

Delaware Cancer Registry Execution Plan 2015 - 2018

Delaware Cancer Registry Advisory Committee (DCRAC)

BACKGROUND

The Delaware Cancer Registry Execution Plan was created in 2006 with the input and guidance of the Delaware Cancer Registry Advisory Committee (DCRAC). The DCRAC was first established in 2005. The DCRAC membership includes oncologists, certified tumor registrars, healthcare planners and policy makers, and representatives of advocacy organizations. The revised priorities, action items and accountabilities for 2015-2018 are shown in the table on the following pages.

The DCRAC provides guidance and support to the Delaware Cancer Registry toward the goal of improving cancer registry operations, including timeliness, completeness and quality of cancer data collection, and on the best use of cancer registry data for cancer surveillance and control initiatives, program planning, and cancer research. In June 2015, a retreat was held to revisit the strategic plan. The committee refocused the prior 3-year plan, and the revisions are incorporated into this document.

MISSION & PURPOSE

The mission of the Delaware Cancer Registry is to help reduce the cancer burden in Delaware, by maintaining a cancer database of excellent quality and completeness, and making this information available to health professionals, researchers, health care organizations and public health professionals for cancer prevention and control efforts.

The purpose of the Delaware Cancer Registry is to collect timely, complete and accurate data from reporting sources to insure an accurate and continuing source of data concerning cancer and certain specified benign tumors. Reporting sources include all health care practitioners who diagnose or treat cancer, as well as hospitals, clinical laboratories, and other cancer diagnosis and treatment facilities within Delaware. The Registry will serve as a source of information to measure quality of cancer care in Delaware.

DCR GOALS FOR 2015-2018 (Action steps are detailed in the accompanying Execution Plan)

- 1 Improve timeliness/completeness of reporting of cancer case data, through technological improvements and by increasing reporting by non-hospital sources.
- 2 Improve data quality, including staging and treatment data. Enable the routine evaluation of treatment practices and patterns against patient outcomes.
- 3 Increase the use of data to answer research questions.
- 4 Develop routes of efficient and effective communication between the Registry and its stakeholders, especially with healthcare practitioners and facilities, interested agencies and organizations, and the public. Better, clearer communication of reporting requirements. Improve communication of the benefits of the DCR to the public.
- 5 Maintain NPCR funding

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Delaware Cancer Registry Advisory Committee (DCRAC)	Responsible Party	Measure	Current	Goal	Last Updated	Indicator
STRATEGY 1: Improve timeliness/completeness of reporting of cancer case data, through technological improvements & by increasing reporting by non-hospital sources.	DCR, DCRAC	NAACCR Certification - Annual	Gold	Gold	June 2015	Green
		NPCR Annual Submission Reports- Advanced Data Quality Standard for 12-month Data	Standards Met	Standards met	May 2015	Green
Objective 1A: Increase electronic data submissions from reporting sources.	DCR	Physician Offices - % of facilities electronic*	77%	90%	January 2016	Yellow
		Ambulatory Surgery Centers & Path labs- % facilities electronic*	77%	90%	January 2016	Yellow
		Hospitals- % facilities electronic *pending VAMC	100%	100%	January 2016	Green
Objective 1B: Meaningful Use cancer reporting	DCR	Number of non-hospital offices (physicians, ambulatory surgery centers) that have submitted a test CDA file to the DCR	3	20	January 2016	Yellow
Objective 1C: Explore use of linkage with DHIN POSTPONED	DPH / Dr. Silverman	Establish linkage with DHIN	Not met	DHIN linkage operational	March 2015	Grey
		Capability to report from EHR via DHIN	Not met	EHR reporting via DHIN	March 2015	Grey

*NPCR standards require at least 80% of non-hospital offices that are reporting to the registry report electronically; DCR requires at least 90% of all non-hospital offices report electronically.

