From the Desk of OncoLog’s Medical Director

At one time or another some of you may have heard the story of the birth of OncoLog 35 years ago. An ill-conceived $20,000,000 malpractice suit, a registry services contractor that wouldn’t/couldn’t provide critical data for the defense, three CTR’s joining me and my two practice partners for six Saturdays to abstract about 1000 cases for data needed to convince the lawyers and insurer to defend the case (they did, we prevailed), and the resulting decision to bring registry operations in house at Salem Hospital. So, what’s the point? The point is that OncoLog was born out of a need for data at a time when most registries could collect the data but all were very limited in their ability to collate and report. Over the years, most of OncoLog’s unique capabilities have been a response to some cancer registrar’s need for data. And so it continues. In version 4.3.2 we gave you several new additions to the Reports Plus library, all inspired by one or more of our OncoLog clients. There are more on the way in versions 4.3.3 (soon) and 4.3.4 (late summer).

New in 4.3.2

Catch up Estimates: The first came from Natalie Copeland of Lexington Medical Center. Natalie wanted to set a higher performance goal for Standard 5.3 and asked us if OncoLog could tell her how many successful follow-up contacts per month it would take to reach her goal in a reasonable period of time. It turned out to be a bit more complicated task than we anticipated but eventually it became a reality. You will find the result on the new “Catch Up Estimates” tab in the Quality Assurance grids associated with the Percent Successful Follow-up Report.

If the example at right was Natalie’s report and she wanted to get to 90% follow-up on all analytic cases within 6 months, she and her team would have to have at least 433 follow-up contacts per month.
Productivity: Many of you have asked for some form of productivity report. With version 4.3.2 you received what I regard as a first incarnation. We get no pleasure out of copying someone else’s work so in this case we just put an ear to what you were looking for and shot wide. The result may be “TMI” but we will let you decide. The first thing you will notice is that the presentation version (the teal and orange Crystal report) is pretty uninteresting. It just directs you to run the QA report which is where all the data can be found. Please give us your feedback so we can condense, re-format, whatever it takes to give you what you (more likely, your manager) are looking for.

CP3R: The NCDB/CP3R continues to be a moving target. In response to numerous changes and additions to these quality measures we have completely re-written our tools for estimating CP3R scores and detailing individual patient status with each measure. All of the new lung, gastric, pancreas, cervix, ovary, and endometrial measures have been added to the family and we provide even more detail to explain why a patient might fail a measure. The week this newsletter went to press we learned of the new melanoma and bladder surveillance measures. We will get them to you as soon as we can.

At Onco we want to give you the tools to get the best possible scores (and patient care) before you ever submit your data to RQRS. Equally important, this updated reporting tool can be adapted to a host of new quality measures from NQF, QOPI, etc. Maintenance of quality measure data could well be one of the most important roles of the cancer registry in coming years, adding one more truckload of concrete in the foundation of your professional future (yeah, I thought that up myself!). Contact Sales at OncoLog if your hospital has special quality measure reporting interests.

Finally, many thanks to those of you that have shared the ideas and critiques that are so essential if we are to keep improving OncoLog’s reporting capability.

Work in Progress

Stage Group Audit: The NAACCR 2016 Implementation Guidelines tell us that we can no longer provide you with auto-coding of the clinical and pathologic stage groups. With version 4.3.3 you will find that feature has been disabled. However, to assist you with quality control we plan to provide a new report in the “Quality Control – Registry Management” folder of Reports Plus. This tool will allow you to perform an audit on any group of cases comparing the stage group assigned by your staff with the stage group derived from our 38,459 row auto-staging table (it covers staging manual editions 4 – 7). The report will identify cases that are missing data elements or have a stage group that should be reviewed manually. While the table may not be perfect, time and experience have shown that it is pretty darn good. Please let us know if you find audit results that you disagree with.

