



Real-time Registry Reporting: Pathway to Better Cancer Prevention and Treatment

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“Data is moving slower than the disease...”

“The nation’s public health data systems are antiquated and in dire need of security upgrades - paper records, phone calls, spreadsheets and faxes requiring manual data entry are still are in widespread use and have significant consequences including delayed detection and response, lost time, missed opportunities and lost lives.”

Testimony of Janet Hamilton, Director of Science and Policy at CSTE,
speaks at Public Witness Day, April 9, 2019
Labor, Health and Human Services, Education, and Related Agencies
(116th Congress)



Surveillance is a Foundational Data Activity in Public Health



Timely, high quality, actionable data is central to fulfilling the 10 essential functions of public health.

NPCR & SEER – USCS Public Use Databases

- Incidence and demographic data for all new cancer cases
- 100% population coverage for the U.S. and Puerto Rico



www.cdc.gov/cancer/public-use

CDC's National Program of Cancer Registries



1.66 million	New cancer cases each year
200+ data items for each case	Cancer site and histology Patient demographics Stage at diagnosis First course of treatment



WHO

is getting cancer (for instance, by race, age, or sex)?



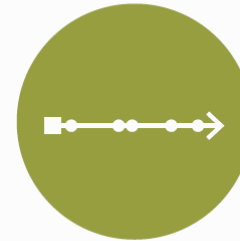
WHAT

types of cancer are increasing or decreasing?



WHERE

will prevention efforts have the biggest impact?



WHEN

are screening or prevention strategies working?



HOW

far has the cancer spread, and are we catching cancer early?

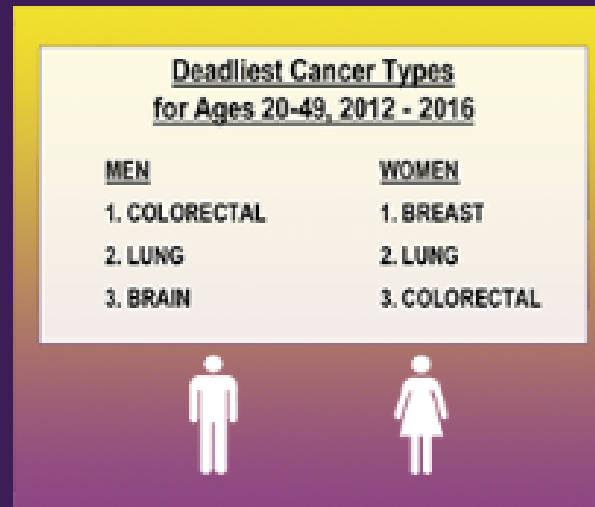
Knowledge Transfer

Annual Report to the Nation on the Status of Cancer

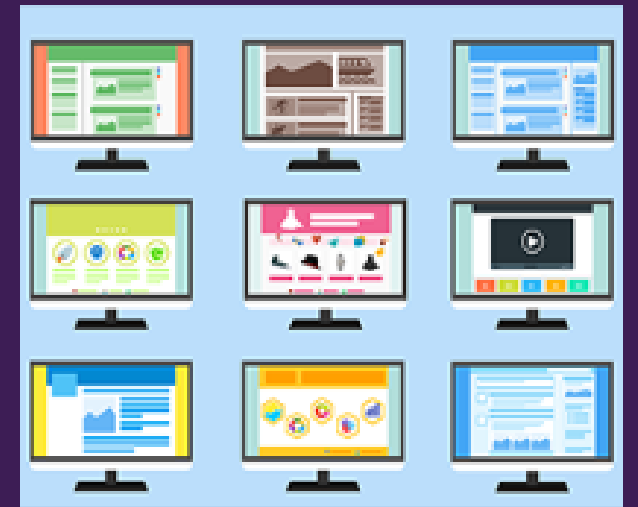
Overall Cancer Statistics



Special Topic: Cancer Among Adults Ages 20-49



Shareable Resources



The Challenge

1

Data is at least 24 months old

2

States struggle to meet data quality standards

3

Effort is duplicated per state

4

Reporting is labor-intensive and costly

The New World of Public Health Data Timely, Accurate, Accessible...

CDC is developing world-class data and analytics to transform today's reality and meet new opportunities for lifesaving, prevention, and response.