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STRATEGY 2: Improve data quality. Enable the routine evaluation of treatment practices and patterns against patient outcomes.	DCR, DCRAC	Quality audits of DCR and hospital data: WHO Grade- Brain & CNS Tumors in 2015; Audit of non-CTR cases in 2014; Breast cancer time-to-treat chart review in 2013	DCR Data Quality Audit Done	1 audit per year	January 2016	Green
Objective 2A: Move to improving quality of data using the Rapid Quality Reporting System (RQRS) of the Commission on Cancer, and the Quality Oncology Practice Initiative (QOPI) for all hospitals in the state with subsequent public reporting.	DCR	Number of Delaware hospitals participating in the RQRS	6	7	January 2016	Yellow
Objective 2B: Monitor completeness of DCR's first course of treatment data.	DCR	Annual NPCR submission data quality reports - Completeness of treatment data (% blank or unknown values) compared to NPCR median	2012 Data Report: % blank or unknown values less than the NPCR median for 11 of 13 treatment data fields	% blank or unknown values less than the NPCR median value for all treatment data fields	August 2015	Yellow
Objective 2C: All Payer Claims Database ON HOLD	DCRAC		On Hold		August 2015	Grey
Objective 2D: Track DCR's progress on meeting NPCR standards	DCRAC	Review of DCR's Interim Progress Reports (IPRs) at DCRAC meetings	Reviewed 1/2015	Annual review	January 2015	Green
STRATEGY 3: Increase use of data to answer research questions.	DCR, DCRAC	Annual # of research projects using DCR data	14 in 2015; 11 in 2014; 4 in 2013; 3 in 2012; 4 in 2011	Increased # of research projects	January 2016	Green
Objective 3A: Provide help to data users (e.g. FAQ on webpage)	DPH	# of hits on data access guidelines/WebTrends traffic analysis	baseline: 486 hits in 2012; 727 as of 12/1/2015	Increased # of hits	January 2016	Green
Objective 3B: Publicize availability of data for this purpose to inform researchers, academic institutions, & other stakeholders, e.g. through DE Medical Society publications, hospital meetings.	DCR	# of articles, events, reports publicizing availability of data	3 in 2015	3 per year	January 2016	Green

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STRATEGY 4: Develop routes of efficient communication between the registry & its stakeholders: especially with healthcare practitioners & facilities, agencies, & the public. Better communication of reporting requirements, & of the benefits of the DCR to the public.	DCR, DCRAC	# of professional articles/publications about DCR per year	1 article in DMJ in 2015	1 per year	January 2016	Green
		# of overall hits on DCR website: Baseline: 2083 hits in 2010; 4908 in 2014;	3063 hits as of 12/1/2015	Increased # of hits	January 2016	Green
Objective 4A: Make public NAACCR & NPCR findings regarding certification/quality of DCR data, e.g. post on DCR website, DPH press release.	DCR	Update NAACCR and NPCR submission results on website once/year	Updated in 2015	Annual update	August 2015	Green
Strategy 5: Maintain NPCR Funding	DCR					
Objective 5A: Ensure use of cancer registry data for public health & surveillance research purposes in at least 5 of the following ways: 1) Comprehensive cancer control 2) Detailed incidence and mortality by stage and geographic area; 3) Collaboration with cancer screening programs for breast, colorectal, cervical cancer; 4) Health event investigation; 5) Needs assessment/program planning (e.g., Community Cancer Profiles); 6) Program evaluation; 7) Epidemiologic studies.	DCR	Cancer registry data used in at least 5 ways per NPCR Program Standards	In Progress	Five/year	January 2016	Green
Objective 5B: Implement transition from Collaborative Staging to directly coded AJCC and SEER Summary Stage	DCR	Percentage of cases including directly coded staging- 2015 Diagnosis Year Cases: AJCC Clinical Stage Group: 82% coded, not "9"; and SEER Summary Stage: 92% coded, not "9"	In Progress	100%	January 2016	Yellow

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