



Indiana
Department
of
Health

INDIANA STATE CANCER REGISTRY INTRODUCTION

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State Cancer Registry Updates

Nov. 8, 2024

IDOH MISSION:

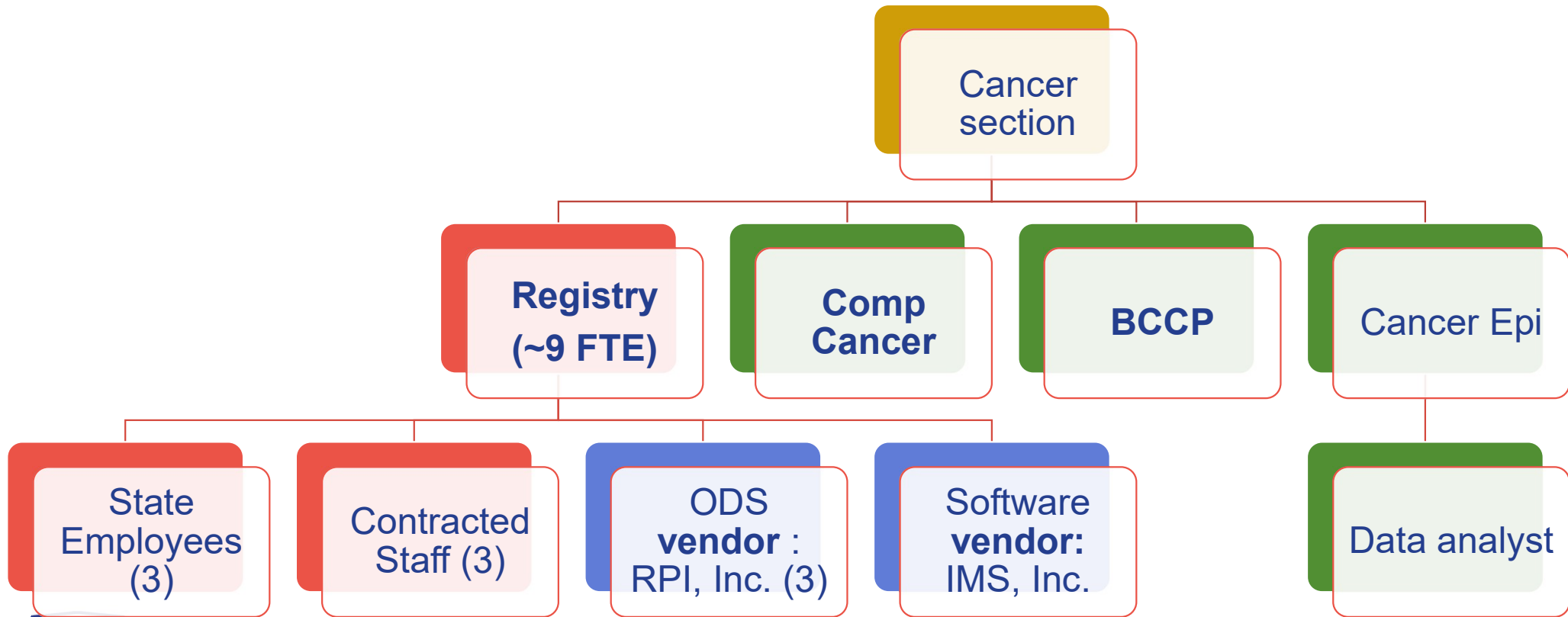
To promote, protect, and improve the health and safety of all Hoosiers.

