Record Consolidation

WORKGROUP UPDATES

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TOPICS

- **Purpose**
- **History of NAACCR Work Groups**
- **Processing Steps in Consolidation**
- **Issues in Determining the Best Data Item Values**

Purpose

The purpose of record consolidation is to combine data from different reporting sources for the same patient and tumor into a single best record for use and analysis in the central cancer registry.

History of NAACCR efforts

Record Consolidation Committee was an *ad hoc* committee first appointed in April 1997 charged with examining the principles and approaches to record consolidation

Guidelines from this group were summarized in a 1999 report titled *Central Cancer Registry Record Consolidation: Principles and Processes*

The Committee went on to conduct a test using a file of 656 actual source records

The test was conducted by 12 central cancer registries, and 3 registry experts who consolidated cases manually

History (con’t)

Subsequent NAACCR Work Groups studied approaches to tumor linkage and automated determination of multiple primaries. This work resulted in a “Same Sites Table” and a “Same Histology Table” for use in automating these processes.

The final step in record consolidation—determination of the final best data values—was the focus of the Data Item Consolidation Work Group.

Data Item Consolidation Work Group

The Data Item Consolidation Work Group sought to document *consensus best practices* for consolidating discrepant values, for the same patient and tumor from different reporting sources, into a *single best record* for analysis purposes in the central cancer registry.

When consensus was not possible, the Work Group documented different practices that are used.

Data Item Consolidation Manual

The Data Item Consolidation Manual contains a list of applicable logical rules in a proposed order of application, usually ending with a step to review manually if the prior steps do not result in a single value.

The document was made available on the NAACCR web site in January, 2015.

Steps Before Data Item Consolidation

Edits/Visual review –source records should be complete and accurate

Patient linkage-incoming source records must be linked to any existing records for the same patient in the database.

Tumor linkage-the incoming source records linked to one patient must be linked to any existing records for the same tumor.

Data Item Consolidation - Issues

Each registry makes its own decisions about the applicability of the rules to their registry based on the philosophy, operational approach, data uses, and available resources for that registry.

This presentation will highlight some of the issues and decision points considered by the Work group.

Automation vs Manual Review

Most registries already apply a mix of automated and manual methods to achieve a consolidated record.

- **The level of automation varies among registries**

Automated procedures should be designed to identify and save the best data values from all submitted codes and text, in accordance with published coding rules and standards.

Thresholds for acceptable accuracy should be set and periodically assessed; based on cost, efficiency, and data use.

Workflow processing: Approach

Incoming records are processed and consolidated individually (using a combination of automated and manual procedures) and then added to the database.

Source records that need further manual review are sent to a ‘pending file’ while awaiting the information needed by the reviewer to determine best data values.

Cases are not added to the central registry database until all values have been resolved.

Weighting Source Records

The completeness and quality of information in a source record varies widely by the reporting source.

Thus, the characteristics of the reporting source may be used very effectively in automated consolidation.

- **Hospital vs. clinic vs path report**
- **CoC approved hospital vs. non-approved hospital**
- **Hospital’s relationship to patient’s diagnosis and treatment (class of case)**

Weighting Source Records

Class of Case is often used to prioritize information from multiple sources.

It indicates to the central registry when the patient with this cancer was seen along the continuum of care (at diagnosis, for workup, during treatment, or at recurrence).

Other data items may be valuable for determining best information, such as diagnostic confirmation code

Distinctions by Data Item

Demographic items - relate to person, confidential, externally verifiable

Tumor items – dependent on reporting source

Stage data – complex, site-specific, interdependent

Treatment data - cumulative

Questions?

… FOR ME?

I WILL HAVE QUESTIONS FOR GROUP DISCUSSION LATER!