GCCR Register

Georgia Comprehensive Cancer Registry Summer 2004

Missing, Unknown, and Unspecific Data Values

By Kevin Ward, GCCS Deputy Director

Over the past few months, we have received numerous questions regarding the "Missing, Unknown and Unspecific Data Values" report. Most questions relate to the Georgia Comprehensive Cancer Registry's (GCCR) objectives for this specific report.

As part of the National Program of Cancer Registries (NPCR), the GCCR is held to a high standard of data quality, timeliness and completeness. Each submission to the NPCR is thoroughly reviewed on a field-by-field basis for unknown data values.

The calculation of incidence rates by subcategories increases in potential for biased results as the number of missing, unknown or unspecified data items increases.

The "Missing, Unknown and Unspecific Data Values" report was originally designed as a management report for the GCCR managers. This report allowed the GCCR staff to compare submissions across hospitals and to identify if specific facilities were responsible for a greater than expected percentage of the unknown data values in the central registry database.

Since the report was available and provided a quick summary of each incoming submission, the GCCR decided to share this report with the reporting facilities.

The GCCR realizes that this report alone does not allow the reporting facility to track back to the individual abstracts containing the missing, unknown or unspecific data values.

The goal of this report, as it presently stands, is for the hospital registry management to obtain a quick overview of the percent of data values from the most recent submission that are missing, unknown or unspecified.

The hospital registry management and staff should then query their own registry database to perform quality control and improve the completeness of their own data.

Minimizing unknown data values and checking the hospital registry database for such values should be a normal part of each registry's operation

Death Clearance - What is It?

By Rana Bayakly, GCCR Director

The death clearance process serves two purposes. First, it is a case-finding source that identifies cases that died from cancer but were not reported to the Georgia Comprehensive Cancer Registry (GCCR) through the routine process. Its second purpose is to update the vital status on cancer patients who were previously reported to the registry.

The death clearance process starts when the GCCR central registry database is linked with the vital statistics database. This linkage generates three files: positive matches, possible matches, and non-matches.

The positive matches consist of an exact match of certain key data items between the GCCR database and the vital statistics database. If there is exact agreement between social security number, date of birth, last name, and first name, the file does not need any further review.

In possible matches, the linked data items do not agree 100% of the time. This file is reviewed manually by the Georgia Center for Cancer Statistics (GCCS) editors to determine whether the cases are matches or non-matches. Follow-up information such as date of death and cause of death are added from the death certificate to the cancer registry data file on all of the positive matches.

Finally, the non-matches are linked to the Georgia Hospital Discharge Data in order to maximize the sources for GCCR follow-back.

In a review of the 2001 GCCR death clearance, the original non-match file contained 3,266 cases, or 10% of Georgia's expected incident cases (33,055). In order for Georgia to receive the North American Association of Central Cancer Registries (NAACCR) gold certification, the GCCR needed to reduce the number of death certificate only (DCO) cases from 3,266 to less than 991, or less than 3% of the expected incident cases. With the help of all of the reporting facilities, our 2001 death clearance process was able to bring down the number DCO cases to 940 cases (2.8% of the Georgia expected incident cases).

Of the 3,266 non-matches, GCCR was able to find additional information on 1,325 (40.6%) reportable cases and 121 (3.7%) GA residents who died out of state that were abstracted and added to the registry. GCCR was also able to find information on 524 (16.0%) cases that were diagnosed prior to 1995, 64 (2.0%) that were non-reportable, and 292 (8.9%) non-Georgia residents. These were all non-reportable and were not added to the registry. GCCR was unable to find (cont.)

Special Bulletins

Information on Collaborative Staging System training, educational materials, software updates, and other issues can be found at http://www.cancerstaging.org/collab.html.

The details and application for the GATRA Scholarship to attend NCRA's 2005 annual meeting are now on GATRA's website (http://www.gatraweb.org). If you have any questions please contact Penny Goodell @ 770-443-9660 or Ann Hatfield @ 770-732-4647.

2004 cases should not be reported yet. The NAACCR record layout version 10.1 is necessary for the implementation of the Collaborative Staging schema and reporting of benign and borderline CNS tumors. Cases diagnosed on or after January 1, 2004, must therefore be abstracted and submitted in the NAACCR 10.1 format. Diagnosis year 2004 abstracts not submitted in this format will be rejected by the GCCR. Each facility is responsible for insuring that their registry software is upgraded to the NAACCR 10.1 record format prior to submitting any 2004 diagnosis year data. GCCR plans to be ready to receive 2004 data by July 1, 2004.

Death Clearance (cont.)

any additional information on 940 (28.8%) cases and these were added to the registry as DCO cases.

This process is very labor intensive, as you all know. A lot of mailing, phone calls, and email take place between Anne Washington (Death Clearance Coordinator), the regional coordinators, and the reporting facilities. Therefore, the sooner we start the process, the better the results will be.

Also, to improve the follow-back process, we need to improve the GCCR completeness before the linkage is performed between the GCCR database and vital statistics database. National organizations such as NAACCR recommend that death linkage should occur when the cancer registry data is at least 85% complete.