IDOH VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

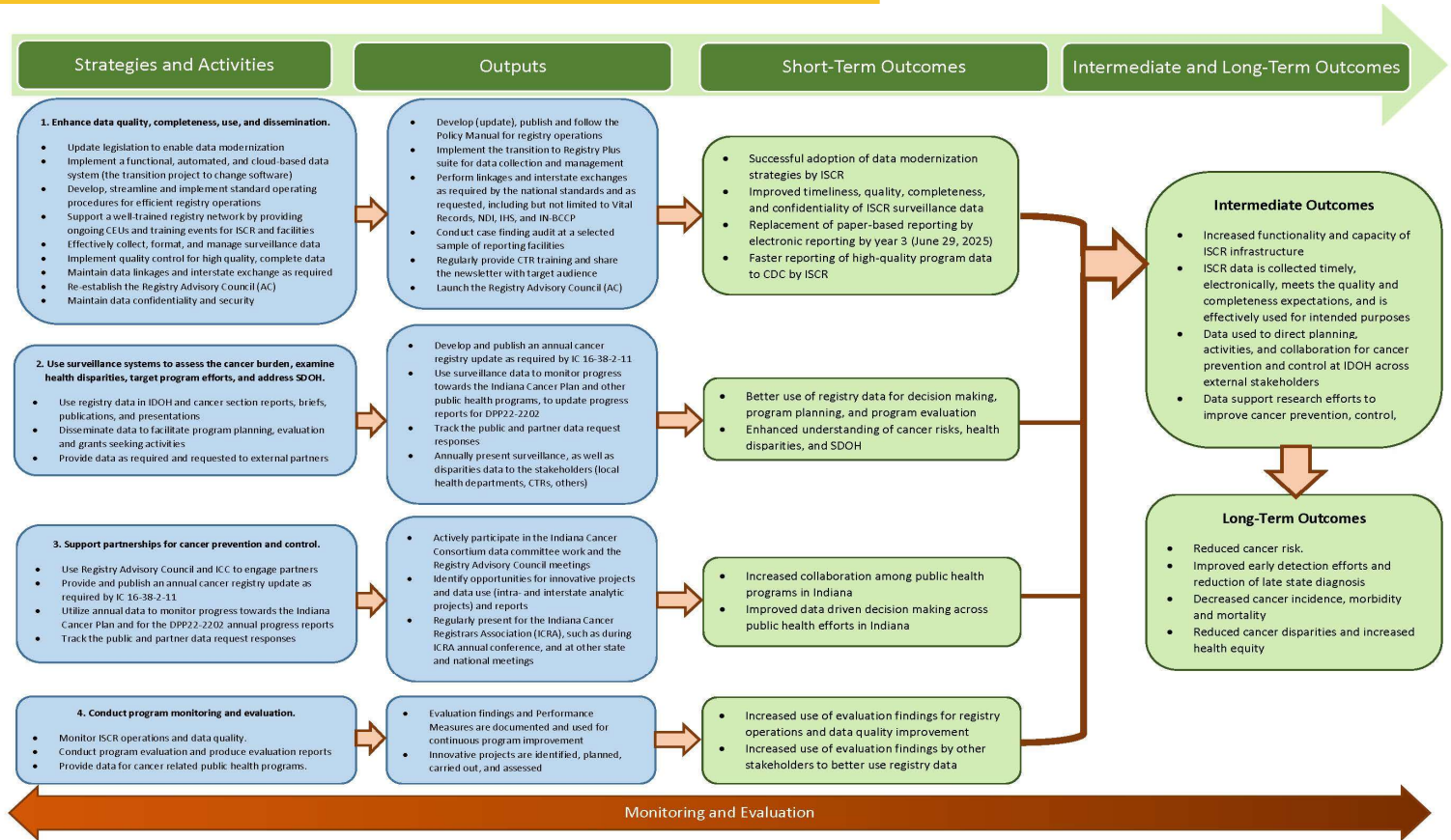


Indiana State Cancer Registry structure, vendors



CDC blueprint for registry work: the Logic Model

Visual of registry operations
(details to follow)



Logic Model zoomed: **strategy #1**

Enhance data quality, completeness, use, and dissemination:

- Stimulate e-reporting
- Software transition from RMCDS to SEER DMS
- New (updated) reporting manuals for providers
- Work with facilities behind in reporting (implementation of state rules)

