



IMPLEMENTING STATEWIDE CANCER CASE REPORTING BY TARGETED PHYSICIAN SPECIALISTS IN NEW YORK

April A Austin

New York State Cancer Registry
NAACCR 2014 Annual Conference

June 25, 2014

BACKGROUND – PILOT STUDY

- Goal was to improve physician reporting of hematopoietic malignancies, CDC funded, 2010-2012
- Identified 42 hematology, hematology/oncology practices (98 physicians)
- Deployment web-based reporting tool
 - Site-specific modules (melanoma, prostate cancer, leukemia, lymphoma, other hematopoietic malignancies, all other types)



LESSONS LEARNED – PILOT STUDY

- No comprehensive source of practice information
- Some practices cooperate and some do not, even with knowledge of public health law
 - 11 (26%) of 42 practices never reported cases
- Labor intensive and time (patience) required
 - Weekly contact – not feasible for large scale outreach
 - Logged ~2,500 contacts with 42 practices in 20 months
 - Initiation of reporting slow, in days: Mean=162; Median= 197; Max=334
- Variety of factors impact implementation
 - Organizational structures (size, specialties, mergers, closings)
 - Practice personnel (capacity, changes, departures)



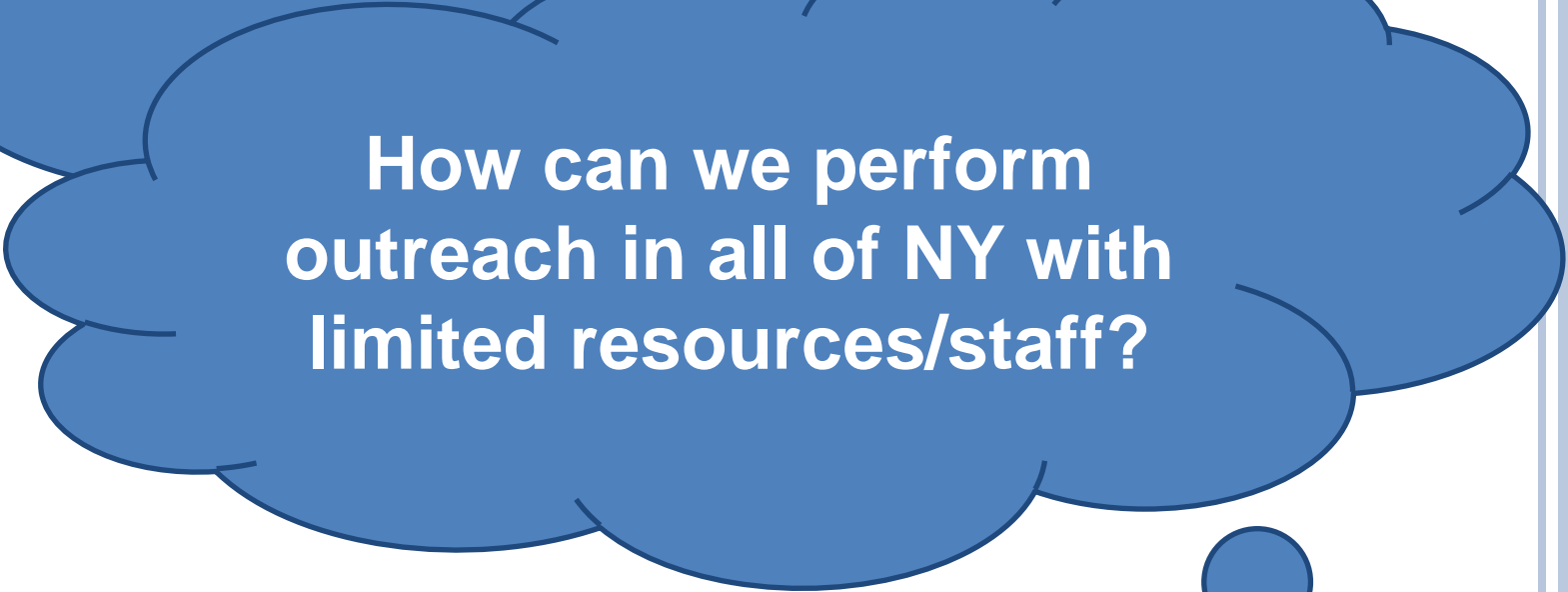


**How do we identify
practices for outreach?**

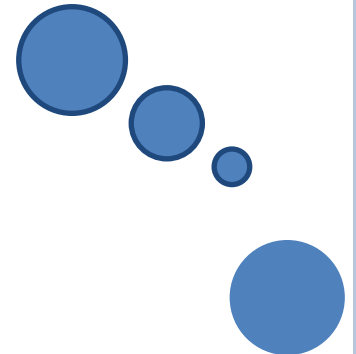




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limited resources/staff?**

**How will we keep track of
practice progress and
our efforts?**

PRACTICE IDENTIFICATION

- Identify physicians and consolidate into practices when possible
 - NYS licensure and specialty files
 - National Provider Identifier Registry (NPI) and taxonomy
 - Internet sites (but not always current)
- Target dermatologists, urologists, hematologists, medical oncologists
- Group practices into 11 regions of New York