THE REALITY

REACTING

Always behind when an epidemic occurs



COUNTING DATA

Collecting data without the ability to rapidly analyze it



STORING IN SILOS

120 silos that restrict data sharing between systems



LOOKING BACK

Using data to see what has already happened



MOVING SLOWLY

Outdated, paper based-systems with multiple points of data transfer



USING RESOURCES INEFFICIENTLY

New resources always required to do new data collection



THE OPPORTUNITY

ANTICIPATING

Getting ahead of an epidemic **to stop it**



UNDERSTANDING DATA

Faster analysis to **gain real-time insights**



SHARING ON PLATFORMS

Interoperable, accessible data **for action**



LOOKING FORWARD

Using data to **predict and prevent threats**



MOVING FAST

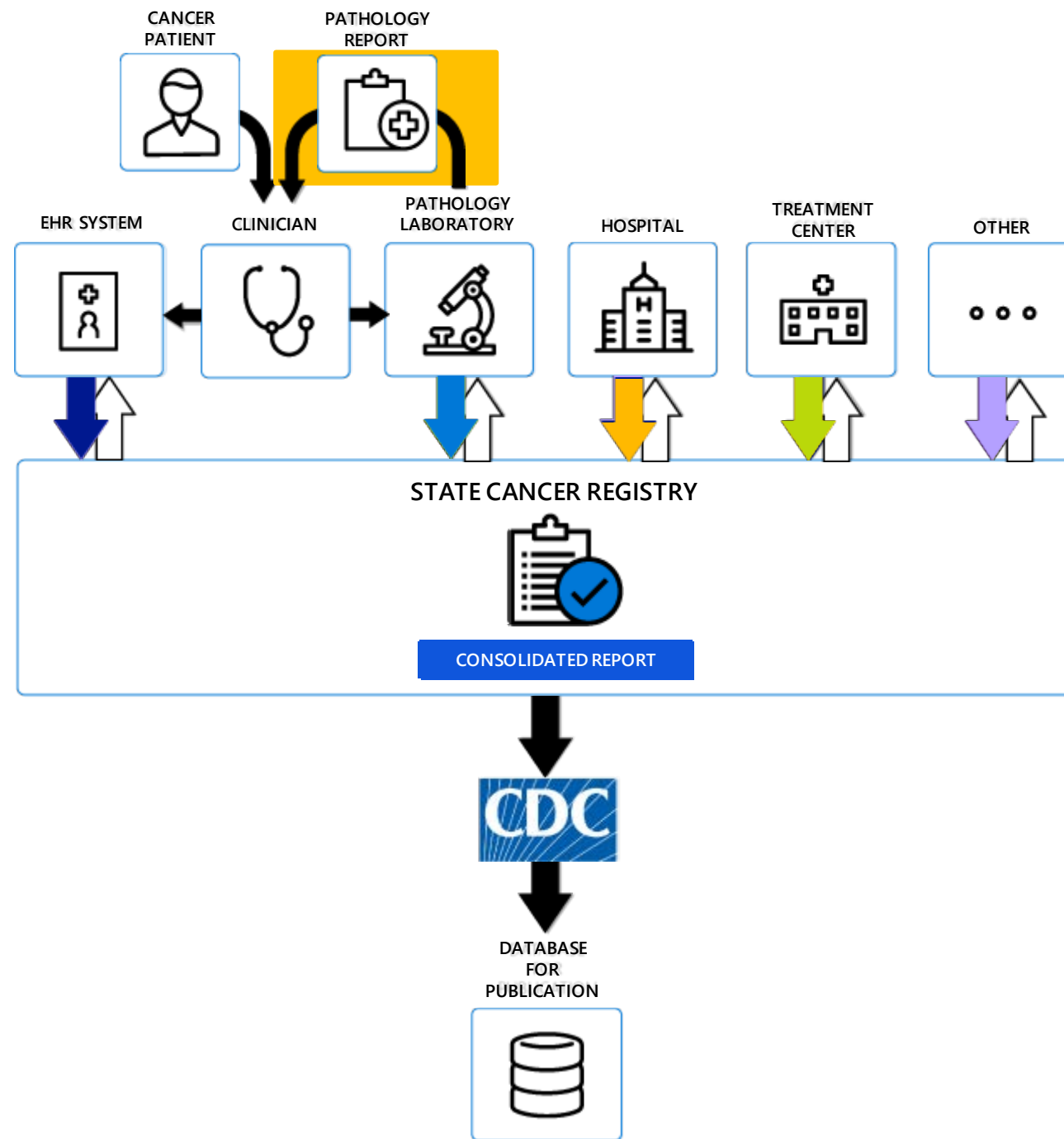
Creating a true digital highway to **transfer data in real time**