Data Completeness: Our friends at Huntsman Medical Center, among others, have asked for more information with the “Data Completeness Report” that we introduced awhile back. Specifically, they would like to know which patients are missing what data, information they can’t get from the NCDB report. That is top of the list for version 4.3.4 (sooner for volunteer beta testers) but, in the meantime, we have made a number of changes to our original report in response to changes in the NCDB standards for record completeness. There is good news and there is bad news:

- The NCDB folks have divided the report into an “All Sites” summary and six “Site Specific” reports corresponding to the six sites covered in the latest CP3R. Frankly, this caught us by surprise and too late to get the Site Specific reports into this version but we’ll be working on it for you.
- A number of items have been dropped from their All Sites list. We think you won’t miss Birth Place and all that multiplicity stuff. AJCC staging is now covered only in the Site Specific reports.
- By our count the benchmarks have been changed for 26 fields in the All Sites list and all but one have been made more challenging to achieve. For example, the old standard tolerated a blank Date of First Contact in up to 10% of the cases. The new standard is 1%! You can explore the changes on line with the NCDB Data Completeness Reports for 2012 that the NCDB team has prepared from your data.
- One new field has been added to the All Sites list – Class of Case. Here they are looking for specificity and the standard calls for no more than 15% of cases being coded to Class ‘10’ or ‘20’.
- Finally, the punch in the gut. Remember when the record completeness standard (5.2) was dropped in deference to RQRS? Well, as they say in the movies, “it’s baaacck”, as line item 8 in the “Report and Case ID’s” segment of the NCDB completeness report.

<table>
<thead>
<tr>
<th>Class of Case</th>
<th>All analytic diagnoses</th>
<th>2012 (completed)</th>
<th>&gt;183 days</th>
<th>10% 2.04% 38/1441</th>
<th>Over 10% cases completed more than 6 months following first contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>#00-22</td>
<td>580 (contact)</td>
<td>183 days</td>
<td>10%</td>
<td>2.04%</td>
<td>38/1441</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It makes us glad we didn’t throw away the detailed completeness report in Reports Plus, but we have put a summary score in OncoLog’s updated completeness report as well.
Audit Trail: Ever wonder when or how a data value was assigned, or who did it. For several years now OncoLog has been tracking that information for you in the background. By popular demand, we will be providing tools for looking at audit trails with version 4.3.4.

Aggregate Data Fields: Look for new aggregate data fields that will give you lists of chemo drugs and surgical events in a single text field.

In the meantime, keep those ideas coming.

Ted Williamson, MD, PhD, CTR (ret)
Medical Director

Possible Duplicates

When entering new cases into Patient Entry, you will receive a “Possible Duplicate” message IF a combination of any of the following fields “matches” a patient currently in the database: Patient Last Name, First Name, Date of Birth and/or Social Security Number. Please do a THOROUGH search before adding new patients into Onco.

How to Identify Physicians with Blank NPI Numbers

1. If you want to identify EVERY doc without an NPI in your doctor’s (a.k.a. Resource) file:
   - Run OncoLog Administrator
   - Click on the Resource tab
   - Click on the funnel in the NPI# Column
   - Click on the “(Blanks)”
   - Click on Export
   - Excel will be launched with your list

2. If you just want physicians that are actually referenced in patient records:
   - Go to Gather / Ad Hoc Reports
   - Gather all the cases of interest.
   - Create a new list. I would suggest to start with the surgeons and get the Primary Surgeon’s name, License # and NPI # for each case. In the example to the right, I have added the Primary Surgeon field three times in order to display the selected sub-field options. I also renamed the headers for ease in identifying fields.
   - Export this to Excel
   - In Excel:
     i. Sort on NPI# (Z to A – the blanks will float to the top).
     ii. Of course you will have tons of duplicates. Click on “Data” on the ribbon and then on “Remove Duplicates” to show one row per physician.
   - Repeat steps “a – e” for the Rad Oncs, Med Oncs, etc.

Fun Fact Questions

1) When/where was prostate cancer first treated with radioisotopes?
2) When/where was prostate cancer first treated with interstitial seed implants?
Tips for a Successful NCDB Submission

Following last year’s NCDB Call for Data, Onco has taken the time to review some of the lessons we learned during the submission and made some changes to the software. Here are some of the changes:

New feature added to ONCO for NCDB Submission
- Onco utilizes the same NCDB metafile in Electronic Reporting for NCDB as is used in the GenEDITS program. While many of our clients want to see the document from GenEDITS for the confirmation of zero cases, Onco added a similar notification document to indicate the confirmation of zero cases along with indicating the metafile used to run these edits. This document can be printed for your records.

