Presentation Objectives

- Identify methods to engage physicians in the quality control of the cancer registry
- Develop a reporting calendar
- Discuss quality control form, its attributes and the process for abstract review

Northside Hospital Cancer Institute (NHCI) CoC Program

- Comprehensive Community Cancer Program
- Recipient of Outstanding Achievement Award
- Approximate number of 2013 analytic cases: 7,200
- Provides all types of services available across Georgia including bone marrow transplant and palliative services
Customer Service

Service Excellence

• Ultimate Customer: Patient
• Primary Customers:
  – Physicians
  – Administration
  – Commission on Cancer
  – State Central Registry
  – SEER

Serving the patient through quality improvement

Fundamentals

• Take Time to Network with Physicians
  – Consider how busy physicians are
  – Introduce yourself
  – Attend conferences consistently and get to know the physicians who attend
  – If physicians do not attend conferences, identify other meetings where you might connect
  – Offer your business card and be ready to receive their contact information

Smile
Assist Physicians

- Go above & beyond in a *timely* manner
  - Data Requests
  - GAP Protocol Review
- Become acquainted with various staff and departments
- Be available to assist as needed

Right Place, Right Time

- Opportunities present themselves when least expected
  - Develop a QI study from a cancer conference question
  - Expand on the conversation started in the hallway about molecular testing as a quality metric
- Create opportunity: introduce yourself to new physicians
- Help others and they will help you

Choosing the Appropriate Physician

- Invite physicians to participate according to the nature of the project
  - If physician buy-in is necessary for a Cancer Committee study, work with a key member
  - If embarking on a surgical study, choose a surgeon
  - If two physicians are to collaborate on a project, ensure they can succeed together
- Spread the wealth
- Be aware of the political climate
- Adjust to minor imperfections and quirks
Participation-> Declined

- Physicians may want to assist but lack:
  - Time
  - Relationship with registry staff
  - Interest
  - Understanding of project
  - Monetary incentive
- Explore creation of hospital policy or amendments to professional agreements where physicians engage in abstract review

Demonstrate Appreciation

- Appreciate those physicians who assist the registry
  - Thank you note, even if via e-mail
  - Favorites: candy bar, coffee
- In accordance with facility policy, give a token of appreciation for large or ongoing projects
- Provide recognition at cancer committees, annual report, website.

Calendar Year Reporting

- Hospitals tend to function in fiscal year calendar
- Create a monthly quality reporting calendar to meet CoC calendar year requirements
- Designate an owner to ensure on-time reporting to Cancer Committee
- Place all cancer committee meetings, subcommittees, work groups, and task group meetings on calendar so reporting flows up to Cancer Committee
Calendar Milestones for Quality

• CoC Liaison reporting (Minimum 4 X Year)
  – Reporting of CP3R/RQRS, survival statistics and hospital benchmark data
• Cancer Quality Improvement Program (CQIP) data
• NCDB submittal and accuracy
• NCDB completeness
• Quality Improvement Studies
• Treatment Guidelines Review
• Physician Abstract Review

Cancer Registry Quality Coordinator

• Responsible for monitoring the quality of the registry data
• Reports to Cancer Committee at least annually
• Recommends corrective action if activity falls below annual goals or requirements
• Cancer registrar, who is abstracting, can be selected to fill this role.
• Physicians are also able to fill this role, and CTR can serve as alternate.

Alternates

• Each alternate:
  – Should be assigned at beginning of each year
  – Cannot be selected from the required members
  – Fills only 1 role on Cancer Committee
  – Can be selected from staff who perform work in the cancer program but are not necessarily a member of the Cancer Committee
Registry Quality Control Plan

- Annually evaluate the quality of cancer registry data and activity
- Plan includes procedures to monitor and evaluate each component
- Recommend approval from Cancer Committee at beginning of calendar year
- Document results, recommendations, and outcomes of recommendations in the Cancer Committee minutes or other program-approved sources

