2018-2019 QC Activities Summary

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FCDS ANNUAL CONFERENCE
ORLANDO, FLORIDA
7/31/2019

STEVEN PEACE, CTR

2019

17th year in a row!!

2019

CDC & Florida DOH Attribution

"Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US Government."

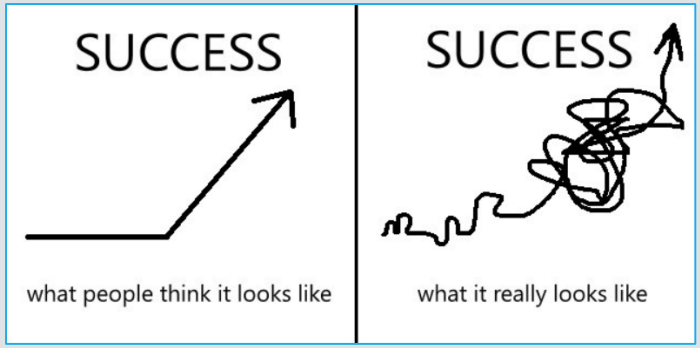
FCDS would also like to acknowledge the Florida Department of Health for its support of the Florida Cancer Data System, including the development, printing and distribution of materials for the 2017-2018 FCDS Webcast Series under state contract CODJU. The findings and conclusions in this series are those of the author(s) and do not necessarily represent the official position of the Florida Department of Health.

Presentation Outline

- FCDS Data Quality Program
- FCDS 2018 Submission Summary
- RQRS and FCDS Requirements on TX
- FCDS QC Review Sample Summary
- FCDS QC Review Summary Reports
- 2018 FCDS DQIR (2013-2017 Data)
- 2018-2019 Data Quality Audits, QC Sample, Edits, etc…

