

WHITE PAPER



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 480 CTRs retired their CTR credential from 2013 – 2017. During the same time frame, 1,478 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.

¹Johnson, Joshua, 1A The Way We Work, podcast audio, January 30, 2018, <https://www.npr.org/podcasts/510316/1A>

- 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.

Transitional Staffing Is Critical for 2018-2019 Data Collection

Changing Guidelines Affect Productivity and Quality

The data collection year starting January 1, 2018 and continuing well into 2019 is a transitional time that will be 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.
- The Solid Tumor Database is replacing the Multiple Primaries and Histology Rules in select primary sites and subsites.
- The Hematopoietic and Lymphoid Neoplasm Manual and Database has also been revised.

All of these changes will challenge cancer registries – and few registries will be 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 has meant a delay in updating the software that supports the cancer registry database. As software vendors program these changes, test the validity of their product, and ascertain functionality, cancer registries have been faced with either a complete standstill in abstraction or continuing with abstraction but doing so in an outdated product. Neither option is ideal.

Stopping abstraction means work piles up quickly, which will require additional CTRs to clear. Abstracting in an outdated system reduces productivity and results in duplication of work – CTRs must review the abstract to ascertain its validity and add additional data in data 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.

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 that the information housed in the database or to identify weaknesses in the database. In addition to standard quality assessments, 2018 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 can-

cer 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. These include Standard 1.12 Public Reporting of Outcomes, commonly referred to as annual reporting; Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines; and Standard 4.7 Studies of Quality. In addition, the CoC can and will request data on special studies and if asked for data, participation is required (Standard 5.7 Commission on Cancer Special Studies).

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In addition to CoC reporting, the Cancer Committee, medical staff, and institutional administration ask for 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, 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.

In facilities that are not CoC-accredited, or in facilities with a low cancer case mix of patients, a cancer registry may not exist. However, all states within the US have statutes requiring the reporting of cancer data. Contracted CTR services can be used in these situations on a per diem basis to collect and report the state required data.

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.

SAR and PAR Preparation

Annually, the CoC requires that an accredited cancer program submit a Program Activity Report (PAR) documenting the cancer program activity of the previous year. Every third year, 30 days prior to a scheduled accreditation survey, the Survey Application Record (SAR) must be submitted. The PAR and SAR are very detailed

records of cancer program activity, which includes all aspects of the cancer program – Cancer Committee, Cancer Conferences, nursing care, continuum of care, quality assessment and outcomes, and cancer registry.

Many facilities still depend on their cancer registry to complete the PAR and SAR. However, due to the increased detail and complexity, it may stretch the facility staff's time or go beyond their expertise. High-level, contracted CTRs or CTR managers are well-versed and capable of assisting a facility in completing a PAR and a SAR.

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 disas-

ter. 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 staff the displaced CTRs, until they 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). Cancer registries must work toward having 2018 and 2019 data completed and reported by early 2020, which can be accomplished with the help of contracted CTRs.

In late 2019 or early 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 will also release the new standards for an accredited cancer program. Cancer registry managers need to be prepared for these changes and ready to implement them when they are released.

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. These staffing needs must be taken into consideration as budgeting for the 2020 fiscal year may soon be underway.



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, assistance is available from your contracted CTRs.



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