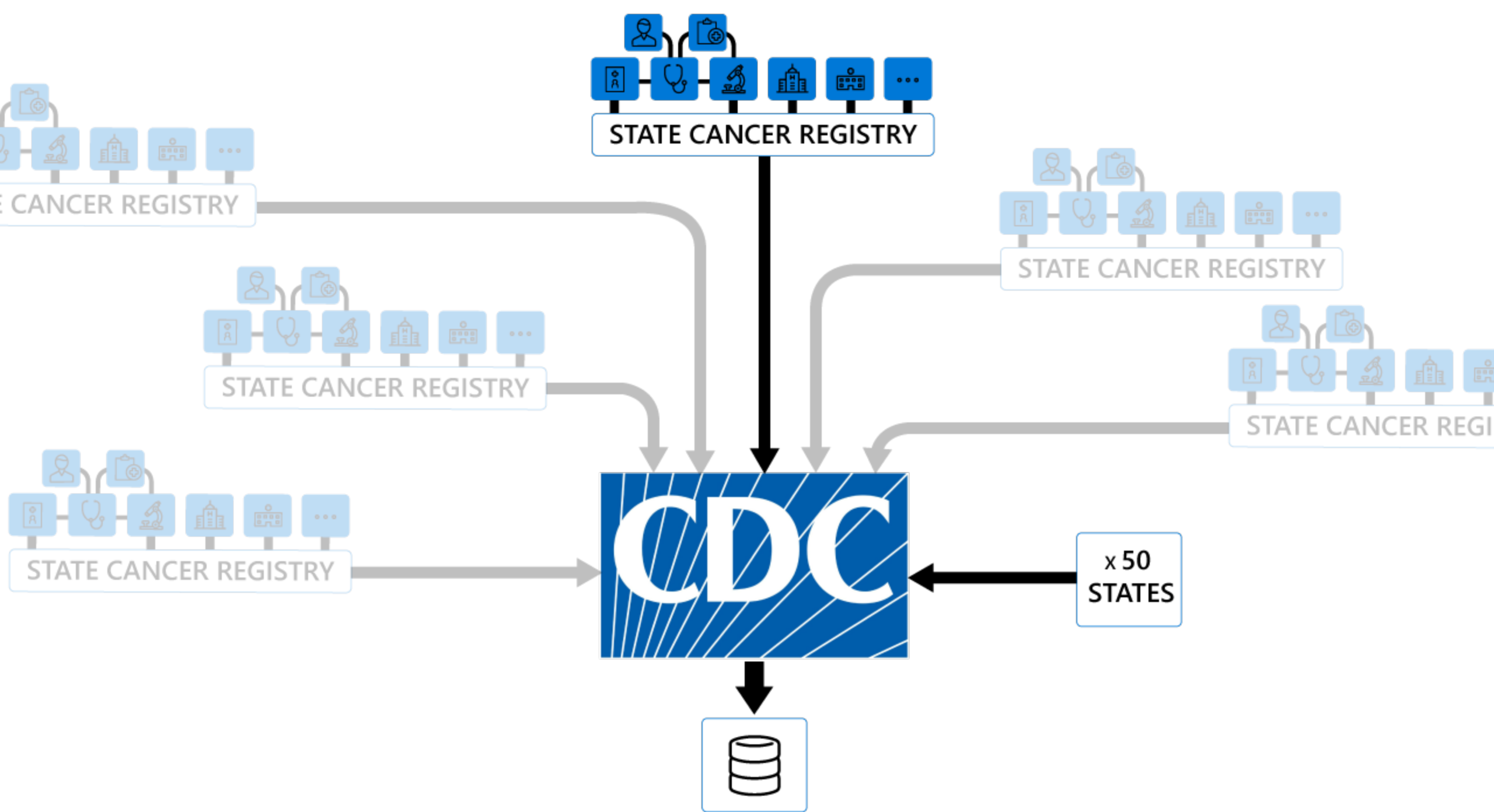


CONNECTING RESOURCES

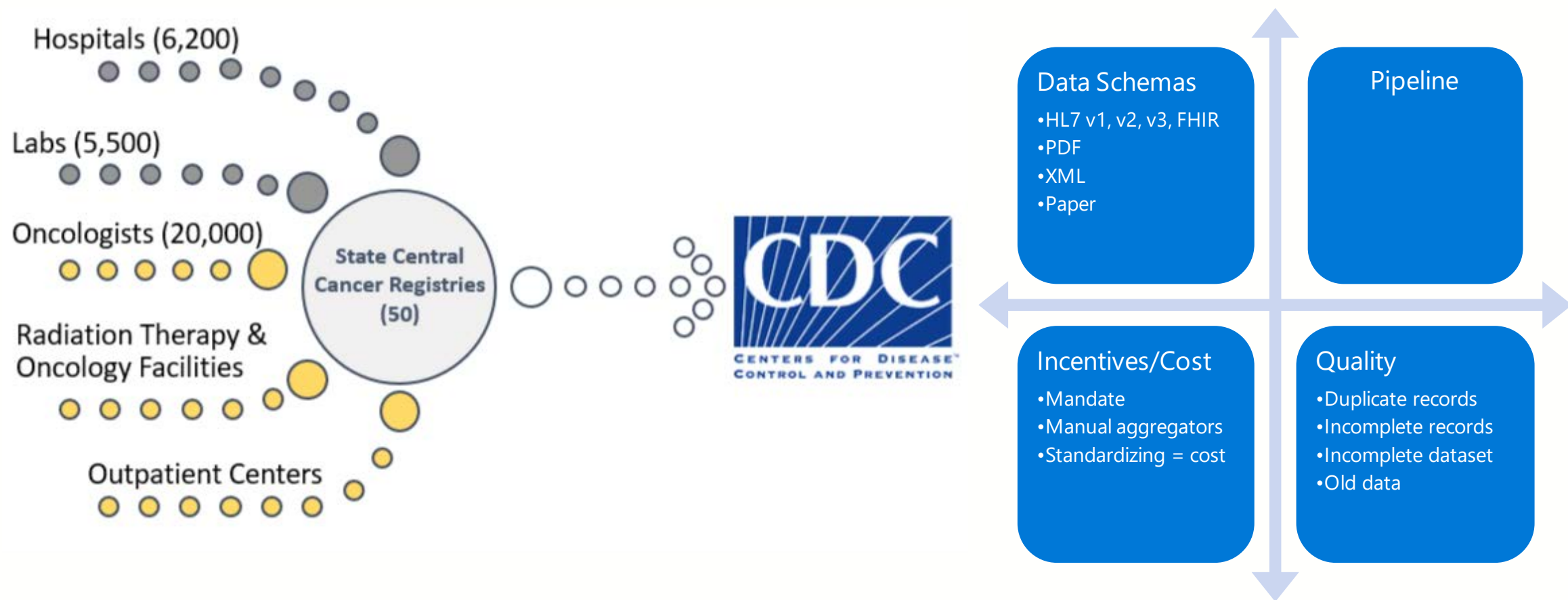
Leveraging existing resources and making common **investments for the future**