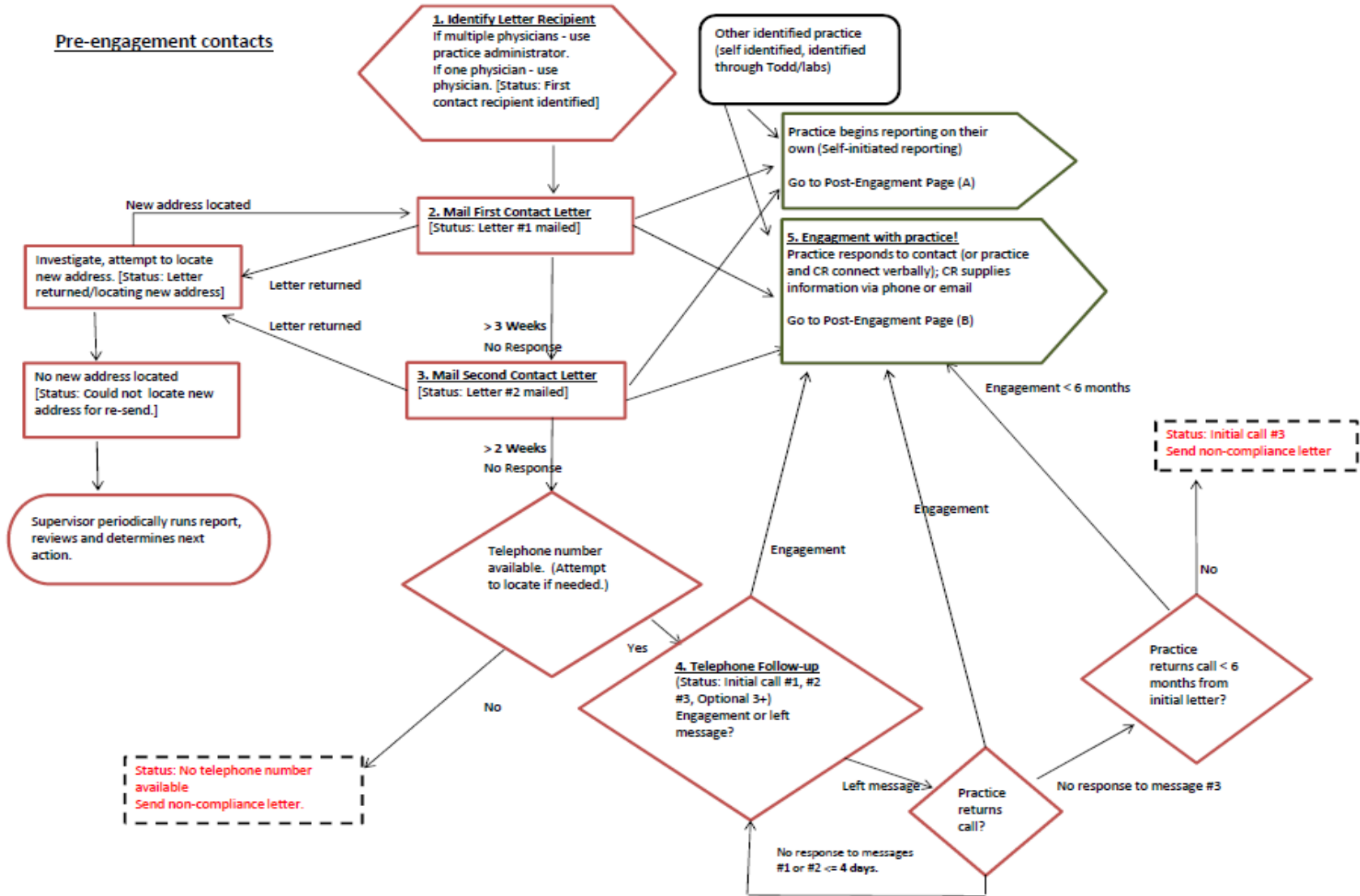
PROTOCOL DEVELOPMENT

- Design a detailed process flow to standardize the contact methods and timing used for regional outreach
- Identify measurable “goals” or “milestones”
 - Initiate contact (letters, telephone calls)
 - Engage practice (connect verbally and supply detailed information via telephone or email)
 - Establish accounts for web-based reporting system
 - Receive electronic submissions
 - Acknowledge “non-compliance” (final letter)



