



Leading Through Massive Change in the Cancer Registry

A White Paper



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Sweeping Cancer Registry Changes

Despite many changes already underway, cancer registries will continue to experience major changes in 2010 and beyond. Hospitals and health networks that maintain a cancer registry can significantly improve their odds of successfully managing these changes by fostering a productive dialogue about the potential impact of these changes on their organizations right away.

At the recent National Cancer Registrars Association (NCRA) conference, much discussion focused on what registrars and registries can expect in the near future. In addition to regulatory changes to standards, processes for education are also changing, as well as data collection procedures. Some of the changes or clarifications are already being implemented in 2009, but final changes and clarifications will continue to emerge as cancer registry departments prepare and begin to train staff and 2010 effective dates for many of these changes approach.

The sheer volume of changes is daunting. In 2010, the American Joint Committee on Cancer (AJCC) Staging Manual will be published in its 7th edition, which includes significant changes. The American College of Surgeons Commission on Cancer (ACoS CoC) Cancer Program Standards Manual was revised in 2009, and the Facility Oncology Registry Data Standards (FORDS) manual contains changes and clarifications effective in 2009 and 2010. The Collaborative Staging Manual, published jointly by the AJCC and U.S. Department of Health and Human Services, will undergo significant changes in 2010. There will be hematopoietic rule changes to the Multiple Primary and Histology Coding Rules manual, published by the National Cancer Institute's Surveillance, Epidemiology and End Results (NCI/SEER) Program, and the North American Association for Central Cancer Registries (NAACCR) is planning changes to its standards, which include significant record layout modifications.



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Keeping up with all of this change can be extremely difficult for hospitals and health networks, and those that maintain a cancer registry need to dedicate some significant time and resources to train staff on the changes. Executives should continue to improve their understanding of what the cancer registry needs to successfully manage these changes and how addressing or ignoring these changes can affect the productivity levels and other key performance indicators of the cancer registry and organization as a whole.



Getting Prepared

Cancer registry professionals will receive most of their training from the industry's major regulatory bodies, including the ACoS CoC, the NAACCR and the NCI/SEER Program. Training will likely be offered by state association registry meetings through Webinars and other formats. The NCRA annual convention in 2010 will also be a great source for additional training and clarification. As it has in the past, the NCRA will likely provide information on sources for more in depth training and clarification on unresolved issues for changes already implemented or those in the process of being implemented.

How long the training will take is still unclear, but hospitals and health networks should expect the time investment to be significant. Although the change is substantial, the industry as a whole is working together to better manage the associated challenges and has proven in the past that coordinated efforts of many groups can set the stage for successful transitions. The NCRA in particular provides leadership through its members who sit on taskforces and represent the cancer registrar's perspective.



Impact on the Organization

Despite the efforts of many to train industry professionals and develop the necessary resources for successful change management, a learning curve and a trying time for the department should be expected throughout the transition. Productivity has been affected when similar changes have been implemented in the past, and cancer registries will need resources to not only support training efforts but also to implement required changes and upgrades to IT systems and procedures. Unlike most times of transition for cancer registries in the past, the NCRA has told its members it expects this set of changes will impact productivity, as organizations grapple with an expansive set.

Reduced productivity of cancer registries can be quite costly to hospitals and health networks. Organizations that provide the training and other budgetary needs of their cancer registry departments in a timely manner position themselves well to reduce the overall impact of the changes on their organizations. Those that put off designating resources and preparing for the changes can expect productivity to fall much lower than others as regulatory violations increase and late efforts to prepare help them play catch up at best.



Six Activities to Get Prepared

To get themselves, their departments and their organizations ready for these changes, registrars and other registry professionals should at least have the following six activities on their 2010 readiness action plan.

