



**Climbing the Data Mountain to Reach Your Cancer Program's Highest Potential**



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**Objectives**

- Understand industry trends and the importance and value of the cancer registry data to support the cancer program
- Learn how to engage the cancer program's partners
- Identify how to become a knowledge center and market the registry
- Identify the various uses of cancer registry data



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**Why do we do what we do?**

*"Hiding within those mounds of data is knowledge that could change the life of a patient, or change the world."*

- Alvi Bhatt, Director, Institute for Computational Health Sciences, UCSF



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### Industry Trends: Where are we headed?

- Network and Facility Level
  - Mergers and acquisitions
  - Financial considerations
  - CMS Initiatives
  - Value-based care and reimbursement
- Cancer Center/Cancer Registry Level
  - Integration with other health systems
  - Intelligent casefinding and abstracting
  - Concurrent abstracting
  - Enterprise-wide data analytics
  - Quality initiatives
  - Key Performance Indicators



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### Leverage "Your" Knowledge Center



- Market the Cancer Registry to cancer center administrators, research departments, marketing departments, physicians and other clinicians
- Share the granular detail of information collected in the registry
- Demonstrate the types of reports that can be generated
- Promote quality and research studies



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### Marketing the Cancer Registry

Marketing is defined as "the activity and processes for creating, communicating, delivering and exchanging offerings that have value for customers, clients, partners and society at large."

Who are your customers, clients and partners?

- Cancer Registry administrators
- Cancer Committee
- Tumor Board participants
- Administration
- Physicians
- Clinical Trials and Research departments
- Marketing departments
- Patients
- The community



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### Engaging Your Partners and Customers



- Create a PowerPoint presentation of what the registry does, collects and data usage
- Set up a meeting with cancer registry administrators
- Present at Cancer Committee meetings
- Engage with Tumor Boards
- Create flyers to distribute to "partner's" departments
- Promote on social media
- Create a display in a well-traveled place
- Mailings to the community




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### Educate and Inform

**Core Data Set**

Category	Item	Item	Item	Item
PATIENT	MRN	DOB	SEX	RACE
	ETHNICITY	RELIGION	EDUCATION	LANGUAGE
	INSURANCE	PHYSICIAN	HOSPITAL	CLINIC
	ADMISSION DATE	DISCHARGE DATE	ICD9	ICD10
TUMOR	ANATOMICAL SITE	HISTOLOGY	STAGE	RECURRENCE
	MOLECULAR	GENETIC	BIOMARKER	IMMUNO
	DIAGNOSTIC	IMAGING	PATHOLOGY	GENETIC
	PROGNOSTIC	RESPONSE	TOXICITY	QUALITY
TREATMENT	DRUG	DOSE	ROUTE	START DATE
	START DATE	END DATE	REASON	COMPLETION
	ADJUVANT	NEOADJUVANT	PREVENTIVE	REHABILITATION
	REHABILITATION	REHABILITATION	REHABILITATION	REHABILITATION

**Supplemental Data**

- Program Accreditation information: COC, NAPBC, NAPRC
- Tumor Board information
- Clinical Trial Information
- SCP and Patient Navigation Status
- Genetic counseling, screening and rehab information
- CAP and National treatment guidelines




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### Cancer Care: The Gold Standard


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### Financial Planning



Identify equipment needs

Identify In and Out Facility Migration Patterns

**Financial Analysis for Cancer Center**

Identify community needs

Analyze staffing needs


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### Real-World Application

From a Community Hospital in Maryland

*"Our beloved resident radiation oncologist recently retired. We brought in 2 new phs seniors to fill his void. My Service Line Director, who is always on top of everything, asked for an In/Out Migration report of our radiation patients.*

*We quickly learned that we were losing patients with this changeover. Armed with this insight, she and the physicians created a plan to better market and support them through this critical transition for our Cancer Center.*

*Without the In/Out Migration report, our patient loss could have continued indefinitely, before we were able to identify and take action."*





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### Information Technology: Data Warehousing



- Centralized storage system
- Data stored on a mainframe server or in the cloud
- Emphasis on capturing data from different sources
- Combine data used to enhance data quality and consistency
- Cancer registry data can be exported from the data base in various formats
- Cancer Registry processes can be automated




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### Real-World Application

From a major NCI designated cancer center...

In general, we use the Cancer Registry to serve as our basis of accuracy of a patient (having or who has ever had cancer). A lot of our data sources are not as reliable as the cancer registry. Also, Cancer Registry has a lot more data like hormone therapy, radiation therapy, chemotherapy, staging data, date of diagnosis, first contact, etc. So we typically start with cancer registry data as the foundation, export that data to Excel and eventually import into our custom data warehouse table to be joined with other data warehouse tables to run a full report on.



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### Clinical Decisions and Research

Treatment Decisions

Clinical Trial Participation

Research



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### Real-World Applications

From a Growing Vagina Cancer Center...