Data: Physician Review of Abstracts

- The facility type determines the number of cases to be reviewed: 10% of analytic load or 300 maximum
- The areas reviewed for accuracy of data are:
  - Class of case
  - Primary site
  - Histology
  - AJCC Stage
  - Collaborative Stage
  - First course of treatment
  - Follow-up information (date of 1st recurrence, type of first recurrence, and cancer status)

Set the Stage for Success

- Ensure that physicians understand:
  - objective and parameters
  - time commitment
  - how to perform the task
- Make process as simple as possible
- Avoid bait and switch
- Remind the physician of the project commitment from time to time until work is ready to begin
Starting the Abstract Review Process
• Develop the review form
  – Form should be approved at Cancer Committee to ensure transparency
• Identify the multidisciplinary, physician team to review abstracts
  – Cancer Committee membership not required
• Establish viable schedule
• Provide training materials or training session for physicians new to the process

Selecting Cases for Review
• Establish process for choosing cases randomly which represent various primary sites and stages
  - Excel can randomize
• CoC does not mandate which cases must be reviewed
• NHCI utilizes top 5 sites (represents 61% of caseload)
• Include surgical patients seen at your facility if incorporating CAP review

Document Packets
• Compile the document packets
• Include, as applicable
  – Cover sheet with registry contact information
  – Deadline
  – Instructions (abstract review & CAP compliance)
  – Abstract review form
  – Medical record documents
  – Visit history listing
  – Registry abstract
Ongoing Process

- Deliver packets to physicians
- Meet one-on-one with new reviewers
- Check in with physicians within two weeks
- Collect the packets

Pitfalls:
- Some physicians eager to help but do not participate or complete partial review
- Some work is inaccurate
- Reassess physician team

NHCI Quarterly Review

- Physicians review 75 cases each quarter
- Month 1: Registry compiles packets
- Month 2: Physician reviews documents
- Month 3: Packets returned; data compiled; abstracts updated

Summary/Analysis:
- Maintain a spreadsheet with cases reviewed, the evaluated fields, stage, physician assigned, date sent, date returned, abstractor initials, and errors
- Formula tallies up all the errors
- Able to filter by abstractor review the errors

Corrections

- Evaluate errors identified by physicians
  - Follow the standard setters’ rules
  - If discrepancy, contact physician or resend case in the next batch they receive
- Evaluate the abstractor errors to determine if there is a pattern
  - Run additional reports if needed to further clean up data
  - Re-educate each abstractor
  - If several abstractors have an issue, develop an in-service to address this issue
- Continue to audit to ensure problem is resolved
Transition from Paper to EMR

- Without a paper chart, a revised abstract review process necessary
- Initially physicians reviewed charts in the EMR, but:
  - Unable to locate necessary documents
  - Patients had multiple visits/encounters
- Then registry printed the EMR relevant documents and attached custom abstract to review form
- Custom abstract difficult to read

NHCI Obsolete Review Form

Mail Merge

- Decision to eliminate custom abstract and merge data elements on to abstract review form.
- Developed 5 forms, one for each top site:
  - SSFs are different for each primary site
  - CoC Liaison determined which Site Specific Factors (SSF) to include
- Data elements merged onto the abstract review form
- Only cases chosen for review were printed
NHCI Physician Mail Merge Review Form

Analysis

Data Summary & Analysis
- Summarize results and conduct analysis
- Report results annually to Cancer Committee or other appropriate sub-committee
  - Report results more often if there is a significant abstracting issue and document plan for improvement
  - Ensure minutes are clear, easily understood, and address standard
- Share results with staff
- Maintain documents in accordance to registry policy
Mail Merge: Project Satisfaction

- Physicians expressed satisfaction with the revised form and updated process
- Cleaner, streamlined
- Physicians more engaged
- Initial increase in number of abstracting errors
- Abstracting staff became more engaged as well and errors decreased
- Overall, the process was well worth the time and effort

Conclusion

- Engage physicians in quality-related projects by using the fundamentals of networking
- Identify the most appropriate physicians for the projects and ensure they are recognized for their efforts
- Develop a reporting calendar to ensure that the deadlines are met
- Implement a quality control form which includes the necessary review items
- Develop a process to ensure timely and complete review of the abstract

Questions?