Data Volume, Complexity and Veracity



Accelerating Progress in Cancer Control

Public Access and Data Sharing

1

Start with the cloud

2

Automate record creation *where cancer is first detected*

3

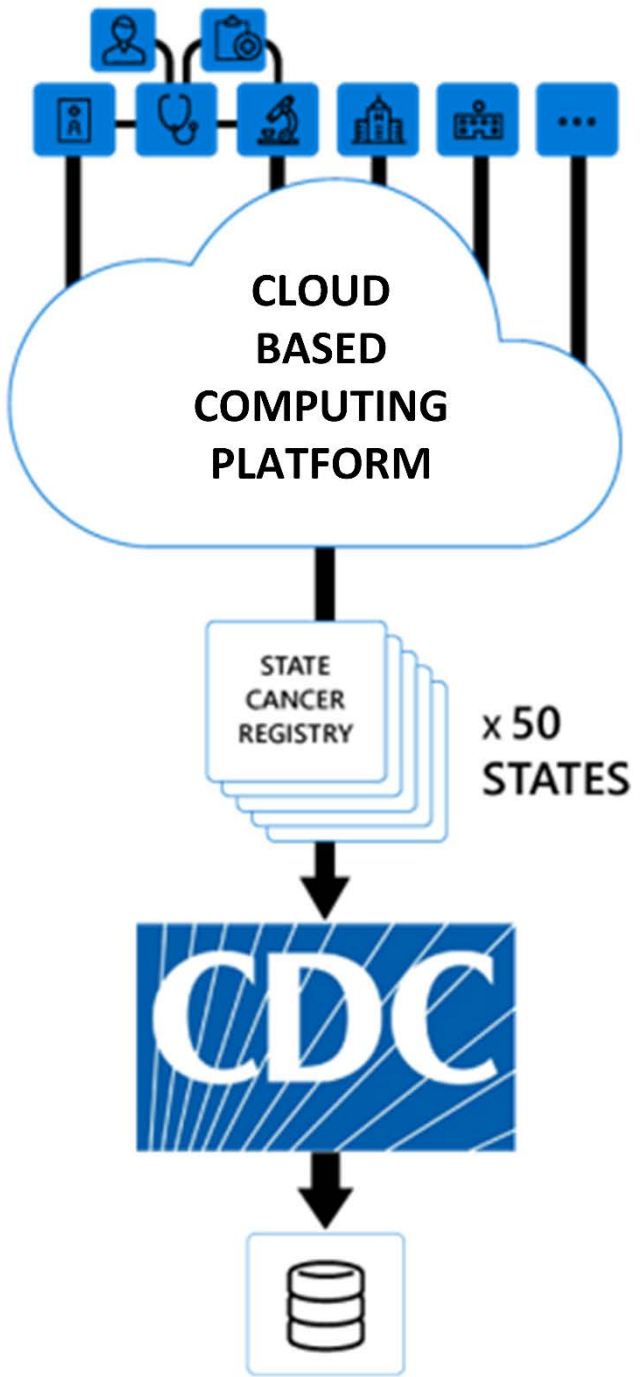
Automate follow-back

4

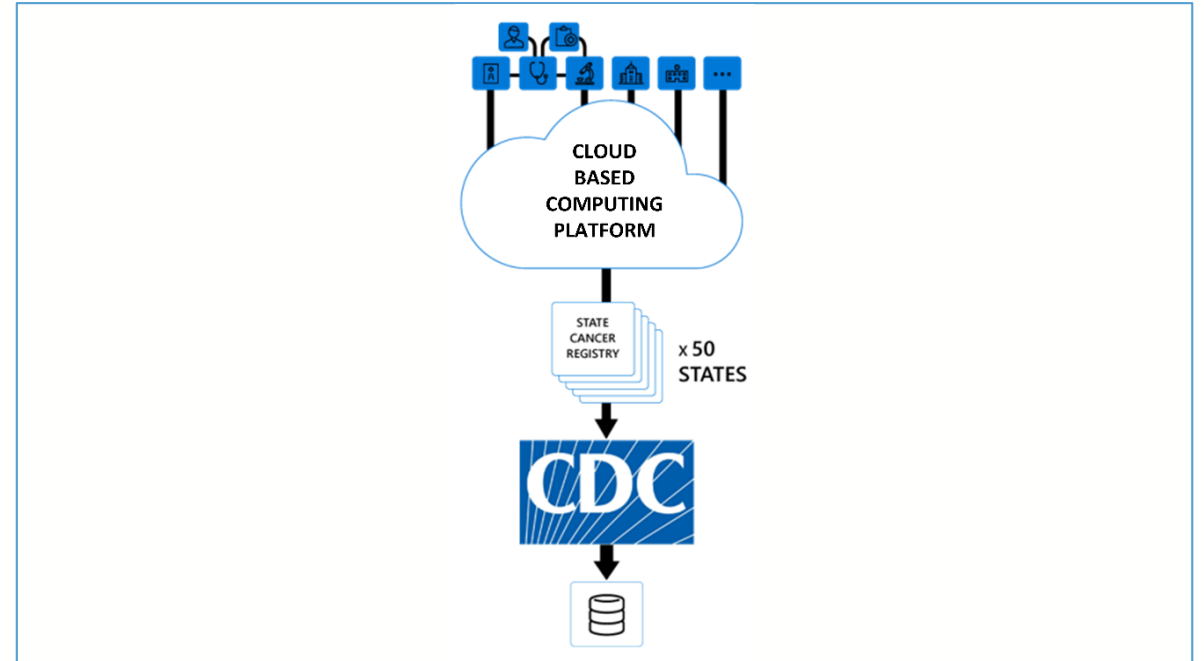
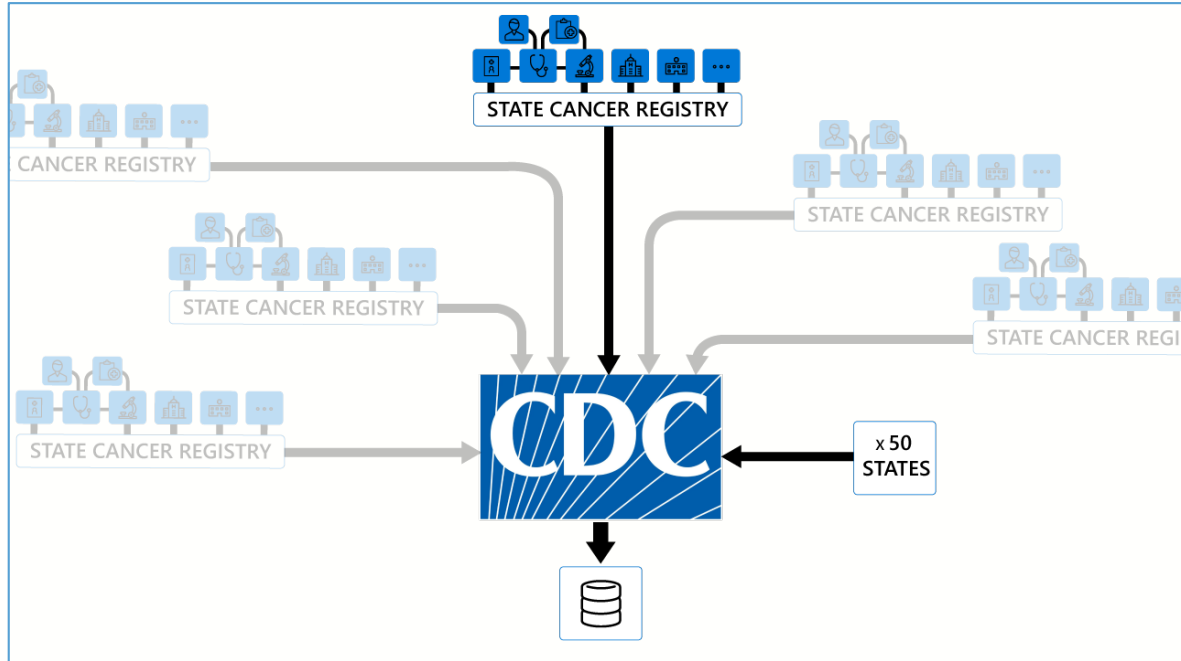
Standardize interfaces with facilities and vendors

5

Base it on an open standard (FHIR)



Cancer Surveillance: Current vs Future



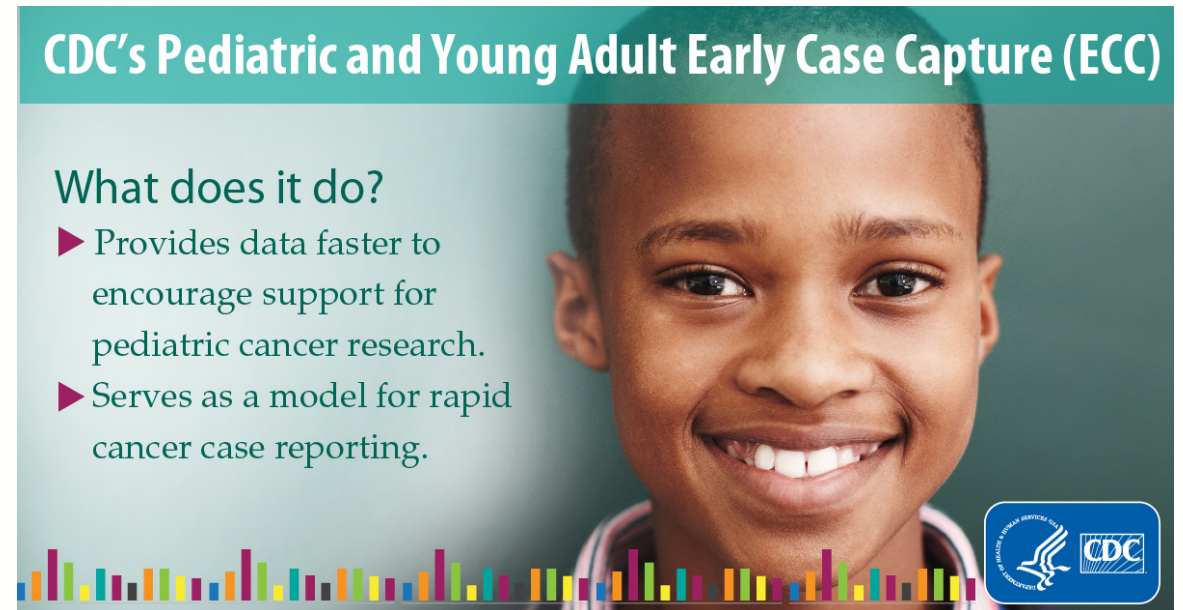
Early Pediatric and Young Adult Case Capture

