# Sweeping Revisions for Cancer Registries: Like Coders, Cancer Registrars Adapting to Major Changes



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Coding professionals are not alone as they prepare for the sweeping changes that come with the ICD-10-CM/PCS implementation. They only need to look down the hospital hall to find another department grappling with a major shakeup in how it classifies clinical documentation-cancer registrars.

This year brought vast change to the way cancer registrars abstract, report, and work with cancer records. The impact of these changes is expected to be as big as ICD-10's impact on the coding world.

Cancer registrars abstract cancer-related information from medical records, reporting the data to state cancer registries, which public health officials use to track the spread and treatment of cancer. The state registries report the information up to the Centers for Disease Control and Prevention for national tracking, and information is also used for accreditation and hospital quality reviews.

Many cancer registry departments work under oncology departments, but some smaller hospitals place the department under HIM management.

## Not Easy, but Valuable

While updates to cancer registry commonly occur every few years, 2010 marks an unusually high number of changes to the field, according to Susan Koering, MEd, RHIA, CTR, president of the National Cancer Registrars Association and oncology registry manager at Park Nicollet Methodist Hospital–Frauenshuh Cancer Center, based in St. Louis Park, MN.

Changes that registrars face in 2010 include:

- New content in four different reference books used for cancer reporting
- Major changes in cancer staging announced by the American Joint Committee on Cancer (AJCC)
- Collaborative staging changes that could result in nearly 150 additional fields for registrars to learn and report, which in turn require major software revisions
- Implementation of new hematopoietic and lymphoid neoplasm case reporting and coding rules
- Implementation of the AJCC Rapid Reporting Requirement, which will eventually reduce the turnaround time for abstraction
- Changes in cancer reporting requirements and standards announced by the American College of Surgeons
- Tightened cancer registry certification requirements

"This is a massive change. It is a new way to look at how we are gathering our data," says Laura Vondenhuevel, RHIT, CTR, the assistant tumor registrar at Wright-Patterson Medical Center, located at Wright-Patterson Air Force Base in Ohio. Vondenhuevel also facilitates the AHIMA cancer registry Community of Practice. "It is not just coding changes for us, it is also staging changes for the doctors. So it is a whole new ballgame."

Most of the changes begin with 2010 cases. But since many cancer registry units have a six-month delay in working on cases, the changes are expected to hit much of the industry in July.

At Wright Patterson, Vondenhuevel said her department was anxious to get a glimpse of new coding software used to conduct hematopoietic disease reporting electronically.

"We used to have this abstracting guide for hematopoietic disease-it was this little red book," she says. "And now we have a whole new hematopoietic database that we use that we download on our desktops."

Changes to AJCC staging requirements add new "site specific factors." While a registrar may not use all cancer reporting sites, or types, the change does increase the complexity of the job.

Leading up to the software upgrades, many registrars were anxious to try out the new software programs and train with the additional site-specific factors. However, training was not available until weeks before many facilities began abstracting their 2010 cases, Koering says, because facilities were waiting on vendors to develop and install the necessary updates.

Leading up to the start of the changes this summer, registrars were uncertain what to expect. The impact on productivity was a big question, with some predicting that cases would take an extra hour to abstract.

The major concern for most registrars seems to be the AJCC's addition of new site-specific factors, Vondenhuevel says. Previously there had been six, and the change adds 25 new data fields to a registrar's work.

"We are all just kind of holding our breath to see how this is going to pan out with productivity," Vondenhuevel says.

HIM managers who oversee cancer registry should be aware that these changes could decrease productivity, Koering says, and ensure their staff have adequate training and help while the registrars get used to the changes. Vondehuevel suggests that HIM managers can reach out to registrars and offer help.

## Change Is the Constant

Some of the concerns registrars express regarding the changes might sound familiar to coders, Koering says. Change is coming too fast. There is too much to learn. Quality will be affected. We are already behind in our work, and this will make it worse.

But as NCRA president, Koering says that while some concerns are valid, the changes are necessary because they increase the amount of data that registers can provide, which in turn gives researchers and clinicians a better ability to track and treat cancer. The changes also modernize the system to include updated cancer treatment and diagnoses.

"We need to move forward, and this is just the way it is-healthcare information needs to be available now, not later," she says.

At Wright-Patterson, the cancer registry staff has tried to remain calm during the transition and take the changes in stride.

"You can take change several ways," Vondenhuevel says. "Just being proactive in general is the best approach you can take."

After all, like a coder, a registrar's training is never done.

Coders and registrars "are always learning new things every year," Vondenhuevel says. "People think that we are two different entities, and we are not. We are going through the same struggles. [Our changes] bring the work to a more minute focus, just like ICD-10 is going to do when coders use that."

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