



# Changing Educational Requirements Shake Up Hospital Cancer Committees

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How hospital administrators can ensure compliance



Two percent of programs were denied approval by the American College of Surgeons Commission on Cancer (ACoS CoC) after being surveyed in 2006. This can spell trouble financially and from a compliance perspective for hospital administrators, and the task of maintaining compliance is only going to get more difficult as changes in the educational requirements for certified tumor registrars (CTRs) further limit the already thin supply of these critically important professionals going forward.

The pending changes to educational requirements for the CTR exam, which take effect from 2008 through 2010, will essentially make it more difficult for interested professionals to qualify to sit for the exam. This will likely result in a reduced supply of CTRs, and proactive administrators want to stay ahead of the competition since past steps taken to ensure compliance may no longer be adequate. Already, many are reaching out to their cancer committees to ensure they are aware of the pending change, prepare for what lies ahead, avoid falling into the ranks of potential non-compliant hospitals and ensure their organizations continue to maintain compliance with all oncology-related reporting requirements.

The following pages provide an overview of the cancer registry profession, the role of certified tumor registrars, the process for healthcare organizations to maintain compliance, some potential implications of the pending changes to educational requirements and steps that administrators can take to ensure their organizations stay ahead of the curve on this still emerging issue.



## Importance of the Cancer Registry and Certified Tumor Registrars

Data resulting from the collective efforts of certified cancer registrars has proven extremely valuable in improving care for patients with cancer; so don't expect reporting requirements to cease any time soon.

The data provide health officials with accurate and timely information to support research, treatment and education. Local, state and national cancer organizations use it to make important decisions that significantly affect budgets by allocating limited public health funds. The data also represent the most comprehensive body of research on the origin, causes and reach of cancer, as well as the effectiveness of the various treatment options available.

The necessary data are typically collected by a CTR, and each hospital with an approved cancer program must have at least one CTR on staff. In order to become a CTR, these individuals must have a specific amount of Cancer Registry experience, meet educational standards and pass an exam before earning their credentials.

As the National Cancer Registrars Association (NCRA) expands these education requirements, the supply of these professionals will likely decrease, and hospital executives should ensure their committees have a plan in place to maintain compliance, despite the impact the pending changes to certification requirements may have on supply. Measures taken to ensure compliance in the past may no longer suffice since it may become significantly more difficult to keep the right CTR on staff.

Ultimately, the responsibility to achieve and maintain compliance falls on the shoulders of the cancer committee and hospital administration. By working in tandem with their hospital's cancer registry department, they can help ensure compliance, even in light of the new educational standards and maintain the organization's good standing with the ACoS CoC.

The ACoS CoC requires all accredited hospitals to capture a complete summary of the history, diagnosis, treatment and disease status for every cancer patient. There may be more than 150 data items to code for each cancer diagnosis, including demographic information, medical history, diagnostic findings, and other specifics on the cancer and associated treatments. As per reporting guidelines, when a patient has more than one cancer diagnosis, each instance must be captured separately.

