Power of Cancer Data

Save to myBoK

by Jane Jeffries, MFA, Managing Editor

HIM professionals know that every piece of patient data collected is valuable. Cancer registrars like Linda Mulvihill, RHIT, CTR, can watch the patient data they collect become cancer screening tools, public health dollars, and the disease statistics found every day in the newspaper.

Mulvihill is a quality management specialist at the North Carolina Central Cancer Registry regional office in Asheville, a population-based state registry responsible for collecting cancer registry information from healthcare facilities and physicians in the state. The state registry uses that data to make decisions regarding public health resources, evaluate outcomes, and develop educational programs for providers and the public.

Mulvihill discovered the cancer registry field through her HIM education at Indiana University Northwest, where former AHIMA president Margaret Skurka was one of her teachers. “Part of my clinical rotation was in tumor registry and it really sparked my interest,” Mulvihill says.

As a quality management specialist, she develops training workshops, resolves duplicate records, answers technical questions regarding data, and audits facilities for missed cases and inaccurate information. All data submitted is subject to reporting standards from the CDC’s National Program of Cancer Registries, the North American Association of Central Cancer Registries, the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) Program, and the American College of Surgeons’ Commission on Cancer.

A Rapidly Growing Field

Mulvihill is the current president of the National Cancer Registrars Association, which has about 4,000 members. “Members network through state association meetings, at the national association meetings, and through phone calls and e-mail. Even though hospitals compete with each other, a registrar from one hospital can call up a registrar at another hospital and ask, ‘How do you do this?’ We’re really good about helping each other,” she says.

Currently, the cancer registrar profession “is growing faster than we can get people trained and certified,” according to Mulvihill. In 1992, the National Program of Cancer Registries was enacted and authorized the CDC to issue grants to states to set up new registries or enhance current registries. As a result, every state is required to have a cancer registry, as are all cancer programs.

The Certified Tumor Registrar (CTR) credential requires an educational background similar to that required for HIM credentials. Registrars rely on a knowledge of anatomy and physiology, medical terminology, and several standards development organizations. Further, registrars use ICD-O (Oncology), which is similar to the C section of ICD-10, according to Mulvihill. “The cancer registrar jobs are like HIM but focus on a particular disease process that requires information that is often not a part of the patients’ medical records,” says Mulvihill.

How Data Travels

A career built around an often-fatal disease may sound depressing and Mulvihill admits there can be difficult times. “It saddens me to see a patient with a cancer that no one should have any more, like invasive cervical cancer. With pap smears and annual checks, you can usually find it before it turns invasive. It also makes me sad—though it doesn’t happen often—when a patient refuses treatment or a work-up because you know he or she can have some quality of life after a [cancer] diagnosis. The picture isn’t quite as gloomy as it was a couple of years ago.”

At the same time, Mulvihill revels in the medical advances made thanks to cancer registry data. “For example, we now know that a lumpectomy with post-op radiation is just as good as mastectomy. When you see those studies, it makes you feel good.”

Given the importance of cancer registry, Mulvihill says she has to remind herself that “data travels.” For example, “standards development organizations ask us to collect a certain data field. Maybe at the community hospital it won’t do anything but when pooled nationally or internationally, it can make a huge impact,” she says.

> “Registrars do a good job. It’s a challenge to gather the complete picture [of a diagnosis] and they often have to go outside the facility to get answers. It’s a very self-directed, self-motivated, multitask-oriented job.”
> —*Linda Mulvihill, RHIT, CTR, quality management specialist at the North Carolina Central Cancer Registry*

Article citation:
Jeffries, Jane. "The Power of Cancer Data." *Journal of AHIMA* 73, no.1 (2002): 100.
