Concurrent Abstracting: Advantages, Pitfalls, & RCRS

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RegistryPartners
DATA ABSTRACTION / REGISTRY MANAGEMENT / CONSULTING

Objectives

- Define concurrent abstracting
- Offer tips for successfully implementing concurrent abstracting
- Discuss the importance of concurrent abstracting in relation to RCRS

I have no disclosures to report

What is concurrent abstracting?

Definition of “concurrent” - existing, happening, or done at the same time

Dictionary.com

Concurrent Abstracting:

- Abstraction that occurs as treatment is progressing
- Completed in stages rather than waiting until most or all the treatment data is available
- Typically, 2-4 months from date of first contact

Standard Practice:

- States require within 6 months of date of diagnosis and/or first contact with the facility
- No longer a timeliness requirement for RCRS

Advantages

- Availability of real time data
- Increased accuracy for monitoring quality measures
- Data can be used to foster change within your facility
  - Identifying and addressing opportunities for improvement
- Real time statistics for hospital administration
  - In & out migration
  - Case volumes
- Rapid Cancer Reporting System (RCRS)
- Follow-up

Pitfalls

- Abstracts will need to be touched multiple times
- Staffing constraints
- Software vendors

Successful Implementation

Successful Implementation

FOUR STEPS

1. Determine what your reason is for concurrent abstracting.
2. Determine what your facility will define as “concurrent”.
3. Determine how you will reach “concurrent”.
4. Define registry processes.

Successful Implementation

Step 1: Determine what your reason is for concurrent abstracting.

- Data for system administration to inform strategic plans?
- Data for quality metrics to implement change?
- To provide data for researchers?

Successful Implementation (cont'd)

Step 2: Determine what your facility will define as "concurrent".

2 Months? 3 Months?

4 Months?

Successful Implementation (cont'd)

Step 3: Determine how you will reach "concurrent".

Successful Implementation (cont'd)

- Example: Facility with 1200 cases per year has set a goal of 4 months concurrent. Facility is currently at 6 months concurrent and would like to meet their goal January 1st.
- "4 months concurrent" refers to 4 months from the current month, so if we are in October 2024, our goal would be to working on abstracts from June 2024.
- If we want to meet this goal, this means our facility should be finished with August 2024 cases by 01/01/2025.

Successful Implementation (cont'd)

Current

Goal

Current Month	6 Months	4 Months
June	Dec	Feb
July	Jan	March
August	Feb	April
Sept	March	May
Oct	April	June
Nov	May	July
Dec	June	Aug
Jan	July	Sept
Feb	Aug	Oct
March	Sept	Nov
April	Oct	Dec
May	Nov	Jan

Successful Implementation (cont'd)

- Facility Average = 100 abstracts/month (~1200 cases/year)
- Current Timeliness = 6 months (in October 2024, working on April 2024 cases)
- New Timeliness Goal = 4 months by 01/01/2025 (just finished August 2024 cases)
- Backlog = 2 months x 100 cases/month = 200 cases

Successful Implementation (cont'd)

- So, how many cases need to be abstracted between now and our goal?
  - Normal cases to be abstracted between Oct & Dec = 300 (3 months x 100 cases).
  - 200 backlog cases + 300 regular cases = 500 cases
- New monthly total = 500 cases / 3 months = ~ 167 cases/month

Successful Implementation (cont'd)

- Staffing Plan
  - Current staffing = 2.5 FTEs
    - 1 FTE = 40 hrs casefinding and follow-up
    - 1 FTE = 20 hrs/week abstracting, 20 hrs/week admin & accreditation
    - .5 FTE = 20 hrs abstracting
    - Total of 40 hours per week abstracting which has maintained currently timeliness with no issues

Successful Implementation (cont'd)

- Staffing Plan (cont'd)
    - Backlog completion with current staffing:
        - Maintenance: 100 cases per month / 4 weeks = 25 cases per week
            - 25 cases per week * 1.5 hrs per case = 37.5 hrs weekly
            - 40 abstracting hours - 37.5 maintenance hours = 2.5 extra hours per week to work backlog
        - Backlog: 200 total cases * 1.5 hrs/case = 300 hours
            - 300 hours / 2.5 extra hours per week = **120** weeks to goal

Estimated Completion Date = 01/19/2027

Successful Implementation (cont'd)

