

## 12 - Month Data The Journey from 0 to 90%

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## 12-Month Data The Journey from 0 to 90%

The Phases of our Journey

- The Mainframe
- The Conversion
- The Goal
- Concurrent Consolidation
- Today
- Tomorrow

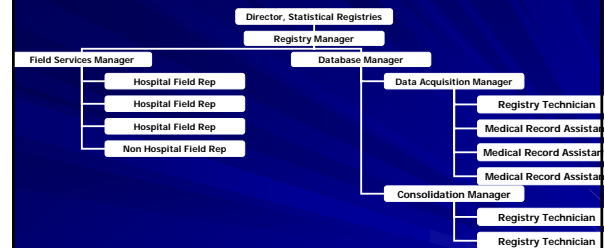
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## Before we begin the Journey...

- The Pennsylvania Cancer Registry (PCR)
  - Reporting law passed December 1980
  - Reporting began in July 1982 and phased in
  - First full year of statewide reporting was 1985
  - Pennsylvania's population is approx 12 million
  - PCR receives approx 110,000 abstracts/year
  - Approx 76,000 new in situ, invasive, and benign CNS cases each year

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## PCR Organization



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## The Mainframe

- Developed by PA
- Used since 1982
- Comprised of two separate files
  - Abstract file (source records)
  - Database (consolidated records)
- Incidence file preparation
  - Batch process done once a year
  - Began in September for December 1 completion
  - All staff did nothing else
  - Even needed overtime

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## The Conversion

- Decision made to use Registry Plus
- Preparation for Conversion
  - Began with Abstract Plus (2000)
  - Then Prep Plus (2001)
  - Mapped abstract file and data base to NAACCR Version 6 for special import, then to Version 7, finally to Version 9 (versions changed faster than we could convert)
  - Conversion vs NAACCR Certification???
- Conversion to CRS Plus
  - Completed April 2003

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## The Goal

- Meet 90% NPCR completeness standard for 12-month data
  - For 1995 to 2003, 12-month data completeness = 0%
  - Inability to meet this standard was primarily due to PCR operations, not hospital abstract submission
- Establish concurrent consolidation
  - Process abstracts through to consolidation as an incidence record within two months of receipt

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## Concurrent Consolidation

- The Challenge in April 2003:
  - Approx 220,000 abstracts to complete
  - Includes abstracts from 2001, 2002, and a small number from 2003
  - Plus abstracts received while working on the 220,000
  - Approx 110,000 from 2001 by December 1

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## Concurrent Consolidation

- 1<sup>st</sup> Approach – Begin processing 24-month incidence file earlier each year and without overtime. (April 2003 to Nov 2005)
  - **Prior to 2001 file**, consolidation started in September for December submission, lots of overtime
  - **2001 file** started June 2003 but did not get done until March 2004 (new system, ICDO, SS, format changes)
  - **2002 file** started April 2004, completed by Thanksgiving with no overtime but no 12-month data
  - **2003 file** started January 2005, completed by September 2005 with no overtime but no 12-month data (conversion to V10).

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## Concurrent Consolidation

- 2<sup>nd</sup> Approach – Quantify the challenge: “By this time next year we will be current.”
  - “By this time next year” = 11/2006
  - “we will be current.” = number of abstracts to be imported is  $\leq 15,000$  (2 months)

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## Concurrent Consolidation

- The Numbers:
  - April 2003 abstracts to be imported = 220,000
  - Nov 2005 abstracts to be imported = 95,000
  - Approx 35% require manual processing (33,000)
  - Approx 22 abstracts/hour completed by staff
  - Plus 8,000 abstracts received each month with 35% (2,800) needing manual processing
- The Plan:
  - Two FTEs doing manual processing
  - “Pending Day” – 6 additional staff devoted every Friday to complete manual processing

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## Concurrent Consolidation

- The Result:
  - By January 2006 - 64,000 abstracts to be imported
  - By April 2006 - 47,000 abstracts to be imported
  - By July 2006 - 20,000 abstracts to be imported
  - **By Sept 2006- \*15,000 abstracts to be imported**
- The Impact:
  - 1/2006 NPCR-CSS included 65% of 2004 (12 month)
  - 1/2007 NPCR-CSS included 98% of 2005 (12 month)
- The Accomplishment:
  - Sweet! We worked long and hard, and we all worked together. It was an awesome Team Effort involving all operations staff.

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## Today

- Established concurrent consolidation
- Meet the NPCR-CSS 90% completeness standard for 12-month data.
- Current status as of May 2007:
  - 2005 remains at 98% complete.
    - We are working on death clearance and adding our path cases to the file to complete it.
  - 2006 is approximately 61% complete.

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## Today

- Lessons Learned
  - Quantify the challenge and then develop plan
  - Track and share progress
  - “Pending Day”
  - Now that consolidation is current, other operations are positively impacted.

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## Tomorrow – or just when you think you’re done...

- Improve timeliness of abstract submission by reporting facilities
  - Much more noticeable now that we are caught up!
  - Good news is that we are 61% complete for 2006
  - Bad news is that we only have 61% of 2006 abstracts
- Increase path lab reporting
- Increase reporting by non-hospital sources
- ...and all the other things we didn’t get done while we were focusing on this goal.

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## Thank You!

For inviting me to share our success story with you.



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