



2016-2017 QC Activities Summary

1

**FCDS ANNUAL CONFERENCE
ORLANDO, FLORIDA
7/27/2016**



STEVEN PEACE, CTR



15th year in a row!!



CDC & Florida DOH Attribution

2



"We acknowledge the Centers for Disease Control and Prevention, for its support of the Florida Cancer Data System, and the printing and distribution of the materials for the 2015-2016 FCDS Webcast Series under cooperative agreement DP003872-03 awarded to the Florida Department of Health. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention".



FCDS would also like to acknowledge the Florida Department of Health for its support of the Florida Cancer Data System, including the development, printing and distribution of materials for the 2015-2016 FCDS Webcast Series under state contract CODJU. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Florida Department of Health.

Presentation Outline

3

- FCDS Data Quality Program
- FCDS 2016 Submission Summary
- RQRS and FCDS Requirements on TX
- FCDS QC Review Sample Summary
- FCDS QC Review Summary Reports
- 2017 FCDS DQIR (2015 Data)
- 2017 NPCR Data Evaluation Reports
- Feedback from Audits, QC Sample, Edits, and more...



FCDS Data Quality Program - Goals

4

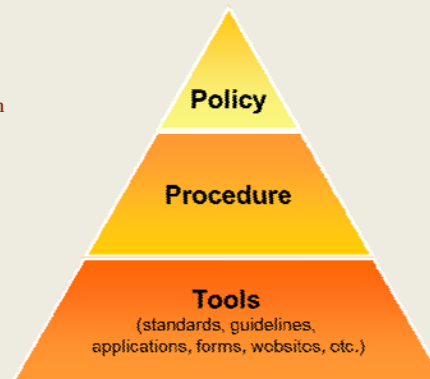
- Establish, perform, manage Quality Improvement/Quality Control projects
- Apply national and internal standards for data collection, aggregation, etc
- Systematically measure performance against those standards
- Assess outcomes and performance measures
- Develop measurement and evaluation tools
- Develop quality enhancement strategies
- Assess registry needs and satisfaction
- Monitor completeness, quality and timeliness
- Provide education and training to improve data quality



FCDS Data Quality Program - Methods

5

- **FCDS Policy**
 - FCDS Abstractor Code Requirement
 - FCDS EDITS Requirement
 - FCDS Text Documentation Requirement
 - FCDS Deadlines and IT Security
- **FCDS Procedures**
 - FCDS IDEA – Communication/Transmission
 - FCDS Internal Data Processing Monitoring
 - FORCES/CORRECTIONS/DELETIONS
 - Patient and Tumor Linkage & Consolidation
- **FCDS Monitoring / Audits**
 - Audits for Completeness
 - Audits for Timeliness
 - Audits for Accuracy
- **FCDS Data Quality Reports**
 - Quarterly/Annual Status Reports
 - QC Review Summary
 - Ad Hoc Reports
 - Audit Results



Submission Summary & QC Review Sample

6

Description	# Cases	% of Total
Total Cases Submitted to FCDS 1/1/2016-12/31/2016 – All Sources	212,547	100%
Total Cases – NO CHANGE – Pass ALL Edits – No Visual Review by FC or QC	201,087	94.6%
Total Cases – FC Visual Review (FC Review to assess case for possible FORCE)	11,460	5.4%
• FORCED (EDIT Override Confirmed and FORCE was set - NOT an error)	4,276	2.0%
• CORRECTED (1 or more corrections made based on text – NOT a FORCE)	5,046	2.4%
• DELETED (duplicate case, not a reportable neoplasm, not a new primary)	2,138	1.0%
Total Cases – Every 25th Case QC Review Sample/Visual Editing		
• Sample includes 4% of analytic hospital, radiation, surgery center cases	9,951	4.7%
• Sample includes ALL male breast and ALL pediatric cases		
• Sample does not include dermatology or other physician office cases		
Total Cases Visually Edited by FCDS in 2014 (combined FC and/or QC Review)	21,411	10.1%

QC Review Sample / Visual Editing - Summary

7

Description	# Cases	% of Total
Total Cases – Every 25 th Case QC Review Sample/Visual Editing	9,951	4.7% of All Cases
Total Cases – NO CHANGE on QC Review	6,874	69.1% of QC Sample
Total Cases Sent to Facility with Correction or Inquiry	3,077	30.9% of QC Sample
Total Cases Sent to Facility with Correction or Inquiry	3,077	30.9% of QC Sample
• NO CHANGE after Follow-Back to Facility	408	13.3%
• FORCED (<i>EDIT Override Confirmed - NOT an error</i>)	39	1.3%
• CORRECTED (<i>1 or more corrections made – NOT a FORCE</i>)	2,573	83.6%
• DELETED (<i>duplicate case, not a reportable neoplasm, not a new primary</i>)	57	1.9%

