



## BACKGROUND:

- Diagnosis and management of cancer is occurring more frequently in outpatient settings;
- Inconsistent reporting by non-hospital (outpatient) entities prompted NHSCR to focus on capturing underreported cases.
- CDC-NPCR requires states to increase physician reporting by 10% each year for physician specialties, as well as reporting from Surgery Centers, Nursing Homes and Hospice facilities.

## PURPOSE:

- Increase overall cancer reporting by non-hospital sources and meet NPCR's standard of 10% increase or more per year.

## METHODS

### PHYSICIANS

- A letter detailing the importance of reporting cancer cases to the NH State Cancer Registry was sent to specialty practices in New Hampshire.
- Practice contact information, reporting methods, pathology labs used, hospital affiliations and EHR utilization were collected. (Table 1)
- Through discussions with each practice, we identified their preferred mode of reporting.
- Subsequently, we ensured cancer reporting was implemented by tracking physician reporting.
- On-site audits were performed, beginning with the largest practices serving the state.

### HOSPICE FACILITIES

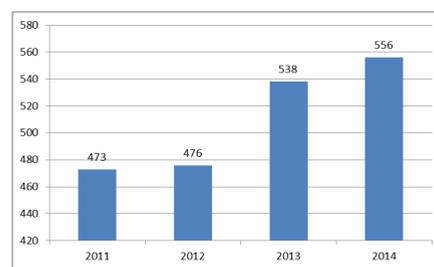
- Presented at a meeting of NH Hospice Administrators to ask for assistance in reporting cancer cases to the NHSCR.
- One of the attendees agreed to send their facility's data to NHSCR.
- It consisted of admissions in 2014 with a cancer diagnosis.
- We compared their patient list against our registry to identify missing cancers.

## RESULTS

### PHYSICIAN REPORTING

- Some physicians retrospectively submitted cases starting with year 2013.
- Cancer reporting directly from physician offices increased (see Figure 1)
  - 13% from year 2012 (n=476) to year 2013 (n=538)
  - 3.3% the next year (n=556)\*
  - Average 8.2% from year 2012 to year 2014 thus far
- Reports from other facilities are expected, and we anticipate a growing trend in non hospital reporting in future years.
- \*Since diagnosis year 2014 is not complete yet, we anticipate those figures to increase.

**FIGURE 1. NUMBER OF PHYSICIAN CASES REPORTED DIRECTLY FROM PHYSICIAN OFFICE\***



\*Does not include physician-only cases reported by hospital registries or those identified by pathology review.

**TABLE 2. PHYSICIAN REPORTING AFTER IMPLEMENTATION OF PHYSICIAN OUTREACH.**

	Dermatology		Urology		Gastroenterology	
	No.	%	No.	%	No.	%
Previously reporting	51	81.0	51	67.1	78	95.1
New reporting*	10	15.9	0	0.0	1	1.2
No longer practicing	2	3.2	5	6.6	3	3.7
Not reporting as of 2014**	0	0.0	20	26.3	0	0.0
Total	63	100.0	76	100.0	82	100.0

\*Does not include new physician-only cases reported by hospital registries or those identified by pathology review.

\*\*The 20 urologists are from two large urology practices. Contact has been made and we are awaiting reports.

## FUTURE STEPS

- Ongoing identification of new physicians via NH Board of Medical Examiners and Hospital Medical Staff Services Departments.
- Encourage other specialties to report.
- Target ambulatory surgery centers.
- Continue efforts with hospice reporting.
- Implement reporting by nursing homes.

## DISCUSSION

- Overall, results have been positive; we have experienced infrequent pushback and noncompliance.
- Everyone has been cooperative and willing to comply with cancer reporting, although detailed documentation of the legal requirements was occasionally needed to encourage reporting.
- Perseverance, communication and education have been helpful in these cases.
- We have continued with outreach including the dissemination of quarterly newsletters, educational talks to physician practice group meetings, and site visits for audit and educational purposes.
- Note that the 2014 cases are not technically reportable until 6 months (180 days) after diagnosis, so these findings are preliminary. It is possible that "missed" cases will in fact be reported to us later through conventional channels but it should be noted that NH law requires a rapid report within 45 days of diagnosis.

