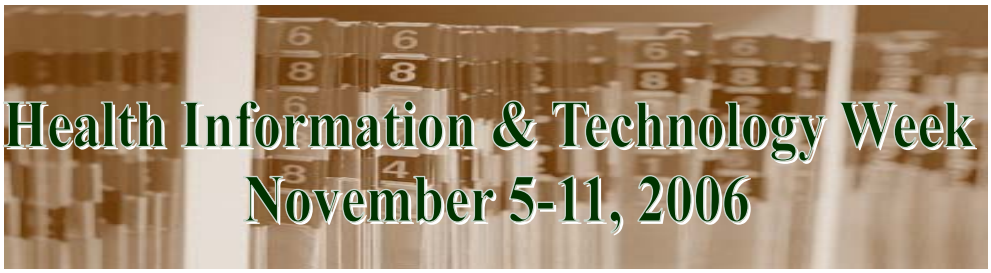
Florida Cancer Data System

November 2006 Monthly Memo

News & Information



Managing Information, Improving Care

By Rita A. Scichilone, MHSA, RHIA, CCS, CCS-P, CHC

Health information management is both an old and a new profession. Early in the 20th century, the pioneers in medical record science recognized the need for standards in documentation and record processing and storage. Standards for documentation are not new, but the media, the environment, and the demand of healthcare customers and systems have changed, creating new opportunities in e-HIM® and innovation in how health data is captured, used and stored for future use. New technology tools for the healthcare industry have been made possible by advances in telecommunications, computer science and software development. The expertise of dedicated people who focus on data integrity has never been in higher demand as the nation reinvents healthcare that is patient centered and able to be shared more readily between healthcare providers.

Linda Kloss, RHIA, CAE, says "creating an information based health system is like following a recipe."[1] The mix of ingredients include the skills of coding specialists, transcriptionists, data analysts, terminology specialists, privacy and compliance officers, and a host of other roles and job titles including capable leaders in the executive suite. Work in data standards, data dictionaries, and standards for interoperability between sites of care and other users of health information is underway. The mix of processes, challenges and opportunities has never been more diverse. The common vision of improving care through the deployment of health IT for patient benefit is clear. We are moving from conversation to action in 2006 and the HIM perspective is essential to the dialog.[2]

As standards for electronic systems emerge, HIM professionals are equipped to evaluate systems for conformance to the identified certification requirements, providing assurance to the industry that health data is secure, accurate, and maintains its integrity as it moves between users. Transition to a digital healthcare system is underway in 2006, and the profession plays a

(Continued on page 2)

WHAT'S NEW :

The following information is currently available on the FCDS website.

- FCDS REGISTER VOL. 33
- COLLABORATIVE STAGING MAIN PAGE — NEW VERSION (01.03) RELEASED ON 9/06/06, COMPLETE 574 PAGE MANUAL (PART II)
- FCDS 2006 IMPLEMENTATION GUIDE FOR NAACCR VERSION 11 (REVISED 8/1/2006) - APPLIES TO FACILITIES SUBMITTING FULL CANCER ABSTRACTS, NOT PATH OR RT IDENTIFICATION DATA

FCDS MAILING INFORMATION

US Postal Service mail including Express mail, Priority mail and Certified mail should be sent to the following PO Box address:

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Miller School of Medicine
P. O. Box 016960 (D4-11)
Miami, FL 33101

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(Federal Express, UPS, Airborne Express)

FCDS/University of Miami
Miller School of Medicine
1550 NW 10th Ave, Fox Bldg,
Room 410
Miami, FL 33136

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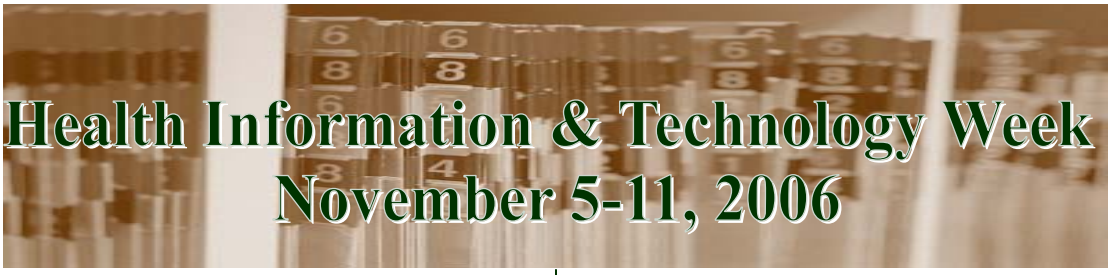