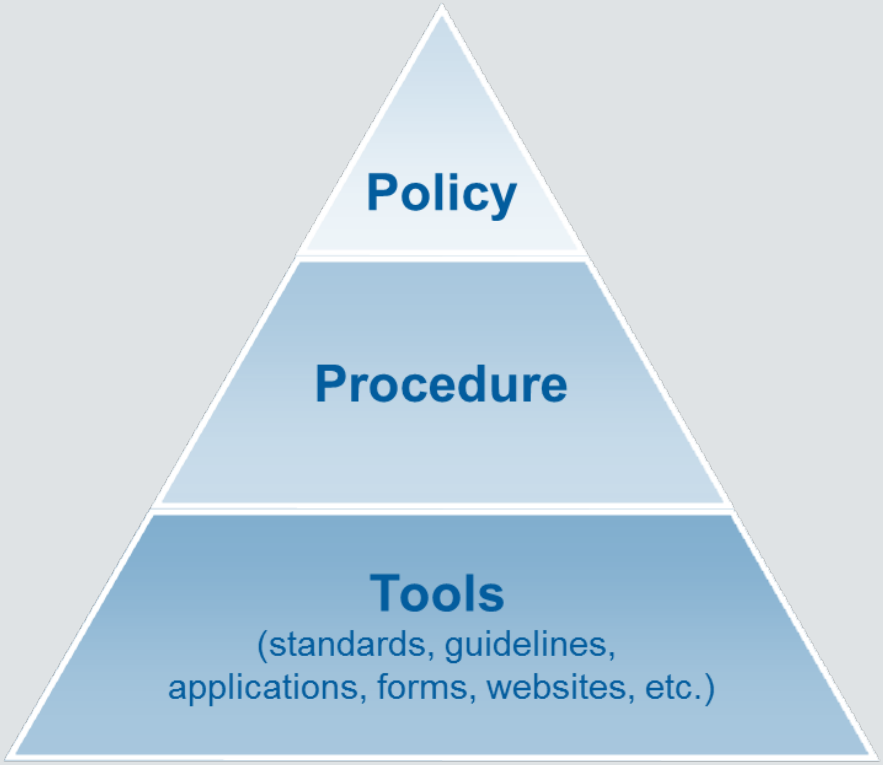
FCDS Data Quality Program - Goals

- 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

- **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

Description	# Cases	% of Total
Total Cases Submitted to FCDS 1/1/2018-12/31/2018 – All Sources	**180,274**	**100%**
Total Cases – NO CHANGE – Pass ALL Edits – No Visual Review by FC or QC	**169,553**	**94%**
Total Cases – FC Visual Review *(FC Review to assess case for possible FORCE)*	**10,721**	**6%**
• FORCED *(EDIT Override Confirmed and FORCE was set - NOT an error)*	4,393	2.5%
• CORRECTED *(1 or more corrections made based on text – NOT a FORCE)*	4,446	2.5%
• DELETED *(duplicate case, not a reportable neoplasm, not a new primary)*	1,882	1%
Total Cases – Every 25th Case QC Review Sample/Visual Editing • *Sample includes **4% of analytic** hospital, radiation, surgery center cases* • *Sample includes **ALL male breast** and **ALL pediatric** cases* • *Sample **does not include** dermatology or other **physician office cases***	**8,229**	**4.6%**
Total Cases Visually Edited by FCDS in 2018 *(combined FC and/or QC Review)*	**18,950**	**10.5%**

QC Review Sample / Visual Editing - Summary

Description	# Cases	% of Total
Total Cases – Every 25th Case QC Review Sample/Visual Editing	**8,229**	**4.6% of All Cases**
Total Cases – NO CHANGE on QC Review	**5,950**	**72.3% of QC Sample**
Total Cases Sent to Facility with Correction or Inquiry	**2,279**	**27.7% of QC Sample**
Total Cases Sent to Facility with Correction or Inquiry	**2,279**	**27.7% of QC Sample**
• NO CHANGE after Follow-Back to Facility	391	17.2%
• FORCED *(EDIT Override Confirmed - NOT an error)*	38	1.6%
• CORRECTED *(1 or more corrections made – NOT a FORCE)*	1,801	79.1%
• DELETED *(duplicate case, not a reportable neoplasm, not a new primary)*	49	2.2%

AHCA In-Patient: Follow-Back Analysis

AHCA In-Patient Follow-Back	2012	2013	2014	2015	2016
Total In-Patient Follow-Back	23,342	21,340	16,690	24,961	24,717
Missed Cases – New Abstract	3,480	3,429	2,848	3,081	5,187
Abstract – Not Transmitted	632	851	693	627	702
Total Missed Cases	4,112	4,280	3,541	3,708	5,889
Total Not Reportable	18,456	16,328	14,292	16,238	17,619
Follow-Back Not Returned	774	732	841	2,760	1,209

AHCA Ambi: Follow-Back Analysis

AHCA Ambi Follow-Back	2012	2013	2014	2015	2016
Total Ambi Follow-Back	11,884	11,668	11,785	14,014	14,059
Missed Cases – New Abstract	3,757	4,002	3,277	3,385	4,889
Abstract – Not Transmitted	521	581	576	542	657
Total Missed Cases	4,278	4,583	3,853	3,927	5,546
Total Not Reportable	6,302	5,562	5,151	4,527	5,397
Follow-Back Not Returned	1,304	1,559	2,069	3,294	3,116

AHCA Summary

- So, what does all of this mean and why do we do AHCA/Mortality??
  - Out of about 39,000 potentially missed cases from AHCA
  - **More than 10,000 cases per year are missed**
  - **These cases are more than 2 years past due for deadline**
  - More than 20,000 cases coded as active cancer by your medical records and billing department are sent back to FCDS every year as 'not reportable' – hmm.
  - Because these numbers are so high – this is a future target for audit!!
  - More than 4,000 cases are never returned to FCDS – hmmmm.
  - Please take this annual re-casefinding study seriously, always.