- Staffing Plan (cont'd)
    - How many additional hours for backlog completion?:
        - Backlog = 200 cases
        - Timeline = 3 months (10/01/2024 - 12/31/2024)
        - 200 cases * 1.5 hrs/case = 300 hours over 3 months
        - 300 hours / 3 months = Additional 100 hours per month
        - 100 hours per month / 4 weeks = additional **25** hours per week

Successful Implementation (cont'd)

- Staffing Plan (cont'd)
    - What about updating concurrent cases once we meet maintenance?
        - ½ hour per case towards updates
        - 100 monthly cases * .5 hrs = 50 additional hours monthly
        - 50 hours monthly / 4 weeks = **~12.5** hours additional weekly to maintain the registry at 4 months timeliness once goal has been met

Successful Implementation (cont'd)

- Staffing plan (cont'd)
  - Let's look at our final totals:
    - Additional hours needed to reach goal: **25** hours per week
    - Additional hours needed to stay at the new maintenance: **12.5** hours per week
  - This does not mean that you need **37.5** hours per week! Once maintenance has been reached, we no longer need the extra 25 hours per week as our monthly average will be back to the normal 100 cases per month!
  - So what are our options?
    - Offer overtime for a few months to meet goal?
    - Hire or contract someone temporarily to assist?

Calculations like what we just completed are great for administration to show them the cost and time it will take to get more concurrent!

Successful Implementation (cont'd)

Step 4: Define registry processes.

- Casefinding to allow for concurrent processes
  - Minimum of two months ahead of abstracts
  - Electronic vs. manual
  - Suspense cases
- Creating the initial abstract
  - Documenting pending treatment needed
  - Using "8" codes
  - Requests for Information

Successful Implementation (cont'd)

- Contains information on patients that are potentially reportable to your facility
- Define the data elements that will be included:
  - Patient name
  - MRN
  - Date of diagnosis and/or first contact
  - Primary site
  - Histology
- Check state registry manuals for any requirements on suspense case reporting and/or required elements

Successful Implementation (cont'd)

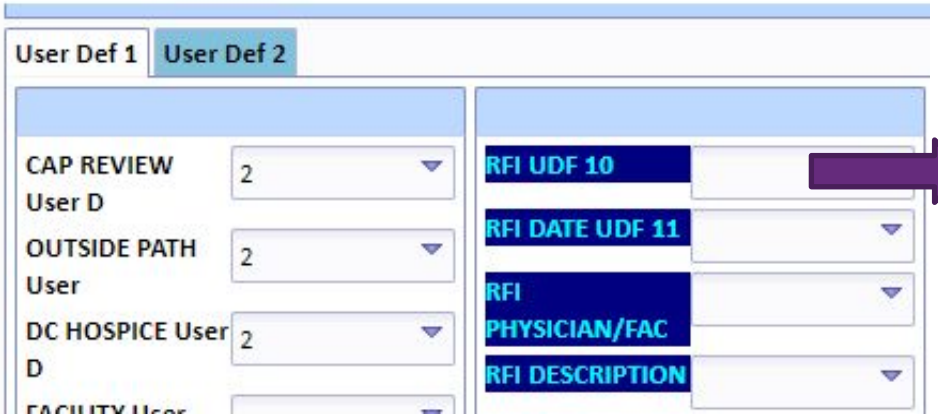
- Requests for Information (RFIs)
  - Internal RFIs
    - Information that is expected to come from your facility
    - Requires review of the EMR at a later date
  - External RFIs
    - Information that is expected to come from an outside facility
    - Requires a request to be sent to another facility and treatment entered once received back

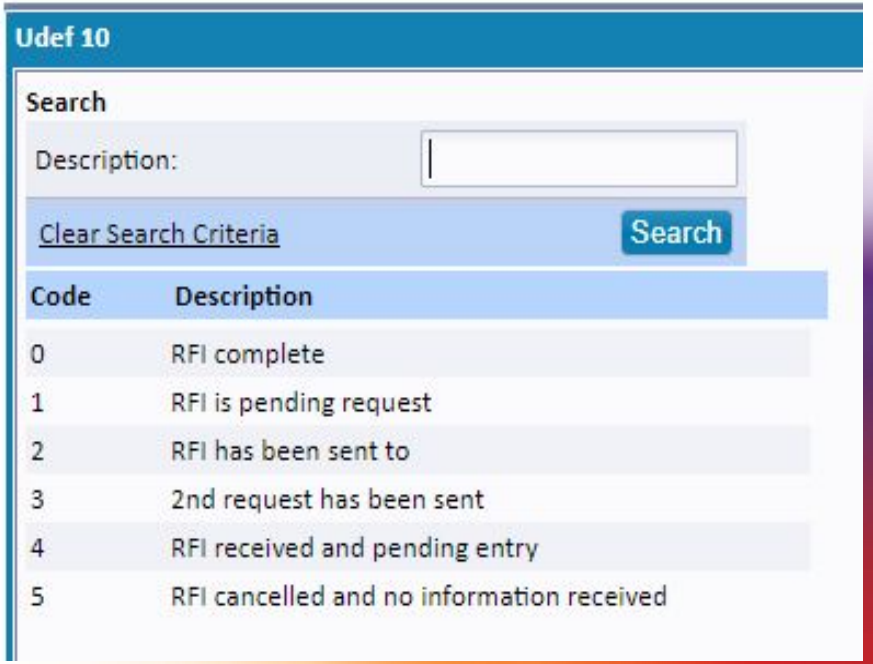
Successful Implementation (cont'd)