Funded States (2014-2019)

- KY, LA, MN, NE, NY, RI, WI

Goals

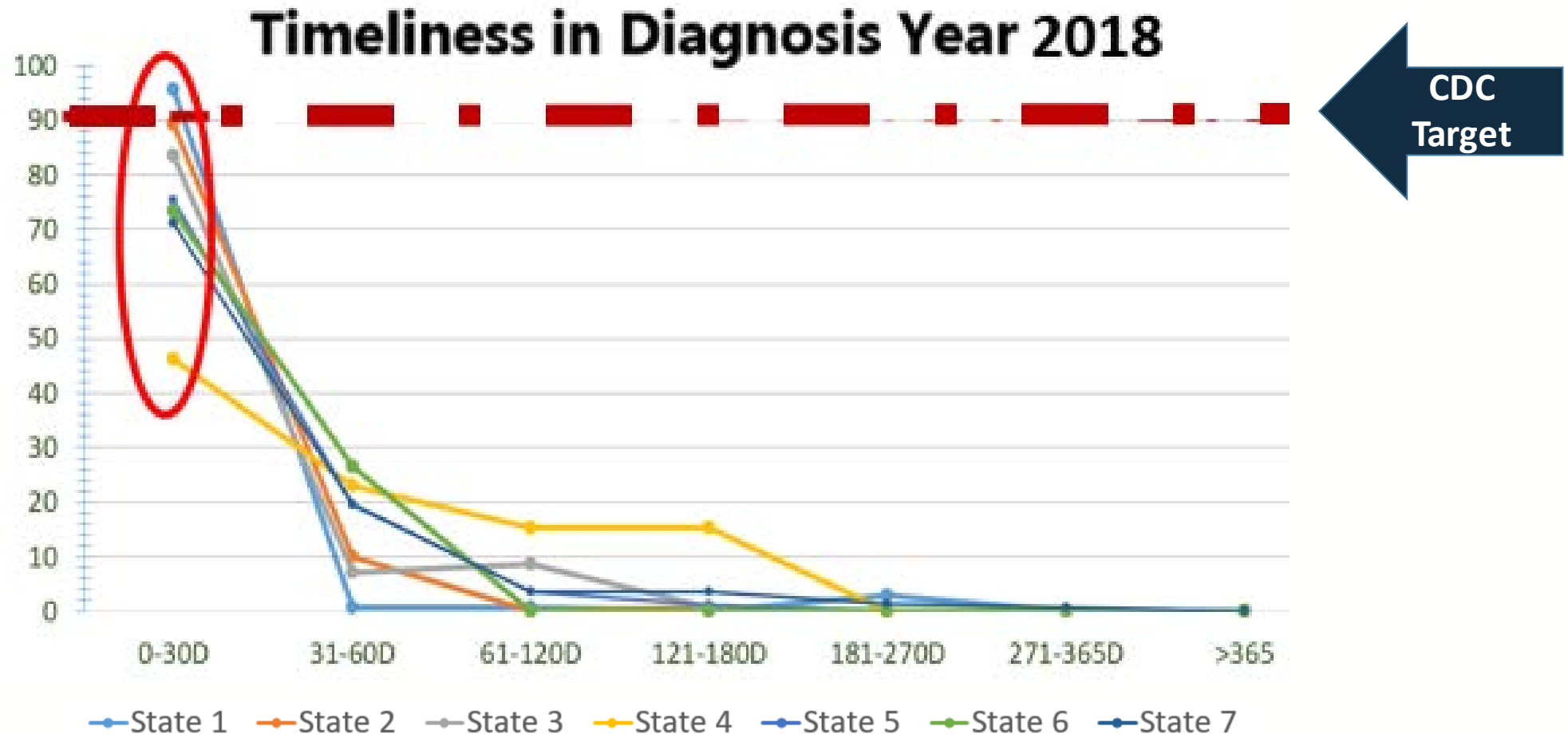
- Rapid electronic reporting (30 days)
- Expand reporting relationships with facilities
- Monitor data quality, completeness, and timeliness
- Increase availability of pediatric data



Source: cdc.gov/cancer/npcr/early-case-capture.htm

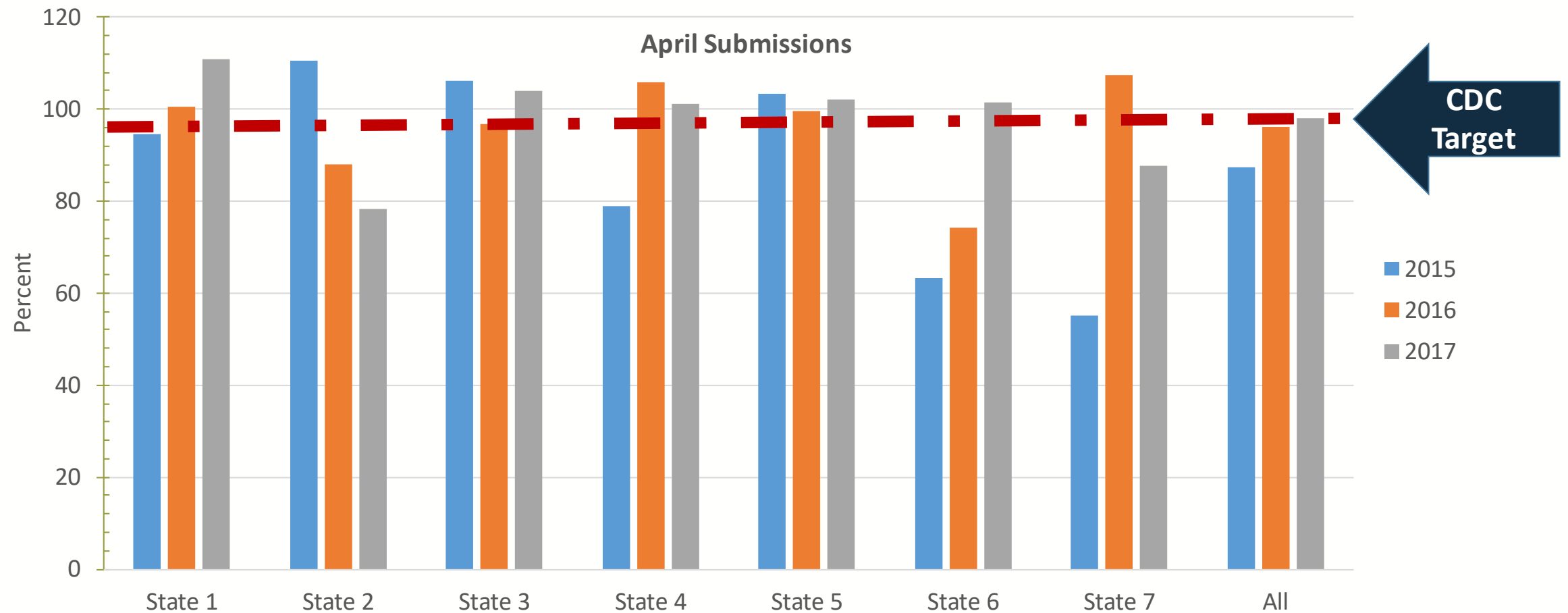
Data Reporting Efficiency in the Real World