(Continued from page 1)

key role in facilitating the interface of humans and computers for the benefit of both providers and consumers of healthcare services. People make the difference in the success of technology deployment. In change management, the attributes of leadership, communication, training, and tools are essential to EHR implementation.[3]

In 2005, AHIMA (American Health Information Management Association) and AMIA (American Medical Informatics Association) convened a workforce summit to review and clarify issues and create strategies to support industry transformation and promote the building of a national health information infrastructure. Research agendas have been created, legislative advocacy undertaken and competency and educational development launched. These two organizations will work with others to assure a steady supply of qualified competent workers to meet the challenges ahead.[4] Managing information to improve care is a goal that cannot be met without a qualified workforce.

1 Kloss, Linda. "The Recipe for Information-based Healthcare" Journal of AHIMA 77. no. 7 (2006):23

2 Kloss, Linda. "Health IT Moves from Conversation to Action" Journal of AHIMA 77. no. 4 (2006):23

3 Fenton, Susan et al "Essential People Skills for EHR Implementation Success," Journal of AHIMA 77. no. 6 (2006): 60A-60D.

4 The Building the Work Force for Health Information Transformation is available from www.ahima.org/emerging_issues/Workforce_web.pdf#page%3D1.

Health Information & Technology Week Quiz:

1. Which of the following sentences is true?

a. The quest for data standards is a 21st century phenomena

b. Technology is the most important factor for EHR deployment

c. Health IT deployment is moving from conversation to action in 2006

2. Which of the following elements are essential to EHR implementation?

a. Leadership

b. Legislation

c. Full government funding

3. True or False. HIM professionals are equipped to evaluate systems for conformance to the identified certification requirements and legal requirements that provide assurance to the industry that health data is secure, accurate and maintains its integrity as it moves between users.

4. Which of the following are included in the recipe for creating an information-based health system?

a. Hollerith cards

b. Data analysts

c. Serial unit numbering systems for file folders

5. Which of the following topics is being actively addressed by both AHIMA and CHIMA?

a. Workforce shortage strategies

b. HIPAA practice guidelines

c. ICD-10 implementation

Answers are on page 4.

News & Information

2006 Jean Byers Memorial Award for Excellence in Cancer Registration

News & Information

2004 Cancer Case Admissions Criteria

1. Timeliness- All deadlines met with respect to the 2004 cancer case admissions

- 2004 Annual Caseload Submission Deadline- June 30, 2005
- 2004 Death Certificate Notification Deadline- August 18, 2006
- 2004 AHCA Audit Deadline – February 28, 2006
- No more than 5% (or 35 cases, whichever number is greater) of the 2004 cancer case admissions reported to FCDS within 2 months (60 days) following the June 30, 2005 deadline (Late reporting of 2004 cancer case admissions)

2. Completeness- All cases reported to FCDS

- No more than 10% of the 2004 cancer case admissions reported to FCDS within 12 months following the June 30, 2005 reporting deadline. (Due to delinquent 2004 case reporting, missed cases found on Death Certificate Notification or missed cases found on AHCA Completeness Audit)