Monthly newsletter

Example of a reminder for **timely** data submission



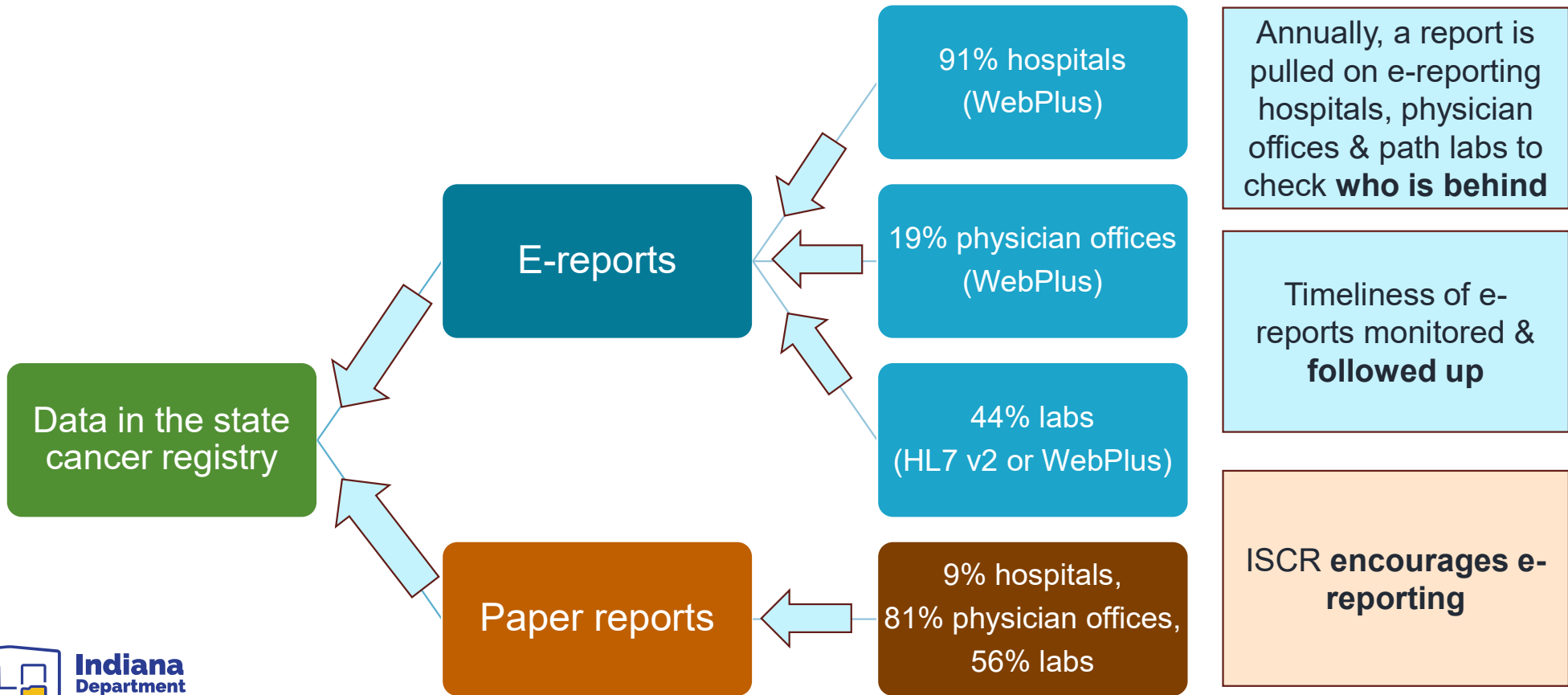
Registry Updates

Indiana cancer reporting facilities:

- We understand that the software migration transition project at the Indiana State Cancer Registry initially may create reporting challenges among some facilities; however, despite this migration project, it is imperative that all hospitals and other cancer care providers report cancer cases to the Indiana Department of Health (IDOH) no later than six (6) months following the date of such diagnosis. ([IGA | 2021 Indiana Code](#) refer to IC 16-38-2-3 reports for those reportable tumors outlined in our ISCR reporting manual which can be found at [Health: CDPC: Policy and Procedure Manuals](#))
- If you have any questions pertaining to Indiana State Cancer Registry (ISCR) reporting requirements, please email Patrick Sweany, health information consultant, at psweany@health.in.gov
- If you have technical issues regarding the process to submit cancer cases via WebPlus (which went into effect Feb. 1), reach out to Padmini Pasam at PPasam@health.in.gov

Thank you for your patience and your hard work in ensuring that all reportable cancer cases are submitted in a timely manner.

Cancer registry data reports by source



Facilities behind in reporting per state rule

113 hospitals in the Web Plus contacts list:

- **19 hospitals (17%) need follow-up in Nov. 2024**

Hosp #	Facility Name
002	VA Northern IN Health Care System - Ft Wayne
008	Cameron Memorial Community Hospital
010	Norton Clark Health (was Clark Memorial Health.)
020	Daviess Community Hospital
025	Dukes Memorial Hospital (Part of Lutheran Health)
031	Gibson General Hospital
037	Harrison County Hospital
045	Indiana University Health University Hospital
065	Logansport Memorial Hospital
078	Perry County Memorial Hospital
080	Pulaski Memorial Hospital
106	Northerwest Health Starke
108	IU Health Tipton Hospital
127	Woodlawn Hospital
153	Pinnacle Hospital
158	UChicago Medicine - Crown Point
211	Logansport Regional Cancer Center
811	Progressive Cancer Care
816	Integrated Cancer Care Indianapolis



Logic Model zoomed: **strategy #2**

Using surveillance systems to assess cancer burden:

- Retire CanStat software to produce data for our epidemiologist (annual cancer report; fact sheets) and instead use SEER*Stat software from IMS
- Participate in approved research studies (Data Release Committee)
 - Virtually pooled registry data requests (VPR studies)
- Starting from Dec 2024, will use SEER*DMS for data inquiries

Logic Model zoomed: strategy #3

Partnerships for cancer prevention:

- Indiana Cancer Consortium annual and interim meetings
- Monthly Cancer Team Leadership meetings
- Annual ICRA meetings
- National meetings – NCRA, NAACCR

Logic Model zoomed: strategy #4

Measurement and evaluation:

- Evaluation Plan updated: December 2023
- Launched Registry Advisory Council (RAC) that meets biannually
 - *Evaluation of registry operations, assessment and mitigation of risks*
- Provide data to public health programs, researchers upon request, managed by cancer epidemiologist

Indiana State Cancer Registry challenges

- Shortage of Oncology Data Specialist (ODS) staff
 - Need more ODS staffing, but difficult to hire as state employees
 - Invest into vendor services, but still not enough ODS hours
- Facilities behind in reporting since 2020 (COVID-19)
- Did not meet CDC's call for data in 2021, 2022, likely 2023
- Software transition from RMCDS to SEER*DMS
- Prioritizing tasks / limited resources



Improvements

Increased State Funding:

- State funding matched federal funding at **1:1** (2023-2024)
- Better staffing
- Added more dollars to ODS vendor contract (2023-2024)

Internal operations streamlined for higher efficiency

- Non-compliance notices sent to the 'behind' facilities (2023)
- Death clearance followback completed for 2020 cases (2024)

Migrated to a more efficient state registry software: **SEER*DMS**

2023 success story at NCRA 50th conference

- Funding for ODS services +28%
- Decision to adopt SEER DMS
- ODS staff onboarding down to 1 month
- Quality review time decreased: 21 to 7 min / case
- Follow-ups with nonreporters (N=24)
- QI inspired by trusted relationships with vendors