- Reviewing previously abstracted cases for updating
  - Text documentation should indicate when, where and by whom for future treatments expected
  - Reports pulled from registry to identify cases.
    - User-defined fields
    - Incomplete case status

Successful Implementation (cont'd)

User-Defined Fields (UDFs)





Successful Implementation (cont'd)

User-Defined Fields

RFI Date - UDF 11

- Text Box
- ODS can add date of the request for treatment information (RFI)

RFI Physician/Facility

- Text Box
- ODS can add physician or facility that they need treatment information from
  - Example - Dr. John Doe, Mayo Clinic (with address)
- If treatment information will be found internally, "ODS" can be put in as the physician/facility because the ODS will look up treatment information later

RFI Description

- Text Box
- ODS adds the type of treatment information needed
- Example - Need Radiation and Hormone treatment, to be done after chemo is complete

Successful Implementation (cont'd)

Dear Medical Records/Cancer Registry Department:

As a Commission on Cancer approved cancer program, it is our initiative and obligation to obtain complete diagnosis and treatment information on all patients diagnosed and/or treated at our facility. We are requesting information regarding the following list of mutual patients in which you have been named as a consulting, treating or managing physician or facility in the patient's medical record. The information being requested will ensure we have a complete and accurate record of diagnostic and treatment information for each patient in our cancer registry database. Please review the list provided below. **Pay special attention to the documentation outlined in the "Information Needed" column**. This includes any information still pending in order to complete the diagnosis and/or treatment information for each patient. **Please hand write the requested information directly on the list and return or fax copies of the medical record reports that would provide the information we are requesting.**

Please submit the requested information to the **secure, encrypted and confidential fax number provided in compliance with HIPAA standards**: **(336) 555-5555**.

Sincerely,

Cancer Registry

Successful Implementation (cont'd)

CTR/RFI#	Patient	DOB	Cancer Dx Date	Cancer Site	Information Needed
EBW	Doe, John	03/11/1961	10/03/2024	Prostate	**Provide cancer treatment summaries** • **Surgery** with Pathology report • **Chemotherapy** with START date and Type • **Hormone** with START date and Type • **Radiation** treatment summary with START/END Dates & Modality • **Other treatment**
					If **patient refused treatment,** please send doctor's progress notes with the date of refusal.
					If referred, please indicate Name/Facility

Successful Implementation (cont'd)

- Reports pulled from registry to identify cases
  - **Report population**
    - Patient name, DOB, MRN
    - Site code
    - Accession number
    - Abstractor initials
    - All User Defined fields
      - with request for treatment information codes
        OR
      - Case Status=Incomplete and Text field used to document pending treatment

Successful Implementation (cont'd)

- All User Defined fields with request for treatment information codes

Last Name	First Name	MRN	Accession Nbr	DOB	Site Code	Site Code	UDF10	UDF11	RFI Phys/Facility	RFI Description	Abstractor Initials
Doe	Lois	151617	2200900059	12/22/1990	50	BREAST	4	4/28/2024	Dr. Kermit, Beverly Hills, CA	Chemotherapy start/end dates, agent; Immunotherapy start/end dates, agent.	EBW
Piggy	Miss	111213	2201100163	10/27/1950	50	BREAST	3	5/31/2024	Lois Lane, 344 Clinto St, Apt #38, Metropolis, CA	Chemotherapy start/end dates, agent.	ABC
Duck	Donald	678910	2202000168	8/21/1942	67	URINARY BLADDER	2	6/1/2024	Brad Mondo, MD, ABC Medical Centery, New Orleans, LA	Surgery start/end dates, type.	XYZ
Mouse	Mickey	789101	2201000349	8/17/1968	15	ESOPHAGUS	1	8/1/2024	ODS	Surgery start/end dates, type.	EBW