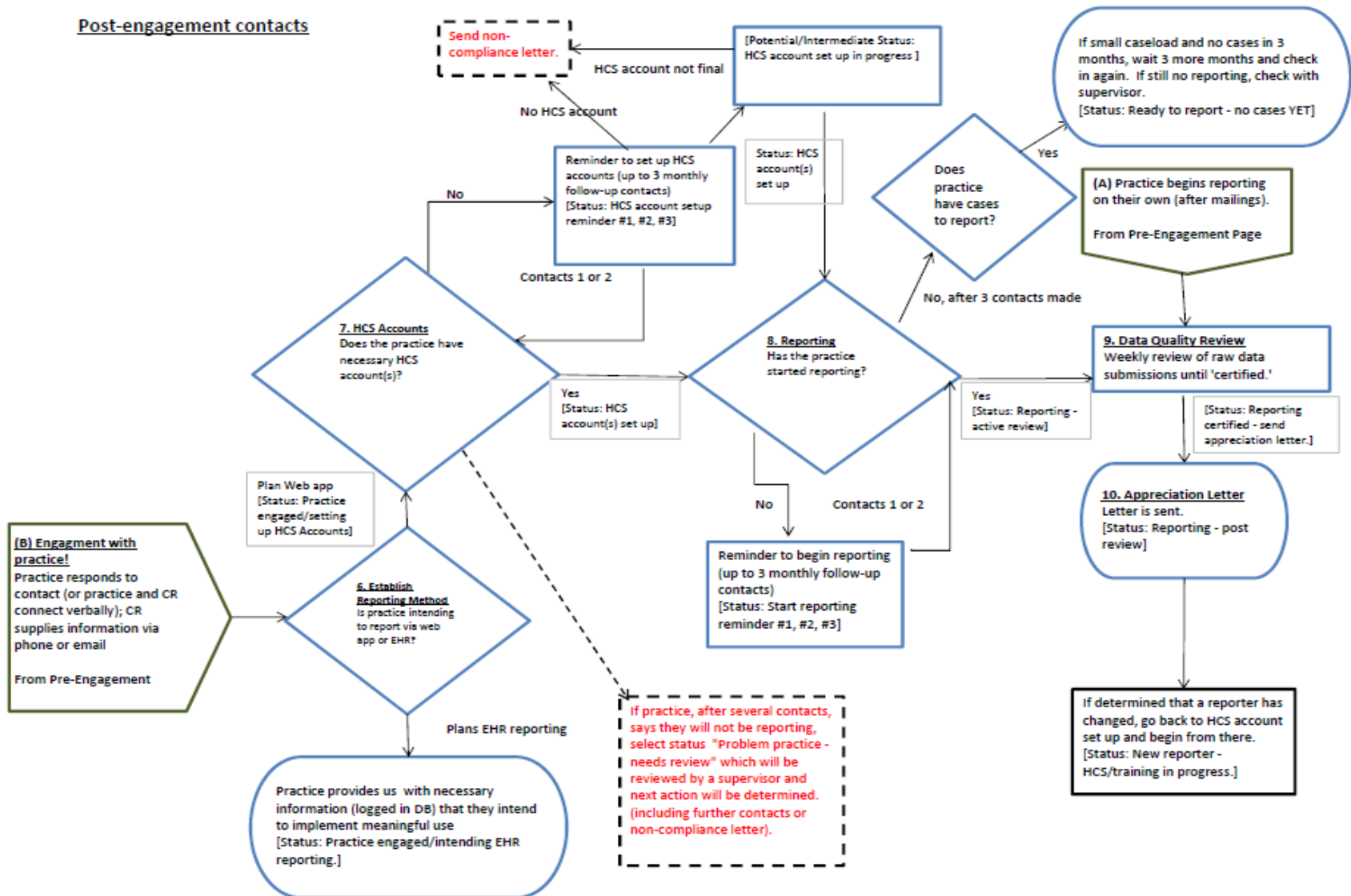
PRE-ENGAGEMENT CONTACTS

Pre-engagement contacts



POST-ENGAGEMENT CONTACTS

Post-engagement contacts



TRACKING SYSTEM DEVELOPMENT

- Maintains practice and physician information
- Allows for logging all contacts with practices
- Monitors progress toward successful reporting
 - Status Log: Each step in process flow is included and the current status and date of the status change is assigned to each practice
 - Action Reports: identifies specific contact due for each practice based on process flow
- Allows for tracking without regard to date of initiation, speed of progress, or looping back (i.e., staff changes/new reporters)



TRACKING FORM

Current status displayed

Field Rep: **apz** (required)

Physician Tracking Data Entry Form

Current Process Status

3/3/2014 Reporting - active review

Practice ID: **172**

Original ID'd: Targeted Outreach

Group: Targeted Outreach

Specialty: Hematology/Oncology

NPI: 1740272459

Primary Contact and Other Comments:

Name: **Raman Sood, PC**

9-5

Address: 617 Central Ave.

Zip Code/County Lookup

Other Pra

Other logs for recording physician info, contacts, etc for each practice

Dunkirk, NY 14048

County: Chautauqua

Region: Western/Bufalo

Telephone: (716) 366-1223

Fax:

Initial mailing(s) information

Name (for mailings: prefix, first name, last name, suffix)

Dr. Raman Sood

Title (for mailing) label:

Exclude (select reason and explain exclusion)

Reason (select):

- Contact Log
- Comment Log
- Status Log
- Physician Info
- Reporter Info
- Other Staff Info
- EHR Info
- Case Review Log