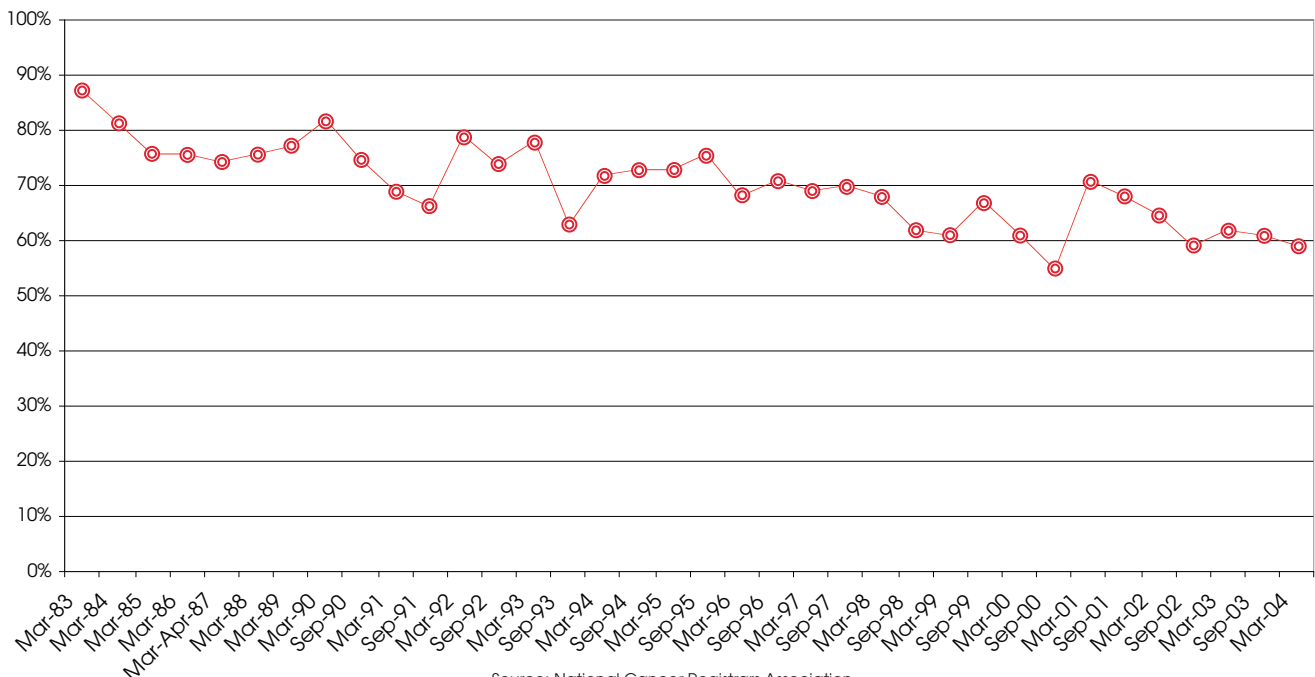
The organization also must conduct lifetime follow-up with patients, encouraging regular clinical exams and providing accurate cancer survival information. The CTR typically leads the effort to document information regarding treatment, recurrence and patient status throughout their lifetime. Even before the new requirements emerged, collecting and reporting the necessary data to ensure compliance required significant effort from hospitals.

The data often exist in decentralized locations and different formats. Typically, hospitals must collect data from in house medical records, as well as physicians' offices, clinics, other healthcare facilities and online applications

over the course of a patient's lifetime. In addition to following national coding standards, the CTR must apply and consult several coding manuals and all available health records in order to determine the correct value for each data item. For data to be useful, data entry requires great care and consistency; so any reduction in accuracy or completeness of required data can provide a false overall picture of the individual hospital's incidence, outcome and treatment patterns. When non-qualified personnel inadequately or incorrectly capture data, this limits the significance of studies that utilize the registry data and the potential improvements in the care patients receive.

These hospital documentation and reporting requirements remain constant, but organizations now face new challenges, due to the changing educational requirements of CTRs and an aging CTR workforce with many CTRs quickly approaching retirement. Even before these changes were proposed, the NCRA certification exam pass rates had been declining, with a nearly 90 percent pass rate in 1983 dropping to less than 60 percent in 2004, according to the NCRA's latest Workforce Survey.

## NCRA Certification Exam Pass Rates: 1983-2004



Source: National Cancer Registrars Association

Since the greatest resource available to hospital administrators and cancer committees seeking to stay compliant is often the expertise and skills of a CTR, any reduced supply of CTRs resulting from the changes could significantly boost demand for this most helpful cancer registry resource. Both of these factors will significantly impact the supply of CTRs moving forward, and as it becomes more difficult for hospitals to keep the CTR(s) already on staff and recruit new ones as needed, organizations could encounter major hurdles to continuing to maintain compliance.

### Avoid the Compliance Fallout

When the ACoS CoC finds an organization non-compliant, that organization receives an opportunity to correct the identified deficiencies. Failing to correct deficiencies leads to being placed on contingency status. At this point, the organization must take steps to more adequately address the deficiencies and submit to the appeals process through the ACoS CoC.

Under contingency status, the program gets one year to effectively correct any deficiencies and provide proof through documentation. If the ACoS CoC confirms the program's compliance, the contingency is lifted, and the program receives an updated approval status. If no attempt to resolve the issue has been made after one year, the ACoS CoC resurveys the program to determine if improvements have been made that warrant renewed approvals. In 2006, only two percent of programs were deemed non-compliant (ACoS CoC Commission on Cancer, "Approvals Program Statistics and 2004-2006 Survey Experience, 2006), but reduction in CTR supply could cause this group of non-compliant hospitals to grow consistently as reactive administrators fail to preemptively address this threat to compliance.

### Proactive Management for Cancer Registry

Current cancer registry management and reporting requirements can help organizations determine just how much of a compliance

hurdle they can expect to encounter. Between 2004 and 2006, just 25 percent of U.S. hospitals were considered to be approved ACoS CoC Cancer programs, but they accounted for 80 percent of all cancer treatment (ACoS CoC Commission on Cancer, "Approvals Program Statistics and 2004-2006 Survey Experience, 2006).