AHCA In-Patient: Follow-Back Analysis

8

AHCA In-Patient Follow-Back	2010	2011	2012	2013	2014
Missed Case - Abstract	5,257	4,063	3,480	3,429	2,848
Abstracted but Not Transmitted	705	669	632	851	693
Total Missed Cases	5,962	4,732	4,112	4,280	3,541
Not Reportable - NED	5,371	5,174	6,024	5,645	5,087
Not Reportable - Not Malignant	2,461	2,348	1,899	1,618	975
Not Reportable - Equivocal	3,466	3,396	3,640	3,253	2,145
Not Reportable - No Mention CA	3,164	3,865	4,656	4,103	1,596
Not Reportable - Other	2,112	2,342	2,237	1,709	4,489
Total Not Reportable	16,574	17,125	18,456	16,328	14,292
Follow-Back Not Returned	436	780	774	732	841
Total AHCA In-Patient Follow-Back	22,972	22,637	23,342	21,340	16,690

AHCA Ambi: Follow-Back Analysis

9

AHCA Ambulatory Follow-Back	2010	2011	2012	2013	2014
Missed Case - Abstract	6,275	4,338	3,757	4,002	3,277
Abstracted but Not Transmitted	575	498	521	581	576
Total Missed Cases	6,850	4,836	4,278	4,583	3,853
Not Reportable - NED	2,573	2,573	2,361	2,651	2,455
Not Reportable - Not Malignant	2,599	2,576	793	798	716
Not Reportable - Equivocal	785	710	498	448	385
Not Reportable - No Mention CA	727	837	1,091	577	377
Not Reportable - Other	2,741	3,061	1,559	1,052	1,218
Total Not Reportable	9,425	9,757	6,302	5,562	5,151
Follow-Back Not Returned	1,549	2,366	1,304	1,559	2,069
Total AHCA Ambulatory Follow-Back	17,824	16,959	11,884	11,668	11,785

RQRS and FCDS Reporting

10

- The Rapid Quality Reporting System (RQRS) is a Commission on Cancer reporting and quality improvement tool for CoC-accredited programs.
- CoC-Accreditation and RQRS Participation are NOT FCDS Requirements
- Facilities MUST Report to FCSD SEPARATELY from RQRS – including different case submission and completeness of abstracting before submission requirements
- Remember, FCDS is a legislatively-mandated cancer reporting program.
- You MUST follow the FCDS Requirements that ALL First Course Treatment be included in the single abstract you send to FCDS. FCDS does not allow electronic updates to existing abstracts...you only get one chance to send the case and it should be complete as required with correct codes & documentation.
- CoC Program Standard 5.2 - RQRS participation will be "required" for CoC Program Accreditation beginning with 1/1/2017 submissions.
- Submission of Data to FCDS has nothing to do with RQRS Reporting.
- CoC-accredited facilities must manage reporting to RQRS and FCDS to ensure EACH Program receives the data required for participation.

RQRS and FCDS Reporting

11

RQRS Data Submission Requirements by Calendar Year

Criteria	2017	2018	2019
To Achieve Compliance on Standard 5.2			
Data Submission Frequency: All new and updated cancer cases	Quarterly	Quarterly	Quarterly
Reportable Cases: Primary sites included	Measure-eligible (ME) sites* required; All sites accepted		
Data Timeliness: % of cases submitted within three months of date of first contact	Not Applicable		
Data Quality: All cancer cases submitted to RQRS with edit errors are corrected and resubmitted	Not Applicable		
Data Use: RQRS data and performance reports are reviewed by cancer committee and documented in minutes	At least semi-annually	At least semi-annually	At least semi-annually
To Achieve Commendation on Standard 5.2			
Data Submission Frequency: All new and updated cases	Monthly		
Reportable Cases: Primary sites included	Measure-eligible (ME) sites* required; All sites accepted		
Data Timeliness: % of cases submitted within three months of date of first contact	25% of ME cases	50% of ME cases	75% of ME cases
Data Quality: All cancer cases submitted to RQRS with edit errors are corrected and resubmitted	Cases with errors are resubmitted error-free when complete		
Data Use: RQRS data and performance reports are reviewed by cancer committee and documented in minutes	At least quarterly		

*Measure-eligible sites are defined as cases having any primary sites assessed by any quality measure being assessed in RQRS.