1. Read

Registrars can expect a lot of communication from such sources as the ACoS CoC, state associations and registries, the NCRA, the NAACCR, etc. In order to stay on top of what's happening, the following Web sites and resources are a must:

- ACoS CoC and the CoC Flash newsletter in particular:
www.facs.org/cancerprogram
- NCRA and the NCRA Connection newsletter:
www.ncra-usa.org
- NAACCR: www.naacccr.org
- NCI/SEER Program: www.seer.cancer.gov
- State registry association Web sites

2. Plan

Registrars should create an implementation plan and timeline once all communications and deadlines have been finalized.

3. Prioritize

Registrars should determine what needs to occur, when and how current work will be accomplished while preparing for upcoming changes. With many moving parts, this effort's success will depend heavily on registrars being clear about priorities and securing buy-in on those priorities from their organization's executive team.

4. Manage Time

Time management skills will be essential as hospitals and health networks transition to updated standards. To effectively manage time during these transitions, registrars must not only effectively set priorities; they must stay disciplined and focused on the plan to ensure ongoing progress and avoid unnecessary setbacks.

5. Educate

Registrars should educate themselves, their peers and their organization's leadership teams early and often about the scope, nature and timing of the pending changes. They should also request the resources necessary to prepare for the pending transition(s) as part of annual budgeting processes and offer to provide more information or a formal presentation if the need for these additional resources prompts more questions from the leadership team(s).

6. Update

Registrars must be sure to update all internal policies, procedure manuals and systems that will be affected by the many upcoming changes.

 Key Takeaways

With major changes already taking place, cancer registries can expect them to continue through 2010 and beyond. Hospitals and health networks can maintain productivity during transitions by encouraging communication throughout the organization and taking advantage of resources made available by such regulatory bodies as the ACoS CoC, the NAACCR and the NCI/SEER Program. By providing necessary training early on and expecting the changes to affect the organization's productivity, leaders at hospitals and health networks can minimize any negative impact on their organizations during the transition.

Cancer registrars and registry professionals should stay up to date on literature from the regulatory bodies and put a timeline in place once deadlines are confirmed. Registrars must determine priorities and secure approval from their organization's management, remaining regimented and focused throughout the transition. Finally, registrars should educate not just themselves, but also their peers and leadership teams about the timing and extent of the changes and revise all internal manuals, systems and policies which will be impacted by the changes.

 About the Author

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As Director of Cancer Registry Services at Care Communications, Inc., Laurie Hebert is responsible for managing cancer registry consultants, client relationships and sales of cancer registry services. Hebert also provides input and required oversight for research projects that require cancer registry data.



Before coming to Care Communications, Hebert worked for a leading quality health information coding services company, where she was responsible for cancer registry and coding management. Throughout her career, Hebert has worked at various hospitals and cancer registry facilities in a range of health information management (HIM) roles.

Hebert published many articles for *The Connection: The Official Newsletter of NCRA* while serving as National Cancer Registrars Week Committee Chair. Hebert co-authored a study on pediatric lymphoma and assisted in the development of a pediatric staging form chosen by the American College of Surgeons Commission on Cancer as a best practice tool for pediatric facilities. She also authored the white paper, "Changing Educational Requirements Shake Up Hospital Cancer Committees" and contributed to several articles on the topic.

Hebert is a member of several health care associations including the American Health Information Management Association (AHIMA), the Louisiana Health Information Management Association, the Southeast Louisiana Health Information Management Association, the National Cancer Registrars Association (NCRA) and the Louisiana Cancer Registrars Association. Hebert is the past chair of the National Cancer Registrars Week Committee for NCRA, past president-elect of the Central Louisiana Health Information Management Association and past president of the Southeast Louisiana Health Information Management Association. She received a Bachelor of Science in psychology and HIM from the University of Southwestern Louisiana.

Areas of Expertise:

- Cancer registry regulations and accreditation
- Cancer registry education and advocacy
- Data management and analysis
- Quality data collection
- Cancer studies
- Outcomes measurement
- Database outcomes improvement

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