2023 NPCR INDIANA SUCCESS STORY

Ainur Aiykhanova; Shelley Boltinghouse; Melissa Chapman

Turning Challenges into Opportunities; The Case of Indiana

National Program of Cancer Registries SUCCESS STORY

SUMMARY
Indiana State Cancer Registry (ISCR), established in 1995, is part of the National Program of Cancer Registries (NPCR) and collects data for about 40,000 cancer cases each year. Due to staff turnover, ISCR did not have a registry director for over eight months (until May 2023) and retained only one full-time state employee Certified Tumor Registrar (CTR), increasingly relying on contracted CTRs. Despite not meeting NPCR's national data quality standards in 2022 due to the case backlog accumulated over several years, the expanded funding from the state matched federal funding at a 1:1 ratio (beginning in July 2023), allowing ISCR to work toward achieving registry program priorities. Additionally, ISCR revised its registry operations processes so that time spent per case in the quality review process decreased threefold.

CHALLENGE

- Retirement of staff and COVID-19 pandemic related turnover left ISCR with only one state employee CTR. The registry was forced to rely on vendors who are usually more expensive and less productive than in-house staff.
- The departure of the previous registry director resulted in 8 months without a fully dedicated person in charge of planning, task delegation, and follow up with reporters.
- Quality control (QC) processes were detailed and labor-intensive, containing more than 50 data items along with

SOLUTION

- Use the additional state funding to increase CTR hours spent on data processing.
- Based on feedback from other states, change registry software to benefit from advanced automated functions.
- Streamline internal registry operations for maximum efficiency.

RESULTS

- ISCR has increased funding for CTR vendor contracts by 28% in 2023 compared to the previous fiscal year to help curb the data backlog. The new registry director renewed contracts in a timely manner and monitors progress with vendors weekly.
- ISCR adopted new registry software that minimizes manual processes and hired a second full-time IT programmer in June 2023 to assist with software transition.
- ISCR revised its operations and decreased the IT onboarding timeframe for new CTRs from 3-6 months to one month for all remote access to be fully set up. This was done in collaboration with the IT department and managers from vendor companies.
- ISCR worked closely with the CTR vendor and software

SUSTAINING SUCCESS

- For the coming 15 years, ISCR prioritized the adoption of more efficient registry software and continuity of tasks among staff and contractors.
- Based on re-evaluated needs, ISCR plans to reduce IT consultant expenses by 25% so that more dollars can be directed to CTR hours and software transition. Solutions for more efficient CTR operations could include prompting current staff to become CTRs and strategic hiring of individual CTRs.
- Creating honest and transparent relationships with vendors helped to identify opportunities for improvement. ISCR will continue reevaluating its processes while working closely with its partners to ensure efficiency, data quality, completeness, and timeliness.

STORY QUOTE
"I was spending several weeks manually reviewing over 50+ data items from the lengthy list of QC criteria set and felt we were falling even farther behind...Thankfully, my revised QC process using Excel functions was accepted and provided a more streamlined QC process, taking away so much of the frustration which comes from the manual work..."
—Melissa Chapman, contracted CTR-certified cancer registrar