Average case reporting skyrockets from 40% in 2014 to over 80% percent in 2018

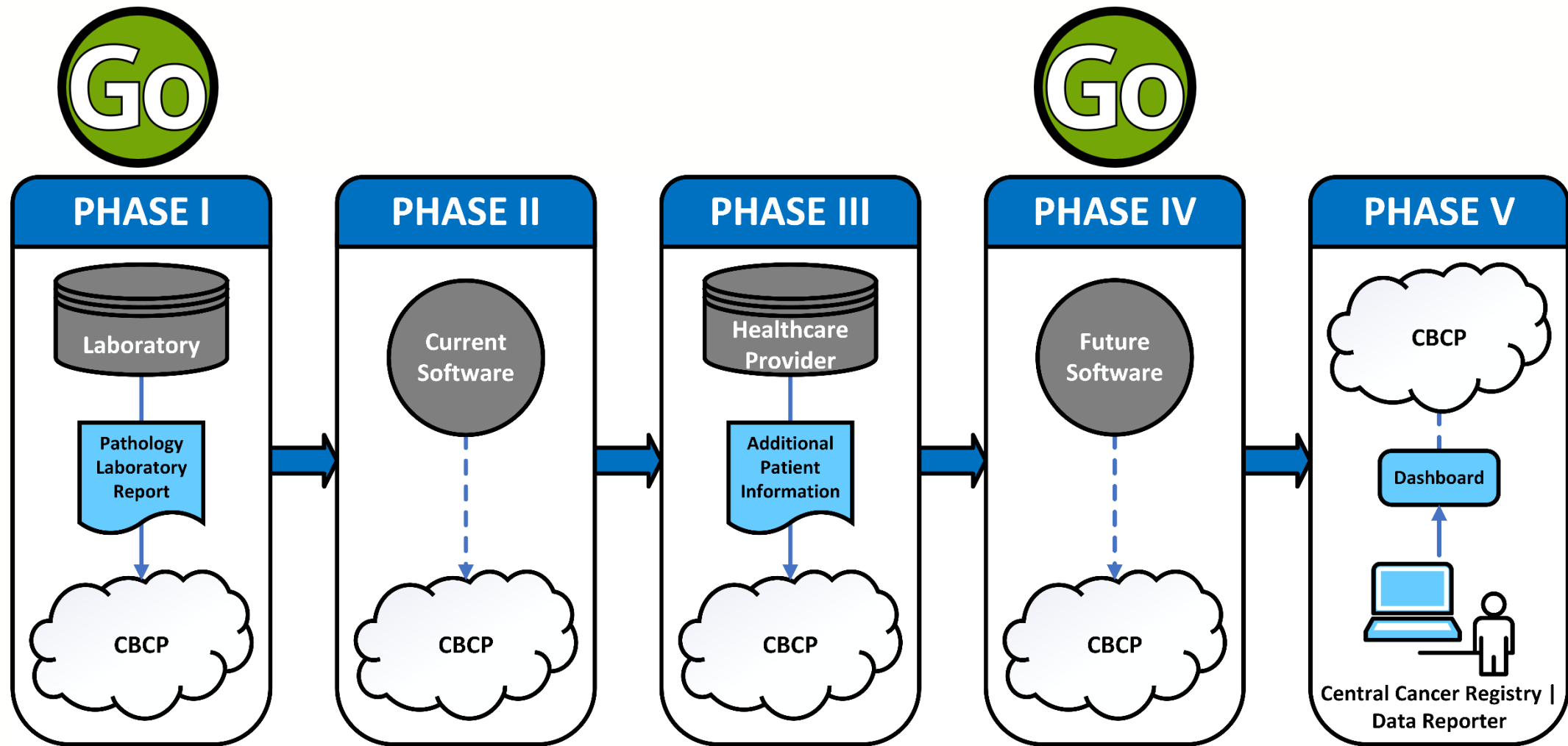


Quality not a trade-off for Speed

CDC reaches its target of having 95 percent of all reports submitted with complete information within 12-months.



