

# How Electronic Processing of Pathology Reports Improved Nevada's Case Ascertainment Rates

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# Background Information On Nevada

- State of Nevada has a population of about 2 million people, of which 1.6 million live in Clark County (Las Vegas area)
- Cancer Cases are expected to be over 10,000 in 2002
- NRS 457 mandates that all cancer cases from hospitals be reported within 6 months of diagnosis and Pathology Labs must report within 10 days of the final report
- Prior to submitting our Year 2000 data, Nevada had not been able to meet NAACCR's Completeness Standards and therefore had not attained certification status.



# Completeness of Case Ascertainment, 1998-2001

YEAR	% COMPLETE
1998	88.5
1999	87.4
2000	101.4
2001	95.6

# Pathology Reports

- There are 5 pathology labs that report malignant cancers in Nevada
- One lab accounts for 80% of the cancers reported to the Registry
- This lab (Quest) now reports electronically to the Registry
- About 1400 Quest reports come in per month



# What Happened

- Over 10,000 Year 2000 path reports were sitting on the floor and in cabinets
- Called Quest and asked if we could get them electronically
- Worked with RMCDS to develop a program to 'read' in path reports (now do this with IMPAC)
- Staff deletes all non-malignant tumors and codes primary site, etc (if possible) for malignant tumors



- The file is then merged into the system
- Non-matches are evaluated- about 75% of non-matches are from non-hospital facilities
- Conduct follow-back on cases from outpatient facilities and physician offices
- We calculated response rates and evaluated the cancers identified through path reporting



# Follow-back Results

YEAR	# of F/Bs	Response Rate
2000	1945	66%
2001	1839	65%
2002	1728	71%



**Dear Doctor:**

**Under NRS 457.230, cancer is a reportable disease in Nevada and must be reported to the Nevada Central Cancer Registry. Because many cancer cases are now being diagnosed in outpatient settings, we need to obtain more information from pathology laboratories and/or physicians to have a complete Registry. The Cancer Registry has recently received pathology lab report for the patient listed on the following form. You have been identified as the 'requesting client'. We have filled in the information that was on the pathology report but need your assistance in filling out the rest of the enclosed forms. The requested information is necessary for us to complete the Cancer Registry record on this patient. If you do not have any additional clinical information, please fill in as much of the demographic information as you can and indicate to whom additional clinical information may be obtained. You may FAX the form back to the Registry at 702-486-7602. As these are Year 2002 cases, a timely response would be appreciated. Thank you in advance for your cooperation in this matter.**



**Dear Healthcare Provider:**

**I appreciate that many healthcare providers may have questions about reporting to the Health Division's Nevada Central Cancer Registry as they prepare to come into compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by April 14, 2003. I have consulted with the Attorney General's Office on this issue and we ask that you please refer to 45 CFR 164.512(a). This federal regulation provides that a covered entity may use or disclose protected health information to the extent that the law requires such use or disclosure. Nevada law found at NRS 457.230 through 457.280 and NAC 457.010 through 457.150 requires cancer information to be reported. In addition 45 CFR 164.512 (2)(i) recognizes that covered entities may disclose protected health information to a public health authority that is authorized by laws to receive such information such as the Nevada Central Cancer Registry. Written informed consent from the patient is not required under HIPAA and instead covered entities must simply document that report has occurred. I hope that you find this information helpful and please contact me if you have any further questions at 702-486-6260 x224.**



# Top 5 Cancers Reported by Paths vs. Hospitals

<b>Cancer Sites</b>	<b>% of Path Only Cases</b>	<b>% of Hospital Cases</b>
<b>Breast</b>	<b>21.4</b>	<b>13.8</b>
<b>Prostate</b>	<b>18.5</b>	<b>12.1</b>
<b>Melanoma</b>	<b>12.6</b>	<b>2.8</b>
<b>Bladder</b>	<b>7.0</b>	<b>4.8</b>
<b>Lung</b>	<b>5.0</b>	<b>17.5</b>

# How Processing Path Reports Improved NCCR Case Ascertainment Rates

- By processing path reports, the NCCR increased reporting of Prostate, Melanoma, and Bladder Cancer by 12.2% for Year 2000 data
- Of the 1512 breast cancers reported, 22.6% were reported from 'path only' cases, accounting for an 8.7% increase in overall breast cancer reporting
- Of the 435 cases of malignant Melanoma Skin Cancers reported, 46% were from 'path only' cases, accounting for an 89% increase in overall malignant Melanoma reporting

- Of the 1319 Prostate Cancers reported, 22.4% were reported from 'path only' cases. This accounted for an 8.3% increase in overall Prostate Cancer reporting.
- The NCCR added almost 2000 additional cases to the Registry for the Year 2000 by processing path reports.



## Next Steps

- Implement E-Path. This will allow us to process electronic path reports in a more timely and efficient manner
- Automate follow-back forms. This will make this less manually intensive and a more timely and efficient process