Status Log

Only log when a status changes - moves

Date (Include time with date) Status

5/28/2014 5:38:43 PM

Status log: records all status changes and dates

3/3/2014 9:09:20 AM

Reporting - active review

2/13/2014 11:37:44 AM

Start reporting reminder #3

1/6/2014 9:58:50 AM

Start reporting reminder #2

12/3/2013 9:18:33 AM

Start reporting reminder #1

9/30/2013 9:51:12 AM

HCS account(s) set up

9/19/2013 11:59:40 AM

Practice engaged/setting up HCS accounts

ACTION REPORTS

Reports to Determine Actions Due or Monitor Progress

Every potential status is included in an action or monitoring report

Targeted Outreach ONLY

Action Reports

Needs Letter Recipient Information

Letter Returned/Locating Address

Ready for Letter #1

Letter #2 Due

Initial Telephone Call Due

Investigate Hospital Reporting

HCS Reminder Due

HCS Account Set-Up in Progress

Staff Changes/Need HCS Accounts

Start Reporting Reminder Due

Needs Thank You Letter

Needs Final (Non-Compliance)

Monitoring Reports

Practices Never Engaged

Paper Reporters

No Cases YET (Small Caseload)

Reporting - Active Review

Identify Potential Lag in Reporting

Reporting - Post Review

Supervisory or Miscellaneous

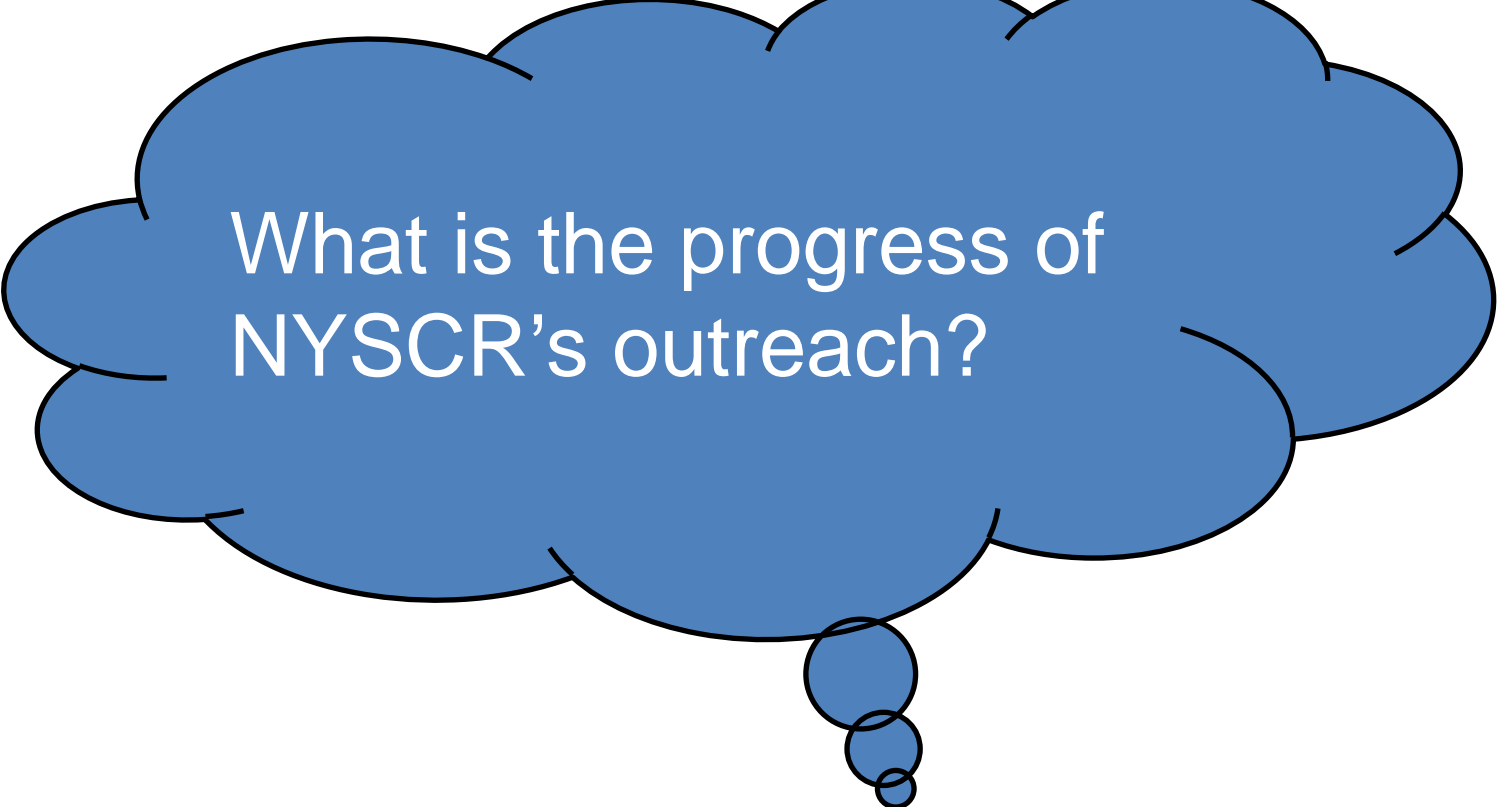
Intending EHR Reporting

Needs Supervisory Review/Actions

Excluded Practices

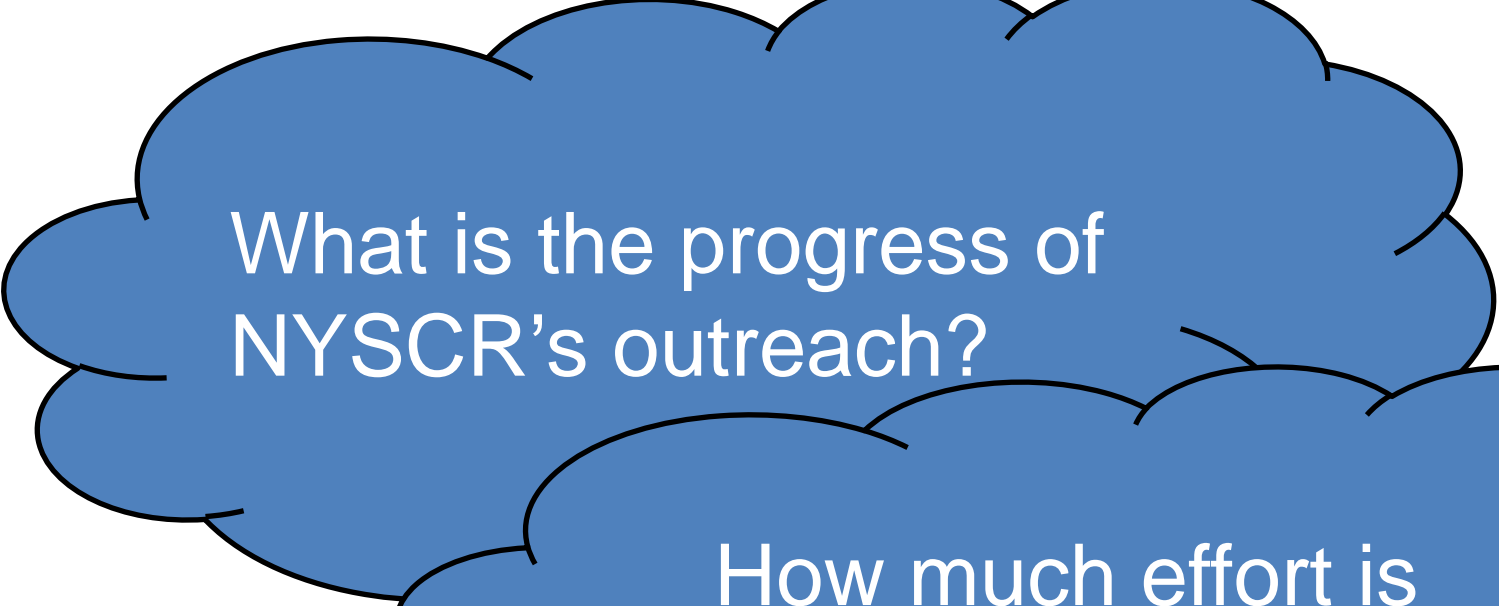
Non-Compliance Letters Mailed



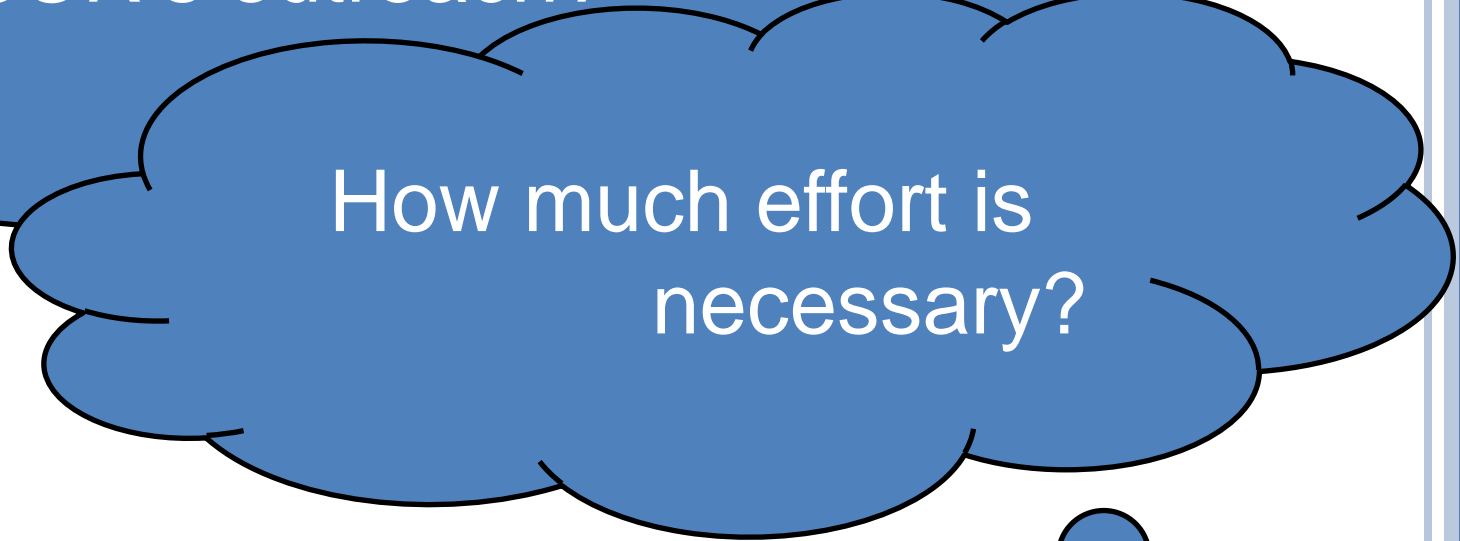


What is the progress of
NYSCR's outreach?