We routinely turn to the cancer registry to identify potential new clinical trials. This has been a vital growth area for us with our faculty recently reaching the commendation range of CoC standards for clinical trials.

Our extensive clinical trial participation is enabling our faculty to offer the most progressive treatments for our patients.



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### Quality Initiatives

#### CDC QUALITY MEASURES

#### ASCO QUALITY MEASURES

**CRStar**

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### Tracking Program Accreditation Standards

#### Program Accreditation Information: COC, NAPBC, NAPRC

- Tumor Board Information
- Clinical Trial Information
- Survivorship Care plan status
- Patient Navigation Status
- Genetic counseling
- National treatment guidelines
- Screening Information
- Rehab services
- CAP guideline status

**CRStar**

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### Community Outreach

Cancer Registry Data can be utilized for community outreach to include education, prevention, early detection and screening information

#### Prevention Need

- Educate on the effects of smoking on lung tissue
- Provide information on smoking cessation and benefits of quitting
- Provide health services for preventing lung cancer
- Discuss screening information on it, as well as signs of lung cancer

#### Cancer Registry Data

Provide information on incidence of lung cancer and mortality rate due to late stage disease

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### Community Outreach (cont)

**Screening Need**

Low Dose CT  
Lung  
screening

**Cancer Registry Data**

Provide survival information to show mortality based on stage

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### Real-World Applications

From a Community Centered Florida Cancer Center

*"Our executive team has come to value and rely on cancer registry data to not just treat cancer but prevent it. We developed a very successful Lung Screening program because of the insight provided by the data."*

*"We identified unusually high incidents of lung cancer in several counties we serve. By proactively screening within these areas, we are better serving the communities in which we work and live."*

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### Marketing

Cancer Program  
Annual Report and  
social media

Advertise new  
equipment, screening  
programs

Promote partnerships  
with other facilities

Advertise new  
satellite facilities

Announce new  
physician staff

Region/County	July	Dec 17	Feb	March	June
Single	20	23	16	18	21
Alachua	12	14	10	14	17
Walton	12	11	10	14	14
Bay	11	9	11	11	11
Collier	5	6	7	7	6
Lee	3	3	3	3	3
Franklin	10	10	10	10	10

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### Cancer Committee

- Quality control initiatives
- NCDDB Data Completeness reports
- Quality metrics, benchmarks, survival
- Annual caseload volumes
- COC special studies




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### Nurse and Patient Navigation



- Provide data for Navigation Metrics
- Help show ROI For facility
- Help to prevent gaps in Navigation program
- Collaborate to ensure facility is meeting patient needs
- Help access patient barriers

Helpful Registry Data

- Site by Sex, Race Ethnicity and Primary Payer
- Out migration patterns
- Site by Class of Case 00
- Time from Diagnosis to Surgical Consult
- Time from Diagnosis to First treatment
- Time from end of treatment to survivorship




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### Benchmarking

Four Keys of Benchmarking

- Identify
- Evaluate
- Collect and Analyze
- Implement

- NCDDB Benchmark reports
- American Cancer Society Facts and Figures
- State Data comparisons
- Within your network of health systems
- With Competing Facilities




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### Market Shares

BASE CASE	2017	2018	2019	2020	2021
YOUR HOSPITAL VALUE	10	10	10	10	10
YOUR MARKET VALUE	11.2%	14.2%	14.4%	14.4%	14.3%
YOUR HOSPITAL VALUE	10	10	10	10	10
YOUR MARKET VALUE	11.2%	14.2%	14.4%	14.4%	14.3%
YOUR HOSPITAL VALUE	10	10	10	10	10
YOUR MARKET VALUE	11.2%	14.2%	14.4%	14.4%	14.3%

Market Shares of Breast Cases compared to Key Counties and All Counties and Any State 2018-2019

- Compare cases diagnosed in your county compared to surrounding counties and all counties in your state
- Most states will supply registries with these types of data requests
- Reuse graph template for other sites

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### Within Your Hospital Network or Competing Facilities

Facility	2018	2019	2020	2021	2022
Facility A	100	100	100	100	100
Facility B	100	100	100	100	100
Facility C	100	100	100	100	100
Facility D	100	100	100	100	100
Facility E	100	100	100	100	100
Facility F	100	100	100	100	100
Facility G	100	100	100	100	100
Facility H	100	100	100	100	100
Facility I	100	100	100	100	100
Facility J	100	100	100	100	100

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### Data Request Forms

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**In Conclusion ... Or Just the Beginning**

- Become a Knowledge Center for your cancer program
- Engage and Educate your partners
- Market the hidden Jewel from within the registry
- Get to know your data
- Take advantage of available resources
- Anticipate the requestor's needs
- Make the registry and yourself invaluable



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*"To teach is to learn twice" ... Joseph Joubert*

*"Being Knowledgeable is good.  
Being knowledgeable and savvy is the BEST" ... Ankur Kumar*

*"Trust yourself. You know more than you think you do" ...  
Unknown*



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*Thank You*

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