Ways to Avoid Last Minute NCDB edits
- Ensure proper or correct edit set is being chosen
- Run edits daily and create spreadsheet of cases FU clerks cannot correct
- Do not update follow-up at the last minute

Filter Creation and Release Notes
We are confident that the filters we provide will pull the caseload expected for your facility for the Call for Data. You always have the option to run a separate Ad Hoc report using the same filter to verify these cases as well as running other filters to determine why your numbers may be “off” from last year’s submission. We at Registry Support will be glad to help you with any of these filters/reports.

Onco would like to hear your suggestions to make NCDB submission better. What would you like to see to make this process easier for next year? Please send your comments to gmcnellis@oncolog.com and indicate in the subject line – NCDB Submission Comments.

Thank you,
Your Registry Support Team

REMINDER!!!! NEVER SEND PHI IN AN EMAIL!!!!

It is very important to remember that any type of HIPAA PHI should never be sent to Onco Support via screen shots or in the body of an e-mail. This is sensitive information and should not be sent via e-mail at any time.

If you need to get information to Onco Support for assistance, please do one of the following:
- Call 1-800-345-6626, option # 1 for Registry Support and let us know you have an issue
- Send an e-mail to Onco Support to indicate you are having an issue

In either case, we will start a GTM with you and make the appropriate screen shots (as necessary) to get the issue resolved for you. If you are an ASP user, we will contact you to get any specific information from you and either do a GTM or if you want us to review via the ASP we will need your permission to review the account.

Either way, please do not send any PHI in e-mail NOR in attachments in an e-mail. Your assistance in this matter is greatly appreciated.
From the Client and Sales Desk of Valerie

Don’t have Interface Engine – Call Val! Let me show you how it works by giving you a brief demonstration! It will only take 30 minutes of your time.

Here are some benefits you can use for your proposal to upgrade from manual casefinding!

Benefits of an Interface Engine (Electronic Casefinding):

♦ Would allow the registry staff more time to comply with the standards of the Commission on Cancer for your facility’s Cancer Program
♦ Improve the accuracy of identifying newly diagnosed cancer cases, the tracking of recurrences and follow-up (Follow-up is also a requirement of the Commission on Cancer)
♦ Allow the registry staff more time for analyzing registry data for physicians/clinicians, administration, the National Cancer Data Base, and your State Cancer Registry
♦ Decrease the duplication of effort that is involved with “manual” casefinding

Webinar News

Mark Your Calendars!!!! Registry Support will be providing a webinar in the upcoming months on the SAR Conformance Module! Be on the look-out for news and an invitation to join us as we share exciting developments on this new module! Just a little information about this new module….

The Next Generation…

Let Onco’s new SAR module assist you with complying with the new CoC accreditation rules. Onco offers a unique blend of documentation and reporting capabilities that ease the way to achieving and maintaining COC Accreditation. Now with the addition of Onco’s SAR module, it has never been easier.

SAR Conformance Module features

♦ Have all required SAR documentation at your fingertips for Survey preparation.
♦ Significantly reduce the time and money spent on Survey preparation.
♦ Easily track and document Cancer Committee and Tumor Board in real time.
♦ Easily document meeting minutes:
  ♦ Maintain a chronologic record of membership and credentials of cancer caregivers.
  ♦ Maintain a historical record of program goals and accomplishments.
  ♦ Maintain a central repository and log of all documents that must be uploaded into your SAR.

Sorting in ONCO

So, you’ve created a list and you want to sort by multiple columns. You can easily do this in ONCO by following these steps:

♦ Select first column you wish to sort by and click on the header
♦ Hold down “Shift” key on keyboard and click on the header of second column you wish to sort
♦ Continue if there is a third column you wish to sort by

The example to the right shows cases sorted by “Class of Case” then by “ICD-O Site Code” then finally by “ICD-O Histology Code”!
ICD-10 Co-morbidities

ICD-10 codes should be used in the Co-morbidity section of ONCO for patients diagnosed 10/01/2015 and later.