Successful Implementation (cont'd)

- Case Status = Incomplete and text field used to document pending treatment

Last Name	First Name	MRN	Accession Nbr	DOB	Site Code	Site Code	Abstractor Initials	Case Status	Chemotherapy Text	Surgery Text
Doe	Lois	151617	2200900059	12/22/1990	50	BREAST	EBW	I	Chemotherapy expected to be given 09/2024 by Dr. Kermit, Beverly Hills, CA. RFI sent 09/15/2024.	
Piggy	Miss	111213	2201100163	10/27/1950	50	BREAST	ABC	I	Chemo expected end of 10/2024 by Lois Lane, MD, 344 Clinton St, Apt #3B, Metropolis, CA. Send RFI by 11/01/2024.	
Duck	Donald	678910	2202000168	8/21/1942	67	URINARY BLADDER	XYZ	I		Surgery expected 09/2024 by Dr. Brad Mondo, ABC Medical Center, New Orleans, LA. RFI sent 10/01/2024.
Mouse	Mickey	789101	2201000349	8/17/1968	15	ESOPHAGUS	EBW	I		Surgery expected 10/2023 by Dr. Smith at our facility. Check EMR by 10/31/2024 if not path received.

Successful Implementation (cont'd)

- Reports pulled from registry to identify cases
  - At least Monthly, prior to RCRS submission
  - Have CTR update cases and follow up on requests

- Analytic vs. Non-Analytic?
  - Do you want to spend time on RFIs for non-analytic cases?
  - Define which class of case numbers to follow on?

Avoiding Pitfalls

Avoiding Pitfalls

- Communication among staff
- ODS’s responsibilities
- Productivity expectations

Avoiding Pitfalls (cont'd)

- Developed a structured RFI process that includes when information should be available rather than sending a request before the treatment is even finished

- Have access to all electronic medical records system available to the facility

Tips to Help Ensure Success

Tips to Help Ensure Success

- Look for regional/state data exchanges that your facility participates in and ensure you get access

Facility Participation List (As of July 2024):
https://www.ihie.org/participant-list/

https://www.ihaconnect.org/HIT/Pages/Health-Information-Exchange.aspx

Indiana Hospital Association

Championing Health Care in Indiana since 1921.

- Indiana Health Information Exchange – Includes 90 hospitals and more than 14,000 physicians across Indiana, Illinois, Kentucky, Michigan and Ohio
- Michiana Health Information Network – Includes 17 hospitals, 18 diagnostic laboratories and five public health organizations, primarily in northern Indiana
- MedWeb – includes 34 hospitals, medical practices and pharmacies in northeastern Indiana
- HealthLINC – includes hospitals and providers in southern Indiana
- HealthBridge – includes 50+ hospitals in six communities across four states

Tips to Help Ensure Success (cont'd)

- Develop partnerships with Medical Oncology/Radiation Oncology
- Hide duplicate or unused fields within the abstracts
- Ongoing updates to processes and quality improvement
  - Gaps in training?
- Mindset and cultural changes
- BE PATIENT!