QC Review Summary Report

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

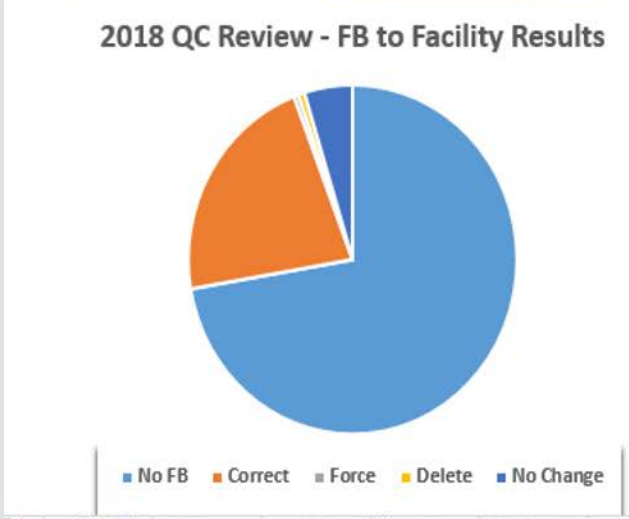
QC Review Summary Reports

QC Completion Analysis Report — Rpt_QCCompletionAnalysis

QCC Completion Analysis Report

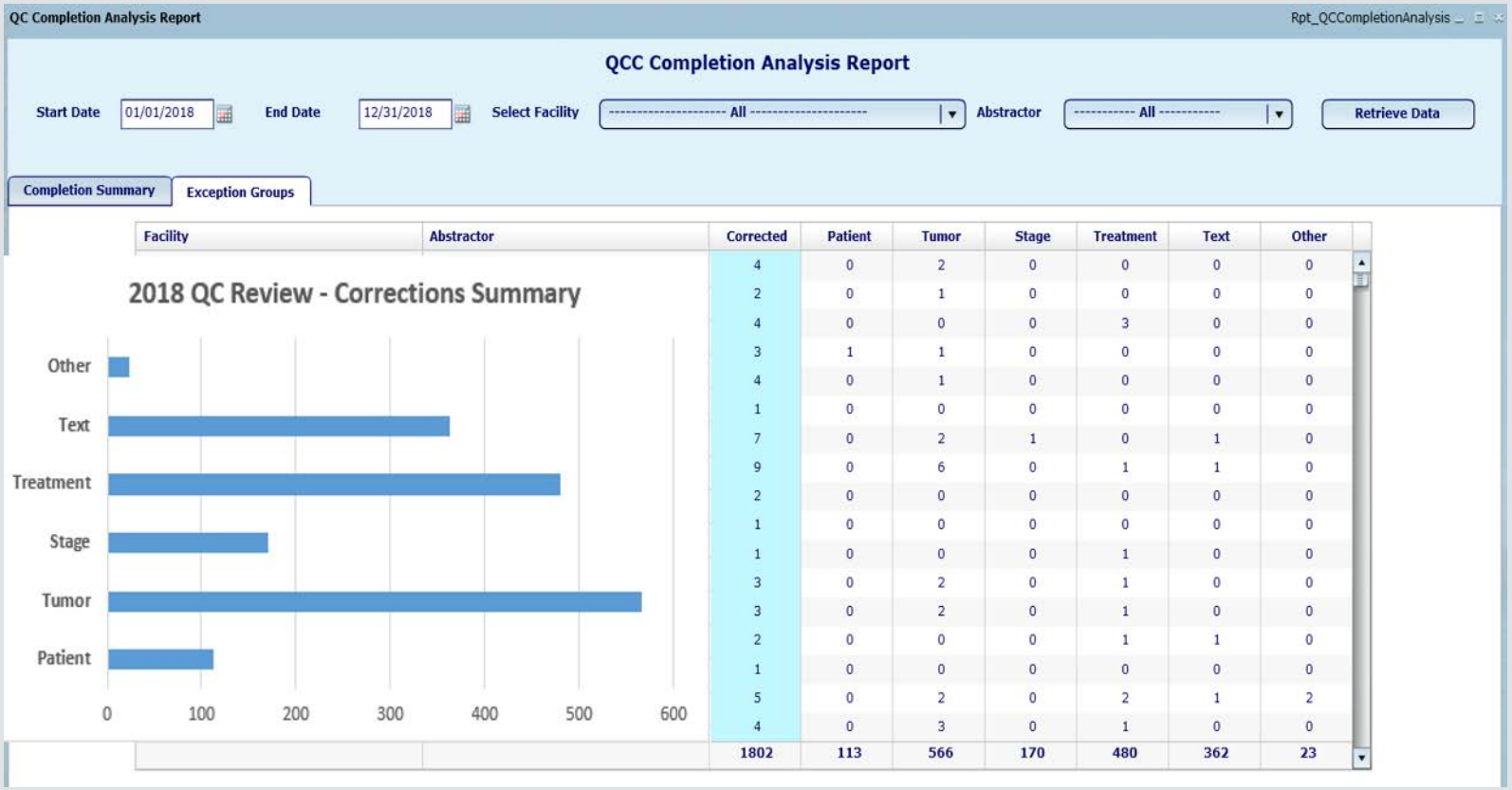
Start Date: 01/01/2018 | End Date: 12/31/2018 | Select Facility: ---------- All ---------- | Abstractor: ---------- All ---------- | Retrieve Data