2006 RECIPIENTS JEAN BYERS AWARD FOR THE 2004 DATA SUBMISSION

1100 SHANDS UNIVERSITY OF FLORIDA
1105 SHANDS ALACHUA GENERAL HOSPITAL
1300 GULF COAST MEDICAL CENTER
1506 PARRISH MEDICAL CENTER
1508 PALM BAY COMMUNITY HOSPITAL
1601 WESTSIDE REGIONAL MED CTR
1602 HOLLYWOOD MEDICAL CENTER
1606 MEMORIAL REGIONAL CANCER CENTER
1609 IMPERIAL POINT MEDICAL CENTER
1610 MEMORIAL HOSPITAL PEMBROKE
1636 HOLY CROSS HOSPITAL
1645 CORAL SPRINGS MEDICAL CENTER
1681 NORTHWEST MEDICAL CENTER
1686 FLORIDA MEDICAL CENTER
1687 UNIVERSITY MEDICAL CENTER
1688 MEMORIAL HOSPITAL WEST
1800 FAWCETT MEMORIAL HOSPITAL
1836 PEACE RIVER REGIONAL MEDICAL CTR
1846 CHARLOTTE REGIONAL MEDICAL CENTER
1900 SEVEN RIVERS REGIONAL MEDICAL CTR
1905 CITRUS MEMORIAL HOSPITAL
2000 ORANGE PARK MEDICAL CENTER
2146 NCH HEALTHCARE SYSTEM
2338 MERCY HOSPITAL
2349 HIALEAH HOSPITAL
2356 PALM SPRINGS GENERAL HOSPITAL
2359 MIAMI CHILDRENS HOSPITAL
2374 PARKWAY REGIONAL MEDICAL CTR - EAST
2383 PALMETTO GENERAL HOSPITAL
2405 DESOTO MEMORIAL HOSPITAL
2605 BAPTIST MEDICAL CENTER BEACHES
2638 ST VINCENTS MEDICAL CENTER
2648 MEMORIAL HOSPITAL JACKSONVILLE
2672 WOLFSON CHILDRENS HOSP NCC
2700 WEST FLORIDA HOSPITAL
2736 BAPTIST HOSPITAL OF PENSACOLA
2738 SACRED HEART HOSPITAL
2870 FLORIDA HOSPITAL - FLAGLER
3701 OAK HILL HOSPITAL
3705 BROOKSVILLE REGIONAL HOSPITAL
3715 SPRING HILL REGIONAL HOSPITAL
3805 HIGHLANDS REGIONAL MEDICAL CENTER
3836 FLORIDA HOSPITAL HEARTLAND DIVISION
3890 FLORIDA HOSPITAL LAKE PLACID
3903 BRANDON REGIONAL HOSPITAL
3907 UNIVERSITY COMMUNITY HOSPITAL-TAMPA
3947 KINDRED HOSPITAL CENTRAL TAMPA
3977 MEMORIAL HOSPITAL OF TAMPA
3978 TOWN AND COUNTRY HOSPITAL
3988 SOUTH BAY HOSPITAL
4105 INDIAN RIVER MEMORIAL HOSPITAL
4170 SEBASTIAN RIVER MEDICAL CENTER
4206 JACKSON HOSPITAL
4516 LEESBURG REGIONAL MEDICAL CENTER

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Continued from page 3

News & Information

2006 RECIPIENTS JEAN BYERS AWARD FOR THE 2004 DATA SUBMISSION

4546 SOUTH LAKE HOSPITAL
4547 FLORIDA HOSPITAL WATERMAN
4590 LEESBURG REGIONAL MEDICAL CTR NORTH
4601 CAPE CORAL HOSPITAL
4605 LEE MEMORIAL HEALTH SYSTEM
4690 LEE MEMORIAL HOSPITAL HEALTHPARK
4705 TALLAHASSEE MEMORIAL HEALTHCARE
5100 BLAKE MEDICAL CENTER
5200 OCALA REGIONAL MEDICAL CENTER
5202 WEST MARION COMMUNITY HOSPITAL
5205 MUNROE REGIONAL MEDICAL CENTER
5390 MARTIN MEMORIAL HOSPITAL SOUTH
5505 BAPTIST MEDICAL CENTER NASSAU
5606 TWIN CITIES HOSPITAL
5607 NORTH OKALOOSA MEDICAL CENTER
5670 FORT WALTON BEACH MED CTR
5705 RAULERSON HOSPITAL
5836 FLORIDA HOSPITAL CANCER INST SOUTH
5850 WINTER PARK MEMORIAL HOSPITAL
6001 COLUMBIA HOSPITAL
6003 DELRAY MEDICAL CENTER
6005 BETHESDA MEMORIAL HOSPITAL
6007 GLADES GENERAL HOSPITAL
6036 ST MARYS MEDICAL CENTER
6045 WEST BOCA MEDICAL CENTER
6047 GOOD SAMARITAN MEDICAL CENTER
6048 JFK MEDICAL CENTER
6069 PALMS WEST HOSPITAL
6070 PALM BEACH GARDENS MEDICAL CENTER
6171 PASCO COMMUNITY HOSPITAL
6201 NORTHSIDE HOSP HEART INSTITUTE
6203 EDWARD WHITE HOSPITAL
6205 HELEN ELLIS MEMORIAL HOSPITAL
6246 ALL CHILDRENS HOSPITAL
6248 BAYFRONT MEDICAL CENTER
6249 MEASE DUNEDIN HOSPITAL
6251 ST ANTHONY HOSPITAL
6252 SUN COAST HOSPITAL
6273 PALMS OF PASADENA HOSPITAL
6274 ST PETERSBURG GENERAL HOSPITAL
6305 LAKELAND REGIONAL MEDICAL CENTER
6347 HEART OF FLORIDA HOSPITAL
6446 PUTNAM COMMUNITY MEDICAL CTR
6570 FLAGLER HOSPITAL
6600 COLUMBIA LAWNWOOD REG MED CTR
6707 SANTA ROSA MEDICAL CENTER
6805 SARASOTA MEMORIAL HOSPITAL
6810 ENGLEWOOD COMMUNITY HOSP
6870 DOCTORS HOSPITAL
6936 FLORIDA HOSPITAL ALTAMONTE
7005 VILLAGES REGIONAL HOSPITAL
7105 SHANDS LIVE OAK
7205 DOCTORS MEMORIAL HOSPITAL
7406 HALIFAX HOSPITAL MEDICAL CENTER