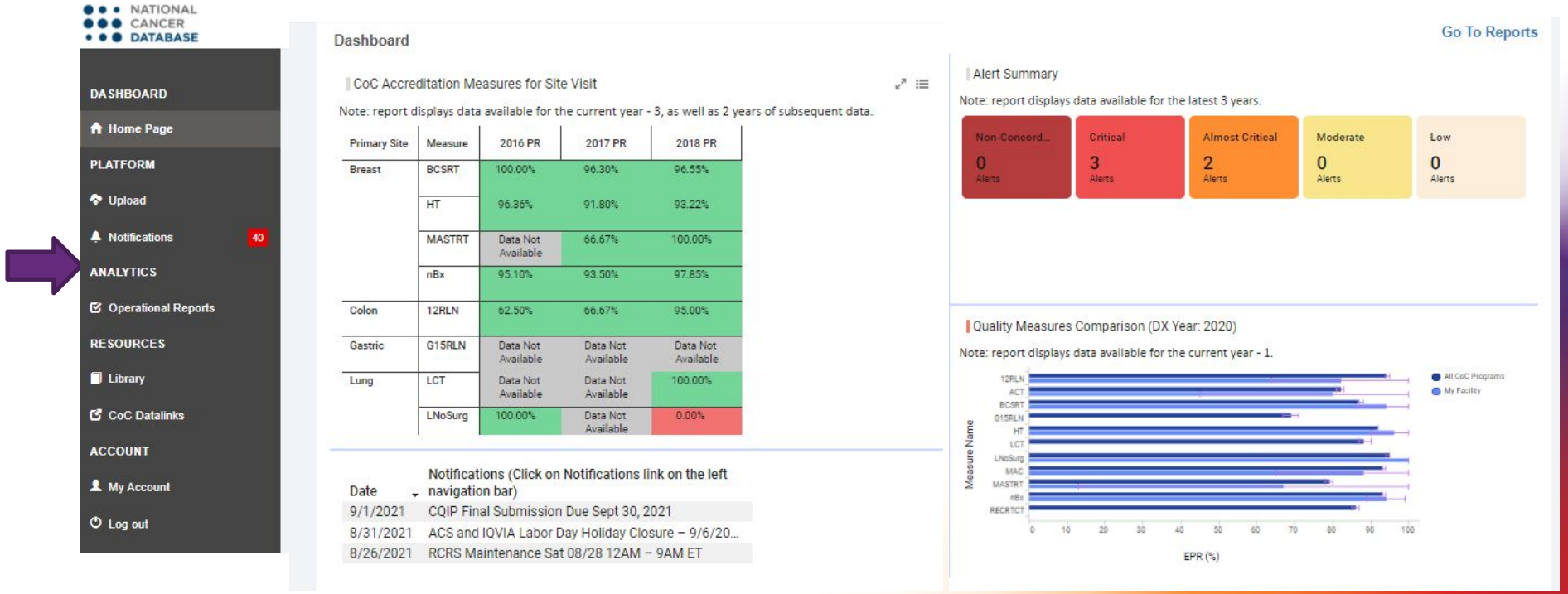
Rapid Cancer Reporting System (RCRS)

RCRS and Concurrent Abstracting

- “Concurrent” doesn’t necessarily mean “today”
- RCRS data updated and available to us 72 hours after a submission
- Concurrent data provides more meaningful data to physicians, cancer committees, and administrators
- Alert system as a backup to incomplete cases or those needing updates

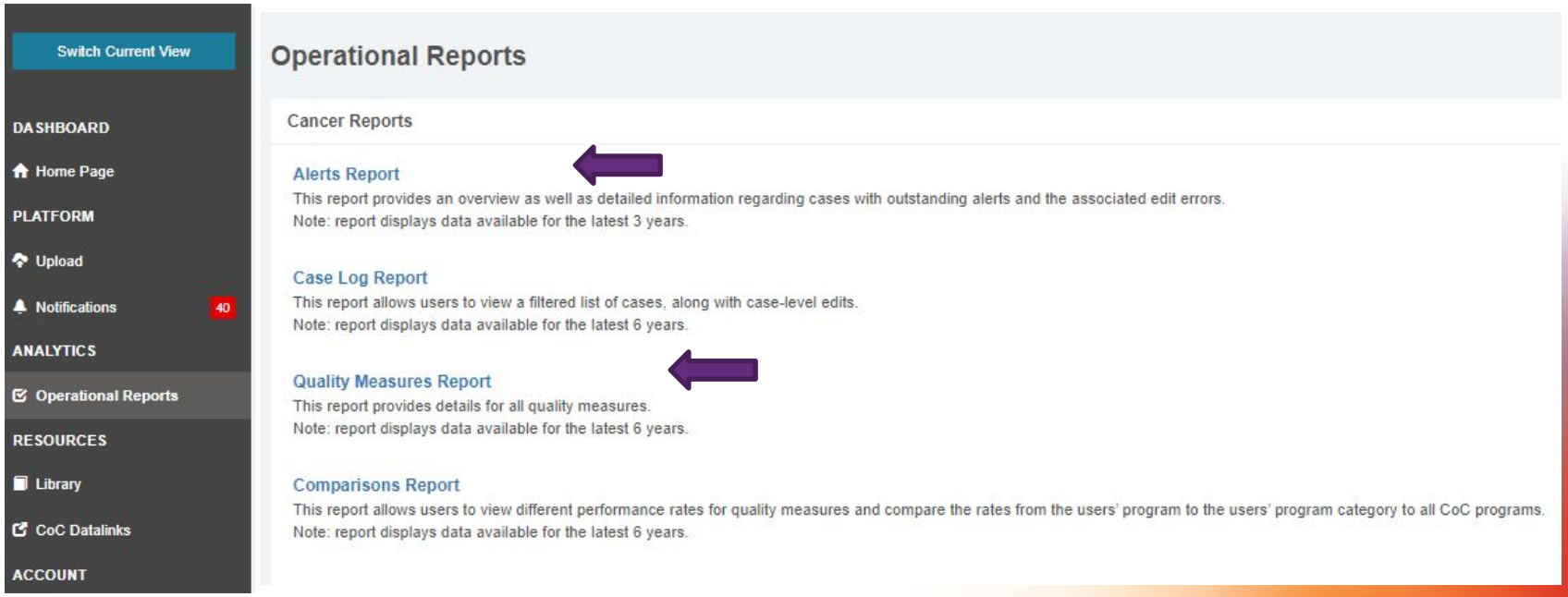
Rapid Cancer Reporting System (RCRS)