## ACKNOWLEDGMENTS

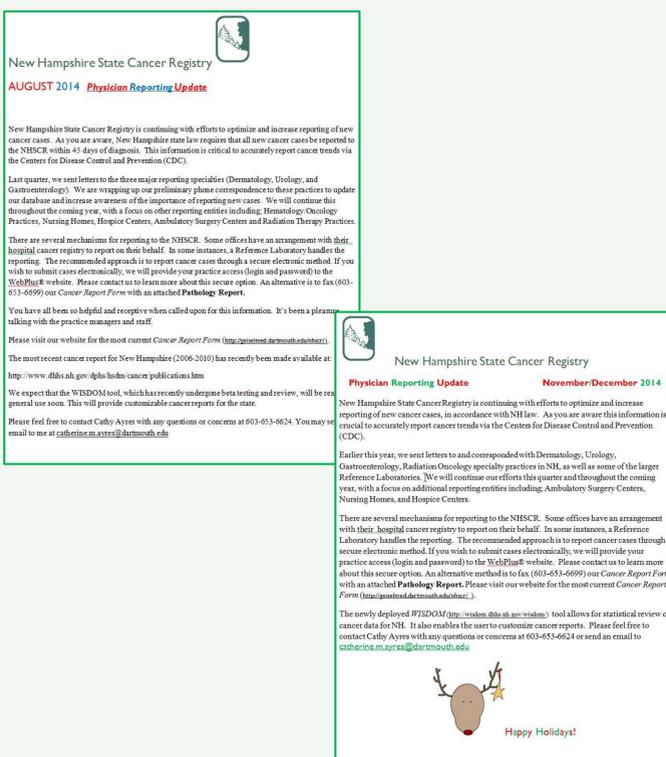
We acknowledge the Centers for Disease Control (CDC) and Prevention's National Program of Cancer Registries for its support of NHSCR. Development of this project was supported in part by cooperative agreement U58/DP003930 awarded to the NH Department of Health and Human Services (NH DHHS), Division of Public Health Services, Bureau of Disease Control and Health Statistics, Health Statistics and Data Management Section. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or NH DHHS.

We thank NH physician office reporters for diligence in assisting with reporting cancer cases. We also acknowledge the staff of NHSCR for abstracting and data collection efforts.

**TABLE 1. NUMBER OF TARGETED PHYSICIANS BY SPECIALTY.\***

Physician Specialty	No.	%
Gastroenterology	82	25.0
Urology	71	21.6
Dermatology	63	19.2
Radiation Oncology	22	6.7
Hematology	16	4.9
Hematology/Oncology	30	9.1
Medical Oncology	32	9.8
Gynecology/Oncology	5	1.5
Radiation Therapy	1	0.3
Surgical Oncology	1	0.3
Total	328	100.0

\*Physician licensing information from NH Board of Medicine as of 12/31/2013 (<https://www.nh.gov/medicine/>)



New Hampshire State Cancer Registry  
AUGUST 2014 Physician Reporting Update

New Hampshire State Cancer Registry is continuing with efforts to optimize and increase reporting of new cancer cases. As you are aware, New Hampshire state law requires that all new cancer cases be reported to the NHSCR within 45 days of diagnosis. This information is critical to accurately report cancer trends via the Centers for Disease Control and Prevention (CDC).

Last quarter, we sent letters to the three major reporting specialties (Dermatology, Urology, and Gastroenterology). We are wrapping up our preliminary phone correspondence to these practices to update our database and increase awareness of the importance of reporting new cases. We will continue this throughout the coming year, with a focus on other reporting entities including: Hematology/Oncology Practices, Nursing Homes, Hospice Centers, Ambulatory Surgery Centers and Radiation Therapy Practices.

There are several mechanisms for reporting to the NHSCR. Some offices have an arrangement with their hospital cancer registry to report on their behalf. In some instances, a Reference Laboratory handles the reporting. The recommended approach is to report cancer cases through a secure electronic method. If you wish to submit cases electronically, we will provide you practice access (login and password) to the WebPath® website. Please contact us to learn more about this secure option. An alternative is to fax (603-653-6699) our Cancer Report Form with an attached Pathology Report.

You have all been so helpful and receptive when called upon for this information. It's been a pleasure talking with the practice managers and staff.

Please visit our website for the most current Cancer Report Form (<http://www.nhscr.org>).

The most recent cancer report for New Hampshire (2006-2010) has recently been made available at: <http://www.dhhs.nh.gov/dhhs/inform/cancer/publications.htm>

We expect that the WISDOM tool, which has recently undergone beta testing and review, will be general use soon. This will provide customizable cancer reports for the state.

Please feel free to contact Cathy Ayres with any questions or concerns at 603-653-6624. You may email to me at [catherine.m.ayres@dartmouth.edu](mailto:catherine.m.ayres@dartmouth.edu)

New Hampshire State Cancer Registry  
Physician Reporting Update  
November/December 2014

Earlier this year, we sent letters to and corresponded with Dermatology, Urology, Gastroenterology, Radiation Oncology specialty practices in NH, as well as some of the larger Reference Laboratories. We will continue our efforts this quarter and throughout the coming year, with a focus on additional reporting entities including: Ambulatory Surgery Centers, Nursing Homes, and Hospice Centers.

There are several mechanisms for reporting to the NHSCR. Some offices have an arrangement with their hospital cancer registry to report on their behalf. In some instances, a Reference Laboratory handles the reporting. The recommended approach is to report cancer cases through a secure electronic method. If you wish to submit cases electronically, we will provide you practice access (login and password) to the WebPath® website. Please contact us to learn more about this secure option. An alternative method is to fax (603-653-6699) our Cancer Report Form with an attached Pathology Report. Please visit our website for the most current Cancer Report Form (<http://www.nhscr.org>).

The newly deployed WISDOM (<http://www.wisdom.dhhs.nh.gov/wisdom>) tool allows for statistical review of cancer data for NH. It also enables the user to customize cancer reports. Please feel free to contact Cathy Ayres with any questions or concerns at 603-653-6624 or send an email to [catherine.m.ayres@dartmouth.edu](mailto:catherine.m.ayres@dartmouth.edu)

Happy Holidays!