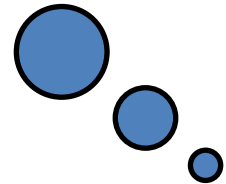


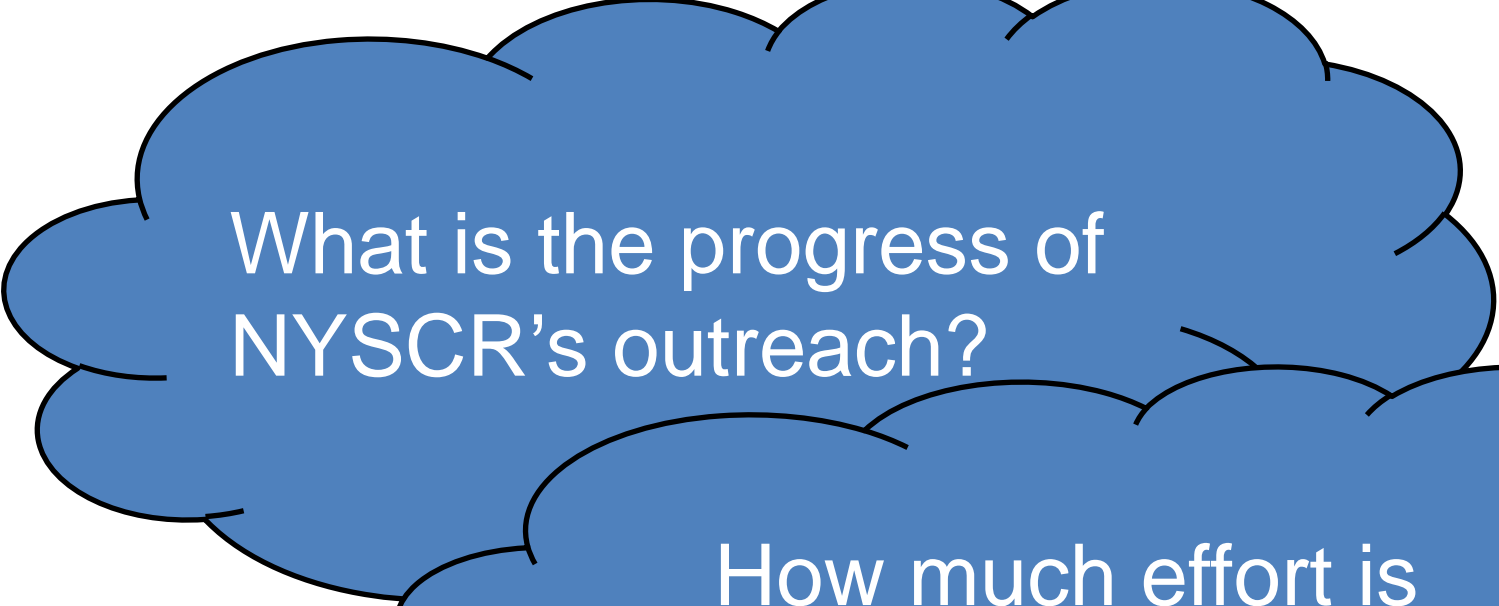


What is the progress of
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How much effort is
necessary?