- Default home page



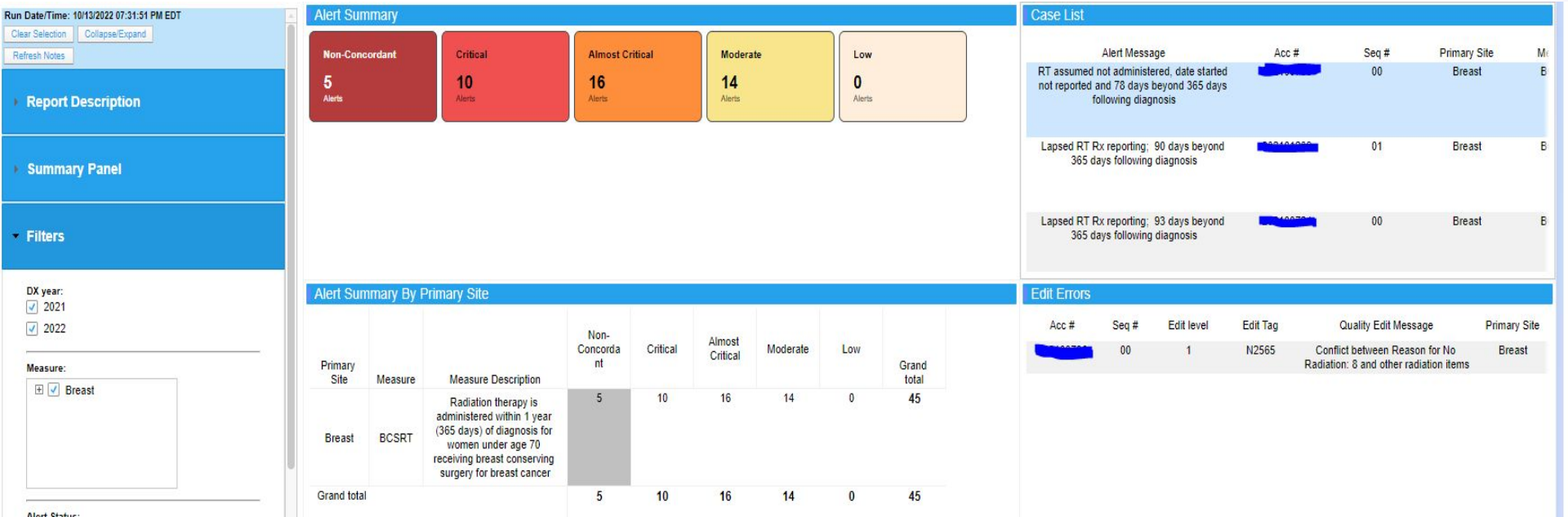
Rapid Cancer Reporting System (RCRS) (cont'd)

- Quality Measures Report



Rapid Cancer Reporting System (RCRS) (cont'd)

