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Outsourced Certified Tumor Registrars Provide Expert Services

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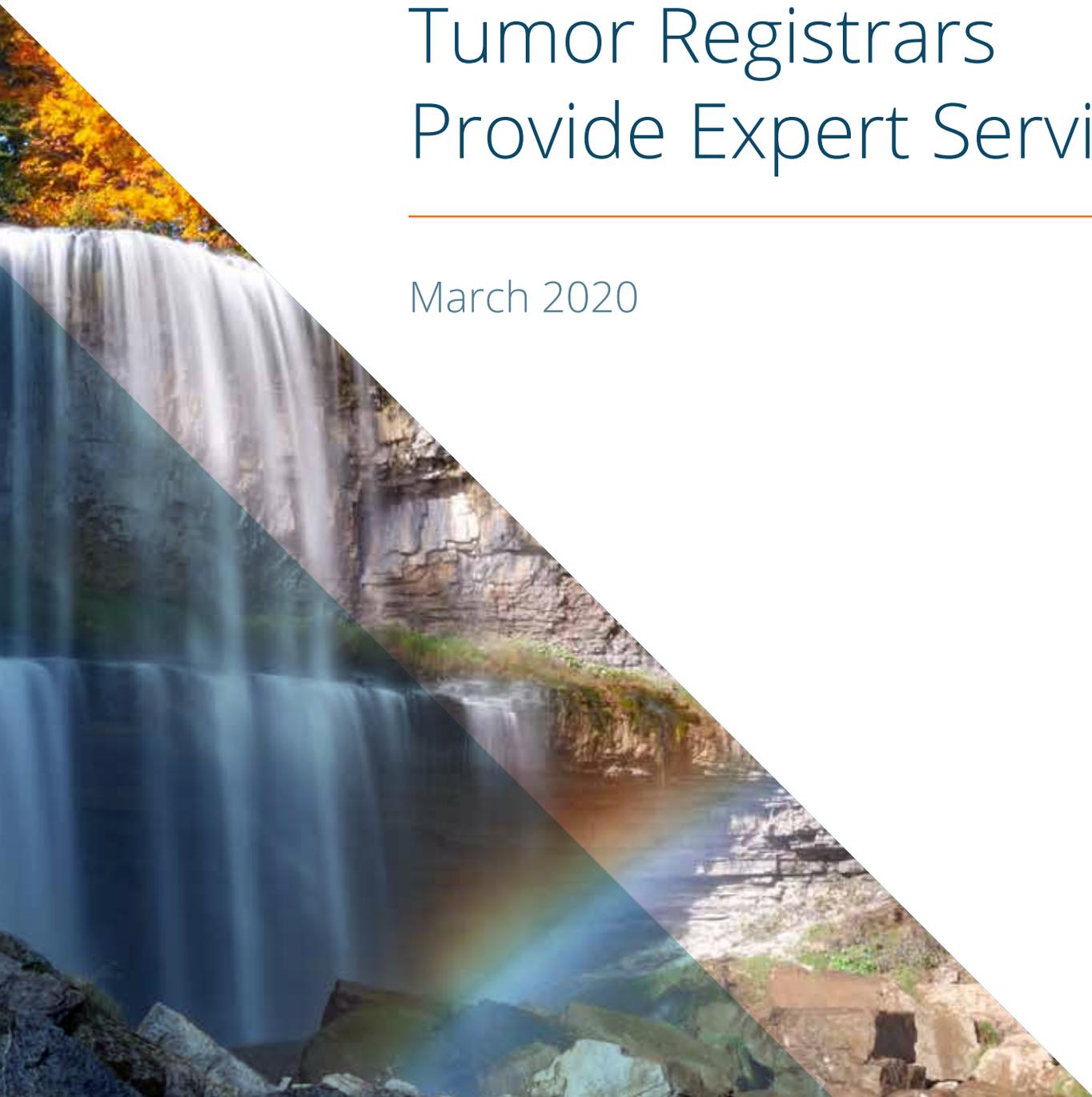
Executive Overview

According to 1A Podcast, "The Way We Work," one out of five (1/5) US workers are contract or freelance workers.[1] The health care industry has used contract workers in a variety of roles, cancer registry included. Initially, contracted Certified Tumor Registrars (CTRs) were used as temporary workers only. Today, however, contract CTRs provide many valuable services to help ensure cancer registries and cancer programs effectively capture, manage, and report the information needed to improve cancer treatment, research, and prevention and screening programs.