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Is physician
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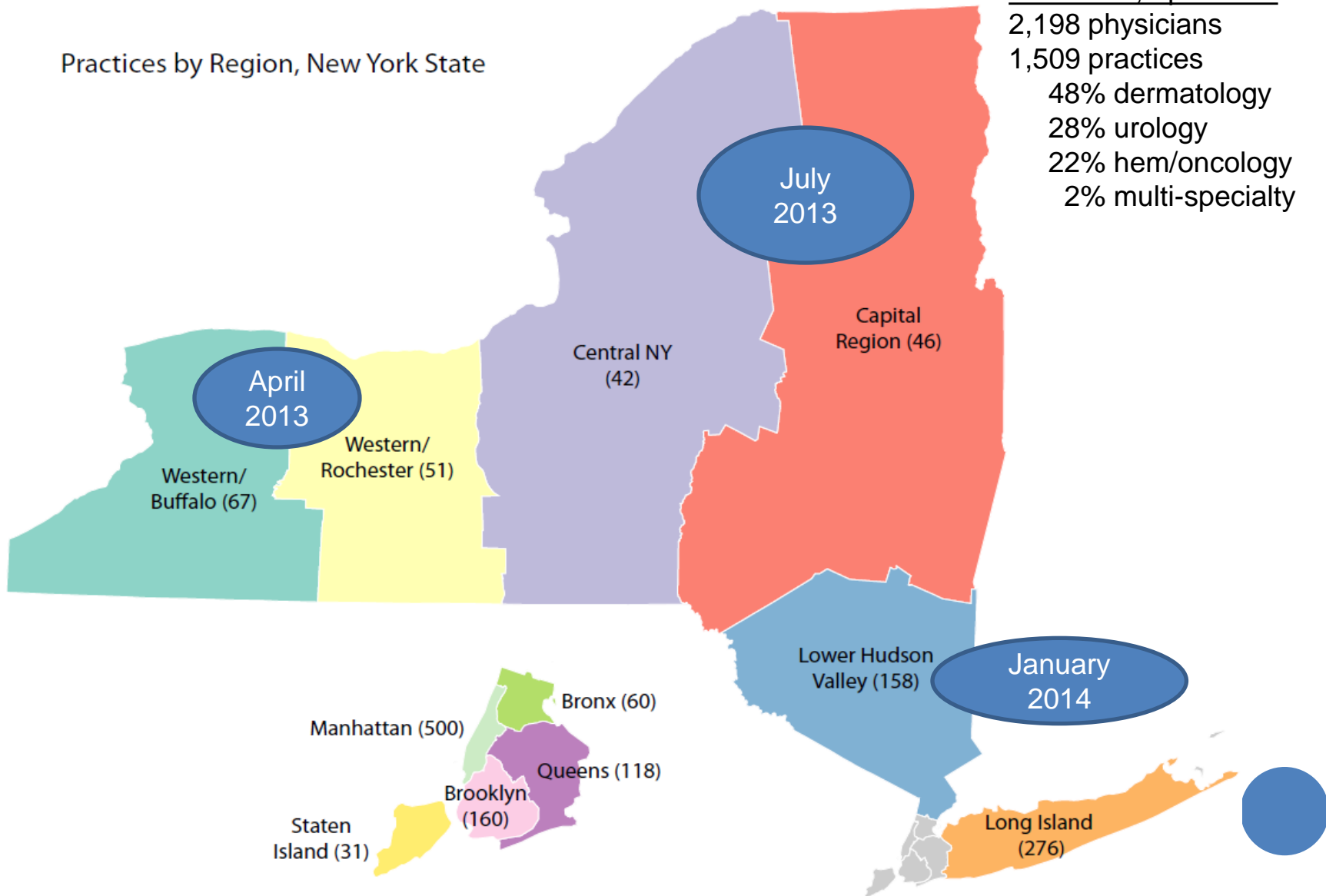
Is physician
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Where does EHR
reporting fit in?

PRACTICES IDENTIFIED BY REGION

Practices by Region, New York State

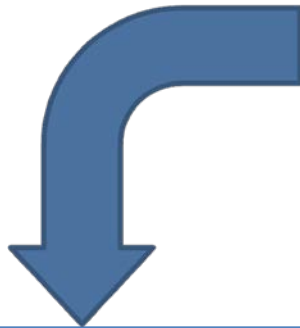


OUTREACH STATUS, MAY 31, 2014

Current Status	Buffalo/ Rochester	Central/ Capital District	Hudson Valley	Other	Total
Outreach initiated	April 2013	July 2013	January 2014	(Variable)	
Total identified	130	111	188	51	480
Total excluded	54	45	52	8	159
Total Tracking	76	66	136	43	321
Pre-engagement	0	2	11	0	13
Engagement	1	3	43	9	56
HCS accounts obtained	4	1	20	1	26
Plans paper reporting only	0	3	1	0	4
Ready to report (none yet)	9	6	16	1	32
Reporting on paper only	0	1	1	2	4
Reporting electronically	39	38	28	30	135
Non-compliance letters mailed (no response)	23	12	16	0	51
Overall Progress					
Percent engaged	18.42	19.70	58.82	25.58	36.76
Percent reporting	51.32	59.09	21.32	74.42	43.30
Percent pre-engaged/ non-compliant	30.26	21.21	19.85	0.00	19.94

TOTAL TRACKING AND EXCLUSIONS

Current Status	Total
Total identified	480
Total excluded	159 (33%)
Total tracking	321 (67%)



Exclusion Reasons	Total
Retired/deceased	54 (36%)
Cases reported by a hospital	40 (27%)
Located out of state	18 (12%)
Not practicing medicine	14 (9%)
Merged with another practice	8 (5%)
Other, miscellaneous	17 (11%)



OVERALL PROGRESS

Overall Progress	Buffalo/ Rochester (Apr 2013)	Central/ Capital (Jul 2013)	Hudson Valley (Jan 2014)	Other	Total
Pre-engaged	0 0.00%	2 (3.03%)	11 (8.09%)	0 (0.00%)	13 (4.05%)
Engaged	14 (18.42%)	13 (19.70%)	80 (58.82%)	11 (25.58%)	118 (36.76%)
Reporting	39 (51.32%)	39 (59.09%)	29 (21.32%)	32 (74.42%)	139 (43.30%)
Non-compliant	23 (30.26%)	12 (18.18%)	16 (11.76%)	0 (0.00%)	51 (15.89)
Total Tracking	76	66	136	43	321

- Others are identified (many self-identified) in other 6 regions.
- 32 of 118 engaged have accounts and ready to report, but have indicated they have no cases to report yet (small caseload).



