Penalties and Incentives: Impact on Completeness and Accuracy of Data

New Jersey Department of Health and Senior Services
NAACCR 2004
Salt Lake City
Cancer Reporting Legislation

- Dates to late 70’s
- Cancer Mortality Atlas – Mason/McKay
  - Environmental interests
- Required reporting of all cancers
  - Included physician reporting
  - Timeliness provisions
  - Included collection of data for epidemiologic studies
  - Confidentiality of reports/non-liability for data sources
Characteristics of Initial Legislation

- Necessary, but not sufficient
- Provided Authority
- Unfunded mandate
  - Lack of hospital resources and qualified personnel
  - Penalized compliant facilities, rewarded non-compliant facilities
- Did not keep pace with improved education and technology
- Climate did not permit change
The Perfect Storm

- Public Scrutiny Demanded Change
- Wish List Prepared
  - Substantial penalties for non-reporting
  - Penalties directed to Registry for additional resources
  - Qualified personnel necessary to collect data
    - CTR’s
Penalties – Some Points

- Up to $1,000/day if not electronic (1996)
- Up to $500 per unreported case (1998)
- Penalties directed to the Registry
- Audits are mentioned
- 30 days to report delinquent cases
- NJSCR can act as registrar - but then HCF pays for services
Informed health care facilities of change in regulations
Specialized letters sent to 12 facilities stating that they were about to be fined
Fines ranged from $2,600 to $82,000
9 complied
Timeliness of reporting improved
Timeliness of Case Reporting

Year of Diagnosis


Percent of Cases

0% 20% 40% 60% 80% 100%

- 4+ Years
- 2-3 Years
- 1-2 Years
- 7-12 Months
- 0-6 Months

0% 20% 40% 60% 80% 100%
New Jersey State Cancer Registry
Timeliness of Case Reporting, 1991-2002

Percent of Cases Reported Within

Year of Diagnosis


Over 48 months
37-48 months
25-36 months
13-24 months
7-12 months
1-6 months
New Jersey State Cancer Registry
Timeliness of Reporting by Hospitals
Reporting Over 1,000 Cases in 2002

Percent of Cases Reported Within

0-6 mo. 7-12 mo. 13-18 mo. 19-24 mo.

Hospital A

Hospital B

Hospital C

Hospital D

Hospital E

Hospital F

Hospital G

Hospital H

Hospital I

Hospital J

Hospital K

Hospital L

Hospital M

Hospital N

Hospital O

Hospital P
Any REAL teeth?

- Imposed penalties on two facilities- 2002, 2003
- Fines have been for less than full amount
- Collected $17,500
- $60,600 still in legal system, negotiations for $30,300 declined by NJDHSS-holding out for full amount
Timeliness and Activists

- Change to our law requiring us to issue reports 18 months after close of diagnosis year
  - 2002 data should be published by July 1, 2004
Penalties and Incentives used in NJ

- For timeliness
- For Completeness
- Under development for data quality (incentives)
The Incentive Program

- Awards given in recognition of hospitals who meet all requirements for timeliness and completeness according to protocol.
- A Certificate is issued to each of the winning facilities and they are recognized during the State Association’s annual meeting.
- Has been in place for 3 years
- An average of 25 hospitals participate
Our Concerns

- **Data Quality**
  - For Cases submitted by facilities that received Awards for Timeliness & Completeness
  - For Cases Submitted by facilities that received violation notices and were about to be penalized

- **Are there problems with data quality from these 2 sets of facilities?**
What Did We Examine?

- Data Quality
  - 20 Award Hospitals
  - 12 “Potential Fine Hospitals”

- GENEDIT
  - 24 Variable including: address at diagnosis EOD fields, seer summary stage, histology, behavior and treatment fields
## The Details

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<thead>
<tr>
<th>20 Award Hospitals</th>
<th>12 Non-award Hospital</th>
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<tbody>
<tr>
<td>- 1,559 cases</td>
<td>- 2,543 cases</td>
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<tr>
<td>- Submitted within 30 days of protocol deadline</td>
<td>- Submitted within 30 days of receiving potential fine</td>
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<td>Completeness: Greater than 95% of cases were reported within 6 months of diagnosis</td>
<td>Completeness: Failure to report delinquent cases found on case finding audit</td>
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<tr>
<td>Cleanliness: Data assessment via Gen-Edits</td>
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What We Found

**AWARD HOSPITALS:**
- 0.6% Error Rate
- Specific Problem Areas
  - EOD
  - Ext., site
  - Lymph node involvement
- Summary Stage
- Site/Morphology

**NON-AWARD HOSPITALS:**
- 2% Error Rate
- Specific Problem Areas
  - EOD
  - Ext., site
  - Lymph node involvement
- Summary Stage
- Site/Morphology
Issues

- Were 9’s Over Utilized?
  - Unclear, although 2 of the Non-Award Facilities appeared to over utilize 9’s in EOD fields

- Unknown Quality and Quantity of Text Submitted

- We only visually edited those cases that showed errors
In Conclusion

- Data Quality Does Not Appear to Be Compromised
- CTR Requirement Impacts Data Quality
- Penalties are effective in improving timeliness and completeness
- Continue to Provide Educational Programs to Strengthen Coding Skills
- Continue to Explore the Possibility of Introducing a Data Quality Component to the Award Program