Michael Hechter of the National Cancer Registrars Association (NCRA) reported 481 CTRs retired their CTR credential from 2015 - 2019. During the same time frame, 1,421 CTRs became newly credentialed. This would lead you to expect that there would be a "glut" of CTRs. However, in practice, there does not appear to be a glut, but rather a shortage of CTRs. One reason for the shortage – many CTRs leave the cancer registry field to pursue other employment or to retire, but they choose to retain an active CTR credential. Therefore, there may be many more CTRs not working in the cancer registry field than would appear by the number of retired credentials. Compounding this trend is the number of newly credentialed CTRs who have the knowledge to pass the credentialing exam but have little experience to put this knowledge into practice.

This paper will examine how contracted CTRs address this shortage by providing services in staffing, consultation, and special projects.

Staffing

Contracted CTRs can be utilized for several layers of staffing, including total outsourcing, partial staffing and transitional staffing.

Total outsourcing is exactly what it appears to be – the complete cancer registry is staffed by contract workers. This can be done for a large cancer registry with a manager, multiple CTRs with various levels of experience, and in some instances, registry technicians or uncertified staff. These are often long-term

contracts covering several years with specified deliverables and service levels. Oftentimes, facilities requiring only one CTR for staffing also utilize total outsourcing services.

Partial staffing or staff augmentation is utilized when only part of the cancer registry will be staffed by a contracted CTR(s). Partial staff can include a manager, abstracting staff, and/ or non-certified staff for long or short-term engagements, depending on the needs of the facility.

Transitional staffing offers support during times of transition or change, such as during periods of staff vacancies or when standards, systems, or process changes cause delays in registry operations.

> Recruiting for a CTR, especially one with experience, can be a lengthy process. Most cancer registries cannot keep the registry afloat without staffing during these extended periods. Contracted CTRs can be useful to maintain registry productivity as a permanent resource is recruited and onboarded.

> Periodically, changes and updates to data collection practices, data standards or staging processes require education of registry and medical staff, as well as reprogramming of electronic health records and databases. These conversion periods may cause a slowdown and at times, result in a complete shutdown in productivity. The use of contracted staff to augment regular staff can help maintain data collection and reporting standards.

2018 - 2019 Data Collection Challenges

Changing Guidelines Affect Productivity and Quality

The data collection year starting January 1, 2018 and continuing well into 2019 was a transitional time that was affected by sweeping changes:

> AJCC Staging, Summary Staging and Extent of Disease have all undergone change.

> The Facility Oncology Registry Data Standards (FORDS) manual has been replaced by the STandards for Oncology Registry Entry (STORE) manual.

> In addition, the CTR Guide to Coding Radiation Therapy Treatment in the STORE was released February 15, 2019, as a supplement to the STORE. Version 2.0 of the CTR Guide was released February 2020. In October 2019, STORE Addendum was released with with some data collection changes as well as clarification as needed.

> The Solid Tumor Database replaced the Multiple Primaries and Histology Rules in select primary sites and subsites.

> The Hematopoietic and Lymphoid Neoplasm Manual and Database was also revised.

All of these changes challenged cancer registries and few registries were able to maintain productivity, quality, and timeliness of data collection and reporting. Taking advantage of contract resources can offer a solution that helps cancer registries eliminate backlogs and bring their data collection current as quickly as possible.

