

Experiencing Change: The Users' Perspective (CSv2)

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As we reach a crossroads in the profession of cancer registration, we have to stay focused on the bottom line. What is the bottom line? It is accurate and consistent data reporting.

So, one must then ask the pressing question, "How do we assure accuracy and consistency with so many changes?" Can we reasonably ask this of ourselves with so many errata hitting our front door?

There are no easy answers to these burning questions, but we do have some tactics to ease the burden of change. Cancer registrars from across the country were surveyed this past fall and asked to give feedback on their CSv2 experience. The results of the survey were not surprising. We have been challenged in the registry profession and, as usual, the registry profession has risen to the challenge. More than 67% of the respondents have been in the registry field for 11 years or more. This speaks to the overall commitment to the profession.

While we all dance to the beat of different standard setters, one thing is constant: our continuous efforts to produce the highest quality data possible.

When asked specific questions on the use and understanding of CSv2 coding instructions and schemas, the responses were also consistent. Many are struggling with understanding which data elements need to be collected and, more importantly, where to find the information. A great resource for finding information on site-specific factors and general instructions is through the newly established CAnswer Forum. The link can be found at <http://www.cancerstaging.org>. One might also want to routinely check the CSv2 Web site for updates and helpful hints. The CSv2 Web site lists the recommendations and requirements from each standard-setting organization.

If you have not entered the world of dual monitors, this would be as good a time as any to join the ranks. Dual monitors are a relatively inexpensive way to increase your productivity. Everyone is charged with looking at more than one software application in order to complete an abstract. Whether it is the abstracting software and the electronic medical record or the CSv2 manual and inputting data into the abstract, there must be 2 applications open. Dual monitors ease the process of data entry when more than 1 application can be open and available to you simultaneously.

Implementation of CSv2 has been challenging for all involved. It is extremely important that everyone stay familiar with the changes and errata being published. How does one accomplish this task of staying updated? There are multiple venues to do so, including the CSv2 Web site. The Commission on Cancer (CoC) distributes a monthly newsletter called the *CoC Flash*. This newsletter is sent out electronically through a monthly email blast.

The North American Association of Central Cancer Registries (NAACCR) distributes information through the NAACCR Listserv. This is also an email blast sent out to all the membership.

Finally, we can stay tuned-in through our professional organization, the National Cancer Registrars Association (NCRA). NCRA will periodically send emails to its membership to keep them informed of important news, in addition to publishing *The Connection*, the organization's official newsletter.

Any of these media are an efficient and effective means of keeping oneself informed.

Beyond implementation is the reality of recording the coding information for the purpose of completing an abstract. What if the information is not available? What if I simply do not know where the information is located? What if I do not know if a specific test is being offered or performed at the facility?

All of these questions are valid. We must be proactive, not reactive, in our quest for data collection and data coding. Ask the physician leaders in the facility to assist with uncovering the answers to the previously asked questions. If the information is not available, there are specific instructions, per CSv2 schema, on how to address the proper coding of that field. If the information is unfamiliar to you, it is vital to do some homework in locating the document, if it exists, or eliminating the item if it is not performed at the facility. In order to make some of these determinations, you must ask others who are part of your leadership team. This will not be a canned response, but will ultimately differ from facility to facility. This is truly where the challenge arises. It may be necessary to document through policy and procedures how specific items or data fields are handled in the facility. Doing so may offer consistency in coding, and can give references years from now on how and why specific items were coded in a certain way.

Processes may also need to be developed by the facility and its external partners to complete some data fields. It is not unreasonable to ask the medical oncology practice to submit the consult note on mutually treated patients to the cancer registry for completion of the abstract. Formalizing relationships between these parties can help in bridging gaps in data collection.

Many survey respondents shared additional comments. The most consistent comment was that of "too much on my plate." Unfortunately, the reality of the situation is that it can not be avoided. In order to report current practices in cancer care, along with maintaining accuracy of data collection, all changes have to coincide. The relationship between CSv2, American Joint Committee on Cancer (AJCC) staging, and College of American Pathologists (CAP) protocols forced the revision of all coding manuals. While it is definitely not an easy transition for anyone involved, it is absolutely necessary in order to keep pace with the advancement of the science of cancer care. Gone are the days where HER2 is not listed as a required NAACCR data element. The focus of the AJCC work groups was to look to the future and avoid the issue of missed opportunities in the research arena. The updated version of CSv2 will be available to the vendors by the end of the year. The updates include corrections to coding structures within specific schemas, clarification on site-specific factors, and a shift to uniformity among all schemas.

The user feedback elicited from the survey helped identify areas that need immediate work, and also priorities for the future.

We did note that 96.4% of users did find Part I, Section II of the coding instructions very helpful.

Also, an average of 90% of users found the manual easy to use for both coding instructions and schemas. We were excited to hear this. As a result of the survey, we better understand the areas where clarifications and enhancements are necessary. The survey results also provided a better understanding of areas where education is key to providing clarity to the existing version of the manual in order to meet our goal of consistent and accurate data collection.

While the challenge is great, there is no doubt that the registry community will meet it head-on. In this author's opinion, there is no other profession where the persons involved are as dedicated to a purpose; accurately recording information that will have a real impact on the lives of cancer patients. We all have valid reasons to be frustrated, but as I hear the frustrations, I also hear the resounding voice of reason and resolution. Thus is the quest of the registrar against the disease we record. Cancer may be a forever changing disease, but we are a resilient species. We will prevail!