Alerts Report



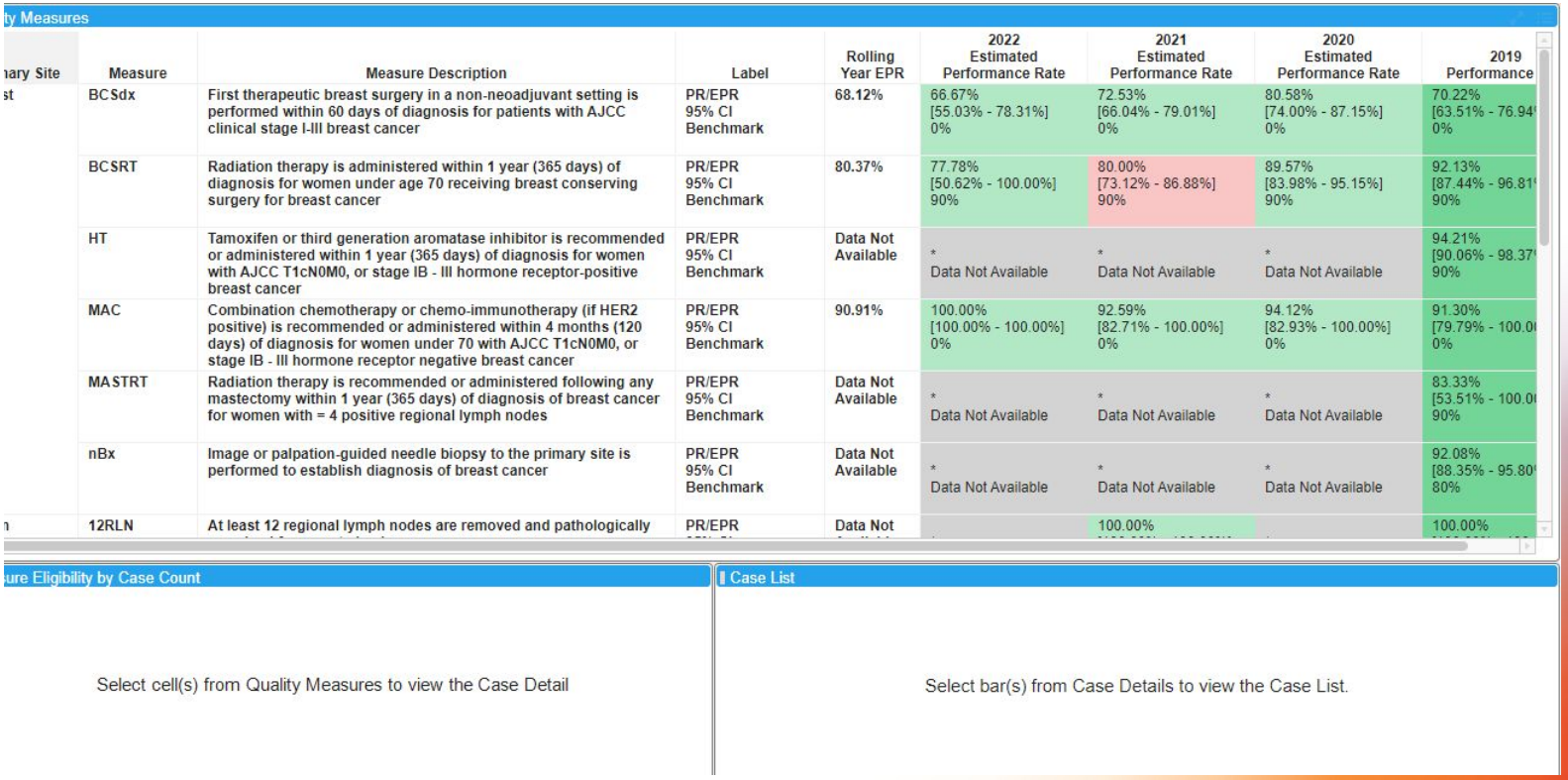
Rapid Cancer Reporting System (RCRS) (cont'd)

Alerts Report

	Alert Status-Based on the Number of Days Until Expected Administration of Non-Surgical Therapy				
Measure	Low (white/cream)	Moderate (yellow)	Almost Critical (orange)	Critical (red)	Non-concordant (dark red)
BCSdx	>=41	40-31	30-21	20-1	<=0
MAC	>=91	90-61	60-31	30-1	<=0
ACT	>=91	90-61	60-31	30-1	<=0
RECRTCT	>=151	150-121	120-61	60-1	<=0

Rapid Cancer Reporting System (RCRS) (cont'd)

