoming pathology reports appear as one document, which must be broken into individual path reports. A supervisor makes sure the items in the working folders are used either for a suspense database or to create abstracts. Once a document is processed, it must be moved to a different folder which indicates the work has been completed.

Implications regarding this successful use of cancer registry data:

Although this process sounds complicated, we use much less paper (outgoing faxes), do very little scanning and have reduced the need for filing cabinets. Staff can see at a glance how much processing is needed. We have minimized the security issues involved with handling hundreds of paper documents and manually entering fax numbers. We have reduced costs by using less paper and freeing up staff who were standing for hours at a fax machine or scanning and filing documents. Staff can abstract cases, search for linkages, carry out quality assurance actives or perform other tasks needed in CCR occupations.

We also get a higher return rate on follow-back requests when facilities receive a faxed request rather than a letter. If a second follow-back request needs to be sent, this can be done with less effort than is required to send a second letter or a manual fax.

In summary, costs are lowered, security is improved and more responses are received, leading to a lower percentage of death clearance only (DCO) cases and more complete cancer incidence data available for public health surveillance and other purposes.

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MCR-ARC is a NAACCR Gold-certified Registry