Cloud-Based Computing Platform Implementation

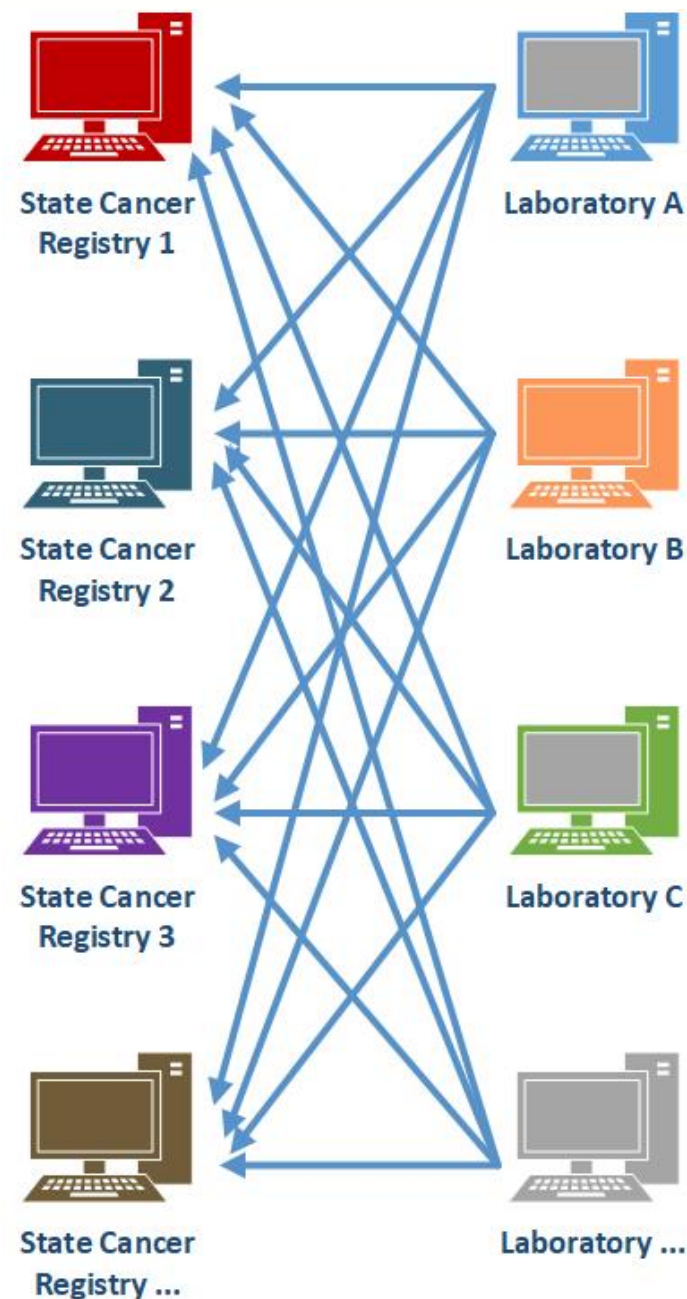


Pathology Reporting Quality and Efficiency

Electronic Pathology reporting Pilot

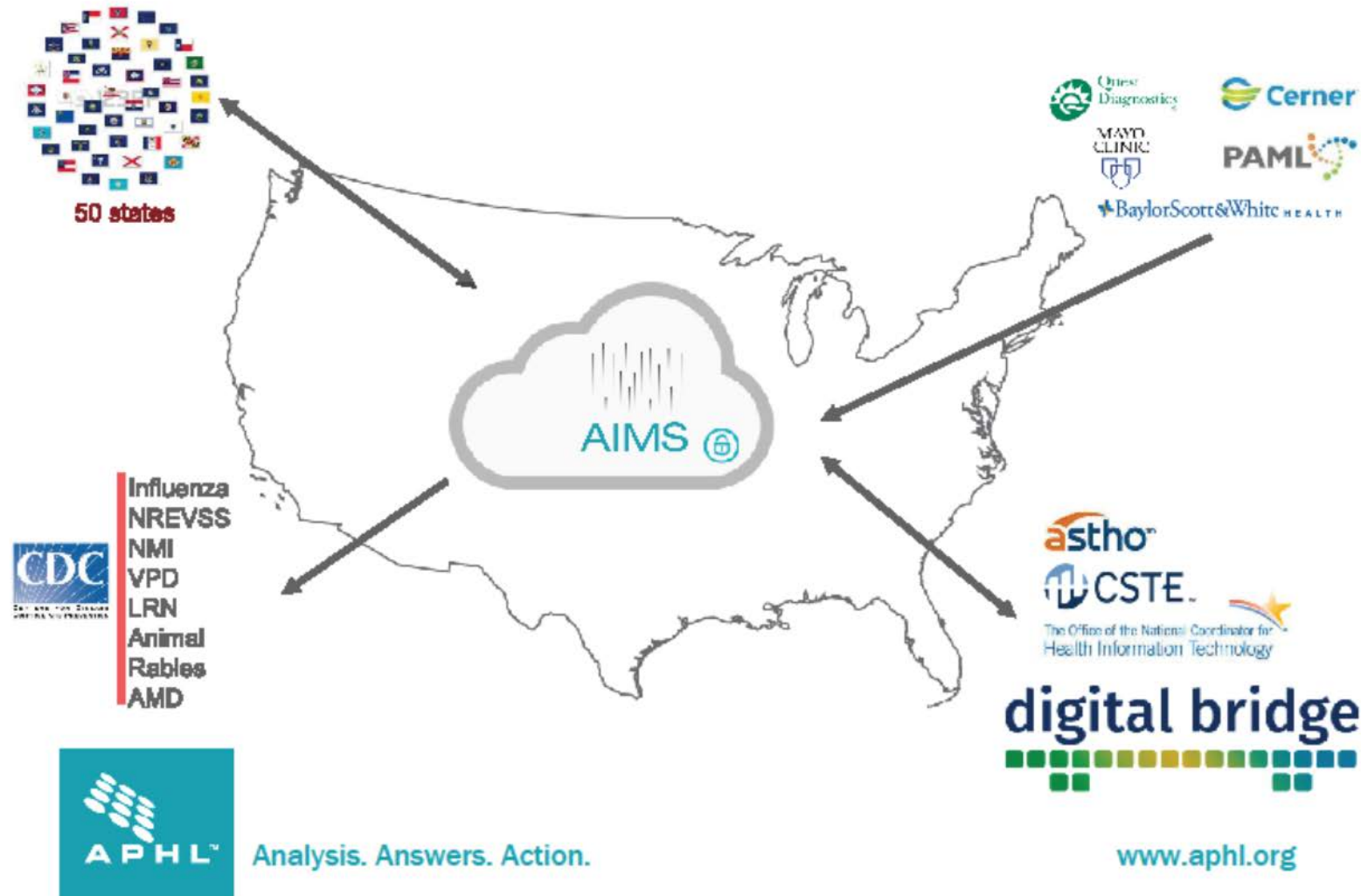
**57 participating national/regional
laboratories**

- Direct standardized reporting to state cancer registries
- Establishing ePath standards and secure connectivity a resource-intensive process