Completion Summary | Exception Groups



Facility	Abstractor	Reviewed	No FB	Cases to FB	Corrected	% Corrected	Forced	% Forced	Deleted	% Deleted	FB No Change	% No Change
				7	4	23.53	0	0	1	5.88	2	11.76
				2	0	0	0	0	0	0	2	25
				3	2	20	0	0	0	0	1	10
				4	4	30.77	0	0	0	0	0	0
				4	3	42.86	0	0	0	0	1	14.29
				4	4	15.38	0	0	0	0	0	0
				3	1	4.55	0	0	0	0	2	9.09
				8	7	17.07	0	0	0	0	1	2.44
				10	9	26.47	1	2.94	0	0	0	0
				2	2	100	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0
				1	1	25	0	0	0	0	0	0
				3	1	9.09	0	0	0	0	2	18.18
				0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0
				7	3	11.54	1	3.85	0	0	3	11.54
Count of Facilities: 1066	Count of Abstractors: 1066	8229	5950	2279	1801		38		49		391	

QC Review Summary Reports



Facility	Abstractor	Corrected	Patient	Tumor	Stage	Treatment	Text	Other
		4	0	2	0	0	0	0
		2	0	1	0	0	0	0
		4	0	0	0	3	0	0
		3	1	1	0	0	0	0
		4	0	1	0	0	0	0
		1	0	0	0	0	0	0
		7	0	2	1	0	1	0
		9	0	6	0	1	1	0
		2	0	0	0	0	0	0
		1	0	0	0	0	0	0
		1	0	0	0	1	0	0
		3	0	2	0	1	0	0
		3	0	2	0	1	0	0
		2	0	0	0	1	1	0
		1	0	0	0	0	0	0
		5	0	2	0	2	1	2
		4	0	3	0	1	0	0
		1802	113	566	170	480	362	23

2019 FCDS DQIR (2013-2017 Analytic Cases)

Florida Cancer Data System - Facility Data Quality Indicator Report (DQIR) for 2019

Analytic cases[1] (extracted 4/18/2019)