Software Delays Create Additional Work

The delayed release of STORE also led to a delay in updating the software that supports the cancer registry database. As software vendors programed these changes, tested the validity of their product, and ascertained functionality, cancer registries were faced with either a complete standstill in abstraction or continuing with abstraction but doing so in an outdated product. Neither option was ideal.

Cessation of abstraction led to a work backlog rather quickly, which may require additional CTRs to clear. Abstraction in an outdated system reduced productivity and resulted in duplication of work – CTRs must now review the abstract to ascertain its validity and add additional data in fields that were not available in the old dataset. Effective use of contracted resources allows cancer registries to quickly overcome the effects of software delays.

Many state and central registries also delayed the acceptance of 2018 and 2019 cancer reporting. This made achieving the goal of timely abstraction and cancer reporting more challenging.

Consultation Services

Day-to-day operations of cancer registry are generally safe in the hands of a staff of experienced CTRs and registry managers. However, registry operations occasionally need review, rework, or revision. Hiring a skilled and experienced CTR for consultative service can provide the value and expertise needed to address these concerns.

Cancer Registry Assessments

Consultants can be contracted to provide a variety of assessments, including:

› Operational assessments can help a registry that is waning get things back on track. By looking at workflow, practices, and policies and procedures, a highly trained consultant is able to prepare an assessment report that includes recommended corrective measures. In addition, the consultant can provide remediation services that include the development and implementation of new workflow practices and policies and procedures based on the assessment findings.

› Staff assessments examine productivity, quality of data collection, appropriate use of time and resources, or a combination of any of these. If staff is found to need further development, a consultant can provide education geared specifically at correcting the issues identified during the staff reviews.

› Data quality can be assessed by reviewing a variety of quality metrics, edits received from regional and national standard setters, and audits run by outside agencies. These can be used to validate the information housed in the database or to identify weaknesses in the database. In addition to standard quality assessments, 2018 and 2019 data should be closely monitored and assessed for completion of applicable fields in a consistent and accurate manner.

Staff Development

One of the benefits of operational, staff, and data quality assessments is the insight provided that can help build or improve a cancer registry's development program for both experienced and newly credentialed registry staff. Consultants can help newly credentialed CTRs turn their knowledge into practice, which increases their value more quickly than relying solely on learning on the job. Having a consultant provide this training also improves productivity by allowing current staff to continue in their productive roles instead of spending part of their time serving as trainers for new registrars.

Report Management

Commission on Cancer (CoC) accredited facilities are required to complete several reports under the direction of the Cancer Committee or designee using cancer registry data, in concert with data from the National Cancer Data Base (NCDB). The Standards directing this activity are 7.1 Accountability and Quality Measure and 7.2 Monitoring Compliance with Evidence Based Guidelines. Also, under Standard 2.1, the Cancer Liaison Physician (CLP) must report on NCDB data as it relates to the facility. Although the registrar does not report these data to the Cancer Committee, the registrar must maintain the NCDB files for the facility, assuring that RQRS records are reported as needed, CP3R data are reviewed and revised if needed and assure that data are of the highest quality. The registrar often provides technical assistance to the CLP and other committee members reporting to the Cancer Committee. In addition, the CoC can and will request data on special studies and if asked for data, participation is required (Standard 9.2 Commission on Cancer Special Studies).

The Cancer Committee, medical staff, and institutional administration request data related to treatment and outcomes, cancer case mix, in and out migration, service needs and anticipated growth from the cancer registry database. Although not required for accreditation, many facilities still run annual reports for the cancer center that, in turn, are released to the community. These studies still take time and effort, not to mention a high level of experience in data management and analysis and a wide knowledge of cancer. Contracted CTRs can be used to process these data requests, allowing in-house registrars to manage day-to-day operations and functions.

All medical facilities that diagnose or treat cancer patients are required by their state statutes to report to their state cancer registry. All CoC accredited facilities must also report RQRS data according to facility schedule, as well as all NCDB data annually. Contracted CTR services can be used in these situations on a per diem basis to fulfill required state and/or CoC reporting.

