

2016 CANCER REGISTRY SUCCESS STORY

STORY TITLE: Results from Pilot Study: Utilizing Patient Abstract System (PAS) Data to Identify and Prioritize Ambulatory Surgery Centers (ASCs) for Cancer Reporting

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In 1993, following the enactment of [192.665-192.667](#), RSMo, the Patient Abstract System was implemented. It includes outpatient data as well as inpatient data. The outpatient data include emergency room patients, observation patients, and patients receiving invasive procedures on an outpatient basis, as well as patients receiving certain specified diagnostic procedures. The data collected since 1993 are maintained by the Department of Health and Senior Services. Since January 1, 1994, ambulatory surgical centers have also been required to report.

SUMMARY:

To meet requirements for the current 5-year funding cycle from CDC/NPCR, a collaborative effort between the Missouri Department of Health and Senior Services (DHSS) and the Missouri Cancer Registry and Research Center (MCR-ARC) was initiated to identify both hospital and freestanding ASCs not currently reporting.

- MCR-ARC requested that DHSS search the annual outpatient PAS file for a complete calendar year using variables:
 - Unique Encounter Identifier (hospital or ASC)
 - Type of Encounter (inpatient or outpatient)
 - Admission Date (Month/Year)
 - Principal Diagnosis Code (cancer codes from a list MCR provided)
 - Other Diagnosis Code(s)
 - Procedure Coding Method Used (CPT4 or ICD-9-CM)
 - Principal Procedure Code & Date (Month/Year)
 - Other Procedure Code(s) & Date(s) (Month/Year)
- DHSS aggregated and reported the results to show the total number of cancer cases by facility and also noted the type of ASC (freestanding or hospital-based surgical center)
- Facilities were ranked by volume of cases with cancer-related diagnostic codes
- MCR compared the ranked list of facilities to determine which facilities are currently reporting
- MCR prioritized the list of non-reporters and worked with those facilities to begin reporting electronically
- Web Plus was a useful tool for onboarding 24/31 of the facilities contacted in this PAS data initiative

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CHALLENGE:

Due to various challenges in staffing and funding over the past 4 years, numbers in non-hospital reporting had declined. In an effort to meet program directives for non-hospital reporting, during the current funding cycle, MCR management devised a plan to onboard more ASCs and increase reporting.

SOLUTION:

In 2016, MCR management designed a pilot study to increase non-hospital reporting of ASCs and employed a former HMI graduate to assist with the project on a part-time basis. Thirty-one facilities were identified using PAS data. Four already had reporting access in Web Plus via parent organizations. Our part-time employee focused on recruiting the remaining 27 facilities with a success rate of 74% onboard by the end of the project. Yield of new reporters, time spent and barriers encountered were recorded at each step of the process.

RESULTS:

In just 3 months' time, 6 of the 20 newly recruited facilities have already submitted 155 cases. More than 120 hours were spent by staff (25% of a PTE) contacting and recruiting facilities. The time was considered well spent because it significantly increased the number of Ambulatory Surgery Centers ready to report cases to MCR.

SUSTAINING SUCCESS:

The following lessons learned can be integrated into registry processes.

- Experience gained defined a method for identifying new ASC reporters; this method can be used to recruit other non-hospital reporters, such as Radiation Therapy facilities.
- By onboarding more non-hospital reporters who were not directly reporting cases such as colon, prostate or breast, increased numbers for electronic non-hospital cases can be achieved via the use of Web Plus.
- Repeated follow-up with facilities is required in order to maintain relationships with office staff/reporters as with most non-hospital facilities (reporters).

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