	Goals	2017		2016		2015		2014		2013	
		Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %
Total Analytic Cases		592	119,346	662	123,722	660	120,714	745	116,747	730	115,387
Demographics											
Sex											
Sex Unknown (9)	< 2%	0.169	0.014	0.000	0.008	0.000	0.014	0.000	0.022	0.000	0.034
Race											
Race Other, NOS (98)	< 3%	0.338	1.755	0.604	1.507	1.061	1.374	1.342	1.223	1.370	1.259
Race Unknown (99)	< 3%	0.169	0.814	0.151	0.946	0.303	1.621	0.537	1.662	1.918	0.944
Ethnicity											
Ethnicity Unknown (9)	< 3%	0.169	1.240	0.604	0.824	0.758	0.823	0.403	0.867	1.233	0.668
Date of Birth											
Birth Year Unknown	< 2%	0.000	0.000	0.000	0.001	0.000	0.000	0.000	0.011	0.000	0.001
Birth Month Unknown	< 2%	0.000	0.000	0.000	0.002	0.000	0.001	0.000	0.011	0.000	0.003
Birth Day Unknown	< 2%	0.000	0.000	0.000	0.002	0.000	0.001	0.000	0.011	0.000	0.003
Primary Payor at DX											
Primary Payor Unknown (99)	< 3%	3.378	18.857	5.136	18.322	3.636	18.524	0.671	17.452	0.959	16.935
Tobacco Use											
Tobacco Use - Cigarette Unknown (9)		3.547	1.398	3.323	1.639	5.606	1.388	5.638	1.262	5.890	1.078
Tobacco Use - Other Unknown (9)		2.703	13.738	3.323	12.445	4.545	10.961	4.966	9.745	6.712	10.602
Tobacco Use - Smokeless Unknown (9)		2.365	19.989	3.474	20.391	4.545	20.573	4.832	18.244	6.575	17.515
Tobacco Use - NOS Unknown (9)		2.534	19.665	3.172	20.043	4.545	20.261	4.564	17.877	5.479	17.711
Marital Status at DX											
Marital Status Unknown (9)	< 3%	1.182	2.788	1.662	2.578	3.485	2.619	0.805	2.556	1.507	1.990
Social Security Number											
Missing/Impossible SSN[2,3]	< 3%	2.253	8.368	1.543	6.064	0.942	5.024	1.226	3.557	0.831	3.068
Address at DX											
Ungeocodables (Certainty 9)[3]	< 2%	0.000	0.096	0.000	0.058	0.000	0.009	0.000	0.004	0.000	0.030
PO Boxes (Certainty 5)[3]	< 2%	3.293	1.734	3.704	1.964	3.611	2.015	0.681	1.913	0.554	2.079
Tumor Characteristics											
Diagnostic Confirmation											
Not Microscopically Confirmed (5-8)	< 5%	9.122	0.390	9.668	0.365	6.818	0.297	7.785	0.327	9.315	0.357
DX Method Unknown (9)	< 5%	0.000	0.244	0.453	0.292	0.758	0.263	1.208	0.323	0.274	0.223
Topography											
Other/Ill-Defined Sites (C76x)	< 1%	0.000	0.013	0.151	0.019	0.000	0.019	0.000	0.014	0.000	0.010
Unknown Primary Site (C809)	< 5%	2.365	1.577	2.719	1.627	1.970	1.637	2.282	1.777	2.329	1.873
Histology/Grade											
Morphology Non-specific (8000-8005)	< 5%	1.689	1.887	2.266	1.976	2.576	1.987	3.490	2.003	4.247	2.008
*Grade Unknown (excludes C80.9)	< 35%	32.432	34.887	34.743	34.515	32.424	34.781	34.899	35.633	33.151	37.027
Stage											
Summary Stage-2000 Unknown (9)[4]	< 5%	5.743	6.623	5.287	6.726	6.970	5.009	9.530	5.231	6.027	5.376

[1] Analytic according to FCDS (class of case: 0 - 22 or 34 - 42)

[2] 999999999, 123456789, 111111111, 222222222, 333333333, 444444444, 555555555, 666666666, 777777777, 888888888, 000000000, 773000000, 987654321

[3] Percentages based on analytic cases of Florida residents at time of DX only.

[4] Derived DX year <= 2015, direct coded >= DX year 2016

*modified 4/18/19

2018-2020 Audits and More

- Urinary System – Kidney, Renal Pelvis, Ureter, Bladder
  - 2016 Diagnosis and 2017 Diagnosis Year Analytic Cases Only
  - 1000+ Analytic Cases for Each Year – Plus e-path Comparison
- 2020 Year Diagnosis on 2018 Cases – Up in the Air
- AHCA In-Patient and AHCA Ambi - Not Reportable Audit
  - Unscheduled – are cases marked 'not reportable' really not reportable
- Gender 3, 4, 5, 6 (Intersex Code Validation)
  - Unscheduled – of research interest to validate these patients
- 2018 & 2019 MP/H Rules Compare + Tumor Consolidation
  - Done/Internal – Compare old MP/H Rules with new MP/H Rules
- NPCR Evaluation Plan for Florida
  - New for Florida and NPCR – self evaluation

