

Identifying Patient Race and Ethnicity

By: John L. Young, Jr., DrPH, CTR

The identification of a patient's race and ethnicity can be difficult, since often hospital admission clerks and even patients themselves do not know the way in which the cancer registry world attempts to identify race and ethnicity. This is compounded by the fact that over time, the US Census Bureau has changed its definitions of race and ethnicity.

The situation is also complicated by the fact that race and ethnicity are two different patient characteristics, and race must be identified independent of ethnicity for each patient.

The major difficulty arises in how to racially classify patients of Hispanic/Latino origin. Prior to 1960 the Census Bureau classified people of Hispanic or Latino origin as "non-white." However, beginning in 1960, the classification of this ethnic group was changed to "white." In more recent years, it has become recognized that Hispanics could have racial compositions/origins other than white, especially in areas where there has

been intermarriage with race groups other than white. By and large, however, most Hispanics should be considered white in terms of their race. Unfortunately, most Hispanics do not realize that they should classify themselves as white, and in the 2000 Census, not knowing what to do, when asked their race, they classified themselves as being "other race."

Recently, the Federal Government has decided that in official Government statistics the classification of persons as "other race" is not acceptable since race categories should allow the allocation of everyone to at least one of the major race groups – White, Black, American Indian/Alaska Native or Asian/Pacific Islander. Consequently, the Census Bureau is going back to the 2000 Census and reallocating all those persons who classified themselves as "other race" to a specific race group. Since most of these were of Hispanic origin, most will be reallocated to the "white" category.

The SEER Program has asked the Metropolitan Atlanta Registry to look at all cases 1988 forward whose race has been designated as "other," to determine if these cases can be allocated to a more specific group. Consequently, all cases reported to the GCCS, both those reported by SEER counties as well as all other Georgia Counties are being reviewed. Most of these cases are of Hispanic origin. Thus, all cases of Hispanic origin whose race has been coded as either 98 (other race) or 99 (unknown) are being recoded to white unless there is evidence from another source (e.g. a death certificate) to indicate otherwise.

The guideline that should be followed in the future for patients of Hispanic origin is that unless there is some statement to the contrary, assume that the race of the patient is white. This will avoid the overuse of codes 98 and 99 in the race category and will be in compliance with procedures being followed by the central registry and by the Census Bureau.

Why My Hospital?

By A. Rana Bayakly, GCCR Director

During 2002, over 20 hospitals were audited. The common question I get is "Why my hospital?"

As you all know, the Georgia Comprehensive Cancer Registry (GCCR) has been concentrating on getting complete data (at least 95%) for the diagnosis year 2000 by December 31, 2002. In order to accomplish this, we had to concentrate on hospitals that either had trouble with

reporting in the past or the number of cases reported by year fluctuated since 1995 or had a large discrepancy between the number of cases reported by the hospital and the number of cases projected by GCCR.

In addition, some hospitals disagreed with the projected number of cases and wanted GCCR to do an audit to determine their actual number of cases.

These audits were very useful in several ways. Missed cases were identified and reported by the hospitals. GCCR staff learned a lot about the hospital's reporting mechanism and a lot of friendship and respect was built between the hospital staff and the GCCR staff.

I would like to personally thank each and every hospital that helped us conduct our audit in a timely manner.

Special Bulletins

The Georgia Center for Cancer Statistics has a new registry manager. Karen Ledford has replaced Fran Michaud in this position and is now the contact person for submissions. Please make a note of this change as you are preparing your next submission.

HIPAA Regulation information and updates may be found on the following websites: NAACCR at www.naacr.org; US Department of Health and Human Services at www.hhs.gov; and ACoS at www.facs.org/dept/cancer/coc/. Please keep yourself updated on the latest HIPAA regulations.

The Georgia Childhood Cancer Report has been released by GCCR. An electronic version is available on the web at www.ph.dhr.state.ga.us/programs/cancer/stats.shtml. For a hard copy of the report, call Jon Lay at (404) 463-8918.

FAQ's

Q: If a patient has previously had a TAH (total abdominal hysterectomy) and now has had a BSO (bilateral salpingo-oophorectomy) for ovarian cancer, how is the Surgery of Primary Site coded?

A: ROADS, FORDS and the SEER Program Code Manual all state that if surgery has been previously done for any condition, the total result should be coded so in this case use code 22 (BSO with hysterectomy). Also if a surgical procedure removes the remainder of an organ that has been partially resected previously for any condition, code as total removal of the organ.