FCDS Data Submission Requirements

- Frequency – Quarterly/Monthly
- E-updates to Cases – NOT DONE
- Reportable Cancers – ALL
- Data Timeline – 6 months post dx/tx with June 30th Annual Deadline
- Data Quality – Pass All FCDS EDITS
- Data Completeness – DX/TX 1st Crs for ALL Analytic Cases – **DO NOT SUBMIT CASES IF INCOMPLETE!!!**
- June 30th – Use TX Recommended Codes for any still incomplete cases.

QC Review Summary Report

12

A new or enhanced QC Completion Analysis Report would benefit FCDS and registrars in the field if we would provide a QC Review Summary Report by Facility and by Abstractor Code that would include the following items or grouped items.

Three Summary Reports

- Summary by Facility
- FCDS State Summary
- Summary by Abstractor Code

Summary Items - General

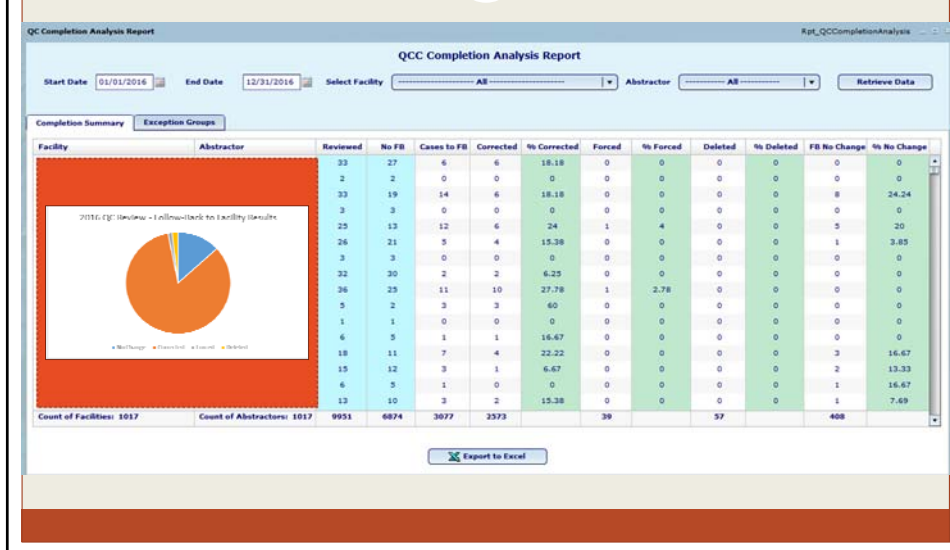
- # Cases Reviewed with No Change
- # Cases Reviewed with Correction with Breakdown by Type of Correction
- # Cases Reviewed Requiring Force
- # Cases Reviewed and Deleted
- Total QC Review Cases

Summary Items from Correct Cases - Aggregated into 6 Major Groups for all Three Summary Reports

- Patient Demographic
- Tumor Description
- Stage and SSFs
- Treatment
- Text Documentation
- Other – includes FAC/ACC/SEQ and Class of Case