2018-2019 Audit Findings

- Why include the e-pathology as a part of the audit?
  - FCDS already links all of the e-pathology reports we receive to the Patient/Tumor Record
  - Reminds Abstractors to provide complete documentation and to investigate Date of DX
  - Let's registrars know when and where they are missing pathology reports
  - Occasionally the e-path is from your facility and we can tell where it originated comparing text and/or procedure done when place of procedure is documented.
  - When not from you facility – we include the e-pathology to send you more information to add to your abstract for your text documentation so you have a more complete abstract
  - This impacts CoC programs more than abstract-only reporting – CoC programs are supposed to investigate to create a complete abstract – especially for analytic cases

2018-2019 Audit Findings

- AJCC TNM 7th Ed: This study has shown that introducing a new staging system statewide even with what was expected to be sufficient training resulted in inadequate qualify of data using the new system – even among those thought to be experienced users. And, what happens when the data standard changes from something as apparently meaningless as an 'x' to <blank> making the data essentially useless. Fortunately, FCDS continued to capture the date using an older method that has not changed since 2000.
- AJCC TNM 7th Ed.: Registrars having trouble with new/basic rules for T, N, M and Stage Group
  - Clinical TNM and Clinical Stage Group Missing on Most Cases
  - Pathological TNM and Path Stage Group often coded when case does not meet resection requirements for staging (partial or total cystectomy for bladder)
  - TO Use or NOT TO Use – 'X' is not the answer – 'blank' usually is the answer…software??
- AJCC TNM 7th Ed.: There were so many inconsistencies in AJCC TNM in both clinical and pathological staging that FCDS made the decision not to count the TNM data items in any totals for errors.
- AJCC TNM 7th Ed.: Related to multiple tumors in the bladder is that registrars are not setting the clinical and/or pathological descriptor used for AJCC TNM Staging to describe multiple tumors – this is not being set to '3' for multiple tumors on most of the multiple tumors in bladder cases.
- The same problems likely exist in the AJCC TNM 8th Ed. Data – Not Required by FCDS.

2018-2019 Audit Findings

AJCC TNM 7th Ed.: Nearly 20% of the cases audited included pathological TNM when the case did not meet the AJCC Pathological Staging Criteria. Clinical Stage was only marginally better than pathological stage with nearly 20% of these cases incorrectly TNM staged, clinically. FCDS decided not to include any of these errors in the Final Summary Totals for any facility. And, FCDS decided to write up the AJCC Staging findings as a general observation rather than count them as multiple staging errors.

Stage	Minor Discrepancy		Major Discrepancy		Total Discrepancies	
	Count (n=516)	Pct	Count (n=516)	Pct	Count (n=516)	Pct
Tumor Size Summary			61	11.82	61	11.82
Tumor Size Summary-Text	2	.39			2	.39
Reg Node Positive			24	4.65	24	4.65
Reg Node Examined			27	5.23	27	5.23
SS 2000			43	8.33	43	8.33
SS 2000-Text	3	.58			3	.58
Clinical T	89	17.25			89	17.25
Clinical T-Text	2	.39			2	.39
Clinical N	59	11.43			59	11.43
Clinical N-Text	1	.19			1	.19
Clinical M	29	5.62			29	5.62
Clinical M-Text	1	.19			1	.19
Clinical Group	70	13.57			70	13.57
Clinical Group-Text	3	.58			3	.58
Path T	90	17.44			90	17.44
Path N	91	17.64			91	17.64
Path M	91	17.64			91	17.64
Path Group	48	9.30			48	9.30
Path Description	16	3.10			16	3.10
Total:	595		155		750	

FCDS now receives data from a number of urology practices. We are finding that quite a few of the 'new' urinary system cancers submitted by hospitals were actually diagnosed and treated in physician offices with TURBT plus or minus Mitomycin or BCG one to five years prior to their hospital stay. Please be sure your patients were not diagnosed prior to admission and are actually being treated for recurrent bladder cancer not a new diagnosis.

