Improving Cancer Reporting from Small and Rural Hospitals

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Background

The Alabama Statewide Cancer Registry was established in 1995 by the Alabama Department of Public Health in response to state law (Act 95-606) to increase the number of patients diagnosed with cancer in Alabama. The American Cancer Society projected that 26,200 new cancer cases would be diagnosed in Alabama in 1996. Through great effort, the ASCR’s central casefinding and tracking database was established in 1995. The CFA met with hospital directors of the small and rural hospitals to complete cancer case abstraction.

Process Concerns

- **Cost:** Reduction of funding. Increased cost of travel (trains, mileage, food).
- **Efficiency:** Long time to retrieve patient documentation.
- **Timeliness:** Delay in cancer abstraction due to casefinding activities and extensive travel.
- **Quality:** Missed cases due to volume of paperwork and travel staff time.
- **Monitoring:** Difficulty to track case status (abstracted, reportable and non-reportable).

Small and Rural Hospital Process

- **Casefinding:** Small and rural hospitals submit casefinding information (path reports, EKGs, other documents not already listed).
- **CFA processing and importation:** Exported files were sent to ASCR Cancer Registries (NAACCR) for processing and importation into CRS Plus.
- **Abstracting:** CFA completed full abstracts with abstract data into Web Plus with a display type containing minimum coding fields but all the text fields.

Process Improvement Goals

- Minimize paper abstraction
- Minimize paper follow-up
- Minimize travel
- Minimize time to retrieve patient and supporting documentation
- Take notes and abstract these cases

Results and Conclusions

- **Phase 1 – Years 1995 to 2007:** The CFA was assigned to complete dual roles, 1.) as an Auditor and 2.) as an Abstractor. The CFA would complete abstractions on-site if a small number of cases were identified. For larger caseloads, the CFA would make copies of all supporting documentation, take notes, and abstract these cases at their registry office.
- **Phase 2 – Years 2008 to 2012:** Where Web Plus became available in 2007, the CAFAs quickly adapted this new system and modified processes to reduce each CFA's travel and workload. The CFA completed full abstracts with abstract data into Web Plus.
- **Phase 3 – Years 2013 to Present:** The CFA was no longer required to travel to complete case abstraction. The CFA reviewed the hospital's submitted documentation and notified the hospital of the audit. The new process allows the CFA to focus on obtaining reportable cases.

For More Information

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