Q: For melanomas, if only a shave or punch biopsy is documented, how should the surgery be coded?

A: After a careful review of the pathology report, if the specimen is measured for thickness/depth (Breslow's measurement) then the Surgery of Primary Site code should be 27 (Excisional biopsy).

Q: What is PDT and how should it be coded?

A: PDT is photodynamic therapy and should be coded in the Surgery of Primary Site field. Some sites such as Skin have PDT listed as code 11. Other sites such as lung do not have a code for PDT. For these sites use code 10 (Local tumor destruction or excision, NOS).

If you have a question you would like to see addressed in the GCCR Register, please contact your regional coordinator by phone or e-mail.

North – Margaret Padgett (706) 272-2125 mapadgett@gdph.state.ga.us
Metro – Mary Lewis (404) 727-9787 mlewi02@sph.emory.edu
Central – Betty Gentry (478) 751-6238 bagentry@gdph.state.ga.us
Southeast – Susan Roberson (912) 303-1902 slroberson@gdph.state.ga.us
Southwest – Carol Crosby (229) 430-6388 ctrosby@gdph.state.ga.us

Mark Your Calendars...

GCCR Annual Meeting and Training

April 23-25, 2003
Renaissance Concourse Hotel
Atlanta, GA

Education opportunities will include:
AJCC 6th Edition Staging, the new GCCR Policy and Procedure Manual, surgery codes, estimating dates, and writing good text.

More information will be mailed soon.

Cancer Registry Training

*Principles and Practice of Cancer
Registration, Surveillance, and Control*
March 17-21, 2003

Cancer Case Abstracting, Staging, and Coding
March 24-28, 2003

Complete details are available at <http://cancer.sph.emory.edu>.
Financial assistance is available. Contact your regional coordinator.

Georgia Comprehensive Cancer Registry
Georgia Department of Human Resources
2 Peachtree St NW 14th Floor
Atlanta, GA 30303-3142

Star Reporters

Beginning with the Spring 2003 newsletter, GCCR will publish the names of facilities who are Star Reporters according to the following criteria: Facilities must submit at least ninety percent of their expected cases for the preceding quarter within six months of diagnosis and with less than a two percent error rate.

Welcome Wagon

LeRue Shultz and Lori Williams are new to the cancer registry field.

LeRue is the registrar at Athens Regional Medical Center in Athens. She comes to this position with a background in Medical Records. She has a daughter, son-in-law, 5-year-old grandson and a granddaughter due December 24th.

LeRue says that this is the most interesting job she has ever held. She has met no strangers, just brand new friends. LeRue says, "All advice, warnings, and

prayers may be directed to lschultz@armc.org."

Lori is the registrar at Hamilton Medical Center in Dalton. Her e-mail is lwilliams@hchs.org. Lori also has a background in Medical Records. She lives in Chickamauga and has 2 adult children.

Lori is delighted to be working with the registry having always found it to be the most "serving" of all medical records data entry. Lori says "It's not about reimbursement; it's about patient care."

Take a few minutes from your busy schedule to call LeRue and Lori and introduce yourself, provide encouragement and support as they move forward with their new careers! Welcome LeRue and Lori to the Cancer Registry world.

Margaret Padgett, CTR
North Regional Coordinator
Dalton

Blue Ribbon Award

Klarice (Lucy) Carlisle at Newton General Hospital has done an outstanding job in cancer reporting in the last 18 months. Her accomplishments include the following:

Lucy underwent a casefinding audit that revealed a gap in cancer reporting. In the past year Newton General has worked diligently to identify missed

cases between 1995 and 2001 and photocopy these records so a cancer abstract could be generated. This represented more than 700 records that had to be reviewed, copied, and mailed in.

Ms. Carlisle also remained current in training endeavors that were held throughout this same time period. This enabled her to start a hospital based cancer

registry with a reference date of 2002. She is currently reporting cancer cases in an electronic format and is striving to attain a fully approved Commission on Cancer program.

Mary Lewis, CTR
Metro Regional Coordinator
Atlanta

Thank You Note from the Georgia Comprehensive Cancer Registry

GCCR thanks the following hospitals for submitting cancer data at least two months out of three (September, October, and November 2002).

