Collaborative Staging: Identifying Common Coding Discrepancies

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Objectives

- Review the accuracy rates for selected CS fields from the major cancer sites
- □ Identify problem areas
- □ Focus on improvement efforts
- Re-evaluate data items not previously meeting the 97% accuracy rate

Background

- □ The CCR has a 97% accuracy rate for 19 data items
- CCR required CS fields: All CS fields except the CS Evaluation fields
- Feedback provided to abstractors January June 2005
- Accuracy rates for the required CS fields became effective July of 2005

Background

- □ Sites Reviewed for CS fields in 2006:
 - Breast
 - Colon
 - Lung
 - Prostate
 - Melanoma
 - All Sites Combined

Breast

□ All CS fields met the 97% accuracy rate

CS Data Items Below 97%

- □ Colon:
 - CS Extension
 - CS Lymph Nodes
- □ Lung
 - CS Tumor Size
 - CS Extension
 - CS Lymph Nodes
 - CS Mets at Diagnosis

□ Melanoma

- CS SSF 1 Breslow's thickness, depth measurement
- □ Prostate
 - CS Extension
- All Sites Combined
 - CS Extension

Collaborative Staging Investigation (CSI) Begins!

Launch CS Data Mining Project

CS Data Mining Project

- □ Time Period: January July, 2006
- Generate cross tabulation reports, original CS code versus CS recode by the visual editor
- Identify the common CS coding errors for the following fields:
 - □ Colon
 - CS Extension
 - CS Lymph Nodes
 - □ Lung
 - CS Tumor Size
 - CS Extension
 - CS Lymph Nodes
 - CS Mets at Diagnosis

CS Data Mining Project

- Identify the common CS coding errors for the following fields (continued):
 - □ Melanoma
 - SSF 1 Breslow's Thickness, Depth of Invasion
 - □ Prostate
 - CS Extension

CS Data Mining Project

- For each CS data item below 97%, the DSQC unit "investigators" examined significant number of cases
 - Reviewed the original code
 - Reviewed the Visual Editor's recode
 - Reviewed why and how the discrepancy was made

Common Coding Discrepancies: Colon - CS Extension (N=619)

- \square 182 (29%) were originally coded to 40
 - \square 113 (62%) were recoded to 45
 - \square 27 (15%) were recoded to 50
- \square 61 (10%) were originally coded to 45
 - \square 26 (43%) were recoded to 40
- \square 44 (7%) were originally coded to 10
 - \square 11 (25%) were recoded to 99
 - □ 17 (38%) were recoded to a code in the 11 16 range (polyps)

Common Coding Discrepancies: Colon - CS Extension

- □ Problems identified:
 - Not coding to furthest documented extension
 - Miscoding documented extension
 - Coding "known" instead of "unknown"
 - Not capturing invasion in polyps
 - Confusion regarding terminology (nonperitonealized pericolic adipose tissue vs pericolic fat; subserosa vs serosa; invades vs confined to, etc)

Common Coding Discrepancies: Colon - CS Extension

- CS Extension codes 40 and 45 differ in Summary Stage
 - Code 40 = T3, Localized
 - Code 45 = T3, Regional

Common Coding Discrepancies: Colon - CS Lymph Nodes (N=287)

- 106 (37%) were originally coded to 10
 91 (86%) were recoded to 30
- 64 (22.3%) were originally coded to 00
 47 (73%) were recoded to 99
- 63 (21.9%) were originally coded to 20
 49 (78%) were recoded to 30
- □ 19 cases were submitted with code 99 (05%) of these were readed to 00
 - $\square \quad (95\%) \text{ of these were recoded to } 00$

Common Coding Discrepancies: Colon - CS Lymph Nodes

- Problems identified:
 - Appropriate use of code 10 versus code 30
 - Coding when there is no work up documented
 - Inappropriate application of the inaccessible site rule

Common Coding Discrepancies: Lung - CS Tumor Size (N=391)