Calling All Registrars

We need to hear from you! Please suggest good areas for quality initiatives. You can submit these ideas to Support@Oncolog.com.

Reminders!!!

We have an “auto-save” feature similar to Microsoft Word. Changes made to the system will automatically save every few minutes—determined by you, the user, however it is not recommended to be set for less than 5 minutes. Please contact Technical Support if you are interested in having this placed on your system.

Also, when contacting your ONCO Support Staff via email, please always cc: Support@Oncolog.com as many times both Registry and Technical Staff may be away from their desk, on another call or even on vacation! If you include Support in your e-mail, others will be able to see and respond to you in a more timely manner. Thank you!

Fun Fact Answers

1) About 1906 at Johns Hopkins. Three radium capsules were used. One was placed in the bladder, on top of the prostate, one was in the prostatic urethra, and the third was placed in the rectum. We don’t have any record of the outcomes.

2) In the July, 1924 edition of the journal “Radium”, Dr. E. M. Watson of Buffalo New York describes three years of experience with an elegant technique using tiny glass tube “seeds” filled with radon gas. Radon emits radiation but has a half life of just 3.8 days (compared to radium at 1600 years) so within just a few days the treatment is essentially complete. His method of seed placement was remarkably similar in concept to that used today. “The illustration shows that the early implant developers understood the need for “peripheral loading” to avoid getting excessive radiation to the central part of the gland. Peripheral loading is used in modern prostate implants as well.”
Welcome New Facilities

Please join us in welcoming new facilities to the Onco family!

- Baptist Health
  - Baptist Medical Center South – Montgomery, AL
  - Montgomery Cancer Center – Montgomery, AL
  - Baptist Medical Center East – Montgomery, AL
  - Prattville Baptist Hospital – Prattville, AL
- Bayhealth Medical Center – Dover, DE
- Bert Fish Medical Center – New Smyrna Beach, FL
- Brooke Army Medical Center – San Antonio, TX
- Catawba Valley Medical Center – Hickory, NC
- Cleveland Clinic
  - Fairview Hospital – Cleveland, OH
  - Lakewood Hospital – Lakewood, OH
- Fox Chase Cancer Center – Philadelphia, PA
- Gadsden Regional Cancer Center – Gadsden, AL
- Geisinger Lewistown Hospital – Lewistown, PA
- Holland Hospital – Holland, MI
- HonorHealth
  - Scottsdale Shea Medical Center – Scottsdale, AZ
  - Scottsdale Osborn Medical Center – Scottsdale, AZ
  - Scottsdale Thompson Peak Medical Center – Scottsdale, AZ
  - Deer Valley Medical Center – Phoenix, AZ
  - John C. Lincoln Medical Center – Phoenix, AZ
- Indiana University Health - Morgan Hospital – Martinsville, IN
- Mark H. Zangmeister Center – Columbus, OH
- Memorial Hospital - Belleville East – Shiloh, IL
- Memorial Hospital and Health Center (Lange Fuhs) – Jasper, IN
- Meridian Health
  - Jersey Shore University Medical Center – Neptune, NJ
  - Ocean Medical Center – Brick, NJ
  - Riverview Medical Center – Red Bank, NJ
  - Southern Ocean Medical Center – Manahawkin, NJ
  - Bayshore Community Hospital – Holmdel, NJ
- New York Presbyterian – New York, NY
- Northside Hospital
  - Northside – Atlanta – Atlanta, GA
  - Northside – Cherokee – Canton, GA
- Sarasota Memorial Healthcare System – Sarasota, FL
- Southeast Alabama Medical Center – Dothan, AL
- Spectrum Health Ludington Hospital – Ludington, MI
- St. Vincent Anderson Regional Hospital – Anderson, IN
- Stillwater Medical Center – Stillwater, OK
- Tawam Hospital – Dubai
- University of Texas MD Anderson (Department of Tumor Registry) – Houston, TX
- UT Health Northeast – Tyler, TX

NOT JUST ONE SOLUTION. A SUITE OF SOLUTIONS.