Seventh Edition: Carcinoma *in situ* (CIS) is an exception to the stage grouping guidelines. … Therefore, pTis cN0 cM0 should be reported as both clinical and pathological stage 0.
(Note: For the first time, a pathological stage 0 was permitted for carcinoma *in situ*.)

8th Edition Chapter 1: Principles of Cancer Staging

Clinical T:

- *In situ* neoplasia identified during the diagnostic workup on a core or incisional biopsy is assigned cTis.

Pathological T:

- *In situ* neoplasia identified from a surgical resection, as specified in the disease site pathological criteria, is assigned pTis.
- *In situ* neoplasia identified microscopically during the diagnostic workup may be used to assign the pathological stage pTis if the patient had a surgical resection and no residual tumor was identified.

Clinical Stage 0:

- *In situ* neoplasia identified microscopically during the diagnostic workup is assigned as cTis cN0 cM0 clinical Stage 0.

Pathological Stage 0:

- *In situ* neoplasia is an exception to the stage grouping guidelines that otherwise require regional lymph node evaluation for pathological classification. By definition, *in situ* neoplasia has not involved any structures in the primary organ that would allow tumor cells to spread to regional nodes or distant sites.
- The primary tumor surgical resection criteria for pathological stage must be met in order to assign pathological Stage 0.
- Lymph node microscopic assessment is not necessary to assign pathological Stage 0 for *in situ* neoplasia; for example, pTis cN0 cM0 is staged as pathological Stage 0.

Summary

The following rules should be applied for carcinoma *in situ* depending on when the case was diagnosed. This is based on a diagnostic biopsy with microscopic evidence of *in situ* for the clinical stage, and the appropriate surgical resection performed for the pathological stage.

NPCR Evaluation Plan

- The evaluation plan outlines an approach to assess both program processes for data collection and data dissemination and use.
- The evaluation design features a mixed methods approach, incorporating both quantitative and qualitative methodologies to answer the following overarching questions:
  1. For hospital reporters, are current methods of education and training addressing the needs of the hospital abstractor or certified tumor registrar (CTR) to submit an accurate, complete, and timely cancer abstract to FCDS?
  2. For non-hospital reporters, what education and training tools can be provided to address needs and ensure an accurate, complete, and timely cancer abstract is submitted to the FCDS?
  3. For FCDS data reporters, stratified by reporting types, are FCDS cancer abstract submission tools and technical assistance meeting needs?
  4. For data users (e.g., health professionals, prevention programs, researchers), are current data elements collected and maintained by FCDS sufficient for conducting surveillance and research activities aimed at reducing cancer morbidity and mortality
- The DOH-FCDS program staff will work collaboratively to ensure the use of evaluation findings for programmatic improvements through consensus building exercises and planning discussions if major programmatic changes are recommended.

2019-2020 EDITS Review

NO BLANK DATE OF DIAGNOSIS – ANY CASES
NO ADMIT DATE as PROXY DATE OF DIAGNOSIS
NO LONGER ALLOWING BLANK DATES FOR TREATMENT

- Expect Multiple EDITS Metafiles This Year
- FCDS Tests Every Metafile Prior to Release
- FCDS Sends Blast Email to Vendors for each Release
- First Metafile – only checking for valid codes
- Later Metafiles – more sophisticated edits
  - Staging edits – includes evaluation of staging criteria, missing SSDIs required to stage the case, derived stage group, etc.
  - Grade edits – including use in stage group derivation
  - New Histology Coding edits
  - Inter-field edits
  - Inter-record edits

2019-2020 QC Sample – Focus on New Items

NO BLANK DATE OF DIAGNOSIS – ANY CASES
NO ADMIT DATE as PROXY DATE OF DIAGNOSIS
NO LONGER ALLOWING BLANK DATES FOR TREATMENT