- 124 (31%) cases originally coded to 999, recoded to specific tumor sizes
- 100 (25%) cases orginally coded as specific tumor sizes and were recoded to 999
- 20 (5%) cases originally coded to 060, recoded to another specific code

 $\square \quad (11 \text{ were recoded to } 999)$

19 (5%) cases were recoded from 030 to another specific code

Common Coding Discrepancies: Lung - CS Tumor Size

- Problems Identified:
 - Coding 999 when multiple tumors are identified
 - Coding 999 when no tumor is seen or identified instead of 000 (No tumor identified)
 - Coding the size of paratracheal, mediastinal and hilar masses and not the primary tumor
 - Not applying the Note in CS Manual, Lung CS Tumor Size: Do not code size of hilar mass unless primary is stated to be in the hilum.
 - Not coding what is documented

Common Coding Discrepancies: Lung – CS Extension (N=1,156)

\square 179 (15%) cases recoded from 99 to another code

- \square 60 cases (34%) recoded to 10
- \square 36 cases (20%) recoded to 72

\square 141 (12%) cases recoded from 10 to another code

- \square 28 cases (19%) recoded to 45
- \square 28 cases (19%) recoded to 72
- \square 22 cases (15%) recoded to 65
- \square 101 (9%) cases recoded from 70 to another code
 - □ 18 (18%) recoded to 72

Common Coding Discrepancies: Lung – CS Extension

- Problems identified:
 - Confusion: Extension vs. metastatic disease
 - Not coding to furthest documented extension
 - Not coding separate tumor masses in same lobe

Common Coding Discrepancies: Lung – CS Lymph Nodes (N=638)

\square 158 (25%) cases recoded from 20 to another code

- \Box 79 cases (50%) recoded to 60
- □ 36 cases (23%) recoded to 99
- \square 24 cases (15%) recoded to 00
- \square 146 (23%) cases recoded from 00 to another code
 - \square 63 cases (43%) recoded to 20
 - □ 53 cases (36%) recoded to 99

 \square 127 (20%) cases recoded from 99 to another code

- \Box 56 cases (44%) recoded to 20
- \Box 53 cases (41%) recoded to 00

Common Coding Discrepancies: Lung – CS Lymph Nodes

- Problems identified:
 - Not coding contralateral and/or bilateral hilar or mediastinal lymph nodes, OR scalene or supraclavicular lymph node involvement
 - Not coding regional lymph node involvement

Common Coding Discrepancies: Lung – CS Mets at Diagnosis (N=728)

\square 231 (32%) cases recoded from 00 to another code

- \square 66 cases (29%) recoded to 40
- □ 60 cases (26%) recoded to 99
- $\square \quad 43 \text{ cases (18\%) recoded to 35}$
- \square 142 (20%) cases recoded from 50 to another code
 - $\square 122 \text{ cases (86\%) recoded to } 40$
- \square 115 (16%) cases recoded from 40 to another code
 - \square 35 cases (30%) recoded to 99

Common Coding Discrepancies: Lung – CS Mets at Diagnosis

- □ Problems identified:
 - Confusion: Extension vs. metastatic disease
 - Coding bilateral pleural effusion
 - Coding distant LNS + distant mets without documentation of distant met involvement
 - Ambiguous terminology used to describe possible metastasis

CS Manual, Melanoma SSF # 1 Codes & Descriptions

Code	Descriptions
000	No mass/tumor found
001-988	0.01 -9.88 millimeters
	Code exact measurement in HUNDREDTHS of millimeters
	Examples:
	Code Measured Thickness (in path report)
	001 0.01 millimeters
	010 0.1 millimeter
	100 1 millimeter
989	9.89 millimeters or larger
990	OBSOLETE see Code 999
999	Microinvasion; microscopic focus or foci only; no size given
	Not documented in patient record, Unknown; measured thickness not stated

Common Coding Discrepancies: Melanoma – SSF 1 (N=543)