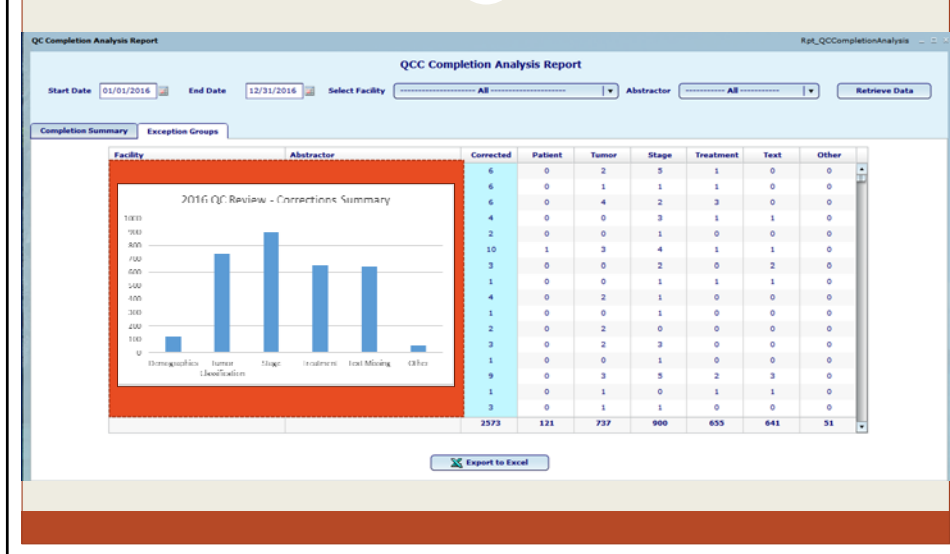
QC Review Summary Reports

13



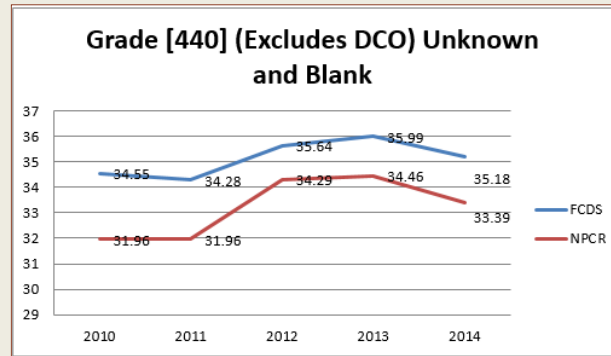
QC Review Summary Reports

14



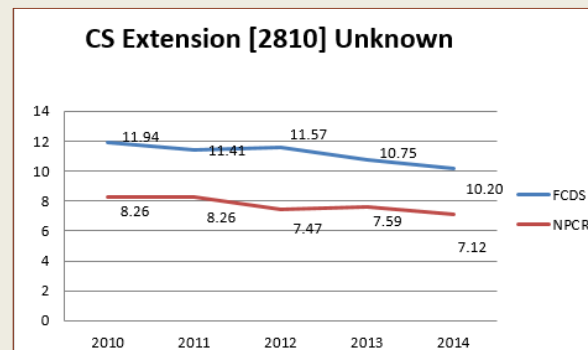
2017 Call for Data – NPCR DER Report

17



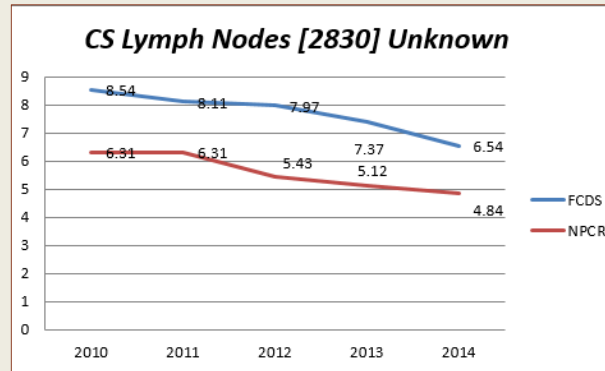
2016 Call for Data – NPCR DER Report

18



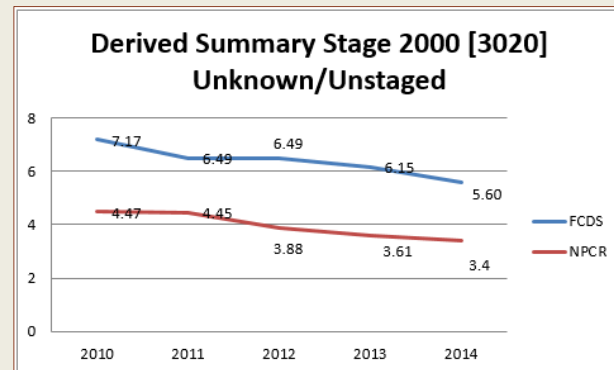
2016 Call for Data – NPCR DER Report

19



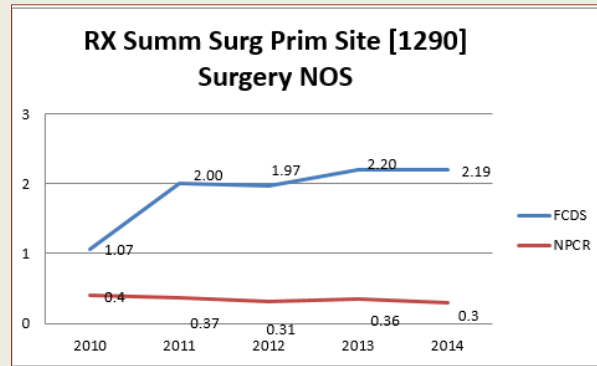
2016 Call for Data – NPCR DER Report

20



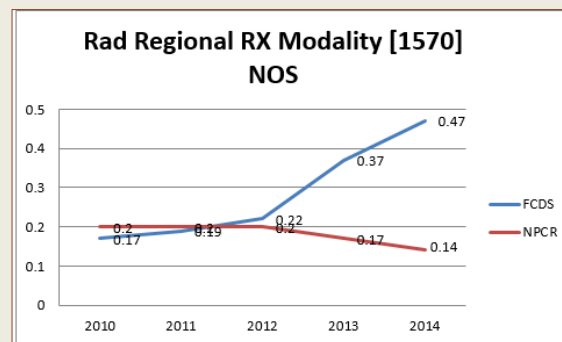
Overuse of Surgery NOS Codes

21



Overuse of Radiation NOS Codes

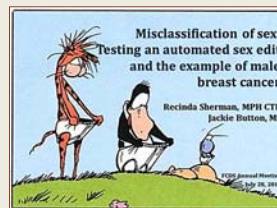
22



Sex Coding Error Reminder

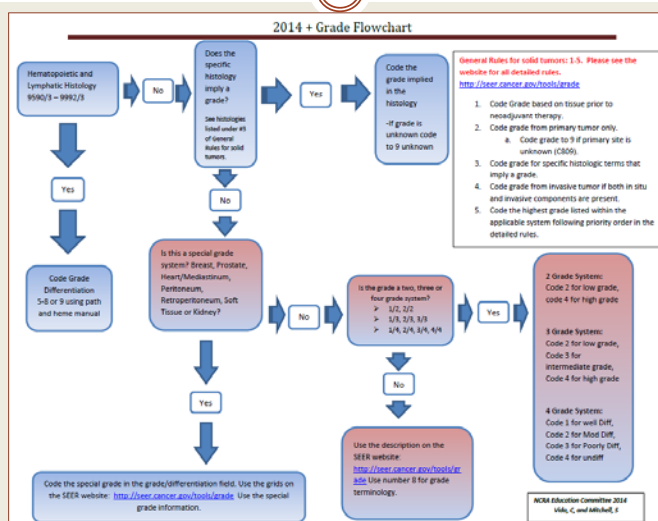
23

- Common first names
- Less Common first names
- Increase continues over >5 Years
- Edit Failures will be checked and validated.
- Registrars still not checking – name check at least, please.
- Easy to find for Reproductive Cancers but not Colon, Lung, etc.
- FCDS borrowed methodology from New York and Alaska that validates common first names by decade – nobody is using it.



Use the 2014 Grade Coding Instructions

24



Use the 2014 Grade Coding Instructions

25

a. Two-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/2, I/II	Low grade	2	1
2/2, II/II	High grade	4	3

In transitional cell carcinoma for bladder, the terminology high grade TCC and low grade TCC are coded in the two-grade system.

b. Three-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/3	Low grade	2	1