Answers to Health Information & Technology Week Quiz

ANSWERS:

1. c ("a" is incorrect because the medical record/HIM profession has been an advocate for standards for over 75 years; and "b" is false because people and organizational readiness are more important than the equipment).

2. a ("b" is false because EHRs add enough value to healthcare quality that a legislative mandate is not required to compel implementation; and "c" is false because taxpayers cannot afford to pay for everything).

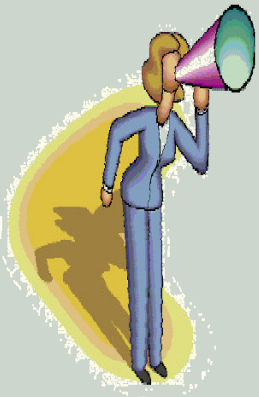
3. True—the contributions of HIM and HIT professionals enable this work to go forward.

4. b ("a" is false because this technology is the forerunner of modern software applications; and "c" is false because electronic data interchange is the foundation for an information-based system).

5.a

Q&A Section

Questions taken from SEER Inquiry System and ACOS/COC I & R



Q/C Corner

By: Sarah J. Manson, BS, RHIT, CTR

CASE 1 - CT: Mult Pulm nodules, bilat pleural effusions; paraaortic, paracaval, celiac lymphadenopathy. Lytic lesions L4&L5.
Bx L3: Met pd adenoca. Based on the histopathologic features and the results of the immunostains, cholangiocarcinoma is regarded as the most likely primary. However, other possible primaries include pancreas, stomach, and (remotely) lung.
Should primary be coded as C26.9, digestive organ, NOS?

CASE 2 - CT: Mult liver masses. Liver Bx: Mod diff adenoca. The most likely primary sites include cholangiocarcinoma, stomach and pancreas.
FDx per attending: Met adenocarcinoma to the liver, probably biliary origin.
What primary site code do we use?

CASE 3 - Admitting Dx: Unknown primary with mets to lungs, liver and cerebellar area. Liver Bx: Met adenoca. The combination of morphological and immunohistochemical staining favor a colon primary. However other possibilities include cholangiocarcinoma and pancreatic ca.
Should we code site as C18.9 or C26.9?

QUESTION (CASES ABOVE):

Primary site--Unknown & ill-defined site: The following cases were submitted with an unknown primary site. Should we change to a more specific site?

ANSWER:

Code the primary site according to the physician's opinion. An ill-defined site code or an NOS code for the organ system is preferred over C809 [Unknown primary site] whenever possible. Code C809 only when there is not enough information to use an ill-defined or NOS code.
Case 1 and Case 2 - Assign code C249 [Biliary tract, NOS]. Based on the available information, the physicians believe these are most likely biliary primaries.
Case 3 - Assign code C189 [Colon]. According to the available information, the physician believes this is most likely a colon primary.

REFERENCE:

1. 2004 SEER Manual ;pgs 74-75 (#7)
2. ICD-O-3

QUESTION:

A patient was admitted with a recurrence of a Primitive Neuroectodermal Tumor (PNET) status post rt kidney. The recurrence was abstracted C649 (kidney) and 9473/3 (histology) which created a site and morphology conflict. Is 9473/e site specific for brain? What is the correct site/histology code?

