A Missouri Model for Batch Audit Quality Assessment

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Background: Case-finding and re-abstracting audits are labor-intensive and expensive.
Budget constraints are forcing central cancer registries (CCRs) to rethink audit processes.
Purpose: Develop and evaluate a new educational audit method.

Methods

- We chose quality criteria for which CCR staff could gather data from abstract-level records submitted by facilities for year of first contact 2009-10
- We limited our analysis to records with Class of Case 10-14 since facilities have most control of processes for these cases
- We generated a table of specific data quality criteria for each facility
- The goal was a minimal number of unknown, unusual, improper or non-specific codes
- The table showed facility percent compliance with each criterion and compared each result to results for combined Missouri facilities
- Audited hospitals also received a document that outlined the basis for the analysis and offered references to coding manuals. We also provided suggestions for process improvement initiatives for specific criteria

Results

- Registrars took seriously the opportunity to improve quality processes.
- Many wanted to identify and fix specific cases; we encouraged them to run and analyze their own extracts to uncover poorly coded cases beyond those in our audit.
- Administrators missed having a final statement of pass/fail but were encouraged to dialogue with their registrars on process improvement (e.g., availability of patient ethnicity data).
- Even facilities with no significant deviation from the norm could see areas where they, along with their peers statewide, could improve (e.g., unknown ethnicity at 17% statewide).
- Missouri Cancer Registry staff could see areas of need for continued training and subsequently developed and presented a Live Meeting on melanoma surgery codes.

Discussion/Conclusions

Batch quality assessment is a novel and successful method for auditing registry data using specific quality criteria that can complement traditional audit tools. For CCRs, it is less expensive than traditional case-finding and re-abstracting audits. For reporting facilities, each facility can expand results in a self-directed assessment or refine their own processes to improve data quality. Ideally, batch audits would complement but not replace traditional audits.

Audit Criteria

Percentage of cases with:

1. Unknown demographics: race, ethnicity, sex, county at dx
2. Non-specific histology despite pathologic confirmation
3. Non-specific primary site: unknown or ill-defined
4. C80.9 or C76._ with known grade
5. Use of selected over-ride flags
6. Melanoma not coded to skin or eye
7. Bladder cancer: improper grade codes
8. Total thyroidectomy without hormone therapy
9. Brain surgery lobectomy codes: used in 2010 only
10. Non-specific surgery codes: colon, breast, prostate, skin
11. Breast cases without ER/PR results
12. Prostatectomy but pathologic extension unknown

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