- □ 99 cases originally coded to 000
 - □ 94 were recoded to 999
 - **5** were recoded to other specific depths
- □ 39 cases originally coded to 999
 - \square 21 were recoded to 000
 - □ 18 were recoded to other specific depths
- □ 27 cases were recoded from 004 to another specific depth
 - $\square \qquad 19 \text{ were recoded to } 040$
 - $\square \qquad 4 \text{ were recoded to } 400$
 - \square 3 were recoded to other specific depths
 - $\square \qquad 1 \text{ was recoded to } 999$
- □ 19 cases were recoded from 002 to another specific depth
 - $\square \qquad 11 \text{ were recoded to } 020$
 - $\Box \qquad 5 \text{ were recoded to } 999$
 - \square 3 were recoded to other specific depths

Common Coding Discrepancies: Melanoma – SSF 1

- Problems identified:
 - Incorrect conversion of the Breslow's depth documented in the path report
 - 99 cases coded to 000 (no tumor identified) when the melanoma behavior was in-situ
 - Not coding what is documented on the abstract
 - Coding Breslow's depth in CS Size and the tumor size in SSF #1
 - Not taking the deepest measurement
 - Inappropriate application of code 000 and 999

Common Coding Discrepancies: Prostate – CS Extension (N=1,333)

- 1009 (75.6%) were issues involving the use of codes 10 30
- 178 (13.4%) were issues involving the recode of codes 41-99 to other codes
- 146 (11%) were visual editing back-log issues in 2 regions. (These issues involved the obsolete codes 31, 32 and 33 – now corrected)

Common Coding Discrepancies: Prostate – CS Extension

- \square 463 (35%) were originally coded as 15
 - \square 243 (52%) were recoded to code 30
 - \square 70 (15%) were recoded to code 23
- \square 123 (9%) were originally coded as 23
 - \square 43 (35%) cases were recoded to code 15
 - \square 33 (27%) cases were recoded to code 30
- \square 102 (8%) were originally coded as 20
 - \square 47 (46%) cases were recoded to code 15
 - \square 22 (22%) cases were recoded to code 21
 - \square 20 (20%) cases were recoded to code 23

Note: Of the 352 discrepancies identified in codes 20-24, 140 of these were recoded to another code in the 20-24 range.

Common Coding Discrepancies: Prostate – CS Extension

- □ Problems identified:
 - Determining Clinically Apparent and Inapparent Terms
 - Difficulty coding cases when there IS a DRE and/or US
 - Not coding text documentation

Conclusions

- □ Most discrepancies were simple in nature
 - Abstractors not coding what is documented on the abstract
 - Abstractors not reading the notes in the CS Manual
 - Incorrect placement of the decimal (melanoma depth measurement)
- Additional focused training could significantly improve accuracy rates

Recommendations

- Provide feedback to registrars on these data items to increase accuracy rates
- Utilize discrepancy "comment" area during visual editing
- Encourage regional registries to use reports to review areas that need additional clarifications/training

Quality Improvement Actions Taken

- Developed Site Specific Training Modules posted on the CCR web site: <u>http://www.ccrcal.org</u>, under Registrar Training
- Focus on the Most Common Coding
 Discrepancies for the CS fields for colon,
 lung, melanoma and prostate, in which the
 97% accuracy rate was not met

Quality Improvement Actions Taken

- □ Each Site Specific Training Module Includes:
 - Background Information
 - Statistics
 - Examples
 - Coding Reminders
 - Quiz
- □ CEU credit obtained for each Module

Quality Improvement Actions Taken

- Promote the availability of the training modules
- Leave the CS Training Modules up for 6 months
- Assess Training Module Usage

Follow Up

- Review the accuracy rates for the problematic
 CS fields
- Focus on discrepancies involving specific codes again
- Assess if more training and education is still required for specific sites and fields

Summary

- Conducted an in-depth review of common coding discrepancies for CS fields below 97% for the major sites
- □ Identified common discrepancy themes
- Developed focused, site specific training modules
- Re-evaluate the accuracy rates of these fields in the Fall of 2007

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