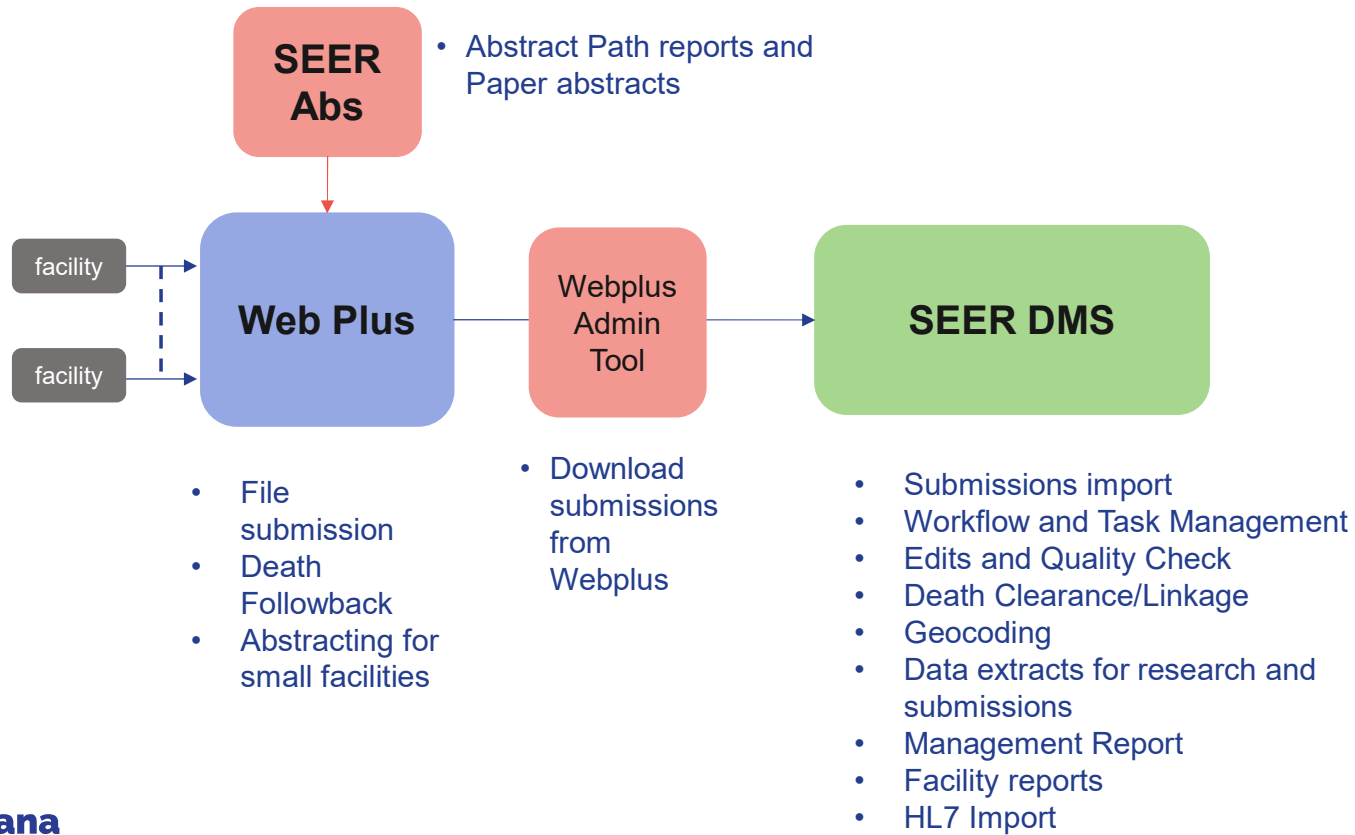
Software migration milestones

- Facilities adapted to new reporting requirements (WebPlus)
- Registry adopted three software suites for different purposes:
 - SEER*DMS** *for state cancer registry operations*
 - SEER*Abs** *for abstracting cases*
 - SEER*Stat** *for data analysis by epidemiologist*
- SEER DMS software live since mid-September 2023
- All data successfully migrated to SEER DMS as of Sept. 30, 2024

Software migration challenges

- Abstracting Software for small facilities:
 - **Web Plus, Abstract Plus and SEER Abs**
- Learning the new system
- Death clearance backlog
- Impossible to meet 2024 call for data
- Limited IT support from the State when vendor support not available

Software future state



Glimpse of the registry's future

Fully adopt and adapt to the new software

- Streamlined, efficient quality control and other functions
- **Meet call for data in 2025 and onward**
- Overcome abstracting and casefinding backlog (path, non-hospital)

Convert paper reporters to electronic reporting (WebPlus since Jan)

Grow ODS workforce from within Indiana (IU ODS program?)

Questions?

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