Special Projects

Special projects, whether scheduled or unexpected, can put a well-functioning cancer registry into a tail spin. Contracted CTRs can assist a facility with special projects, allowing the cancer registry staff to continue with their normal functions.

Pre-Review Questionnaire

Prior to the changes in the accreditation standards, a Program Activity Report (PAR) report was produced annually to report to the CoC on cancer
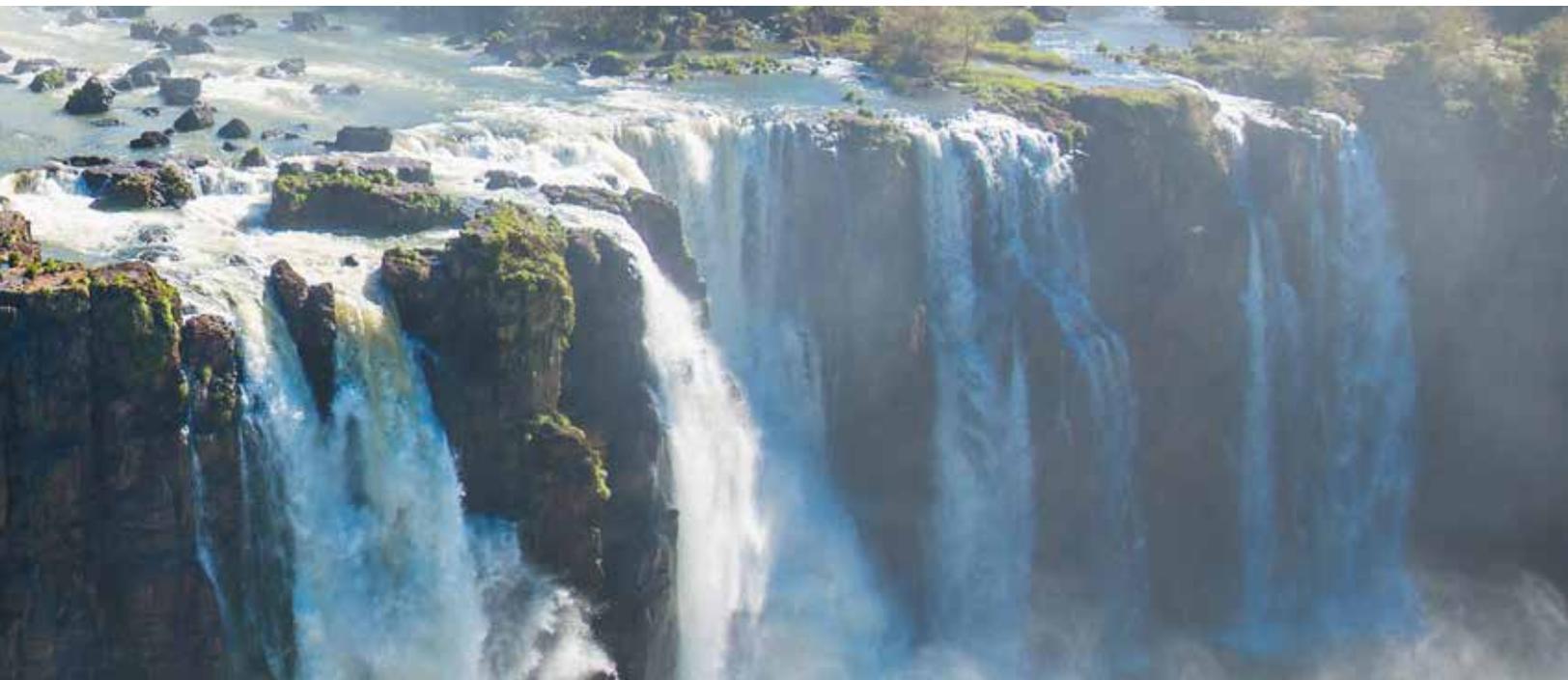
program activity, except for survey year. On the year of survey, the Survey Application Record (SAR) was prepared and submitted to the CoC and physician surveyor. With the new standards, the PAR and SAR have been retired and replaced with a Pre-Survey Questionnaire. The format and materials for this questionnaire still have not been released to the cancer programs. Once this is released, it will take the Hospital Administration, Cancer Committee and Cancer Registry working in unison to determine how to complete and comply with this questionnaire.