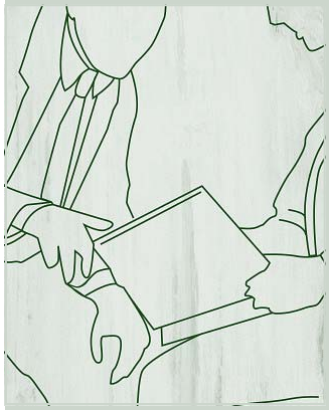
ANSWER:

9473/3 is for central peripheral neuroectodermal tumor, NOS (in the central nervous system). The correct code for a kidney PNET is 9364/3, peripheral primitive neuroectodermal tumor (PPNET, which some pathologists call primitive neuroectodermal tumor). April Fritz, SEER curator

REFERENCE:

1. ICD-O-3

Education and Training



FCDS Upcoming Teleconferences

MULTIPLE PRIMARY AND HISTOLOGY CODING RULES

FCDS will be presenting a series of teleconferences in the upcoming months to address the Multiple Primary and Histology Coding Rules that will become effective with cases diagnosed on or after January 1st, 2007. The first teleconference will be an introduction to the coding rules. The rest of the series will address site-specific coding rules. Please see the complete schedule below, including the dial-in and password information. Please note that the dial in information is the same for all the teleconferences. The teleconferences will be free of charge. A PowerPoint slide presentation along with exercises will be available on the FCDS Website, http://www.fcds.med.miami.edu, as an adjunct to each of the teleconference, as well as the instructions to access the system for the Question and Answer session at the end of each presentation. If you have any questions, please feel free to contact Megsys Herna at 305-243-2625 or mherna@med.miami.edu.

Each teleconference will be presented on the scheduled date from 10:00am-12:00pm.

NCRA CE credit will be offered per one hour of presentation.

DATE	TITLE
Tuesday, December 12, 2006	Introduction to the 2007 Multiple Primary and Histology Coding Rules
Thursday, January 4, 2007	Lung Coding Rules
Tuesday, January 23, 2007	Breast Coding Rules
Tuesday, February 6, 2007	Colon Coding Rules
Tuesday, February 20, 2007	Head & Neck Coding Rules
Tuesday, March 6, 2007	Brain Coding Rules
Tuesday, March 20, 2007	Melanoma Coding Rules
Tuesday, April 3, 2007	Urinary System Coding Rules
Thursday, April 12, 2007	Other Sites Coding Rules

Dial-in information for all the teleconferences:

Dial In Number: **888-296-1938**

Participant Code**: 471495**

Education and Training

Deadlines & Reminders

Deadlines & Reminders

FCDS Implementation of the CS Version 01.03- ERRATA IN BOLD

In response to questions and concerns raised by registrars about the FCDS implementation schedule of the recently released Collaborative Staging Version 01.03, we wanted to take a moment to clarify the FCDS implementation process. The changes to Collaborative Stage version 01.03 include the following:

Clarification of existing notes and definitions.

Addition of new codes to the following two schemas

Liver and Intrahepatic Bile Ducts (C220-C221) - **added Code 67 ((63)+(65)) to CS Extension**

Ethmoid Sinus (C311) - added Code 62 (Base of skull, NOS), 63 (Cribriform plate) and 64 (Medial wall or floor of orbit; orbital plate)

Required review of:

Ethmoid Sinus (C311) - due to additional codes added.