Hospitals Reported Three Months Out of Three		
Athens Regional Medical Center	Flint River Community Hospital	Peachtree Regional Hospital
Atlanta Medical Center	Floyd Medical Center	Phoebe Putney Memorial Hospital
Augusta State Medical Prison	Georgia Baptist Meriwether Hosp	Phoebe Worth Medical Center
Bacon County Health Services	Gordon Hospital	Piedmont Hospital
Baptist Medical Center	Grady General Hospital	Polk Medical Center
Barrow Medical Center	Grady Health System	Putnam General Hospital
Berrien County Hospital	Gwinnett Medical Center	Rabun County Memorial Hospital
Bleckley Memorial Hospital	Habersham County Medical Ctr	Rockdale Hospital
Brooks County Hospital	Henry Medical Center	Satilla Regional Medical Center
Burke County Hospital	Houston Medical Center	Screven County Hospital
Calhoun Memorial Hospital	Hutcheson Medical Center	SE Georgia Regional Medical Ctr
Camden Medical Center	Irwin County Hospital	South Fulton Medical Center
Candler County Hospital	Jeff Davis Hospital	South Georgia Medical Center
Candler Hospital – Savannah	Jefferson County Hospital	Southern Regional Medical Center
Central State Hospital	Jenkins County Hospital	Southwest GA Regional Med Ctr
Chatuge Regional Hospital	John D. Archbold Memorial Hosp	Southwest Hospital & Medical Ctr
Children’s Healthcare of Atl at Egleston	Kindred Hospital	Spalding Regional Hospital
Children’s Healthcare of Atl at Scottish Rite	Louis Smith Memorial Hospital	St Francis Hospital
Clinch Memorial Hospital	Macon Northside Hospital	St Joseph’s Hospital – Atlanta
Cobb Memorial Hospital	McDuffie Regional Medical Center	St Joseph’s Hospital – Augusta
Coffee Regional Medical Center	Meadows Regional Medical Ctr	St Joseph’s Candler Health Sys
Coliseum Medical Center	Medical Center of Central Georgia	St Mary’s Healthcare System
Colquitt Regional Medical Center	Medical College of Georgia	Stephens County Hospital
Crawford Long Hospital	Memorial Health Univ Med Ctr	Stewart Webster Hospital
Crisp Regional Hospital	Memorial Hospital and Manor	Sumter Regional Hospital
DeKalb Medical Center	Memorial Hospital of Adel	Tanner Health System
Doctor’s Hospital Columbus	Middle Georgia Hospital	Taylor Regional Hospital
Dodge County Hospital	Miller County Hospital	The Medical Center
Donalsonville Hospital	Minnie G Boswell Mem Hospital	Tift General Hospital
Dorminy Medical Center	Mitchell County Hospital	Union General Hospital
Early Memorial Hospital	Monroe County Hospital	University Hospital
East Georgia Regional Medical Center	Morgan Memorial Hospital	Upson Regional Medical Center
Effingham County Hospital	Mountainside Medical Center	VA Medical Center – Atlanta
Emanuel Medical Center	NE Georgia Medical Center	VA Medical Center – Dublin
Emory Cartersville Medical Center	Newnan Hospital	Walton Medical Center
Emory Dunwoody Medical Center	Newton General Hospital	Washington County Reg Med Ctr
Emory Eastside Medical Center	North Fulton Regional Hospital	Wayne Memorial Hospital
Emory Northlake Reg Med Ctr	North Georgia Medical Center	Wellstar Health System
Emory University Hospital	Northside Hospital	West Georgia Health System
Evans Memorial Hospital	Oconee Regional Medical Center	Wheeler County Hospital
Fairview Park Hospital	Palmyra Medical Center	Wildwood Lifestyle Center & Hosp
Fayette Community Hospital	Peach Regional Medical Center	
Hospitals Reported Two Months Out of Three		
Appling Health Care System	Fannin Regional Hospital	Smith Hospital
Charlton Memorial Hospital	Hamilton Medical Center	Sylvan Grove Hospital
Chestatee Regional Hospital	Hart County Hospital	Tattnall Memorial Hospital
Doctor’s Hospital Augusta	Murray Medical Center	Taylor-Telfair Regional Hospital
Elbert Memorial Hospital	Northside Hospital -Cherokee	Wesley Woods Geriatric Hospital
Emory Adventist Hospital	Redmond Regional Medical Ctr	Wills Memorial Hospital