Survey Preparedness

Contracted CTR managers are often trained in CoC survey preparedness. They can review the cancer program activity over the period being surveyed, assist with shoring up appropriate documentation, and assist the facility through all aspects of the survey process. The contract CTR manager can also alert cancer program administration to potential deficiencies within the program and assist with deficiency resolution. Using contracted resources can take much of the stress away from the cancer registry staff, as well as cancer program administrative staff.

Accreditation and Quality Initiatives

The CoC is not the only accrediting body for cancer care. More cancer programs are looking to the National Accreditation Program for Breast Centers (NAPBC), ASCO Quality Oncology Practice Initiative, and ASTRO Accreditation Program for Excellence for additional measures of accreditation and quality. Contracted CTRs can provide compliance support for these programs. CTRs have the skills – chart review, accreditation preparedness, and knowledge of cancer care – to provide support for the various compliance agencies, including state and central registries.

Disaster Recovery

With the severe and destructive weather and environmental patterns of the past few years, contracted CTRs can assist a facility in bringing their cancer registry back after a natural disaster. Hospitals have flooded, lost electricity for extended periods of time,

or been destroyed by fire. Cancer registries can survive and become active again thanks to cloud-based cancer registry database software products. While hospitals are renovated or brought back online, contracted CTRs can assist facilities in rebuilding the registry based on recovered data from the cloud. They can help until the displaced CTRs return to their home base and bring daily operations back to a timely productivity and reporting status.

Looking Forward to 2020

Although mentioned earlier, it bears repeating – 2018 and 2019 data should be closely reviewed for completeness, consistency, and accuracy for the data collection areas that have faced the most change (grade, AJCC stage, radiation therapy, SSDIs). Cancer registries are still working toward having 2018 and 2019 data completed and reported by early 2020, which can be accomplished with the help of contracted CTRs.

Slated for 2020, NCDB, RQRS, CP3R, and C-QIP will be replaced by a consolidated system – Rapid Cancer Reporting System (RCRS). The American College of Surgeons, Commission on Cancer's new standards went into effect on January 1, 2020 and cancer registry managers must implement the registry changes to remain compliant.

As hospital and health care systems merge, so will the electronic health records of the merging facilities and the cancer registry databases. As data in these applications may need conversion and transfer to consoliated network applications, additional strain will be added to registrars. New applications will need to be learned. Data ascertainment will need to be done as part of the conversion process. Facility and health care network policies and procedures will need review and revision. Contracted CTRs can carry on the daily operations of the cancer registry as the facility staff make the necessary adjustments and changes.

Additional staffing, whether for routine daily operations or management of changes, may be advisable to "get over the hump" that many registries will face

in 2020 and forward. These staffing needs must be taken into consideration in each fiscal year's budget process.

A Final Consideration

It's important to note that most CTRs employed by a contracting or outsourcing company have been vetted via comprehensive skills assessment testing, an interview with an experienced cancer registry manager, and background checks (including tests for substance abuse if requested). In addition to vetting candidates, outsourcing companies cover all hiring expenses, benefits, compensation and taxes, and if contracted staff does not meet facility needs, the outsourcing company will assign more appropriate staff to meet those needs. In short, the time, effort, and expense of hiring a new employee falls on the outsourcing company, not the facility.

Conclusion

When reviewing a facility cancer registry, look to present, potential, and future needs while planning for maintenance, accreditation and growth. Evaluate staff for adequate number of FTEs, knowledge base, and breadth of experience. And determine facility needs – be it special projects, consultative services or staffing. Remember, tailored services and assistance are available from your contracted CTRs.

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Empowering Greater Health

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