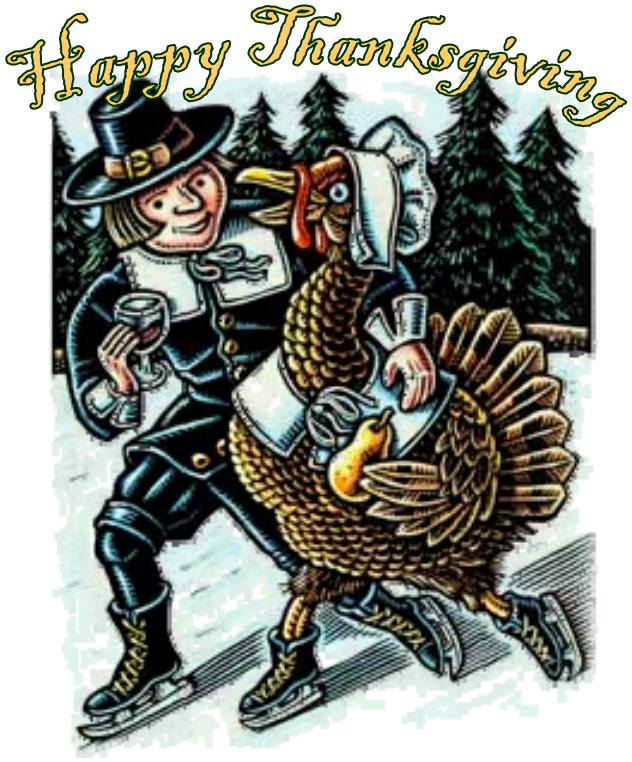
Other Lip (C002, C005, C008-C009) – due to a mapping change in SS1977 and SS2000 comparing previously code CS Lymph Nodes 12 that should be coded to 10 when involvement of the parotid lymph node is noted. When these nodes are involved it will be mapped to RN instead of D.

Effective October 2nd, 2006, FCDS will be accepting both Version 01.02 and 01.03. We recommend that all cases that include the Liver/Intrahepatic Bile Ducts and Ethmoid Sinus be set aside until your updated software has been installed. At that time please code the appropriate fields and submit the abstracts to FCDS. All other abstracts can be submitted as usual.

FCDS 2006 Quality Control Assurance Audit

FCDS conducted its annual Quality Assurance Audit in October 2006, which included a re-abstracting audit of selected 2004 analytical cases. The twenty-nine hospitals below were selected at random to participate in the audit. FCDS and the Florida Department of Health wishes to thank all the participating hospitals and auditors for their time and cooperation.

2605	BAPTIST MEDICAL CENTER BEACHES
1306	BAY MEDICAL CENTER
5100	BLAKE MEDICAL CENTER
4601	CAPE CORAL HOSPITAL
5969	CELEBRATION HEALTH FL HOSPITAL
6003	DELRAY MEDICAL CENTER
2870	FLORIDA HOSPITAL - FLAGLER
5836	FLORIDA HOSPITAL CANCER INST SOUTH
5849	FLORIDA HOSPITAL EAST ORLANDO
7446	FLORIDA HOSPITAL FISH MEMORIAL
3932	H LEE MOFFITT CANCER CENTER
1546	HOLMES REGIONAL MEDICAL CENTER
2302	JACKSON SOUTH COMMUNITY CENTER
4647	LEHIGH REGIONAL MEDICAL CENTER
2648	MEMORIAL HOSPITAL JACKSONVILLE
2350	MIAMI HEART INSTITUE
1170	N FLORIDA REGIONAL MEDICAL CENTER
1607	NORTH BROWARD MEDICAL CENTER
5607	NORTH OKALOOSA MEDICAL CENTER
1604	NORTH RIDGE MEDICAL CENTER
1508	PALM BAY COMMUNITY HOSPITAL
2383	PALMETTO GENERAL HOSPITAL
2130	PHYSICIANS REGIONAL MEDICAL CENTER
3988	SOUTH BAY HOSPITAL
6251	ST ANTHONY HOSPITAL
5606	TWIN CITIES HOSPITAL
2372	U OF MIAMI HOSPITAL CLINICS
6068	WELLINGTON REGIONAL MEDICAL CTR
5202	WEST MARION COMMUNITY HOSPITAL



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FCRA FDS
For any questions or suggestions, please contact the taskforce at taskforce@fcra.org.

Florida Cancer Data System

Cancer Reporting Completeness Report

TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF OCTOBER 31, 2006

Total number of *New Cases* added to the FCDS Master file in October 2006: 9,169

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

Admission Year	Hospital	Radiation	Ambi/Surg	Physician Office	Derm Path	DCO	Total Cases	New Cases
2006	29,344	1,306	132	0	63	**Pending**	30,845	7,358
2005	151,244	4,254	584	0	773	**Pending**	156,877	1,258
2004	151,948	7,768	3,319	513	746	2,773	167,076	553

		Actual	Expected
% Complete for:	2006	20%	33%
	2005	100%	100%
	2004	100%	100%

**Expected % based on 152,000 reported cases/year*