Quality Measures Report



ty Measures

ıary Site	Measure	Measure Description	Label	Rolling Year EPR	2022 Estimated Performance Rate	2021 Estimated Performance Rate	2020 Estimated Performance Rate	2019 Performance
st	BCSdx	First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-III breast cancer	PR/EPR 95% CI Benchmark	68.12%	66.67% [55.03% - 78.31%] 0%	72.53% [66.04% - 79.01%] 0%	80.58% [74.00% - 87.15%] 0%	70.22% [63.51% - 76.94 0%
	BCSRT	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	PR/EPR 95% CI Benchmark	80.37%	77.78% [50.62% - 100.00%] 90%	80.00% [73.12% - 86.88%] 90%	89.57% [83.98% - 95.15%] 90%	92.13% [87.44% - 96.81 90%
	HT	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor-positive breast cancer	PR/EPR 95% CI Benchmark	Data Not Available	* Data Not Available	* Data Not Available	* Data Not Available	94.21% [90.06% - 98.37 90%
	MAC	Combination chemotherapy or chemo-immunotherapy (if HER2 positive) is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer	PR/EPR 95% CI Benchmark	90.91%	100.00% [100.00% - 100.00%] 0%	92.59% [82.71% - 100.00%] 0%	94.12% [82.93% - 100.00%] 0%	91.30% [79.79% - 100.0 0%
	MASTRT	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with = 4 positive regional lymph nodes	PR/EPR 95% CI Benchmark	Data Not Available	* Data Not Available	* Data Not Available	* Data Not Available	83.33% [53.51% - 100.0 90%
	nBx	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	PR/EPR 95% CI Benchmark	Data Not Available	* Data Not Available	* Data Not Available	* Data Not Available	92.08% [88.35% - 95.80 80%
n	12RLN	At least 12 regional lymph nodes are removed and pathologically	PR/EPR	Data Not		100.00%		100.00%

ure Eligibility by Case Count

Select cell(s) from Quality Measures to view the Case Detail

Case List

Select bar(s) from Case Details to view the Case List.

Rapid Cancer Reporting System (RCRS) (cont'd)

Quality Measures

Primary Site	Measure	Measure Description	Label	Rolling Year EPR	2022 Estimated Performance Rate	2021 Estimated Performance Rate	2020 Estimated Performance Rate	2019 Performance
Breast	BCSdx	First therapeutic breast surgery in a non-neoadjuvant setting is performed within 60 days of diagnosis for patients with AJCC clinical stage I-III breast cancer	PR/EPR 95% CI Benchmark	68.12%	66.67% [55.03% - 78.31%] 0%	72.53% [66.04% - 79.01%] 0%	80.58% [74.00% - 87.15%] 0%	70.22% [63.51% - 76.94 0%
	BCSRT	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	PR/EPR 95% CI Benchmark	80.37%	77.78% [50.62% - 100.00%] 90%	80.00% [73.12% - 86.88%] 90%	89.57% [83.98% - 95.15%] 90%	92.13% [87.44% - 96.81 90%
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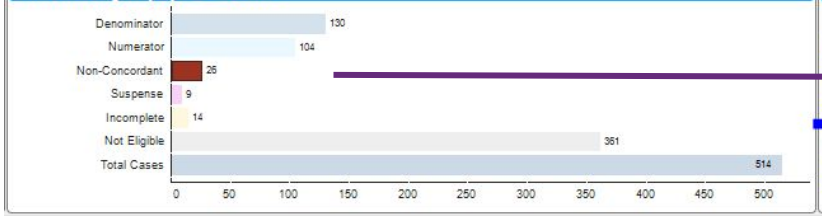
Colon	12RLN	At least 12 regional lymph nodes are removed and pathologically	PR/EPR	Data Not		100.00%		100.00%

Measure Eligibility by Case Count



Case List

Acc#	Seq#	DX Year	Primary Site	Measure	Measure Status Description
[redacted]	00	2021	Breast	BCSRT	RT not administered NAACCRv18
[redacted]	00	2021	Breast	BCSRT	RT not administered NAACCRv18
[redacted]	00	2021	Breast	BCSRT	RT started more than 365 days following diagr
[redacted]	00	2021	Breast	BCSRT	RT started more than 365 days following diagr
[redacted]	00	2021	Breast	BCSRT	RT not administered NAACCRv18
[redacted]	00	2021	Breast	BCSRT	RT not administered NAACCRv18
[redacted]	00	2021	Breast	BCSRT	RT status unknown, assumed not administere
[redacted]	00	2021	Breast	BCSRT	RT status unknown, assumed not administere

Rapid Cancer Reporting System (RCRS) (cont'd)

Importance of monitoring non-concordant cases

- Error in registrar coding?
- Issue with the RFI/tracking process?
- Hospital, patient, or other issue?

Summary

- Define concurrent abstracting
  - Goals of your facility
  - Types of cases accessioned
- Offer tips for successfully implementing concurrent abstracting
  - Formalizing registry processes and responsibilities
  - Developing relationships
  - Establishing system access
- Importance of concurrent abstracting in relation to RCRS

Thank you!
Questions?

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