- Correctness of Primary Site, Subsite, Histology
  - Directly Impacts Assignment of Shema ID – multiple impacts
  - Use of New Histology Codes
  - Use of New MP/H Histology Coding Rules
- Completeness of SSDIs Required to Stage a Case
  - Analytic cases only will be edited for these
  - When you have an analytic case – you should have the SSDIs
- SS2018 – are you using the new manual/criteria
- AJCC Staging – correct use of criteria and manual
- Treatment – surgery, radiation, chemo, immune, etc

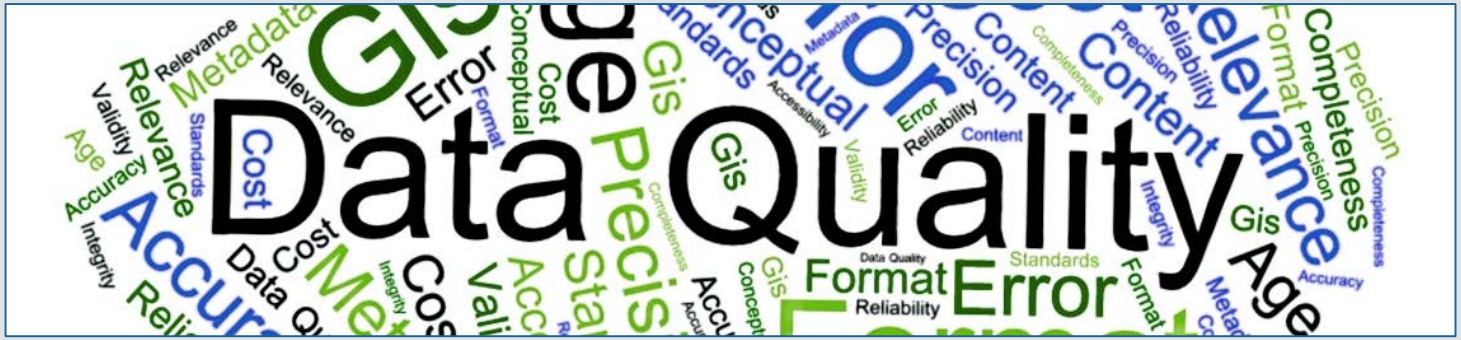
Known Problem Areas

- Registrar Data Quality Has Slipped in 2018-2019 for many data items
- Unknowns and default values for data items registrars feel are unimportant
- Chronology & Dates Missing from Text – Diagnostic Imaging & Pathology
- Chronology & Dates Missing from Treatment – Especially Surgery
- Overuse of Unknown Date of Diagnosis – No Longer Allowed
- Overuse of Unknown Dates for Treatment – No Longer Allowed
- Overuse of NOS Codes and Codes with NOS Meaning
- SSDIs documented in Text but NOT CODED
- Not Using New ICD-O-3 Histology Codes
- Not Using 2018-2019 Solid Tumor Rules
- Overuse of Surgery, NOS Codes 80 and 90 – Don't.
- When No Nodes Removed – Nodes Removed = 00 and Nodes Examined = 98 (not 99/99 and not 98/00)
- Surgery of Other Reg/Distant Sites Not = 00 most cases
- Still Battling Cases with Insufficient Text by Select Registrars
- This is true for BOTH Analytic and Non-Analytic Cases from the Registrars

PLEASE REMEMBER

- FCDS Field Coordinators, Meg Herna and Steve Peace are all available to answer technical questions.
- It is part of our job to provide this technical assistance.
- Please encourage yourself and your staff to call or email questions to FCDS rather than guess at answers. This way if we have common questions we can add them to the FCDS Memo for everybody.
- You may need to go to your manager first – but, we are always here to assist and direct you to resources to help you do your job better.
- We are all in this together. Thank you.

Questions


Data Quality
Error
Format
Reliability
Relevance
Metadata
Cost
Accuracy
Completeness
Precision
Content
Gis
Age
Standards
Validity
Integrity
Conceptual