The other 75 percent may treat fewer patients with cancer and may have significantly less reporting to worry about or have chosen not to be a part of the ACoS CoC accreditation program. These organizations commonly hire independent contractors to collect and report the required data. As CTR educational requirements change, qualified and certified independent contractors will likely be in much shorter supply. While this approach may continue to work well for some organizations, particularly those with strong independent contractor relationships, others will surely encounter problems as new opportunities for advancement open up to the CTRs currently working with them as independent contractors and consultants. Proactive hospital administrators at organizations of all sizes should consider new and creative approaches to the CTR shortage to ensure long-term viability and ACoS CoC compliance.

One such approach is already at work in at least one Midwestern state. Even before the educational changes began to impact the supply of CTRs available to hospitals, for example, a group of four unaffiliated rural hospitals pooled their resources to tackle this challenge together. By pooling their buying power, this group was able to get one dedicated CTR to support the various cancer registry needs of the four hospitals collectively. Together, they attracted and employed a full time CTR, and this approach has helped them to maintain compliance ever since. Plus, if and when CTR supply drops, these organizations hold a more advantageous position to succeed together than they ever could independently. For approved programs, which are required to have at least one CTR on staff, the burden could be much more substantial. These organizations must manage huge amounts

of cancer data while overcoming these new challenges to ensure their organizations maintain compliance despite the expanded educational standards and generally dwindling supply of CTRs.

To make matters worse, CTRs have traditionally had a particularly high turnover rate. Administrators sometimes misunderstand the skills CTRs need to excel. This can lead to inadequately trained individuals performing registry functions, poor data quality and inadequate staff with poor compensation if the administrator underestimates the organization's needs.

Effective CTRs have detailed, intricate knowledge of the cancer registry, often leading to their responsibility for not only ensuring hospital compliance with mandatory cancer registry activities, but also for the entire cancer department. Heavy demand for CTRs, combined with the essential skills and expertise they bring to healthcare organizations, makes it difficult if not impossible for an organization to function without them. Simply transitioning from one CTR to another can prove exceptionally

challenging and time consuming; so hospitals frequently need an interim CTR while recruiting a permanent replacement.

Many administrators and cancer committee members have already begun to adjust processes and procedures to ensure long term success for their organizations in the new cancer registry environment, addressing an already difficult recruiting challenge that will only get tougher. Administrators should make sure their cancer committees have plans in place to avoid the organizational black eye of non-compliance.

The good news is that, although the supply of CTRs will drop, the quality among them should improve over time. Until the new regulations were put in place, less education could be offset by more experience. Soon, however, additional experience beyond twelve months will not help potential

CTRs achieve the requirements. So while the pool of CTRs will likely shrink, their knowledge and skills should be more consistent and of a higher quality.

### How can hospitals cope? They can:

- Increase compensation for CTRs
- Update hiring processes for CTRs
- Team with other hospitals to share costs
- Better understand the role of CTRs
- Partner with consulting firms to supplement CTR recruiting and training
- Utilize consulting firm CTRs to meet CTR requirements
- Use CTR consultants to provide oversight and manage non-CTR credentialed staff until staff CTR certification is achieved



## A Closer Look at the Changes



The NCRA currently offers interested professionals five ways to meet the requirements necessary to take the exam and, upon passing that exam, earn CTR credentials. By 2010, only four options will remain, and all exam candidates will be required to at least possess an associate's degree or equivalent. In the past, individuals lacking an associate's degree could still qualify to take the exam if they had an abundance of real world experience working with the cancer registry. By 2010, some type of associate's degree will be required, and this is the most fundamental increase in educational requirements from the NCRA.

The type of associate's degree determines other requirements. Professionals earning an NCRA-accredited associate degree will only need to supplement their resume by logging 160 hours in a CTR-staffed cancer registry. Professionals earning any other type of associate's degree can meet the educational requirements by supplementing their degree with the completion of an NCRA-accredited formal education program, but they'll still need to log the 160 hours.

All of the other options to meet requirements to sit for the CTR exam remain unchanged. So, according to the NCRA, as long as the professional has a minimum of one year of full time experience, successfully completing one of the following achievements qualifies that person to sit for the exam:

- A minimum of an associate's degree in an approved college level curriculum in a recognized allied health field as determined by the NCRA's Council on Certification
- A minimum of an associate's degree that includes two semesters of human anatomy and/or physiology, combined with the attainment of a license or certification in a recognized allied health field as determined by the NCRA's Council on Certification

## 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 and 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 also 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.

Hebert is a member of several healthcare 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 is currently president of the Southeast Louisiana Health Information Management Association. She received a bachelor's 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