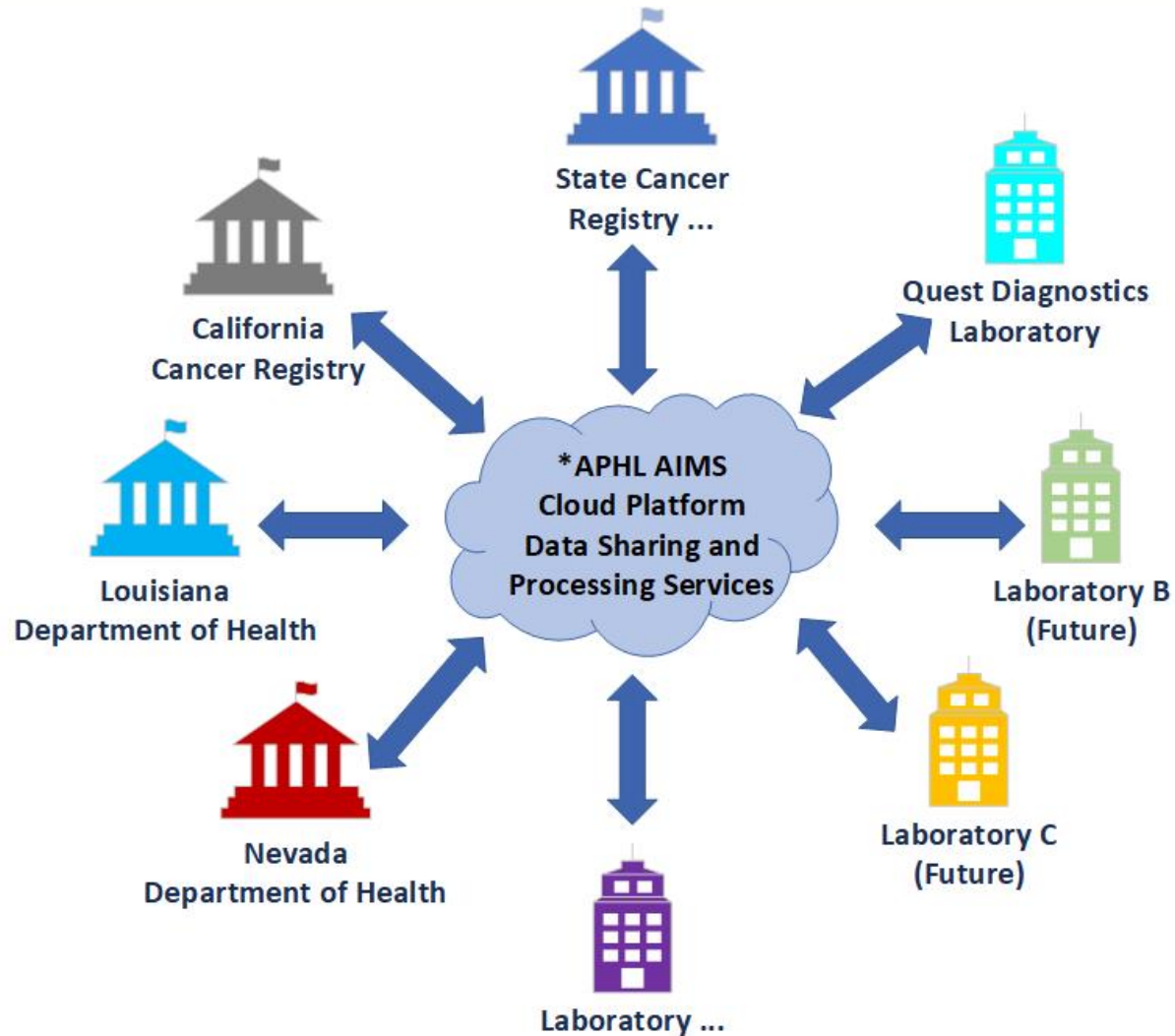


Reliable. Trusted. Scientific.

A National Resource for Interoperability



Leveraging Existing Infrastructure

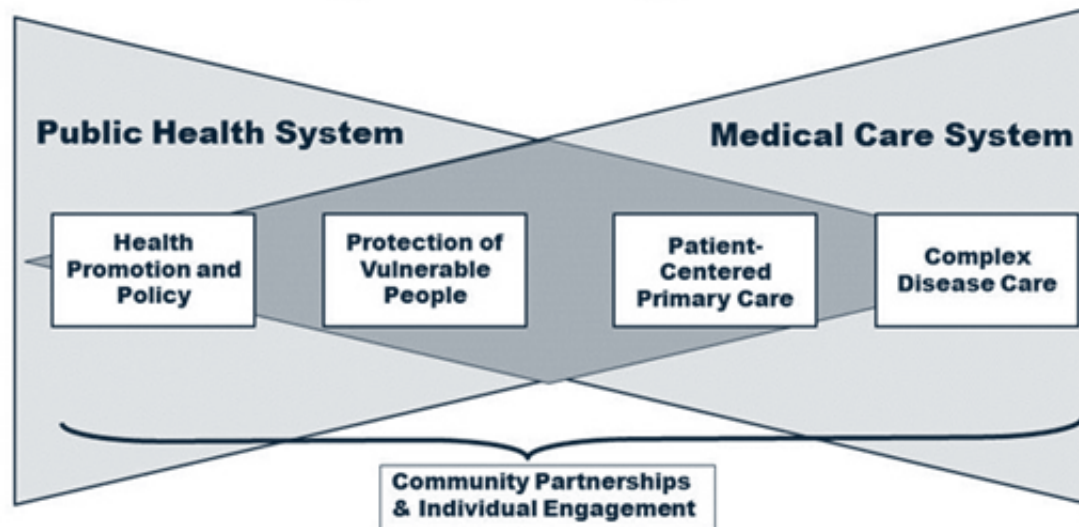


- **California:** Direct node on APHL AIMS Platform
- **Louisiana:** Using existing Dept of Health AIMS portal used to receive infectious disease and HIV data, then automated secure routing of data to cancer registry
- **Nevada:** Using existing Dept of Health AIMS portal; cancer registry given access to pull data
- Remaining states and new labs implemented after pilot

*APHL AIMS: Association of Public Health Laboratories Informatics Messaging Services

Enabling Greater Integration Between Health Care and Public Health

Big “I” Integration



*Adapted from Centers for Disease Control and Prevention, "A Health System: Health Protection for Life", 2007.

“The flow of important disease-related information between health care and public health will lead to better care and faster, more effective population health interventions”

John Lumpkin, senior vice president, Robert Wood Johnson Foundation

Thank you!

Go to the official federal source of cancer prevention information:

www.cdc.gov/cancer



Division of Cancer Prevention and Control

Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Scaling High-quality, Rapid Reporting

CDC software enables unprecedented speed and depth in Registry Reporting



- Collection of data for children and young adults ages 0-29
- 10 central cancer registries in 5 years
- Data more readily available for:
 - early intervention
 - clinical trial enrollment