REGISTRY EFFORT - CONTACTS LOGGED

Among all practices (N = 480)

Year	Contacts, N	Notes
2010	902	Outreach began for pilot study (n=42) – weekly contacts; web app deployed Nov 2010
2011	1,408	Pilot study; transition from paper to electronic reporting
2012	1,006	Pilot study completion; continued transition from paper to electronic reporting
2013	1,728	April 2013 began Targeted Outreach; account for 92% of contacts
2014*	1,391	Through May 31, 2014; could reach 3300 if level of outreach remains
Total	6,435	

2013-2014:

- 66% of the contacts were letters or calls initiated by us.
- Number of contacts per practice (N = 480): mean=7; median = 6; Range 1-26 contacts per practice



PHYSICIAN EFFORT – CASES SUBMITTED

New case submissions using secure web forms

Submission Year	N
Nov-Dec 2010	60
2011	2,750
2012	2,519
2013	3,626
Jan-May 2014*	1,794
Total	10,749

- Could reach **4,300+** case submissions in 2014.
- 99% of the cases submitted are by practices we track.
- Median number of cases per practice is 13.
- 23 practices have reported 100+ cases.
- 1 Urology practice reports ~700 cases/per year since 2012.



IMPACT – ONLY SOURCE

Processed tumors (n = 8,809) among physician submissions

Physician Report	Diagnosis Year					
	< 2010	2010	2011	2012	2013	Total
Only source	138 (15.5%)	215 (14.4%)	436 (22.3%)	653 (29.1%)	947 (42.5%)	2,389 (27.1%)
One of multiple sources	751 (84.5%)	1,275 (85.6%)	1,523 (77.7%)	1,589 (70.9%)	1,282 (57.5%)	6,420 (73.2%)
Total Tumors	889	1,490	1,959	2,242*	2,229*	8,809

- *2012 cases are ~92% complete; 2013 cases are ~70% complete.
- We do not require physicians to report cases for patients hospitalized as inpatients.
- Of those with only 1 other source, 33% were reported by Radiation Treatment Centers.
- Hospital inpatient sources account for ~ 25% of other sources.



IMPACT – ONLY SOURCE

Top cancer types where physician report is the only source.

Cancer Types	Diagnosis Year		
	2010	2011	2012
Total – Only Source Report	215	436	653
Colorectal	9 (4.2%)	17 (3.90%)	20 (3.1%)
Melanoma	46 (21.4%)	177 (40.6%)	314 (48.1%)
Prostate Cancer	11 (5.1%)	114 (26.2%)	202 (30.9%)
Chronic Lymphocytic Leukemia	25 (11.6%)	18 (4.1%)	21 (3.2%)
Myeloproliferative Disorder	40 (18.6%)	22 (5.0%)	16 (2.5%)
Myelodysplastic Syndrome	30 (14.0%)	14 (3.2%)	7 (1.1%)
Others (<10 cases per cancer type)	54 (25.1%)	74 (16.8%)	73 (11.2%)

- Dermatology practices account for 50% of those we track and 53% of those reporting.
- 2010 pilot study with focus on hematologists; 9 of those practices now are part of hospital systems which reports cases.



CONCLUSIONS - LESSONS LEARNED

- A systematic approach with defined actions at specific times:
 - allows for outreach that is manageable given limited staff resources
 - allows for changes (is flexible) as processes are evaluated, capacity to perform outreach changes, and practice business organizations change.
- A tracking system that is aligned with the protocol is necessary to monitor progress of a large number of practices such as we have in NY.



CONCLUSIONS - LESSONS LEARNED

- Given the difficulty for enforcement, even with Public Health Laws in place, our efforts are best spent with practices that are willing to comply.
- Practitioners are facing many demands related to patient care and we do our best to allow them to comply with laws without imposing too much burden.



EHR REPORTING / MEANINGFUL USE

Registrations of intent to submit cancer data, May 31, 2014

- Prioritization is based on specialty and existence of current reporting (e.g., hospital or Radiation Treatment CTR).
- Most are registered for 3rd reporting period (July-Sept).

Priority for On-boarding	Practices, N	Providers, N
High		
Targeted specialists	6	11
Medium		
Non-targeted specialists	1	1
Low		
Non-targeted specialists	33	74
Hospital-based specialists	49	504
Total Registrations	89	590



ACKNOWLEDGEMENTS

- Amy R Kahn
- Maria J Schymura
- Alfred P Zielinski (Staff CTR performing outreach)
- Tammy L Plante (Staff CTR performing outreach)

Thanks to the physicians and their staff who assist us with our surveillance efforts while they continue to reduce the burden of cancer, one patient at a time.

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QUESTIONS?

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