In May 2004 (when the GCCR performed the death linkage for 2002 cases), the GCCR database was 90% complete. As a result, there were fewer cases to follow-back on. The 2002 non-match file contained 2,905 death certificate cases or 8.4% of the 2002 expected incident cases (34,447).

In comparison to the 2001 death follow-back there are fewer cancer deaths to follow-back with in 2002, however we started about two months later than last year. By now, all of the reporting facilities should have their list of non-matches. The deadline for returning these cases to GCCS is August 11, 2004. The faster we can work through this the better our results will be for 2002. And this will bring us closer to our third NAACCR gold certificate.

Welcome Wagon

The Regional Radiation Oncology Center at Rome has a new registrar, though she isn't new to the cancer registry profession. Read on to learn more about Sherri in her own words.

"I am the new cancer registrar at the Regional Radiation Oncology Center at Rome. I previously worked at Redmond Regional Medical Center as the registrar there for three years. Prior to that, I was the registrar at Floyd Medical Center for six years, so now I've worked in every registry in Rome!

"My husband, Rickey, works at Vend Services, Inc. and we have been married for 25 years. We have four children – Scott, Rebecca, Jennifer and Michelle who range in age from 24 down to 11. The two older children have moved out on their own, but the other two keep me busy with band, violin lessons and Girl Scouts.

"I'm also very active in my church where I'm the church clerk, sing in the choir and teach an adult Sunday School class (along with my husband).

"I love to read and get antsy if I don't have something to read. I am also a very big Star Trek fan and host an annual Star Trek party for friends and family."

I'd like to extend a warm welcome to Sherri and congratulate her on her new position.

Margaret Padgett, RHIT, CTR
North Regional Coordinator
Dalton

Blue Ribbon Award

As you have all heard at state trainings, text documentation is essential for completing quality review. This is accomplished through detailed and concise documentation that supports the coded fields. These data items include dates, procedures, results, demographics, treatment, etc.

We would like to spotlight the Medical College of Georgia and say thank you for having exceptional text documentation. The editors at GCCS look forward to reviewing MCG's abstracts, as they know they can rely on this facility to have fulfilled the requirements that ensures the review process will go smoothly.

Thank you to the staff at MCG.

Betty Gentry, RHIT, CTR
Central Regional Coordinator
Macon

HIPAA Corner

Q: Can a covered entity disclose protected health information (PHI) related to living and deceased individuals, without authorization, to law enforcement officials that are conducting an investigation?
A: Yes.
Living Individuals. HIPAA specifically states that disclosures of PHI for law enforcement purposes to a law enforcement official are allowed in various circumstances without the individual's authorization. Among these circumstances, is that a disclosure can be made pursuant to process and in compliance with an authorized investigative demand, or similar process authorized under law, provided that: (1) the information sought is relevant and material to a legitimate law enforcement inquiry; (2) the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and (3) de-identified information could not reasonably be used. See 45 CFR § 164.512 (f)(1).
Decedents. HIPAA also states that a covered entity can disclose, without authorization, PHI about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct. See 45 CFR § 164.512 (f)(4).
Coroners and Medical Examiners. HIPAA states that a covered entity may disclose without authorization, PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use PHI for the purposes described above. See 45 CFR § 164.512 (g).

HIPAA Regulation information and updates may be found on the following websites: Georgia Division of Public Health at www.ph.dhr.state.ga.us/phil; NAACCR at www.naaccr.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.

FAQ's

Q: I have a patient whose date of diagnosis is unknown. What do I record in the address, city, state at diagnosis fields?
A: When you have a patient for which you do not know the date of diagnosis, and there is no indication in the chart that the person has resided at the same address since 1995, then you must record that the address, city and state at diagnosis is unknown. If it is documented that the person has resided at the same address since 1995, record the address and be sure you document this in your text.

Q: A patient is admitted for other medical conditions, history stated patient has a history of prostate cancer, currently in remission. The patient was given his Lupron injection while in the hospital during this admission. Would this case be reportable?
A: This case would be reportable since Lupron is a cancer directed drug and receiving it would be considered a cancer management service whether as an in-patient or as an out-patient (per reporting chart in the GCCR Policy & Procedure Manual).

Q: A patient has a history of breast cancer, currently in remission, but taking Tamoxifen. Would this case be reportable?
A: If the patient were given the Tamoxifen while an in-patient (for other medical conditions), the case would be reportable since a "cancer management service" was given.

NOTE: For the preceding scenarios, we are assuming the other criteria for reportability are met, such as diagnosis date being on or after 1-1-1995 or unknown and that the case has not previously been reported by the facility.

Mark Your Calendars…

GATRA Fall Training
September 29 – October 1, 2004
Kennesaw State University
Kennesaw, Georgia

More information will be posted soon on the GATRA website: http://www.gatraweb.org/educevents.html

The Commission on Cancer's Survey Savvy Workshop
An Essential Workshop for Cancer Programs Committed to Providing High Quality Care
October 25-26, 2004
Chicago, Illinois

The Commission on Cancer's Independent Cancer Program Consultants Training
September 30 – October 1, 2004
Chicago, Illinois

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

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 (February, March, and April 2004).

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