2/3	Intermediate grade	3	2
3/3	High grade	4	3

Feedback from QC Review Sample

26

- Registrars are too quick to send C80.9 with history of other cancers – must look at case to see if is really an unknown primary or recurrence from previous
- Registrars still sending cases with C76.* - Please Don't Use.
- Registrars are too quick to send new primary when patient has recurrence of original primary – YOU MUST USE THE MPH Rules – Call with Questions !!!
 - Bladder
 - Other urinary
 - Female Genital
 - Lung
 - Breast
- Don't just automatically abstract a new case and expect FCDS to fix it for you.
- Increased Use of NOS and 'nothing' codes – tumor description & treatment
- Importance of Coding 2014 Grade Rules - used by NPCR to evaluate FCDS

Feedback from QC Review Sample

27

- Surg Primary Site coded to 90 is a problem when your facility is analytic
- Scope Regional Lymph Nodes for FNA are missed a lot - 95 or blank
- Surg other regional distant sites should almost always = 0
- Missing dates in text cannot be audited
- Document everything these days
- Not Paying Attention to Summary Stage – but maybe renewed with SS2018
- What Treatment is required to Satisfy Pathologic Staging Criteria?
- Can you assign AJCC TNM to only part of the TNM that “fits”?
- What if nodal dissection is not required but the TNM Edit is requiring it?
- Neoadjuvant therapy – when is it neoadjuvant tx and when is it not?

Questions

28

